		V
DHEC PROMOTE PROJECT PROSPER South Carolina Department of Health and Environmental Control	Low Hazard Dam Classification Ins Regulated Dams and Reservoirs Safety Act I	l Dams Regulations 72-1 through 72-9
Note: This form is only for use on curr in the State of South Carolina. The pri inspections. The current policy is to eva	ent low hazard (class three) dams regulated by the De mary user of this form is for the use of Department sta cluate the hazard potential of low hazard dams at least	partment of Health and Environmental Control ff members actively involved in reclassification once every five years.
Date of Inspection: 2/19/19	SC Dam Inventory Number D <u>.3133</u> Rest Dam	County: Anderson
I. Dam Owner Information	YesNo (If yes, enter the new owners and	
A. Owner/ Operator (Company or	person): <u>Haven of Rest Res</u>	che Mission
Phone:	Email:	
city: Anderson	State:SC	Zip: 29622
II. <u>Site Information</u> A. Site Location (street address, n Latitude: <u>34 ° 3) ' 0 6</u> " N	earest intersection, etc.): Longitude: - <u>§2_°_33'24</u> " W Tax map # (list al	1):201-00-05-1010-000
	velopment below the dam?YesNo	
	ation should be upgraded?YesNo	
		Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and o determining the hazard classificatio portion of the form.	ate on the lines below once the inspection and form n was obtaining from Bureau of Water staff members	have been completed. If assistance with s, they will also need to complete this
Hannah M. Vinsur Printed Name of Regional Insp		Date of Signature
Printed Name of BOW Engir	eer Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAROI	INA DEPARTMENT OF HEALTH AND ENVI	RONMENTAL CONTROL Page 1

D       H       F         Sumith Carolina Degription       Constant Classification Inspection Form for South Carolina Regulated Dams         Sumith Carolina Degription       Dams and Reservoirs Safety Act Regulations 72-1 through 72-9         Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification         Inspections: The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.         Date of Inspection: 2/19/14SC Dam Inventory Number D.3/34County: AnderSon         Date of Inspection: 2/19/14SC Dam Inventory Number D.3/34County: AnderSon         Date of Inspection: 2/19/14SC Dam Inventory Number D.3/34County: AnderSon         Date of Inspection: 2/19/14SC Dam Inventory Number D.3/34County: AnderSon         Date of Inspection: 2/19/14SC Dam Inventory Number D.3/34County: AnderSon         Date of Inspection: 2/19/14SC Dam Inventory Number D.3/34
The current policy is to evaluate the hazard potential of the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years. Date of Inspection: $2/19/14$ SC Dam Inventory Number D. 31.34 County: Anderson Dam Name: Clin KSCelts Pond Dam I. Dam Owner Information Has ownership changed? Yes No (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): Sara S. 4 Harold Clink Scales Jr Contact Person (if owner is company): Phone: Email: Mailing Address: PD Box (ab7 City: Belton State: Sc Zip: 29627 I. Site Information A. Site Location (street address, nearest intersection, etc.): Mc Daniel Rd. off Hwy 118 Latitude: $34 \circ 24 \cdot 06$ N Longitude: $-82 \circ 32 \cdot 24$ "W Tax map # (list all): $202 - 50 - 01 - 001$
Date of Inspection:       2/19/14
I. Dam Owner Information         Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)         A. Owner/ Operator (Company or person):Sara S. + Harold ClinkScales Jr         Contact Person (if owner is company):         Phone:Email:         Mailing Address:PD_Box (ob7         City:Belton       State:Sc         State Information       303         A. Site Location (street address, nearest intersection, etc.):Mc_Daniel_Rd. offIwy 118         Latitude: 34.06" N Longitude: -\$2.032'.24" W Tax map # (list all): _202-50-01-001
Has ownership changed? Yes No (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): Sara S. + Harold ClinkScales $J_Y$ Contact Person (if owner is company): Phone: Email: Mailing Address: $PD Box (ob7)$ City: Belton State: Sc Zip: 29627 I. Site Information 303 A. Site Location (street address, nearest intersection, etc.): Mc Daniel Rd. off Hwy 118 Latitude: $34 \circ 24 \cdot 06^{\circ}$ N Longitude: $-82 \circ 32 \cdot 24^{\circ}$ W Tax map # (list all): $202 - 60 - 01 - 001$
Phone:
Mailing Address: <u>PU Box (667</u> City: <u>Belton</u> <u>State</u> : <u>Sc</u> <u>zip</u> : <u>29627</u> <b>II.</b> <u>Site Information</u> <u>303</u> A. Site Location (street address, nearest intersection, etc.): <u>Mc Daniel Rd. off Hwy 118</u> Latitude: <u>34° 29' 0 6"</u> N Longitude: <u>-82° 32' 24"</u> W Tax map # (list all): <u>202-00-01-001</u>
Mailing Address: <u>PUBOX (667</u> City: <u>Belton</u> <u>State</u> <u>Sc</u> <u>zip</u> : <u>29627</u> <b>II.</b> <u>Site Information</u> <u>303</u> A. Site Location (street address, nearest intersection, etc.): <u>McDaniel Rd. off Hwy 118</u> Latitude: <u>34° 29' 0 6"</u> N Longitude: <u>-82° 32' 24"</u> W Tax map # (list all): <u>202~60~01~001</u>
City: <u>Belton</u> State: <u>SC</u> zip: <u>29627</u> II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>Mc Daniel RI. off Hwy 118</u> Latitude: <u>34.29.06</u> "N Longitude: - <u>82.032.24</u> "W Tax map # (list all): <u>202-60-01-001</u>
11. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>Mc Daniel Rl. off Hwy 118</u> Latitude: <u>34°29'06</u> "N Longitude: - <u>82°32'24</u> "W Tax map # (list all): <u>202-60-01-001</u>
A. Site Location (street address, nearest intersection, etc.): <u>Mc Daniel Rd. off Hwy 118</u> Latitude: <u>34°29'06</u> "N Longitude: - <u>82°32'24</u> "W Tax map # (list all): <u>202-60-01-001</u>
B. Is there any evidence of new development below the dam?YesNo
B. Is there any evidence of new development below the dam?YesNo
C. Do you think the hazard classification should be upgraded?Yes
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
<ol> <li><u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.</li> </ol>
Hannah M. Vinson Hannah M. V. 5130114 Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature

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PROMOTE PROTECT PROTECT	Dams and Reserv	Regulated Do oirs Safety Act Reg	julations 72-1 through 72-9		
Note: This form is only for use on cu in the State of South Carolina. The pu inspections. The current policy is to e			ment of Health and Environmental Control embers actively involved in reclassification e every five years.		
Date of Inspection:	SC Dam Inventory	Number D <u>. 31.35</u> Co	unty: Anderson		
Dam Name:	ind Dam				
I. Dam Owner Information Has ownership changed?	_YesNo (If yes, ent	ter the new owners and the	ir contact information below)		
Contact Person (if owner is c	ompany):				
Phone:		Email:			
Mailing Address: 350 n	McDaniel Rd.				
city: <u>Belton</u>	Sta	ate: <u>SC</u>	zip: 29627		
2					
II. Site Information					
A. Site Location (street address,	A. Site Location (street address, nearest intersection, etc.): 221 Horton Rd.				
	Longitude:°'				
		2 2			
B. Is there any evidence of new o	levelopment below the dam? _	Yes V No			
C. Do you think the hazard classi			. •		
D. If yes for item II.C, what is you			Class 1 (High Hazard)		
	а Э	(	Class 2 (Significant Hazard)		
portion of the form.		he inspection and form hav of Water staff members, the	e been completed. If assistance with ey will also need to complete this		
Hannah M. Vinsor Printed Name of Regional In	spector Herman	L M. Umoon Signature	Date of Signature		
Printed Name of BOW Eng	ineer	Signature	Date of Signature		
DHEC 2607 (11/2012) SOUTH CARC	DLINA DEPARTMENT OF	HEALTH AND ENVIRO	NMENTAL CONTROL Page 1		

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	DHEC PROMOTE FROTE FROTE South Carolina Department of Health and Environmental Control		Regulated D	ction Form for South Carolina ams gulations 72-1 through 72-9	I
in t	the State of South Carolina. The pri	imary user of this f	lass three) dams regulated by the Depar form is for the use of Department staff r potential of low hazard dams at least on	rtment of Health and Environmental Contro nembers actively involved in reclassification ace every five years.	ol i
			n Inventory Number D <u>2848</u> C		-
D	am Name: <u>PEIZer</u>	ills Dam			
I.	Dam Owner Information	/			
	Has ownership changed?	_YesN	o (If yes, enter the new owners and th	eir contact information below)	
	A. Owner/ Operator (Company o	or person): <u>Lo</u>	wer Pelzer Hydro C	o., Inc.	
	Contact Person (if owner is co	ompany):	·.		
	Phone:		Email:		
	Mailing Address: PO B	0x 512			
	City: Greenville		State: SC	Zip: 29602-0512	
١١.	Site Information				
	A. Site Location (street address, nearest intersection, etc.): Dun lap Rd., Willamston, SC				
	Latitude: <u>34 ° 37 ° 00 "</u> N Longitude: - <u>82 ° 26 '48 "</u> W Tax map # (list all): <u>259 000 2001</u>				
	P. In these any ovidence of now o	dovelopment helev			
	<b>B.</b> Is there any evidence of new of				
	C. Do you think the hazard classi				
	<b>D.</b> If yes for item II.C, what is you	ir opinion of what f	the new classification should be?	_Class 1 (High Hazard)	
		*		Class 2 (Significant Hazard)	
ш.	Signature Please print your name, sign, and determining the hazard classificat portion of the form. <u>Hannah M.Vin</u> Printed Name of Regional Ir	tion was obtaining	below once the inspection and form h from Bureau of Water staff members, Hamah M. U Signature	have been completed. If assistance with they will also need to complete this $\frac{6/3/14}{\text{Date of Signature}}$	
	Printed Name of BOW En	gineer	Signature	Date of Signature	

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	DHEC PROMOTE FROTECT FROSPER South Carrolina Department of Health and Environmental Conicol	low Hazard Dam Class	Regulated Dams	orm for South Carolina ns 72-1 through 72-9
	ote: This form is only for use on curren the State of South Carolina. The prima spections. The current policy is to evalu	ry user of this form is for the use (	I Department staff members a	atimal I' I'm I
	Date of Inspection: 12/2/13 Dam Name: Lollis Pond	SC Dam Inventory Numb	Der D_3140_County:_1	Anderson
	Dam Owner Information     Has ownership changed?Yo     A. Owner/ Operator (Company or p	No (If yes, enter the	new owners and their contac	t information below)
	Contact Person (if owner is comp	оапу):		
	Phone: 869-859-189		Email:	
	Mailing Address: <u>320 m</u> City: <u>Belton</u>	laxcy Dr.	CI	
	City: Dellon	State:	>(	Zip: 29627
11.	Site Information A. Site Location (street address, new Latitude: <u>34 ° 34 ' 18</u> " N Lo	arest intersection, etc.): <u>809</u> ongitude: - <u>82 °30 '48 "</u> W	<u>Cheddar Rd</u> Tax map # (list all): <u>223</u>	001 7010
	<ul> <li>B. Is there any evidence of new deve</li> <li>C. Do you think the hazard classifica</li> <li>D. If yes for item II.C, what is your op</li> </ul>	tion should be upgraded?	on should be?Class 1 (	High Hazard) (Significant Hazard)
Ш.	Signature Please print your name, sign, and da determining the hazard classification portion of the form. Hannah M. Vinsor Printed Name of Regional Inspe	n Hannah	ater staff members, they will al	completed. If assistance with lso need to complete this <u>6/3/14</u> Date of Signature
	Printed Name of BOW Engine	er	Signature	Date of Signature

DHEC FROMOTE FIOTECT FROM South Carolina Department of Health and Environmental Control	Regula	Inspection Form for South Carolina ated Dams Act Regulations 72-1 through 72-9
in the State of South Carolina. The pr	rrent low hazard (class three) dams regulated by t imary user of this form is for the use of Departme valuate the hazard potential of low hazard dams a	the Department of Health and Environmental Control ent staff members actively involved in reclassification at least once every five years.
	3SC Dam Inventory Number D_31 Lake Dam	
A. Owner/ Operator (Company	_YesNo (If yes, enter the new owne or person):Billy_C. →inni company):	e.S. Whitfield
Phone:	Email:	
	Parkwood Dr. 	
Latitude: 34-34-54" N	, nearest intersection, etc.): <u>Parkwov</u> V Longitude: - <u>82-43 ota</u> " W Tax map # 5 <sup>11</sup> N <u>/-82 43 15, 683 <sup>11</sup> W</u> 75 F	# (list all): <u>950 201030</u>
	development below the dam?Yes	
	sification should be upgraded?Yes ur opinion of what the new classification should	be? Class 1 (High Hazard)
III. <u>Signature</u> Please print your name, sign, ar determining the hazard classifica portion of the form.	nd date on the lines below once the inspection a ation was obtaining from Bureau of Water staff r	nd form have been completed. If assistance with nembers, they will also need to complete this
Hannah M. Vins Printed Name of Regional	Inspector Hannah M. Signature	Date of Signature
Robert James Ford Printed Name of BOW En	ngineer Robert Signature	6/18/14 Date of Signature

DHEC PROMOTERATION PROSPER South Carriénes Department of Health and Environmental Control	Dams and Reservoir	sification Inspection Fo Regulated Dams s Safety Act Regulatior	ns 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the use	e of Department staff members ac	tively involved in reclassification
Date of Inspection: 12/20/	3 SC Dam Inventory Nur	nber D 3127 County: F	Inderson
Dam Name: Gro- Mor			
I. Dam Owner Information			
Has ownership changed?	_YesNo (If yes, enter the	he new owners and their contact	information below)
A. Owner/ Operator (Company o	or person): Crawford L	ake, LLC	
Contact Person (if owner is c	ompany): Paul Kirk	land	
Phone: 864-918 -	4275	_ Email:	
Mailing Address: 430-0	Petzer Hury 143	Red Maple Circ	cle
	State:		
	(7 4, nearest intersection, etc.): <u>Crrc</u> Longitude: - <u>82°577397</u> W		off Hwy 8
C. Do you think the hazard class	development below the dam? ification should be upgraded? ir opinion of what the new classifica	Yes No	High Hazard)
		Class 2 (	Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classifica portion of the form. <u>Hannah M. Vin</u> Printed Name of Regional In	d date on the lines below once the tion was obtaining from Bureau of Some Hamme hspector	inspection and form have been o Water staff members, they will al M. M. V. M. D. M. Signature	completed. If assistance with lso need to complete this 
Printed Name of BOW En	gineer	Signature	Date of Signature

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	DHEC DHEC CONTROL FOR C CONTROL FOR CONTROL				
in	te: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification pections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.				
	. 1				
	Date of Inspection: 12/20/13_SC Dam Inventory Number D_3130_County: Anderson				
C	Dam Name: Brushy Creek WCD #11A				
	<ul> <li><u>Dam Owner Information</u></li> <li>Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)</li> </ul>				
	A. Owner/ Operator (Company or person): James D.+ Donna W. Hopkins/ Sidney F. Acker				
	Contact Person (if owner is company): Ben Wigington, Chairman Brushy Creek WCD				
	Phone: 803-859-4297 (EFIS) Email:				
	Mailing Address: 405 St. Paul Rd. / 323 St. Paul Rol.				
8	City: <u>Easley</u> State: <u>SC</u> Zip: <u>29642</u>				
П.	Site Information				
	A. Site Location (street address, nearest intersection, etc.): St. Paul Rd. near Brushy Creek Rd.				
	Latitude: $34 \circ 77845$ "N Longitude: $-82 \circ 55819$ "W Tax map # (list all): 188 -00 - 05 - 02 4				
	188-00-05-018				
	B. Is there any evidence of new development below the dam? Ves No See attached				
	C. Do you think the hazard classification should be upgraded?YesNo				
	D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)				
	Class 2 (Significant Hazard)				
Ш.	Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       Hama M. Vinson         Printed Name of Regional Inspector       Signature				
	Printed Name of BOW Engineer Signature Date of Signature				

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## South Carolina Noname 04004 D-3130 Dam, South Carolina

South Carolina Noname 04004 D-3130 Dam is a dam located in Anderson County, SC at N34.77845° W82.55819° (NAD83) and at an elevation of 879 ft MSL.

It can be seen on the USGS 1:24K topographic map Easley, SC.

Feature Type:	Dam
Latitude:	N34.77845° (NAD83 datum)
Longitude:	W82.55819°
Elevation:	879 ft MSL
County:	Anderson County, South Carolina
USGS 24K Map:	Easley, SC
USGS 24K MRC:	34082G5

You can view this location or feature in our <u>Topographic Map Viewer</u> now.

Note: Coordinates displayed above are referenced to NAD83 datum.



Click on map above to begin viewing in our Map Viewer.

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DHEC PROMUTE PROTECTION Struits Carolina Department of Health and Environmental Control	Dams and Reserve	Regulated Dams birs Safety Act Regulat	Form for South Carolina ions 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to e	imary user of this form is for the	use of Department staff member	s actively involved in reclassification
Date of Inspection: 12/20/			
Dam Name: Brushy C	reck WCD #	17	
I. Dam Owner Information			
Has ownership changed?	_YesNo (If yes, ente	er the new owners and their cont	tact information below)
A. Owner/ Operator (Company	or person): Adelaide G	irrett Gantt, e	t. al
Contact Person (if owner is c	ompany): Ben Wiging	ton, Chairman	Brushy Creek WCD
Phone:		Email:	)
Mailing Address: 3504	Hwy 153		
City: Greenville	Sta	te: <u>SC</u>	Zip: 29611-2006
II. Site Information	10	01 mt. Airy Church	Rd.
A. Site Location (street address,	nearest intersection, etc.): 23	500 old Mill Rd.	
Latitude: <u>34 ° 76;512</u> " N	Longitude: - <u>82 ° 53652</u> "	W Tax map # (list all): <b>188</b>	-00-09-011
		188	-00-09-015
			2
B. Is there any evidence of new	development below the dam? _	YesNo	
<b>C.</b> Do you think the hazard class	ification should be upgraded?	YesNo	
D. If yes for item II.C, what is you	ur opinion of what the new class	fication should be?Class	1 (High Hazard)
		Class	2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classifica portion of the form.	d date on the lines below once t tion was obtaining from Bureau	ne inspection and form have bee of Water staff members, they wi	en completed. If assistance with Il also need to complete this
Hannah M.Vin Printed Name of Regional In	son Hann	ah Munion Signature	 Date of Signature
Printed Name of BOW En	gineer	Signature	Date of Signature
			Sale of orginature
DHEC 2607 (11/2012) SOUTH CAR	OLINA DEPARTMENT OF	HEALTH AND ENVIRONM	ENTAL CONTROL Page 1

FROMUTE FROTE PROSPER	w Hazard Dam Classification Inspe Regulated I Dams and Reservoirs Safety Act Re	Dams egulations 72-1 through 72-9
in the State of South Carolina. The primary i	w hazard (class three) dams regulated by the Depa iser of this form is for the use of Department staff the hazard potential of low hazard dams at least o	members actively involved in real easification
Date of Inspection: 12/20/13 Dam Name: Brushy Creel	SC Dam Inventory Number D <u>3137</u> <u>C</u> WCD #/6	County: Anderson
I. Dam Owner Information	No (If yes, enter the new owners and t	
A. Owner/ Operator (Company or perso	on): <u>Sherrie Kraemer Sr</u>	nith, et.al.
	): Ben Wigington, Chairma	
Phone:	Email: mont Row Dr. 413	
city: <u>Charlotte</u>		Zin: 28210 - 4239
	t intersection, etc.): <u>Sitton Hill Ra</u> tude: - <u>82°51985</u> "W Tax map # (list all)	
<ul> <li>B. Is there any evidence of new develop</li> <li>C. Do you think the hazard classification</li> <li>D. If yes for item II.C, what is your opinion</li> </ul>		
III. <u>Signature</u> Please print your name, sign, and date of determining the hazard classification wa portion of the form.	on the lines below once the inspection and form h s obtaining from Bureau of Water staff members	have been completed. If assistance with , they will also need to complete this
Hannah M. Vinso Printed Name of Regional Inspecto	n Hannah M. Vins Signature	Don 12/31/13 Date of Signature
Printed Name of BOW Engineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLINA	A DEPARTMENT OF HEALTH AND ENVI	RONMENTAL CONTROL Page 1

	D H E C EXAMPLE FROM THE FROM
in	te: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control he State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification pections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
0	ate of Inspection: 12/20/13 SC Dam Inventory Number D_3138 County: Anderson
C	am Name: Hollen Pond Dam Vonhollen Pond
	Dam Owner Information
	Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)
	A. Owner/ Operator (Company or person): Von Hollen Investment, LLC
	Contact Person (if owner is company):
	Phone: Email:
	Mailing Address: 100 Andrea Circle PO Box 26417
	Maining Address. 100 Marra CIrcle FU Dox 26911
	City: EasleyState: SCZip: 29642
Ш.	Site Information A. Site Location (street address, nearest intersection, etc.): <u>116 Von Hollen Dr.</u> Latitude: <u>34 °77/78</u> N Longitude: - <u>82°53152</u> W Tax map # (list all): <u>213-00-07-001</u>
	<ul> <li>B. Is there any evidence of new development below the dam? Yes No '/2 mile down Stream</li> <li>C. Do you think the hazard classification should be upgraded? Yes No</li> <li>D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard)</li> <li>Class 2 (Significant Hazard)</li> </ul>
III.	Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M.Vinson       12/31/13         Printed Name of Regional Inspector       Signature
	Printed Name of BOW Engineer Signature Date of Signature

DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
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DHEC PROVIDE FRONTE South Caroline Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
in the State of South Carolina. The pr	rrent low hazard (class three) dams regulated by the Department of Health and Environmental Control imary user of this form is for the use of Department staff members actively involved in reclassification valuate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: 24/14	3155 SC Dam Inventory Number D <u>3773.</u> county: Anderson Pond DIHCRO Dam
Dam Name: Hopkins	Pond DIHCRO Dam
I. Dam Owner Information	
Has ownership changed?	YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company o	or person): <u>Rebecca + Martin Hopkins/ Candice D. Davis</u>
Contact Person (if owner is co	ompany):
Phone:	nderson Rd. PO Box 929 (1028 Queen St.)
Mailing Address: 230 A	nderson Rd. / PO Box 929 (1020
city: Pendleton, SC	29670 state: Pendle ton, SC zip: 29670
II. Site Information	(Danenhousers)
A. Site Location (street address,	nearest intersection, etc.): Anderson Rd @ EQueen St. (or Amber Wurd
Latitude: 34 ° 65344" N	nearest intersection, etc.): Anderson Rd @ EQueen St. (Danenhowers Longitude: -82°75653"W Tax map # (list all): 620601009/620601003
<b>B.</b> Is there any evidence of new d	lovelenment below the damp
<b>C.</b> Do you think the hazard classif	
D. If yes for item II.C, what is your	r opinion of what the new classification should be?Class 1 (High Hazard)
	Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines below once the inspection and form have been completed. If assistance with ion was obtaining from Bureau of Water staff members, they will also need to complete this
Hannah Vinson Printed Name of Regional Ins	
Printed Name of BOW Eng	ineer Signature Date of Signature

	DHEC PROMOTE FROM CALL South Carolina Department of Health and Environmental Control		lassification Inspection For Regulated Dams oirs Safety Act Regulations	
int	the State of South Carolina. The pr	imary user of this form is for th	ams regulated by the Department of Hea e use of Department staff members activ ow hazard dams at least once every five	elv involved in reclassification
D		fSC Dam Inventory	Number D_3112_ County:	
I.	Dam Owner Information			
			ter the new owners and their contact in	
	A. Owner/ Operator (Company o	or person): Randall 1	n Griffis/Marck	R + Tina M Lisenby
	Contact Person (if owner is c	ompany): WB Richa	rdson, (3 + 20 WCD)	
	Phone:		Email:	
	Mailing Address: <u>511 Wi</u>	Ison Rd	4858 Tarltor ate: Lilburn, GAzi	Dr.
	city: Central, SC	29630_st	ate: Lilburn, GA zij	D: 30047
11.	Site Information A. Site Location (street address, Latitude: <u>34°67511</u> " N	nearest intersection, etc.): <u></u> Longitude: - <u>&amp;2 ° 7:5820</u>	Refuge Rol @ Peach [ ]'W Taxmap#(listall): <u>87000</u>	Dr. 6026 870006008
	<ul> <li>B. Is there any evidence of new of</li> <li>C. Do you think the hazard class</li> <li>D. If yos for itom II. C. what is you</li> </ul>	ification should be upgraded?	Yes No	
	D. If yes for item II.C, what is you	ir opinion of what the new clas		
			Class 2 (Si	gnificant Hazard)
III.	Signature Please print your name, sign, and determining the hazard classifica portion of the form. Hannah Vinso Printed Name of Regional In	tion was obtaining from Bureau $\mathcal{H}$	the inspection and form have been con u of Water staff members, they will also mach M. Musion Signature	npleted. If assistance with o need to complete this 
	Printed Name of BOW En	gineer	Signature	Date of Signature

DHECC DHECC DECOMPTONE FROMOTE FROTECT FROM FROMOTE FROTECT FROM FROMOTE FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM	Dams and Reservoirs Safe	gulated Dams ety Act Regulations	72-1 through 72-9
in the state of South Carolina. The pri	rent low hazard (class three) dams regulate imary user of this form is for the use of Dep aluate the hazard potential of low hazard d	artment staff members activ	aly involved in realocation
Date of Inspection: <u>2/4/14</u> Dam Name: <u>Clemson</u>	SC Dam Inventory Number D. University Dam #1	3113 3455 County: A	Inderson
<ul> <li>I. <u>Dam Owner Information</u></li> <li>Has ownership changed?</li> <li>A. Owner/ Operator (Company or Company or Compa</li></ul>	_YesNo (If yes, enter the new or person): <u>Clemson Agric</u> ompany):	owners and their contact inf	formation below)
	Email		
city: <u>Clemson</u>	State:	Zip	29631
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address,</li> </ul>	Derry RdState:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:	Rd. @ Levis	Smith Rd.
C. Do you think the hazard classi	levelopment below the dam?Yes fication should be upgraded?Yes r opinion of what the new classification sh	No ould be?Class 1 (Hig	gh Hazard) gnificant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form. <u>Hamah Vinsor</u> Printed Name of Regional In	date on the lines below once the inspect ion was obtaining from Bureau of Water s Amage Hamage Ha Hamage Hamage H	on and form have been com taff members, they will also <u></u>	npleted. If assistance with need to complete this <u></u>
Printed Name of BOW Eng	gineer Signa	iture	Date of Signature

DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DHEC FROMOTION Department of Health and Environmental Control		sification Inspection Forn Regulated Dams s Safety Act Regulations 3	
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the use	of Department staff members active	ly involved in reclassification
		nber D <u>.3114</u> County: <u>An</u> Dam #2	
A. Owner/ Operator (Company	or person): <u>Clemson</u>	he new owners and their contact info Agricultural Coll	lgl-
Phone: <u>864-656</u> Mailing Address: 10)	- 0792 Cherry Rd.	_ Email:	
II. Site Information		SC Zip: (EFIS	
		per Rd. @ Levis Tax map # (list all): <u>89000</u>	
C. Do you think the hazard class	development below the dam? sification should be upgraded? ur opinion of what the new classifica	YesNo ation should be?Class 1 (Hig	h Hazard) nificant Hazard)
III. <u>Signature</u> Please print your name, sign, an determining the hazard classifica portion of the form.	d date on the lines below once the ation was obtaining from Bureau of	inspection and form have been com Water staff members, they will also	pleted. If assistance with need to complete this
Hannah Vinso Printed Name of Regional	n Hanna	hM. Uusov Signature	2/5/14 Date of Signature
Printed Name of BOW Er	ıgineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAR	<b>ROLINA DEPARTMENT OF HI</b>	EALTH AND ENVIRONMENTA	L CONTROL Page 1

DHEC PROVIDE FRONTE FROM PROVIDE FRONTE FROM South Carolina Department of Health and Environmensal Courol	Low Hazard Dam Classification Inspectio Regulated Dam Dams and Reservoirs Safety Act Regula	S
in the State of South Carolina. The pr	rent low hazard (class three) dams regulated by the Departmen imary user of this form is for the use of Department staff memb aluate the hazard potential of low hazard dams at least once evo	and activally investigated in all to a
Date of Inspection: <u>2/19/11</u>	SC Dam Inventory Number D <u>4459</u> Count	: Anderson
Dam Name: David Boy	mer Dam	
I. <u>Dam Owner Information</u> Has ownership changed?	_YesNo (If yes, enter the new owners and their co	entact information below)
	rperson): Linda G. Bonner, et. al	
	ompany):	
Phone:	Email:	
Mailing Address: 1209	Shirley Dr.	
city: Anderson	Shirley Dr	Zip:Z9621
а 19		
II. Site Information		
A. Site Location (street address,	619 nearest intersection, etc.): Haynic Mill Rd.	
Latitude: <u>34 ° 31 ' 06</u> ' N	Longitude: - <u>82°34'36</u> " W Tax map # (list all): <u>175</u>	0002004
B. Is there any evidence of new d	evelopment below the dam?Yes	
D. If yes for item II.C, what is you	opinion of what the new classification should be?Clas	s 1 (High Hazard)
	Clas	s 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	date on the lines below once the inspection and form have be on was obtaining from Bureau of Water staff members, they v	een completed. If assistance with vill also need to complete this
Hannah Vi'nSon Printed Name of Regional In	spector Signature	<u>4/2/14</u> Date of Signature
Printed Name of BOW Eng	ineer Signature	Date of Signature

DHEC FROMOTE FROME FROMOTE FROME FROM FROM FROM FROME FROM FROM FROM FR	Dams and Reserve	Regulated Dams birs Safety Act Regula	tions 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the	use of Department staff membe	of Health and Environmental Control rs actively involved in reclassification ry five years.
Date of Inspection: 1/22/11 Dam Name: Virgil E	<u>f</u> SC Dam Inventory I King Dam	Number D <u>4505</u> County	Anderson
I. <u>Dam Owner Information</u> Has ownership changed?			
A. Owner/ Operator (Company o	pr person): <u>Jommy b</u>	; + Roger DK	ing
Contact Person (if owner is c	ompany):		
Phone:	36.	Email:	
Mailing Address: 875	Five Forks Rd.		
city Liberty	Sta	sc	7. 29157
	36		Zip:
II. <u>Site Information</u> A. Site Location (street address, Latitude: <u>34°71333</u> N	nearest intersection, etc.): Longitude: - <u>&amp;2 º( 68</u> 33 _"	Dameson Dr. C W Tax map # (list all):	Baugh Rol. 3-00-03-012
<b>B.</b> Is there any evidence of new <b>C.</b> Do you think the hazard class		Yes No	
<b>D.</b> If yes for item II.C, what is you			a 1 (Lich Llanger)
D. If yes for item it.o, what is you	in opinion of what the new class		2 (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17 ) (17
	e e		s 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, an determining the hazard classifica portion of the form.	d date on the lines below once tion was obtaining from Bureau	the inspection and form have be of Water staff members, they v	een completed. If assistance with vill also need to complete this
Hannah Vins Printed Name of Regional I	nspector	signature	 Date of Signature
Printed Name of BOW En	gineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAR	OLINA DEPARTMENT OF	HEALTH AND ENVIRONM	IENTAL CONTROL Page 1

DHEC PROVIDE FROM FROM Caroline Department of Health and Environmental Control	Dams and Reservoirs	ification Inspection For Regulated Dams Safety Act Regulations	3 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the use	of Department staff members activ	vely involved in realessification
Date of Inspection: <u>4/3/14</u> Dam Name: <u>Bailey</u> Creek	SC Dam Inventory Num	ber D <u>3125</u> County: <u>A</u>	nderson
I. <u>Dam Owner Information</u> Has ownership changed?	_YesNo (If yes, enter the	e new owners and their contact in	formation below)
	pr person): FD Gurley		
Phone:	ompany):	Email:	
Mailing Address: 1208	N. Main StState:		
city: <u>Anderson</u>	State:	<u> </u>	p: 29621
	nearest intersection, etc.): <u>Old W</u> Longitude: - <u>82 ° 62/'667</u> " W		
C. Do you think the hazard classi	development below the dam? ification should be upgraded? ir opinion of what the new classificat	_YesNo tion should be?Class 1 (Hig	gh Hazard) gnificant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	d date on the lines below once the ir tion was obtaining from Bureau of W	nspection and form have been cor Vater staff members, they will also	npleted. If assistance with o need to complete this
Hannah M. Vins Printed Name of Regional Ir	ispector	L M Vinson Signature	<u> </u>
Printed Name of BOW Eng	jineer	Signature	Date of Signature

ANDERSON COUNTY		Welcome to: AC "Anderson County Public		AND A SALE AND A SALE OF A SALE	
SOUTH CAROLINA	REAL PROPERTY/	VEHICLE TAX / PROPERTY TAX /	COURTS	/ PERMITS	/ FORMS

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2012	29.81		270	3	10190	10460	AC	
2011	29.81		270	3	10190	10460	AC	
2010	29.81		270	3	10190	10460	AC	

Legal Disclaimer - HELP - Privacy Disclaimer

DHEC DECALOTE FROM FILE PROMOTE FROM FILE South Grouins Department of Health and Environmental Control	Regulate Dams and Reservoirs Safety Ac	nspection Form for South Carolina ed Dams ct Regulations 72-1 through 72-9
in the State of South Carolina. The pr	rrent low hazard (class three) dams regulated by the imary user of this form is for the use of Department valuate the hazard potential of low hazard dams at lo	staff members actively involved in veglessification
	YSC Dam Inventory Number D_ <u>326</u>	
<ul> <li>I. <u>Dam Owner Information</u> Has ownership changed?</li> <li>A. Owner/ Operator (Company of Contact Person (if owner is contact Person)</li> </ul>	_YesNo (If yes, enter the new owners or person): <u>Kay C. Milton 7 Ail</u> ompany): Milton C. + Aileen	and their contact information below) Heen B. May
Phone: Mailing Address: 121 H	Email:	
II. <u>Site Information</u> A. Site Location (street address,	nearest intersection, etc.): <u>Hammett</u> Longitude: - <u>82.º663333</u> " W Tax map # (lis	Aures
C. Do you think the hazard classi	development below the dam? Yes	 No
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form. <u>Hannah M.Vixson</u> Printed Name of Regional In	d date on the lines below once the inspection and fittion was obtaining from Bureau of Water staff mem	form have been completed. If assistance with nbers, they will also need to complete this $ \frac{1}{200} - \frac{4/8/14}{200} $ Date of Signature
Printed Name of BOW Eng	gineer Signature	Date of Signature

DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

ANDERSON COUNTY		erson County Public		and the state of the second second	
SOUTH CAROLINA/REAL PROPERTY/	VEHICLE TAX	PROPERTY TAX /	COURTS	/ PERMITS	/ FORMS

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2013	17.07		480	1	10860	11340	AR	01
2012	17.07		480	1	10960	11440	AR	
2011	17.07		480	1	10960	11440	AR	
2010	17.07		480	1	10960	11440	AR	

Legal Disclaimer - HELP - Privacy Disclaimer

## D 3265 – Ranken Pond Dam (Hammett Acres) Date: 4/3/2014 Photographer: Hannah Vinson







3. Emergency spillway.



5. Emergency spillway.





4. Emergency spillway.



6. Back slope of dam.



7. Outlet channel.

DHEC FROMUE FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM	Low Hazard Dam Classification Inspection Regulated Dams Dams and Reservoirs Safety Act Regulat	ions 72-1 through 72-9
in the State of South Carolina. The pr	rrent low hazard (class three) dams regulated by the Department rimary user of this form is for the use of Department staff member valuate the hazard potential of low hazard dams at least once ever	s actively involved in reclassification
- 1	14 SC Dam Inventory Number D <u>3144</u> County: Th Cruk WCD #2	Anderson
A. Owner/ Operator (Company	_YesNo (If yes, enter the new owners and their con or person): <u>Katheryn Pearce</u> <u>Doreen</u> company): <u>Broadmouth Cruck WCD</u>	
Phone: Mailing Address: <u>115</u> City: <u>Belton / M</u>	Email: Rice Circle / 118 Manldin Circle auldin State: SC	_zip: 29627/29602
	s, nearest intersection, etc.): <u>Belton Farms Rd.</u> N Longitude: - <u>82 ° 27 ' 24 "</u> W Tax map # (list all): <u>25</u>	
C. Do you think the hazard class	sification should be upgraded?YesNo	nblic road (Rice Rd 1 (High Hazard) s 2 (Significant Hazard)
	Inspector	
Robert James FORD Printed Name of BOW Er	ngineer Robert Sow	Date of Signature

R.

D       H       F         Image: Control       Image: Contred       Image: Contred
inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.  Date of Inspection:
Dam Name:       Stein       Pond       Dam         I.       Dam Owner Information
Dam Name:       Stein       Pond       Dam         I.       Dam Owner Information
Has ownership changed? Yes No (If yes, enter the new owners and their contact information below)
Has ownership changed? Yes No (If yes, enter the new owners and their contact information below)
and contact monthation below)
A. Owner/ Operator (Company or person): Robert William Stein et.al.
Contact Person (if owner is company):
Phone:
Mailing Address:FMERICON WOW
city: Anderson State: Sc Zip:29621
210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210 - 210
II. Site Information
A. Site Location (street address, nearest intersection, etc.): Manse Jolly Rd. @ Sulphur Rd,
Latitude: <u>34°35'30</u> " N Longitude: - <u>82°40'42</u> " W Tax map # (list all): <u>119-00-17-028</u>
B. Is there any evidence of new development below the dam? Yes Mo below-otan down stream of
C. Do you think the hazard classification should be upgraded? Yes No dam, 40' elev difference
D If yes for item II C what is your oniging of the till
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Please print your name sign, and date on the lines below and the inner the inner the
Hannah M. Umon Hannah M. Kinson Jaluar

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	DHEC Low Hazard Dam Classification Inspection Form for South Carolin Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9 and Environmental Conitrol	
in t	: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Cont e State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification ections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.	rol on
D	te of Inspection: <u>6/26/14</u> SC Dam Inventory Number D <u>4110</u> County: <u>Anderson</u> m Name: Macomson Dam	
I.	Dam Owner Information Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)	
	A. Owner/ Operator (Company or person): William & Judy Maconson	
	Contact Person (if owner is company):	•
	Phone: Email:	
	Mailing Address: 309 Pine Trail	-
	City: Williamston State: SC Zip: 29697	
П.	Site Information	
	A. Site Location (street address, nearest intersection, etc.):	
	Latitude: <u>34 ° 36 ' 18 "</u> N Longitude: - <u>82 ° 33 ' 48 "</u> W Tax map # (list all): <u>196 - 0009-010</u>	
	3. Is there any evidence of new development below the dam?YesNo	m
	. Do you think the hazard classification should be upgraded? Yes No May be breached	
	. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)	
	Class 2 (Significant Hazard)	
	<b>Fignature</b> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with etermining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this ortion of the form.	
	Hannah M. Vinson Hannah M. Vinson 7/9/14 Printed Name of Regional Inspector Signature Date of Signature	
	Printed Name of BOW Engineer Signature Date of Signature	

D       H       F. G.         Build of the performance of the the the start of the sta	E
In the State of South & Arona. The primary user of this form is for the use of Department staff members actively moved in reclassification imprections. The correct policy is to evaluate the hazard potential of low hazard dams at least once every five years. <i>U</i> = <i>C</i>	Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9 Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
Date of Inspection:       SC Dam Inventory Number D_4323 County:       Anderson         Dam Name:	in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Dam Name:         I. Dam Owner Information         Has ownership changed?       Yes       No (If yes, enter the new owners and their contact information below)         A Complete Company or person):       John F. Owens         Contact Person (If owner is company):	
I. Dam Owner Information         Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)         A Owner / Operator (Company or person):Dahn F. Owlens         Contact Person (If owner is company):Email:	Date of Inspection: 121473 SC Dam Inventory Number D_4323 County:_ Anders On
Has ownership change?       Yes       No (If yes, enter the new owners and their contact information below)         A wind! Operator (Company or person):       John F. Owens         Contact Person (If owner is company):	Dam Name:
Has ownership changed?       Yes       No (If yes, enter the new owners and their contact information below)         A Ornel Operator (Company or person):       John F. Owens         Contact Person (If owner is company):	I. Dam Owner Information
A Ownel Operator (Company or person): John F. Owens         Contact Person (if owner is company):         Phone:	
Contact Person (if owner is company):	
Phone:	
Mailing Address:       216 Compton Rd.         City:       Belton         State:       State:         State:       State:         In Site Information         A. Site Location (street address, nearest intersection, etc.):       220 Compton Rd.         Latitude:       31 ° 34 · * N Longitude:       State:       247 000 30 18         B. Is there any evidence of new development below the dam?       Yes       No Public Rd below dam         C. Do you think the hazard classification should be upgraded?       Yes       No Compton Rd.         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         Hornah M. Vincon       AdmMh. Mame of Bow Engineer       Yes Signature         Printed Name of BOW Engineer       Signature       Date of Signature	
City:       Bellfon       State:       State:       State:       Zip:       29627         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       22.0 Compton Rd.         Latitude:       34N Longitude:       42.02.000       30.18         B. Is there any evidence of new development below the dam?       Yes      No       Public C Rd. below dam         C. Do you think the hazard classification should be upgraded?       Yes      No       Compton Pd.       200         D. If yes for item II.C, what is your opinion of what the new classification should be?      Class 1 (High Hazard)      Class 2 (Significant Hazard)         III. Signature       Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.	
I. Site Information         A. Site Location (street address, nearest intersection, etc.): 220 Compton Rd.         Latitude: 34 • 34 * N Longitude: -82 • 28 · 36 * W Tax map # (list all): 247 000 30 18         B. Is there any evidence of new development below the dam? Yes No Public C Rd. below dom         C. Do you think the hazard classification should be upgraded? Yes No Compton Rd SR SUPERATIONAL         D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard)         Class 2 (Significant Hazard)         Class 2 (Significant Hazard)         Class 2 (Significant Hazard)         Printed Name of Regional Inspector       Advection of Water staff members, they will also need to Signature         Printed Name of BOW Engineer	city Belton 28/27
A. Site Location (street address, nearest intersection, etc.):       220 Compton Rd.         Latitude:       34	State:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip: _
C. Do you think the hazard classification should be upgraded? Yes No S& SUTTED D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard) III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hannah M. Vincon</u> <u>Hannah M. Umon</u> <u>J/q/14</u> Printed Name of Regional Inspector <u>Signature</u> <u>Date of Signature</u>	A. Site Location (street address, nearest intersection, etc.): 220 Compton Rd.
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       Hannah M. Vinson         Printed Name of Regional Inspector       Hannah M. Vinson         Printed Name of BOW Engineer       Signature         Date of Signature	<b>C.</b> Do you think the hazard classification should be upgraded? Ves No $1000000000000000000000000000000000000$
	Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
DHEC 2607 (11/2012) SOUTH CADOLINA DEDADTMENT OF HEALT THE AND SHELL AND	

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DHEC FROMOTE PROTECT PROSPER Sensits Carolines Department of Health and Environmensal Control	Dams and Reserve	assification Inspection Fo Regulated Dams birs Safety Act Regulation	ns 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	rimary user of this form is for the	use of Department staff members ac	tively involved in reclassification
Date of Inspection: <u>6/26/</u> Dam Name: <u>Henry We</u>	14SC Dam Inventory N 66 Pond	lumber D <u>4421</u> County:	Inderson
		er the new owners and their contact	
Phone:	Ald Williamston	Email:	
Mailing Address: <u>1501</u>	Ula Williamston	Rd. te: <u>SC</u>	286.02
City: Delion	Sta		Zip:(62/
		<u>309 01d Willianston</u> W Taxmap # (list all): <u>198-0</u>	
<ul> <li>B. Is there any evidence of new</li> <li>C. Do you think the hazard class</li> <li>D. If yes for item II.C, what is you</li> </ul>	sification should be upgraded? _	Yes No	(High Hazard) (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, an determining the hazard classifica portion of the form. <u>Hannah M.V.M.</u> Printed Name of Regional I	son	he inspection and form have been of Water staff members, they will a M.U.M.Signature	completed. If assistance with ilso need to complete this <u>ノイタノノ</u> Date of Signature
Printed Name of BOW Er	ıgineer	Signature	Date of Signature

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	DHEC PROMOTE FROTELLE PROSETS South Carolina. Department of Health and Environments al Conicol		ssification Inspection For Regulated Dams rs Safety Act Regulation:	24
int	the State of South Carolina. The pri	imary user of this form is for the u	regulated by the Department of He: se of Department staff members acti hazard dams at least once every five	vely involved in reclassification
			mber D_4422 County:_A	nderson
D	am Name: <u>Burgess Porv</u>	1		
I.	Dam Owner Information			
			the new owners and their contact in	
	A. Owner/ Operator (Company o	or person): <u>Gerald + D</u>	eborah Perry	
		ompany):		
	Phone:		Email:	
	Mailing Address: PO Bo	× 515		
	City: <u>Belton</u>	State	<u>5c</u> z	ip: 29627
11.	<u>Site Information</u> A. Site Location (street address, Latitude: <u>34_。3く,12</u> " N	nearest intersection, etc.): <u>ノク</u> Longitude: - <u>8み。33 '30 "</u> W	<u>7 Claridge P1, C</u> / Taxmap # (list all): <u>1970</u>	vestland S/D 5-01-011
	<ul> <li>B. Is there any evidence of new of</li> <li>C. Do you think the hazard classing</li> </ul>	un 12 de construction de construction de la constru		
	D. If yes for item II.C, what is you	r opinion of what the new classific	cation should be?Class 1 (H	igh Hazard)
			Class 2 (S	ignificant Hazard)
Ш.	Signature Please print your name, sign, and determining the hazard classificat portion of the form. Hannah M. Vinso Printed Name of Regional In	n https://www.ining.from.Bureau.or	a inspection and form have been co f Water staff members, they will als <u>L.M.J.m.m.</u> Signature	mpleted. If assistance with o need to complete this 
	Printed Name of BOW Eng	gineer	Signature	Date of Signature

DHEC CALL FROME FROMULTE FROME South Carolina Department of Freaklis and Environmentaal Control Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: 7/17/14 SC Dam Inventory Number D_3108_ County: Anders on
Dam Name: Glenn Pond Dam #2 (Benjamin Bookhart Dam 2)
I. <u>Dam Owner Information</u> Has ownership changed? Yes No (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): See attached
Contact Person (if owner is company):
Phone: Email:
Mailing Address:
City: State: Zip:
II. Site Information
A. Site Location (street address, nearest intersection, etc.): Lauren Flynn Dr.
Latitude: <u>39 ° 28 ' 42 "</u> N_Longitude: - <u>82 ° 44 ' 26 "</u> WTax map # (list all):
710-407-001, 710-402-032, 710-402-031, possibly 710-402-033
B. Is there any evidence of new development below the dam?YesNo
C. Do you think the hazard classification should be upgraded? Yes No
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Hamah M. Umon 7/18/14 Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature

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DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

ANDERSON COUNTY SOUTH CAROLINA REAL PROPERTY/VEHICLE TAX / PROPERTY TAX / COURTS / PERMITS / FORMS

Main=>Real Property=>Property Search=>Select Record=>Property Detail

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NDERSON OUNTY Real PROPERTY/VEHICLE TAX / PROPERTY TAX / COURTS / PERMITS / FORMS

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## Possible property Owner

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2013		1	600	3	1040	1640	R	01
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Printed: Jul 18, 2014

DHECONDECTIVE FRONTING OF FRONT OF FORMER AND A Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: 7/17/14SC Dam Inventory Number D_3/09_County: <u>Anderson</u> Dam Name: <u>Glenn Pond Dam #1 (Benjamin Bookhart Dam 1)</u>
Dam Name: Glenn Pond Dam #1 (Benjamin Bookhart Dam 1)
I. Dam Owner Information
Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company or person): See Attached
Contact Person (if owner is company):
Phone: Email:
Mailing Address:
City: State: Zip:
Σιρ
II. Site Information
A. Site Location (street address, nearest intersection, etc.): <u>Lauren Flypn Dr.</u>
Latitude: <u>34 ° 28 45</u> "N Longitude: - <u>82 ° 44 20 "</u> W Tax map # (list all):
7/0-402-007, 7/0-402-027, 7/0-402-026, possibly 7/0-402-025
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B. Is there any evidence of new development below the dam?YesNo
C. Do you think the hazard classification should be upgraded?YesNo
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
II. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Hannah M. U. J. 18/14 Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature

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DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 1

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Main=>Real Property=>Property Search=>Select Record=>Property Detail

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City, State	ANDERSON S	С		City, S	tate ANDERS	SON SC		
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Note: This form is only for use on curr- in the State of South Carolina. The prin inspections. The current policy is to eva	ent low hazard (class three) dams regulated by the L nary user of this form is for the use of Department s luate the hazard potential of low hazard dams at lea	Department of Health and Environmental Control taff members actively involved in reclassification ist once every five years.
Date of Inspection: 7/17/14	SC Dam Inventory Number D10	county: Anderson
Dam Name: <u>Hill Pond</u>	Dam	
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter the new owners ar person):Tames D Hill Inte	nd their contact information below)
	npany):	
Mailing Address: PD B D	Email:	
City: Arching the	K 13519	
ony. <u>Intrigion</u>	State:X	Zip: <u>76094</u>
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, ne Latitude: <u>34°27'36</u>" N - L</li> </ul>	earest intersection, etc.): <u>8み Novris</u> ongitude: - <u>8२ ° 44 ' み4</u> " W Tax map # (list	all): 072-00-04-005
<ul> <li>B. Is there any evidence of new dev</li> <li>C. Do you think the hazard classificand</li> <li>D. If yes for item II.C, what is your or</li> </ul>		No
	-	Class 2 (Significant Hazard)
II. <u>Signature</u> Please print your name, sign, and da determining the hazard classification portion of the form.	ate on the lines below once the inspection and forr was obtaining from Bureau of Water staff membe	n have been completed. If assistance with ers, they will also need to complete this
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Printed Name of BOW Engine	eer Signature	Date of Signature
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Printed: Jul 21, 2014

DHEC Comparison of the shift and Environmental Comparison Control of the shift and Environmental Comparison for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
71.7111
Date of Inspection:SC Dam Inventory Number D_3/11 County: Anderson
Dam Name: Chamble Pond (Glendon C. Smith Dam)
L Dam Owner Information
Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company or person): <u>Glendon C. Smith</u>
Contact Person (if owner is company):
Phone: Email:
Mailing Address: 190 Glan Edgen Lin
Mailing Address: 190 Glen Edgen Ln City: Anderson State: SC Zip: 29624
State: <u>SC</u> Zip: <u>29624</u>
II. Site Information
II. <u>Site Information</u>
A. Site Location (street address, nearest intersection, etc.): Near Hwy 29 at Trotter Rd.
Latitude: 34 .26,36"N Longitude: -82 .44 .30"W Tax map # (list all): 672-00-08-021
720-00-80-21
B. Is there any evidence of new development below the dam?YesNo
C. Do you think the hazard classification should be upgraded? Yes
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Hannel M. Uusin 1/21/14 Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF THE ARCHIVE

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2013	47.12		290	3	880	1170	AR	01
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2011	47.12		230	3	880	1110	AR	
2010	47.12		230	3	880	1110	AR	

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DHEC PROMOTE EXCILCT PROVIDE E South Carolina Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Form Regulated Dams Dams and Reservoirs Safety Act Regulations 72	2-1 through 72-9
Note: This form is only for use on cu in the State of South Carolina. The p inspections. The current policy is to	current low hazard (class three) dams regulated by the Department of Health a primary user of this form is for the use of Department staff members actively i evaluate the hazard potential of low hazard dams at least once every five year	and Environmental Control involved in reclassification 's.
Date of Inspection: <u>7/17/</u>	SC Dam Inventory Number D_3116 County: And	lerson
Dam Name: Dobbins	Pond Pond	8
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter the new owners and their contact inform	ation below)
A. Owner/ Operator (Company	or person): Anderson County	
Contact Person (If owner is c	company):	
Phone:	Email:	
	<u>0x 8002</u>	
Mailing Address: FO Do		
City: <u>Andlers on</u>	State:Zip:Z	29602
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Printed: Jul 18, 2014

DHEC Comparison of Freakly South Carolina Department of Freakly and Environmental Control
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: 7/17/14SC Dam Inventory Number D_3117_County: Andurson Dam Name: Strickland Pond
I. <u>Dam Owner Information</u> Has ownership changed? Yes No (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): <u>Joseph Leon Turnage &amp; Beverly Player</u> Contact Person (if owner is company):
Phone: Email:
Mailing Address: <u>415 Twelfth Place</u> City: <u>Vero Beach</u> <u>State: FL</u> <u>Zip: 32962</u>
City: VERD BEACH State: FL Zip: 32762
II. <u>Site Information</u>
A. Site Location (street address, nearest intersection, etc.): Hwy 29 at Trump Pointe
Latitude: <u>34°26'56</u> " N Longitude: - <u>82°42'46</u> " W Tax map # (list all): <u>990-00-50-13</u>
B. Is there any evidence of new development below the dam?YesNo
C. Do you think the hazard classification should be upgraded?YesNo
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Hamah M. Uman <u>1/21/17</u> Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature 3

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DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL



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DHEC PROMOTE PROTECT PROSPER Smuth Carolina Department of Health and Environmental Control	Dams a	Regulated Ind Reservoirs Safety Act R	egulations 72-1 through 72-9
		(class three) dams regulated by the Dep s form is for the use of Department staf d potential of low hazard dams at least	partment of Health and Environmental Control f members actively involved in reclassification once every five years.
Date of Inspection: $\frac{7/2}{8}$	3/14 sc Da	am Inventory Number D <u>3120</u>	county: Anderson
I. Dam Owner Information		No (If yes, enter the new owners and	
A. Owner/ Operator (Compa Contact Person (if owner	ny or person):	arles Benjamin + C	fale M. Dickerson
Phone:		Email:	
Mailing Address: _/09	O Parker 1	Bowie Rd.	
City: IVa		State: SC	Zip: 29655
II. <u>Site Information</u> A. Site Location (street addree Latitude: <u>34 • 19 · 21</u>	ss, nearest intersect " N Longitude: - <u>82</u>	tion, etc.): 2 <u>42</u> , <u>13</u> ," W Tax map # (list all)	106-00-02-003
<b>B.</b> Is there any evidence of ne <b>C.</b> Do you think the hazard cla <b>D.</b> If yes for item II.C, what is y	ssification should be		Class 1 (High Hazard) Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, a determining the hazard classifi portion of the form.	and date on the lines cation was obtaining	below once the inspection and form h from Bureau of Water staff members	have been completed. If assistance with , they will also need to complete this
Hannah M. Ving Printed Name of Regiona	ັດກ Inspector	Hannah M. Vinso Signature	n <u>7/24/14</u> Date of Signature
Printed Name of BOW E	ingineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CA	ROLINA DEPAR	TMENT OF HEALTH AND ENDER	

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Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the beyond potential of the use of Department staff members actively involved in reclassification
inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: 1/23/14 SC Dam Inventory Number D_3/36 County: Anderson
Date of Inspection: <u>1/23/14</u> SC Dam Inventory Number D <u>3136</u> County: <u>Anderson</u> Dam Name: <u>Hall Pond Dam</u>
I. Dam Owner Information
Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)
A Current Constant (Constant of the contact information below)
A. Owner/ Operator (Company or person): MREAD, Inc.
Contact Person (if owner is company):
Phone: Email:
Mailing Address: POBOX 427
city: <u>Piedmont</u> State: <u>SC</u> Zip: <u>29673</u>
203
II. <u>Site Information</u>
A. Site Location (street address, nearest intersection, etc.): Hall Rd
Latitude: <u>34°20'58</u> " N Longitude: - <u>82°32'41</u> " W Tax map # (list all): <u>209 - 00 - 06 - 004</u>
B. Is there any evidence of new development below the dam?YesNo
C. Do you think the hazard classification should be upgraded?YesNo
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Hannah M. Vinson 7/24/14 Printed Name of Regional Inspector Signature Date of Signature
Printed Name of POW Fund
Printed Name of BOW Engineer Signature Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLINA DERADTMENT OF MELAN ON AND THE AND

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	assification Inspection Form for South Carolina Regulated Dams
South Carolina Department of Health and Environmental Control	irs Safety Act Regulations 72-1 through 72-9
Note: This form is only for use on current low hazard (class three) dam in the State of South Carolina. The primary user of this form is for the inspections. The current policy is to evaluate the hazard potential of low	
Date of Inspection: <u>1/23/14</u> SC Dam Inventory N	umber D. 3148 County: Anderson
Dam Name: Louis Michael Stone Dam	Griffin Pond Dam (Louis Michael
I. Dam Owner Information	Stone Dam)
Has ownership changed?YesNo (If yes, enter	
A. Owner/ Operator (Company or person): 😰 Louis M	
Contact Person (if owner is company):	
Phone:	Email:
City: Honea PathState	
State	Zip: <u></u> Zip: <u>27654</u>
II. Site Information	
A. Site Location (street address, nearest intersection, etc.):	iffin Farm Rol. @ Clubbance 14
Latitude: <u>34 ° 24 ' 40 "</u> N Longitude: - <u>82 ° 28 ' 15 "</u> w	Tax map # (list all): 255-00-0(-00)
B. Is there any evidence of new development below the dam?	Yes No
C. Do you think the hazard classification should be upgraded?	YesNo
D. If yes for item II.C, what is your opinion of what the new classified	cation should be?Class 1 (High Hazard)
	Class 2 (Significant Hazard)
III. Signature	
Please print your name, sign, and date on the lines below once the determining the hazard classification was obtaining from Bureau of portion of the form.	inspection and form have been completed. If assistance with Water staff members, they will also need to complete this
Hannah M. Vinson Printed Name of Regional Inspector	LM. Umon 7/24/14 Signature Date of Signature
Printed Name of BOW Engineer	Signature Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF H	EALTH AND ENVIRONMENTAL CONTROL Page 1
	EALTH AND ENVIRONMENTAL CONTROL Page 1

DUEC			
PROMINE PROTECT PROVIDER Smuth Carolina Department of Health and Environmental Capitol		Regulated D	ction Form for South Carolina ams gulations 72-1 through 72-9
Note: This form is only for use on curr	ent low hazard (class three	) dams regulated by the Depar	tment of Health and Environmental Control
in the State of South Carolina. The prin inspections. The current policy is to eva	mary user of this form is fo cluate the hazard potential	r the use of Department staff m of low hazard dams at least on	tment of Health and Environmental Control nembers actively involved in reclassification
		an been interest it in	
Date of Inspection: $\frac{7/23}{7}$	SC Dam Invent	prv Number D. 3/49	And de la s
Dam Name: JM Cowa	n Pond Dam	<u> </u>	July JANGES ON
I. Dam Owner Information			
Has ownership changed?	Yes _ No (If yes.	enter the new owners and the	sir contact information to the state
A. Owner/ Operator (Company or	person): James	M Could in	contact information below)
Contact Person (if owner is con	npany):		
Phone:		Email	
Mailing Address: <u>821 G</u>	riffin Farm R		
city: Honea Path		State: SC	Zip: 29654
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A. Site Location (street address, ne	Parest intersection ato ):		
Latitude: 34 °25' 5 " N J		SVITTIN Farm Ka.	C HWY 20
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B. Is there any evidence of new dev			
C. Do you think the hazard classific			4 a
D. If yes for item II.C, what is your o	pinion of what the new cla	assification should be?	Class 1 (High Hazard)
		(	Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and da determining the hazard classification portion of the form.	ate on the lines below onc was obtaining from Bure	e the inspection and form have au of Water staff members, the	e been completed. If assistance with ey will also need to complete this
Hannah M. Vinso Printed Name of Regional Insp	ector Ham	nah M. Umon Signature	<u>7/25/14</u> Date of Signature
			~
Printed Name of BOW Engine	eer	Signature	Date of Signature
			· · · · ·

DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 1

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Inspections: The current policy is to evaluate the bazard potential of low bazard dams at least once every five years.         Date of Inspection: 1/28/14       SC Dam Inventory Number D_310.3       county: And&rSon         Dam Name: Mc Gcc Pond (Double M: Farm Pond)         Image: Mc Gcc Pond (Double M: Farm Pond)         A. Owner/ Information         Has ownership changed?       Yes         Contact Person (if owner is company):         Phone: Slog4 - 235 - 7 V78         Email:         Mailing Address: 3450 Huly 187 S         City: Andersson         State: SC       Zip: 29624         I. Site Information         A. Site Location (street address, nearest intersection, atc.):       Willmader Rd.         Latitude: 34 * 26 * 43 * N Longitude: -82 * 48 * 14 * W Tax map # (list all): 510 - 00 - 70 - C1         B. Is there any evidence of new development below the dam?       Yes		Regulated Dams	
Inspections: The current policy is to evaluate the bazard potential of low bazard dams at least once every five years.         Date of Inspection: 1/28/14       SC Dam Inventory Number D_310.3       county: And&rSon         Dam Name: Mc Gcc Pond (Double M: Farm Pond)         Image: Mc Gcc Pond (Double M: Farm Pond)         A. Owner/ Information         Has ownership changed?       Yes         Contact Person (if owner is company):         Phone: Slog4 - 235 - 7 V78         Email:         Mailing Address: 3450 Huly 187 S         City: Andersson         State: SC       Zip: 29624         I. Site Information         A. Site Location (street address, nearest intersection, atc.):       Willmader Rd.         Latitude: 34 * 26 * 43 * N Longitude: -82 * 48 * 14 * W Tax map # (list all): 510 - 00 - 70 - C1         B. Is there any evidence of new development below the dam?       Yes	Note: This form is only for use on cu	rrent low hazard (class three) dams regulated by the Department of	Health and Environmental Control
Date of Inspection:       1/28/14       SC Dam Inventory Number D_310.3       county:       Amddrson         Dam Name:       Mc Gee Pond       (Do uble M: Farm Pond)         I.       Dam Owner Information         Has ownership changed?       Yes			
Dam Name:       Mc Gee Pond (Double M: Farm Pond)         I. Dam Owner Information         Has ownership changed?       Yes         No (If yes, enter the new owners and their contact information below)         A. Owner/Operator (Company or person):       Double M: Farm, Inc.         Contact Person (If owner is company):	· ·		
Dam Name:       Mc Gee Pond (Double M: Farm Pond)         I. Dam Owner Information         Has ownership changed?       Yes         No (If yes, enter the new owners and their contact information below)         A. Owner/Operator (Company or person):       Double M: Farm, Inc.         Contact Person (If owner is company):       Phone:         Phone:       Std4-225-7%78         Email:       Mailing Address:         Mailing Address:       3450         Huly 187 S       City:         City:       Anderson         State:       SC         Zip:       296.24           II. Site Information            A. Site Location (street address, nearest intersection, etc.):         Latitude:       34 ° 26 ' 43 °N         Longitude:       -48 ° 14 °W         Tax map # (list all):       -510-00-70 - Cl           B. Is there any evidence of new development below the dam?       Yes	Date of Inspection: 1/28/1	4 SC Dam Inventory Number D 3103 County	Address
I. Dam Owner Information         Has ownership changed?       Yes         No (If yes, enter the new owners and their contact information below)         A. Owner/ Operator (Company or person):       Doublet M. Farm, Inc.         Contact Person (if owner is company):	Dam Name: Mc Gee Por	d (Double M: Farm Dout)	mairson
Has ownership changed?       Yes       No (If yes, enter the new owners and their contact information below)         A. Owner/ Operator (Company or person):       Double M. Farm, Inc.         Contact Person (if owner is company):		(a c pouble i rain pona)	
A. Owner/ Operator (Company or person):       Duble M. Farm, Inc.         Contact Person (if owner is company):       Phone:       State:       Nc.         Phone:       State:       Duble M. Farm, Inc.         Mailing Address:       State:       State:       State:         City:       Anderson       State:       State:       State:         II. Site Information       A. Site Location (street address, nearest intersection, etc.):       Will Imac. Rd.         Latitude:       34 ° 26 ' 43 * N Longitude:       82 ° 48 ' 14 * W       Tax map # (list all):       Sto - 70 - C1         B. Is there any evidence of new development below the dam?       Yes			
Contact Person (if owner is company):			ct information below)
Phone:       § 64-225-7878       Email:         Mailing Address:       3450       Hwy 187S         City:       Anderson       State:       SC       Zip:       29624         II. Site Information         A. Site Location (street address, nearest intersection, etc.):	A. Owner/ Operator (Company o	prperson): Double M. Farm, Inc.	
Phone:       § 64-225-7278       Email:         Mailing Address:       3450 Hwy 187 S         City:       AnderSon       State:       SC         II.       Site Information         A. Site Location (street address, nearest intersection, etc.):       Willmake Rd         Latitude:       34.026.43*N       Longitude: -82.048.14*W       Tax map # (list all):         B. Is there any evidence of new development below the dam?       Yes       No         C. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMAM M. Vinson       Amaal M.Vinson       Algord M.Vinson         Printed Name of Regional Inspector       Signature       Algord M.Vinson         Printed Name of Regional Inspector       Air M.Vinson       Algord M.Vinson			
Mailing Address:       State:       State:       State:       State:       Zip:       29624         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       Wilmac       Rd.         Latitude:       34.926.943.*N       Longitude:       -82.948.14.*W       Tax map # (list all):       510-00-70-01         B. Is there any evidence of new development below the dam?       Yes       No         C. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         H. Signature       Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMAM M. Vinson       712.8/14         Printed Name of Regional Inspector       Admaal M. Vinson         Printed Name of Regional Inspector       Admaal M. Vinson	Phone: 864-225-	7678 Email:	
city:       Anderson       State:       State:       Zip:       29624         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       Wilmac Rd.         Latitude:       24°26'43"N       Longitude: -82°48'14" W       Tax map # (list all):       510-00-70-01         B. Is there any evidence of new development below the dam?       Yes       No         C. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         II. Signature       Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah M. Vinson       712.8/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Acmah M. Vinson         Printed Name of BOW Engineer       Acmah M. Vinson	Mailing Address: <u>3450</u>	Hwy 1875	2 A
I. Site Information         A. Site Location (street address, nearest intersection, etc.):	city: Anderson	State: SC	Zin: 29/24
A. Site Location (street address, nearest intersection, etc.): <u>Wilmac Rd</u> . Latitude: <u>34 °26 '43</u> "N Longitude: <u>-82 °48 '14 "W</u> Tax map # (list all): <u>610-00-70-01</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> II. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamah M. Vinson</u> <u>Adamah M. Vinson</u> <u>7128/114</u> <u>Date of Signature</u> <u>Printed Name of Regional Inspector</u>			21p
A. Site Location (street address, nearest intersection, etc.): <u>Wilmac Rd</u> . Latitude: <u>34 °26 '43</u> "N Longitude: <u>-82 °48 '14</u> "W Tax map # (list all): <u>610-00-70-01</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> <b>II. <u>Signature</u></b> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamman M. Vinson</u> <u>Hammal M. Vinson</u> <u>7128/14</u> <u>Date of Signature</u> <u>Printed Name of Regional Inspector</u>	II. Site Information	÷	
Latitude: <u>34°26'43</u> "N Longitude: <u>82°48'14</u> W Tax map # (list all): <u>610-00-70-01</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1</u> (High Hazard) <u>Class 2</u> (Significant Hazard) II. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamah M.Vinson</u> <u>Hamah M.Vinson</u> <u>7128/14</u> <u>Date of Signature</u> <u>Printed Name of Regional Inspector</u> <u>Director</u> <u>Class</u> <u>1</u>			
B. Is there any evidence of new development below the dam?       Yes       No         C. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)        Class 2 (Significant Hazard)      Class 2 (Significant Hazard)         II. Signature       Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMAM M.Vinson       Ammal M.Vimson         Printed Name of Regional Inspector       Ammal M.Vimson         Printed Name of BOW Engineer       Signature		Rearest intersection, etc.): Wilmac Kol.	
C. Do you think the hazard classification should be upgraded? Yes No D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard) II. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. HAMM M. Vinson Printed Name of Regional Inspector	Latitude: <u>37°26'43</u> " N	Longitude: - <u>82 °48 '14 "</u> W Tax map # (list all): <u>5) 0 - (</u>	00-70-01
C. Do you think the hazard classification should be upgraded? Yes No D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard) II. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. HAMM M. Vinson Printed Name of Regional Inspector			
C. Do you think the hazard classification should be upgraded? Yes No D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard) II. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. HAMM M. Vinson Printed Name of Regional Inspector	с. Э	a 1 a	
D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard)  II. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.  Hannah M. Vinson Printed Name of Regional Inspector  Printed Name of BOW Engineer	B. Is there any evidence of new d	evelopment below the dam?YesNo	
D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard)  II. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.  Hannah M. Vinson Printed Name of Regional Inspector  Printed Name of BOW Engineer	C. Do you think the hazard classif	ication should be upgraded? Yes No	6
II. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       Hannah M. Vinson         Printed Name of Regional Inspector       Aannah M. Vinson         Printed Name of BOW Engineer       Signature			1.Red Harrison
II. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       Hannah M. Vinson         Printed Name of Regional Inspector       Hannah M. Vinson         Printed Name of BOW Engineer       Date of Signature	in the second		*
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.  Hannah M. Vinsur Printed Name of Regional Inspector  Printed Name of BOW Engineer		Class 2 (	(Significant Hazard)
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.  Hannah M. Vinsur Printed Name of Regional Inspector  Printed Name of BOW Engineer	III. Signature		
Printed Name of BOW Engineer	Please print your name, sign, and	date on the lines below once the inspection and form have been	completed If assistance with
Printed Name of BOW Engineer	g are made indedition	on was obtaining from Bureau of Water staff members, they will a	lso need to complete this
Printed Name of BOW Engineer	II. I o di		
Printed Name of BOW Engineer	Hannah M. Vinson	Hannah M. Vinion	7128/14
Printed Name of BOW Engineer Signature Date of Signature	Frinted Name of Regional Ins	spector Signature	Date of Signature
Printed Name of BOW Engineer Signature Date of Signature	£		
	Printed Name of BOW Eng	ineer Signature	Date of Signature
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DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 1

DHEC PROMINTE PROTECT PROSPER South Carolina Department of Health and Environmensal Centrol	Low Hazard Dam Classification Inspection Regulated Dams Dams and Reservoirs Safety Act Regulat	ions 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr	rent low hazard (class three) dams regulated by the Department o imary user of this form is for the use of Department staff members	f Health and Environmental Control
inspections. The current policy is to ev	aluate the hazard potential of low hazard dams at least once every	actively involved in reclassification v five years.
Date of Inspection: 1/28/19	1 SC Dam Inventory Number D 3104 County:	Anderson
Dam Name: RBE Pond	SC Dam Inventory Number D <u>3104</u> County: d#3 (J.E. Earle Pond #3)	
I. <u>Dam Owner Information</u>		
	YesNo (If yes, enter the new owners and their conta	
A. Owner/ Operator (Company o	rperson): Darlene S. Roach	
Contact Person (if owner is co	mpany):	
	Email:	
Mailing Address: PO B	0x 87	
city: Starr	State:SC	
ony:	State:	_Zip: <u>29684</u>
	- 	
II. Site Information		
A. Site Location (street address, a	nearest intersection, etc.): Hwy 187 @ Hwy	29
Latitude: <u>34 • 24 · 12</u> " N	Longitude: -82°46'59" W Tax map # (list all):_530	0-00-10-Et 110
B. Is there any evidence of new de	evelopment below the dam?YesNo	
C. Do you think the hazard classif	cation should be upgraded?YesNo	
D. If yes for item II.C, what is your	opinion of what the new classification should be?Class 1	(High Hazard)
		2 (Significant Hazard)
III. <u>Signature</u>		
Please print your name, sign, and	date on the lines below once the inspection and form have been	Completed If assistance with
portion of the form.	on was obtaining from Bureau of Water staff members, they will	also need to complete this
с 	1	
Hannach M. Vins	on Hannah M. Uyunio	ATS 7/20/14
Printed Name of Regional Ins	pector Signature	Date of Signature
Printed Name of BOW Engi	neer	
	neer Signature	Date of Signature

DHEC PECALITE PROTECT PROVIDE South Cambina Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Regulated Dams Dams and Reservoirs Safety Act Regulat	ions 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr	rrent low hazard (class three) dams regulated by the Department o	f Health and Environmental Control
	imary user of this form is for the use of Department staff members valuate the hazard potential of low hazard dams at least once every	
i i		
Date of Inspection:	SC Dam Inventory Number D_3105 County:	Anderson
Dam Name: RBE Pond	#1 (Earle Pond #1)	
I. <u>Dam Owner Information</u>		
Has ownership changed?	YesNo (If yes, enter the new owners and their conta	act information below)
A. Owner/ Operator (Company o	person): Darlene S Roach	
Contact Person (if owner is co	ompany):	
Phone:	Email:	
Mailing Address: PO Bo	ox 87	
city: Starr	State:S C	- 0.6 / 52
		_ Zip: 684
	л н	£
II. Site Information		
A. Site Location (street address, I	nearest intersection, etc.):	
Latitude: <u>34°23'47</u> " N	Longitude: - <u>82°46'55</u> " W Tax map # (list all): <u>530</u>	- 10-10- =+ 11-
	· · · · · · · · · · · · · · · · · · ·	00.10 04.16
B. Is there any evidence of new de		
C. Do you think the hazard classifi	ication should be upgraded?YesNo	· · · ·
D. If yes for item II.C, what is your	opinion of what the new classification should be?Class 1	(High Hazard)
		(Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classification portion of the form.	date on the lines below once the inspection and form have been on was obtaining from Bureau of Water staff members, they will	completed. If assistance with also need to complete this
Hannah M. Vinst Printed Name of Regional Ins	pector Hannah M. Vinsin Signature	)/28/14 Date of Signature
Printed Name of BOW Engi	ineer Signature	Defension -
· · · · · · · · · · · · · · · · · · ·	Signature	Date of Signature
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In the State of South Catolina, The Di	nrent low hazard (class three) dams regulated by the Department of Health and Environmental Contr rimary user of this form is for the use of Department staff members actively involved in reclassification evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: $\frac{7}{28}$	SC Dam Inventory Number D 310 6 County: Anderson
Dam Name: <u>RBE</u> Pond	#2 (Earle Pond #2)
I. Dam Owner Information	
Has ownership changed?	YesNo (If yes, enter the new owners and their contact information below)
	or person): Maynard D. + Christina P. Barker III
	company):
Phone:	Email:
Mailing Address: <u>6</u>	nclatosh Rd.
city: Hilton Head	State: SCZip:2992.6
II. Site Information	
A. Site Location (street address,	nearest intersection, etc.): 4939 Hwy 87 S @ Rainey Rd.
Latitude: <u>37 ° 23 '25 "</u> N	Longitude: -82 •46 ·49 "W Tax map # (list all): 530 -00 - 10 - 17
B. Is there any evidence of new d	development below the dam?YesNo
C. Do you think the hazard classif	ification should be upgraded?YesNo
D. If yes for item II.C, what is your	r opinion of what the new classification should be?Class 1 (High Hazard)
	Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	d date on the lines below once the inspection and form have been completed. If assistance with tion was obtaining from Bureau of Water staff members, they will also need to complete this
Hannah M. Vi'ns Printed Name of Regional Ins	Son Hannah M. V. moun 7/28/14 Signature Date of Signature
Printed Name of BOW Eng	Date of Signature
DHEC 2607 (11/2012) SOUTH CADC	OT THE A DED A DED AND A DED A

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DHEAD	Dams and Reservoir	Regulated Dams s Safety Act Regulatio	-
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the us	e of Department staff members a	ctively involved in reclassification
Date of Inspection: 7/28/1	SC Dam Inventory Nur	nber D_ <u>3118</u> _County:_1	Anderson
Dam Name: Hayes Pond	I (Champion Inte	rnational Dam)	1. 
	_YesNo (If yes, enter t		040
	pr person): <u>Marshane</u> (		
Contact Person (if owner is co	ompany): Bar Garcolup	when	
Phone:		_ Email:	
Mailing Address: 330 C	barden Way	<u></u>	
city: Anderson	sarden Way	SC	Zin: 29625
II. Site Information			
	nearest intersection, etc.):	Valia Pd	
	Longitude: - <u>82°43'</u> 6 "W		
		101-0	0-04-001
	s *		×
B. Is there any evidence of new of	levelopment below the dam?	_YesNo	
C. Do you think the hazard classi	fication should be upgraded?	_Yes _/_No	56
D. If yes for item II.C, what is you	r opinion of what the new classifica	ation should be?Class 1 (	(High Hazard)
			(Significant Hazard)
	*		
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	I date on the lines below once the tion was obtaining from Bureau of V	nspection and form have been o Nater staff members, they will a	completed. If assistance with lso need to complete this
Hannah M.Vinse Printed Name of Regional In	m Hannal	M. Umsin Signature	$\frac{12}{24/14}$ Date of Signature
Printed Name of BOW Eng	gineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAR	OLINA DEPARTMENT OF HE	ALTH AND ENVIDONMEN	
		AND THE MILE PARTY INCIDENT	TAL CONTROL Page 1



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Legal Disclaimer - HELP - Privacy Disclaimer
D FI E C PEOMOTE PROTECT PROSPER Smuth Carrolina Department of Health and Environmental Control	Dams and Reservoirs Safe	gulated Dams ty Act Regulations 7	72-1 through 72-9
	rent low hazard (class three) dams regulated imary user of this form is for the use of Depa aluate the hazard potential of low hazard da		
Dam Name: <u>Nell Rich</u>	YSC Dam Inventory Number D <u>4</u> ardSon	14.30 County: An	derson
A. Owner/ Operator (Company o	YesNo (If yes, enter the new ov r person): <u>Hagood O'Neil</u>	Richardson, II	rmation below)
Phone:	mpany): Email: _		
Mailing Address: 505 h City: Anderson	<u>Nurphy Rd</u> . 	Zip:	29626
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, r</li> </ul>	nearest intersection, etc.):		
	Longitude: - <u>82.º 46',36</u> " W Tax ma		-05-007
<b>B.</b> Is there any evidence of new de <b>C.</b> Do you think the hazard classifi <b>D.</b> If yes for item II.C, what is your		No Murphy No	R.d.
		Class 2 (Signit	
II. <u>Signature</u> Please print your name, sign, and determining the hazard classification portion of the form.	date on the lines below once the inspection on was obtaining from Bureau of Water staf	and form have been compl f members, they will also ne	eted. If assistance with ed to complete this
Hannah M. Vins Printed Name of Regional Ins	pector Hamal M.U. Signatu	mon	7/28/14 Date of Signature
Printed Name of BOW Engi	neer Signatu	re	Date of Signature
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF HEALTH AN		

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       Stand Market Staff members, they will also need to complete this         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature         Date of Signature					
Impections. The current policy is to valuate the hazard potential of low huzard dama at least once every five years.         Date of Inspection:        \$\frac{1}{28}/14\$	and Environmental Control	Dams and Re	Regulated eservoirs Safety Act R	Dams egulations 72-1 t	hrough 72-9
Dam Name:       BS 004 mouth Crick WCD #4 (SCN0NAME 0401)         1.       Dam Owner Information Has ownership changed?       Yes      No (If yes, enter the new owners and their contact information below)         A. Owner/ Operator (Company or person):       High point Holdings , LLC Contact Person (If owner is company):       Broodmouth Crick WCD, Colenn Skyrns         Phone:	in the State of South Carolina, The pi	mary user of this form i	s for the use of Henortmont ctof	manshave actively !	nvironmental Control /ed in reclassification
Dam Owner Information         Has ownership changed?       Yes      No (If yes, enter the new owners and their contact information below)         A. Owner/Operator (Company or person):       High point Holdings, LUC         Contact Person (If owner is company):       Broadmouth Cneuk WCD, Glenn Stevens         Phone:	Date of Inspection: 8/38/14	SC Dam Inve	entory Number D. 31.50	County: Ander	ion
Has ownership changed?       Yes       No (If yes, enter the new owners and their contact information below)         A. Owner/ Operator (Company or person):       High point Holdings, LUC         Contact Person (If owner is company):       Broadmonth Cruck WCD, Glenn Skurns         Phone:       Email:       Chairman         Mailing Address:       938       Simpson R4.       Chairman         Oity:       Belthn       State:       Sc       zip:       29627         II. Site Information       A. Site Location (street address, nearest intersection, etc.):       C-18-55, 1 DOKRd, off Hamby Rd.         Latitude:       34.º 28.º 58.ºN       Longitude:       -82.º 26.ºW       Tax map # (list all):       266-00-09-002         B. Is there any evidence of new development below the dam?       Yes       No       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)       Class 2 (Significant Hazard)         Class 2 (Significant Hazard)       Class 3 (Significant Hazard)       Class 4 (Hassistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hasse print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete th	Dam Name: $Brokamou$	Ph Creek WI	CD #4 (SCNO	NAME 04011)	
Contact Person (if owner is company):       Broadmouth Cruck WCD, Glenn Skuens         Phone:	Has ownership changed?	_YesNo (If y	res, enter the new owners and	their contact information	below)
Phone:       Email       Chair man         Mailing Address:       938_Simpson R4.	Contact Person (if owner is co	mpany): Broad	mouth Creak	ICD CL	Sleve
Mailing Address:       938 Simpson R4.         City:       Bellton         State:       State:         Mailing:       Addrestend:				Glenn	Chairman
city:       Gel Hon       State:       State:       State:       Zip:       29627         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       C-18-55, 100KRd., off Hamby Rd.         Latitude:       34.028/58.*N Longitude:       State:       Yes       No         B. Is there any evidence of new development below the dam?       Yes       No         C. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         Hamada M. Vinson       Signature       Signature         Hamada M. Vinson       Signature       Signature         Printed Name of BOW Engineer       Signature       Date of Signature	·	Simpson R1.	Email:		
II. Site Information         A. Site Location (street address, nearest intersection, etc.): <u>C-18-55, LooK-Rd</u> , off Hamby Rd. Latitude: <u>34 ° 28 °58 ° N</u> Longitude: <u>82 ° 26 °26 ° W</u> Tax map # (list all): <u>2666 - 00 - 09 - 002</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> I. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamah M. Vinson</u> <u>Bignature</u> <u>Signature</u> Printed Name of BOW Engineer <u>Signature</u> <u>Signature</u> <u>Date of Signature</u>	city: Belton		State: 50	- 29	1.27
A. Site Location (street address, nearest intersection, etc.): <u>C-18-55, 100 K-Rd</u> , off Hamby Rd. Latitude: <u>34°28'58</u> N Longitude: <u>82°26'W</u> Tax map # (list all): <u>2666-00-09-002</u> B. Is there any evidence of new development below the dam? <u>Yes</u> No         C. Do you think the hazard classification should be upgraded? <u>Yes</u> No         D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> H. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMAM. VIAS ON       HAMAM. Wins ON         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature				2ip7	<u>vn/</u>
A. Site Location (street address, nearest intersection, etc.): <u>C-18-55, LooK-Rd</u> , off Hamby Rd. Latitude: <u>34°28'58</u> N Longitude: <u>82°3'26</u> W Tax map # (list all): <u>266°00-09-002</u> B. Is there any evidence of new development below the dam? <u>Yes</u> No         C. Do you think the hazard classification should be upgraded? <u>Yes</u> No         D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> H. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMAM. VIAS DN       HAMAM. VIAS DN         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature	II. Site Information				
Latitude:       34 ° 28 ° 58 ° N Longitude:       -82 ° 2 ° 28 ° 26 ° W       Tax map # (list all):       266 - 00 - 09 - 00 2         B. Is there any evidence of new development below the dam?       Yes       No         C. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         H.       Signature       Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMAA M. Vinson       S1 29/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature		nearest intersection etc	1. 1-18-55 1 DOK	Rd off Han	ab. Ad
B. Is there any evidence of new development below the dam?YesNo         C. Do you think the hazard classification should be upgraded?YesNo         D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard)	Latitude: 34 ° 28 '58 " N	Longitude: -82 ° 25	'26 "W Tax man # (list all	266-00-09	1-00 D
C. Do you think the hazard classification should be upgraded?YesNo D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard) I. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. HAMMA M. VIAS M					1002
C. Do you think the hazard classification should be upgraded?YesNo D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard) I. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. Hamah M. Vinson			2		·
C. Do you think the hazard classification should be upgraded?YesNo D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard) I. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. HAMMA M. VIAS M	B. Is there any evidence of new de	evelopment below the c	am2 Yos An		
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard)         II. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMAA M. Vins on       Standard Stand					
L. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah M. Vinson       8/29/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature					8
I. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah M. Vinson       Standard S		opinion of what the liev			
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       Amah M. Vinson         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature				Class 2 (Significant H	azard)
Printed Name of BOW Engineer Signature Date of Signature Date of Signature	determining the nazard classificatio	date on the lines below on was obtaining from E	once the inspection and form I Bureau of Water staff members	have been completed. If , they will also need to co	assistance with omplete this
Date of Signature	Hannah M. Vins Printed Name of Regional Ins	<u>son</u>	annah M. Vinse Signature	Date o	19 /14 f Signature
Date of Signature	Printed Name of BOW Engl	ineor			
HEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL	Thiney Name OF DOAA EUG	11661	Signature	Date o	fSignature
	OHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMEN	T OF HEALTH AND ENVI	RONMENTAL CONT	ROL Page 1

DHEC PROMOTE PROTECTION PROMOTE PROTECTION South Carolina Department of Health and Environmensal Control	Dams and Reserv	Regulated Do voirs Safety Act Reg	ulations 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pri inspections. The current policy is to ev	imary user of this form is for th	e use of Department staff me	ment of Health and Environmental Control embers actively involved in reclassification e every five years.
Date of Inspection: <u>8/28/</u> Dam Name: <u>Friddle Por</u>	14 SC Dam Inventory n.dB	Number D_3151_Co	unty: Anderson
I. Dam Owner Information Has ownership changed?	_YesNo (If yes, en	ter the new owners and thei	r contact information below)
	ompany):		
Phone:		Email:	
Mailing Address: 12300	BHP HWY		e
city: Honea Parth	St	ate: <u>SC</u>	
A. Site Location (street address, Latitude: <u>34 • 27;36</u> " N			267-00-11-002
A			
B. Is there any evidence of new d	evelopment below the dam?	Yes No	
C. Do you think the hazard classif	34 00 10 10 10 10 10 10 10 10 10 10 10 10		
D. If yes for item II.C, what is your			Class 1 (High Hazard)
unitering and the second statement of the second statement of the second state of the second state of the second statement of		1.1.1.0.10"	
	20 20	· · · · · · · · · · · · · · · · · · ·	Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines below once on was obtaining from Bureau	the inspection and form hav of Water staff members, th	e been completed. If assistance with ey will also need to complete this
Hannah M. Vins Printed Name of Regional In	onHann	al M. Uusin Signature	8/29/14 Date of Signature
Printed Name of BOW Eng	ineer	Signature	
. The stand of DOW Ling		Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARC	DLINA DEPARTMENT OF	HEALTH AND ENVIRC	DNMENTAL CONTROL Page 1

DILEO		
DHECONDICIES PROSECT PROSECT	Low Hazard Dam Classification Inspection I Regulated Dams Dams and Reservoirs Safety Act Regulatio	ons 72-1 through 72-9
	rent low hazard (class three) dams regulated by the Department of ) imary user of this form is for the use of Department staff members a valuate the hazard potential of low hazard dams at least once every f	
Date of Inspection: $\frac{828/10}{5}$	3152 SC Dam Inventory Number D 375 County:	Anderson
Dam Name: Friddle Po	nd A A H	
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter the new owners and their contact	ct information below)
	rperson): Frank Friddle, Sr + Frank f	riddle, Jr
Contact Person (if owner is co		
Phone:	Email:	
Mailing Address:	x 201	
city: Honea Patl	State: SC	Zip: 29654
II. Site Information		4
A. Site Location (street address,	nearest intersection, etc.): Hwy 76 @ Lind	a Dr.
Latitude: <u>34 ° 27 <del>*27</del> "</u> N 42	Longitude: -82 ° 24 56" W Tax map # (list all): 267-	00-11-013
		A 12
	evelopment below the dam?YesNo	
C. Do you think the hazard classif	cation should be upgraded?YesNo	
D. If yes for item II.C, what is your	opinion of what the new classification should be?Class 1 (	High Hazard)
	Class 2 (	(Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classification portion of the form.	date on the lines below once the inspection and form have been o on was obtaining from Bureau of Water staff members, they will al	completed. If assistance with lso need to complete this
Hannah M. Vins Printed Name of Regional Ins	m Hannah M. Umson pector Signature	8/29/14 Date of Signature
Printed Name of DOW Free	N007	
Printed Name of BOW Engi	neer Signature	Date of Signature

Image: Control of the second contene second control of the second control of th		
Inspections. The current policy is to valuate the hazard potential of two hazard dams at least once every five years.  Date of Inspection: 3/28/14SC Dam Inventory Number D_3153_county: AndUSSON_ Dam Name: Seaton_Acres Pond (SC NONAME 04026)  I. Dam Owner Information Has ownership changed? /YesNo (If yes, enter the new owners and their contact information below) A. Owner/Operator (Company or person): Seaton_Enterprises Phone:Email:AI3_Blue_Barker Rd. Contact Person (If owner is company): Seaton_Enterprises Phone:Email:AI3_Blue_Barker Rd. City: HONE& P&HState: SCIpe_54  I. Site Information A. Site Location (street address, nearest intersection, etc.): Blue Barker Rd @ Austin Rod Latitude: 34 * 27 17.5* N Longitude: -82 * 25 46.5* W Tax map # (list all): 267 - 00 - 12 - 00@ B. Is there any evidence of new development below the dam?YesNo C. Do you think the hazard classification should be upgraded?YesNo D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard)  I. Simature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.	Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 throug Brouth Carrolina Department of Health and Environmental Camirol	ıh 72-9
Dam Name:       Seaton       Acres Pond (SCNONAME 04026)         I. Dam Owner Information       Has ownership changed?       Yes       No (If yes, enter the new owners and their contact information below)         A. Owner/Operator (Company or person):       Seffrey + Am; McCaha       Contact Person (If owner is company):       Seaton       Enter prises         Phone:	In the State of South Carolina, The printary user of this for the use of Department staff members actively involved to	ental Control classification
Has ownership changed?       Yes       No (If yes, enter the new owners and their contact information below)         A. Owner/ Operator (Company or person):       Setting + Am; McCaha         Contact Person (If owner is company):       Setting + Am; McCaha         Contact Person (If owner is company):       Setting + Am; McCaha         Contact Person (If owner is company):       Setting + Am; McCaha         Mailing Address:       H720 Delton Hones Path Hary 213 Blue Barker Rd.         City:       Honea Path       State:       State:         Site Information       A. Site Location (street address, nearest intersection, etc.):       But Barker Rd @ Austin Rd         Latitude:       34 ° 27 '17.5' N Longitude:       82 ° 25 '46.5' W       Tax map # (list all):       267 - 00 - 12 - 006         B. Is there any evidence of new development below the dam?       Yes       No       No         C. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         Winstance       Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of	Date of Inspection: <u>8/28/14</u> sc Dam Inventory Number D. 3153 county: <u>Anderson</u> Dam Name: <u>Seaton Acres Pond</u> (SCNONAME 04026)	
Phone:	Has ownership changed? <u>Yes</u> No (If yes, enter the new owners and their contact information below) <b>A.</b> Owner/ Operator (Company or person): <u>Seffrey + And Mc Gaha</u>	
Mailing Address:       H720 Belton Hones Path Hay 213 Blue Barker Rd.         City:       Hones Path       State:       SC       Zip:       29654         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       Blue Barker Rd @ Austin Rd.         Littude: 34 °27.17.5° N Longitude: -82 °25.465° W Tax map # (list all):       267 - 00 - 12 - 008         B. Is there any evidence of new development below the dam?YesNo         C. Do you think the hazard classification should be upgraded?YesNo         D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard)         III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMAM. Winson		
<ul> <li>II. Site Information</li> <li>A. Site Location (street address, nearest intersection, etc.): Bine Barker Rd @ Austin Rd. Latitude: <u>34°27'17.5</u>°N Longitude: <u>-82°25'465</u>°W Tax map # (list all): <u>267-00-12-008</u></li> <li>B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u></li> <li>C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u></li> <li>D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u></li> <li>III. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.</li> <li>Hamam Winson Addition Water Staff Manual Staff St</li></ul>		
<ul> <li>II. Site Information</li> <li>A. Site Location (street address, nearest intersection, etc.): Bine Barker Rd @ Austin Rd. Latitude: <u>34°27'17.5</u>°N Longitude: <u>-82°25'465</u>°W Tax map # (list all): <u>267-00-12-008</u></li> <li>B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u></li> <li>C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u></li> <li>D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u></li> <li>III. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.</li> <li>Hamam Winson Addition Water Staff Manual Staff St</li></ul>	Mailing Address: HTAO Belfon Honea Path Hwy 213 Blue Barker Ro	<u>l.</u>
A. Site Location (street address, nearest intersection, etc.): Bue Barker Rd @ Austin Rd Latitude: <u>34°27'17.5</u> "N Longitude: <u>82°25'465</u> W Tax map # (list all): <u>267-00-12-008</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> <b>III. Signature</b> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamma Winson</u> <u>Adama Mumson</u> <u>Slog/14</u>	city: Honea Path State: SC Zip: 29659	
C. Do you think the hazard classification should be upgraded? Yes No D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard) III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamam Winson</u> <u>Mamamana</u> <u>Sign/14</u>	A. Site Location (street address, nearest intersection, etc.): Bue Barker Rd @ Austin Rd	3
D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)        Class 2 (Significant Hazard)         III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah Winson       Hama Mark Winson		
Class 2 (Significant Hazard) III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. Hannah Winson Staff Amel Muse Staff Manual Staff		
III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       Hamel M. Winson		
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.	Class 2 (Significant Hazard)	
Hannah M. Vinson Hannel M. Vinson 8/29/14	Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistan determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete	ce with this
Signature Date of Signature Date of Signature	Hannah M. Vinson Hannel M. Vuson 8/29/14 Printed Name of Regional Inspector Signature Date of Signat	ure
Printed Name of BOW Engineer     Signature       DHEC 2607 (11/2012)     SOUTH CAROLINIA DED ADDIVIDUO OF MELSON		ure

DHEC PROMOTE PROTECT South Carolina Department of Health and Environmental Gentrol	Low Hazard Dam Classification Inspect Regulated Dar Dams and Reservoirs Safety Act Regu	ms Jations 72-1 through 72-9		
In the State of South Carolina, The p	urrent low hazard (class three) dams regulated by the Departmo primary user of this form is for the use of Department staff men evaluate the hazard potential of low hazard dams at least once	nhare activaly involved in much in		
Date of Inspection: 8/28/	14 sc Dam Inventory Number D <u>3154</u> cound Dam (Craig Campbell Dam)	nty: Anderson		
I. Dam Owner Information	· ,			
Has ownership changed?	YesNo (If yes, enter the new owners and their	contact information below)		
	or person): Craig + Sharon Campbel			
	company): Richard + Mary Tay/			
Phone:	Email:			
Mailing Address: 109 h	titson Place Rd. 1225 Tamber Rd	1		
Mailing Address: 109 Witson Place Rd. 1225 Taylor Rd. City: Honea Path				
city: Honea Path	State	7in: M1.5 M		
city: Honea Path	State:State:	Zip: <u></u> Zip:		
City: <u>Howla Path</u> II. <u>Site Information</u> A. Site Location (street address	s, nearest intersection, etc.): <u>Taylor Rd. @ S</u> N Longitude: - <u>82°22'41</u> " W Tax map # (list all): <u>2</u>	Silver ado Dr.		
City: <u>Howla Path</u> II. <u>Site Information</u> A. Site Location (street address Latitude: <u>34 ° 29 ' 29 "</u> N	s, nearest intersection, etc.): <u>Taylor Rd. @ S</u> N Longitude: - <u>82°22'41 "</u> W Tax map # (list all): <u>2</u>	Silver ado Dr.		
City: <u>Howla Path</u> II. <u>Site Information</u> A. Site Location (street address Latitude: <u>34 ° 29 ' 29 "</u> N B. Is there any evidence of new	s, nearest intersection, etc.): <u>Taylor Rd. @ S</u> N Longitude: - <u>82°22'41</u> " W Tax map # (list all): <u>2</u>	Silver ado Dr.		
City: <u>Howles Path</u> II. <u>Site Information</u> A. Site Location (street address Latitude: <u>34 ° 29 ' 29 "</u> N B. Is there any evidence of new C. Do you think the hazard class	s, nearest intersection, etc.): <u>Tay/or Rd. @ S</u> N Longitude: - <u>82°22'41</u> " W Tax map # (list all): <u>2</u> development below the dam? <u>Yes</u> <u>No</u> sification should be upgraded? <u>Yes</u> <u>Yes</u> No	5:1ver ado Dr. 73-00-07-00 A		
City: <u>Howles Path</u> II. <u>Site Information</u> A. Site Location (street address Latitude: <u>34 ° 29 ' 29 "</u> N B. Is there any evidence of new C. Do you think the hazard class	s, nearest intersection, etc.): <u>Taylor Rd. @ S</u> N Longitude: - <u>82°22'41</u> " W Tax map # (list all): <u>2</u>	5:1ver ado Dr. 73-00-07-00 A		
City: <u>Howles Path</u> II. <u>Site Information</u> A. Site Location (street address Latitude: <u>34 ° 29 ' 29 "</u> N B. Is there any evidence of new C. Do you think the hazard class	s, nearest intersection, etc.): <u>Taylor Rd. @ S</u> N Longitude: - <u>82°22'41</u> " W Tax map # (list all): <u>2</u> of development below the dam? <u>Yes</u> No sification should be upgraded? <u>Yes</u> Char our opinion of what the new classification should be? <u>Cla</u>	5:1ver ado Dr. 73-00-07-00 A		
City: <u>Howles Path</u> II. <u>Site Information</u> A. Site Location (street address Latitude: <u>34 ° 29 ' 29 "</u> N  B. Is there any evidence of new C. Do you think the hazard class D. If yes for item II.C, what is yo  III. <u>Signature</u>	s, nearest intersection, etc.): <u>Taylor Rd. @ S</u> N Longitude: - <u>82°22'41</u> " W Tax map # (list all): <u>2</u> r development below the dam? <u>Yes</u> <u>No</u> sification should be upgraded? <u>Yes</u> <u>V</u> No our opinion of what the new classification should be? <u>Cla</u>	ass 1 (High Hazard) lass 2 (Significant Hazard)		
City: <u>Howles Path</u> II. <u>Site Information</u> A. Site Location (street address Latitude: <u>34 ° 29 ' 29 "</u> N  B. Is there any evidence of new C. Do you think the hazard class D. If yes for item II.C, what is yo  II. <u>Signature</u> Please print your name, sign, an	s, nearest intersection, etc.): <u>Taylor Rd. @ S</u> N Longitude: - <u>82°22'41</u> " W Tax map # (list all): <u>2</u> of development below the dam? <u>Yes</u> <u>No</u> sification should be upgraded? <u>Yes</u> <u>V</u> No our opinion of what the new classification should be? <u>Cla</u>	ass 1 (High Hazard) lass 2 (Significant Hazard)		
City: <u>Howles Path</u> II. <u>Site Information</u> A. Site Location (street address Latitude: <u>34 ° 29 ' 29 "</u> N  B. Is there any evidence of new C. Do you think the hazard class D. If yes for item II.C, what is yo  III. <u>Signature</u> Please print your name, sign, an determining the hazard classifica	s, nearest intersection, etc.): <u>Taylor Rd. @ S</u> N Longitude: - <u>82°22'41</u> "W Tax map # (list all): <u>2</u> r development below the dam? <u>Yes</u> <u>No</u> sification should be upgraded? <u>Yes</u> <u>Vo</u> our opinion of what the new classification should be? <u>Cla</u> our opinion of what the new classification should be? <u>Cla</u> d date on the lines below once the inspection and form have ation was obtaining from Bureau of Water staff members, they in Son	ass 1 (High Hazard) lass 2 (Significant Hazard)		
City: <u>Hornea Path</u> II. <u>Site Information</u> A. Site Location (street address Latitude: <u>34 ° 29 ' 29 "</u> N  B. Is there any evidence of new C. Do you think the hazard class D. If yes for item II.C, what is yo  III. <u>Signature</u> Please print your name, sign, an determining the hazard classifica portion of the form.  Hahnah M, Va	s, nearest intersection, etc.): $Tay/or Rd. OS$ N Longitude: $-82^{\circ}22^{\circ}41^{\circ}W$ Tax map # (list all): 2 r development below the dam? Yes No sification should be upgraded? Yes No our opinion of what the new classification should be? Cla our opinion of what the new classification should be? Cla date on the lines below once the inspection and form have ation was obtaining from Bureau of Water staff members, they in Son Hamme Hamme Signature	ass 1 (High Hazard) lass 2 (Significant Hazard)		

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Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Contro in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: <u>\$129/14</u> SC Dam Inventory Number D <u>3121</u> County: <u>Andurson</u> Dam Name: <u>Mulliken Pond Dam</u> (SC NUNAME 04020)
Dam Name: Mulliken Pond Dam (SC NONAME 04020)
I. <u>Dam Owner Information</u> Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company or person): Mulliken Family LP
Contact Person (if owner is company):
Phone: Email:
Mailing Address: 4822 Old Greenville Hwy
city: Liberty State: SC Zip: 29657
,
II. Site Information
A. Site Location (street address, nearest intersection, etc.): 7205 Liberty Hwy
Latitude: <u>34°40'36</u> " N Longitude: <u>82°40'42</u> " W Tax map # (list all): <u>114 00 07 008</u>
115-00-02-009
B. Is there any evidence of new development below the dam? Yes No Six a Twenty Rd is
below dam
C. Do you think the hazard classification should be upgraded?YesNo
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Hannah M. Vinson 9/2/14 Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature
Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1

DHECONNEL FRONT FROM THE Structure of Health and Environmental Control	tions 72-1 through 72-9
Note: This form is only for use on current low hazard (class three) dams regulated by the Department in the State of South Carolina. The primary user of this form is for the use of Department staff member inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once ever	
RIDOLUL	
Date of Inspection: $3/34/14$ SC Dam Inventory Number D_3264 County:	Anderson
Date of Inspection: 8/29/14 SC Dam Inventory Number D <u>3264</u> County: Dam Name: Norman Canoy Dam	
I. Dam Owner Information	
Has ownership changed?YesNo (If yes, enter the new owners and their con	tact information below)
A. Owner/ Operator (Company or person): Norman Canuy	,
Contact Person (if owner is company):	
Phone: Email:	
Mailing Address: 404 Gillespie Rd.	
city: <u>Central</u> <u>State</u> : <u>SC</u>	Zin: 29630
II. Site Information	
A. Site Location (street address, nearest intersection, etc.): Gillespie Rd. C Hw	v 88
Latitude: <u>34.∘6993</u> "N Longitude: - <u>82.°7166</u> "W Tax map # (list all): <u>87</u>	
	<u>400 1004</u>
B. Is there any evidence of new development below the dam?Yes No	9 E
C. Do you think the hazard classification should be upgraded?YesNo	<i>.</i> 1
D. If yes for item II.C, what is your opinion of what the new classification should be?Class	1 (High Hazard)
Class	2 (Significant Hazard)
III Simpéure	
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have bee determining the hazard classification was obtaining from Bureau of Water staff members, they will portion of the form.	en completed. If assistance with I also need to complete this
Hannah M. Vinson Hanneh M. V. mon Printed Name of Regional Inspector Signature	912/14 Date of Signature
Printed Name of BOW Engineer Signature	Date of Signature

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Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: 8/29/14SC Dam Inventory Number D <u>3271</u> County: <u>Andurson</u> Dam Name: <u>HT Double Pond Dam (Alice Pond Dam)</u>
I. <u>Dam Owner Information</u> Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company or person): Alice Manufacturing Co., Inc.
Contact Person (if owner is company):
Phone: Email:
Mailing Address: PO Box 369
city: <u>Easley</u> State: <u>SC</u> Zip: <u>29641</u>
11. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>Red Barn Rd Off Hwy 178</u> Latitude: <u>34°43'24</u> "N Longitude: - <u>82°39'36</u> "W Tax map # (list all): <u>112-00-02-003</u>
B. Is there any evidence of new development below the dam?YesNo
C. Do you think the hazard classification should be upgraded?YesNo
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Hannah M. Vinson 9/2/14 Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1

DHEC PROMIDITE PROTECT PROSPER South Carelina Department of Health and Environmental Generol	Low Hazard Dam Classification Inspection Fo Regulated Dams Dams and Reservoirs Safety Act Regulation	ns 72-1 through 72-9
	rent low hazard (class three) dams regulated by the Department of H mary user of this form is for the use of Department staff members ac aluate the hazard potential of low hazard dams at least once every fiv	
	19 SC Dam Inventory Number D <u>4111</u> County: A	
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter the new owners and their contact	information below)
	rperson): Janie W Baker + Susan B	Connor
	mpany):	
Mailing Address: 3406	Dixon Rd.	
city: Anderson	State:SCZ	in: 29/126
II. <u>Site Information</u> A. Site Location (street address, r Latitude: <u>34 ° 39 '36 "</u> N	nearest intersection, etc.): <u>OFF</u> Hwy 81 N, be tw Longitude: - <u>82 °34 '30 "</u> W Tax map # (list all): <u>16</u> 7 - (	<u>Ken Speedway + Napoleo</u> 00-08-0# 002
<b>B.</b> Is there any evidence of new de <b>C.</b> Do you think the hazard classifi	evelopment below the dam?YesNo	
		igh Hazard)
		ignificant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classification portion of the form.	date on the lines below once the inspection and form have been co on was obtaining from Bureau of Water staff members, they will also	mpleted. If assistance with o need to complete this
Hannah M.Vinsor Printed Name of Regional Ins	pector Hannah M. Vinsin Signature	9/2/14 Date of Signature
Printed Name of BOW Engi	neer Signature	Date of Signature

D FI E C D FI E	
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Contro in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.	J.
product of for hugard dams at least once every five years.	_
Date of Inspection: 8/29/14 SC Dam Inventory Number D_4523 County: Anderson	
Dam Name: Dr. James Halford Dam	
I. Dam Owner Information	
Has ownership changed? YesNo (If yes, enter the new owners and their contact information below)	
A. Owner/ Operator (Company or person): <u>James &amp; Hatford</u> Lynn H. Weldin et.al. Contact Person (if owner is company):	
Phone: 864-261-1475 Email:	
Mailing Address: 600 N Fart St. 1007 Twelve Oaks Dr.	
City: Anderson State: SC Zip: 29621	
II. Site Information	
A. Site Location (street address, nearest intersection, etc.): between Lockaby Rd + 6/20 Rd	
Latitude: <u>34°40, 6</u> "N Longitude: - <u>82°37, 0</u> "W Tax map # (list all): <u>141-00-05-011</u>	
B. Is there any evidence of new development below the dam?YesNo	
C. Do you think the hazard classification should be upgraded?YesNo	
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)	
Class 2 (Significant Hazard)	
II. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.	
Hannah M. Vinson Hannah M. Vinson 9/2/14 Printed Name of Regional Inspector Signature Date of Signature	
Printed Name of BOW Engineer Signature Date of Signature	

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Note: This form is only for use on cu in the State of South Carolina. The pr inspections. The current policy is to e	imary user of this form is to	or the use of Denartmon	t statt manhana act	and the second
Date of Inspection:	SC Dam Invent	ory Number D	County:	Oconee
Dam Name: <u>Clemson</u>	torit Horticul	ture Dam		5
I. Dam Owner Information				
Has ownership changed?	Yes No (If yes	enter the new owners	and their contact is	<b>6</b>
A. Owner/ Operator (Company o				
Contact Person (if owner is c Phone:				
Phone:				
City:		_ State:	Zi	p:
II. Site Information				
A. Site Location (street address,	nearest intersection, etc.):			
Latitude:°" N	Longitude:°'_	" W Tax map # (li	ist all):	
B. Is there any evidence of new of	development below the dar	n?Yes	No	
<b>C.</b> Do you think the hazard classi			No	
			No	
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)				
Dam not built. Transferred to xpermit fileClass 2 (Significant Hazard)				
III. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this				
portion of the form.	ion was obtaining from Bur	eau of Water staff men	nbers, they will also	need to complete this
Hannah M. V. Printed Name of Regional In	nson	Signature	mon	9/3/14 Date of Signature
Printed Name of BOW Eng	jineer	Signature		Date of Signature

DHEC DECAUDITY FROM PROMIDITY FROM South Carolina Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Fo Regulated Dams Dams and Reservoirs Safety Act Regulation					
in the State of South Carolina. The pr	rent low hazard (class three) dams regulated by the Department of H imary user of this form is for the use of Department staff members ac valuate the hazard potential of low hazard dams at least once every five	atival in the second				
Date of Inspection: Dam Name: <u>George</u> E	SC Dam Inventory Number D County:_/	Inderson				
I. <u>Dam Owner Information</u> Has ownership changed?	_YesNo (If yes, enter the new owners and their contact	t information below)				
	pr person):					
	ompany):					
	Email:					
City:	State:	Zin:				
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, Latitude: <u>34°45', 18</u>" N</li> </ul>	nearest intersection, etc.): Longitude: - <u>&amp;2 ° 29 '</u> <del>//2</del> " W Tax map # (list all):					
<b>C.</b> Do you think the hazard classi	evelopment below the dam?YesNo fication should be upgraded?YesNo					
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard) Permit expired. Dam not constructedClass 2 (Significant Hazard)						
III. <u>Signature</u> Per EFIS . Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.						
Hannah M. Vin Printed Name of Regional In	son Hanah M. Vinson spector Signature	<u>9/3/14</u> Date of Signature				
Printed Name of BOW Eng	ineer Signature	Date of Signature				

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	rrent low hazard (class three) dams regulated by the Department imary user of this form is for the use of Department staff member valuate the hazard potential of low hazard dams at least once ever	
Date of Inspection: 9/9/14	SC Dam Inventory Number D_ <u>4524</u> County	Anderson
Dam Name: Paul Boiter	Dam	5
I. <u>Dam Owner Information</u> Has ownership changed?	_YesNo (If yes, enter the new owners and their con	tact information below)
	pr person): Paul Boiter & Angela A	
Contact Person (if owner is c	ompany):	
Phone: 869-225-2	251 Email:	
Mailing Address: <u>609 E 3</u>	Shockley Ferry Rd (PO Box 13167)	) 29624
City: Anderson	State: <u></u>	Zip: 29621
	nearest intersection, etc.): Longitude: - <u>&amp;2 ∘33 ' 42 </u> " W Tax map # (list all):	
B. Is there any evidence of new d	evelopment below the dam?YesNo	
C. Do you think the hazard classif	fication should be upgraded?YesNo	5 m
D. If yes for item II.C, what is your	opinion of what the new classification should be?Class	1 (High Hazard)
	Class	2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines below once the inspection and form have bee on was obtaining from Bureau of Water staff members, they wil	n completed. If assistance with I also need to complete this
Hannah M. Vins Printed Name of Regional Ins		10/20/14 Date of Signature
Printed Name of BOW Eng	ineer Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARC	DLINA DEPARTMENT OF HEALTH AND ENVIRONME	NTAL CONTROL
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PROMOTE PROTECT PROSPER South Carrolina Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Regulated Dam Dams and Reservoirs Safety Act Regul	15
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	rent low hazard (class three) dams regulated by the Departmen imary user of this form is for the use of Department staff meml valuate the hazard potential of low hazard dams at least once ev	nt of Health and Environmental Control bers actively involved in reclassification very five years.
Date of Inspection: 9/9/14	SC Dam Inventory Number D_3266 Coun	w: Anderson
Dam Name: Union Town	, Truck Pond Dam	
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter the new owners and their co	
A. Owner/ Operator (Company o	rperson): Joe Broyles Pruitt, Jr +	Sr
Contact Person (if owner is co	mpany):	
	Email:	
Mailing Address: 313 H		
city: Townville	State: _SC	
II. Site Information		s
A. Site Location (street address, r	nearest intersection, etc.): Off Broyles Point	Rd.
Latitude: <u>34 ° 31 ' 6 "</u> N	Longitude: - <u>82°50'36</u> " W Tax map # (list all):_0	2-00-08-001
	29	2-00-00-01
		29-00-02-001
B. Is there any evidence of new de		
C. Do you think the hazard classifi		
2		
, marie your		s 1 (High Hazard)
	Clas	ss 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classification portion of the form.	date on the lines below once the inspection and form have be on was obtaining from Bureau of Water staff members, they v	een completed. If assistance with vill also need to complete this
Hannah M. Vinso Printed Name of Regional Ins	pector Hannah M. Vinson Signature	10/20/14 Date of Signature
Printed Name of BOW Engin	neer Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF HEALTH AND ENVIRONM	IENTAL CONTROL Base 1
		IENTAL CONTROL Page 1

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DHECKIONE PROVIDE PROV	Dams and Reserv	Regulated Dam voirs Safety Act Regul	ations 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev			nt of Health and Environmental Control Ders actively involved in reclassification Yery five years.
Date of Inspection: 10/27/1	♀ SC Dam Inventory	Number D <u>3145</u> Coun	ty: Anderson
Dam Name: Rice Mills	s fund Dam		· · · · · · · · · · · · · · · · · · ·
I. <u>Dam Owner Information</u> Has ownership changed?	_YesNo (If yes, en	ter the new owners and their c	ontact information below)
A. Owner/ Operator (Company o	pr person): Thomas L.	er Gilveath + 241	Michael Steven
Mailing Address: 426 By	ryant Rd.	Cinali	
City: Anderson		ate: 5C	201-01
	Sta	ate:	Zip:ZI 624
II. Site Information			
II. <u>Site Information</u> A. Site Location (street address,		Rice	
Latitude: <u>39 ° 30 ' 98</u> " N			50-00-04-005
52	16.0	- /· 	
	2000 - 2000 2000 - 2000		
B. Is there any evidence of new d	evelopment below the dam? _	YesNo	
C. Do you think the hazard classif	ication should be upgraded?	YesNo	
D. If yes for item II.C, what is your	opinion of what the new class	sification should be?Clas	ss 1 (High Hazard)
			ss 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines below once t on was obtaining from Bureau	the inspection and form have b of Water staff members, they	een completed. If assistance with will also need to complete this
Hannah M. Vinson Printed Name of Regional Ins	spector Hamme	L.M. Uumin Signature	D/27/14 Date of Signature
Drinted Name of DOW F			
Printed Name of BOW Eng	ineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF	HEALTH AND ENVIRONM	AENTAL CONTROL Dest
			IENTAL CONTROL Page 1

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M.Vinson       July 10/29/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature         Date of Signature         Date of Signature				
Importions: The current policy is to evaluate the hazard potential of low hazard dama at least once every five years.         Date of inspection: $\frac{1}{2} \frac{1}{2} $	and Environmental Control	Dams and Reservoir	Regulated Dams s Safety Act Regulation	ns 72-1 through 72-9
Dam Name:       CS Storens Pond Dam         I. Dam Owner Information         Has ownership changed?       Yes         No (If yes, enter the new owners and their contact information below)         A. Owner/Operator (Company or person):       CAY OLY         Mailing Address:       Contact Person (If owner is company):         Phone:	in the State of South Carolina, The pi	maly user of this torm is for the list	e at liengriment statt mambane and	derales for the second second
I. Dam Owner Information         Has ownership changed?       Yes	Date of Inspection: <u>10/27//'</u>	SC Dam Inventory Nur	nber D <u>3147</u> County:	molerson
Has ownership changed?       Yes       No (If yes, enter the new owners and their contact information below)         A. Owner/ Operator (Company or person):       Carolyn Avis Burriss         Contact Person (If owner is company):	Dam Name: <u>G Stevens</u>	Fond Dam		54
A. Owner/ Operator (Company or person):		_YesNo (If yes, enter the	ne new owners and their contact i	nformation below)
Contact Person (if owner is company):	A. Owner/ Operator (Company o	person): <u>Carolyn</u> Av	is Burriss	
Phone:			•	
Meiling Address:       DDD Campbell Rd.         city:       Belton         State:       State:         Main:       State:			Fmail	
city:       Delton       State:       State:       State:       Zip:       29/27         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       between Rice Ref. + Campbell Ref.         Latitude:       34 * 30 * 10 * N       Longitude:       -Sh * 31 * 16 * W       Tax map # (list all):       251-00 - 07-020         24 '59''       16.5 *       Pond       down stream       house       right behind         B. Is there any evidence of new development below the dam?       Yes       No       house right behind       dam. Pond.is > 5 Acres         C. Do you think the hazard classification should be upgraded?       Yes       No       dam. Pond.is > 5 Acres         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)	Mailing Address: 1027 (	ampbell Rd.	, Email.	
II. Site Information         A. Site Location (street address, nearest intersection, etc.):       between Rice Ref. 4 Campbell Rd.         Latitude:       34 ° 20 ° 10 ° 10 ° 10 ° 10 ° 10 ° 10 ° 10	city: Belton	Stata:	51.	291.27
A. Site Location (street address, nearest intersection, etc.):       between Rice Ref. + Campbell Rd.         Latitude:       34 20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1p:
A. Site Location (street address, nearest intersection, etc.):       between Rice Ref. + Campbell Rd.         Latitude:       34 20: X * N Longitude:       So 21 K * W Tax map # (list all):       251-00-07-020         29'59''       16.5 **       Pond down streem has         B. Is there any evidence of new development below the dam?       Yes       No       house right behind         C. Do you think the hazard classification should be upgraded?       Yes       No       dam. Pond.is > 5 Acres         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)       Class 2 (Significant Hazard)	II Site Information			
Latitude: 34 . 30 . 1 . 1 Longitude: 52 . 1 . 1 . 1 . 1 . 1 . 1				
29'59''       16.5 "         B. Is there any evidence of new development below the dam?       Yes       No         b. User right behind       house right behind         c. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah M.Vinson       10/29/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature	A. Site Location (street address, )	nearest intersection, etc.): <u>DP.1</u>	Willin Rice Rel. of La	ampbell Rd.
Pond down stream has         B. Is there any evidence of new development below the dam?       Yes       No       house right behind dam. Pond is >5 Acres         C. Do you think the hazard classification should be upgraded?       Yes       No       No       dam. Pond is >5 Acres         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)       Class 2 (Significant Hazard)         II.       Signature       Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMMAM. M.V.INSOM       IO/29/14         Printed Name of Regional Inspector       Signature       Io/29/14         Printed Name of BOW Engineer       Signature       Date of Signature		Longitude: - <u>62 ° 21 ' 28 "</u> W	Tax map # (list all): <u>251-0</u>	0-01-020
B. Is there any evidence of new development below the dam?       Yes       No       house right behind dam. Pond is > 5 Acres         C. Do you think the hazard classification should be upgraded?       Yes       No       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M.Vinson       10/29/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature	29 59	16.5		
C. Do you think the hazard classification should be upgraded? Yes No D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard) II. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. Hannah M.Vinson Printed Name of Regional Inspector Signature Date of Signature Date of Signature				townstream has
C. Do you think the hazard classification should be upgraded?YesNo         D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard)         II. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M.Vinson       Io/29/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature	B. Is there any evidence of new d	evelopment below the dam?		
II. Signature       Class 2 (Significant Hazard)         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M.Vinson       10/29/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature	C. Do you think the hazard classif	ication should be upgraded?		Pondis > Shores
II. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M.Vinson       Io/29/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature	D. If yes for item II.C, what is your	opinion of what the new classifica	tion should be?Class 1 (H	igh Hazard)
II. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M.Vinson       10/29/14         Printed Name of Regional Inspector       Signature         Printed Name of BOW Engineer       Signature				
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M.Vinson       10/29/14         Printed Name of Regional Inspector       Signature         Image: Signature       Date of Signature         Printed Name of BOW Engineer       Signature				
Printed Name of BOW Engineer Signature Date of Signature	determining the mazard classificati	date on the lines below once the i on was obtaining from Bureau of V	nspection and form have been co Vater staff members, they will also	mpleted. If assistance with o need to complete this
Date of Signature	Hannah M.Vinson Printed Name of Regional Ins	spector Hannal	I.M. Vinson Signature	10/29/14 Date of Signature
Date of Signature	Drinted Name ( DOW -			
HEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEAL THAND ENVIDONMENT AND COMPANY	Printed Name of BOW Eng	ineer	Signature	Date of Signature
SOUTH CAROLINA DEFARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1	DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF HE	AT THAND ENVIRONMENT	

DHEC FROMUTE FROM FROMUTE FROM South Caroline Department of Health and Environmental Control		Regulated Dams	n Form for South Carolina s itions 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the i	ise of Denartment staff membe	of Health and Environmental Control ers actively involved in reclassification ry five years.
Date of Inspection: <u>11/14/1</u> Dam Name: <u>15rah</u> ; m	19 SC Dam Inventory No Pond Dam	umber D_ <u>3107</u> County	: Anderson
I. <u>Dam Owner Information</u> Has ownership changed?	_YesNo (If yes, enter	the new owners and their co	
	ompany):		
Mailing Address: PO BJ	x +495 1447		
		<u> </u>	Zip:29633
II. <u>Site Information</u> A. Site Location (street address, Latitude: <u>34 ° 34 '+8</u> " N 20	nearest intersection, etc.): $1^{\circ}$ Longitude: $-\frac{82 \cdot 43 \cdot 43}{3^{\circ}}$ W		
<ul> <li>B. Is there any evidence of new d</li> <li>C. Do you think the hazard classif</li> <li>D. If yes for item II.C, what is your</li> </ul>	fication should be upgraded?	Yes No	- 85 s 1 (High Hazard)
		Class	s 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	date on the lines below once the ion was obtaining from Bureau of	inspection and form have be Water staff members, they w	en completed. If assistance with vill also need to complete this
Hannah M. V. ns or Printed Name of Regional In	spector	LM. Vino Signature	 Date of Signature
Printed Name of BOW Eng	ineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARC	DLINA DEPARTMENT OF H	EALTH AND ENVIRONM	ENTAL CONTROL Page 1

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Printed: Nov 17, 2014

DHEC PROMOTE PROSPER South Campions Department of Health and Environmensal Control						
Note: This form is only for use on curr in the State of South Carolina. The pri inspections. The current policy is to eva	mary user of this form is	for the use of Denartment staff n	tment of Health and Environmental Control nembers actively involved in reclassification ce every five years.			
Date of Inspection: <u>11/14/1</u> Dam Name: <u>Anderson P</u>	9 SC Dam Inver	ntory Number D <u>3128</u> C	ounty: Anderson			
I. <u>Dam Owner Information</u> Has ownership changed? A. Owner/ Operator (Company or	person): <u>H</u> .G.	Anderson				
Contact Person (if owner is co	mpany): (Hàmf	ton G. Anderson	TI et.al.)			
Phone:		Email:				
Mailing Address: PO Boy						
City: Anderson		State: SC	Zip:29622			
II. <u>Site Information</u> A. Site Location (street address, r Latitude: <u>34 ° 37 24</u> " N 21		): <u>Hampton Rd. @</u> <u>W</u> "W Taxmap # (list all):_ 5				
<ul> <li>B. Is there any evidence of new de</li> <li>C. Do you think the hazard classifi</li> <li>D. If yes for item II.C, what is your</li> </ul>	cation should be upgrad	ed? <u>V</u> Yes No	LClass 1 (High Hazard) Class 2 (Significant Hazard)			
III. <u>Signature</u> Please print your name, sign, and determining the hazard classification portion of the form.	date on the lines below on was obtaining from B	once the inspection and form ha ureau of Water staff members, t	we been completed. If assistance with hey will also need to complete this			
Hannah M. Vinso Printed Name of Regional Ins	n Ha	nuch M. Vinan Signature	Ul/I7/I¥ Date of Signature			
Printed Name of BOW Engi	neer	Signature	Date of Signature			
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT	Γ OF HEALTH AND ENVIR	ONMENTAL CONTROL Page 1			

DHEC PROMPTE PROTECT PROSPER South Carolina Department of Health and Environmental Control					
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the	ise of Department staff members a	ctively involved in real estimation		
Date of Inspection://///	SC Dam Inventory N	umber D <u>4347</u> County:	Anderson		
Dam Name: Fred Lins	ley Dam				
I. Dam Owner Information	2				
Has ownership changed?	_YesNo (If yes, enter	the new owners and their contac	t information below)		
A. Owner/ Operator (Company o	pr person): <u>Reeves</u> , N F	anklin	2		
Contact Person (if owner is c	ompany):				
Phone: 864-859-	0407	Email:			
Mailing Address: PO BO	x 528				
city: Easley	State	s SC			
II. Site Information			1		
A. Site Location (street address,	nearest intersection etc.):				
		V Tax map # (list all): 086-0	10-11-004		
	].5	V Tax map # (list all): <u>05 v</u>	00 01 004		
B. Is there any evidence of new of					
C. Do you think the hazard classi					
D. If yes for item II.C, what is you	r opinion of what the new classifi	cation should be?Class 1	(High Hazard)		
		Class 2	(Significant Hazard)		
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	date on the lines below once the line below once the line below once the line below once the line below on the line belo	e inspection and form have been f Water staff members, they will a	completed. If assistance with lso need to complete this		
Hannah M.Vinso Printed Name of Regional In	spector	L M. Umm Signature	11/17/14 Date of Signature		
Drinted Name of DOM 5					
Printed Name of BOW Eng	gineer	Signature	Date of Signature		
DHEC 2607 (11/2012) SOUTH CAR	OLINA DEPARTMENT OF U	EALTH AND ENVIRONMEN	TAL CONTROL		
South CAR	San at DEL MATHEMA OF D	EALID AND ENVIRONMEN	TAL CONTROL Page 1		

DHECC PROMOTE PROTECT PROSPER South Caroliens Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
in the State of South Carolina. The pr	rent low hazard (class three) dams regulated by the Department of Health and Environmental Control imary user of this form is for the use of Department staff members actively involved in reclassification valuate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: 1/-30/1 Dam Name: Woodson	SC Dam Inventory Number D <u>3141</u> County: <u>Anderson</u> Pond
A. Owner/ Operator (Company o	_YesNo (If yes, enter the new owners and their contact information below) or person): <u>Woodson Lake Property Owners Association</u>
Phone:	empany): Email: -172 Hwy 153
City: <u>Greenville</u>	State: <u>SC</u> Zip: <u>296//</u>
II. <u>Site Information</u> A. Site Location (street address, Latitude: <u>34 °45 '30 "</u> N	(River Rd.) nearest intersection, etc.): <u>off IAWY 143 Near I-85 Exit 39</u> Longitude: - <u>82 ° 27 ; UK</u> "W Tax map # (list all): <u>238-050 - 10 - 91</u> 53
C. Do you think the hazard class	development below the dam?YesNo ification should be upgraded?YesNo ur opinion of what the new classification should be?Class 1 (High Hazard) Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classifica portion of the form. <u>Hannah Vinso</u> Printed Name of Regional In	d date on the lines below once the inspection and form have been completed. If assistance with tion was obtaining from Bureau of Water staff members, they will also need to complete this $\frac{M}{M} = \frac{M}{M} $
Printed Name of BOW En	gineer Signature Date of Signature

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DHECK PROMOTE FRONT FOR SOUTH Carolina PROMOTE FRONT FOR SOUTH Carolina South Carolina Department of Health and Environmental Control							
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the use	of Department staff members act	ively involved in reclassification				
Date of Inspection: 1/30/ Dam Name: Brockmonth	5 SC Dam Inventory Num Creek WCD Dam	ber D <u>3142</u> County: <u>A</u> #8	nderson				
	_YesNo (If yes, enter th pr person): <u>Broad mouth</u>						
	ompany):						
	State: _		(ip:				
	II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>Hwy 247 @ Glenwood St. ExL.</u> Latitude: <u>34 °32 '12</u> "N Longitude: - <u>82 ° 28 ' 6</u> "W Tax map # (list all): <u>249-00-03-007</u>						
<ul> <li>B. Is there any evidence of new development below the dam? Yes No Hwy 247</li> <li>C. Do you think the hazard classification should be upgraded? Yes No</li> <li>D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard)</li> <li>Class 2 (Significant Hazard)</li> </ul>							
III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Han nah Vinson       1/30/15         Printed Name of Regional Inspector       Signature							
Printed Name of BOW En	gineer	Signature	Date of Signature				

DHEC DHEC C DENOTE FROTECT South Caroling Department of Health and Environmental Common					
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to e	imary user of this form is for the	ise of Department staff members acti	vely involved in reclassification		
Date of Inspection: $\frac{1/30}{10}$	SC Dam Inventory N	umber D <u>4379</u> County: <u>A</u>	Inderson		
Dam Name: <u>FIDFACE</u>	eigher Dam				
I. Dam Owner Information					
Has ownership changed?	_YesNo (If yes, enter	the new owners and their contact in	nformation below)		
		lr .			
		Email:			
Mailing Address: 300	Seigler Rd.				
City: Pelzer	State	<u>s</u> <u>S</u> C <u></u> z	29669		
, <u> </u>	0.00	L			
II. Site Information					
	nearest intersection, etc.):				
Latitude: <u>34 ° 40°, 54</u> " N	Longitude: - <u>82 ° 27 ' 54 "</u> v	V Tax map # (list all):くー	00-07-005		
41 '1"	47				
D is these environments of a second					
B. Is there any evidence of new		YesNo			
C. Do you think the hazard class	ification should be upgraded?	YesNo			
D. If yes for item II.C, what is you	r opinion of what the new classif	cation should be?Class 1 (Hi	igh Hazard)		
		Class 2 (S	ignificant Hazard)		
III. <u>Signature</u> Please print your name, sign, and determining the hazard classifica portion of the form.	d date on the lines below once th tion was obtaining from Bureau c	e inspection and form have been co f Water staff members, they will also	mpleted. If assistance with o need to complete this		
Hannah VINS D Printed Name of Regional In	n Herr	Signature	1/30/15 Date of Signature		
e			×		
Printed Name of BOW En	gineer	Signature	Date of Signature		
15					
DHEC 2607 (11/2012) SOUTH CAR	<b>OLINA DEPARTMENT OF H</b>	IEALTH AND ENVIRONMENT	AL CONTROL Page 1		

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DHEC FROMDATE FRONT FROM FROM FROM FROM FROM FROM FROM FROM	Dams and	d Dam Classification In Regulate d Reservoirs Safety Ac	ed Dams t Regulations	72-1 through 72-9
Note: This form is only for use on cur	rrent low hazard (cl	ass three) dams regulated by the	Department of Heal	th and Environmental Control
in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this for valuate the hazard r	orm is for the use of Department : notential of low hazard dams at le	staff members activ	ely involved in reclassification
· · · · · · · · · · · · · · · · · · ·	p	stential of for hazard dams at it.	ast once every five y	vears.
Date of Inspection: 1/30/	15		-	1
Date of Inspection:	SC Dam	Inventory Number D 997	S County:_/	derson
Dam Name: Jim Will	sner Dam			
15 				
I. Dam Owner Information				
Has ownership changed?	_YesNo	(If yes, enter the new owners a	and their contact in	formation below)
A. Owner/ Operator (Company o				0.70.
Contact Person (if owner is c	ompany): <u>V (</u>	isner, James D	. + Margi	aret H
Phone:		Email:		
Mailing Address: 1203 6	Shirlen	Dr 171 Danielle	De	
A data Ra	Later Deg o	e participation		
City: Mourson PP	1200	State: <u>SC</u>	Zip	29621 29669
II. Site Information				
A. Site Location (street address,	nearest intersectio	n, etc.):		
Latitude: <u>34</u> • 39 ·36 " N	Longitude: -82	• <u>28 ، 4</u> 2 " W Tax map # (lis	t all):	
	<u></u>			
B. Is there any evidence of new of	development below	the dom? Yes	N	
		1/	7100	
<b>C.</b> Do you think the hazard classi	ification should be ι	upgraded? Yes	_No	
D. If yes for item II.C, what is you	r opinion of what th	e new classification should be?	Class 1 (Hig	h Hazard)
			Class 2 (Sig	nificant Hazard)
III. <u>Signature</u>		2		
Please print your name, sign, and	date on the lines t	below once the inspection and fo	orm have been com	pleted. If assistance with
determining the hazard classificat portion of the form.	tion was obtaining i	Tom Bureau of water staff memi	bers, they will also	need to complete this
			6	
Hannah Vinson	$\cap$	Hamal MIL	hand	1/20/15
Printed Name of Regional In	spector	Signature	/// 0 /	Date of Signature
(a) (a) (a) (a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b				Sale of Signature
Printed Name of BOW Eng	gineer	Signature		Date of Signature
	- Constant Constant	e.gnataro		Date of Signature
*				

DHEC PROMOTE FRONT FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM FROM	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
in the State of South Carolina. The pr	rent low hazard (class three) dams regulated by the Department of Health and Environmental Control imary user of this form is for the use of Department staff members actively involved in reclassification valuate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: 1/30/ Dam Name: Chandler f	ond Dam
	YesNo (If yes, enter the new owners and their contact information below) pr person): Linda Chandler / David Lawton Callahan
10 D	Email: Highway 247 / 120 Callahan Dr. 
II. Site Information	nearest intersection, etc.): Hwy 247 @ Callahan Dr.
	Longitude: $-\underline{82} \circ \underline{27'17}$ " W Tax map # (list all): $\underline{249} - 00 - 04 - 005$ $\underline{249} - 00 - 04 - 004$
<b>B.</b> Is there any evidence of new on <b>C.</b> Do you think the hazard classi	levelopment below the dam? <u>Yes</u> No fication should be upgraded? <u>Yes</u> No
<b>D.</b> If yes for item II.C, what is you	r opinion of what the new classification should be?Class 1 (High Hazard) Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	date on the lines below once the inspection and form have been completed. If assistance with ion was obtaining from Bureau of Water staff members, they will also need to complete this
Hannah Vins Printed Name of Regional In	spector Signature Date of Signature
Printed Name of BOW Eng	gineer Signature Date of Signature

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	DHEC PROND TO FROM THE PROSPER South Carolina Department of Health and Environmental Control	Dams and F	am Classification Insp Regulated Reservoirs Safety Act Re	Dams egulations 72-1 thro	ough 72-9
No	te: This form is only for use on cur	rent low hazard (class	three) dams regulated by the Depa	artment of Health and Envir	ronmental Control
ins	the State of South Carolina. The properties of South Carolina. The properties of the spectrum of the south the state of the south the so	aluate the hazard pote	is for the use of Department staff	members actively involved i	in reclassification
				yy	
r	Date of Inspection: $\frac{5/18}{15}$	SC Dam In	vontory Number D	Country Oc and	
0	Dam Name: Blake Gri	Hith Dam	•		
,	. Dam Owner Information				
	Has ownership changed?	Yes No. (If	ves enter the new owners and	their contact information ha	1
					low)
	A. Owner/ Operator (Company o	r person): Potriel	C/ Patricia Kennedy	Irust	
	Contact Person (if owner is co	ompany):			
	Phone:		Email:		
	Mailing Address: PO Boy				
			State: SC	20/1	p/
	City: Jumasico		State:	Zip: <u>~960</u>	6
П.	Site Information				
	A. Site Location (street address,	nearest intersection e	ate ).		
			<u>, 3,5</u> " W Tax map # (list all	it is a star	-2
	Latitude: <u>57° 43' 180</u> " N	Longitude: - 82 ° 2	<u>2.5</u> " W Tax map # (list all	): 161-00-06-01	02
				Hwy 11 is 1	ocated
	B. Is there any evidence of new c	levelopment below the	a dam? Vas V No	Vu mile helo	4 dam
	C Do you think the beyond closes	feetier should be			
	C. Do you think the hazard classi		2		
	D. If yes for item II.C, what is you	r opinion of what the n	ew classification should be?	Class 1 (High Hazard)	
	Not anti-C	to find.	k	Class 2 (Significant Haza	ard)
	Not CAUGH INTO	to tra.			~
111.	<u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	l date on the lines belo ion was obtaining from	w once the inspection and form Bureau of Water staff members	have been completed. If as: ه, they will also need to com	sistance with plete this
	Hannah M. Vi Printed Name of Regional In	NS dn 7	Ennal M. Um Signature	5/18 9/37 Date of S	Signature
	Printed Name of BOW Eng	jineer	Signature	Date of S	Signature

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	[		
DHEC FROMDTE FROME South Carolina Department of Health and Environmental Control	Dams and Reservoi	ssification Inspection For Regulated Dams rs Safety Act Regulations	72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the us	se of Denartment staff members activ	abitimustant in the second
Date of Inspection: <u>5/20/1</u> Dam Name: <u>Hicks Pon</u>	S SC Dam Inventory Nur d (Jack McCorm	mber D <u>1659</u> County: <u>E</u> ; ck Dam	conee
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter t	the new owners and their contact in	formation below)
A. Owner/ Operator (Company o	or person): 1000 Field	s LP	
Contact Person (if owner is co	ompany):		
Phone:		_ Email:	
Mailing Address: PO Boy	x 1536		
city: <u>Clemson</u>	State:	Sc Zip	291,23
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, Latitude: <u>34 ° 40' 36</u>" N</li> </ul>	nearest intersection, etc.): <u>N.</u> Longitude: - <u>83° 9 '30 "</u> W	Horseshoe Bridge Rd Tax map # (list all): 232-00	·, Westminster D-02-054
D. If yes for item II.C, what is you	fication should be upgraded?	ation should be?Class 1 (Hig	h Hazard) inificant Hazard)
Inspection performed	on Google Maps	01000 2 (01g	initiant nazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	date on the lines below once the ion was obtaining from Bureau of V	inspection and form have been com Water staff members, they will also	pleted. If assistance with need to complete this
Hannah Vinson Printed Name of Regional In	spector Hanne	Signature	5/20/15 Date of Signature
Printed Name of BOW Eng		Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CADA	MINA DEDADTMENT OF IT	I T THE I AND TAXES AND A LOS	the second se

DHECC DHECC DECOMPTENDED FROMUTE FACTLO PROSPER Smult Carolina Department of Health and Environmental Control
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
4582
Date of Inspection: 5/20/15 SC Dam Inventory Number D County: Oconce
Dam Name: East Village Cr Farm Pond
I. Dam Owner Information
Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company or person): Globe LP
Contact Person (if owner is company):
Phone: Email:
Mailing Address: 104 Greystone Ct.
City: Seneca State: SC Zip: 29672
II. <u>Site Information</u>
A. Site Location (street address, nearest intersection, etc.): Near end of Brookside Acres Rd.
Latitude: <u>34°51,38</u> " N Longitude: - <u>83°8,5</u> " W Tax map # (list all): <u>08/-00-05-002</u>
B. Is there any evidence of new development below the dam? Yes No
C. Do you think the hazard classification should be upgraded?YesNo
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Inspection performed on Google MapsClass 2 (Significant Hazard)
III. <u>Signature</u>
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah Vinson Printed Name of Regional Inspector Bignature Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature

DHEC PROMOSE PROTECTION PROMO PROMOSE PROTECTION PROMO PROMOSE PROTECTION PROMO PROMOSE PROTECTION PROMOSED FOR THE PROMO	Dams and Reservo	issification Inspection Fo Regulated Dams irs Safety Act Regulations	s 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	imary user of this form is for the u	ise of Department staff members acti	vely involved in reclassification
Date of Inspection: 5/21/19 Dam Name: Lake Cher	SC Dam Inventory N	umber D_ <u>1632</u> County:6	Iconel
	the plant		
I. Dam Owner Information			
		the new owners and their contact in	
A. Owner/ Operator (Company of	or person): Lake Che	2-0-Hee Inc	
Contact Person (if owner is c	ompany): % Don Jac	kson	
		Email:	
City: Fairforest	State	= <u>SC</u> Z	ip: 29 0 336
II. Site Information			
	nearest intersection etc.)	,	
55 N	4	V Tax map # (list all): 042-0	10-01-00 3
D h d a c			
B. Is there any evidence of new o		YesNo	
<b>C.</b> Do you think the hazard class		YesNo	
D. If yes for item II.C, what is you	r opinion of what the new classif	cation should be?Class 1 (H	igh Hazard)
		Class 2 (S	ignificant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classifica portion of the form.	d date on the lines below once th tion was obtaining from Bureau c	e inspection and form have been co f Water staff members, they will also	mpleted. If assistance with o need to complete this
Hannah Vinson Printed Name of Regional In	nspector Hanne	LM. Umon Signature	5/H/IS Date of Signature
Printed Name of BOW En	gineer	Signature	Date of Signature

	PERMIT TO CONSTRUCT Onsite Wastewater System	File Nbr: <b>2015050023</b> County: Anderson
Name: CLAY L. ALEXANDE Type Facility: HOUSE Subdivision: Block: L	Address: 539A SMITH DAIRY ROAD WESTMINSTER, SC 29693 Site: 2001 OPRY HOUSE ROAD STARR, SC 29684	Program Code: <sup>360</sup> System Code: <sup>100</sup> TM#: <sup>055-00-02-012</sup> Water Supply: PRIVATE
Daily Flow (gpd): 360 LTAR: .40	PERMIT TO CONSTRUCT SYSTEM SPECIFICATIONS         Tank Sizes (gal):       Septic Tank:       1000       Pump Chamber         Trenches:       Length (ft):       300       Width (in):       36       Max. Depther         Min Pump Capacity:       gpm at	er: Grease Trap:
DRAINLINES MUST FOL USE STEP-DOWNS BET DRAINLINES TO BE 10'+ SYSTEM MUST BE 5'+ F DO NOT DRIVE OR PAR	SPECIAL INSTRUCTIONS/CONDITIONS IT IS SITE SPECIFIC. ANY CHANGES TO THE SYSTEM MUST BE APPROVED BY DHEC. ALTE UNDER STATE RULES AND REGULATIONS MAY BE SUBSTITUTED. ANY UNAPPROVED CH LOW LEVEL SURFACE CONTOUR WEEN LINES AS NEEDED - ON CENTER ROM FOUNDATION AND PROPERTY LINES K OVER SEPTIC SYSTEM. M WELL AND RIVER/CREEK	ERNATIVE TRENCH PRODUCTS ANGES WILL VOID THIS PERMIT.
A CARLE	PERMIT TO CONSTRUCT SYSTEM DIAGRAM BIG GENERAL CREEK	(NTS)
Issued/Revised By:	Inn min Jourge Date: 6/2 This Permit is Appealat	ble Under the Administrative Procedures Act.

This Permit will Expire and Become Null and Void Five (5) Years from the Issuance Date. There may be an Additional Fee for Changes in this Permit that Require a Site Reevaluation.

DHEC PROMOTE FROME FROM Caroline Department of Health and Environmental Control	Regular Dams and Reservoirs Safety /	n Inspection Form for South Carolina ated Dams Act Regulations 72-1 through 72-9
in the State of South Carolina. The pr	rrent low hazard (class three) dams regulated by imary user of this form is for the use of Departm valuate the hazard potential of low hazard dams a	the Department of Health and Environmental Control ent staff members actively involved in reclassification at least once every five years.
Date of Inspection: $5/21/$	15 SC Dam Inventory Number D_16	
I. Dam Owner Information Has ownership changed?	_YesNo (If yes, enter the new owned	ers and their contact information below)
	or person): <u>Thrift Group, In</u> ompany):	
Phone:	Email:	
Mailing Address: <u>PO Bo</u> City: <u>Seneca / 7</u>	<u>c 2125/PO Box 17</u> <u>Famassee</u> State: <u>SC</u>	Zip: 29679/29686
II. <u>Site Information</u>		
	nearest intersection, etc.): Knox Cry Longitude: - <u>83 ° 3 '54</u> " W Tax map #	
13	31	05 2-00-01-031
<ul> <li>B. Is there any evidence of new</li> <li>C. Do you think the hazard class</li> </ul>	development below the dam?Yes	No below dam
	ur opinion of what the new classification should	
		Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	d date on the lines below once the inspection a tion was obtaining from Bureau of Water staff n	nd form have been completed. If assistance with nembers, they will also need to complete this
Hannah Vinson Printed Name of Regional I	nspector Hannah M.	Date of Signature
Printed Name of BOW En	gineer Signature	Date of Signature

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	DHEC PROMOTE FROM PROMOTE FROM PROSPER Sensib Carnling Department of Health and Environmenzal Control	Dams and R	Regulated eservoirs Safety Act R	Regulations 72-1 through 72-	9
	ote: This form is only for use on cur the State of South Carolina. The pr spections. The current policy is to ev			partment of Health and Environmental Co ff members actively involved in reclassifica once every five years.	ntrol ition
	Date of Inspection: <u>5/21/</u> Dam Name: <u>Booker's</u>	15 SC Dam Inv Lake	rentory Number D <u>1646</u>	County: Oconel	
	Dam Owner Information     Has ownership changed?       A. Owner/ Operator (Company o	_YesNo (If pr person):Dhr	yes, enter the new owners and Parks Booker	their contact information below)	_
	Phone:		Email:		-
	Mailing Address: <u>2242</u> City: <u>Newton</u>	Milton S-		Zip: _28658	-
11.	Site Information A. Site Location (street address, Latitude: <u>34 ° 49 '</u> 36" N 29 "				-
	<ul> <li>B. Is there any evidence of new d</li> <li>C. Do you think the hazard classif</li> <li>D. If yes for item II.C, what is your</li> </ul>	evelopment below the ication should be upgra	dam? Yes No	)	-
III.	<u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines belov on was obtaining from	v once the inspection and form Bureau of Water staff members	have been completed. If assistance with s, they will also need to complete this	
	Hannah Vinson Printed Name of Regional Ins	spector	Jamal M. U.	Mon 5/21/15 Date of Signature	
	Printed Name of BOW Eng	ineer	Signature	Date of Signature	
DHI	C 2607 (11/2012) SOUTH CARO	LINA DEPARTMEN	TOF HEALTH AND ENVI		

D.H.F.G.       Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams         Dams and Reservoirs Safety Act Regulations 72-1 through 72-9         Not: This firm is only for use on current low hazard (class three) dams regulated by the Department of Haulth and Environmental Control in the State of South Carolina. The primary use of this form is for the use of Department at Haulth and Environmental Control in the State of South Carolina. The primary use of this form is for the use of Department at Haulth and Environmental Control in the State of South Carolina. The primary use of this form is for the use of Department at Haulth and Environmental Control in the State of South Carolina. The primary use of this form is for the use of Department at Haulth and Environmental Control in the State of South Carolina. The primary use of this form is for the use of Department at Haulth and Environmental Control in the State of South Carolina. The primary use of this form is for the use of Department at Haulth and Environmental Control in the State of South Carolina. The primary use of this form is for the use of Department at Haulth and Environmental Control in the State of South Carolina. The primary use of this form is for the use of Department at Haulth and Environmental Control information         Date of Inspection:       5/21/15       SC Dam Inventory Number D       LOS5       County:         Date of Inspection:       5/21/15       SC Dam Inventory Number D       LOS5       County:         Date of Inspection:       5/21/15       SC Date Machin, Ocenet Mach       Decoded Ande         A. Sub Location (iformation decompany):       Eddie Machin, Ocenet Mach       Decodin Ande <th></th> <th></th> <th></th>					
Intervention       A solution in the primary part of this for the use of Department staff members actively involved in reclassification         Date of Inspection:       Solution       Solution       Solution       Solution         Date of Inspection:       Solution       Solution       Solution       Solution         Date of Inspection:       Solution       Solution       Solution       Solution         Dam Name:       Concerts       Solution       Solution       Solution         Dam Name:       Concerts       Solution       Solution       Solution         Has ownership changed?       Yes       No (If yes, enter the new owners and their contact information below)         A. Owner/Operator (Gompany or person):       Eddic       Marchin, Oconec. WCD         Phone:       G38 - 2015       2213       X.3       Email:       edward.       Marchin, Oconec. WCD         Phone:       G38 - 2015       2213       X.3       Email:       edward.       Marchin, Oconec. WCD         Phone:       G38 - 2015       2213       X.3       Email:       edward.       Marchin, Oconec. WCD         Phone:       G38 - 2015       South       Braad 54.       City:       Lafthalla       State:       State:       Zage:       Zage:       Zage:       Zage: </td <td></td> <td>and Environmental Control</td> <td>Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9</td>		and Environmental Control	Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9		
Dam Name:	111	the state of south Caronna. The pr	imary user of this form is for the use of Department staff members actively involved in male of the		
Dam Name:	C	Date of Inspection: $5/21/$	15 SC Dam Inventory Number D_1655 County:		
I. Dam Owner Information	C	Jam Name: Concross	Creek WCD 9A		
Contact Person (if owner is company): <u>Eddie Martin</u> , <u>Oconer</u> WCD Phone: <u>G38 - 24#5</u> 2213 x 3 Email: <u>edward · Martin @sc · nacdnet . na</u> Mailing Address: <u>301 W · South Bread St</u> . City: <u>Walhalla</u> <u>state: SC</u> <u>zip: 29691</u> <b>II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>E Bennett Rd.</u>, <u>Westmister</u> Latitude: <u>34 ° 41 '36</u> * N Longitude: <u>83 ° 5 '36</u> * W Tax map # (list all): <u>219 ° 00 ° 02 ° 013</u> <u>34</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> <u>Below dam</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>V class 2 (Significant Hazard)</u> <b>II. <u>Stanature</u> Plase print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamad Vinson</u> <u>Addamade</u> <u>SJAUS</u> <u>Bignature</u> <u>Detert Rd Name of Regional Inspector</u> <u>Addamade</u> <u>SJAUS</u> <u>Beitred Name of Regional Inspector</u> <u>Addamade</u> <u>SJAUS</u></b></b>		Dam Owner Information			
Contact Person (if owner is company): <u>Eddie Martin</u> , <u>Oconer</u> WCD Phone: <u>G38 - 24#5</u> 2213 x 3 Email: <u>edward · Martin @sc · nacdnet . na</u> Mailing Address: <u>301 W · South Bread St</u> . City: <u>Walhalla</u> <u>state: SC</u> <u>zip: 29691</u> <b>II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>E Bennett Rd.</u>, <u>Westmister</u> Latitude: <u>34 ° 41 '36</u> * N Longitude: <u>83 ° 5 '36</u> * W Tax map # (list all): <u>219 ° 00 ° 02 ° 013</u> <u>34</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> <u>Below dam</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>V class 2 (Significant Hazard)</u> <b>II. <u>Stanature</u> Plase print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamad Vinson</u> <u>Addamade</u> <u>SJAUS</u> <u>Bignature</u> <u>Detert Rd Name of Regional Inspector</u> <u>Addamade</u> <u>SJAUS</u> <u>Beitred Name of Regional Inspector</u> <u>Addamade</u> <u>SJAUS</u></b></b>		A. Owner/ Operator (Company c	pr person): Grevige Grobusky		
Phone:       638 - 2445 2213 x 3       Email:       edward       Martin @sc.nacdnet.ne         Mailing Address:       301 W. South Broad St.         City:       Walhalla       State:       Sc.       Zip:       29691         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       E Bennett Rd., Westmister         Latitude:       34 ° 41 '36 "N Longitude:       83 ° 5 '36 "W Tax map # (list all):       219 - 00 - 02 - 013         34       B. Is there any evidence of new development below the dam?       Yes       No       below dam         C. Do you think the hazard classification should be upgraded?       Yes       No       below dam         J. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         J. Class 2 (Significant Hazard)       Velass 2 (Significant Hazard)         III.       Signature       Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah Vinson       Signature       Signature         Date of Signature       Date of Signature		Contact Person (if owner is co	ompany): Eddie Martin, Oconee WCD		
Mailing Address:       301 W. South Broad St.         City:       Walhalla       State:       State:       Zip:       27691         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       E Bennett Rd., Westmister         Latitude:       34       Tax map # (list all):       219-00-02-013         34       B. Is there any evidence of new development below the dam?       Yes       No       below dam         C. Do you think the hazard classification should be upgraded?       Yes       No       below dam         J. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Value       Class 2 (Significant Hazard)         Westerming the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah Vinson       Hamah Ming       Jallis         Printed Name of Regional Inspector       Hamah Ming       Jallis         Beinted Name of Regional Inspector       Hamah Ming       Jallis         Beinted Name of Regional Inspector       Baland       Jallis		Phone: 638 -2445	2213 x 3 Email: edward, martin Psc. nachast.		
city:       Walhalla       State:       State:       Zip:       29691         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       E Bennett Rd., Westmister         Latitude:       34 ° 41 ° 36 ° N Longitude:       -83 ° 5 ' 36 ° W Tax map # (list all):       219 - 00 - 02 - 013         34       E Bennett Rd.       Just         B. Is there any evidence of new development below the dam?       Yes       No       below dam         C. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Vclass 2 (Significant Hazard)       Vclass 2 (Significant Hazard)         Vclass 2 (Signification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamed Vinson       Signature       Signature         Printed Name of Regional Inspector       Hamed Mimson       Signature					
II. Site Information         A. Site Location (street address, nearest intersection, etc.): E Bennett Rd., Westmister         Latitude: 34 ° 41 '36 "N Longitude: 83 ° 5 '36 "W Tax map # (tist all): 219-00-02-013         34         B. Is there any evidence of new development below the dam? YesNo Below dam         C. Do you think the hazard classification should be upgraded? YesNo         D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)         Vesse 2 (Significant Hazard)         Vesse 2 (Significant Hazard)         Westermining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamad Vinson       Hamad Mimson         Printed Name of Regional Inspector       Hamad Mimson         B. In the stand the stand to the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamad Vinson       Signature					
A. Site Location (street address, nearest intersection, etc.): <u>E Bennett Rd.</u> , <u>Westmister</u> Latitude: <u>34 ° 41 '36</u> "N Longitude: <u>-83 ° 5 '36</u> "W Tax map # (list all): <u>219 - 00 - 02 - 013</u> <u>34</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> <u>Below dam</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> <u>Velase 2 (Significant Hazard)</u> <u>Below date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamah Vinson</u> <u>Hamah Mimson</u> <u>Signature</u> <u>Brinted Name of Regional Inspector</u> <u>Amah Mimson</u> <u>Signature</u></u>					
A. Site Location (street address, nearest intersection, etc.): <u>E Bennett Rd.</u> , <u>Westmister</u> Latitude: <u>34 ° 41 '36</u> "N Longitude: <u>-83 ° 5 '36</u> "W Tax map # (list all): <u>219 - 00 - 02 - 013</u> <u>34</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> <u>Below dam</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> <u>Velase 2 (Significant Hazard)</u> <u>Below date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamah Vinson</u> <u>Hamah Mimson</u> <u>Signature</u> <u>Brinted Name of Regional Inspector</u> <u>Amah Mimson</u> <u>Signature</u></u>	11.	Site Information			
Latitude: <u>34 ° 41 '36 "N</u> Longitude: <u>-83 ° 5 '36 "W</u> Tax map # (list all): <u>219 - 00 - 02 - 013</u> <u>34</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> <u>below dam</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. <u>Hamah Vinson</u> <u>Hamah Minson</u> <u>Signature</u> Printed Name of Regional Inspector <u>Hamah Minson</u> <u>Signature</u>			F. R. a. the contraction of the		
B. Is there any evidence of new development below the dam? YesNo Below dam C. Do you think the hazard classification should be upgraded? YesNo D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard) Class 2 (Significant Hazard)  III. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.  Hamab Vinson Printed Name of Regional Inspector Briefed Name of Regional Regional Regional Regional Regional Regional Region		A. She Location (street address, hearest intersection, etc.): <u>E Dennett Kd.</u> , <u>Westmister</u>			
B. Is there any evidence of new development below the dam?       Yes       No       below dam         C. Do you think the hazard classification should be upgraded?       Yes       No         D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)       Class 2 (Significant Hazard)         III. Signature       Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah Vinson       Hamah Minson         Printed Name of Regional Inspector       Hamah Minson         District Name of BOW Environ       Signature		Latitude: <u>59°91'30</u> "N Longitude: - <u>83°3'36</u> "W Tax map # (list all): <u>219~00~02~013</u> 34			
C. Do you think the hazard classification should be upgraded?YesNo D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard) III. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form		<b>B.</b> Is there any evidence of new d	E Bennett Rd. just No below dam		
D. If yes for item II.C, what is your opinion of what the new classification should be?       Class 1 (High Hazard)         Class 2 (Significant Hazard)         III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah Vinson       Hamah Mame of Regional Inspector         Printed Name of Regional Inspector       Signature		C. Do you think the hazard classif			
III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah Vinson       Hamah Minson         Printed Name of Regional Inspector       Hamah Minson         Brinted Name of Regional Inspector       Signature					
III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hamah Vinson       Hamah Minson         Printed Name of Regional Inspector       Signature					
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah Vinson       Hama M.M.         Printed Name of Regional Inspector       Hama M.M.         Brinted Name of Regional Inspector       Signature			Class 2 (Significant Hazard)		
Printed Name of Regional Inspector Signature Date of Signature		Please print your name, sign, and determining the hazard classification	date on the lines below once the inspection and form have been completed. If assistance with ion was obtaining from Bureau of Water staff members, they will also need to complete this		
Printed Name of BOW Engineer Signature Date of Signature		Hannah Vinson Printed Name of Regional In	spector Signature 5/21/15 Date of Signature		
		Printed Name of BOW Eng	ineer Signature Date of Signature		
D H E C Low Hazard Dam Classification Inspection Form for South Car Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72	2-9				
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Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassiv inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.	Control ication				
Date of Inspection: 5/21/15 SC Dam Inventory Number D_1662 County: Oconee					
Dam Name: Freeman Pond Dam (Harry Freeman Dam)					
I. <u>Dam Owner Information</u> Has ownership changed?YesNo (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): <u>Greg K Smith</u> Ronald Steve Smith	2				
Contact Person (if owner is company): Adam Gregory Smith					
Phone: / Email:					
Mailing Address: 235 W. Freeman Rd. / 122 England St.	-				
city: Westminster	-				
State:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:Zip:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP:ZIP	-				
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>W. Freeman Rd.</u> Latitude: <u>34°38'6</u> " N Longitude: <u>83°1'30</u> " W Tax map # (list all): <u>276-00-01-00F050</u> 26.5 <u>276-00-01-077</u>					
B. Is there any evidence of new development below the dam? Ves No 1/3 mil below dam C. Do you think the hazard classification should be upgraded? Ves No	_				
Class 2 (Significant Hazard)					
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance w determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.	ith				
Hannah Vinson Printed Name of Regional Inspector Bignature Signature Date of Signature	-				
Printed Name of BOW Engineer Signature Date of Signature	-				

DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

D H E C Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams
Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: <u>5/21/15</u> SC Dam Inventory Number D <u>1663</u> County: <u>Oconee</u> Dam Name: <u>Johns Pond Dam</u>
I. <u>Dam Owner Information</u> Has ownership changed?YesNo (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person):OT+o Tysland
Contact Person (if owner is company):
Phone: Email:
Mailing Address: 417 Beechhurst Dr.
city: Westminster State: SC Zip: 29693
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>417 Beechhurst Dr.</u> Latitude: <u>34 ° 37 ' 30</u> " N Longitude: - <u>83 ° 6 ' 44</u> " W Tax map # (list all): <u>276 - 00 - 02 - 006</u> <u>31</u> <u>38</u>
B. Is there any evidence of new development below the dam? Yes No 13 mil clown stream
C. Do you think the hazard classification should be upgraded? Yes No
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature

D FI E C D FI E
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: <u>5/21/15</u> SC Dam Inventory Number D. <u>4358</u> County: Oconee
Dam Name: Pract + Edward Brower Dam
I. Dam Owner Information
Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company or person): Paul + Peggy Akins
Contact Person (if owner is company):
Phone: Email:
Mailing Address: PO Box 720
City: Tifton, State: GA Zip: 31793
II. Site Information
A. Site Location (street address, nearest intersection, etc.): Brower Dr, off N Little River Rd.
Latitude: $349923395$ " N Longitude: $-83900069$ " W Tax map # (list all): $(044-00-02-0)1$
34°55'20.5" 83°0'36"
B is there any ovidence of new development is in the
B. Is there any evidence of new development below the dam?YesNo
C. Do you think the hazard classification should be upgraded?YesNo
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah Vinson Printed Name of Regional Inspector Bignature Bignature
Printed Name of BOW Engineer Signature Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEAL THE AND DUBLE OF THE STREET

DHEC PROMISE PROMISE PROVIDE PROTECTION PROMISE PROVIDE PROTECTION PROMISE PROVIDE PROTECTION PROVIDE PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTION PROTECTI		Regulated Do	tion Form for South Carolina ams Julations 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	mary user of this form is t	or the use of Hanartmont staff me	ment of Health and Environmental Control embers actively involved in reclassification e every five years.
Date of Inspection: $5/21/1$ Dam Name: $Jocassee$	<u>S</u> SC Dam Inven Ridae Refu	ntory Number D <u>4587</u> Co	unty:
I. <u>Dam Owner Information</u> Has ownership changed? A. Owner/ Operator (Company o	_YesNo (If yes	s, enter the new owners and thei See Ridge HOA	r contact information below)
Contact Person (if owner is co Phone: <u>864-483-</u> Mailing Address: <u>PD B</u>	- 7727	Email:	
City: Seneca		_State: _SC	Zip: _29678
II. <u>Site Information</u> A. Site Location (street address, Latitude: <u>34 °55 ° 24 </u> " N			045-00-02-257
<ul> <li>B. Is there any evidence of new d</li> <li>C. Do you think the hazard classif</li> <li>D. If yes for item II.C, what is your</li> </ul>	ication should be upgrade	m? Yes No Sed? Yes No Sed? Yes No	Class 1 (High Hazard)
		(	Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines below o on was obtaining from Bu	nce the inspection and form hav reau of Water staff members, th	e been completed. If assistance with ey will also need to complete this
Hannah Vinson Printed Name of Regional Ins	spector Ha	nnah M. Umar Signature	∽ <u>5/21/15</u> Date of Signature
Printed Name of BOW Eng	ineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARC	LINA DEPARTMENT	OF HEALTH AND ENVIRO	NMENTAL CONTROL Page 1



Date printed: 04/11/14 : 12:41:30

DHEC DHEC PROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROMOTER FROM	Low Hazard Dam Classification Inspectio Regulated Dam Dams and Reservoirs Safety Act Regul	ns ations 72-1 through 72-9
in the State of South Carolina. The pri	rent low hazard (class three) dams regulated by the Department mary user of this form is for the use of Department staff mem aluate the hazard potential of low hazard dams at least once ev	bers actively involved in reclassification
Date of Inspection: <u>5/21/10</u> Dam Name: <u>Dr Stuart</u>	SC Dam Inventory Number D Coun	ty: Oconel
<ul> <li>I. <u>Dam Owner Information</u> Has ownership changed?</li> <li>A. Owner/ Operator (Company of Contact Person (if owner is compared)</li> </ul>	YesNo (If yes, enter the new owners and their c r person): <u>Start Clarkson</u> Garden ompany): Email:	sontact information below) S. Clarkson, Jr. UE
Mailing Address: PO Box	559 220 Spring Valley Rd. ASSEE State: SC	
	nearest intersection, etc.): Longitude: - <u>83 ° २ ' ¼ "</u> W Tax map # (list all): <u>) (</u> 1,5	03-00-01-104
C. Do you think the hazard classi	fication should be upgraded?YesNo +	Dring Valley Rd a ccross da house below dam on Pleasant View Rd. ass 1 (High Hazard) ass 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	date on the lines below once the inspection and form have l ion was obtaining from Bureau of Water staff members, they	been completed. If assistance with will also need to complete this
Hannah Vinson Printed Name of Regional In	spector Signature	Date of Signature
Printed Name of BOW Eng	ineer Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAR	DLINA DEPARTMENT OF HEALTH AND ENVIRON	MENTAL CONTROL Page 1



D H E C PROMOTE PROTECT PROSPER Smith Carolina Department of Health and Environmeensal Control	Reg Dams and Reservoirs Safet	ion Inspection Form for South Carolina gulated Dams ly Act Regulations 72-1 through 72-9
in the State of South Carolina. The pr	rent low hazard (class three) dams regulated imary user of this form is for the use of Depar aluate the hazard potential of low hazard dar	by the Department of Health and Environmental Control rtment staff members actively involved in reclassification ms at least once every five years.
Date of Inspection: <u>5 /əə/(</u>	5SC Dam Inventory Number D_	1650 County: Ocon le
Dam Name: Horscshoel	ake Dam	
I. <u>Dam Owner Information</u> Has ownership changed?	_YesNo (If yes, enter the new ov	wners and their contact information below)
A. Owner/ Operator (Company o	r person): <u>See attached</u>	
Contact Person (if owner is co	pmpany):	
Mailing Address:		
City:	State:	Zip:
II. Site Information		
A. Site Location (street address, i	nearest intersection, etc.): Horschee	Lake Rd. off Damascus Church Rd.
Latitude: <u>39 ° 46',36</u> " N	Longitude: - <u>83 ° 1 ¢ ' 1⁄2</u> " W Tax ma	ap # (list all): 19200-04-004 (see attached)
285	3	(see attached)
8		Houses located 1/2 mile
	evelopment below the dam? <u> </u>	No down stream.
	ication should be upgraded? Ves	No
D. If yes for item II.C, what is your	opinion of what the new classification shou	Id be?Class 1 (High Hazard)
		Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines below once the inspection on was obtaining from Bureau of Water staf	and form have been completed. If assistance with ff members, they will also need to complete this
Hannah Vinson Printed Name of Regional Ins	spector Hannah M. Vur Signatu	Ire 5/23/15 Date of Signature
Printed Name of BOW Eng	ineer Signatu	re Date of Signature
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF HEALTH A	ND ENVIRONMENTAL CONTROL Page 1

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### OCONEE COUNTY

#### "Land Beside the Water"

### Assessor's Office

Recent Sales in Neighborhood Recent Sales in Area	Previous Parcel	Next Parcel	Field Definitions	Return to Main Search	Oconee Home
	Ον	mer and Parcel	Information		
Owner Name	DORJE LING BUDDHI	ST CENTER	Today's Date	August 14, 2014	
Mailing Address	98 GOLD ST		Parcel Number	140-00-01-039 Tax I	D: 12872
	BROOKLYN, NY 1120	1	Tax District	(District 009)	· · · ·
Location Address	475 ORCHARD RD		2012 Millage Rate	1	
Legal Description	MapPlatB A851 MapP	latP 2	Acres	41,58	
Property Class / Property Type	/ Unclassified Farm		Parcel Map	Show Parcel Map	
Neighborhood	PULASKI TWP		4. · · ·		
Generate Owner List By Radius				Mara Marana di	

and the Manufact of the State State States and the states of the States	2013 Tax Year Value Information	
Land Taxable Market Value	Improvement Taxable Market Value	Total Taxable Market Value
· \$ 300,470	0	\$ 300,470

		Land In	formation		
Land Type	Frontage	Effective Frontage	Effective Depth	Acres	Square Footage
75	. 0	0	0	40.58	1,767,665
71	0	0	0	1	43,560

		and the second sec	 
Residential Building Information			
No residential building information available for this parcel.			

			С	ommercial and Miscellaneo	us Improvement Information			
Buildi	ing Type	Yea	ar Built	Eff Year Built	Length/Width/Height	Size	Grade	Sketch
				No miscellaneous informat	ion available for this parcel.	- 4 mm		
a				Sale Inf	ormation		·	
Sale Date	Sale Price	Deed Book	Deed Page	Qualification Reason	Grantor		Grantee	
2010-01-19	\$ 1	1756	128	Sale Does Not Match Appr.Re	LEE AMY H	DORJE	LING BUDDHI	ST CENTER
2009-01-14	\$ 1	1700	102	Family or business relation	LEE AMY & YI LIN & WEN ZHONG WANG	and the second second	LEE AMY H	
2001-12-14	\$ 230,000	1189	345	Valid Arms-length sale tran	LEE AMY & YI LIN &WEN ZHONG WANG	I FE AMY &	YI LIN & WEN	THONG WANG

Recent Sales in Area Previous Parcel Next Parcel	el Field Definitions	Return to Main Search Page	e Oconee Hom
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Oconee County makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The maps on this site are not surveys. The assessment information is from the last certified taxroll. All data is subject to change before the next certified taxroll. All data is subject to Date printed: 08/14/14 : 15:04:50

## OCONEE COUNTY

### Assessor's Office

Recent Sales in Neighborhood Recent Sales in Area	Previous Parcel	Next Parcel	Field Definitions	Return to Main Search	Oconee Home
	Ov	wner and Parcel	Information		
Owner Name	LAND EDWARD A		Today's Date	August 14, 2014	
Mailing Address	455 MILL SHOALS R	RD.	Parcel Number	140-00-01-017 Tax ID	: 12853
	WESTMINSTER, SC	29693	Tax District	(District 009)	
Location Address	454 DAMASCUS CH	URCH RD	2012 Millage Rate		
Legal Description	MapPlatB A999 Map	PlatP 7	Acres	139.02	
Property Class / Property Type	/ Unclassified Farm	1	Parcel Map	Show Parcel Map	
Neighborhood	PULASKI TWP	a baaraada), ee bat waxaa ku		· · · · · · · · · · · · · · · · · · ·	andera, terativa da
Generate Owner List By Radius	at a start a start Manual	14. MALL, MANA	And a contrast from which a start	ан. түү авлан, Ат йөө үү айча айча	
Generate Owner List by Radius		14.11.54			

"Land Beside the Water"

	2013 Tax Year Value Information	
Land Taxable Market Value	Improvement Taxable Market Value	Total Taxable Market Value
\$ 1,518,080	\$ 282,320	\$ 1,800,400

Land Type	Frontage	Effective Frontage	Effective Depth	Acres	Square Footage
75	0	0	0	139.02	6,012,151

#### **Residential Building Information**

No residential building information available for this parcel,

		Commercial and Mi	scellaneous Improvement Info	rmation		
Building Type	Year Built	Eff Year Built	Length/Width/Height	Size	Grade	Sketch
COMMCTR	2010	2010	0/0/0	3,381 SF	Good	Show Sketch
MISC	2012	2010	75 / 50 / 10	3,750	Avg	Show Sketch
MISC	2010	2010	0/0/0	88	Avg	Show Sketch
MISC	2010	2010	0/0/0	50	Avg	Show Sketch
MISC	2010	2010	0/0/0	50	Avg	Show Sketch
MISC	2010	2010	0/0/0	210	Avg	Show Sketch
POLEBLDG	2012	2012	75 / 50 / 10	3,750 SF	Avg	Show Sketch

			tion			
Sale Date	Sale Price	Deed Book	Deed Page	Qualification Reason	Grantor	Grantee
2005-11-30	\$ 1,791,260	1465	012	Valid Arms-length sale tran	STONEPLACE LLC	LAND EDWARD A
2004-04-23	\$ 964,300	1342	40	Valid Arms-length sale tran	WIND RIVER LAND & TIMBER INC	STONEPLACE LLC
2000-06-20		1094	200	Valid Arms-length sale tran	MOORE HERCIAL H & STEVEN R	WIND RIVER LAND & TIMBER INC

	Recent Sales in Neighborhood Recent Sales in Area	Previous Parcel	Next Parcel	Field Definitions	Return to Main Search Page	Oconee Home
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The Oconee County Assessor's Office makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. Website Updated: August 13, 2014

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# DCONEE COUNT

#### Assessor's Office

#### Recent Sales in Neighborhood Recent Sales in Area Next Parcel **Field Definitions** Return to Main Search **Previous Parcel** Oconee Home **Owner and Parcel Information** CULLEN BOBBIE M **Owner Name** Today's Date August 14, 2014 **Mailing Address** 130 LAUGHING GULL LN **Parcel Number** 141-00-04-010 Tax ID: 12964 PALM HARBOR, FL 34683 **Tax District** (District 009) 2012 Millage Rate Location Address LONG CREEK HIGHWAY MapPlatB A897 MapPlatP 8 25.3 Legal Description Acres / Farm with Living Unit Show Parcel Map Property Class / Property Type Parcel Map Neighborhood PULASKI TWP Generate Owner List By Radius

"Land Beside the Water"

	2013 Tax Year Value Information	
Land Taxable Market Value	Improvement Taxable Market Value	Total Taxable Market Value
\$ 124,410	\$ 26,080	\$ 150,490

Land Information							
Land Type	Frontage	Effective Frontage	Effective Depth	Acres	Square Footage		
75	0	0	0	24.3	1,058,508		
90	0	0	0	1	43,560		

			Resi	dential Buildin	g Information			
Occupancy	Style	Base Area Sq Ft	Finished Living Area Sq Ft	Stories	Interior Walls	Exterior Walls	Year Built	Effective Year Built
Single family	12 Bungalow	1,008	1,008	1.0	Normal for Class	CONCRETE BLOCK	1970	1970
Roof Material	Roof Type	Roof Frame	Roof Pitch	Heating Type	Rooms/Bedrooms/Bathrooms	Grade	5	Sketch
Metal	Gable	Std for class	3	Forced hot air	3/2/1.0	Low	Show Bu	uilding Sketch

Commercial and Miscellaneous Improvement Information								
Building Type	Year Built	Eff Year Built	Length/Width/Height	Size	Grade	Sketch		
ICP	0	0	17 / 10 / 0	170 SF		Show Sketch		
UTLSHED	1970	1970	20 / 13 / 1	260 SF	Fair	Show Sketch		
MACHINE	1970	1970	22 / 13 / 1	286 SF	Fair	Show Sketch		
MACHINE	1970	1970	20 / 11 / 1	220 SF	Fair	Show Sketch		
UTILROOM	1970	1970	20 / 20 / 1	400 SF	Fair	Show Sketch		

				Sale Information		
Sale Date	Sale Price	Deed Book	Deed Page	Qualification Reason	Grantor	Grantee
1990-12-22	\$ 10	640	277	Valid Arms-length sale tran	MATHESON NB & ELLOREE D LIFE E	CULLEN BOBBIE M

<u>Recent Sales in Neighborhood</u> <u>Recent Sales in Area</u>	Previous Parcel	Next Parcel	Field Definitions	Return to Main Search Page	Oconee Home
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DHEC FROMUTE FROTECT PROSPER Smuth Carolina Bepartment of Health and Environmental Control	Low Hazard Dam Classification Insp Regulated Dams and Reservoirs Safety Act R	Dams Regulations 72-1 through 72-9
in the State of South Carolina. The pr	rent low hazard (class three) dams regulated by the Dep imary user of this form is for the use of Department staf	f mambana activales in 1 1 1 1 1 1 1
inspections. The current policy is to ev	aluate the hazard potential of low hazard dams at least	once every five years.
	SC Dam Inventory Number D_1664	County: Oconel
Dam Name: <u>Roletter</u>	rond	
I. Dam Owner Information		
Has ownership changed?	YesNo (If yes, enter the new owners and	their contact information below)
A. Owner/ Operator (Company o	prperson): <u>Richard D. Rholetter</u>	
	ompany):	
	Email:	
Mailing Address:	Vinyard Rd.	
City: Westminste	vState:SC	Zip:29693
	nearest intersection, etc.): Brasstown Rd. Longitude: $-83 \circ 17$ , $\mu$ "W Tax map # (list all	
21	27	
<b>B.</b> Is there any evidence of new d <b>C.</b> Do you think the hazard classif		house 1/3 mile down stream
	opinion of what the new classification should be?	Class 1 (High Hazard)
		Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines below once the inspection and form on was obtaining from Bureau of Water staff members	have been completed. If assistance with s, they will also need to complete this
Hannah Vinson Printed Name of Regional In	spector Signature	Date of Signature
Printed Name of BOW Eng	ineer Signature	Date of Signature

DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DILLO		
DHEC PROMOTE PROTECTION PROSPER Smilt Carolina Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Regulated Dams Dams and Reservoirs Safety Act Regulati	ons 72-1 through 72-9
in the State of South Caronna. The pr	rent low hazard (class three) dams regulated by the Department of imary user of this form is for the use of Department staff members valuate the hazard potential of low hazard dams at least once every	actively in 1 1 1 mm
Date of Inspection: $5/22$	SC Dam Inventory Number D <u>4398</u> County:	Oconce
Dam Name: Dob Edwo	rds Dam	
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter the new owners and their conta	act information below)
	pr person): Bobbie Jean Shepard + Sc	
Contact Person (if owner is c		
	Email:	
Mailing Address: 506	Fernwood Dr.	
City: <u>Spartanbur</u>	State: SC	_Zip: 29307
	nearest intersection, etc.): <u>White cut Rel</u> Longitude: - <u>83° 4',45</u> " W Tax map # (list all): <u>106</u> - 43	-00-01-035
<b>B.</b> Is there any evidence of new c		
	fication should be upgraded?YesNo	
<b>D.</b> If yes for item II.C, what is you	r opinion of what the new classification should be?Class 1	(High Hazard)
	Class 2	2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	date on the lines below once the inspection and form have been ion was obtaining from Bureau of Water staff members, they will	completed. If assistance with also need to complete this
Hannah Vinsio Printed Name of Regional In	n Hannah M. Uman spector Signature	5/22/15 Date of Signature
Duty and his second second		
Printed Name of BOW Eng	ineer Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAR		

DHEC FROMOTE FROTECT PROSPER South Caroling Department of Health and Environmental Control	Low Hazard Dam Classificatio Reg Dams and Reservoirs Safety	ulated Dams	
in the State of South Carolina. The pr	rrent low hazard (class three) dams regulated h imary user of this form is for the use of Depart valuate the hazard potential of low hazard dam	tment staff members actively inv	Environmental Control olved in reclassification
	15_SC Dam Inventory Number D_L balloway Dam		
I. Dam Owner Information	YesNo (If yes, enter the new ow		
A. Owner/ Operator (Company	or person):		
Contact Person (if owner is c	company):	-	
Phone:	Email:		
Mailing Address:			
City:	State:	Zip:	
	, nearest intersection, etc.): Longitude: - <u>&amp;3_ °' (</u> W Tax ma		
· · · · · · · · · · · · · · · · · · ·			
	development below the dam?Yes		ited Y3 mile icam
D. If yes for item II.C, what is yo	ur opinion of what the new classification shou	Ild be?Class 1 (High Haz	ard)
		Class 2 (Significat	nt Hazard)
	d date on the lines below once the inspection ation was obtaining from Bureau of Water stat		
Hannah Vinso Printed Name of Regional I	nspector Signate	.Umbin 5 Ire Dá	122/15 Ite of Signature
Printed Name of BOW Er	ngineer Signati	Jre Da	te of Signature
DHEC 2607 (11/2012) SOUTH CAF	ROLINA DEPARTMENT OF HEALTH A	ND ENVIDONMENTAL CO	ONTROL Page 1





DHEC PROMOTE FACILITY FROM FROM THE FACILITY FROM FILE Smuth Carulina Department of Health and Environmental Control	Low Hazard Dam Classification Inspec Regulated De Dams and Reservoirs Safety Act Reg	ams
in the State of South Carolina. The pill	ent low hazard (class three) dams regulated by the Depart nary user of this form is for the use of Department staff m luate the hazard potential of low hazard dams at least onc	ampleus autority i i i i i i i i i i i i i i i i i i
Date of Inspection: 5/22/	5 SC Dam Inventory Number D <u>4530</u> Cc	nuntre Ocan de .
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter the new owners and the	eir contact information below)
A. Owner/ Operator (Company or	person): <u>Henry T+ Arlene M.</u>	Stubbs/ John P. +. Joan F
Contact Person (if owner is cor	npany);	/ Campton
Phone:	Email: ∠	
Mailing Address: 130 He	mlock House Ln / 199 Stu	bles Lin
City: Westminster	State: SC	Zip: 29693
Latitude: <u>34 • 39 'SI.5</u> " N	earest intersection, etc.): <u>Hem lock House L</u> Longitude: - <u>83 °12 '31</u> " W Tax map # (list all):	
<ul> <li>B. Is there any evidence of new de</li> <li>C. Do you think the hazard classific</li> <li>D. If yes for item II.C, what is your of</li> </ul>	cation should be upgraded?YesNo	Class 1 (High Hazard) Class 2 (Significant Hazard)
II. <u>Signature</u> Please print your name, sign, and c determining the hazard classificatio portion of the form.	ate on the lines below once the inspection and form hav n was obtaining from Bureau of Water staff members, th	ve been completed. If assistance with ney will also need to complete this
Hannah Vinson Printed Name of Regional Ins	Dector Hannah M. U instin	Date of Signature
Printed Name of BOW Engin	neer Signature	Date of Signature

DHEC PROMOTE FROM TROMOTE FR		assification Inspection Fo Regulated Dams irs Safety Act Regulation	
Note: This form is only for use on cur in the State of South Carolina. The pr inspections. The current policy is to ev	unary user of this form is for the t	ice of llangetmant staff many Laure -	
Date of Inspection: <u>5/22/</u>			Oconee
Dam Name: H.H. MOOVE	Dam		
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter	the new owners and their contact	information below)
A. Owner/ Operator (Company o	r person): <u>River Cree</u>	K LLC	ан ал
Contact Person (if owner is co	mpany):		
Phone:	· · · · · · · · · · · · · · · · · · ·	Email:	
Mailing Address: 10323	b Linksland Dr.		
city: Huntersville	State	NC	Zip: 28078
II. <u>Site Information</u> A. Site Location (street address, Latitude: <u>34° 46' 36</u> " N 28	nearest intersection, etc.): <u>A c</u> Longitude: - <u>83°15 'JX</u> " W	<u>ademy Rd.</u> / Tax map # (list all) <u>: 14/- 0</u>	0-03-018
· · · · · · · · · · · · · · · · · · ·		,	
B. Is there any evidence of new d		YesNo	
<b>C.</b> Do you think the hazard classif		YesNo	
D. If yes for item II.C, what is your	opinion of what the new classific	cation should be?Class 1 (H	ligh Hazard)
		Class 2 (S	Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines below once the on was obtaining from Bureau of	inspection and form have been co Water staff members, they will als	ompleted. If assistance with so need to complete this
Hannah Vinson Printed Name of Regional In	spector	L.M. U. Inson Signature	5/22/15 Date of Signature
Printed Name of BOW Eng	neer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARC	LINA DEPARTMENT OF H	EALTH AND ENVIRONMENT	TAL CONTROL Page 1

DHEC DHEC DEC DEC DEC DEC DEC DEC DEC D	Dams and Reservo	Regulated Dam irs Safety Act Regula	ations 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pri inspections. The current policy is to ev	mary user of this form is for the u	se of Department staff memb	t of Health and Environmental Control ers actively involved in reclassification ery five years.
Date of Inspection: 5/22/ Dam Name: Jimmy Wa	K SC Dam Inventory Nu Kins	umber D Count	y: Oconee
I. <u>Dam Owner Information</u> Has ownership changed? A. Owner/ Operator (Company o			
Contact Person (if owner is co			
Phone:			
	8		
city: Westminster	State	SC	Zip: <u>29693</u>
II. <u>Site Information</u> A. Site Location (street address, Latitude: <u>34 ° 42 '24</u> " N	nearest intersection, etc.):( Longitude: - <u>83 °_7 ' 30 "</u> w	offel Rd. Near P / Taxmap # (list all): 20	iney Bluff Lane 04-00-01-025
<ul> <li>B. Is there any evidence of new d</li> <li>C. Do you think the hazard classif</li> <li>D. If yes for item II.C, what is your</li> </ul>	fication should be upgraded?	YesNo	ss 1 (High Hazard) ss 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificati portion of the form.	date on the lines below once the ion was obtaining from Bureau or	inspection and form have b Water staff members, they	een completed. If assistance with will also need to complete this
Hannah Vinso Printed Name of Regional In	spector	L M.U.m. Signature	5/22/15 Date of Signature
Printed Name of BOW Eng	ineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARC	DLINA DEPARTMENT OF H	EALTH AND ENVIRONM	MENTAL CONTROL Page 1

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9 South Carolina Department of Health and Environmental Control
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: <u>6/1/15</u> SC Dam Inventory Number D <u>4897</u> County: <u>Oconce</u> Dam Name: <u>Ed Land Pond Dam</u> I. <u>Dam Owner Information</u>
Has ownership changed? Yes // Yes // No (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person):
Contact Person (if owner is company): Phone: Email: Mailing Address:
City: State: Zip:
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.):
Charlie Cobb Rd. jnst B. Is there any evidence of new development below the dam? Yes No below dam C. Do you think the hazard classification should be upgraded? Yes No D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard)
III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah Vinson       Hannah Vinson         Printed Name of Regional Inspector       Signature
Printed Name of BOW Engineer       Signature         DHEC 2607 (11/2012)       SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL       Page 1

DHECONDITIENT FROME CONTROL FOR THE CONTROL FOR THE PROVIDENCE FROME OF THE PROVIDENCE FROME OF THE PROVIDENCE FROME OF THE PROVIDENCE OF
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: 1/16/15 SC Dam Inventory Number D <u>1630</u> County: <u>Oconee</u> Dam Name: <u>Keasler's</u> Pond
Dam Name: Keasler's Pond
I. <u>Dam Owner Information</u> Has ownership changed? <u>V</u> YesNo (If yes, enter the new owners and their contact information below)
A. Owner/Operator (Company or person): Keasler Family Rev Living Trust & Snipes
Contact Person (if owner is company):
Phone: Email:
Mailing Address: 2723 Amstel Way
Mailing Address: 2723 Amstel Way City: Raleigh State: NC Zip: 27613
II. Site Information
A. Site Location (street address, nearest intersection, etc.): Starms Dr. Off Water shad Ra
A. Site Location (street address, nearest intersection, etc.): Starves Dr. Off Watershed Rol Latitude: <u>34° 571-73</u> "N Longitude: - <u>82° 97987</u> "W Tax map # (list all): <u>310-00-02-013</u>
B. Is there any evidence of new development below the dam?
C. Do you think the hazard classification should be upgraded? Yes No
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Hannah M. Vinson 1/16/15 Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature

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D H E C PROMUTE FROM FROM PROMUTE FROM FROM PROMUTE FROM FROM PROMUTE FROM FROM PROMUTE FROM FROM PROMUTE FROM FROM PROMUTE FROM FROM PROMITE FROM FROM PROM FROM FROM FROM PROM FROM PROM FROM FROM PROM FROM FROM PROM FROM FROM PROM FROM FROM PROM FROM FROM PROM FROM PRO	Dams and Reservoirs	Regulated Dams Safety Act Regulati	Form for South Carolina ions 72-1 through 72-9
Note: This form is only for use on cur in the State of South Carolina. The pri inspections. The current policy is to ev	maly user of this form is for the use	of llengrtment staff members	a adding lag in 1 1 1 1 1 1 1 1 1
Date of Inspection: 3/5/15	SC Dam Inventory Num	ber D <u>1631</u> County:_	Dionel
Dam Name: Lake front	Homes Pond		
I. <u>Dam Owner Information</u> Has ownership changed? A. Owner/ Operator (Company of	YesNo (If yes, enter the person):No and Kelly	e new owners and their contr	act information below)
	mpany):		nieg Corge
Phone:		Email:	
Mailing Address: PO Bo	x 70		
city: Mtn. Rest	State:	Sc	Zip: 29664
II. <u>Site Information</u> A. Site Location (street address, r Latitude: <u>34 ∘ 92333</u> ¢ N	nearest intersection, etc.): <u>Chd</u> Longitude: - <u>\$3 ° 1&gt;3334</u> " W	0f Nicholson f Tax map # (list all): <u>041</u> -	00-01-001
<ul> <li>B. Is there any evidence of new de</li> <li>C. Do you think the hazard classifi</li> <li>D. If yes for item II.C, what is your</li> </ul>	cation should be upgraded?	ion should be?Class 1	(High Hazard) ? (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classification portion of the form.	date on the lines below once the in on was obtaining from Bureau of W	spection and form have been ater staff members, they will	completed. If assistance with also need to complete this
Hannah Vinson Printed Name of Regional Ins	pector Hannah	M. U. J. Signature	3/5/15 Date of Signature
Printed Name of BOW Engi	neer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF HEA	LTH AND ENVIRONME	NTAL CONTROL Page 1

	PROMUTE FROME FROM FILE		rd Dam Classificatio Regu nd Reservoirs Safety	lated Dams	
i i	Note: This form is only for use on cu in the State of South Carolina. The p inspections. The current policy is to e	rrent low hazard rimary user of this valuate the hazard	(class three) dams regulated by s form is for the use of Departm d potential of low hazard dams	y the Department of l nent staff members a at least once every fi	Health and Environmental actively involved in reclassi ive years.
	Date of Inspection: <u>3/5/16</u>	SC Da	am Inventory Number D_/(	240_County:	Oconce
	Dam Name: Gordons 1	ake / Ca	imp Chatuga La	ke	,
	I. Dam Owner Information				
	Has ownership changed?	_Yes	No (If yes, enter the new own	ers and their contac	t information below)
	A. Owner/ Operator (Company)	or person):	and Chatag	1 .	
	Contact Person (if owner is c	ompany):	ing cruingn,		
	Phone:		Email		
	Mailing Address: 291 City: Mth, Rest	Camp C	hatuga Rd.		
	city: Mth. Rest		state: SC		Zin: 291.1.4
	<ul> <li><u>Site Information</u></li> <li>A. Site Location (street address, Latitude: <u>24.92,'54</u>" N</li> </ul>	nearest intersect Longitude: - <u>_</u>	ion, etc.): <u>2 ° 7 '5</u> 식 " W Tax map #	# (list all): 07/-	00-01-001
		nearest intersect Longitude: - <u></u>	ion, etc.): <u>2° 7 '54 </u> " W Tax map ≉	⊭ (list all): <u>071 −</u>	00-01-001
	A. Site Location (street address, Latitude: <u>24.54</u> " N	Longitude: - <u>R</u>	<u>2°7'54</u> "W Tax map #	# (list all): <u>07/-</u>	00-01-001
	A. Site Location (street address, Latitude: <u>24.9254</u> " N B. Is there any evidence of new d	Longitude: - <u>R</u>	<u>vo.7,54</u> ,"W Tax map #	# (list all): <u>07(-</u>	00-01-001
	<ul> <li>A. Site Location (street address, Latitude: <u>24° 54'54</u>" N</li> <li>B. Is there any evidence of new of C. Do you think the hazard classing the strength of the streng</li></ul>	Longitude: - <u>R</u> evelopment belo	<u>2°7,'54</u> "W Tax map ≉ w the dam?Yes	# (list all): <u>07/-</u> No No	00-01-001
	A. Site Location (street address, Latitude: <u>24.9254</u> " N B. Is there any evidence of new d	Longitude: - <u>R</u> evelopment belo	<u>2°7,'54</u> "W Tax map ≉ w the dam?Yes	# (list all): <u>07(-</u> No Class 1 (H	00 - 01 - 00 I High Hazard)
	<ul> <li>A. Site Location (street address, Latitude: <u>24° 54'54</u>" N</li> <li>B. Is there any evidence of new of C. Do you think the hazard classing the strength of the streng</li></ul>	Longitude: - <u>R</u> evelopment belo	<u>2°7,'54</u> "W Tax map ≉ w the dam?Yes	# (list all): <u>07(-</u> No Class 1 (H	00-01-001
	<ul> <li>A. Site Location (street address, Latitude: <u>24° 54'54</u>" N</li> <li>B. Is there any evidence of new of C. Do you think the hazard classing the strength of the streng</li></ul>	Longitude: - <u>R</u> evelopment belo ication should be opinion of what	w the dam?Yes upgraded?Yes the new classification should I	# (list all): <u>07/ -</u> No No be?Class 1 (H Class 2 (S	00 - 01 - 00 I High Hazard) Significant Hazard)
	<ul> <li>A. Site Location (street address, Latitude: <u>24° 54'</u>" N</li> <li>B. Is there any evidence of new of C. Do you think the hazard classif</li> <li>D. If yes for item II.C, what is your</li> <li>Signature Please print your name, sign, and determining the hazard classification</li> </ul>	Longitude: - <u>R</u> evelopment belo ication should be opinion of what date on the lines on was obtaining	w the dam?Yes upgraded?Yes the new classification should I	# (list all): <u>07/ -</u> No No be?Class 1 (H Class 2 (S	00 - 01 - 00 I High Hazard) Significant Hazard)

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DHEC PROMOTE FRONT FROM FILE Smith Carolina Department of Health and Environmental Conirol	Regule Dams and Reservoirs Safety A	a Inspection Form for South Carolina ated Dams Act Regulations 72-1 through 72-9
in the State of South Carolina. The pi	rimary user of this form is for the use of Departme	the Department of Health and Environmental Control ent staff members actively involved in reclassification
inspections. The current policy is to e	valuate the hazard potential of low hazard dams a	at least once every five years.
Date of Inspection: 12/3/1	<u>3</u> SC Dam Inventory Number D <u>164</u>	12 county: Oconee
Dam Name: UCONER	State Farn Dam II	
	_YesNo (If yes, enter the new owne	ers and their contact information below) $\kappa \kappa$
	ompany):	
Phone: <u>864-638-</u>	5353 Email:	
Mailing Address: 624	State Park Rd.	
city Mito Past		Zip:29664
City. IFAAR REST	State: State:	Zip: <u>29669</u>
	nearest intersection, etc.): <u>Oconee</u> Longitude: - <u>83 °/032)</u> "W Tax map #	State Park, Hwy 107 #(listall): 072-00-01-001
B. Is there any evidence of new	development below the dam?Yes	No
C. Do you think the hazard class	ification should be upgraded?Yes	No
D. If yes for item II.C, what is you	ur opinion of what the new classification should b	be?Class 1 (High Hazard)
		Class 2 (Significant Hazard)
8		· · · · ·
III. <u>Signature</u> Please print your name, sign, and determining the hazard classifica portion of the form.	d date on the lines below once the inspection ar tion was obtaining from Bureau of Water staff m	nd form have been completed. If assistance with nembers, they will also need to complete this
Hannah M. Vi Printed Name of Regional In	nson Hannal M. 1 nspector Signature	Junson 12/31/13 Date of Signature
Printed Name of BOW En	gineer Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAR	OLINA DEPARTMENT OF HEALTH AND	

CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

D H E C PROALOTE FACTLY FROME South Carolina Department of Health and Environmental Conirol
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control
in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
and potential potential of the mazar a potential of for mazar a dams at reast once every live years.
Date of Inspection: 12/3/13 SC Dam Inventory Number D_1643 County: OCOVIEL
Dam Name: Oconee State Park Dam #2
I. Dam Owner Information
Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company or person): Oconee State Park
Contact Person (if owner is company):
Phone: 864-638-5353 Email:
Linaite (2)/ Stale De la Del
Mailing Address: 624 State Park Rd.
City: Mtn. Rest State: SC Zip: 29664
II. <u>Site Information</u>
A. Site Location (street address, nearest intersection, etc.): HWY 107@ Lisa Lane
Latitude: <u>34 °85843</u> "N Longitude: - <u>83 ° 1032)</u> "W Tax map # (list all): <u>072 -00 - 01 - 001</u>
-
B. Is there any evidence of new development below the dam?YesNo
C. Do you think the hazard classification should be upgraded? Yes V No
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)
Class 2 (Significant Hazard)
III. <u>Signature</u>
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with
determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this
portion of the form.
Hannah M. Vinson Trannah M. Vinson 12/31/13
Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature

PRONDER PROFILE Smith Carolina Department of Headth and Environmental Control	Low Hazard Dam Classification Inspection Form for South Card Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72
Note: This form is only for use on cu in the State of South Carolina. The p inspections. The current policy is to e	irrent low hazard (class three) dams regulated by the Department of Health and Environmental C rimary user of this form is for the use of Department staff members actively involved in reclassifie evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: <u>3/85 /1</u>	SC Dam Inventory Number D_1644 County: Oconce
Dam Name:	ME 37030 / Thrift Brothers Dam
I. Dam Owner Information	
Has ownership changed?	YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company	or person): Jeff Sadler
Contact Person (if owner is c	ompany):
Phone:	Email:
Mailing Address: <u>FU BC</u>	x 220
city: Hartwell	State: GA Zip: 30643
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address,</li> </ul>	nearest intersection, etc.): Chatroga Ridge Rd. @ Ruck, Gap Rol
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address,</li> </ul>	nearest intersection, etc.): <u>Chatroga Ridge Rd. @ Rocky Gap Rol</u> Longitude: - <u>83° 10' 18</u> "W Tax map # (list all): <u>091-00-03-012</u>
II. <u>Site Information</u> A. Site Location (street address, Latitude: <u>34°,51'</u> " N	nearest intersection, etc.): <u>Chatnog a Ridge Rd. @ Rocky Gap Rol</u> Longitude: - <u>83° 10' 18</u> " W Tax map # (list all): <u>091-00-03-012</u>
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, Latitude: <u>34°51'</u>" N</li> <li>B. Is there any evidence of new of the strength of t</li></ul>	nearest intersection, etc.): <u>Chatnog &amp; Ridge Rd. @ Rocky Gap Rol</u> Longitude: - <u>83°10'18</u> "W Tax map # (list all): <u>091-00-03-012</u>
II. <u>Site Information</u> A. Site Location (street address, Latitude: <u>34°.51'</u> " N	nearest intersection, etc.): <u>Chatnog &amp; Ridge Rd. @ Rocky Gap Rol</u> Longitude: - <u>83°10'18</u> "W Tax map # (list all): <u>091-00-03-012</u>
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, Latitude: <u>34°51'</u>" N</li> <li>B. Is there any evidence of new of C. Do you think the hazard classing</li> </ul>	nearest intersection, etc.): <u>Chatnog &amp; Ridge Rd. @ Rocky Gap Rol</u> Longitude: - <u>83°10'18</u> "W Tax map # (list all): <u>091-00-03-012</u>
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, Latitude: <u>34°51'</u>" N</li> <li>B. Is there any evidence of new of C. Do you think the hazard classing</li> </ul>	nearest intersection, etc.): <u>Chatnog &amp; Ridge Rd. @ Rocky Gap Rol</u> Longitude: - <u>83° 10' 18</u> " W Tax map # (list all): <u>091-00-03-012</u> development below the dam? <u>Yes</u> <u>No</u> fication should be upgraded? <u>Yes</u> <u>No</u>
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, Latitude: <u>34°.5)'</u> " N</li> <li>B. Is there any evidence of new of C. Do you think the hazard classistic D. If yes for item II.C, what is your</li> <li>III. <u>Signature</u> Please print your name, sign, and</li> </ul>	nearest intersection, etc.): <u>Chatoog a Ridge Rd. @ Rocky Gap Rd</u> Longitude: - <u>83° 10' 18</u> " W Tax map # (list all): <u>091-00-03-012</u> development below the dam? <u>Yes</u> <u>No</u> fication should be upgraded? <u>Yes</u> <u>No</u> r opinion of what the new classification should be? <u>Class 1 (High Hazard)</u>
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, Latitude: <u>34°,5)</u>, "N</li> <li>B. Is there any evidence of new of C. Do you think the hazard classistic D. If yes for item II.C, what is your</li> <li>III. <u>Signature</u> Please print your name, sign, and determining the hazard classification</li> </ul>	nearest intersection, etc.): <u>Chatnoga Ridge Rd. @ Rocky Gap Rod</u> Longitude: - <u>83° 10' 18</u> "W Tax map # (list all): <u>091-00-03-012</u> development below the dam? <u>Yes</u> <u>No</u> fication should be upgraded? <u>Yes</u> <u>No</u> r opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> date on the lines below once the inspection and form have been completed. If assistance with ion was obtaining from Bureau of Water staff members, they will also need to complete this

DHEC PROMOTE PROTECT PROSPER Souid's Carolina Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
in the State of South Carolina. The pr	irrent low hazard (class three) dams regulated by the Department of Health and Environmental Control rimary user of this form is for the use of Department staff members actively involved in reclassification evaluate the hazard potential of low hazard dams at least once every five years.
	5SC Dam Inventory Number D <u>1645</u> County: <u>OCONEE</u>
	_YesNo (If yes, enter the new owners and their contact information below) or person): <u>Benjamin L &amp; Sara Elizabeth Vissage</u> company): <u>R L Vissage (1650 Crystal Lake R</u> d
Phone: 864-638-5	7234 (Benjamin) Email:
Mailing Address: <u>558</u> City: <u>Mhn. Re</u>	Vissage Rd. st
	s, nearest intersection, etc.): N_Longitude: - <u>&amp; 3º / イ ふン) "</u> W _ Tax map # (list all): <u>_ / ロイー 00-  のスー のろ  </u>
	development below the dam?YesNo sification should be upgraded?YesNo
<b>D.</b> If yes for item II.C, what is you	ur opinion of what the new classification should be?Class 1 (High Hazard) Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classifica portion of the form.	nd date on the lines below once the inspection and form have been completed. If assistance with ation was obtaining from Bureau of Water staff members, they will also need to complete this
Hannah Vinson Printed Name of Regional In	nspector <u>Hennel-M-Vumin</u> Signature <u>3/5/15</u> Date of Signature
Printed Name of BOW En	ngineer Signature Date of Signature

DHEC DHEC DHEC DEC DEC DEC DEC DEC DEC DEC D				
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.				
Date of Inspection: 12/16/13 SC Dam Inventory Number D_1647 County: OCONER Dam Name: Walhalla Reservoir				
Dam Name: Walhalla Keservoir				
I. Dam Owner Information				
Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)				
A. Owner/ Operator (Company or person): <u>City of Walhalla</u>				
Contact Person (if owner is company):				
Phone: 864-638-5833 Email:				
Mailing Address: PO Box 1099				
city: Walhalla State: SC Zip: 29691				
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>Upstream of Isagueena Falls</u> Latitude:" N Longitude:" W Tax map # (list all): <u>105-00-02-007</u>				
B. Is there any evidence of new development below the dam? Yes				
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)				
Class 2 (Significant Hazard)				
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.				
Hannah M. Vinson Hannah M. Vinson 12/19/13 Printed Name of Regional Inspector Signature Date of Signature				
Printed Name of BOW Engineer Signature Date of Signature				

DHE PROMOTE FROM FILE South Carolina Departs and file and Environmental Control	Dams ar	rd Dam Classification Inspect Regulated Dar nd Reservoirs Safety Act Regu	ns lations 72-1 through 72-9
in the State of South Carolina	. The primary user of this	class three) dams regulated by the Departme form is for the use of Department staff men potential of low hazard dams at least once of	there actively involved in weals with atte
		m Inventory Number D <u>1649</u> Cou	nty: Oconee
Dam Name: Lake	Jemike It 2		
I. <u>Dam Owner Informatio</u> Has ownership changed A. Owner/ Operator (Co	1?YesN	lo (If yes, enter the new owners and their Onald Payne	contact information below)
	/0 - /၃3\	Email: All Locke	d up @ bellsouth.net
Mailing Address: P	D Box 910		
city: West 1	Union	State: SC	zin: 29/09/
II. Site Information			
· · · · · · · · · · · · · · · · · · ·		ion, etc.): end of Lake Jerr	
Latitude: <u>34°780</u>	209 " N Longitude: - 83	3° <u>13488</u> " W Tax map # (list all): <u>1</u>	15-00-04-119
B. Is there any evidence	of new development belo	w the dam?Yes No	
	rd classification should be		
D. If yes for item II.C, what	at is your opinion of what	the new classification should be?Cl	ass 1 (High Hazard)
		C	ass 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.			
Hannah M Printed Name of Reg	- Vinson Jional Inspector	Hannah M. Uus Signature	Date of Signature
Printed Name of B	OW Engineer	Signature	Date of Signature
the second se			

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DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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DHEC FROMUSE FACILICATION PROSPER South Carolina Department of Health and Environmental Control	Dams and	Reg Reservoirs Safe	julated Dams ly Act Regulation	orm for South Carolina
Note: This form is only for use on cur in the State of South Carolina. The pr	rrent low hazard (class	three) dams regulated	by the Department of I	Health and Environmental Control
inspections. The current policy is to e	valuate the hazard pot	ential of low hazard da	ms at least once every f	ive years.
Υ.				
Date of Inspection: 12/16/	13 SC Dam Ir	ventory Number D	656 County:	Oconel
Dam Name: Concros	S WCD	21		
		<del>.</del>		
I. Dam Owner Information				
Has ownership changed?				
A. Owner/ Operator (Company	or person): <u>Car</u>	Henry Jo	nes, II + L	inda D. Jones
A. Owner/ Operator (Company Contact Person (if owner is c	company): Georg	k Grobusky	-> EFIS	
Phone: 6.38-	2415	, , Email:		
Mailing Address:	DOUNTYTAN	a Kal		
city: <u>Seneca</u>		State: S C		_Zip: <u>29672</u>
r <sup>8</sup> g e				
II. Site Information				
A. Site Location (street address)	. nearest intersection.	etc.): Bounty)	and Rd @	Chetola Rd
Latitude: <u>34 ° 70/76</u> " N		/		
		<u>01767</u> vv Taxm	ap # (list all): <u>LLL</u>	-00-01-127
0				
B. Is there any evidence of new	development below th	ne dam?Yes	No	
C. Do you think the hazard class	sification should be un	araded? Yes	No	
D. If yes for item II.C, what is you	ur opinion of what the	new classification sho	uld be?Class 1	(High Hazard)
			Class 2	(Significant Hazard)
III. Signature	d data on the lines he	low once the inenectic	an and forms have he are	· · · · · · · · · · · · · · · · · · ·
Please print your name, sign, an determining the hazard classifica	ation was obtaining fro	m Bureau of Water st	aff members, they will	also need to complete this
portion of the form.		*	2000 10 000 - 2000 BENOOL	
Hannah NA 11	1 Con	Ja. In	11 -	12 halle
Printed Name of Regional I	in Son	TUMAL N Signa	1. Minson	Date of Signature
<b>C</b>		3		
Printed Name of BOW En	ıgineer	Signa	ture	Date of Signature
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DHEC DHEC DHEC DEC PROVIDE FACTOR FOR South Cardina Department of Health and Environmensal Control Low Hazard Dam Classification Inspection Form for South Card Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72	-9			
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.				
Date of Inspection: 12/16/13 SC Dam Inventory Number D_1657 County: Oconec Dam Name: Webbs Pund				
I. <u>Dam Owner Information</u> Has ownership changed? Yes No (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): <u>Gary Thrift</u>				
Contact Person (if owner is company): Phone: <u>864-882-4582</u> Email: Mailing Address: <u>PD Box 2125</u>	_			
City: <u>Seneca</u> State: <u>SC</u> Zip: <u>29679</u>				
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>End of Rushford Lane off Bountyle</u> Latitude: <u>34°69565</u> "N Longitude: - <u>83°00237</u> W Tax map # (list all): <u>222-00-01-054</u>	<u>nd</u> Rol —			
<ul> <li>B. Is there any evidence of new development below the dam?YesNo</li> <li>C. Do you think the hazard classification should be upgraded?YesNo</li> <li>D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard)</li> </ul>				
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance w determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.	th			
Hannah M. Vinson Hannah M. Vunsin 12/19/13 Printed Name of Regional Inspector Signature Date of Signature				
Printed Name of BOW Engineer Signature Date of Signature				

DHEC PROMOTERCOTTOR		Regulated Do	tion Form for South Carolina Ims ulations 72-1 through 72-9
	imary user of this form is	for the use of Department staff me	ment of Health and Environmental Control embers actively involved in reclassification e every five years.
Date of Inspection: <u>12/16/1</u> Dam Name: <u>COUN fry</u>	3SC Dam Inver Club Dam	ntory Number D <u>1658</u> Co	unty: <u>Oconee</u>
I. Dam Owner Information			
Has ownership changed?	_YesNo (If ye	es, enter the new owners and the	ir contact information below)
A. Owner/ Operator (Company	or person): <u>Ocone</u>	e Country Clul	0
Contact Person (if owner is o	ompany):		
			1
Mailing Address: 781	Richland Rd	•	
city: <u>Seneca</u>		State:SC	Zip:29678
			<u>Club near #11 Green</u> 222-00-01-009
			222-00-01-014
653 Greenview Seneca, SC B. Is there any evidence of new	Lane 29672		
<b>C.</b> Do you think the hazard class	sification should be upgra	ided? Yes No	
D. If yes for item II.C, what is yo	ur opinion of what the new	w classification should be?	_Class 1 (High Hazard)
			_Class 2 (Significant Hazard)
determining the hazard classific portion of the form. Hannah M.Vins	ation was obtaining from $\frac{1}{2}$	once the inspection and form has Bureau of Water staff members, Annah M. Vuo	ave been completed. If assistance with they will also need to complete this $\frac{12/19/13}{12}$
Printed Name of Regional Printed Name of BOW E		Signature	Daté of Sígnature

DHEC DHEC CONDICE FROM PROMOTE FROM FROM Carolina Department of Health and Environmental Centrol	Regularization Reservoirs Safety /	n Inspection Form for South Carolina ated Dams Act Regulations 72-1 through 72-9		
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.				
Date of Inspection: 1/16/15 SC Dam Inventory Number D_1660 County: Oconce				
Dam Name: Nickols P	ond Dam			
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes, enter the new owner	rs and their contact information below)		
A. Owner/ Operator (Company o	rperson): Etrulia M. Nichols	Rev Trust		
Contact Person (if owner is co	mpany):			
Phone:	Email:			
Mailing Address: 190515	Radio Station Rd.	8 2		
city: <u>Seneca</u>	State: _SC	Zip: 29678		
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, r Latitude: <u>34 ° 40' 18</u>" N</li> </ul>	Longitude: - <u>82°59'36</u> "W Tax map # (	(listall): 252-00-02-025		
		238-00-06-001		
	cation should be upgraded? Yes	_No Pebble Creek Dr. _No		
D. If yes for item II.C, what is your	opinion of what the new classification should be	e?Class 1 (High Hazard)		
		Class 2 (Significant Hazard)		
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.				
Hannah M. Vins Printed Name of Regional Ins		1/16/15 Date of Signature		
Printed Name of BOW Engir	leer Signature	Date of Signature		
DHEC 2607 (11/2012) SOUTH CAROL	INA DEPARTMENT OF HEALTH AND F	ENVID ON ADMITAL CONTRACTOR		

DHEC C South Carolina Department of Health and Environmental Control Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9	
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Contr in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.	ol n
Date of Inspection: 1/16/15 SC Dam Inventory Number D_1667 County: Oconee	_
Dam Name: <u>Beaver dam Creek WCD #4</u>	
Has ownership changed?YesNo (If yes, enter the new owners and their contact information below)	
A. Owner/ Operator (Company or person): George A. OID on Mary + Larry Roger	
Contact Person (if owner is company): (seorge Construction (DNK	2
Phone: Email: (864) 638-2213 X3	1
Mailing Address: 381 Tobiano Dr. 103 Graystone Ct.	
city: Westminster, SC 29693 state Seneca, SCZip: 29672	
II. <u>Site Information</u>	
A. Site Location (street address, nearest intersection, etc.): <u>Jobiano Dr off Olbon Rd.</u>	
Latitude: <u>34°55343</u> " N Longitude: - <u>82°97487</u> " W Tax map # (list all): <u>319 3260002015</u>	
3190004009	
B. Is there any evidence of new development below the dam?YesNo	
C. Do you think the hazard classification should be upgraded?Yes	
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)	
Class 2 (Significant Hazard)	
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.	
Hahnah Vinson Printed Name of Regional Inspector Date of Signature	
Printed Name of BOW Engineer Signature Date of Signature	

DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

FERC Dam -> Exempt
DHEC PROMOTE FREEEE FRANK Smulh Carolina Department of Heaklin and Environmeental Cantrol Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: <u>8/5/14</u> SC Dam Inventory Number D <u>3840</u> County: OCONUL Dam Name: <u>Stevens</u> Coneross Dam
I. <u>Dam Owner Information</u> Has ownership changed? Yes No (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): <u>Contrats</u> Power Corp.
Contact Person (if owner is company):Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:Email:
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>Valley Farm Rd.</u> <u>C Hwy 59</u> Latitude: <u>34°38' 1</u> "N Longitude: <u>-82°58' 10</u> "W Tax map # (list all): <u>280 -00 -03 - 00 6</u>
<ul> <li>B. Is there any evidence of new development below the dam?YesNo</li> <li>C. Do you think the hazard classification should be upgraded?YesNo</li> <li>D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard)</li> </ul>
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Hamah M. Umon 8/1/14 Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1

Image: Section of the section	DULDO	1	
Inspections. The current policy is to evaluate the hazard pointial of twe iso in point that the inset of inspection is the current policy is to evaluate the hazard pointial of twe hazard dams at least once every five years.         Date of Inspection: $[2/16/13]_{Reservoir #3}$ Dam Name: [Wallhalla Reservoir #3]         Dam Name: [Wallhalla Reservoir #3]         Image: Inspection: $[2/16/13]_{Reservoir #3}$ No mer: [Company or person]: City of Wallhalla         Contact Person (if owner is company): Phone: $[864-638-5833]_{Reservoir #3}$ Phone: $[864-638-5833]_{Reservoir #3}$ Mailing Address: $PO Box 1049$ City: $[Mal halla]$ State information         A. Site Location (street address, nearest intersection, etc.): [Mpstyceam of Isagneting Falls         Latitude: No Longitude: We serve with a specification should be upgraded? Yes No         C. Do you think the hazard classification should be upgraded? Yes No         D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard)         Hease pint your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         HAMAL M. Winson	South Carulina Department of Health and Environmental Conicol	Regulated D Dams and Reservoirs Safety Act Reg	ams gulations 72-1 through 72-9
Date of Inspection: 12/16/13SC Dam Inventory Number D_4097_County:OCOnce			
Dam Name:       Walkalla_Keservoir #3         I. Dam Owner Information Has ownership changed?       Yes      No (if yes, enter the new owners and their contact information below)         A. Owner/Operator (Company or person):       City of Walkalla         Contact Person (if owner is company):			
Dam Name:       Walkalla_Keservoir #3         I. Dam Owner Information Has ownership changed?       Yes      No (if yes, enter the new owners and their contact information below)         A. Owner/Operator (Company or person):       City of Walkalla         Contact Person (if owner is company):	Date of Inspection: 12/16/	SC Dam Inventory Number D 4097 C	ounty: Oconel
Has ownership changed?       Yes       No (If yes, enter the new owners and their contact information below)         A. Owner/ Operator (Company or person):       City_of Walhalla         Contact Person (If owner is company):	Dam Name: Walhalla	Reservoir #3	
A. Owner/ Operator (Company or person): <u>City of Walhalla</u> Contact Person (If owner is company):			
A. Owner/ Operator (Company or person): <u>City of Walhalla</u> Contact Person (If owner is company):	Has ownership changed?	_YesNo (If yes, enter the new owners and the	eir contact information below)
Contact Person (if owner is company):	A. Owner/ Operator (Company o	or person): <u>City of Walhalla</u>	201011)
Phone:       864-638-5833       Email:         Mailing Address:       PD Box 1049         City:       Walhalla       State:       SC         I. Site Information         A. Site Location (street address, nearest intersection, etc.):       Upstream of Isagmena Falls         Latitude:			
Mailing Address:       PO Box 1099         City:       Wallhalla       State:       State:       Zip:       29691         II. Site Information         A. Site Location (street address, nearest intersection, etc.):       Upstream of Isagneena Falls         Latitude:         W Tax map # (list all):       105 - 00 - 02 - 007         B. Is there any evidence of new development below the dam?      Yes      No         C. Do you think the hazard classification should be upgraded?       Yes      No         D. If yes for item II.C, what is your opinion of what the new classification should be?      Class 1 (High Hazard)	Phone: 864-638	- 5833 Email:	
City:       Walhalla       State:       State:       State:       Zip:       29691         II.       Site Information         A. Site Location (street address, nearest intersection, etc.):       Upstream of Isagnena Falls         Latitude:	Mailing Address: PO Bo	DX 1099	
I. Site Information         A. Site Location (street address, nearest intersection, etc.):       Upstream_of_lscgmeens_Falls	City: Walhalla	State: S(	7in 29191
A. Site Location (street address, nearest intersection, etc.): <u>Upstream of Isc gnuena Falls</u> Latitude: <u>°</u> <u>'</u> N Longitude: <u>°</u> <u>'</u> W Tax map # (list all): <u>105 - 00 - 02 - 007</u> B. Is there any evidence of new development below the dam? <u>Yes</u> <u>No</u> C. Do you think the hazard classification should be upgraded? <u>Yes</u> <u>No</u> D. If yes for item II.C, what is your opinion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u> HI. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. HAMAH M. Vinson HAMAH M. Junon <u>10/19/13</u> Date of Signature			
Latitude:	II. Site Information		
Latitude:	A. Site Location (street address,	nearest intersection etc.): Unstream of	ISCALAR TAIL
B. Is there any evidence of new development below the dam? Yes No C. Do you think the hazard classification should be upgraded? Yes No D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard) III. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.	Latitude: ° ' " N		Inc an 22 page
C. Do you think the hazard classification should be upgraded?YesNo D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard) III. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. HAMAM M.VinSon Printed Name of Regional Inspector  Printed Name of Regional Inspector  Printed Name of Regional Inspector		2019/0420 VV Tax map # (list all):	105-00-02-001
C. Do you think the hazard classification should be upgraded?YesNo D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard) III. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. HAMAM M.VinSon Printed Name of Regional Inspector  Printed Name of Regional Inspector  Printed Name of Regional Inspector			
C. Do you think the hazard classification should be upgraded?YesNo D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)Class 2 (Significant Hazard) III. Signature Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. HAMAM M.VinSon Printed Name of Regional Inspector  Printed Name of Regional Inspector  Printed Name of Regional Inspector	B. Is there any evidence of new of	development below the development	
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)         Class 2 (Significant Hazard)         III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       Hamah M. Junson         Printed Name of Regional Inspector       Signature			
III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       Hannah M. Vinson         Printed Name of Regional Inspector       Hannah M. Vinson         Brinted Name of Regional Inspector       Signature		· · · · · · · · · · · · · · · · · · ·	
III. Signature         Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.         Hannah M. Vinson       12/19/13         Printed Name of Regional Inspector       Signature	D. If yes for item II.C, what is you	r opinion of what the new classification should be?	Class 1 (High Hazard)
Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.  Hannah M. Vinson Printed Name of Regional Inspector  Brinted Name of Regional In			Class 2 (Significant Hazard)
Hannah M. Vinson Hannah M. Vinson 12/19/13 Printed Name of Regional Inspector Signature Date of Signature	g are nazara olaboliloat	date on the lines below once the inspection and form havion was obtaining from Bureau of Water staff members, th	ve been completed. If assistance with hey will also need to complete this
Printed Name of Regional Inspector Signature Date of Signature		1	
Printed Name of BOW Engineer Signature Date of Signature	Hannah M. Vins Printed Name of Regional In	on Hannah M. Vinson. spector Signature	12/19/13 Date of Signature
	Printed Name of BOW Eng	ineer Signature	Date of Signature

DHEC PROMUTE FRONTE FRONTER South Carolina Department of Health and Environmental Courrol	Low Hazard Dam Classification Inspection I Regulated Dams Dams and Reservoirs Safety Act Regulatio	ons 72-1 through 72-9
	rent low hazard (class three) dams regulated by the Department of imary user of this form is for the use of Department staff members a aluate the hazard potential of low hazard dams at least once every t	
Date of Inspection: 85	SC Dam Inventory Number D_4104 County:	Oconee
Dam Name: Dickerso	in Fishing Lake	
I. <u>Dam Owner Information</u> Has ownership changed?	(husband -> wife)	
	r person): <u>Eunice Dickerson L/E</u>	ct information below)
Contact Person (if owner is co		
Phone:	Email:	
Mailing Address: POBC	x 117	
City: <u>Mestminst</u>	State: SC	Zip: 29693
	,	
II. <u>Site Information</u> A. Site Location (street address, Latitude: <u>34 ° 38 ' 52</u> " N	(230 Dickerson l nearest intersection, etc.): <u>ArmStrong Rd. @</u> Longitude: - <u>83° 2'20</u> "W Tax map # (list all): <u>265</u>	-ake Rd.) Ridgerest Rd. -00-03-021
	evelopment below the dam?YesNo	
C. Do you think the hazard classif		
D. If yes for item II.C, what is your	opinion of what the new classification should be?Class 1 (	High Hazard)
	Class 2	(Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and determining the hazard classification portion of the form.	date on the lines below once the inspection and form have been on was obtaining from Bureau of Water staff members, they will a	completed. If assistance with lso need to complete this
Hannah M.Vinso Printed Name of Regional Ins	n Honnal M. Vinion Signature	8/7/14 Date of Signature
Printed Name of BOW Engl	neer Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF HEALTH AND ENVIRONMEN	TAL CONTROL Page 1

D F E C PROMOTE FROTTER PROSPER South Campions Department of Health and Environspensal Conirol	Low Hazard Dam Classification Inspection Regulated Dams Dams and Reservoirs Safety Act Regulat	ions 72-1 through 72-9		
in the State of South Caronna. The prim	nt low hazard (class three) dams regulated by the Department o ary user of this form is for the use of Department staff member: uate the hazard potential of low hazard dams at least once every	activaly involved in a 1 to a		
Date of Inspection: <u>5/14/14</u>	SC Dam Inventory Number D <u>4105</u> County:	Oconel		
	ke			
I. <u>Dam Owner Information</u> Has ownership changed?	esNo (If yes, enter the new owners and their cont	act information below)		
A. Owner/ Operator (Company or person): Beaver Lake Est/ Property Owners Assn				
Contact Person (if owner is com	pany): LC Richardson			
	Email:			
Mailing Address: PO Boy	302			
city: West Union State: SC Zip: 29696				
<ul> <li>II. <u>Site Information</u></li> <li>A. Site Location (street address, ne Latitude: <u>34 ° 49° 0</u> " N L</li> </ul>	arest intersection, etc.): <u>Beaver Lake Dr off</u> ongitude: - <u>83 ° 0 ' 48</u> " W Tax map # (list all): <u>/08</u>	- Mtm. Springs Rd. - 60-04-079		
2	relopment below the dam?YesNo ation should be upgraded?YesNo pinion of what the new classification should be?Class			
,, <u>,</u>		2 (Significant Hazard)		
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.				
Hannah M. Vinsor Printed Name of Regional Insp	ector Hannal M. U.u.sin Signature	5/14/14 Date of Signature		
Printed Name of BOW Engin	eer Signature	Date of Signature		

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DHEC PROADER PROTIET PROSPER South Carolina Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Form Regulated Dams Dams and Reservoirs Safety Act Regulations 7	2-1 through 72-9		
Note: This form is only for use on cu	rrent low hazard (class three) dams regulated by the Department of Health	and Environmental Control		
in the state of South Calonna, the bi	rimary user of this form is for the use of Department staff members actively valuate the hazard potential of low hazard dams at least once every five yea			
	possible of for mizard dams at reast once every live yea	irs.		
Data of Increations 915	11252			
Date of Inspection: <u>8 5</u> SC Dam Inventory Number D_4357 County: Oconee				
Dam Name: Joseph	B. James Dam			
	а			
I. <u>Dam Owner Information</u>				
Has ownership changed?	YesNo (If yes, enter the new owners and their contact infor	mation below)		
A. Owner/ Operator (Company of	or person): Chestnut Return Farm L	LC		
Contact Person (if owner is c	company):			
Dhamar				
Phone:	Email:			
Mailing Address: 260	Steve Nix Rd.			
city: <u>Seneca</u>	State: Zip:	29678		
	· · · · · · · · · · · · · · · · · · ·			
		я х		
II. Site Information				
A. Site Location (street address, nearest intersection, etc.): Steve Nix Rol @ Brown Farm Rd.				
Latitude: $34 \circ 38 \cdot 52$ " N Longitude: $-83 \circ 1 \cdot 4$ " W Tax map # (list all): $266 - 00 - 01 - 002$				
	Longitude = -0 = -1 = 1  vv  Tax map # (list all): = -2.666 = 0(-1)	2-01-002		
	a.			
B is there any evidence of now	dovolopment helew the devel			
	development below the dam?YesNo			
<b>C.</b> Do you think the hazard classi	ification should be upgraded?Yes <sup>V/</sup> No			
D. If yes for item II.C, what is you	r opinion of what the new classification should be?Class 1 (High F	Hazard)		
	Class 2 (Signif	icant Hazard)		
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	d date on the lines below once the inspection and form have been completion was obtaining from Bureau of Water staff members, they will also ne	eted. If assistance with ed to complete this		
Hannah M Vinsu	March Milini	9/2/1/1		
Printed Name of Regional In	ispector Signature	0/1/14		
	- grader of	Date of Signature		
Printed Name of BOW Eng	gineer Signature	Date of Signature		
	n an	- all of orginature		
DHEC 2607 (11/2012) SOUTH CAD				

DHEC Control DHEC Control Caroling Department of Health and Environmental Control Caroling Department of Health and Environmental Control
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Contro in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.
Date of Inspection: <u>5/14/14</u> SC Dam Inventory Number D <u>4416</u> County: Oconed Dam Name: <u>Angus Warren Dam</u>
I. <u>Dam Owner Information</u> Has ownership changed? <u>Yes</u> No (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): <u>Ellen Covington Warren</u>
Contact Person (if owner is company): Phone:Email: Mailing Address: <u>498 Son lit Way</u>
City: <u>Sene ca</u> State: <u>SC</u> Zip: <u>29678</u>
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>Tall Oaks Farm Rd.</u> Latitude: <u>H ° 44 ' 30 "</u> N Longitude: - <u>83 ° 0 ' 42 "</u> W Tax map # (list all): <u>148-00-02-035</u>
<ul> <li>B. Is there any evidence of new development below the dam?YesNo</li> <li>C. Do you think the hazard classification should be upgraded?YesNo</li> <li>D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)</li> </ul>
Class 2 (Significant Hazard) III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.
Hannah M. Vinson Printed Name of Regional Inspector January Signature Date of Signature
Printed Name of BOW Engineer     Signature       DHEC 2607 (11/2012)     SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIDONMENTAL CONTROL

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07 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DHEC PEOMDIE PROTECT PROSPER South Carolina Department of Headle and Environmental Centrol	Low Hazard Dam Classification Inspection Regulated Dams Dams and Reservoirs Safety Act Regulation	ons 72-1 through 72-9		
Note: This form is only for use on cur	rent low hazard (class three) dams regulated by the Department of	Health and Environmental Control		
in the state of South Caronna. The pr inspections. The current policy is to ev	imary user of this form is for the use of Department staff members valuate the hazard potential of low hazard dams at least once every	actively involved in reclassification		
Date of Inspection: 8/5/	14 ucol	0		
Date of Inspection: <u>8/5/11</u> SC Dam Inventory Number D_4586 County: Oconec				
Dam Name: <u>Falta Po</u> r	nd			
I. Dam Owner Information				
Has ownership changed?	YesNo (If yes, enter the new owners and their conta			
	_resNo (If yes, enter the new owners and their conta	ct information below)		
A. Owner/ Operator (Company o	rperson): Ronald W. Falta, Jr.	-		
Contact Person (if owner is co				
Phone: 864-710-	3448			
Phone: 864-710-3448 Email:				
city: <u>Seneca</u>	State:SC	Zip: 29618		
II. Site Information		» s		
A. Site Location (street address, r	nearest intersection, etc.): <u>Penn Farm Lane off</u>	Snow Creek Rel.		
Latitude: <u>34 °36 '45.5</u> " N Longitude: <u>83 ° 0 '30.5</u> " W Tax map # (list all): <u>290 - 00 - 04 - 00 © 7</u>				
B. Is there any evidence of new de	evelopment below the dam?YesNo	1		
C. Do you think the hazard classifi	cation should be upgraded?Yes			
D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)				
	Class 2	(Significant Hazard)		
III. Signature				
Please print your name, sign, and determining the bazard classification	date on the lines below once the inspection and form have been	completed. If assistance with		
portion of the form.	on was obtaining from Bureau of Water staff members, they will a	lso need to complete this		
		1		
Hannah M. Vins	on Hannah Millingin	810/14		
Printed Name of Regional Ins				
	Signature	Date of Signature		
-	Signature	Date of Signature		
	oignature	Date of Signature		
Printed Name of BOW Engi	oignature	Date of Signature		