

## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	nte of Inspection: 6/29/15 sc Dam Im Name: Swith Milloud Dan		
I.	Dam Owner Information  Has ownership changed?YesXNo		
	A. Owner/ Operator (Company or person):		
	Contact Person (if owner is company):		
	Phone:		
	Mailing Address:		Zip:
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 ° 04 ° 00 " N Longitude: -79	•	•
	<ul> <li>B. Is there any evidence of new development below</li> <li>C. Do you think the hazard classification should be</li> <li>D. If yes for item II.C, what is your opinion of what the statement of the statem</li></ul>	upgraded?YesX_No	occ 1 (High Horard)
	D. If yes for item it.C., what is your opinion of what t		ass 2 (Significant Hazard)
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.		
	Shave Frazer Printed Name of Regional Inspector	Aug Fur Signature	7/7/15 Date of Signature
	Printed Name of BOW Engineer	Signature	Date of Signature



## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da	te of Inspection: <u>6/29/15</u> SC Dam I	Inventory Number D <u>051</u> County	: Marion
Da	m Name: Legette Willpord Dern		
	<del></del>		
	Dam Owner Information		
	Has ownership changed? X YesNo		
	A. Owner/ Operator (Company or person): Cha	dd's Ford, LLC	
	Contact Person (if owner is company): 6eorg	e Frie States	
	Phone:		
	Mailing Address: PO Box 207		
	city: Wilmington	State: NC	zip: 28402
	0.19.		
	Site Information		*
	A. Site Location (street address, nearest intersection	n, etc.): On E. Legette Rd offor	SC-41 Alt
	Latitude: 34 ° 02 ° 30 " N Longitude: -79 °		
	Lalitude. 57 50 50 N Longitude77	Tax map " (not only.	
	B. Is there any evidence of new development below	the dam?YesXNo	
	C. Do you think the hazard classification should be	upgraded?YesXNo	
	D. If yes for item II.C, what is your opinion of what the		ss 1 (High Hazard)
		Cla	ass 2 (Significant Hazard)
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.	below once the inspection and form have from Bureau of Water staff members, they	been completed. If assistance with will also need to complete this
	CI E	1. 5	7/7/10
	Printed Name of Regional Inspector	Signature	7/7/15 Date of Signature
	Finited Name of Neglonal Inspector		
	Printed Name of BOW Engineer	Signature	Date of Signature



### South Carolina Department of Health and havings went Control

# Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams**

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: 7/27/15 SC Dam Inv	ventory Number D <u>1802</u>	_County: <u>Cheste</u>	rfreld
I.	Has ownership changed? X Yes No (If A. Owner/ Operator (Company or person): Cregor Contact Person (if owner is company):  Phone:  Mailing Address: 523 Paul (lvrst Ra	y E. PlyerEmail:		
11.	A. Site Information  A. Site Location (street address, nearest intersection, Latitude: 34 ° 48 ' 15 " N Longitude: -80 ° 2  B. Is there any evidence of new development below the	<u>26 ' [5 "</u> W Tax map # (list	t all): <u>01% - 000 -</u>	
III.	C. Do you think the hazard classification should be upper D. If yes for item II.C, what is your opinion of what the I. Signature Please print your name, sign, and date on the lines be determining the hazard classification was obtaining from portion of the form.  Shawa S Fazer Printed Name of Regional Inspector	new classification should be?	Class 1 (High I	ficant Hazard) eted. If assistance with
	Printed Name of BOW Engineer	Signature		Date of Signature



### Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	nte of Inspection: 7/27/15 SC Dam					
Į.	Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person): Primes for Properfies Inc & Eta					
	Contact Person (if owner is company):Rona					
	Phone:					
	Mailing Address: PO BOX 5467  City: Concord	State: _	NC	Zip: <u>2802</u> 7		
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 ° 36 ' 30 " N Longitude: -40 °	n, etc.): <u>X-lu.g</u> <u>, 18 <sup>,</sup> 15 "</u> W	of JH Burch Tax map # (list all):	Rd & Hursey Well Pand 1 061-000-000-247	<u>Rd.</u>	
	B. Is there any evidence of new development below	the dam?	_YesXNo			
	$\textbf{C.}$ Do you think the hazard classification should be $\boldsymbol{u}$	.pgraded?	Yes <u>X</u> No			
	D. If yes for item II.C, what is your opinion of what the	ne new classifica	tion should be?	_Class 1 (High Hazard)		
			_	Class 2 (Significant Hazard)		
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.	below once the in	nspection and form h Vater staff members,	nave been completed. If assistance they will also need to complete the	e with his	
	Shown S. Frazer Printed Name of Regional Inspector	- Glan	Signature	7/27/15 Date of Signatu	ure	
	Printed Name of BOW Engineer		Signature	Date of Signatu	ure	



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	ite of Inspection: 7/28/15 sc Dai		
I.	<u>Dam Owner Information</u> Has ownership changed?YesXN		
	A. Owner/ Operator (Company or person):		
	Contact Person (if owner is company):		
	Phone:		
	Mailing Address:		
	City:	State:	Zip:
11.	A. Site Location (street address, nearest intersect Latitude: 34 ° 39 ' 45 " N Longitude: -86  B. Is there any evidence of new development belo C. Do you think the hazard classification should be D. If yes for item II.C, what is your opinion of what	O . 17 · 30 " W Tax map # (list all): Of the dam?YesX_No the new classification should be?C	66-000-000-037
III.	Signature Please print your name, sign, and date on the line determining the hazard classification was obtainin portion of the form.  Sham S. Frazy Printed Name of Regional Inspector		
	Printed Name of BOW Engineer	Signature	Date of Signature



## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	nte of Inspection: <u>7129/15</u> SC Dar Im Name: <u>Rosers Pond Dam</u>		ounty: Chesterte ld
I.	Dam Owner Information  Has ownership changed?YesXN	•	·
	A. Owner/ Operator (Company or person):  Contact Person (if owner is company):		
	Phone:		· -
	Mailing Address:		
	City:	State:	Zip:
II.	Site Information  A. Site Location (street address, nearest intersect Latitude: 34 ° 42 ' 45" N Longitude: -40	•	, ,
	B. Is there any evidence of new development belo	w the dam?YesX_No	
	C. Do you think the hazard classification should be	e upgraded?YesX_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 line determining the hazard classification was obtaining portion of the form.		
	Shown S. Frazir Printed Name of Regional Inspector	Signature	7/28/15  Date of Signature
	Printed Name of BOW Engineer	Signature	Date of Signature



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da	ate of Inspection:SC Dam	Inventory Number D	7 County: Ches	ferfield
D	am Name: Mart Lake Dan			
l.	Dam Owner Information  Has ownership changed?YesXNo  A. Owner/ Operator (Company or person):			
	Contact Person (if owner is company):	•		
	Phone:	Email:	>	
	Mailing Address:			
	City:	State:	Zip: _	
II.	<u>Site Information</u>		ΛΛ	
	A. Site Location (street address, nearest intersection	n, etc.): Off Botton R	2. eff HWY 109	
	Latitude: <u>34 ° 35 ′ 30 ″</u> N Longitude: - <u>90 ′</u>	· <u>· 7 · 45 "</u> W Tax map #	(list all): 214-000-0	00-003
		<del></del>		
	B. Is there any evidence of new development below	the dam?Yes/	X_No	
	C. Do you think the hazard classification should be	upgraded?Yes	X_No	
	D. If yes for item II.C, what is your opinion of what the	ne new classification should b	oe?Class 1 (High	Hazard)
			Class 2 (Sign	ificant Hazard)
W.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.			
	Printed Name of Regional Inspector	Signature		Date of Signature
	Printed Name of BOW Engineer	Signature		Date of Signature



#### its Carobina Department of Health and diny from mental Control

# Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams**

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da	Date of Inspection: 7/30/15 SC Dam Inventory Number D 1842 County: Chester Le Id  Dam Name: 5 and h. Il State Park Dam  I. Dam Owner Information  Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):  Contact Person (if owner is company):  Phone:Email:					
	Mailing Address:					
	City:					
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): On Itendquarters Pend Rd, cff US Route 1  Latitude: 34 \cdot 33 \cdot 15 \cdot" N Longitude: -80 \cdot 5 \cdot 30 \cdot" W Tax map # (list all): 214 -000 - 000					
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.  Shaw S. Frazu  Printed Name of Regional Inspector  Signature  Date of Signature					
	Printed Name of BOW Engineer Signature Date of Signature					



### South Curnism Property set of Hoself and Surfron spenif Control

## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	ate of Inspection: 7/29/15 SC Dam am Name: Thomas Pond Dam				rfreld
I.	Dam Owner Information  Has ownership changed? X YesNo  A. Owner/ Operator (Company or person): Abra  Contact Person (if owner is company):  Phone:  Mailing Address: 201 Taşlis 5+.  City:Cheraw	ham Isaac	email:	llc	
11.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 ° 36 ' 15 " N Longitude: -79		•		
	<ul> <li>B. Is there any evidence of new development below</li> <li>C. Do you think the hazard classification should be</li> <li>D. If yes for item II.C, what is your opinion of what to</li> </ul>	upgraded?	_YesXN	o	
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.  Shawa S Flazer Printed Name of Regional Inspector				
	Printed Name of BOW Engineer		Signature		Date of Signature



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

D	ate of Inspection: 7/29/15 SC Dam Inven	tory Number D <u>186</u>	9 County: Chest	erfield
	am Name: Griggs Pond Dan			
	Dam Owner Information  Has ownership changed?YesXNo (If yes  A. Owner/ Operator (Company or person):	s, enter the new owner	s and their contact infor	mation below)
	Contact Person (if owner is company):			
	Phone:			
	Mailing Address:			
	City:			
II.	Site Information			
	A. Site Location (street address, nearest intersection, etc.	): On Rd TT16	, off Campbell La	ake Rd
	Latitude: <u>34 ° 34 ° 30 "</u> N Longitude: - <u>79 ° 58 °</u>	<u>45</u> " W Tax map #	(list all): 214-000-c	<u> 200 - CO3</u>
	B. Is there any evidence of new development below the da	am?Yes	<u>X</u> No	
	C. Do you think the hazard classification should be upgrad	ded?Yes`	<u>X</u> No	
	D. If yes for item II.C, what is your opinion of what the new	v classification should b	pe?Class 1 (High	Hazard)
			Class 2 (Sign	ificant Hazard)
III.	Signature Please print your name, sign, and date on the lines below determining the hazard classification was obtaining from E portion of the form.			
	Shawn S. Frazer  Printed Name of Regional Inspector	Amy 8 % Signature	4	#29/15 Date of Signature
	Printed Name of BOW Engineer	Signature		Date of Signature



### South Carolina Department of Health and kny iron meant Comrel

# Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams**

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

D:	Date of Inspection: 7/29/15 SC Dam Inventory Number  Dam Name: Willis Pand Dam	D <u>1870</u> County: <u>Chester</u>	freld
I.	I. <u>Dam Owner Information</u> Has ownership changed? X YesNo (If yes, enter the ne  A. Owner/ Operator (Company or person): Wilson Tree Farm 1	LLC	
	Contact Person (if owner is company):		
	Phone: Emailing Address:		
	City: Mt. Pleasant State: 5	Zip:	29464
II.	II. Site Information  A. Site Location (street address, nearest intersection, etc.): Infusection  Latitude: 34 ° 35 ′ 30 ″ N Longitude: -79 ° 55 ′ 45 ″ W Ta		/
	B. Is there any evidence of new development below the dam?Yo	es X_No	
	C. Do you think the hazard classification should be upgraded?Y	es <u>X</u> 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 (Signi	ficant Hazard)
III.	III. Signature Please print your name, sign, and date on the lines below once the inspedetermining the hazard classification was obtaining from Bureau of Water portion of the form.		
	Shown S. Frazer  Printed Name of Regional Inspector  Shown S. Frazer  Printed Name of Regional Inspector	3 m	7/29/15 Date of Signature
	, inited Hame of Regional Hispector	31.meet 0	or orginature
	Printed Name of BOW Engineer S	gnature	Date of Signature



# Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dame and Because Safety Act Begulations 72, 1 through 72, 9

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: 7/30/15 SC Dam Inventory Number D 1880 County: Chesterfield						
I.	Dam Owner Information  Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):  Contact Person (if owner is company):						
	Phone: Email:						
	Mailing Address:						
	City: State: Zip:						
II.	A. Site Location (street address, nearest intersection, etc.): On Cossidy Mill RJ, close to X-ing with Gooden RJ.  Latitude: 34 ° 38 ' 00" N Longitude: -90 ° 09 ' 00" W Tax map # (list all): 156-000-000 - 018  B. Is there any evidence of new development below the dam?YesXNo  C. Do you think the hazard classification should be upgraded?YesXNo  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.  Shawn 5 Frazer Printed Name of Regional Inspector Signature Date of Signature						
	Printed Name of BOW Engineer Signature Date of Signature						



### Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	nte of Inspection: <u>7/28/15</u> SC Dan Im Name: <u>Evans/Miller Down</u>		
l.	Dam Owner Information  Has ownership changed?YesXNeg	o (If yes, enter the new owners and their c	ontact information below)
	A. Owner/ Operator (Company or person):		
	Contact Person (if owner is company):		
	Phone:	Email:	<del></del>
	Mailing Address:		
	City:	State:	Zip:
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 ° 40 ' 30 " N Longitude: -90  B. Is there any evidence of new development below. Do you think the hazard classification should be considered by the street of the street like the street	ow the dam?YesXNo e upgraded?YesXNo the new classification should be?CI	6-000-000-114
III.	Signature Please print your name, sign, and date on the line determining the hazard classification was obtaining portion of the form.  Shawn 5. Frage ( Printed Name of Regional Inspector		
	Printed Name of BOW Engineer	Signature	Date of Signature



### Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da Da	Pate of Inspection: 7/29/15 SC Dam In	nventory Number D <u>254</u>	15 County: Ches	ferfield
I.	Has ownership changed?YesXNo (			
	A. Owner/ Operator (Company or person):  Contact Person (if owner is company):			
	Phone:			
	Mailing Address:			
	City:			·
II.	A. Site Location (street address, nearest intersection, 35 45 No. 200 No. 100	, etc.): Off Society Holl 54: 45" W Tax map #	Rd, near X-ing w/ Mo # (list all): 264-000	Borde Rd. -000-008
	B. Is there any evidence of new development below t	he dam?Yes	<u>X_</u> No	
	C. Do you think the hazard classification should be up	ograded?Yes	XNo	
	D. If yes for item II.C, what is your opinion of what the	new classification should		gh Hazard) gnificant Hazard)
III.	<ul> <li>Signature         Please print your name, sign, and date on the lines be determining the hazard classification was obtaining freportion of the form.     </li> </ul>	elow once the inspection a om Bureau of Water staff r	nd form have been cor nembers, they will also	npleted. If assistance with need to complete this
	Shawn S. Frazer Printed Name of Regional Inspector	Signature	<u></u>	7/29/15 Date of Signature
	Printed Name of BOW Engineer	Signature	e	Date of Signature



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	ate of Inspection: 6/29/15 sc Dan am Name: <u>SC Navane</u> 35040 "W.A.	n Inventory Number D <u>2944</u> Count Hisson Down <sup>(1</sup>	ry: Marlbero
1.	Dam Owner Information  Has ownership changed?YesXN  A. Owner/ Operator (Company or person):	•	•
	Contact Person (if owner is company):		
	Phone:		
	Mailing Address:		
	City:		Zip:
II.	Site Information  A. Site Location (street address, nearest intersecti Latitude: 34 • 35 · 45 " N Longitude: -79		
	B. Is there any evidence of new development below	w the dam?YesXNo	
	C. Do you think the hazard classification should be	upgraded?YesX_No	
	D. If yes for item II.C, what is your opinion of what	the new classification should be?Cla	ass 1 (High Hazard)
			ass 2 (Significant Hazard)
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.	s below once the inspection <b>a</b> nd form have g from Bureau of Water staff members, they	been completed. If assistance with will also need to complete this
	Shawn S. Trazer Printed Name of Regional Inspector	Signature	Date of Signature
	Printed Name of BOW Engineer	Signature	Date of Signature



### Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	ate of Inspection: 6/26/15 SC Dam Inventory Number D 2945 County: Mariboso
I.	Dam Owner Information  Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):
	Contact Person (if owner is company):
	Phone:Email:
	Mailing Address:         PO Box 173           City:         Wallace           State:         SC   Zip: 29596
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): Intersection Hwy 1 Delta Height Rd.  Latitude: 34 ° 43 ' 30 " N Longitude: -79 ° 51 '45 "W Tax map # (list all): 013 - 22-01-010
	B. Is there any evidence of new development below the dam?YesXNo
	C. Do you think the hazard classification should be upgraded? X_YesNo
	D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High 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.  Sham S. Frazer  AdM 44mm  7/2015
	Printed Name of Regional Inspector Signature Date of Signature  Printed Name of BOW Engineer Signature Date of Signature



# South Carolina Department of Health and Employmental Captrol

## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	e of Inspection: 7/27/15 SC Dam n Name: SC NoNome 13052				
Dan	name:				
_	I. <u>Dam Owner Information</u> Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)				
A	. Owner/ Operator (Company or person):				
	Contact Person (if owner is company):				
	Phone:	Email:			
	Mailing Address:				
	City:	State:	Zip:		
	Site Information  A. Site Location (street address, nearest intersection Latitude: 34°46, 45″ N Longitude: -80		,		
E	3. Is there any evidence of new development below	w the dam?YesXNo			
,	C. Do you think the hazard classification should be	ungraded? X Yes No.			
D. If yes for item II.C, what is your opinion of what the new classification should be? X Class 1 (High Hazard)  Unable to observe, there is a structure that may be a residence (possibly burn)  Class 2 (Significant Hazard)  bereath down in what appears to be the emergency sportly on Gazile Earth.  Drive by during inspection, cars by structure imply it is a residence.  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					
-	Shown S. Frazer  Printed Name of Regional Inspector	4my 4. 4my Signature	8/4/15 Date of Signature		
-	Printed Name of BOW Engineer	Signature	Date of Signature		



# Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dame and Becanicins Safety Act Regulations 72, 1 through 72, 9

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	e of Inspection: 72715 SC Dam Inventory Number D 3169 County: Chesterfield	_
	Dam Owner Information  Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)	
	A. Owner/ Operator (Company or person):	e
	Contact Person (if owner is company):	•
	Phone: Email:	-
	Mailing Address:	
	City: State: Zip:	
II.	A. Site Location (street address, nearest intersection, etc.): On US Route GO 1, near X-ing of N. Pearl St.  Latitude: 34° 47' 15" N Longitude: -90° 23' 45" W Tax map # (list all): 030-000-000-000-005  B. Is there any evidence of new development below the dam? Yes X No  C. Do you think the hazard classification should be upgraded? Yes X 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.  Sham S. Frazic A. J.	
	Printed Name of BOW Engineer Signature Date of Signature	



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da	Date of Inspection: 7/27/15 SC Dam Inventory Number D 3/73	County: Chester Feld
Da	Dam Name: Hershey Millpord Down	
	I. Dam Owner Information  Has ownership changed? X YesNo (If yes, enter the new owners and A. Owner/ Operator (Company or person): Russell P. Nicholson  Contact Person (if owner is company):  Phone:Email:  Mailing Address: 2 4389 Hwy 9  City: Mt. CrochanState:SC	d their contact information below)
II.	II. Site Information  A. Site Location (street address, nearest intersection, etc.): On Shale Rd. 5-13-337,  Latitude: 34 ° 46 ',30 " N Longitude: -90 ° 18 ', 30 " W Tax map # (list	•
	B. Is there any evidence of new development below the dam?YesX	No
	-	Class 2 (Significant Hazard)
161.	Please print your name, sign, and date on the lines below once the inspection and for determining the hazard classification was obtaining from Bureau of Water staff member portion of the form.  Shawn 5. Frager Printed Name of Regional Inspector Signature	rm have been completed. If assistance with errs, they will also need to complete this  8/4/15  Date of Signature
	Printed Name of BOW Engineer Signature	Date of Signature



# Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: 712715 SC Dam Inventory Number D 3174 County: Chesterfield  Dam Name: River's Pand Dam				
I.	Dam Owner Information  Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):				
	City: Mt. Croshan State:		29727		
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): Off  Latitude: 34 ° 46 ' 30 " N Longitude: - 50 ° 15 ' 30 " W				
	B. Is there any evidence of new development below the dam?				
	C. Do you think the hazard classification should be upgraded?  D. If yes for item II.C, what is your opinion of what the new classification				
III.	Signature Please print your name, sign, and date on the lines below once the determining the hazard classification was obtaining from Bureau or portion of the form.	e inspection and form have been comp f Water staff members, they will also r	pleted. If assistance with need to complete this		
	Printed Name of Regional Inspector	Signature	H2H15  Date of Signature		
	Printed Name of BOW Engineer	Signature	Date of Signature		



### South Carolina Department of Health and Say iron securi Control

## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: H28/15 SC Dam Inventory Number D 3175 County: Chesterfield  Dam Name: McLead Pand Dam				
ı.	Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):				
	Contact Person (if owner is company):				
	Phone: Email:				
	Mailing Address:				
	City: State: Zip:				
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): On CPS: mpson Rd, off Peach Orchard Rd.  Latitude: 34 ° 40 ' 15 " N Longitude: -80 ° 21 ' 30 " W Tax map # (list all): 050 - 000 - 000 - 002  B. Is there any evidence of new development below the dam?YesXNo  C. Do you think the hazard classification should be upgraded?YesXNo  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.  Share S. Frazer B. G. Frazer B. Signature Date of Signature				
	Printed Name of BOW Engineer Signature Date of Signature				



## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da	te of Inspection: 7/27/15 sc c m Name: 50 No Nome 13044 (Gr	Dam Inventory Number D_3177_c	county: Chesterfield
	Dam Owner Information  Has ownership changed?YesX_	_No (If yes, enter the new owners and th	neir contact information below)
	A. Owner/ Operator (Company or person):		
	Contact Person (if owner is company):		
	Phone:		
	Mailing Address:		
	City:	State:	Zip:
II.	Site Information  A. Site Location (street address, nearest interse Latitude: 34 ° 44 ' 15 " N Longitude:  B. Is there any evidence of new development be C. Do you think the hazard classification should be compared by the street of the street like the	elow the dam?YesXNo be upgraded?YesXNo hat the new classification should be?	: 062-000-000-01Z
III.	Signature Please print your name, sign, and date on the I determining the hazard classification was obtai portion of the form.  Shown S. Frazer Printed Name of Regional Inspector	ines below once the inspection and form ning from Bureau of Water staff members	have been completed. If assistance with s, they will also need to complete this
	Printed Name of BOW Engineer	Signature	Date of Signature



#### South Carolina Department of Health and Emirogeness (Cantrol

# Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	ite of Inspection: 7/27/15 SC Dam In			
	Dam Owner Information  Has ownership changed? X YesNo (  A. Owner/ Operator (Company or person):  Contact Person (if owner is company):  Phone:  Mailing Address:	of yes, enter the new over the holdings LLC  Email:	wners and their conta	act information below)
II.	Site Information  A. Site Location (street address, nearest intersection, Latitude: 34 ° 42 ' 45 " N Longitude: -80 °			r
	<ul> <li>B. Is there any evidence of new development below to</li> <li>C. Do you think the hazard classification should be up</li> <li>D. If yes for item II.C, what is your opinion of what the</li> </ul>	ograded?Yes	No ould be?Class	1 (High Hazard) 2 (Significant Hazard)
III.	Signature Please print your name, sign, and date on the lines be determining the hazard classification was obtaining frontion of the form.  Shawn S. Frazec  Printed Name of Regional Inspector	elow once the inspection Bureau of Water st	on and form have be aff members, they w ture	en completed. If assistance with ill also need to complete this  A/27/15  Date of Signature
	Printed Name of BOW Engineer	Signa	ture	Date of Signature



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: 7/29/15 SC Dam Inventory Number D 3/79 County: Chestertield  Dam Name: Leaird Pond Dam				
I.	- Dam Owner Information  Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):				
	Contact Person (if owner is company):				
	Phone:				
	Mailing Address:				
	City:	State:	Ziş	o:	
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 • 39 • 45 ° N Longitude: - 90  B. Is there any evidence of new development below.  C. Do you think the hazard classification should be	w the dam?Yes	(list all): 066 - 000		
	D. If yes for item II.C, what is your opinion of what	the new classification should be	oe?Class 1 (H	igh Hazard)	
			Class 2 (S	ignificant Hazard)	
<b>III.</b>	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.  Shaw S. Frazer Printed Name of Regional Inspector	s below once the inspection arg from Bureau of Water staff m  My Symptomic Signature	nd form have been conembers, they will als	ompleted. If assistance with o need to complete this  S/4/15  Date of Signature	
	Printed Name of BOW Engineer	Signature		Date of Signature	



### Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Pate of Inspection: 7/29/15 SC Dam Inventory Numb	per D <u>3181</u> County: <u>Cheste</u>	afseld		
1.	Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person): JJ & Lavestments WC				
	Contact Person (if owner is company):				
	Phone:	Email:			
	Mailing Address: 2317 Lawyer's Rd. Eagl				
	City: Marroe State:	NCzip:_	28110		
II.	A. Site Location (street address, nearest intersection, etc.): Off  Latitude: 34 ° 33 ′ 45 ″ N Longitude: -80 ° 20 ′ 15 ″ W  B. Is there any evidence of new development below the dam?  C. Do you think the hazard classification should be upgraded?  D. If yes for item II.C, what is your opinion of what the new classification	Tax map # (list all): <u>056 - 000 - 0</u> Yes <u>X</u> No  Yes <u>X</u> No	Pe@-Ol¶		
III.	Signature Please print your name, sign, and date on the lines below once the ir determining the hazard classification was obtaining from Bureau of V portion of the form.  Shann 5. Fragur Printed Name of Regional Inspector	nspection and form have been comp	leted. If assistance with		
	Printed Name of BOW Engineer	Signature	Date of Signature		



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.

	nte of Inspection: 7/28/15 sc Dam Im Name: 5C NoName 13035 (Park			
I.	Dam Owner Information  Has ownership changed?XYesNo  A. Owner/ Operator (Company or person):  Contact Person (if owner is company):  Phone:  Mailing Address:	r C. Clon	<del>-</del>	
	City: Hortsville	State:SC	Zip: _	29550
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 ° 28 ' 45 " N Longitude: - 90 -			
	<ul> <li>B. Is there any evidence of new development below</li> <li>C. Do you think the hazard classification should be</li> <li>D. If yes for item II.C, what is your opinion of what the</li> </ul>	upgraded?Yes	X_No	Hazard)
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.  Sham S. Frazer Printed Name of Regional Inspector			pleted. If assistance with
	Printed Name of BOW Engineer	Signature	<del></del>	Date of Signature

Page 1



### Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.

	nte of Inspection: 7/28(15 SC Dam	n Inventory Number D <u>3189</u> Cou	
I.	Dam Owner Information  Has ownership changed?YesXNo.  A. Owner/ Operator (Company or person):		
	Contact Person (if owner is company):		
	Phone:	Email:	
	Mailing Address:		
	City:	State:	Zip:
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34°41′5″ N Longitude: -30°  B. Is there any evidence of new development below  C. Do you think the hazard classification should be D. If yes for item II.C, what is your opinion of what	w the dam?YesXNo e upgraded?YesXNo the new classification should be?0	110 000 000 001
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.  Sham S. Frazer  Printed Name of Regional Inspector	s below once the inspection and form have from Bureau of Water staff members, the signature	/e been completed. If assistance with ney will also need to complete this  ### The state of Signature  #### The state of Signature   The state of
	Printed Name of BOW Engineer	Signature	Date of Signature

Page 1



### Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	te of Inspection: 7/29/15 SC Dam Inventory Number D 31 92 County: Chesterfield
Da	m Name: Douglass Willperd Down
I.	Dam Owner Information  Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person): Alice Marie 5. Todd, Etal  Contact Person (if owner is company):
	Phone:Email:
	Mailing Address: 1570 Mary D. Rd.
	City: Chester field State: SC Zip: 29709
II.	Site Information
	A. Site Location (street address, nearest intersection, etc.): On Dovslass Mill Rd, X-ins of Shas Rd
	Latitude: 34 · 41 · 15 " N Longitude: -80 · 10 · 00 " W Tax map # (list all): 153 - 00 0 - 000 - 058
	B. Is there any evidence of new development below the dam?YesXNo
	C. Do you think the hazard classification should be upgraded?YesXNo
	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.
	Shawn S. Frazer Show & From 7/29/5
	Printed Name of Regional Inspector   Signature   Date of Signature
	Printed Name of BOW Engineer Signature Date of Signature



## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	nte of Inspection: 7/30/15 SC Dam	n Inventory Number D <u>3199</u> County	r: Chesterfield	
I.	Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):			
	Contact Person (if owner is company):			
	Phone:			
	Mailing Address:			
	City:	State:	Zip:	
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 • 32 • 30 ° N Longitude: -80 ° S. Is there any evidence of new development below  C. Do you think the hazard classification should be D. If yes for item II.C, what is your opinion of what	w the dam?YesXNo upgraded?YesXNo the new classification should be?Cla	3-200-000-058	
111.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.  Shaw 5. Fazt Printed Name of Regional Inspector	s below once the inspection and form have g from Bureau of Water staff members, they	been completed. If assistance with will also need to complete this  S/4/15  Date of Signature	
	Printed Name of BOW Engineer	Signature	Date of Signature	



## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	ite of Inspection: 7/29/15 SC Dam Inventory Num					
I.	Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):					
	Contact Person (if owner is company):					
	Phone:	_ Email:				
	Mailing Address: PO Box 576					
	City: Mc Bec State:	Zip: _	29101			
	ж					
II.	<u>Site Information</u>	A				
	A. Site Location (street address, nearest intersection, etc.):	Rd. TT8, off US Route 1				
	Latitude: 34 ° 29 ' 15 " N Longitude: -80 ° 13 ' 15 " W	Tax map # (list all): 120 - 000 - 00	10-019			
	B. Is there any evidence of new development below the dam?	YesXNo				
	C. Do you think the hazard classification should be upgraded?	Yes <b>X</b> No	W.			
	D. If yes for item II.C, what is your opinion of what the new classific	cation should be?Class 1 (High	Hazard)			
		Class 2 (Sign	ificant Hazard)₁			
III.	Signature Please print your name, sign, and date on the lines below once the determining the hazard classification was obtaining from Bureau oportion of the form.	e inspection and form have been comp f Water staff members, they will also r	pleted. If assistance with need to complete this			
	Shawn 5. Frazer  Printed Name of Regional Inspector	Signature	8/4/15 Date of Signature			
	Printed Name of BOW Engineer	Signature	Date of Signature			



### Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da	ite of Inspection: 7/28/15 SC Dam Inventory Number D 3202 County: Chester fire Id
I.	Dam Owner Information
	Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)
	A. Owner/ Operator (Company or person): Flying K Fains LLC
	Contact Person (if owner is company):
	Phone: Email:
	Mailing Address: 1430 King Pond Rd
	City: <u>Mc Bee</u> State: <u>SC</u> zip: 29101
II.	Site Information
	A. Site Location (street address, nearest intersection, etc.): On Kings Pond Rd, off HWY 151
	Latitude: 34 ° 25 ' 30 " N Longitude: - 80 ° 12 ' 45 " W Tax map # (list all): 145 - 600 - 600 - 602 -
	Latitude: 74 29 00 N Longitude: - 70 12 45 W Tax map # (list all). 147 000-000-028
	B. Is there any evidence of new development below the dam?YesXNo
	C. Do you think the hazard classification should be upgraded?YesXNo
	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.
	Sharm S. Frank My G. Signature 729/15 Printed Name of Regional Inspector Signature Date of Signature
	Printed Name of BOW Engineer Signature Date of Signature



## South Carolina Department of Titable and Environmental Carolesi

## Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	nte of Inspection: <u>H29/15</u> sc Dam Im Name: <u>Teals Pond Dam</u>		
	Dam Owner Information  Has ownership changed? X YesNo  A. Owner/ Operator (Company or person): Phyl  Contact Person (if owner is company):  Phone:  Mailing Address: 1846 Zoar Rd  City:Cheraw	lis K Teal  Email:	
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 ° 45 ° 00 " N Longitude: -80	•	(
	<ul> <li>B. Is there any evidence of new development below</li> <li>C. Do you think the hazard classification should be</li> <li>D. If yes for item II.C, what is your opinion of what</li> </ul>	upgraded?YesX!	40
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.  Sham S. Frazer Printed Name of Regional Inspector	g from Bureau of Water staff members of the Staff m	They will also need to complete this  They will also need to complete this
	Printed Name of BOW Engineer	Signature	Date of Signature



## Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams**

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	ate of Inspection: 7/29/15 SC Dam am Name: Husst Pond Dam			
I.	Dam Owner Information  Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):			
	Contact Person (if owner is company):		<del></del>	
	Phone:	Email:		<del></del>
	Mailing Address:			
	City:	State:	Zip	):
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 ° 41', 45" N Longitude: -80 ° C. Do you think the hazard classification should be at D. If yes for item II.C, what is your opinion of what the	<u>○ 07 ' 00</u> " W Tax map # (  the dam?YesX  upgraded?YesX	list all): 172-000-	- 000-051
	2, 1, yee to the me, where yee epines is a surface		•	gnificant Hazard)
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.  Sham 5. Frazer Printed Name of Regional Inspector	below once the inspection and from Bureau of Water staff med when the staff med with the	d form have been co	mpleted. If assistance with
	Printed Name of BOW Engineer	Signature		Date of Signature



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	ite of Inspection: 7/29/15 SC Dam Inventory Number D 3206 County: Chesterfield Im Name: Teal Millpand Dam			
I.	Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person): Southeastern Land Mousement			
	Contact Person (if owner is company):			
	Phone:Email:			
	Mailing Address: 344 Porter's Glenn			
	City: New London State: NC Zip: 28/27			
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): X-ing of Morket St. Ext. and Teals Mill Rd.  Latitude: 34°40'00" N Longitude: -80°00'30" W Tax map # (list all): 211-000-000-081  B. Is there any evidence of new development below the dam? Yes X No  C. Do you think the hazard classification should be upgraded? Yes X 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.			
	Shown S. Frazer Shun 8 fm 8/4/15			
	Printed Name of Regional Inspector   Signature   Date of Signature			
	Printed Name of BOW Engineer Signature Date of Signature			



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	n Name: Robeson Millond Dam
ĺ	Dam Owner Information  Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person): Malia R. Kendall, Eta    Contact Person (if owner is company):  Phone: 643-537-3106   643-610-1349 (cell)   Email:  Mailing Address: 925 Sullivan Rd.  City: Cheraw State: State: State: Zip: 295 20
	Site Information  A. Site Location (street address, nearest intersection, etc.): Chester Field Huy, Meets Allian - Edwards Rd, double red of Latitude: 34°42'45" N Longitude: -60°01'00" W Tax map # (list all): 226-000-000-037
	B. Is there any evidence of new development below the dam?YesX_No  C. Do you think the hazard classification should be upgraded?YesX_No  D. If yes for item II.C, what is your opinion of what the new classification should be?Class 1 (High Hazard)  Failed/Breached in 2012Class 2 (Significant Hazard)  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.    Shaw 5   Frazer   Shaw 5   Frazer   Printed Name of Regional Inspector   Signature   Date of Signature



### Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental Control in the State of South Carolina. The primary user of this form is for the use of Department staff members actively involved in reclassification inspections. The current policy is to evaluate the hazard potential of low hazard dams at least once every five years.

	Date of Inspection: 7/30/15 SC Dam Invel  Dam Name: McLean Pond Dam		-			
ı.	I. <u>Dam Owner Information</u> Has ownership changed?YesXNo (If ye	es, enter the new owners an	nd their contact inform	ation below)		
	A. Owner/ Operator (Company or person):					
	Contact Person (if owner is company):					
	Phone:	Email:	<del> </del>			
	Mailing Address:			<del></del>		
	City:	State:	Zip:			
II.	II. <u>Site Information</u> A. Site Location (street address, nearest intersection, etc.  Latitude: <u>34 ° 36 ' 15"</u> N Longitude: - <u>\$60 ° 06</u>		,			
	B. Is there any evidence of new development below the	dam?YesX_	_No			
	C. Do you think the hazard classification should be upgra	aded?YesX_	_No			
	D. If yes for item II.C, what is your opinion of what the ne	w classification should be?	Class 1 (High H	fazard)		
			Class 2 (Signif	icant Hazard)		
III.	III. Signature Please print your name, sign, and date on the lines below determining the hazard classification was obtaining from portion of the form.  Shaw 5, Frager					
	Printed Name of Regional Inspector	/ Signature		Date of Signature		
	Printed Name of BOW Engineer	Signature		Date of Signature		

Page 1



#### Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da Da	Date of Inspection: 7/30/15 SC Dam Inventory Number D 3209 County: Chesterfield  Dam Name: Lee Pond Dam				
I.	I. <u>Dam Owner Information</u> Has ownership changed?YesX_No (If yes, enter the new owners and their contact information below)				
	A. Owner/ Operator (Company or person):				
	Contact Person (if owner is company):				
	Phone: Email:				
	Mailing Address:				
	City: State: Zip:				
11.	Site Information  A. Site Location (street address, nearest intersection, etc.): Off X-ing of Rd TT 109  Latitude: 34 ° 34' 30" N Longitude: -80 ° 04' 30" W Tax map # (list all): 214-000-000-003  B. Is there any evidence of new development below the dam?YesX_No  C. Do you think the hazard classification should be upgraded?YesX_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.				
	Shave S. Frazer Show 8 km 8/4/15				
	Printed Name of Regional Inspector   Signature   Date of Signature				
	Printed Name of BOW Engineer Signature Date of Signature				



#### Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	ite of Inspection: 7/30/15 SC Dar			
D	ım Name: Hunter Pond Dan			
	Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):			
	Contact Person (if owner is company):			
	Phone:	Email:		
	Mailing Address:			
	City:	State:	Zin	,
	City:	State		
II.	Site Information  A. Site Location (street address, nearest intersect Latitude: 34 • 34 • 00 "N Longitude: -90  B. Is there any evidence of new development below	ow the dam?Yes	(list all): <u>2/4-000</u>	
	C. Do you think the hazard classification should be	e upgraded?Yes/	No No	
	D. If yes for item II.C, what is your opinion of what	the new classification should b	e?Class 1 (Hi	gh Hazard)
	•			
			Class 2 (Si	gnilicant nazaro)
III.	Signature Please print your name, sign, and date on the line determining the hazard classification was obtainin portion of the form.  Shawn S. Frazer	es below once the inspection and ing from Bureau of Water staff mo	d form have been con embers, they will also	mpleted. If assistance with preed to complete this
	Printed Name of Regional Inspector	Signature		Date of Signature
		I .		
	Printed Name of BOW Engineer	Signature		Date of Signature



## Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams**

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: 7/30/15 SC Dam Inventory Number D_3211 County: Chesterfield  Dam Name: Wilkes Millpend Dam				
	I. <u>Dam Owner Information</u> Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person): Los: Per due Mossinson				
	Contact Person (if owner is company):				
	Phone: Email:				
	Mailing Address: 1229 New Market Rd				
	City: State: Zip:				
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): On State Rd 5-13-247, off US Route 1  Latitude: 34 ° 33 ' 30 " N Longitude: -80 ° 02 ' 00 " W Tax map # (list all): 198 -000 -000 - 017  B. Is there any evidence of new development below the dam?YesX_No  C. Do you think the hazard classification should be upgraded?YesX_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)				
	Olds5 2 (Olgillicant 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.				
	Shawn 5. Frazer Alm 4. From Signature  Printed Name of Regional Inspector Signature  Date of Signature				
	Printed Name of BOW Engineer Signature Date of Signature				



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: 7/30/15 SC Dam Inventory Number D 3212 County: Chester field  Dam Name: Brown Springs Pond Dam			
Da	Im Name: Drovn Spings Tond Down		<u> </u>	
I.	Dam Owner Information			
	Has ownership changed?YesX_No	o (If yes, enter the new owner	rs and their contact info	rmation below)
	A. Owner/ Operator (Company or person):			
	Contact Person (if owner is company):			
	Phone:	Email:		
	Mailing Address:			
	City:	State:	Zip:	
IJ.	Site Information			
•••		ion etc.): Off Brown 5	orma Long, off 1	IUY 102
A. Site Location (street address, nearest intersection, etc.): Off Brown Spring Loop, off HUY 102  Latitude: 34°32'15" N Longitude: -50°01'30" W Tax map # (list all): 214-000-000-003				
Latitude: 77 72 19 N Longitude: -70 70 W Tax map # (list all). 214 66 66 665				<u> </u>
			_	
	B. Is there any evidence of new development belo		-	
	C. Do you think the hazard classification should be	upgraded?Yes	XNo	
	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	nificant Hazard)
		ā.		
III.	<u>Signature</u> Please print your name, sign, and date on the lined determining the hazard classification was obtaining portion of the form.	s below once the inspection a g from Bureau of Water staff r	nd form have been com nembers, they will also	npleted. If assistance with need to complete this
	Sham 5 Frazer Printed Name of Regional Inspector	Signature	e	S/4/15 Date of Signature
	Printed Name of BOW Engineer	Signature	<u> </u>	Date of Signature



#### Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: 6/29/15 SC Dam Inventory Number D 3239 County: Worker D Dam Name: 6000 Pond Dam				
l.	. <u>Dam Owner Information</u> Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):				
	Contact Person (if owner is company):				
	Phone:				
	Mailing Address: State:				
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): Off  Latitude: 34°02'00" N Longitude: -79°19'15" W	,			
	B. Is there any evidence of new development below the dam?	YesXNo			
	C. Do you think the hazard classification should be upgraded?	Yes <u>X</u> _No			
	D. If yes for item II.C, what is your opinion of what the new classific	cation should be?Class 1 (High	Hazard)		
		Class 2 (Sign	nificant Hazard)		
III.	Signature Please print your name, sign, and date on the lines below once the determining the hazard classification was obtaining from Bureau of portion of the form.				
	Printed Name of Regional Inspector	Signature Signature	6/30/15 Date of Signature		
	Printed Name of BOW Engineer	Signature	Date of Signature		



### Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: 6/26/15 SC Dam Inventory Number D 3425 County: Was 160 Co				
I.	<u>Dam Owner Information</u> Has ownership changed?YesXNo		•		
	A. Owner/ Operator (Company or person):				
	Contact Person (if owner is company):	<del></del> .	<del>-</del>		
	Phone:	Email:			
	Mailing Address:				
	City:	State:	Zip:		
II.	Site Information  A. Site Location (street address, nearest intersecting Latitude: 34 ° 46 ° 15 " N Longitude: -79  B. Is there any evidence of new development below  C. Do you think the hazard classification should be D. If yes for item II.C, what is your opinion of what	w the dam?YesXNo e upgraded?YesXNo the new classification should be?	206-01-01-003		
KI.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.				
	Shawn S. Frazer	Army 4 From	7/20/15		
	Printed Name of Regional Inspector	Signature	Date of Signature		
	Printed Name of BOW Engineer	Signature	Date of Signature		



#### Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	Date of Inspection: 6/26/15 sc Dam Inventory Number D 3432 county: Marl beig  Dam Name: SC Vo Name 35020 "Village He Industries Dam"				
I.	Dam Owner Information  Has ownership changed? X YesNo  A. Owner/ Operator (Company or person): Fore  Contact Person (if owner is company): John  Phone:  Mailing Address: 15 Predment Ctr,  City: Atlanta	c. Ethiodge Jr. Email:  STE 1250	Inc. (Wateree Holdings UC)		
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 ° 43 ° 30 " N Longitude: -79	-			
	B. Is there any evidence of new development below C. Do you think the hazard classification should be D. If yes for item II.C, what is your opinion of what the	upgraded?YesXN	lo		
III.	Signature Please print your name, sign, and date on the lines determining the hazard classification was obtaining portion of the form.  Shaw S. Frage/ Printed Name of Regional Inspector				
	Printed Name of BOW Engineer	Signature	Date of Signature		



# Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da Da	Date of Inspection: 6/26/15 SC Dam Inventory Number D 3440 County: Marlbaro  Dam Name: 50 No Name 35002 "Andersons Unipend Pam"				
I.	. <u>Dam Owner information</u> Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):  Contact Person (if owner is company):				
	Phone:				
	Mailing Address:				
	City:			D:	
II.	Site Information  A. Site Location (street address, nearest intersection Latitude: 34 ° 41 ' 30 " N Longitude: -79 °				
	B. Is there any evidence of new development below	the dam?Yes	X_No		
	C. Do you think the hazard classification should be u	pgraded?Yes	X_No		
	D. If yes for item II.C, what is your opinion of what the	e new classification should	be?Class 1 (Hi	igh Hazard)	
			Class 2 (S	ignificant Hazard)	
III.	Signature Please print your name, sign, and date on the lines be determining the hazard classification was obtaining f portion of the form.	pelow once the inspection a from Bureau of Water staff r	nd form have been co nembers, they will als	empleted. If assistance with o need to complete this	
	Shown S. Frazer Printed Name of Regional Inspector	Ghuy G Fin Signature	<u> </u>	7/20/15 Date of Signature	
	Printed Name of BOW Engineer	Signature	<b></b>	Date of Signature	



and Environmeass\*Control

## Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams**

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	te of Inspection: 6/26/15 SC Dam Inventory Number D 3453 County: Max llago
L	Dam Owner Information  Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person): Penelope M Nobles Trust Agreement  Contact Person (if owner is company): Penelope M Nobles  Phone:Email:  Mailing Address: 577 Covington Mill Pank Rd  City: Beam HovilleState:SC
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): On Collington Mill Pend Rd off US Route 15  Latitude: 34 ° 36 ' 30" N Longitude: -71 ° 37' 45" W Tax map # (list all): 040 - 00 - 02 - 071
	B. Is there any evidence of new development below the dam?YesXNo  C. Do you think the hazard classification should be upgraded?YesXNo  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.  Share 5 Frazer 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Printed Name of BOW Engineer Signature Date of Signature



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da	Date of Inspection: 6/26/15 SC Dam Inventory Number D 3461 County: Wellberg			
Ds	Im Name: 9 No Name 35039 "Stev Co Kart Fabre Dan 1"			
	Dam Owner Information  Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person): Southern States Energy LLC  Contact Person (if owner is company): John Cunnhyham  Phone:Email:  Mailing Address: 201 A Front St.  City: Cheraw State: SC Zip: 29520			
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): The section of US Route 1 and Brichyard Rd.  Latitude: 34 · 42 · 45 " N Longitude: -79 · 52 · CO " W Tax map # (list all): D13-CO-C1-C31			
	B. Is there any evidence of new development below the dam?YesXNo  C. Do you think the hazard classification should be upgraded?YesXNo  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.  Show 5. Fazer  Printed Name of Regional Inspector  Signature  Signature  Date of Signature			
	Printed Name of BOW Engineer Signature Date of Signature			



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Da Da	arte of Inspection: 6/26/15 SC Dam Inventor	Fabric Dan 2"	_County: <u>_Madba</u>	Ø
l.	Dam Owner Information  Has ownership changed? X YesNo (If yes,  A. Owner/ Operator (Company or person): Southern S  Contact Person (if owner is company): John Cran  Phone:  Mailing Address: 201 A Front St.  City:Cherony	States Exergy UC  Angham  Email:		
II.	Site Information  A. Site Location (street address, nearest intersection, etc.):  Latitude: 34 • 42 • 45 ** N Longitude: - 79 • 52 • 6			•
	<ul> <li>B. Is there any evidence of new development below the dar</li> <li>C. Do you think the hazard classification should be upgrade</li> <li>D. If yes for item II.C, what is your opinion of what the new</li> </ul>	ed?YesX classification should be? _	No	
III.	Signature Please print your name, sign, and date on the lines below of determining the hazard classification was obtaining from But portion of the form.  Shaw 5, Frazer Printed Name of Regional Inspector			
	Printed Name of BOW Engineer	Signature		Date of Signature



#### Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams**

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

		SC Dam Inventory Number D <u>3574</u> County:			
I.	Has ownership changed?YesX _No (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):				
	Phone:	Email:			
	City:	State:	Zip:		
II.	Latitude: <u>33 ° 49 ' 00 "</u> N Longitude: B. Is there any evidence of new development. Do you think the hazard classification s	ntersection, etc.): Off Jones Rd, off Store Rd  de: -79 ° 42 ' CO " W Tax map # (list all): O232  ent below the dam? Yes X No  hould be upgraded? Yes X No  of what the new classification should be? Class 1	2-31-901		
m.		the lines below once the inspection and form have been obtaining from Bureau of Water staff members, they will a signature			
	Printed Name of BOW Engineer	Signature	Date of Signature		



#### South Caroline Department of Houlds and Environmental Cantrol

# Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

_			
D	Date of Inspection: 6/16/15 SC Dam Inventory Number D 3575 County: Floresce  Dam Name: Foldy Pord Dam		
D	am Name: Fold Fold War		
ı.	Dam Owner Information		
	Has ownership changed?Yes X_No	(If yes, enter the new owners and their co	ontact information below)
	A. Owner/ Operator (Company or person):		
	Contact Person (if owner is company):		
	Phone:	Email:	
	Mailing Address:		
	City:		
	Oily.	Otate.	
II.	Site Information	-00 11	11 -1
	A. Site Location (street address, nearest intersection	n, etc.): Off NCC Rd, off Johnson w	Me Huy
	Latitude:°' N Longitude:°	* W Tax map # (list all):	328-31-002
	00328-31-075 (Possibly. Appears to t	such edge afdown.)	
	7-17		
	B. Is there any evidence of new development below	the dam? Ves X No	
	C. Do you think the hazard classification should be u	ıpgraded?YesXNo	
	D. If yes for item II.C, what is your opinion of what the	e new classification should be?Cla	ss 1 (High Hazard)
		Cla	ass 2 (Significant Hazard)
III.	Signature Please print your name, sign, and date on the lines to determining the hazard classification was obtaining to portion of the form.	from Bureau of Water staff members, they	
	Shawn S. Frazer	Chu Phr	( 1201 -
	Printed Name of Regional Inspector	Signature	<i>6/30/15</i> Date of Signature
	3	,	• • • • • • • • • • • • • • • • • • • •
			<u> </u>
	Printed Name of BOW Engineer	Signature	Date of Signature



## Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams**

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3576 County: Flerence			
D	am Name: <u>Richard Holliday Pand Pan</u>		
l.	Dam Owner Information  Has ownership changed?YesXN  A. Owner/ Operator (Company or person):	•	
	Contact Person (if owner is company):		
	Phone:	Email:	
	Mailing Address:		
	City:	State:	Zip:
II.	Site Information  A. Site Location (street address, nearest intersect Latitude: 33 ° 52 ' 45" N Longitude: - 7!  B. Is there any evidence of new development below. C. Do you think the hazard classification should be D. If yes for item II.C, what is your opinion of what	yes X No e upgraded? Yes X No the new classification should be?	C0326-02-003
111.	Signature Please print your name, sign, and date on the line determining the hazard classification was obtainin portion of the form.  Sham 5. Frage C  Printed Name of Regional Inspector		
	Printed Name of BOW Engineer	Signature	Date of Signature



#### Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3577 County: Flerence  Dam Name: R. Helliday Lower Down				
D	am Name: R. Helliday Lower Down	<u> </u>	<del></del>	
I.	Dam Owner Information  Has ownership changed?YesXN  A. Owner/ Operator (Company or person):			,
	Contact Person (if owner is company):			
	Phone:			
	Mailing Address:			
	City:			
II.	Site Information			
	A. Site Location (street address, nearest intersect	tion, etc.): Off Huy 378 be	hreen Kent Rd &	Lucas Rd.
	A. Site Location (street address, nearest intersect Latitude: 33 ° 52 ', 30 " N Longitude: -75	/ 9 ° <b>36</b> <sup>,</sup> 15 "W Tax map # (lis	st all): 00326-02-	c03
		,		
	B. Is there any evidence of new development belo	ow the dam?YesX	No	
	C. Do you think the hazard classification should b	oe upgraded?YesX	No	
	D. If yes for item II.C, what is your opinion of what	t the new classification should be?	?Class 1 (High	Hazard)
			Class 2 (Signi	ficant Hazard)
III.	Signature Please print your name, sign, and date on the line determining the hazard classification was obtaining portion of the form.	es below once the inspection and f ng from Bureau of Water staff men	form have been compl nbers, they will also ne	leted. If assistance with eed to complete this
	Shawn S. Frager Printed Name of Regional Inspector	Green Physical Signature		6/30/15 Date of Signature
	Printed Name of BOW Engineer	Signature		Date of Signature



#### gifs Carulina Degartment 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

	Date of Inspection: 6/16/15 SC Dam Inventory Number D 3578 County: Flerence		
Da	m Name: H5 Hyman Pand Dam		
l.	Dam Owner Information  Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):		
	Contact Person (if owner is company):		
	Phone: Email:		
	Mailing Address:		
	City: State: Zip:		
II.	Site Information		
	A. Site Location (street address, nearest intersection, etc.):		
	Latitude: 34 · 01 · 30 " N Longitude: -71 · 34 · 30 " W Tax map # (list all): 00347-02-016,		
	00347-02-035, 00347-02-078, (possibly falling dam?) 00347-02-067		
	B. Is there any evidence of new development below the dam?YesXNo		
	C. Do you think the hazard classification should be upgraded?YesXNo		
	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.		
	Sharm Forzer  Printed Name of Regional Inspector  Signature  7/7/15  Date of Signature		
	Printed Name of BOW Engineer Signature Date of Signature		



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3579 County: Flerence  Dam Name: Coleman Pand 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):	
	Contact Person (if owner is company):	
	Phone: Email:	
	Mailing Address:	
	City: State: Zip:	
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): Off Weeds Rd, offintersection of Weeds Rd is Bay Rd  Latitude: 33 • 58 • CO " N Longitude: - 79 • 34 • 30 " W Tax map # (list all): 00354 - 02 - 052  00354 - 02 - 007  B. Is there any evidence of new development below the dam?YesX_No  C. Do you think the hazard classification should be upgraded?YesX_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.  Shaw Fazer  Printed Name of Regional Inspector  Signature  Date of Signature	
	Printed Name of BOW Engineer Signature Date of Signature	



## Low Hazard Dam Classification Inspection Form for South Carolina **Regulated Dams**

Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

	te of Inspection: 6/16/15 SC Dam Inventory Number D 3581 County: Perence
I.	Dam Owner Information  Has ownership changed?YesXNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):
	Contact Person (if owner is company):
	Phone: Email:
	Mailing Address:
	City: State: Zip:
II.	Site Information  A. Site Location (street address, nearest intersection, etc.): Off 5. Peoples fly, between boss kd & W. Bazer Rd.  Latitude: 33 ° 55 ' 00 " N Longitude: -79 ° 32 ' 45 " W Tax map # (list all): 0382-02-001  0372-02-033 , 0382-02-002  033  B. Is there any evidence of new development below the dam? Yes X No
	C. Do you think the hazard classification should be upgraded?YesXNo  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.  Shaw 5. Frage Printed Name of Regional Inspector  Signature  Date of Signature
	Printed Name of BOW Engineer Signature Date of Signature



Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

D	ate of Inspection: 6/26/15 SC Dam Inventory Number D 4144 County: Malboro
D	m Name: JM Crowford Dan
l.	Dam Owner Information  Has ownership changed? X YesNo (If yes, enter the new owners and their contact information below)  A. Owner/ Operator (Company or person):
	Contact Person (if owner is company):
	Phone:Email:
	Mailing Address: 209 McIver 5t.
	City: Cheraw State: SC Zip: 29520
II.	Site Information
	A. Site Location (street address, nearest intersection, etc.): 56.37 HWY 1 , Wallace 5C
	Latitude: <u>34 ° 46 '00</u> " N Longitude: - <u>79 ° 53 ' 15</u> " W Tax map # (list all): <u>006 - 01 - 01 - 004</u>
	B. Is there any evidence of new development below the dam?YesXNo
	C. Do you think the hazard classification should be upgraded?YesXNo
	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 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.
	Shawn 5. Fronzer 4mm 4 9th 7/20/15 Printed Name of Regional Inspector Signature Date of Signature
	Printed Name of BOW Engineer Signature Date of Signature