Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams** Dams and Reservoirs Safety Act Regulations 72-1 through 72-9 FE PRINT South Carolina Departs nt of Haulth 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 bazard potential of low hazard dams at least once every five years. Date of Inspection: 119112 SC Dam Inventory Number DOBGG County: BEAL FORT Auld brass Plantation DA Dam Name: 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): GAZEdy CHILdren LAnd LLC Contact Person (if owner is company): DIALE TERNE Phone: 843-589-5595 _____ Email: _____ Mailing Address: P.O. Box 616 City: TE MASSES ______State: <u>_______</u>Zip: <u>___29945</u> II. Site Information A. Site Location (street address, nearest intersection, etc.): 301 Cotton Hall RD Latitude 32 37.45N Longitude: 804800 W Tax map # (list all):2700-013-000-001A 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 OGER Printed Name of Regional Inspector Printed Name of BOW Engineer Signature Date of Signature DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1

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	PROVIDE FROM PROVIDE A			ction Form for South Carolinc ams gulations 72-1 through 72-9
- -	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	rent low hazard (class thr imary user of this form is valuate the hazard potenti	ce) dams regulated by the Depart for the use of Department staff m	iment of Health and Environmental Contro tembers actively involved in reclassification
				e every live years,
	Date of Inspection: 11911 Dam Name: Bost (SC Dam Inven	tory Number 02930 cd	Dunty: BEAU FORT
	Dam Name:057 []	CK TOUL	DAM	
	I. <u>Dam Owner Information</u>			
	Has ownership changed?	_YesNo (If yes	, enter the new owners and the	ir contact information below)
	officer operator (company o	r person): 1 ILO N	16AL JON //	
		impany: 1): And 12.		
	Mailing Address P. O. R.		Email:	
	City: 7 EMASS 29		_ State: <u>S</u> C	zip: <u>29945</u>
	II. <u>Site Information</u>			
	A. Site Location (street address		ma ci l'in	
	A. Site Location (street address, r	learest intersection, etc.):	440 OLd Shelde	NCHUNCH RD
		Longitude: -80.49	<u>00</u> " W Tax map # (list all): <u>2</u>	700-006-000-0005
L				
	B. Is there any evidence of new de			Tak
	C Do you think the base of the tage	veropritent below the dan	17YesNo	
	C. Do you think the hazard classifie	cation should be upgrade	1?YesNo	
	D. If yes for item II.C, what is your	opinion of what the new c	assification should be?C	lass 1 (High Hazard)
			C	lass 2 (Significant Hazard)
111.	Signature			
	Please print your name, sign, and d determining the hazard classificatio portion of the form.	late on the lines below on n was obtaining from Burr	ce the inspection and form have eau of Water staff members, the	been completed. If assistance with y will also need to complete this
	ROGELSTEVEN Printed Name of Regional Insp	x Ro	M Stol	 Date of Signature
	Printed Name of Down			1
	Printed Name of BOW Engin	eer	Signature	Date of Signature
'nн	EC 2607 (11/2012) SOUTH CAROL	+		-
6781	SOUTH CAROL	JNA DEPARTMENT C	F HEALTH AND ENVIRON	MENTAL CONTROL Page 1
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	D H E C FROMITE FLOTEL FROM FOR Smuth Carning Department of Health and Environmental Control Note: This form is only for use on cure	Low Hazard Dam Classification Inspection Form for South Carolin Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9 rent low hazard (class three) dams regulated by the Department of Health and Environmental Contr mary user of this form is for the use of Department staff members actively involved in melecific
	in the State of South Carolina. The pri	rent low hazard (class three) dams regulated by the Department of Martin
ł	inspections. The current policy is to evi	rent low hazard (class three) dams regulated by the Department of Health and Environmental Contr mary user of this form is for the use of Department staff members actively involved in reclassificatio aluate the bazard potential of low bazard dams at least once every five years.
	Date of Income LUCL	Galiss at reast once every five years.
		2SC Dam Inventory Number D2931 County: BEAUFORT
	Dam Name: BRANFOR	CREEK DAM
	L Dam Owner Inform	
	Has ownership changed?	Yes No (If yes, enter the new owners and their contact information below)
	A. Owner/ Operator (Company or	The first of the second
	Contact Person (if owned to	person): <u>LERNIE</u> (L): (_GGGCC
	Phone: Still - Olici	1pany): ERNIE WIGGERS
	1 mone	EMOLIAS PLANTATON RN
	Mailing Address: 16104	EMOURS PLANTATION R.D
	City: TEMASSEC	
		State:
"	Site Information	State:Zip: 29745
"	 Site Information 	
H	Site Information A. Site Location (street address, neg	
11	Site Information A. Site Location (street address, neg	
11	Site Information A. Site Location (street address, neg	
10	. <u>Site Information</u> A. Site Location (street address, nea Latitude: <u>32.37.00</u> N Lo	arest intersection, etc.): <u>VEMOUPS PLANTATON RD</u> Dingitude: <u>80°41'30</u> °W Tax map # (list all): <u>P.700-010-000-0001</u>
	 <u>Site Information</u> A. Site Location (street address, nead Latitude: <u>32.37.00</u> N Log B. Is there any evidence of new development of the strength st	arest intersection, etc.): <u>VEMOUPS PLANTATON RD</u> Dingitude: - <u>80°41'30</u> °W Tax map # (list all): <u>P 700 - 0/0-000 - 0001</u>
	 <u>Site Information</u> A. Site Location (street address, nead Latitude: <u>32.37.00</u> N Log B. Is there any evidence of new development of the strength st	arest intersection, etc.): <u>VEMOUPS PLANTATON RD</u> Dingitude: - <u>80°41'30</u> °W Tax map # (list all): <u>P 700 - 0/0-000 - 0001</u>
	 <u>Site Information</u> A. Site Location (street address, nead Latitude: <u>32.37.00</u> N Log B. Is there any evidence of new development of the strength of	arest intersection, etc.): $\underline{NEMO(PS P(A)A VON PD}$ ongitude: $\underline{-80 \cdot 41 \cdot 30} \cdot W$ Tax map # (list all): $\underline{P} \ 700 - 0/0 - 000 - 0001$ lopment below the dam?Yes $\underline{\checkmark}$ No
	 <u>Site Information</u> A. Site Location (street address, nead Latitude: <u>32.37.00</u> N Log B. Is there any evidence of new development of the strength of	arest intersection, etc.): $\underline{NEMO(PS P(A)A VON PD}$ ongitude: $\underline{-80 \cdot 41 \cdot 30} \cdot W$ Tax map # (list all): $\underline{P} \ 700 - 0/0 - 000 - 0001$ lopment below the dam?Yes $\underline{\checkmark}$ No
	 <u>Site Information</u> A. Site Location (street address, nead Latitude: <u>32.37.00</u> N Log B. Is there any evidence of new development of the strength of	arest intersection, etc.): <u>VEMOUPS PLANTATON PD</u> ongitude: <u>80°41'30</u> °W Tax map # (list all): <u>P 700 - 0/0-000-000</u> lopment below the dam? <u>Yes No</u> ton should be upgraded? <u>Yes No</u> nion of what the new classification should be? <u>Class 1 (High Hazard)</u>
11.	 <u>Site Information</u> A. Site Location (street address, neal Latitude: <u>32.37.00</u> N Log B. Is there any evidence of new developed of the strength of t	arest intersection, etc.): <u>VEMOUPS PLANTATON PD</u> ongitude: <u>80°41'30</u> °W Tax map # (list all): <u>P 700 - 0/0-000-000</u> lopment below the dam? <u>Yes No</u> ion should be upgraded? <u>Yes No</u> nion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u>
10.	 <u>Site Information</u> A. Site Location (street address, neal Latitude: 32.37.00 N Log B. Is there any evidence of new developed of the strength of the	arest intersection, etc.): <u>VEMOUPS PLANTATION PD</u> ongitude: <u>80°41'30</u> °W Tax map # (list all): <u>P 700 - 010 - 000 - 0001</u> Noment below the dam? <u>Yes No</u> tion should be upgraded? <u>Yes No</u> nion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u>
111.	 <u>Site Information</u> A. Site Location (street address, neal Latitude: 32.37.00 N Log B. Is there any evidence of new developed of the strength of the	arest intersection, etc.): <u>VEMOUPS PLANTATION PD</u> ongitude: <u>80°41'30</u> °W Tax map # (list all): <u>P 700 - 0/0-000-000</u> lopment below the dam? <u>Yes No</u> ton should be upgraded? <u>Yes No</u> nion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u>
111.	 <u>Site Information</u> A. Site Location (street address, neal Latitude: 32.37.00 N Log B. Is there any evidence of new developed of the strength of the	arest intersection, etc.): <u>VEMOUPS PLANTATON PD</u> ongitude: <u>80°41'30</u> °W Tax map # (list all): <u>P 700 - 0/0-000-0001</u> lopment below the dam? <u>Yes No</u> ion should be upgraded? <u>Yes No</u> nion of what the new classification should be? <u>Class 1 (High Hazard)</u>
111.	 <u>Site Information</u> A. Site Location (street address, neal Latitude: 32.37.00 N Log B. Is there any evidence of new developed of the strength of the	arest intersection, etc.): <u>VEMOUPS PLANTATION PD</u> ongitude: <u>80°41'30</u> °W Tax map # (list all): <u>P 700 - 010 - 000 - 0001</u> Noment below the dam? <u>Yes No</u> tion should be upgraded? <u>Yes No</u> nion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u>
100.	 <u>Site Information</u> A. Site Location (street address, neal Latitude: 32.37.00 N Log B. Is there any evidence of new developed of the strength of the	arest intersection, etc.): <u>VEMOUPS PLANTATION PD</u> ongitude: <u>80°41'30</u> °W Tax map # (list all): <u>P 700 - 010 - 000 - 0001</u> Noment below the dam? <u>Yes No</u> tion should be upgraded? <u>Yes No</u> nion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u>
111.	 <u>Site Information</u> A. Site Location (street address, neal Latitude: 32.37.00 N Log B. Is there any evidence of new developed of the strength of the	arest intersection, etc.): <u>VEMOUPS PLANTATION PD</u> ongitude: <u>80°41'30</u> ·W Tax map # (list all): <u>P 700 - 0/0-000-0001</u> lopment below the dam? <u>Yes No</u> ton should be upgraded? <u>Yes No</u> nion of what the new classification should be? <u>Class 1 (High Hazard)</u> <u>Class 2 (Significant Hazard)</u>
111.	 <u>Site Information</u> A. Site Location (street address, neal Latitude: 32.37.00 N Location (street address, neal Latitude: 32.37.00 N Location N Locat	arest intersection, etc.): <u>NEMOCLOS PLANTATOR PD</u> ongitude: <u>80°41'30°W</u> Tax map # (list all): <u>P700-01000000000000000000000000000000000</u>
III. F	 <u>Site Information</u> A. Site Location (street address, neal Latitude: 32.37.00 N Log B. Is there any evidence of new developed of the strength of the	arest intersection, etc.): <u>NEMOCLOS PLANTATOR PD</u> ongitude: <u>80°41'30°W</u> Tax map # (list all): <u>P700-01000000000000000000000000000000000</u>

PROVIDE PROTECT PROVIDER South Carrolina Department of Linalth and Environmental Courts	w Hazard Dam Classification Inspection Form for South Card Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72	2-9
	w hazard (class three) dams regulated by the Department of Health and Environmental user of this form is for the use of Department staff members actively involved in reclassif the hazard potential of low hazard dams at least once every five years.	Control ication
Date of Inspection: 119112 Dam Name: PLEASANT	sc Dam Inventory Number D2933 County: BEAUFORT	
I. <u>Dam Owner Information</u> Has ownership changed?	No (If yes, enter the new owners and their contact information below)	
A. Owner/ Operator (Company or p Contact Person (if owner is corr	on: PLEASANT POINT PROPERTY DUNERS ASSOCIATE	₩_
Phone: _843-322-	954 Email:	
Mailing Address: <u>P.O. Bc</u> City: <u>BEAUFOFT</u>		_
II. <u>Site Information</u> A. Site Location (street address, no Latitude: <u>32 •38:30</u> N I	st intersection, etc.): <u>PLETSAUT PF DP of LAD 45 (UAUK</u> pitude: <u>80 °40'45</u> 'W Tax map # (list all): <u>R200-009-00B-009</u>	<u> </u>
C. Do you think the hazard classific		_
D. If yes for item II.C, what is your o	ion of what the new classification should be?Class 1 (High Hazard)	
III. <u>Signature</u> Please print your name, sign, and d determining the hazard classificatio portion of the form. <u>ROGE</u> STEUC Printed Name of Regional Ins	Class 2 (Significant Hazard) on the lines below once the inspection and form have been completed. If assistance w as obtaining from Bureau of Water staff members, they will also need to complete this Representation of Water staff members, they will also need to complete this signature Date of Signature	ith _
Printed Name of BOW Engin	Signature Date of Signature	-

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PROVIDE PROTECT PROVIDE A	Low Hazard Dam Classif Dams and Reservoirs S	Regulated Dams Safety Act Regulation	s 72-1 through 72-9
I IN THE STATE OF SOME CALOUNAL THE?	urrent low hazard (class three) dams reg orimary user of this form is for the use of evaluate the hazard potential of low hazard	E Department sinff membeus set	Annalise for each start for the start of the start of the
Date of Inspection: 1191 Dam Name:	12SC Dam Inventory Numb J+ Point DAM	er D <u>2943</u> County:	BEDUFERt
A. Owner/ Operator (Company Contact Person (if owner is Phone: <u>343-35</u> Mailing Address: P. O.	YesNo (If yes, enter the or person): <u>PL=AsA_+ Porce</u> company): <u>John MA</u> 22-0954E <u>Bc:x 1225</u> <u>+State:</u>	+ Phoperty Current Mrs H	Li Association
		E	
II. <u>Site Information</u> A. Site Location (street address Latitude: <u>3 - 28 - 15</u> -	s, nearest intersection, etc.): <u>CP</u> F N Longitude: - <u>80 • 40 00 •</u> W	Tax map # (list all): P200-	+ CAMELOON DL 009-003-0090
A. Site Location (street address Latitude: <u>3 2 • 28 • 15</u> • B. Is there any evidence of new C. Do you think the hazard class	s, nearest intersection, etc.): $\bigcirc P_{-}F_{-}$ N Longitude: $\frac{9000000}{400000000000000000000000000000$	YesNo YesNo on should be?Class 1 (H	
 A. Site Location (street address Latitude: 3.2. •2.8.15.* B. Is there any evidence of new C. Do you think the hazard class D. If yes for item II.C, what is y III. <u>Signature</u> Please print your name, sign, a 	v development below the dam?	Yes No Yes No on should be? Class 1 (H Class 2 (S	ligh Hazard) Significant Hazard)

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PROVIDE PROFILE PROFILE Search Carriero Department of Health and Environmental Control	Dams and Res	Regulated D ervoirs Safety Act Re	gulations 72-1 through 7	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	ent low hazard (class thre mary user of this form is f aluate the hazard potentia	e) dams regulated by the Depar or the use of Department staff r of low hazard dams at least on	tment of Health and Environmenta nembers actively involved in reclass ce every five years.	l Contro ification
Date of Inspection: 19	12 SC Dam Invent	tory Number D <u>2934</u> c	ounty: BEAU FOR +	i)
Dam Name: PAESCOT	+ PLANTATO	an PAM		
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (If yes	, enter the new owners and th	eir contact information below)	
A. Owner/ Operator (Company o	r person): <u>SAL</u>	MARSH PA	atners	
Contact Person (if owner is co	mpany): ROGELT	MINIS		
Phone: 912-354	-6589	Email:		
Mailing Address: 10,2	MCINTUSI	4 DR		
City: SAUANA	.14	State: <u>GA</u>	zip: 31406	
A. Site Location (street address, Latitude: 32 37 00 N	tearest intersection, etc.) Longitude: - <u>8046</u>	CLUShqLdouCA	2700-014-000-00	64 67
 B. Is there any evidence of new d C. Do you think the hazard classid D. If yes for item II.C, what is your 	ication should be upgrade	ed?YesNo		
•				
			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.				
RCGEA STELF Printed Name of Regional In	spector	A Signature	Date of Signature	
Printed Name of BOW Eng	ineer	Signature	Date of Signature	-
DHEC 2607 (11/2012) SOUTH CARC	LINA DEPARTMENT	OF HEALTH AND ENVIR	ONMENTAL CONTROL	Page I

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DHECONICATE FROM States	Dams and Re	Regulated Day eservoirs Safety Act Regu	lations 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			ent of Health and Environmental Control nbers actively involved in reclassification every five years.
Date of Inspection: /// 9//	SC Dam Inve	entory Number D <u>2935</u> Cou	ny: BEAUFORT
	FE KIVER	LEVEE DAM	
I. <u>Dam Owner Information</u> Has ownership changed?	Yes No (If y	es, enter the new owners and their	contact information below)
A. Owner/ Operator (Company	or person): <u>PEM 0</u>	ULS PLANTATION	Wild life Foundation
Contact Person (if owner is o			
Phone: <u>843-846</u>	-2539	Email:	
Mailing Address: <u>1(0(</u>	DEMOLIPS	PLANTATION RIS	
City: 721 ASSO	÷ ?	State: <u>SC</u>	Zip: <u>29945</u>
A. Site Location (street address Latitude: <u>32 • 38 45</u> N	, nearest intersection, etc Longitude: <u>80°41</u>	с.):	ntation RD
B. Is there any evidence of new			
C. Do you think the hazard class			
D. If yes for item II.C, what is you	If opinion of what the ne	w classification should be?C	ass 1 (High Hazard)
		c	lass 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 tion was obtaining from	v once the inspection and form have Bureau of Water staff members, the	been completed. If assistance with y will also need to complete this
Printed Name of Regional I	<u>JENS</u> R	Signature	<u> </u>
Printed Name of BOW En	gineer	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAR	OLINA DEPARTMEN	TOF HEALTH AND ENVIRON	MENTAL CONTROL Page

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PROVIDER PROTECT PROVIDER Smuth Corriling 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 cu in the State of South Carolina. The p inspections. The current policy is to e	I prent low hazard (class three) dams regulated by the Department of Health and Environmental Contro rimary user of this form is for the use of Department staff members actively involved in reclassification waluate the hazard potential of low hazard dams at least once every five years.
Date of inspection: / / G	2_sc Dam Inventory Number D:2936 county: BEAUFOR +
I. <u>Dam Owner Information</u> Has ownership changed?	_YesNo (If yes, enter the power and the set
Contact Person (if owner is c	ompany): BADHADA C AUL
Mailing Address: 80 (CLAREA day PLA data Da
II. Site Information	
A. Site Location (street address,	Longitude: -80° 47.00° W Tax map # (list all): "2 120 - 014-000-013
B. Is there any evidence of new di C. Do you think the hazard classif	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)
III. <u>Signature</u> Please print your pama size og d	Class 2 (Significant Hazard)
determining the hazard classification portion of the form.	date on the lines below once the inspection and form have been completed. If assistance with in was obtaining from Bureau of Water staff members, they will also need to complete this
Printed Name of Regional Ins	ELS KOMMENT 1/1/3/12 Dector Signature Date of Signature
Printed Name of BOW Engin	Signature Date of Signature
DHEC 2607 (11/2012) SOUTH CAROL	INA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1

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	PROMINER FLORING of Health and Environmental Control	Dams ai	rd Dam Classification Inspection I Regulated Dams nd Reservoirs Safety Act Regulatio	ons 72-1 through 72-9
No in in	ote: This form is only for use on cur the State of South Carolina. The pr spections. The current policy is to ev	rent low hazard (imary user of this aluate the hazard	(class three) dams regulated by the Department of s form is for the use of Department staff members d potential of low hazard dams at least once every	Health and Environmental Contro. actively involved in reclassification five years.
	Date of Inspection: 1191	SC Da	Im Inventory Number D <u>3737</u> County:	BEAUFERT
	Dam Name: CLARELC	low HARA	nstend DAM	
'	I. Dam Owner Information Has ownership changed?	YesN	No (If yes, enter the new owners and their contain	Ct information below)
	A. Owner/ Operator (Company of	r person):	LAREN CON FARMS I	
	Contact Person (if owner is co	impany): <u>B</u> A	Lebara Cox Authony	
	Phone: 843-844	-9496	Email:	
				·····
	Mailing Address: <u>80 GARENDIN PLANTATION DR</u> City: <u>BURTON</u> <u>State: SC</u> zip: <u>29906</u>			
11.	City: BUR top			_Zip: <u>2990(</u>
01.	City: <u>BUR</u> <u>b</u> . <u>Site Information</u> A. Site Location (street address,	nearest intersecti		
	City: <u>Burden</u> Site Information A. Site Location (street address, Latitude: <u>32.08.30</u> N B. Is there any evidence of new d C. Do you think the hazard classi	nearest intersecti Longitude: - <u>80</u> evelopment belov ication should be	tion, etc.): D= <u>4815</u> " W Tax map # (list all): <u>D_12C</u> w the dam?YesNo a upgraded?YesNo	0-013
II.	City: <u>Burden</u> Site Information A. Site Location (street address, Latitude: <u>32.08.30</u> N B. Is there any evidence of new d C. Do you think the hazard classi	nearest intersecti Longitude: - <u>80</u> evelopment belov ication should be	tion, etc.): Co4815" W Tax map # (list all): <u>D</u> 1.20 we the dam?YesNo a upgraded?YesNo the new classification should be?Class 1	0-013
	City: <u>Burder</u> Site Information A. Site Location (street address, Latitude: <u>32 • 38 30 N</u> B. Is there any evidence of new d C. Do you think the hazard classif D. If yes for item II.C, what is your <u>Signature</u> Please print your name, sign, and	nearest intersecti Longitude: - <u>80</u> evelopment belor ication should be opinion of what i	tion, etc.): Co4815" W Tax map # (list all): <u>D</u> 1.20 we the dam?YesNo a upgraded?YesNo the new classification should be?Class 1)— C/Y-COO- OO/ 3 (High Hazard) (Significant Hazard)
	City: <u>Burder</u> Site Information A. Site Location (street address, Latitude: <u>32 • 38 30 N</u> B. Is there any evidence of new d C. Do you think the hazard classif D. If yes for item II.C, what is your <u>Signature</u> Please print your name, sign, and	nearest intersecti Longitude: - <u>80</u> evelopment belor ication should be opinion of what i	tion, etc.): Do <u>4815</u> " W Tax map # (list all): <u>D</u> 120 we the dam?YesNo the new classification should be?Class 1 Class 2)— C/Y-CCO- OO/ 3 (High Hazard) (Significant Hazard)

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DHEC				
PROVIDE FROTLE FULLY FULLY	Regul Dams and Reservoirs Safety	n Inspection Form for South Carolina lated Dams 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	rent low hazard (class three) dams regulated by mary user of this form is for the use of Departm aluate the bazard potential of low bazard dams	the Department of Health and Environmental Control tent staff members actively involved in reclassification at least once every five years.		
Date of Inspection: 11/14/1 Dam Name: KERN	テレン SC Dam Inventory Number D のいし	738 county: BEAU FOR-T		
I. Dam Owner Information Has ownership changed?	_YesNo (If yes, enter the new owned	ers and their contact information below)		
	rperson): Julius KEPN			
	mpany):			
Phone:	Email:			
Mailing Address: <u>947</u>	ERONLUYCK PLANTATION	JAL		
City: BEAUFOR		Zip:Z9906		
II. <u>Site Information</u>				
A. Site Location (street address,	nearest intersection, etc.): 94 HEAC	NWYCK Plantaton DR.		
Latitude: <u>32 • 27 00</u> N	Longitude: - <u>80 · 4745</u> W Tax map #	(list all): 2100-024-000-0062		
B. Is there any evidence of new d	evelopment below the dam?Yes	No		
	cation should be upgraded?Yes			
	opinion of what the new classification should b			
		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.				
ROCE A Ste D Printed Name of Regional Ins	pector Rogansignature	Date of Signature		
Printed Name of BOW Eng		Date of Signature		
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF HEALTH AND	ENVIRONNIENTAL CONTROL		

DHEC VIEW PROVIDE PROFILE Scould Chemican Department of Icalib and Environmental Conject	Dams and Reserve	Regulated Dai oirs Safety Act Regu	ulations 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	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: Dam Name:ALM&C	12 sc Dam Inventory I BLUFF DAM	Number D <u>2737</u> Cou <u>A 2</u>	nsy: Beaufort			
I. <u>Dam Owner Information</u> Has ownership changed?	YesNo (if yes, ente	er the new owners and their	contact information below)			
A. Owner/ Operator (Company o	person): <u>CCALCAM</u>	LAND GROUP	ollc			
Contact Person (if owner is co	mpany): Eduard	R CAMPHEL	Ī			
Phone:		Fmail				
Mailing Address: 4/(TRAVIS ST	Suite 7	15			
City: SHREUZ-PCI	2-+ Star	le: <u>(A</u>	Zip:			
II. Site Information						
A. Site Location (street address, Latitude: <u>32 •13 •00 </u> " N	nearest intersection, etc.): <u>OL</u> Longitude: - <u>80°56-30</u> -	<u>d PALMETTO BLUI</u> W Tax map # (list all): <u>R</u>	ERO +1 tenderater RD 614-045-000-0019			
B. Is there any evidence of new d C. Do you think the hazard classif D. If yes for item II.C, what is your	cation should be upgraded?	Yes No	ass 1 (High Hazard) ass 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.						
Frinted Name of Regional in	Printed Name of Regional Inspector Signature Date of Signature Date of Signature					
Printed Name of BOW Eng	neer	Signature	Date of Signature			
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF H	EALTH AND ENVIRON	MENTAL CONTROL Page 1			

D H E C Low Hazard Dam Classification inspection Form for Sout Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through Dams 2016 Control	ugh 72-9
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environ in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.	reclassificatio
Date of Inspection: 11/19/12 SC Dam Inventory Number D 2940 County: Beaufor Dam Name: Welton Corp. Daw I	t
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>Belfair</u> Orperts Owners Association Contact Person (if owner is company): <u>Darid Orren</u> Phone: <u>843-757-0701</u> Email: Mailing Address: <u>200 Belfair</u> Oaks Berll City: <u>Buffits</u> <u>State</u> <u>State</u> <u>Zip</u> <u>2991</u>	N)
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>Picklard</u> A1, & W, Kushaw Latitude: <u>32 ° 17 '30 "</u> N Longitude: <u>80 ° 51 ' 15 "</u> W Tax map # (list all): <u>R600-023-000</u>	-0407
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 assistation was obtaining from Bureau of Water staff members, they will also need to complete PrintedName of Regional Inspector	
Printed Name of BOW Engineer Signature Date of S	ature ature
DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL	Page 1

D. H. E. C. I RECALLOSE FACTORS I PROVINE R South Cheming Department of Health and Environmental Control	Low Hazard Dam Classification Inspe Regulated D Dams and Reservoirs Safety Act Re	ams gulations 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	rent low hazard (class three) dams regulated by the Depai mary user of this form is for the use of Department staff r aluate the bazard potential of low hazard dams at least on	rtment of Health and Environmental Contru nembers actively involved in reclassificatioz ce every five years.
Date of Inspection: Dam Name:	SC Dam Inventory Number 10 2941 c	ounty: Resufect
I. Dam Owner Information Has ownership changed?	YesNo (If yes, enter the new owners and the reason): Belfair Granesha Outract	eir contact information below)
	mpany): David Gorter	
Mailing Address: 200 B	elfan Oako Blvd State: SC	Zip: 29910
A. Site Location (street address, r Latitude: <u>ろと。17・45</u> ・N	learest intersection, etc.): <u>Billon</u> Oales B Longitude: - <u>80 ° 52 ' 30</u> * W Tax map # (list all):	<u>erd à Belnort Ar.</u> <u>R600-023-02E-0254</u>
	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)
III. <u>Signature</u> Please print your name, sign, and o determining the hazard classificatio portion of the form.	late on the lines below once the inspection and form hav n was obtaining from Bureau of Water staff members, the	e been completed. If assistance with ey will also need to complete this
Penny Cornett Printed Name of Regional Ins	Dering Corrett Signature	Date of Signature
Printed Name of BOW Englin	eer Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CAROL	INA DEPARTMENT OF HEALTH AND ENVIRO	NMENTAL CONTROL Page 1

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DHECKICATE FROM THE Scientific Department of Health and Environmental Control	Low Hazard Dam Classification Insp Regulated Dams and Reservoirs Safety Act R	Dams Regulations 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	ent low hazard (class three) dams regulated by the Dep mary user of this form is for the use of Department stat sluate the bazard potential of low hazard dams at least	partment of Health and Environmental Contr ff members actively involved in reclassificatio once every five years.
Date of Inspection:	12_sc Dam Inventory Number D_2942 Dorp. Dam 3	Country Benelon K
Dam Name: Welton (Dorp. Can 3	
I. Dam Owner Information Has ownership changed?	Yes No (If we enter the new survey)	
Contact Person (if owner is co	person): <u>Belfan</u> Property Ow	reis Association
Phone: _ 843 - 75	mpany): <u>Barid Gerter</u> 1-0701 Email:	
Mailing Address: 20)	Bellan Dalla Blad	
City: Bluk/ota	Belfan Dales BlvelState:Sc	Zip:29910
A. Site Location (street address, r Latitude: <u>ろレ。(7・4⊆</u> * N	earest intersection, etc.); <u>Belfan</u> Och Longitude: - <u>80 ° 52' 00</u> " W Tax map # (list all	- Berd 11: Rb02-023-02E-0254
C. Do you think the hazard classifi	velopment below the dam?YesNo cation should be upgraded?YesNo 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.	late on the lines below once the inspection and form to n was obtaining from Bureau of Water staff members,	
Printed Name of Regional Ins	Dector Signature	Date of Signature
Printed Name of BOW Engin	eer Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARO	INA DEPARTMENT OF HEALTH AND ENVIR	RONMENTAL CONTROL Page 1

PEONING PEONING OF INCOME	Low Hazard Dam Classification ins Regulated Dams and Reservoirs Safety Act	d Dams Regulations 72-1 through 72-9
	rrent low hazard (class three) dams regulated by the D rimary user of this form is for the use of Department st valuate the bazard potential of low hazard dams at leas	
Date of Inspection: Dam Name:PC_[Metto	5/12_sc Dam Inventory Number D_4468 _B/uffDam_1	_county:_Beautort
I. Dam Owner Information Has ownership changed? // A. Owner/ Operator (Company	YesNo (If yes, enter the new owners an or person): Walcan Land Grou	their contact information below) $_{-\rho}$ LLC
	company): Edward R. Campt	
Phone:	· Fmail:	
Mailing Address: 416	Travis St. Suite 715 tLA	
she she de ale	t. State: LA	11:01
II. Site Information		
II. Site Information	, nearest intersection, etc.): <u>Rephraim</u> (4) N Longitude: - <u>80 °57' 15 °</u> W Tax map # (list	
II. <u>Site Information</u> A. Site Location (street address Latitude: <u>32°11.30°</u> B. Is there any evidence of new	a, nearest intersection, etc.): <u>Rephraim</u> (4) N Longitude: - <u>80 °57' /5</u> "W Tax map # (list development below the dam?Yes	
 II. <u>Site Information</u> A. Site Location (street address Latitude: <u>32.º11.30</u>. B. Is there any evidence of new C. Do you think the hazard class 	s, nearest intersection, etc.): <u>Rephram</u> (us N Longitude: - <u>80 ° 57 ' 15</u> ° W Tax map # (list development below the dam?Yes sification should be upgraded?Yes	Metery Rd 'E MyThe Ford Fod all): <u>R614-045-00-0019</u> No No
 II. <u>Site Information</u> A. Site Location (street address Latitude: <u>32°11.30°</u>) B. Is there any evidence of new C. Do you think the hazard class 	a, nearest intersection, etc.): <u>Rephraim</u> (4) N Longitude: - <u>80 °57' /5</u> "W Tax map # (list development below the dam?Yes	Metery Rd 'E MyThe Ford Fod all): <u>R614-045-00-0019</u> No No
 II. <u>Site Information</u> A. Site Location (street address Latitude: <u>32.º11.30</u>°; 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, and street address of the street street	s, nearest intersection, etc.): <u>Rephram</u> (us N Longitude: - <u>80 ° 57 ' 15</u> ° W Tax map # (list development below the dam?Yes sification should be upgraded?Yes	Metery Rd & Mythe Ford Hod all): <u>R614-045-00-0019</u> No No Class 1 (High Hazard) Class 2 (Significant Hazard)
 II. <u>Site Information</u> A. Site Location (street address Latitude: <u>32.º11.30</u>. B. Is there any evidence of new C. Do you think the hazard class D. If yes for item II.C, what is you III. <u>Signature</u> Please print your name, sign, ar determining the hazard classific: 	a, nearest intersection, etc.): <u>Rephram</u> (list N Longitude: - <u>80 • 57 · 16</u> • W Tax map # (list r development below the dam?Yes sification should be upgraded?Yes ur opinion of what the new classification should be? ad date on the lines below once the inspection and for	Metery Rd & Mythe Ford Hod all): <u>R/614 - 045 - W-W</u> No Class 1 (High Hazard) Class 2 (Significant Hazard) m have been completed, If assistance with ers, they will also need to complete this

Note: This form is only for use as a carrent for hazard (data three) data regulated by the Department at III members actively involved in refassification inspections. The carrent pelloy is to evaluate the hazard potential of the ward data at least once every fire year. Date of Inspections. Impections. The carrent pelloy is to evaluate the hazard potential of the max data at least once every fire year. Date of Inspections. Impections. Impections. Impections. Impections. Impections. Owner logenstor (Company or person): Impections. Impections. Phone: Email: Implementation. A. Owner logenstor. Implementation. A. Site information A. A. Site information A. Site information. A. Site inform	DHEC PROVIDE PAOTLE PAUL Senth Corrifers Department of Health and Knylromeencal Control	Regu Dams and Reservoirs Safety	on Inspection Form for South Carolina Viated Dams Act Regulations 72-1 through 72-9
Dam Owner Information Has ownership changed? YesNo (If yes, enter the new owners and their contact information below) A. Ownerf Operator (Company or person): <u>Do 6 & WAKM</u> Contact Person (if owner is company):	Note: This form is only for use on cui in the State of South Carolina. The pu inspections. The current policy is to e	rrent low hazard (class three) dams regulated b imary user of this form is for the use of Depart valuate the hazard potential of low hazard dam	y the Department of Health and Environmental Contro ment staff members actively involved in reclassification s at least once every five years.
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>Do 6 & WAKKM</u> Contact Person (if owner is company):	Date of Inspection: _/C Dam Name:BENNET	TDAM	643 county: Colle Ton
Phone: Email: Mailing Address: P. O. Box 1013 City: City: City: City: Site Information A. Site Location (street address, nearest intersection, etc.): Crocks ALURD & CLEARLATER Print Latitude: D2: Site Location (street address, nearest intersection, etc.): Crocks ALURD & CLEARLATER Print Latitude: D2: A. Site Location (street address, nearest intersection, etc.): Crocks ALURD & CLEARLATER Print Latitude: D2: Site Location (street address, nearest intersection, etc.): Crocks ALURD & CLEARLATER Print Latitude: D2: State: Site Location (street address, nearest intersection, etc.): Crocks ALURD & CLEARLATER Print Latitude: D2: State: 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)	I. <u>Dam Owner Information</u> Has ownership changed? A. Owner/ Operator (Company	YesNo (If yes, enter the new own or person):Rober_(WAY	ners and their contact information below)
A. Site Location (street address, nearest intersection, etc.): <u>Cooks HURD & CLEARLATER PD</u> Latitude: <u>32 - 51 · 45 · N</u> Longitude: <u>80 38 30 · W</u> Tax map # (list all): <u>195-00-00-/45.cco</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> 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>No COM Struct</u> <u>Republication</u> <u>Signature</u> <u>Line J. </u>		отрапу):Email: Box_/0/3 од.оState:S(Zip: 29488
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. III. Signature Printed Name of Regional Inspector	A. Site Location (street address	nearest intersection, etc.): <u>Cooks</u> Longitude: <u>8038,30</u> W Tax map	4.U.R.) & CLEARILATER P.D. + (listall): 195-00-00-145.000
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. Image: Start start start start start start members, they will also need to complete this portion of the form. Image: Start start start start start start start members, they will also need to complete this portion of the form. Image: Start	C. Do you think the hazard class	ification should be upgraded?Yes	
Printed Name of BOW Engineer Signature Date of Signature	Please print your name, sign, an determining the hazard classifica	d date on the lines below once the inspection staff tion was obtaining from Bureau of Water staff	and form have been completed. If assistance with members, they will also need to complete this $\frac{1112112}{Date of Signature}$
DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF USAL THANK SHOULD BE		gineer Signatur	Date of Signature

DHECKICA PROVIDER PROFILE Securite Careling Department of Health and Environmental Control	Low Hazard Dam Classific R Dams and Reservoirs Sa	legulated Dams	
I IN THE CLOSE ALCORED CALANNEL TOE D	rrent low hazard (class three) dams regula rimary user of this form is for the use of D valuate the hazard potential of low hazard	lonari monitato (V	
Date of Inspection: 1120 Dam Name: EUZA	BC Dam Inventory Number	D <u>0649</u> county: <u>C</u>	. olle Ton
	YesNo (if yes, enter the ne or person):DASAR_FAR		nformation below)
Contact Person (if owner is o	company): <u>Ric HARd DA</u>		
	3 MT CARMEL R	<u>D</u>	
Latitude: <u>33 •00 •00</u> • 1	a, nearest intersection, etc.): <u>()</u> N Longitude: <u>80°42·15</u> °W Ta	3 <u>3</u> MT CALM ix map # (list all): <u>078-c</u>	ELRD 0-00-041,000
C. Do you think the hazard clas	development below the dam?Ye sification should be upgraded?Ye ur opinion of what the new classification	esNo should be?Class 1 (Hi	igh Hazard) Ignificant Hazard)
III. <u>Signature</u> Please print your name, sign, ar determining the hazard classific portion of the form. Racia ch	nd date on the lines below once the inspe ation was obtaining from Bureau of Wate	ection and form have been co or staff members, they will also	mpleted. If assistance with b need to complete this
Printed Name of Regional	Inspector Sig	gnature	Date of Signature
Printed Name of BOW E	igineer Sig	ynature	Date of Signature
DHEC 2607 (11/2012) SOUTH CA1	ROLINA DEPARTMENT OF HEALT	TH AND ENVIRONMENT	AL CONTROL Page 1

D F E C Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9 Second 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>11/20/12</u> SC Dam Inventory Number D <u>2383</u> County: <u>Colle70N</u> Dam Name: <u>MASON/BLACK DAM</u>
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):
Contact Person (if owner is company):
Phone:Email:Email:Email:
city: LUIUAMSState: SCZip: 29493
II. Site Information A. Site Location (street address, nearest intersection, etc.): Latitude 33 • 01.00 N Longitude: 80.50.00 W Tax map # (list all): 075-00-00-001
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. Rcbcc Sterric Rome Sterric Printed Name of Regional Inspector Rome Signature
Printed Name of BOW Engineer Signature Date of Signature

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D FL E C Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
South Carnina Department of Health and Carnina Department of Health
Note: This form is enjy for use on current low beyond (close three) the
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 bazard potential of low hazard dams at least once every five years.
Date of inspection: 11/20/12 SC Dam Inventory Number 0383 County: Collego
Date of Inspection: 11/20/12_sc Dam Inventory Number D2383 County: Collego Dam Name: MASON / BLACK DAM
Has ownership changed? YesNo (If yes, enter the new owners and their contact information below)
A. Owner/ Operator (Company or person): MILDRED WARAEN
Contact Person (if owner is company):
Phone: Email:
Mailing Address: P.O. Box 666
Phone:Email:
II. Site Information
A. Site Location (street address, nearest intersection, etc.): LOCUAMS RD + GARPIS AUG
Latitude: 33 . 01. 00 . N Longitude: -80.50.00 . W Tax map # (list all): 075-00-00-071.000
075-00-005 075-00-001
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.
Robert Dr. Ch
Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature
Printed Name of BOW Engineer Signature Date of Signature

D FI E C Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9 South Carolina Department of Ifsath 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>112011</u> SC Dam Inventory Number D <u>2383</u> County: <u>Colleton</u> Dam Name: <u>MASOPIBLAC</u> DAM
I. <u>Darn 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_ U_ A_ FAAJSH
Contact Person (if owner is company):
Phone: Empile
Contact Person (if owner is company): Phone:Email: Mailing Address: P. D. Box 127
city: <u>LUILYAMS</u> state: <u>SC</u> zip: <u>29493</u>
City: <u></u>
II. Site Information A. Site Location (street address, nearest intersection, etc.):
B. Is there any evidence of new development 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)
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. 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 Printed Name of Regional Inspector
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: <u>///20//2</u> SC Dam Inventory Number D <u>2384</u> County: <u>COLIE TON</u> Dam Name: <u>L G Fishboup NE DAM /</u>
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>GLACE FIELD</u> <u>UNITED</u> <u>PALTACEShip</u>
Contact Person (if owner is company):
Phone: Email:
Phone:Email: Mailing Address: P.O.BOX 80 City: WALTABOD State: SC Zip: 29488
(1) AITER born states SC 70 29488
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>CI-HARLES for New 4 ST. PEEAS RD</u> Latitude: <u>3.2. 53.00</u> " N Longitude: <u>80.36.45</u> " W Tax map # (list all): <u>181-00-00-041.000</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. 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. Rogge Stevens Regulation
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

DHEC Control 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>11/20/12</u> sc Dam Inventory Number D.2385 County: <u>Colleton</u> Dam Name: <u>LGF75HBOURNE</u> DAM 2
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>THE GRACEFIELD LIMITED PALTWEASHED</u>
Contact Person (if owner is company):
Email:
Phone:Email: Mailing Address: P.O. Box 80 City: WATTER GORD State: SC Zip: 29488
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>C/HAPLESTER HWY H ST. PSTERS RD</u> Latitude: <u>32.52.30</u> ^a N Longitude: <u>80.36:30</u> ^a W Tax map # (list all): <u>181-00-00-050, 000</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.
Printed Name of Regional Inspector Signature Date of Signature Date of Signature Date of Signature

DHEC CALL AND
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: 11/20/12 SC Dam Inventory Number D.2386 County: Collectory Dam Name: LGFishbourse DAM 3
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>CAACG FIELD LM, tEd PAPHEDShip</u> Contact Person (if owner is company):
Phone: Email: Mailing Address: P.O. Box 80 City: WALTER berge State: SC
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>CHARLES tow Awy 4-ST. Peters Rib</u> Latitude <u>3.2</u> <u>52.45</u> N Longitude: <u>80.36.30</u> W Tax map # (list all): <u>/B1-00-00-041.000</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. 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. Rocal Stauration Printed Name of Regional Inspector
Printed Name of BOW Engineer Signature Date of Signature

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DE EC C C C C C C C C C C C C C		Regulated Dam	on Form for South Carolina is atlons 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 (be use of Department staff memi	nt of Health and Environmental Control bers actively involved in reclassification very five years.
Date of Inspection: 11 20/ Dam Name: 1966 71	2057 Dam Inventor	y Number D <u>2387</u> Coun	W: COLLETON
L Dam Owner Information			:3)
Has ownership changed?			contact information below)
	10		
Mailing Address: P. D. B	lox Rob	LIIION	zip: 29901
Cibre REALEA	+	50	- 2001
	······································		
			204 T.T. 20 19-00-00-001,000
B. Is there any evidence of new C. 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 cl	assification should be?Cl	ass 1 (High Hazard)
		Cl	ass 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 one ation was obtaining from Bure	ce the inspection and form have au of Water staff members, the	been completed. If assistance with y will also need to complete this
<u>ROGA</u> 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		DF HEALTH AND ENVIRON	IMENTAL CONTROL Page 1

D H E C South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9 Notes. This form leasts formers all 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: 11/20/12 SC Dam Inventory Number D.2388 County: Colleton Dam Name: K-FARSE DAM
Dam Owner Information Has ownership changed? YesNo (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): JAM25 RANDALL BLACK
Contact Person (if owner is company): Phone:Email: Mailing Address: 6915 AUGUSTA HWY
city: <u>SMOAKS</u> State: <u>SC</u> Zip: <u>29481</u>
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>6715</u> <u>AUGUSHA</u> <u>Hwy</u> Latitude: <u>33.07.15</u> *N Longitude: <u>80.4215</u> *W Tax map # (list all): <u>014-00-00-030.000</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.
Printed Name of Regional Inspector Signature Date of Signature
Printed Name of BOW Engineer Signature Date of Signature

DHECALIUSE FLORING Control of Ifraith sort Caterling Department of Ifraith and Environmental Control	Dams and	Dam Classification Insp Regulated Reservoirs Safety Act R	Dams Regulations	72-1 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 a	FIDERY USER OF Chis form	n is for the use of Depertment ste	ff mamban ask	and a final field for some for the second	
Date of Inspection: <u>1113,0</u> Dam Name: <u>M. R. H</u>	Date of inspection: 11/30/12 SC Dam Inventory Number DD389 county: Colle Ton Dam Name: M. R. Howell DAM				
I. Dam Owner Information					
Has ownership changed?	YesNo (If yes, enter the new owners and	t their contact in	formation below)	
A. Owner/ Operator (Company	or person): Hoic	SULFAMILY LTN	PARta	AShip	
Contact Person (if owner is				9-3-11	
Phone:		Email:			
Mailing Address: P. O.	Box 168	Email:		·····	
City WALTER	hard			TELIBO	
			Zi	p: <u>X7700</u>	
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>5937 B9445 Hwy</u> Latitude <u>32 Str. 45</u> N Longitude: <u>80.4515</u> W Tax map # (list all): <u>129-00-00-022,000</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) 					
		-	01838 2 (01	gnificant Hazard)	
III. <u>Signature</u> Please print your name, sign, a determining the hazard classific portion of the form. <u>ROGER</u> SEUC Printed Name of Regional	ation was obtaining tro	elow once the inspection and for om Bureau of Water staff membe Republic Signature	n have been con ars, they will also	mpleted. If assistance with need to complete this <u>(1)31)3</u> Date of Signature	
Printed Name of BOW E	ngineer	Signature		Date of Signature	

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

Dams and South Carolina Department of Health and Environmental Control	d Dam Ciassification Inspection Form Regulated Dams d Reservoirs Safety Act Regulations	72-1 through 72-9	
Note: This form is only for use on current low hazard (ch in the State of South Carolina. The primary user of this for inspections. The current policy is to evaluate the hazard p	orm is for the use of Department staff members active	ly involved in reclassification	
Date of Inspection: 11/20/12_SC Dam Inventory Number 02546 County: Collegon Dam Name: 1250 CHRIS TRust DAM			
I. <u>Dam Owner Information</u> Has ownership changed? <u>Yes</u> No A. Owner/ Operator (Company or person): <u>774</u>			
Phone:Email: Mailing Address: 676 Public LALELING LAFE City: YEMASSER State: SC Zip: 29945			
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>2218 (AUAUAUGH R)</u> Latitude: <u>32.4830</u> N Longitude: <u>80.4700</u> W Tax map # (list all): <u>219-00-00-016.0rc</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)		
		gnificant Hazard)	
III. <u>Signature</u> Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form. <u>ROGALSKUELS</u> Printed Name of Regional Inspector	below once the inspection and form have been con from Bureau of Water staff members, they will also Right Signature	npleted. If assistance with need to complete this <u>112773</u> Date of Signature	
Printed Name of BOW Engineer	Signature	Date of Signature	

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PROVIDE FACTOR FULLY FUL	Dam Classification Inspection Form for South Carolina Regulated Dams I Reservoirs Safety Act Regulations 72-1 through 72-9			
Note: This form is only for use on current low hazard (cla in the State of South Carolina. The primary user of this for inspections. The current policy is to evaluate the hazard p	uss three) dams regulated by the Department of Health and Environmental Control orm is for the use of Department staff members actively involved in reclassification otential of low hazard dams at least once every five years.			
Date of Inspection: 1120/12 SC Dam	Inventory Number D2547 County: Colle 700			
Dam Name: ELGEBAA CORP	ORATION 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): EL	GEBAR CONPORATION			
Contact Person (if owner is company): TA				
55				
Phone:	Email:			
Mailing Address: 222 HODEWEL	L-PRINCETON KD			
City: 170D=104 LL				
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>CATTER to LANE 4</u> BIG SUBJECT PLANATORU Latitude: <u>32°47°00</u> °N Longitude: <u>80°49°00</u> °W Tax map # (list all): <u>231-00-00-010.000</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 determining the hazard classification was obtaining portion of the form. <u>ROGEL</u> SALLS Printed Name of Regional Inspector	below once the inspection and form have been completed. If assistance with from Bureau of Water staff members, they will also need to complete this Removed to complete this Date of Signature			
Printed Name of BOW Engineer	Signature Date of Signature			

Image: Inspection is a cut of the second cut of the s
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Contininspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years. Date of Inspection: 1/1/14 SC Dam Inventory Number D2605 County: Hampton I. Dam Owner Information Yes No (if yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): Ray Douglast & May Suith Contact Person (if owner is company): Phone: SD_065_2 Suith
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Contining 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 bazard potential of low bazard dams at least once every five years. Date of Inspection: 1/1/14 SC Dam inventory Number D_2605 County: Hampbon I. Dam Name: W.II. Bod Dam No (if yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): Ray Douglast & May Sort Contact Person (if owner is company): Phone:
Date of Inspection:
Date of Inspection:
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): Ray Douglas & Mary_Swith Contact Person (if owner is company): Phone: SW3
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): Ray Douglas & May_Swith Contact Person (if owner is company): Phone: SW3 WK5
Has ownership changed?YesNo (If yes, enter the new owners and their contact information below) A. Owner/ Operator (Company or person): RayDouglas & Mary_Swith Contact Person (if owner is company): Phone:
Contact Person (if owner is company):
Contact Person (if owner is company):
Phone: $873-625-2115$
Mailing Address: Anne Smith - Surviverchine Title and
AND ANALIN SULULIAN ALL AGA
city: Varialle Long 1710, 289 Limousine Long
State: SC Zio: 29944
II. Site Information
A. Site Location (street address, nearest Intersection, etc.):
Latitude: 32 • 40 • 00 * N Longitude: -50 • 59 • 15 * W Tax map # (list all): 144-0-00-002
B. Is there any evidence of new development below the dam?YesNo
be you while hazard classification should be ungraded
D. If yes for item II.C, what is your opinion of what the new classification should be?No
Class 1 (High Hazard)
Class 2 (Significant Hazard)
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 the with portion of the form.
determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this
Percete Case 11
Printed Name of Regional Inspector Juny Concett 7/1/14
Signature Date of Signature
Printed Name of BOW Engineer Signature
Date of Signature
IEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1
Page 1

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	RONITATE FORTAL FRANK	Dams and Reservo	Regulated D irs Safety Act Re	gulations 72-1 ihrough 72-9
Note	: This form is only for use on cus	rent low hazard (class three) dam	s regulated by the Denas	tment of Health and Environmental Control
in th	e State of South Carolina. The pr ections. The current policy is to en	imary user of this form is for the	use of Department staff :	riment of Health and Environmental Control nembers actively involved in reclassification
Da	te of Inspection:	SC Dam inventory N		the sta
Da	m Name: Mckenzie (brd		ounty:
L R	Dam Owner Information			
	Has ownership changed?	Yes No (If yes ente	T Hole common and the	
	A. Owned Operator (Company)		I DIE LIEW OWNERS BUD (I)	er contact information below)
	O-stud Decision (Company)	» person):		
	Contact Person (if owner is c	ampany):		
	Phone:		Email:	
	Mailing Address:			
	City:	Stat	B:	Zip:
10. :	Site Information			
		C.	a. CLI CP	5 Auguste Hours
'	A. Site Location (street address, nearest intersection, etc.): <u>CODA</u> Club UP & Augusta thuy Latitude: <u>32 • 40 • 15 ° N</u> Longitude: <u>- 81 • 19 • 00</u> ° W Tax map # (list all): <u>D23 - 00 - 006</u>			
	Latitude: 02 . 40 . 15 " N	Longitude: $-\frac{19 \cdot 00}{19 \cdot 00} + 1$	N Tax map # (list all);	023-00-00-006
	······			
1	B. Is there any evidence of new	development below the dam?	Yea 🖌 No	
	C. Do you think the hazard class			
'	D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)			_Class 1 (High Hazard)
				_Class 2 (Significant Hazard)
· 100. §	Signature Please print your name, sign, and	t data on the Reas Later and a		j
	determining the hazard classifica	tion was obtaining from Bureau of	e inspection and form ha of Water staff members.	ave been completed. If assistance with they will also need to complete this
F				
	Penn Cornet	$+$ Ω_{-}	Acres 1	7/1
100	Printed Name of Regional in	Ispector	Signature	
			-	Date of Signature
-	Orlated Manager (1991)			
	Printed Name of BOW En	Jineer	Signature	Date of Signature
DHE	C 2607 (11/2012) SOUTH CAP			
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SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DHERONAL TE FRANK	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 Ihrough 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 of Health and Environmental Control imary user of this form is for the use of Department staff members actively involved in the state of the second	
Date of Inspection: 7////	t and the years,	
Dam Name: Helen Barr	LSC Dam Inventory Number D 2594 County: Hampton	
Has ownership changed?	Van	
and a contract is con	mpany):	
Phone:		
Mailing Address; PDB	455	
City: Estil		
	State:Zip:2918	
II. Site Information		
A. Site Location (street address, n Latitude: <u>32 • 47 • 00</u> • N	earest intersection, etc.): <u>Huy 522 - Behind Goudwill Church</u> Longitude: - <u>81 · 16 · 15 · W</u> Tax map # (list all): <u>049 - 00 - 00 - 00 9</u>	
e. Do you think the hazard classific	velopment below the dam?YesNo ation should be upgraded?YesNo upinion of what the new classification should be?Class 1 (High Hazard)	
8		
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 Democratic Concept Democratic Concept Printed Name of Regional Inspector Democratic Concept		
of regional hispi	Ctor Signature Date of Signature	
Printed Name of Document	ſ	
Printed Name of BOW Engine	er Signature Date of Signature	
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FROMES FROM STATE	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safely Act Regulations 72-1 Ihrough 72-9
and successive and control	
in the State of South Carolina. The pa	rrent low bazard (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 a start of the start product of the start of the
	productat of low nazard dams at least once on the strong tarolyce in reclassification
Date of Inspection: 7/1/1	4
Dam Name: Thoma	9 SC Dam Inventory Number D.2595 County: Hampton
Has ownership changed?	Yes North
A. Owner/ Operator (Company	YesNo (If yes, enter the new owners and their contact information below)
Mailing Address:	
City:	State:Zip:
	Zip:ZIP:
II. Site Information	
A. Site Location (street address of	10 grant laters in
Latitude 32 .45 .30	estest intersection, etc.): Dogg, Git & trigiste Re
N	Longitude: -81 . 20, D . W Tax map # (list all): 018-00-00-007
B. Is there any evidence of new de	velopment below the dam?YesNo
C. Do you think the hazard classific	allon should be upged to the
D. If yes for item II.C. what is your	No
	opinion of what the new classification should be?Class 1 (High Hazard)
III. <u>Signature</u>	Class 2 (Significant Hazard)
Please print wave	ate on the lines below once the inspection and form have been completed. If assistance with I was obtaining from Bureau of Water staff members, they will also need to complete with
portion of the form.	ate on the lines below once the inspection and form have been completed. If assistance with was obtaining from Bureau of Water staff members, they will also need to complete this
	they will also need to complete this
Jenny Cornett	Q Ma all
Printed Name of Regional Insp	ector thing concel 7/1/14
	Date of Signature
Printed Name of BOW Engine	
The second of BUW Engine	Signature
DHEC 2607 (10/2012) SOUTH CARDON	Date of Signature
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CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

	DHECONICITE PLATE FILLER	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 Ihrough 72-9
	Note: This form is only for use on an	
	in the State of South Carolina. The and	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 aluate the bazard potential of low hazard dams at least once every five years.
L	inspections. The current policy is to ev	alunty user of this form is for the use of Department stoff ment of Health and Environmental Content
		the second units at least open event the second sec
	all.	in the overy live years.
1	Date of Inspection:////4	SC Dam law and a second second
	Dam Name: M. Tucke	SC Dam Inventory Number D 2548 County: Haupton
1	I. Dam Owner Information	
Í		YesNo (If yes, enter the new owners and their contact information below) person);
	rias ownership changed?	Yes No (If was an in the
	A. Owner/ Operator / Community	
	operator (company or	person);
	Contact Person (if owner is con	person):no (if yes, enter the new owners and their contact information below)
		East
	Mailing Address:	Emait:
	City:	State:Zip:
		Zio:
	A. Site Location (street address, ne Latitude: <u>32.42</u> 00. N L	earest intersection, etc.): <u>thuy 62</u> - <u>Heavenly Rest Church</u> congitude: - <u>SI · 19 · 30</u> W Tax map # (list all): <u>022 - 00 - 00 - 012</u>
	of the you mink the hazard classifica	elopment below the dam?YesNo ation should be upgraded?YesNo pinion of what the new classification should be?Class 1 (High Hazard)
1		Class 2 (Significant Hazard)
1	Signature Please print your name, sign, and dat determining the hazard classification portion of the form.	e on the lines below once the inspection and form have been completed. If assistance with was obtaining from Bureau of Water staff members, they will also need to complete this
6	Printed Name of Regional Inspec	Q Da ut
-		
	Printed Name of BOW Enginee	
		Signature
DHEC	2607 (11/2012) SOUTH CAROLIN	Date of Signature
	SOUTH CAROLIN	A DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
		THE HEALTH AND ENVIRONMENTAL CONTROL

	DHFC			
		Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams		
	PROVINTE PROTECT PHILIPPE I South Carriling Department of Health and Unvironmental Control	Dams and Reservoirs Safety Act Regulations 72-1 Ihrough 72-9		
	Notes This Courts in a			
	in the State of South Carolina. The pri	rent low bazard (class three) dams regulated by the Department of Health and Environmental Control mary user of this form is for the use of Department staff members actively involved in reclassification aluate the bazard potential of low bazard dams at least once every five years		
ł		peterstates of low hazard dams at least once even for avoived in reclassification		
- 1	Date of Inspection: 1/1/14			
	Dam Name: Julia M.	SC Dam Inventory Number D 2604 County: Hampton		
	Has ownership changed?	Yan		
	A. Owner/ Operator (Company or	No (If yes, enter the new owners and their contact information below)		
	• •			
	to the second right of the	IIVdIVI.		
	Mailing Address Sillord ~	Email: TITE LIFE ESTATE POB 295 State: SC ZIP: 29918		
		THE LIFE ESTATE POB 295		
		State: 50 70 20616		
		2.p		
	II. <u>Site Information</u>			
	A. Site Location (street address, n	earest intersection, etc.): Huy 168's Brim Pt		
	Latitude: <u>32 • 41 • 45</u> • N Longitude: - <u>81 • 9 · 30</u> • W Tax map # (list all): <u>090 - 00 - 006</u>			
		(Ist an): <u>040-00-006</u>		
	B. is there any evidence of new dev	velopment below the dam?YesNo		
	C. Do you think the hazard classific	ation should be upgraded?YesNo		
	D. If yes for item II.C. what is your o	biolog of the set of t		
		pinion of what the new classification should be?Class 1 (High Hazard)		
		Class 2 (Significant Hazard)		
l III.	Signature			
	Please print your name, sign, and da	te on the lines below once the inspection and form have been completed. If assistance with was obtaining from Bureau of Water staff members, they will also need to complete with		
	portion of the form.	te on the lines below once the inspection and form have been completed. If assistance with was obtaining from Bureau of Water staff members, they will also need to complete this		
	Do Dout			
	Printed Name of Regional Inspe	ictor Juny Concett J/1/14 Signature Date of Signature		
	Orlated M.			
I	Printed Name of BOW Engine	Signature		
DH	C 2607 (11/2012) SOUTH CARGA	Uate of Signature		
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H CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

DHEC	Low Hazard Dam Classification
PROVIDE PROFILE PROFILE	Low Hazard Dam Classification inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safely Act Regulations 72-1 Ihrough 72-9
Notes That a state	
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 such as the second valuate the bazard potential of low because the second staff members actively involved in such as the second st
	and the second state of th
Date of Inspection: 7/1/1-	and the set of the set
Dam Name: Groton Pla	1SC Dam Inventory Number D_2607_ County: Hampton
I. Dam Owner Information	
Has ownership changed?	YesNo (if yes enter the new
A. Owner/ Operator (Company of	YesNo (if yes, enter the new owners and their contact information below)
Contact Person (if owner is an	enter and company Inc.
Phone: \$23-	1025-4140 Email: βαλτοτίδη β. State: SC 70, 266.22
Mailing Address: 275	Rip Lui - Email:
City With	Christian pr.
	Σψ. <u>->(1) ζ</u>
II. Site Information	
A. Site Location (street address, n	earest intersection, etc.): <u>Huy 39 è thuy 503</u>
Latitude: 32 . 45. 00. N	Longitude: $-\underline{81} - \underline{22} + \underline{15} - W$ Tax map # (list all): $\underline{009} - \underline{00} - \underline{00} - \underline{001}$
	$\frac{1}{1} = \frac{1}{1} = \frac{1}$
B. Is there any evidence of new dev	velopment below the dam?YesNo
C. Do you think the hazard classific	respinent below the dam?YesNo
D. If yes for item II C what is a	auon should be upgraded?YesNo
y and the test in the second s	pinion of what the new classification should be?Class 1 (High Hazard)
1	
ill. <u>Signature</u>	Class 2 (Significant Hazard)
Please print usual	It on the lines below
portion of the form.	ite on the lines below once the inspection and form have been completed. If assistance with was obtaining from Bureau of Water staff members, they will also need to complete this
	section and the section of the secti
Fenny Cornett	R Mar 14
Printed Name of Regional Inspe	Signature
	Date of Signature
Printed Name of BOW Engine	88
	Signature Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLI	NA DEPARTMENT OF URAL TO
	NA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1

DHEC					
	Low Hazard Dam Classific attact				
	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams				
PROVISED E PROFILE PROVINE R South Carriin Department of Hauth	Regulated Dams Dams and Reservoirs Safety Act Regulated				
and the second control	Dams and Reservoirs Safety Act Regulations 72-1 through 72-9				
Note: This form is only for use on cut	rent low hazard (almost a state				
inspections. The current policy is to ex-	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 bazard potential of low hazard dams at least once every five years.				
Date of Inspection, 71/1/					
Dam Name: Groton D	1SC Dam Inventory Number D_2608 County: Hangton				
	enditer Dam 2				
L. Dam Owner Information					
	YesNo (If yes, enter the new owners and their contact information below)				
Contact Person (if owner is co	mpany):				
Phone:	025-4160				
Mailing Address: 275	plantation Dr.				
City: Lucas	State: SC Zip: 29932				
	State: 50 7. 2602)				
	21p:2				
II. Site Information					
A. Site Location (street address, no	earest intersection, etc.): thuy 39 & thuy 503				
Latitude: 32 . 44.45.N	Longitude: $-\underline{\$} - \underline{23} \cdot \underline{\cancel{0}} \cdot \underline{\cancel{0}}$				
	1				
B. Is them and a life					
C D	relopment below the dam?YesNo				
Job unit une nazard classifica	ation should be upgrade to				
D. If yes for item II.C, what is your op	pinion of what the new circuit and the new circuit				
	pinion of what the new classification should be?Class 1 (High Hazard)				
	Clase 2 (Significant Hazard)				
III. Signature	1				
determining the bazard slope (f	e on the lines below once the insertion				
portion of the form.	te on the lines below once the inspection and form have been completed. If assistance with was obtaining from Bureau of Water staff members, they will also need to complete this				
P. O. II	and they wan also need to complete this				
Printed Hand Ornott	O Comett				
Printed Name of Regional Inspe	ctor Signature				
	Date of Signature				
Printed Name of BOW Engine					
	Signature Date of Signature				
DHEC 2607 (11/2012) SOUTH CAROLIN	La page of Signature				
	A DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1				
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DHEC					
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PROVIDE RECEIVED	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 Ihrough 72-9				
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 activate insult in the current policy is to evaluate the benevity of the use of Department staff members activate insult in the current policy is to evaluate the benevity of the use of Department staff members activate insult in the current policy is to evaluate the benevity of the use of Department staff members activate insult in the current policy is to evaluate the benevity of the use of Department staff members.					
inspections. The current policy is to ev	rrent low hazard (class three) dams regulated by the Department of Health and Environmental Contro 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.				
	and a start of the second				
Date of inspection: 11114	SC Dam Inventory Number D_2609 County: Hamoton				
Dam Name: Webb- 4	SC Dam Inventory Number D 2609 County: Hampton D. Idl, fc Center Dam I				
Has ownership changed?	YesNo (if yes, enter the new owners and their contact information below)				
	a heizou):				
Contact Person (if owner is co	Tap As 1 1				
Prione:	125-3569 Email Cartcellia				
Mailing Address:	child jo dar. Sc. gov				
City:	State: Zip:				
	Zip:				
il. Site Information					
A. Site Location (street address, nearest intersection, etc.):					
Latitude: 32 36 00 * N Longitude: -81 • 19 · 02 * W Tax map # (list all): 056 - 00 - 00 - 003					
	$\frac{1}{100} = \frac{1}{100} = \frac{1}$				
B. Is there any evidence of new de	evelopment below the dam?YesNo				
C. Do you think the hazard classified	Cation should be used to the				
D. If yes for item II.C. what is your	Calibles of the test				
	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 d determining the hazard classification	late on the lines below once the inspection and form have been completed. If assistance with n was obtaining from Bureau of Water staff members, they will also need to see the with				
portion of the form.	late on the lines below once the inspection and form have been completed. If assistance with n was obtaining from Bureau of Water staff members, they will also need to complete this				
Den Carrett					
Printed Name of Regional Insp	Dector S. Convett 7/1/14				
·	Signature Date of Signature				
Printed Name of BOW Engin					
	eer Signature Date of Signature				
DHEC 2607 (11/2012) SOUTH CAROL					

DHEC				
	Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 Ihrough 72-9			
South Carolina Department of Health and Environmental Control				
Note: This form is only for which the				
inspections. The current policy is to ev	rrent low bazard (class three) dams regulated by the Department of Health and Environmental imary user of this form is for the use of Department staff members actively involved in reclassi valuate the bazard potential of low bazard dams at least once every five years.	Control		
Date of Inspection:				
Dam Name: Webb W	Sc Dam Inventory Number D 2610 County: Hampton Dildlife Center Dam 2			
I Down Owners for the second	YesNo (If yes, enter the new owners and their contact information below)	-		
A. Owner/ Operator (Company of	er person):			
a stadii (ii dailai 13 Cu				
Phone: 803- 6	25-3569 Email: Cantrellje) dar. SC. gov	_		
Mailing Address:	cinan <u>contrary o anr. SC. gov</u>			
City: State: Zip:				
	Zip: Zip:	-		
II. Site Information				
A. Site Location (street address, n	nearest intersection, etc.); 1287- (1)ect Are			
Latitude: 32 . 36 . 15 " N	A. Site Location (street address, nearest intersection, etc.): 1282 Webb Ne Latitude: 32 . 36.15 " N Longitude: -81 . 18.45" W Tax map # (list all): 039-00-007			
	$\frac{1}{100} \frac{1}{100} \frac{1}$	-		
		-		
B. is there any evidence of new de	evelopment below the dam?YesNo			
C. Do you think the hazard classifie	ication should be upgraded? Yes No			
D. If yes for item II.C, what is your	Opinion of what the new classification is a second se			
	Class 2 (Significant Hazard)			
III. <u>Signature</u> Please print your name, sign, and d determining the hazard classificatio portion of the form.	date on the lines below once the inspection and form have been completed. If assistance with on was obtaining from Bureau of Water staff members, they will also need to complete this	h		
B. M. H				
Printed Name of Regional Ins	Dector 7/1/14			
	Signature Date of Signature			
Printed Name of BOW Engin				
traine of BOAA Eugly	neer Signature Date of Signature			
DHEC 2607 (11/2012) SOUTH CAROL	UNA DEPADTAGENT OF HER			

DILE			
PROVIDER FRUTER FRUTERE Suruth Chernling Department of Headth and Environmental Control	Dams o	ard Dam Classification Inspec Regulated Da and Reservoirs Safety Act Reg	ulations 72-1 through 72-9
Note: This form is only for use on c	urrent low hazard	(class three) dams regulated by the Departm is form is for the use of Department staff me	•
inspections. The current policy is to	trimary user of thi evaluate the hazar	(class three) dams regulated by the Departm is form is for the use of Department staff me of potential of low hazard dams at least once	tent of Health and Environmental Control mbers actively involved in reclassification
199 E 2			every live years.
Date of Inspection://	Ч SC 0	am Inventory Number D_2611_Cou	11 1
Dam Name: Theluce R	Ans Sela	Do-m	inty: therefter
	(and)	com	
I. <u>Dam Owner Information</u>	1		
	Yes	No (If yes, enter the new owners and their	contact information below)
the entrem operator (company	or person);	Justin and Brody Cy	reland
Contact Person (if owner is	company):		
Phone:	- 626-3	182Email:	
Mailing Address: / ^ / 6	19 Augu	sto stace on l	
city: Carnett	5	State:SC	20
and the second sec			Zip:
II. Site Information			
		5 .1	
	, nearest intersec	tion, etc.): Solomons Cemetr	my Ad & Aregusz Rd
	l Longitude: - <u>K</u>	-20 -00 - W Tax map # (list all):	23-01-00-063
B. is there any evidence of new	development beic	w the dam?YesNo	
C. Do you think the hazard class	ification should be	a upgraded?	1
D. If yes for item II.C, what is you	If Opinion of what	the new classification should be?Ch	1
• • •	point of what	the new classification should be?Ci	ass 1 (High Hazard)
		Ci	ass 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and	t date on the lines	i below once the inspection and form have) from Bureau of Water staff members, they	
portion of the form.	lion was obtaining	i below once the inspection and form have a from Bureau of Water staff members, they	Deen completed. If assistance with will also need to complete this
D. O. II		0	
Printed Name of Regional Ir	_	S. Comet	Alline
international in	spector	Signature	Date of Signature
Printed Name of BOW Eng	lineer	Signature	
		A.Ruernis.	Date of Signature
DHEC 2607 (11/2012) SOUTH CAR	DLINA DEPART	IMENT OF HEALTH AND ENVIRON	
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Control of Control South Control of Control and Revenue and Control	Low Hazard Dam Classification Inspection Form for South Caroline Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9	
Note: This form is only for use on cut	rrent 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 activations.	
inspections. The current policy is to en	rrent 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 reclassificatio valuate the hazard potential of low hazard dams at least once every five years.	ro]
	once every live years.	
Date of Inspection:7/1/	14 SC Dam Inventor the tar 244	
Dam Name: Peroles Po	Del Mune Munder D 2012 County: Hawaton	_
	14_SC Dam Inventory Number D_2612_County: Hangton	
L 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): Scotic Farms UP [TM=P Properties	
Contact Person (if owner is ~	addite to may properties	
Phone:	ompany):	
City:		
	2.p:210	
II. Site Information		
A. Site Location (street address	nearest intersection, etc.): Lebanon Rd & Pleasant Hill	ł
t anti- 27 - 26. (1)	nearest intersection, etc.):OUNON_FAC < VICLOUT TO (1	
Latinude: 24 . 28 . 00. N	Longitude: -81 -12 - 00 - W Tax map # (list all): 93-00-015	ł
9. Is there any evidence of new d	levelopment below the dam?YesNo	
C. Do you think the bazard classif	fication should be upgraded?YesNo	Ł
	Ication should be upgraded?YesNo	
of it yes for item II.C, what is your	r opinion of what the new classification should be?Class 1 (High Hazard)	L
	Class 2 (Significant Hazard)	Ł
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 completed. If assistance with on was obtaining from Bureau of Water staff members, they will also need to complete this	
Printed Name of Regional Ins	spector Signature 7/1/14 Date of Signature	
Printed Name of BOW Engl	neer Signature Data of Signature	
	Date of Signature Date of Signature	
DHEC 2607 (11/2012) SOUTH C+ DC		

DHECKICATE FROME OF Internet	Low Hazard Dam Classification Inspection Regulated Dam Dams and Reservoirs Safety Act Regul	ations 72-1 ihrough 72-9
	rent low bazard (class three) dams regulated by the Departmen many user of this form is for the use of Department staff memb aluate the bazard potential of low bazard dams at least once ev	ery five years.
Date of Inspection: Dam Name:	Y SC Dam Inventory Number D 2597 Count J Kihard Dam	r: Hampton
L. <u>Dam Owner Information</u> Has ownership changed?	YesNo (if yes, enter the new owners and their co	Intact information below
Contact Person (if owner is co	mpany): Mark B kingel	Estate
Phone:	Email:	
Mailing Address: 1271	helma Driva	
city: Varnville	States SC.	
Latitude: <u>32 • 54 • 15 • N</u>	earest intersection, etc.): <u>Huy 54 ¢</u> Huy Longitude: - <u>81 • 02 · 1C</u> · W Tax map # (list all): <u>14</u>	13 8-W-W-002
C. Do you think the hazard classific	velopment below the dam?YesNo ation should be upgraded?YesNo pinion 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. <u>Pinny</u> Cornett Printed Name of Regional Insp	ate on the lines below once the inspection and form have been was obtaining from Bureau of Water staff members, they will Provide Contract of Signature	
Printed Name of BOW Engine	er Signature	Date of Signature
HEC 2607 (11.2012) SOUTH CAROL	NA DEPARTMENT OF HEALTH AND ENVIRONME	NTAL CONTROL Page 1

DHECC FROME Control of Fraction of Fraction Sussible Control of Fraction of Fraction and Environmental Control	Low Hazard Dam Classification Inspection Form for South Caroling Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9
Note: This form is only for use on c in the State of South Carolina. The Inspections. The current policy is to	I arrent low hazard (class three) dams regulated by the Department of Health and Environmental Contro primary user of this form is for the use of Department staff members actively involved in reclassification evaluate the bazard potential of low hazard dams at least once every five years.
	percential of low nazard dams at least once every five years,
Date of Inspection:	14 SC Dam Inventory Number D_2596 County: Hangton
	· / · · · · · · · · · · · · · · · · · ·
Has ownership changed?	
A. Owner/ Operator (Company	YesNo (If yes, enter the new owners and their contact information below)
e contractioner la contra	or person);
	Email:
City	
II. Site Information	State: Zip:
II. Site Information	nearest intersection, etc.): $Hwy (e0) \in Hwy 538$ Longitude: $-81 \cdot 05 \cdot 00 \cdot w$ Tax map # (list all): $113 - 00 - 015$
II. <u>Site Information</u> A. Site Location (street address Latitude: <u>33 • 00 • 15 • N</u> B. Is there any evidence of new of C. Do you think the hazard class	nearest intersection, etc.): $\underline{Hwy}(b) = \underline{Hwy}538$ Longitude: $-\underline{81} \cdot \underline{05} \cdot \underline{00} \cdot W$ Tax map # (list all): $\underline{113} - \underline{00} - \underline{015}$ Revelopment below the dam? Yes No fication should be upgraded? Yes No
II. <u>Site Information</u> A. Site Location (street address Latitude: <u>33 • 00 • 15 • N</u> B. Is there any evidence of new of C. Do you think the hazard class	$\frac{State:}{2lp:}$ nearest intersection, etc.): $\frac{Hwy}{0.1 \times W}$ ($\frac{0.1 \times Wy}{0.1 \times W}$ 538 Longitude: $-\frac{81 \cdot 0.5 \cdot 0.0}{0.0 \times W}$ Tax map # (list all): $13 - 0.0 - 0.15$ levelopment below the dam? \underline{Yes} \underline{No} fication should be upgraded? \underline{Yes} \underline{No} r opinion of what the new classification should be? $\underline{Class 1}$ (High Hazard)
 II. <u>Site Information</u> A. Site Location (street address Latitude: <u>33 • 00 • 15 • N</u> B. Is there any evidence of new of C. Do you think the hazard class. D. If yes for item II.C, what is you Signature Please print your name, sign, and determining the hazard classificat portion of the form. 	$\frac{State:}{2lp:} 2lp: \frac{2lp:}{2lp:} \frac{2lp:}$
 II. <u>Site Information</u> A. Site Location (street address Latitude: <u>33 • 00 • 15 • N</u> B. Is there any evidence of new of C. Do you think the hazard class. D. If yes for item II.C, what is you <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form. 	$\frac{\text{State:}}{\text{nearest intersection, etc.}:} \underbrace{\text{Hwy}}_{\text{W}} \underbrace{\text{W}}_{\text{W}} \underbrace{\text{Wy}}_{\text{S}} \underbrace{\text{S}}_{\text{S}} \underbrace{\text{Longitude:}}_{\text{S}} \underbrace{\text{S}}_{\text{S}} \underbrace{\text{Longitude:}}_{\text{S}} \underbrace{\text{M}}_{\text{S}} \underbrace{\text{W}}_{\text{S}} \underbrace{\text{W}}_{\text{S}} \underbrace{\text{W}}_{\text{S}} \underbrace{\text{S}}_{\text{S}} \underbrace{\text{Longitude:}}_{\text{S}} \underbrace{\text{M}}_{\text{S}} \text{$
 II. <u>Site Information</u> A. Site Location (street address Latitude: <u>33 • 00 • 15 • N</u> B. Is there any evidence of new of C. Do you think the hazard class. D. If yes for item II.C, what is you <u>Signature</u> 	$\frac{State:}{21p:}$ nearest intersection, etc.): $\frac{Hwy}{401} \notin \frac{13}{40} \frac{538}{2000}$ Longitude: $\frac{81 \circ 05}{00} \cdot W$ Tax map # (list all): $\frac{13 - 00 - 015}{113 - 00 - 015}$ Revelopment below the dam? $\frac{Yes}{Ves} \frac{100}{Vo}$ Revelopment below the dam? $\frac{Yes}{Ves} \frac{100}{Vo}$ Revelopment below the dam? $\frac{Yes}{Ves} \frac{100}{Vo}$ ropinion of what the new classification should be? $\frac{Class}{100} (High Hazard)$ $\frac{Class}{100} (Significant Hazard)$ Class 2 (Significant Hazard)
 II. <u>Site Information</u> A. Site Location (street address Latitude: <u>33 • 00 • 15 • N</u> B. Is there any evidence of new of C. Do you think the hazard class. D. If yes for item II.C, what is you Signature Please print your name, sign, and determining the hazard classificat portion of the form. 	

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PROVIDE TE PROVIDE TI C I PROVER B Servite Carroline Department of Handth and Environmental Control	ow Hazard Dam Classification inspec Regulated Do Dams and Reservoirs Safety Act Reg	julations 72-1 through 72-9
Note: This form is only for use on current in the State of South Carolina. The primar	low hazard (class three) dams regulated by the Departs y user of this form is for the use of Department staff m	Ment of Hasteh and East
inspections. The current policy is to evaluate	low hazard (class three) dams regulated by the Departs y user of this form is for the use of Department staff me te the hazard potential of low hazard dams at least one	embers actively involved in reclassification
Date of Inspection:	SC Dam Inventory Number D_2600 Co	unty: the motion
Dam Name:Lennis K	ent 2 Gay Dam	
Has ownership changed?Yes	No (If yes, enter the new owners and the	
t a set to a part of part		
Contact Person (if owner is compa	ny): Clarce Black	
Phone:		
Mailing Address: 4405 ()	Email: Jalterboro Huy State: SC	
city: Varni, 11e	somernoro nun	
	State: <u>C</u>	Zip:29446
II. Site Information		
A. Site Location (street address, nearest intersection, etc.): <u>Huy DY & Manda Rd</u> Latitude: <u>BL · 64 · 00 · N</u> Longitude: - <u>81 · 10 · 00 · W</u> Tax map # (list all): <u>(W - D - 027</u>		
Latitude: OL . OI. U. N Long	jitude: - <u>8[• 10 • 00</u> • W Tax map # (list all):	W- W-W-02-02-
B. Is there any evidence of new develo	pment below the dam?YesNo	
C. Do you think the hazard classificatio	n should be upgraded? Yes	
D. If yes for item II.C, what is your opini	on of what the new classification should be?C	
	C	lass 2 (Significant Hazard)
III. Sidnature		1
determining the hazard classification wa	on the lines below once the inspection and form have s obtaining from Bureau of Water staff members, the	been completed. If assistance with
N		will also need to complete this
Penny Cornett Printed Name of Regional Inspects	Que Caret	
Printed Name of Regional Inspecto	Signature	26/14
	— - ² 2 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Date of Signature
Printed Name of BOW Engineer		
	Signature	Date of Signature
HEC 2607 (11/2012) SOUTH CAROLINA	DEPARTMENT OF HEALTH AND ENVIRON	
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	cation inspection Form for South Carolina Regulated Dams afety Act Regulations 72-1 through 72-9
and Environmental Control	
Note: This form is only for use on current low hazard (class three) dams regu in the State of South Carolina. The primary user of this form is for the use of i inspections. The current policy is to evaluate the bazard potential of low hazard	lated by the Department of Health and Environmental Control Department staff members actively involved in melanific actively
	and to the every live years.
Date of Inspection: 2/6/14 SC Dam Inventory Number	D2601 come the to
Date of Inspection: 2/6/14 SC Dam Inventory Number Dam Name: AC Thomas	county: (lat n ft 0 n
I. Dam Owner Information Has ownership changed?YesNo (If yes, enter the net A. Owner/ Operator (Company on the company of the com	
A. Owner/ Operator (Company or person):	wowners and their contact information below)
Phone:	-1
Phone:Em Mailing Address: <u>780 Cherry Grove Pd</u> City: <u>Brungon</u> State:	
city: brunon	5/
	Zip: <u>299(1</u>
II. Site Information	
A. Site Location (street address, nearest intersection, etc.): Latitude: 32.043.15. N Longitude: -80.051.00. W Ta	tun 538
Latitude: 32 .43 . 15 . N Longitude: - 80 .51 . 10 . W To	132
	* map # (list all):
B. Is there any evidence of new development below the dam?Ye	
C. Do you think the hazard classification should be upgraded?Ye	
D. If yes for item II.C, what is your opinion of what the new classification	
	Class 2 (Significant Hazard)
III. <u>Signature</u> Please print your name, sign, and date on the lines below once the inspect determining the hazard classification was obtaining from Bureau of Water portion of the form.	ction and form have been completed. If assistance with staff members, they will also need to complete this
Penny Cornett Berry Os	with 2/6/14
Sig	Date of Signature
Printed Name of BOW Engineer Sign	Date of Signature
DHEC 2607 (11/2012) SOUTH CAROLINA DEBAD TARDER	
DHEC 2607 (11/2012) SOUTH CAROLINA DEPARTMENT OF HEALTI	AND ENVIRONMENTAL CONTROL Page 1

DHERCE	Low Hazard Dam Classification Inspect Regulated Dar Dams and Reservoirs Safety Act Regu	
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 bazard (class three) dams regulated by the Departme many user of this form is for the use of Department staff mem aluate the bazard potential of low bazard dams at least once e	ent of Health and Environmental Control obers actively involved in reclassification every five years.
Date of Inspection: Dam Name:	<u>sc Dam Inventory Number D_2602</u> Cour <u>d Plantation Dam</u>	in: Hampton
I. Dam Owner Information Has ownership changed?	Yea No (If year or too to	
A. Owner/ Operator (Company o Contact Person (if owner is co	rperson): Chilton Timber & Long	Couc
Phone:		
Mailing Address: 1266 E	ast Main St, The Floor State: CT	7m: D6901
II. <u>Site Information</u> A. Site Location (street address	Longitude: <u>\$1 • 09</u> <u>30</u> • W Tax map # (list all):	
C. Do you think the hazard classif	evelopment below the dam?YesNo ication should be upgraded?YesNo	
of the year of kent h.c., what is your	opinion of what the new classification should be?Cla	1
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 b on was obtaining from Bureau of Water staff members, they	een completed. If assistance with will also need to complete this
Printed Name of Regional Ins	pector Signature	Date of Signature
Printed Name of BOW Engl	nëer Signature	Date of Signature
OHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF HEALTH AND ENVIRONN	IENTAL CONTROL Page 1

DHEC			
		Dam Classification Inspec Regulated Da Reservoirs Safety Act Regu	tion Form for South Carolina ms
South Cornfine Department of Health and Environmental Control	· ·		
Note: This form is only for use on cut in the State of South Caroling. The pr	rreat low hazard (clas	a three) dams regulated by the Departm	ent of Health and Environmental Control
inspections. The current policy is to en	valuate the hazard por	m is for the use of Department staff mer tential of low hazard dams at least once	ent of Health and Environmental Control nbers actively involved in reclassification every five years.
Dam Name: 11)estiloc		hon Number D 4483 Cou	my: Hampton
I Deve deve of a second			
L Dam Owner Information Has ownership changed?	, Yes No.((If yes, enter the new owners and their	
A. Owner/ Operator (Company o	ar person):	Stalley Young	contact information below)
Contact Person (if owner is o			
Phone:	÷.	Fmait	
Mailing Address: 294	9 Old S	Sallehatchie thus	
city: Early Bran	ch	Email: Dallehetchie Huy State:SC	71m: 29916
II. Site Information		A	
A. Site Location (street address,	nearest intersection,	etc.): Deep Brach	& Fisher
Latitude: 52.91.30.N	Longitude: - <u>80 • 6</u>	5 <u>/ • 30 •</u> W Tax map # (list all):	185-00-00-023
B is there are sublement of		r	
B. Is there any evidence of new d	evelopment below th	ie dam?YesNo	
C. Do you think the hazard classif D. If yes for item II C, what is your	ncation should be upp	graded? Yes No	
y = = tot then they, what is you	opinion of what the i	new classification should be?Cl	ass 1 (High Hazard)
		CI	ass 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 bel on was obtaining fror	ow once the inspection and form have n Bureau of Water staff members, they	been completed. If assistance with / will also need to complete this
Do Ander Ha		\bigcirc	
Printed Name of Regional Ins	Spector	Signature	2/6/14
		Signature	Date of Signature
Printed Name of BOW Engl			
	1470 để	Signature	Date of Signature
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTME	ENT OF HEALTH AND ENVIRON	MENTAL CONTROL
			MENTAL CONTROL Page 1

DHFC				
PROVINER PROFILE PRINCIPAL		ard Dam Classification Inspection Regulated Dam and Reservoirs Safety Act Regul		
and Environmental Control				
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 thi valuate the hazar	(class three) dams regulated by the Departmen is form is for the use of Department staff memb rd potential of low hazard dams at least once ev	at of Health and Environmental Control pers actively involved in reclassification	
Date of Inspection:4	<u> 4</u> sc d	am Inventory Number D 2595 Count	tante	
Dam Name: Lila Ma	le Mixo	am Inventory Number D <u>2595</u> Count Dem	y	
I. Dam Owner Information Has ownership changed?	Y	No (If yes, enter the new owners and their co		
A Output Occurtor (O	_res/_	No (If yes, enter the new owners and their co	ontact information below)	
A. Owner/Operator (Company	or person):			
Contact Person (if owner is c	ompany):			
Phone:		Email:		
Mailing Address:				
City:		State:	Zin:	
			Cip:	
II. Site Information				
A. Site Location (street address.	nearest intersec	tion star Deep Brouch		
Latitude 32 . 48. 1(. M	Longitudes &	tion, etc.): Dep Branch		
	congitude, - <u>ue</u>	- <u></u>	12-00-03-081	
D is these second to be				
		ow the dam?YesNo		
C. Do you think the hazard classi				
D. If yes for item II.C, what is you	r opinion of what	the new classification should be?Clas	s 1 (High Hazard)	
			s 2 (Significant Hazard)	
			cognicant hazard)	
III. <u>Signature</u> Please print your name, sign, and determining the hazard classificat portion of the form.	date on the lines	s below once the inspection and form have be g from Bureau of Water staff members, they v	een completed. If assistance with vill also need to complete this	
Peroll Cornett				
Printed Name of Regional In	SDector	_ Oling Conlett	2/0/17	
		Jignature	Date of Signature	
Deliver 114				
Printed Name of BOW Eng	lneer	Signature	Date of Signature	
DHEC 2607 (11/2012) SOUTH CAR				
SOUTH CARC	JUINA DEPAR	TMENT OF HEALTH AND ENVIRONM	ENTAL CONTROL Page 1	

DHEC			
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 bazard (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 bazard potential of low bazard dams at least once every five years.			
the every live years.			
Date of Inspection: 2/20/13 SC Dam Inventory Number D2580 County: 45pm			
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): OLIN MIXON			
Contact Person (if owner is company)			
Mailing Address: 280 STEVE MIXON 120 City: EADLY, RADIELT			
City: EARLY BRANCH State: SC ZID: 29916			
Zip: <u>27716</u>			
II. <u>Site Information</u>			
A. Site Location (street address, nearest intersection, etc.): <u>1814 BIG BRANCH RD, FALLY BRANCHSC</u> Latitude: <u>32.42.30</u> N Longitude: <u>81.0030</u> W Tax map # (list all): <u>056-00-03-011</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)			
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 ROGG Starts ROGA			
Printed Name of Regional Inspector Signature Date of Signature			
Printed Name of BOW Engineer Signature Date of Signature OHEC 2607 (11 2012) SOUTH CAROLINA DEPEndence			

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Low Hazard Dam Classification Inspection Fo	rm for South Carolina					
Dams and Reservoirs Safety Act Regulation	Dams and Reservoirs Safety Act Regulations 72. I through To a					
and Kavirannesusi Control						
Note: This form is only for use on current low hazard (class three) dams regulated by the Department of He in the State of South Carolina. The primary user of this form is for the use of Department staff members acti- inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once members acti-	aith and Environmental Control					
inspections. The current policy is to evaluate the hauard potential of low hazard dams at least once every five	ively involved in reclamification years.					
Date of Inspection: 2/20/13 SC Dam Inventory Number D2581 County:	A=00					
Dam Name: B.H. RutLEDGE MOORE DAM	TOPEL					
L. Dam Owner Information						
Has ownership changed?YesNo (If yes, enter the new owners and their contact is	temetion beimet					
A. Owner Operator (Company or person): UAVANT HARMING J Tub	ELCO, LTD					
Contact Person (if owner is company): ALFRIDA B. MOODE						
Phone: 843-726-3262 Email:						
Mailing Address SOL 1) A 1/4 + 100						
city: <u>RIDGELAND</u> State: <u>SC</u> Z	29936					
IL Site Information						
A. Site Location (street address, nearest intersection, etc.): 384 DAVANT PLANAT	ion DA					
Latitude: 32.3615"N Longitude: -81.0000"W Tax map # (list all):057-(10-03-001					
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 (Hig	h Hazard)					
Class 2 (Sig	Inificant 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.						
portion of the form.	need to complete this					
Robert Struck Kon Al	212/22					
Printed Name of Regional Inspector Signature	Date of Signature					
Printed Name of BOW Engineer Signature	Data of Structure					
THEC MOTION	Date of Signature					
SOUTH CAROLINA DEPARTMENT OF MEL						

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	Low Hazard Dam Classification Inspection F	form for South Carolin -		
	Regulated Dams	Sum of second conound		
Suesth Caroline Department of Health and Environment Canard	Dams and Reservoirs Safety Act Regulatio	ons 72-1 through 72-9		
Note: This form is only for use on cur	rent low hezard (close three) down			
in the State of South Carolina. The pri inspections. The current policy is to ev	rent low hazard (class three) dams regulated by the Department of I imary user of this form is for the use of Department staff members a sluate the bazard potential of low bazard dams at least once every fi	lealth and Environmental Control		
Date of Inspection: 2/20	13_SC Dam Inventory Number D2582 County:			
Dam Name: Cyphass	Woods Corp DAM 1	HISPEL		
L Dans Owner Information				
Has ownership changed?	YesNo (If yes, enter the new owners and their contact			
Person (company o		information below)		
Phone: 843-726-	- 8646			
Mailing Address: 331	- 8646 Email HuntoFFICE	Tunky UHIL Plantow Cin		
City: RIDGELAN	JdState:SC;			
		Zap: <u>29936</u>		
II. Site Information				
	rearest intersection, etc.): 4190 LoG/HAULT			
Latitude 32 33 00	icarest intersection, etc.): <u>4170 LoG/HAUL/</u>	<u> </u>		
	Longitude: 20-59.30 W Tax map # (list all): 048-	00-01-001		
B. In there are suite				
C. Do you this is a climate of new de	evelopment below the dam?YesNo			
C. Do you think the hazard classifi	cation should be upgraded?YesNo			
U. If yes for item II.C, what is your	opinion of what the new classification should be?Class 1 (H	ioh Hazami)		
		ignificant Hazard)		
III. <u>Signature</u>		Sumoant Hezeld)		
Please origit your name along and	fate on the lines below once the inspection and form have been co in was obtaining from Bureau of Water staff members, they will also			
portion of the form.	late on the lines below once the inspection and form have been co in was obtaining from Bureau of Water staff members, they will also	mpleted. If assistance with		
\mathcal{D}		and a complete (IIIS		
Printed Name of Regional Inst	ins Kon the	2/2/2		
traine of Regional Insi	Signature	Date of Signature		
Printed Name of BOW Engin	signature			
DHEC 2607 (11:2012) SOUTH CAROL		Date of Signature		
SOUTH CAROL	JNA DEPARTMENT OF HEALTH AND ENVIRONMENTA	AL CONTROL Page 1		

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Facultaria Creation Control of Honology	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 cus	Test low hazard (class three) down			
in the State of South Carolina. The pr inspections. The current policy is to en	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 area form for a sectively involved in reclassification			
Date of Inspection: 2/20/	3 SC Dam Inventory Number D 7 SP2			
Dam Name: CV PAESS	13_SC Dam Inventory Number D2583 County: JASPEL			
	YesNo (If yes, enter the new owners and their contact information below)			
Contest Demon (Company o	r person): <u>Cypless (Words</u> Copport Tick			
	mpany: CANADA SMITH			
Phone: 043-7.36-	Email: Autoffics@Typksv1+11/14 Jahm COAA			
	<u>Andentyk</u> <u>CANADA SMIPH</u> <u>8646</u> <u>LOG I HAUL RD</u> <u>d</u> <u>State:</u> <u>SC</u> <u>zp</u> : <u>29936</u>			
City: KINGS LAN	<u>d</u> State: <u>SC</u> Zio: 2993(a			
II. Site Information				
A. Site Location (street address,	nearest intersection, etc.): 4190 LoG/HAyL RD			
Latitude: 32.32.30N	Longitude: 80-5945 W Tax map # (list all):048-00-01-001			
B. is there any evidence of new de	evelopment below the dam?Yes No			
C. Do you think the hazard classif	Ication should be upgraded? Yes			
D. If yes for item II.C, what is your	Opinion of what the new close it and			
	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 Recently a set of the form.				
Printed Name of Regional Ins	pector Bogn Signature Date of Signature			
Printed Name of BOW Engli				
DHEC 2607 (11 2012) SOUTH CARO	- Date of Signature			
CHILC 2007 (11:2012) SOUTH CARO	LINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL			

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Facebolic Constitution of all lines	Low Hazard Dam Classification inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 ihrough 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 imany 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 cross firms for the second statement of the second			
Inspections. The current policy is to en	imary user of this form is for the use of Department staff members actively involved in reclassification aluate the bazard potential of low bazard dame at least once every five years.			
Date of Inspection: 2/20	13 SC Francisco - 2504			
Dam Name: Cy DGSS	Woods CORD DAM 3			
L Dam Owner Information				
Has ownership changed?	YesNo (if yes, enter the new owners and their contact information below)			
A. Owner/ Operator (Company a	r person): <u>CDEF</u> <u>PAP-CELS</u> <u>LL</u> C			
Contact Remon // www.	Personic <u>CUEF</u> TALCELS LLC			
	mpany: <u>CANADA SMith</u>			
	8646 Email:			
Mailing Address: <u>054</u>	MADISON AUG ROCM 1550			
City: <u>PGW JOF</u>	۲ State: <u>NY</u> Zip: / ٥٥٦١			
II. Site Information				
A. Site Location (street address,	nearest intersection, etc.): 2201 LOG HAUL RD			
Latitude: 32 . 32.00-N	Longitude: 80.59.15. W Tax map # (list all): 0(01-00-01-005			
	$\frac{22}{10} \text{ W lax map # (list all): } \frac{O(01 - C0 - 01 - C05)}{1000}$			
B. Is there any evidence of new d				
C. Do you think the based store in	evelopment below the dam?YesNo			
C. Do you think the hazard classifi	cation should be upgraded?YesNo			
0. If yes for item II.C, what is your	opinion of what the new classification should be?Class 1 (High Hazard)			
	Clase 2 (Significant Hazard)			
IN 01				
III. <u>Signature</u> Please print your name, sign, and r				
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				
i also need to complete this				
ROGEL STEVE	-S Repustion alala			
Printed Name of Regional Ins	pector Signature			
Uate of Signature				
Printed Name of BOW Engineer				
	Signature Date of Signature			
DHEC 2607 (11:2012) SOUTH CAROL	INA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1			
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F REVIEW F REPERT OF A CONTRACT OF A CONTRAC	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 cut 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 estimate by			
	anale the samard potential of low hazard dams at least once every five years.			
Date of Inspection: 2/20	13			
Dam Name: CYPRESS	Woods CORP DAM 4			
L Dam Onner Information				
Has ownership changed?	YesNo (If yes, enter the new owners and their contact information below)			
a a sum oberator (company 0	person): CDFF PANcolo IIC			
Contact Person (if owner is co	mpany = A L A N A = A L A N A			
Phone: <u>843-736-</u>	3046			
Mailing Address: 654	MACISON AUG DOWAN 1500			
City: Male Yor	12			
	Zip: / 00 d			
N. Site Information				
A. Site Location (street address,	nearest intersection, etc.): 2201 Log Haul RD			
Latitude: 32 32.00 N	Longitude: -80-59:30 W Tax map # (list all): 061-00-01-005			
B. Is there any evidence of new de	evelopment below the dam?YesNo			
C. Do you think the hazard classifi	cation should be upged at			
D. If yes for item II.C. what is your	Collision of utset the second se			
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 o determining the hazard classification portion of the form.	late on the lines below once the inspection and form have been completed. If assistance with n was obtaining from Bureau of Water staff members, they will also need to complete this			
ROGE2 STEVE, Printed Name of Regional Ins	S Rog Standard 2/20/13 Dector Signature Date of Signature			
Printed Name of BOW Engli	Signature Date of Signature			
DHEC 2607 (11, 2012) SOUTH CARO	INA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL			
	ANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 1			

Low Hazard Dam Classification inspection Form for South Car Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through is been the State of South Carolina. The primary user of this form is for the use of Department of Health and Environments in the State of South Carolina. The primary user of this form is for the use of Department of Health and Environments inspections. The current policy is to evaluate the bazard potential of low bazard dams at least once every five years. Date of Inspection: 2/20//3_SC Dam Inventory Number 02586 county: 45.96.2 Darm Name: Russell 4 4APET Bugers 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): 4APET CLEUAL Contact Person (if owner is company):	72-9
Note: This form is only for use on current low bazard (class three) dams regulated by the Department of Health and Environments in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclass inspections. The current policy is to evaluate the bazard potential of low bazard dams at least once every five years. Date of Inspection: <u>2/20/13</u> SC Dam Inventory Number D <u>3586</u> County: <u>14542</u> Dame Name: <u>R4555114</u> <u>44257</u> <u>Buppes</u> <u>DAM</u> I. <u>Dame Owner Information</u> Has ownership changed? <u>Yes</u> <u>No</u> (If yes, enter the new owners and their contact information below) A. Owner/Operator (Company or person): <u>44257</u> <u>CLELAN</u>	il Control iification
Inspections. The current policy is to evaluate the instant potential of low hazard dama at least once every five years. Date of Inspection: <u>2/20//3</u> SC Dam Inventory Number 0 <u>2586</u> County: <u>445</u> <u>622</u> Dam Name: <u>Russell 4 44777 Bupus DAM</u> I. <u>Dam Owner Information</u> Has ownership changed? <u>Yes</u> <u>No</u> (if yes, enter the new owners and their contact information below) A. Owner/Operator (Company or person): <u>44777</u> <u>CLELALd</u>	il Control iffcation
Date of Inspection: <u>2/20/13</u> SC Dam Inventory Number 0 <u>3586</u> county: <u>445 pc.2</u> Darm Name: <u>Russell 4 4 Aper Bupps DAM</u> I. <u>Darm Owner Information</u> Has ownership changed? <u>Yes</u> <u>No (if yes, enter the new owners and their contact information below)</u> A. Owner/ Operator (Company or person): <u>4Aper</u> <u>CLELAper</u>	
L. 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): HANET CLELAND	
L. 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): HANET CLELAND	
A. Owner/ Operator (Company or person): JANET CLELAND	
Email:	
Mailing Address: P.O. BOV 3822 City: BLUEFTON State: SC Zip: 29910	
City: 1964 F760 State: SC Zip: 39910	
II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>200 L06 1441L RD</u> Latitude: <u>32 · 31 · 30</u> N Longitude: <u>20 · 57 · 30</u> W Tax map # (list all): <u>060 - 00 - 07 - 0.3</u>	9
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 we determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form. Rocal Starting Robin Starting Printed Name of Regional Inspector Robin Signature	vith
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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	Low Hazard Dam Classification Inspection Form for South Caroling	1			
PROMINE PROFILE PHILIPPER South Curning Department of Health and University Control	Dams and Reservoirs Safety Act Regulations 72-1 through 72-	9			
Note: This form is only former on					
in the State of South Carolina. The pr inspections. The current policy is to ex-	rent low bazard (class three) dams regulated by the Department of Health and Environmental Co mary user of this form is for the use of Department staff members actively involved in reclassifica aluate the hazard potential of low bazard dams at least once every five years.	ntrol ation			
Data of Barrison 2/20/	12				
	13_sc Dam Inventory Number D.2587 county: HASPER_ BAX 1=P_DAM				
Junio Jonerac	DAX REL DAM	_			
L. Dam Owner Information		_			
Has ownership changed?	YesNo (If yes, enter the new owners and their contact information below)				
Company operator (Company o	r person): <u>ARNORO</u> LLC				
Contact Person (if owner is co	mpany): (UALTER BAXTER, NR.	-			
Phone: 843-72	0-5351	-			
و (Viannig Address: ((V)					
CITY: TILLMAN		-			
	Zhp: <u>2774</u>)	-			
II. Site Information					
A. Site Location (street address,	nearest intersection, etc.): 1353 CALCAUSELLAY RD				
Latitude: 32.31.45.N	Longitude: $81 \cdot 10.45 \cdot W$ Tax map # (list all): $014 - 00 - 01 - 057$	-			
	Congrude: 01-10-20 W Tax map # (list all): 014 -00-01-057	-			
	014-00-01-006	_			
B is them any solid	/				
C. De une this is there any evidence of new d	avelopment 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 give and	date on the lines below once the inspection and for				
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.					
	\sim				
ROGAL STEVEN Printed Name of Regional Ins	-SKCALISTELIA 1/20/13				
ins a name of Kegional ins	pector Signature Date of Signature				
Printed Name of BOW Engl					
DHEC 2607 (11:2012) SOUTH CARO					
SOUTH CARO	LINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL				

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Constitute a source of a file and the source of the source	Low Hazard Dam Classification Inspection Form for South Carolin Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9					
Note: This ferm is only for use on cut in the State of South Carolina. The pr inspections. The current policy is to en	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 impections. The current policy is to evaluate the bazard potential of low hazard dams at least once every five years.					
Date of Inspection: <u>2/20/</u> Dam Name: <u>0/49979</u>	B CLUB DAM					
L Dam Owner Information Has ownership changed?	Yes Vo (If yes, enter the new meners and their sectors is					
A. Owner/Operator (Company o	π person): $\underline{\bigcirc}$ $ \angle \varphi \varphi T \varphi \varphi \in (\downarrow, R)$					
Contact Person (if owner is c	propany: M, AAAAAAA, A CALD - TO ACC					
Phone: 847-57	7-7040					
Ψ						
CHY. RIDGELA	<u>state:</u> <u>SC</u> <u>zp</u> : <u>29936</u>					
	N. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.): <u>End of Riley Field Ri</u> Latitude: <u>32.22.45</u> N Longitude: <u>80.55.15</u> W Tax map # (fist all): <u>037-00-02-034</u>					
B. Is there any evidence of new development below the dam?YesNo C. Do you think the hazard classification should be upgraded?YesNo						
	r opinion of what the new classification should be?Class 1 (High Hazard)					
Clase 2 (Significant Hazard)						
III. Stanature 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.						
RUGER Stevens Regional Inspector Ruger Signature Date of Signature						
Printed Name of BOW Eng	incer Signature Date of Signature					
DHEC 2607 (11/2012) SOUTH CARO	LINA DEPARTMENT OF HEALTHAND CHURCOUL					

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r Scould Chroling Department of Health and Environmental Control	Low Hazard Dam Classification Inspection Form for South Caroline Regulated Dams Dams and Reservoirs 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 en	rent low hazard (class three) dams regulated by the Department of Health and Environmental Contr- imary user of this form is for the use of Department staff members actively involved in reclassification aluate the hazard potential of low hazard dams at least once every five years.			
2/20/	7			
Date of Inspection: 07 301	3 SC Dam Inventory Number 0.2590 County: 445pcn			
Dam Maime: 17CAD 14	11 PANATON DAM			
L Dam Owner Information Has ownership changed?	YesNo (If yes, enter the new owners and their contact information below)			
A. Owner/ Operator (Company o	person: JOHN of MICHAEL STATISTA STATISTA			
Phone:	232e Email:			
City: REd BALK				
	Zip: 0//0			
II. Site Information				
A. Site Location (street address,	nearest intersection, etc.): 401 PECAN Ifill DR.			
Latitude: 32.07.00-N	Longitude: 81-00-45-W Tax map # (list all): 025-00-01-001			
B. In them any evidence of				
C. Do you think the barent elevel	evelopment below the dam?YesNo			
C. Do you think the hazard classif	ication should be upgraded?YesNo			
of it 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				
ROGEL STEVENS Regional Inspector ROM Signature Date of Signature				
Printed Name of BOW Engl				
	Signature Date of Signature			
DHEC 2607 (11.2012) SOUTH CARO	LINA DEPARTMENT OF HEALTH AND SHUE			

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	Activities Department of Header and Environmental Control	Low Hazard Dam Classification Inspection Form for South Caroli Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 Ihrough 72-9	ina P		
N	ote: This form is only for use on cus	rrent low hazard (class three) dams regulated by the Department of Health and Environmental Con imary user of this form is for the use of Department staff members activals involved			
i	spections. The current policy is to ev	rrent low hazard (class three) dams regulated by the Department of Health and Environmental Con 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.	atrol		
	Date of Inspection: <u>AJO//</u>	SSC Dam Inventory Number 0.2571 County: ASD SC			
'	Dam Name: 12M-DALA	S Dam Inventory Number 0 2591 County: HSPER			
1	. Dam Owner Information		-		
	Has ownership changed?	YesNo (If yes, enter the new owners and their contact information below)			
	-P (company 0	personne ALL CALLITTE			
	Contact Person (if owner is co	mpany):	-		
l	Phone: <u>043-85</u>	7-3443Email:	-		
ĺ –	Mailing Address: P.O.F	Sox 461	-		
	city: <u>DuffTo</u>	NU	-		
			•		
	Site Information				
	A. Site Location (street address, r	nearest intersection, etc.): STRAWberg Hill RD			
	Latitude: <u>52 of 6.15</u> N	Longitude: -80.52.45. W Tax map # (list all): 083-00-06-015	·		
I I					
	C. De versitie terre any evidence of new de	evelopment below the dam?YesNo			
	C. Do you think the hazard classifi	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)			
	Signature Please print your name, sign, and d				
	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				
	Rober St.	$\mathcal{D}_{\mathcal{A}}$ (a)			
	Printed Name of Regional Ins	Dector Signature Date of Signature			
	Printed Name of BOW Engin	eer			
		Signature Date of Signature			
DHE	C 2607 (11/2012) SOUTH CAROL	INA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL			
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Г	DHEC			
	And Environment of Market	Low Hazard Dam C Dams and Reserv	Classification Inspec Regulated Da Joirs Safety Act Regu	tion Form for South Carolina ms vlations 72-1 ihrough 72-9
N ia ia	ote: This ferm is only for use on car the State of South Carolina. The pr spections. The carrent policy is to en	rent low bazard (class three) d mary user of this form in far ti aluate the bazard potential of i	ams regulated by the Departm or use of Department staff mer	ent of Health and Environmental Control nbers actively involved in reclassification
	Date of Inspection: 3/30//	SC Dam inventory	Number 02592 Cou	nty: Clack Den
	Date of Inspection: 2/20/1 Dam Name: <u>5C Fork</u>	stey DAM		
	Has ownership changed?	YesNo (if yes, en	er the new owners and their	Contact information below
	Company of Company o	person): <u>> </u> to	Listey Con	AMISSION
	•			
	Phone:		Email:	
	Mailing Address: P.O. B.	50715 XU		Ztp: 2921
	City: Columbia	Stz	te: SC	- 76221
- 10	Site Information			
	2 3 3 B			
	A. Site Location (street address, r	earest intersection, etc.): _/	191 Cotton 1-	ALL RD
	Lamore: 25 . 0 1. 20. N	Longitude: - <u>81•08-30</u> -	W Tax map # (list all): <u>O</u>	13-00-01-006
	D to them any it.		,	
	B. Is there any evidence of new de	velopment below the dam? _	YesNo	
	C. Do you think the hazard classifi	ation should be upgraded?	Yes No	
	D. If yes for item II.C, what is your	ppinion of what the new classi	fication should be?Cta	sa 1 (High Hazard)
				se 2 (Significant Hazard)
	Signature Please print your name, sign, and o	ale on the lines between an		
	Please print your name, sign, and o determining the hazard classificatio portion of the form.	n was obtaining from Bureau of	e inspection and form have b of Water staff members, they	een completed. If assistance with will also need to complete this
	ROGER STEVENS Printed Name of Regional Ina	Rector		Date of Signature
	Printed Name of BOW Engin			
	and of worr Elight	4.21	Signature	Date of Signature
DHE	C 2607 (11.2012) SOUTH CAROL	INA DEPARTMENT OF H		· · ·
		THE PERSON OF H	EALTH AND ENVIRONM	IENTAL CONTROL Page 1

DHEC				
			Form for South Carolina	
Susait Corrient of Headyn	Dams and Reservoir	s Safety Act Regulati	ons 72-1 through 72-9	
Note: This form is only for use on can in the State of South Carolina. The pr	rent low hazard (class three) dams	regulated by the Department		
in the State of South Carolina. The pr inspections. The current policy is to en	imary user of this form is for the us valuate the bazard potential of low b	e of Department staff members	scively involved in reclassification	
2/20/	,)		i i	
Date of Inspection: A ACKA	SC Dam Inventory Num	nber D_4477 County:_	Jospen	
Date of Inspection: 2/20/ Dam Name: MACKAL	(TOINT PLANTA	tra DAM		
Has ownership changed?	YesNo (if yes, enter the second	ne new owners and their conta	ict information below)	
Company of	r person): <u>CNACEAY</u>	Point Associ	HTES L. P.	
Contact Person (if owner is ci	ompany):			
Phone: <u>() 1 3 - 120</u>	-8599	Email:		
Walking Address:) <u>(</u>			
City: <u>LUATEL be</u>	State:	<u> </u>	Zp: 29488	
H. Olfer hat a se				
II. <u>Site Information</u>	in		~	
A. Site Location (street address,	nearest intersection, etc.): <u>181</u>	8 MIACKAY Por	NT KD	
Latitude: 5 2 9 7 1.2 . N	Longitude: - CO · SQ.CO W	Tax map # (list all):	2-00-00-001	
B. is there any evidence of any d		/		
	evelopment below the dam?	Yes No		
C. Do you think the hazard classi		Yes No		
you lot not in the, what is you	D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)			
		Clase 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				
Robert		Ť.		
Printed Name of Regional In	spector KCML	Signature	2/20/13	
Date of Signature				
Printed Name of BOW Eng	neer	Signature		
		-	Date of Signature	
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