



Low Hazard Dam Classification Inspection Form for South Carolina  
Regulated Dams  
Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 04-02-15 SC Dam Inventory Number D 0637 County: McCormick

Dam Name: SCNONAME 35008

I. **Dam Owner Information**

EFIS changed on 4-7-15 SAH  
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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. **Site Information**

A. Site Location (street address, nearest intersection, etc.): \_\_\_\_\_

Latitude: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N Longitude: - \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Tax map # (list all): 160-00-00-001

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

III. **Signature**

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-02-15  
Date of Signature

\_\_\_\_\_  
Printed Name of BOW Engineer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

There ~~is~~ not any creek crossings downstream of dam. Per past guidance from John Poole, are please perform ~~no~~ check out of Col. • water goes in Wanhth River SH 4-7-15



**Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams**  
**Dams and Reservoirs Safety Act Regulations 72-1 through 72-9**

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

Date of Inspection: 4-7-15 SC Dam Inventory Number D 0638 County: McCormick

Dam Name: SCDNNAME 35007

**I. Dam Owner Information** 2-9-15

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Bullhaven Farms LLC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO Box 2106

City: Augusta State: GA Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): \_\_\_\_\_

Latitude: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N Longitude: - \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Tax map # (list all): 250-00-00-007

B. Is there any evidence of new development below the dam?  Yes  No per 2-8-14 Googleearth image

C. Do you think the hazard classification should be upgraded?  Yes  No evaluated Please evaluate with inundation mapping

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.

Stephanie Hackett  
 Printed Name of Regional Inspector

Stephanie Hackett  
 Signature

4-7-15  
 Date of Signature → date Owd EOC decided central office needs to make decision on this dam.

\_\_\_\_\_  
 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**

**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: 04-02-15 SC Dam Inventory Number D 0639 County: McCormick

Dam Name: \_\_\_\_\_ SCADONAME 35006

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): \_\_\_\_\_

Latitude: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N Longitude: - \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Tax map # (list all): 184-00-00-008

B. Is there any evidence of new development below the dam? \_\_\_\_\_ Yes  No

C. Do you think the hazard classification should be upgraded? 4-15 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)

*Hwy 801  
houses between  
Hwy 378  
Tray Rd*

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-02-15  
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**

**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: 04-02-15 SC Dam Inventory Number D 0640 County: McCormick

Dam Name: SCNONAME 35005

**I. Dam Owner Information** → name change

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): McCormick CPW

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): NE Airport Rd + Hwy 37B

Latitude: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N Longitude: - \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Tax map # (list all): 150-00-00-016, 150-00-00-018

150-00-00-016, 150-00-00-018

*Please evaluate Hwy 37B WWTP*

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

*SH 4-6-15*

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-02-15  
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

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: 04-02-15 SC Dam Inventory Number D 064 County: McCormick

Dam Name: SCNONAME 35003

I. Dam Owner Information

Has ownership changed? [checked] Yes \_\_\_ No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Susanne Greene

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: \_\_\_° \_\_\_' \_\_\_" N Longitude: - \_\_\_° \_\_\_' \_\_\_" W Tax map # (list all): 035-00-00-064

B. Is there any evidence of new development below the dam? \_\_\_ Yes [checked] No

C. Do you think the hazard classification should be upgraded? [checked] Yes [checked] No

D. If yes for item II.C, what is your opinion of what the new classification should be? \_\_\_ Class 1 (High Hazard) \_\_\_ Class 2 (Significant Hazard)

Please check 035-00-00-015 -tab 10 for further evaluation SH 4-6-15

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.

Mark Satterfield Printed Name of Regional Inspector

Mark Satterfield Signature

04-02-15 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

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: 04-02-15 SC Dam Inventory Number D 0640 County: McCormick

Dam Name: SC NORAME # 35001

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): \_\_\_\_\_

Latitude: \_\_\_\_° \_\_\_\_' \_\_\_\_" N Longitude: - \_\_\_\_° \_\_\_\_' \_\_\_\_" W Tax map # (list all): 135-10-00-010

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-02-15  
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**

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

\* **Date of Inspection:** 2-4-12 **SC Dam Inventory Number D** 0914 **County:** Abbeville

**Dam Name:** SC NO NAME 01002

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

**A. Site Location (street address, nearest intersection, etc.):** Legion Lake Rd.

Latitude: 34° 25' 47.99" N Longitude: 82° 00' 53.9" W Tax map # (list all): ATA-00-00-003 007

\* **B.** Is there any evidence of new development below the dam?  Yes  No

\* **C.** Do you think the hazard classification should be upgraded?  Yes  No

**D.** If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 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.

\* Sarah Daniels  
Printed Name of Regional Inspector

Sarah Daniels  
Signature

2-4-12  
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

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: 4-1-15<sup>SM</sup> SC Dam Inventory Number D 1257 County: Greenwood  
Dam Name: SCNONAME 24001 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): GREENWOOD CPW

Contact Person (if owner is company): \_\_\_\_\_

Phone: 864-942-8100 Email: \_\_\_\_\_

Mailing Address: PO BOX 549

City: GREENWOOD State: SC Zip: 29648

II. Site Information

A. Site Location (street address, nearest intersection, etc.): E OF INTERSECTION OF AIRPORT RD AND OLD LAURENS ROAD

Latitude: 34 ° 15 ' 28" N Longitude: - 82 ° 7 ' 41 " W Tax map # (list all): 6868-762-535

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be <sup>evaluate</sup> 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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Stephanie Hackett  
Printed Name of Regional Inspector

Stephanie Hackett  
Signature

4-1-15  
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**

**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: 4-15 SC Dam Inventory Number D 1258 County: Greenwood  
Dam Name: SCNONAME 24002 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): creekside homeowners assoc

Contact Person (if owner is company): LARY DAVIS

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO BOX 50811

City: GREENWOOD State: SC Zip: 29649

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): EAST OF THE CULD-DE-SAC AT CREEKSIDE CT, GREENWOOD, SC

Latitude: 34 ° 15 , 26 " N Longitude: - 82 ° 10 ' 34 " W Tax map # (list all): 6848-467-363

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be <sup>updated</sup> ~~evaluated~~?  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.

Stephanie Hackett  
Printed Name of Regional Inspector

Stephanie Hackett  
Signature

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**

**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: 04-01-15 SC Dam Inventory Number D 1259 County: GREENWOOD

Dam Name: SCNONAME 24003

**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): STOCKMAN LANDS INC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1142 REYNOLDS AVE

City: GREENWOOD State: SC Zip: 29649

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): EAST OF OLD BRICKYARD RD AND TUCKER RD

Latitude: 34° 13' 15" N Longitude: - 82° 5' 57" W Tax map # (list all): 6867-784-025

B. Is there any evidence of new development below the dam?  Yes  No Old Brickyard road  
emerald rd

C. Do you think the hazard classification should be upgraded?  Yes  No railroad  
Fox Trail Rd.

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  Class 2 (Significant Hazard) houses on Beaver Creek  
Lake here,  
Cherokee Dr.

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield Mark Satterfield 04-01-15  
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

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: 04-01-15 SC Dam Inventory Number D 1261 County: Greenwood  
Dam Name: SCNONAME 24005

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): Joyce Alexander

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 325 Hillcrest Farm Road

City: Greenwood State: SC Zip: 29649

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 205 Hillcrest Farm Road, Greenwood, SC

Latitude: 34° 14' 16" N Longitude: - 82° 5' 39" W Tax map # (list all): 6877-034-567

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-01-15  
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

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: 6-11-14 SC Dam Inventory Number D 1212 County: Greenwood

Dam Name: SC WOLFE BLVD

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): Clyde Fisher Jr w/6/13

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO Box 760

City: Greenwood State: SC Zip: 29648

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 4081 McCormick Hwy, Bradley, SC

Latitude: 34° 05' 59" N Longitude: -82° 15' 34" W Tax map # (list all): 6823-343-36A

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield Mark Satterfield 6-11-14  
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**

**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: 3/31/15 SC Dam Inventory Number D 1263 County: Greenwood  
 Dam Name: SCNONAME 24007 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): GREENWOOD MILLS INC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO BOX 1546

City: GREENWOOD State: SC Zip: 29648

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): SE OF INTERSECTION OF 72 BYPASS AND CROSS CREEK CONNECTOR

Latitude: 34 ° 12 ' 17 " N Longitude: - 82 ° 10 ' 48 " W Tax map # (list all): 6846-304-437

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

*CREEK may be piped  
under 72*

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSE MATTHEWS  
 Printed Name of Regional Inspector

Chrisse Matthews  
 Signature

3/31/15  
 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**

**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: 4-1-15 SC Dam Inventory Number D 1264 County: Greenwood  
 Dam Name: SCNONAME 24008

**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): Charles Heard  
 Contact Person (if owner is company): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: 301 Belle Meade Road  
 City: Greenwood State: SC Zip: 29649

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 715 Hwy 246 N, Greenwood, SC  
 Latitude: 34° 15' 23" N Longitude: - 82° 7' 56" W Tax map # (list all): 6868-308-336

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

*evaluated*

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)

*Buckwood Hwy 72*

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Stephanie Hackett  
 Printed Name of Regional Inspector

Stephanie Hackett  
 Signature

4-1-15  
 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

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: 6-11-14 SC Dam Inventory Number D 12666 County: Greenwood

Dam Name: SCDNAME 0401

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): CCCCC LLC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 607 5 Notch Rd

City: Bradley State: SC Zip: 29819

II. Site Information

A. Site Location (street address, nearest intersection, etc.): SE of S-24-186 & S-24-46

Latitude: 34° 02' 07" N Longitude: -82° 11' 00" W Tax map # (list all): 6840-078-3010

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

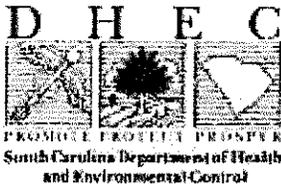
Mark Satterfield  
Signature

6-11-14  
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

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: 6-11-14 SC Dam Inventory Number D 1268 County: Greenwood

Dam Name: SC NAME 84014

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NE of Lorenzo Rd + Lemon Tree Rd

Latitude: 34° 09' 04" N Longitude: -88° 13' 54" W Tax map # (list all): 6804-765-518

B. Is there any evidence of new development below the dam?  Yes  No

check end of Lorenzo Rd,

C. Do you think the hazard classification should be upgraded?  Yes  No maybe SAH 6.9.14

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

6-11-14  
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

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: 6-11-14 SC Dam Inventory Number D 1873 County: Greenwood

Dam Name: SC NO NAME 24019

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): William E Underwood

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO Box 4049094

City: Greenwood State: SC Zip: 291648

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1017 Phoenix Rd, ninety six

Latitude: 34° 04' 40" N Longitude: 82° 05' 02" W Tax map # (list all): 6861-957-709

B. Is there any evidence of new development below the dam?  Yes  No

Brooks Rd

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.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

6-11-14  
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**

**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:** 6-11-14 **SC Dam Inventory Number D** 1678 **County:** Greenwood

**Dam Name:** Melto Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Debra Smetts

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 303 Beaverdam Creek Rd

City: Greenwood State: SC Zip: 29646

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 303 Beaverdam Creek Rd

Latitude: 34° 04' 06" N Longitude: -82° 07' 21" W Tax map # (list all): 1681-009-1684

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

6-11-14  
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

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: 3-31-15 SC Dam Inventory Number D 2702 County: Greenwood

Dam Name: COMM OF PUB WORKS 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): CITY OF GREENWOOD

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 520 MOMUMENT STREET

City: GREENWOOD State: SC Zip: 29646

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 1217 GRACE ST, GREENWOOD, SC 29646

Latitude: 34 ° 12 , 47 " N Longitude: - 82 ° 10 ' 06 " W Tax map # (list all): 6846-668-780

B. Is there any evidence of new development below the dam?  Yes  No

*Hwy 72  
property becoming part*

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.

STEPHANIE HACKETT  
Printed Name of Regional Inspector

Stephanie Hackett  
Signature

4-6-15  
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**

**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: 3-31-15 SC Dam Inventory Number D 2710 County: Greenwood

Dam Name: DRUID HILLS 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): DRUID HILLS COMMUNITY

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 120 STRATFORD ROAD

City: GREENWOOD State: SC Zip: 29649

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): NE OF 216 CLAIRMONT DRIVE, GREENWOOD, SC 29649

Latitude: 34 ° 13 ' 39 " N Longitude: - 82 ° 10 ' 59 " W Tax map # (list all): 6847-229-348

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

*216 Clairmont Dr.  
↓ downstream  
- road - Clairmont*

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

STEPHANIE HACKETT  
Printed Name of Regional Inspector

Stephanie Hackett  
Signature

4-1-15  
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

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: 04-01-15 SC Dam Inventory Number D 2802 County: Greenwood  
Dam Name: Jay Motsinger 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): Jay Motsinger Jr Life Estate

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 109 fuller Street

City: Greenwood State: SC Zip: 29649

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 709 Fuller Street, Greenwood, SC 29649

Latitude: 34° 16' 20" N Longitude: - 82° 5' 28" W Tax map # (list all): 6878-111-744

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

III. Signature

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-01-15  
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

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: 02-20-13 SC Dam Inventory Number D 29165 County: Laurens

Dam Name: Bob Jones Farm Pond

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Earle O Perry III and Rebecca R

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1405 Cochran Dr

City: Fountain Inn State: SC Zip: 29116

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1405 Cochran Dr

Latitude: 34° 46' 34" N Longitude: -82° 8' 38" W Tax map # (list all): 147-01-00-001

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-21-13  
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**

**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: 02-20-13 SC Dam Inventory Number D 29166 County: Laurens

Dam Name: Riddle Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Ashley Riddle

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 600 Gulliver St

City: Fountain Inn State: SC Zip: 29114

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): South of Lashoe Dr.

Latitude: 34° 42' 5" N Longitude: -82° 8' 36" W Tax map # (list all): 152-00-00-017

152-00-00-018, 152-00-00-007

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-21-13  
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**

**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: 02-21-13 SC Dam Inventory Number D 59167 County: dauners

Dam Name: Martins Lake Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): N of Martins Lake + Lakeview Dr.

Latitude: 34° 38' 33" N Longitude: -87° 5' 4" W Tax map # (list all): 980 00 00-015

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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**

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

**Date of Inspection:** 2/28/13 SC Dam Inventory Number D 29169 County: Laurens

**Dam Name:** Knights Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Lillian Tumbin Knight

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 16951 Hwy 85

City: Ware Shoals State: SC Zip: 29169

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 16951 Hwy 85

Latitude: 34° 27' 24" N Longitude: -82° 14' 48" W Tax map # (list all): 025-00-00-010

025-00-00-087

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

2/28/13  
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**

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

**Date of Inspection:** 2/28/13 **SC Dam Inventory Number D** 2070 **County:** Laurens.

**Dam Name:** Ziegenfuss Pond dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

**A. Owner/ Operator (Company or person):** Linda Tanner, Trustee

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 208 Bateaus Dr

City: Wade Shoals State: SC Zip: 29698

**II. Site Information**

**A. Site Location (street address, nearest intersection, etc.):** 208 Bateaus Dr, Wade Shoals, 29698

Latitude: 34° 28' 50" N Longitude: 82° 14' 3.6" W Tax map # (list all): 031-00-00004

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews  
**Printed Name of Regional Inspector**

Chrissy Matthews  
**Signature**

2/28/13  
**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**

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

**Date of Inspection:** 2/13/13 **SC Dam Inventory Number** D 29772 **County:** JANESVILLE

**Dam Name:** SCNONAME 30025

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 5765 Indian Mound Rd, Lenoir, SC

Latitude: 34° 05' 24" N Longitude: -82° 5' 51" W Tax map # (list all): 279-0000-01

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSE MATTHEWS  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

2/13/13  
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**

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

Date of Inspection: 2-13-13 SC Dam Inventory Number D 2973 County: Laurens

Dam Name: SC NONAME 30096

**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): Kathy H Gray

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 11816 Deer Valley Rd

City: Laurens State: SC Zip: 29360

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 1126 Deer Valley Rd, Laurens, SC

Latitude: 34° 24' 17.5" N Longitude: 80° 5' 55" W Tax map # (list all): 273-00-M-016

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Cherish Matthews  
Printed Name of Regional Inspector

Cherish Matthews  
Signature

2/13/13  
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**

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

**Date of Inspection:** 2/28/13 **SC Dam Inventory Number D** 2974 **County:** Lawrence

**Dam Name:** SEWONAME 30017

**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):** Larry Cranshaw Life Estate

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 870 Indian Mound Pt.

City: Lawrence State: SC Zip: 29340

**II. Site Information**

**A. Site Location (street address, nearest intersection, etc.):** 6538 Hwy 221 S, Lawrence SC

Latitude: 34° 25' 12" N Longitude: -89° 3' 12" W Tax map # (list all): 331-00-00-021 331-00-00-016

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews  
Chrissy Matthews  
**Printed Name of Regional Inspector**

Chrissy Matthews  
**Signature**

2/28/13  
**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

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

Date of Inspection: 2-28-13 SC Dam Inventory Number D 2975 County: ANDERSON

Dam Name: Dennon James Upper 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): Mountain Properties LLC

Contact Person (if owner is company): Dorothy B. James

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO Box 1033

City: Tayloris State: SC Zip: 29167

### II. Site Information

A. Site Location (street address, nearest intersection, etc.): SW of Teague Rd and Smithville Rd, Mountville

Latitude: 34° 25' 08.5" N Longitude: -82° 01' 22.8" W Tax map # (list all): 301-00-00-016

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

3/18/14  
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**

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

**Date of Inspection:** 2/28/13 **SC Dam Inventory Number D** 0276 **County:** Lainus

**Dam Name:** Dennis Jones Lower 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):** Mountain Properties, LLC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO Box 1033

City: Taylor State: SC Zip: 29657

**II. Site Information**

**A. Site Location (street address, nearest intersection, etc.):** SW of Smithville Rd + Teague Rd.

Latitude: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N Longitude: - \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Tax map # (list all): 391-00-00-016

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSE MATTHEWS  
**Printed Name of Regional Inspector**

Chrissy Matthews  
**Signature**

2/28/13  
**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**

**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: 02-21-13 SC Dam Inventory Number D 0977 County: Laurens

Dam Name: SPINDNAME 30013

**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): Specialty Vermiculite LLC

Contact Person (if owner is company): Mike Balcher

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1 Balach Sub 30

City: Balsamwyd State: PA Zip: 19004

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): Mixing Pond Rabbit Run Rd.

Latitude: 31° 39' 35" N Longitude: 81° 05' 46" W Tax map # (list all): 436 CC (0-00)

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  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.

Mark Satterfield  
Printed Name of Regional Inspector

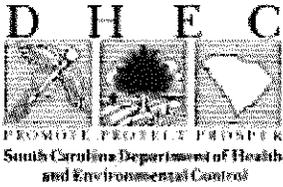
Mark Satterfield  
Signature

02-22-13  
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**

**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: 02-21-13 SC Dam Inventory Number D A979 County: DAWSON

Dam Name: Grace Pond Sediment Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Specialty Vermiculite LLC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1 Bala Ave Suite 310

City: Bala Guyard State: PA Zip: 19004

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): SW of Hwy 221 + Rabbit Run Rd.

Latitude: 34° 30' 58" N Longitude: -81° 50' 22" W Tax map # (list all): 430-000001

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**III. Signature**

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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

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: 02-21-13 SC Dam Inventory Number D 0980 County: LAURENS

Dam Name: SCONAWHE 3000'S

I. Dam Owner Information

Has ownership changed? [x] Yes [ ] No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Martha Beckman et al

Contact Person (if owner is company):

Phone: Email:

Mailing Address: 212 Hampton Dr.

City: Greenville State: SC Zip: 29615

II. Site Information

A. Site Location (street address, nearest intersection, etc.): N of ORA RD + Hwy 221

Latitude: 34° 37' 6" N Longitude: 81° 59' 51" W Tax map # (list all): 400-00-00-001

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.

Mark Satterfield Printed Name of Regional Inspector

Mark Satterfield Signature

02-22-13 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

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: 02-21-13 SC Dam Inventory Number D 2981 County: Downing

Dam Name: Madison Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Sarah E Verdin (Trustee)

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1192 Patterson Plant Rd.

City: Enore State: SC Zip: 29335

II. Site Information

A. Site Location (street address, nearest intersection, etc.): South side of Patterson Plant Rd.

Latitude: 34° 57' 36" N Longitude: - 81° 57' 33" W Tax map # (list all): 494-00 00 016

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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**

**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: 02-21-13 SC Dam Inventory Number D 8082 County: Laurie

Dam Name: Bird Bredon + Walter WCD Dam 33

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): between Park Town Rd, Granny Apple Rd, + Fieldcrest Dr.

Latitude: 34° 35' 14" N Longitude: -81° 57' 43" W Tax map # (list all): 4197 06-06-008

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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

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: 6-3-14 SC Dam Inventory Number D 2983 County: LAURENS

Dam Name: SCNONAME 30010

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): east of 5984 Hwy 308, Laurens SC

Latitude: 34° 32' 56.9" N Longitude: -81° 55' 08" W Tax map # (list all): 560-00-00-011

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

6-3-14  
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

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: 6-3-14 SC Dam Inventory Number D 2984 County: LAURENS

Dam Name: SR SCNONAME 30006

I. Dam Owner Information

Has ownership changed? Yes No (checked) (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.): end of Reservoir Rd

Latitude: 34° 32' 47.7" N Longitude: 81° 54' 28" W Tax map # (list all): 560-00-00-003

B. Is there any evidence of new development below the dam? Yes No (checked)

C. Do you think the hazard classification should be upgraded? Yes No (checked)

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield Printed Name of Regional Inspector

Mark Satterfield Signature

6-3-14 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

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: 6-3-14 SC Dam Inventory Number D 2985 County: LAURENS

Dam Name: SCNONAME 3005

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): CM FARM INC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO BOX 38346

City: LAURENS State: SC Zip: 29860

II. Site Information

A. Site Location (street address, nearest intersection, etc.): EBST OF END OF POOLE RD

Latitude: 34° 32' 17" N Longitude: -81° 58' 59" W Tax map # (list all): 611-00-00-00A

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

III. Signature

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

6-3-14  
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**

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

**Date of Inspection:** 2/28/13 **SC Dam Inventory Number D** 2976 <sup>2987</sup> **County:** Laurie

**Dam Name:** Blackmon Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_  
 Contact Person (if owner is company): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): east of Beaverdam Ch Rd. + Lisbon Rd.  
 Latitude: 34° 34' 36" N Longitude: 81° 57' 46" W Tax map # (list all): 480-00-00-007

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSE MATTHEWS  
 Printed Name of Regional Inspector

Chrissy Matthews  
 Signature

2/28/13  
 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

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: 5-01-2014 SC Dam Inventory Number D 2988 County: Laurins

Dam Name: Clinton 308 Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): West of 2150 Hwy 308, Clinton

Latitude: 34° 09' 57" N Longitude: 81° 53' 34" W Tax map # (list all): 590-00-00-011

B. Is there any evidence of new development below the dam?  Yes  No - GUN RANGE

C. Do you think the hazard classification should be upgraded?  Yes  No - DOESN'T APPEAR POND IS THERE

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes  
Printed Name of Regional Inspector

Michael Hayes  
Signature

5-01-2014  
Date of Signature

\_\_\_\_\_  
Printed Name of BOW Engineer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

RECEIVED

JUN 12 2014



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 5-01-2014 SC Dam Inventory Number D6000 County: Laurens

Dam Name: Clinton Thornwell Pond #1

I. Dam Owner Information

Has ownership changed? Yes No (checked) (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.): east of Levee St Dr. Clinton Latitude: 34° 07' 02" N Longitude: 81° 53' 31" W Tax map # (list all): 594-00-00-008

B. Is there any evidence of new development below the dam? Yes No (checked) C. Do you think the hazard classification should be upgraded? Yes No (checked) 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) (checked)

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.

Michael Hayes Printed Name of Regional Inspector Signature Date of Signature 5-01-2014 Robert James Ford Printed Name of BOW Engineer Signature Date of Signature 6/11/14

RECEIVED

JUN 1 2 2014

D H E C

GREEN



PROMOTE PROTECT PRESERVE  
South Carolina Department of Health and Environmental Control

Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams  
Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

Note: This form is only for use on current low hazard (class three) dams regulated by the Department of Health and Environmental 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: 5-01-2014 SC Dam Inventory Number D 2091 County: Laurens

Dam Name: Clinton Thornwell Pond A

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): east of Levester Dr, Clinton

Latitude: 34° 26' 55" N Longitude: -81° 53' 29" W Tax map # (list all): 504-00-06-028

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes  
Printed Name of Regional Inspector

Michael Hayes  
Signature

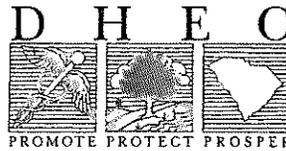
5-01-2014  
Date of Signature

Robert James Ford  
Printed Name of BOW Engineer

Robert James Ford  
Signature

6/11/14  
Date of Signature

BOARD:  
Elizabeth M. Hagood  
Chairman  
Mark B. Kent  
Vice Chairman  
Howard L. Brilliant, MD  
Secretary



C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment.*

BOARD:  
Carl L. Brazell  
Louisiana W. Wright  
L. Michael Blackmon  
Coleman F. Buckhouse, MD

**RECEIVED**

JUN 09 2004

Upper Savannah District  
Environmental Quality Control

Dams and Reservoirs Safety  
Bureau of Water

June 8, 2004

Ms. Catherine McIver  
2 Millpond  
Columbia, South Carolina 29204

RE: Classification Change for Dam D-2992, Bayon Pond Dam, Laurens County

Dear Ms. McIver:

The referenced dam's hazard classification has been changed from a Class 2, Significant Hazard, to a Class 3, Low Hazard. This change is based on hazard analysis conducted from June 1 through June 8, 2004 and on field surveys conducted on May 18, 2004.

Please note that the analysis, for justifying the change in classification, required assumptions to be input into the model. These assumptions may be incorrect and are based on my limited experience. This change in classification does not relieve you of your responsibilities as a dam owner.

NOT IN  
REGIONAL  
FILE  
JK

If you have any questions or comments, please contact me at (803) 898-4027.

Sincerely,

*Steven M. Bradley*  
Steven M. Bradley, P.E.  
Dams & Reservoirs Safety

Cc: Mr. Grady Adkins, NRCS  
Mr. Chad Hendrix, Upper Savannah EQC

RFJ	___	___
CTB	___	JRW ___
POOL	___	MAH ___
IVR	___	WDJ ___
UWK	<i>JK</i>	CDH <i>CDH</i>
DJL	___	LAW ___
DAD	___	SED ___



**Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams**  
**Dams and Reservoirs Safety Act Regulations 72-1 through 72-9**

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

Date of Inspection: 2/28/13 SC Dam Inventory Number D 8908 County: Lanes Davis Pond Dam  
Dam Name: Davis Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_  
Contact Person (if owner is company): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): between old mill rd & Keller Dr.  
Latitude: 34° 25' 15" N Longitude: 81° 54' 15" W Tax map # (list all): 5916-0000-003

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

2/28/13  
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

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

Date of Inspection: 2/28/13 SC Dam Inventory Number D 0111 County: Greenville

Dam Name: South Carolina State 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) \_\_\_\_\_

Contact Person (if owner is company) John A. Poole

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address 1000 ...

City Greenville State SC Zip 29615

### II. Site Information

A. Site Location (street address, nearest intersection, etc.) 1000 ...

Latitude 34.816° N Longitude 79.0517° W Tax map # (list all) ...

B. Is there any evidence of new development below the dam?  Yes  No J.P.

C. Do you think the hazard classification should be upgraded?  Yes  No J.P.

D. If yes for item II C what is your opinion of what the new classification should be? \_\_\_\_\_ Class 1 (High Hazard)  
check houses at end of ... \_\_\_\_\_ 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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISTOPHER MATTHEWS  
Printed Name of Regional Inspector

Christy Matthews  
Signature

2/28/13  
Date of Signature

John A. Poole  
Printed Name of BOW Engineer

[Signature]  
Signature

3/4/13  
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**

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

**Date of Inspection:** 2/28/13 **SC Dam Inventory Number D:** 8993 **County:** Darlington

**Dam Name:** Elizabeth D. Copeland 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): \_\_\_\_\_

Contact Person (if owner is company): Agnes Ross Davis

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1063 Old Milton Rd

City: Clinton State: SC Zip: 29305

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 10630 Old Milton Rd

Latitude: 34° 25' 10" N Longitude: -81° 53' 17" W Tax map # (list all): 596-00-00-001

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)  
check houses at END of Sand Dr.  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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSE MATTHEWS  
Printed Name of Regional Inspector

Chrisse Matthews  
Signature

2/28/13  
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

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

Date of Inspection: 2/28/13 SC Dam Inventory Number D 2001 County: Darlington

Dam Name: WATER RESERVOIR

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) MANUEL C. SANCHEZ

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address 1201 COLUMBIA ST

City DARLINGTON State: SC Zip 29535

II. Site Information

A. Site Location (street address, nearest intersection, etc.) 1201 COLUMBIA ST

Latitude: 34° 24' 37" N Longitude -81° 15' 41" W Tax map # (list all) 40090000000000000000

B. Is there any evidence of new development below the dam?  Yes  No J.P.

C. Do you think the hazard classification should be upgraded?  Yes  No J.P.

D. If yes for item II C. what is your opinion of what the new classification should be? \_\_\_\_\_ Class 1 (High Hazard)  
CHECK HOUSES AT END OF SAND ISL. \_\_\_\_\_ 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 obtained from Bureau of Water staff members they will also need to complete this portion of the form.

CHRISSEY MATTHEWS  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

2/28/13  
Date of Signature

John A. Poole  
Printed Name of BOW Engineer

[Signature]  
Signature

3/4/13  
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

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

Date of Inspection: 2/28/13 SC Dam Inventory Number D 29914 County: Lainey

Dam Name: Cannon Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): Nancy C Switzer

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1989 Old Milton Rd

City: Clinton State: SC Zip: 29385

II. Site Information

A. Site Location (street address, nearest intersection, etc.): <sup>1989</sup>~~1833~~ Old Milton Rd

Latitude: 34° 24' 37" N Longitude: - 81° 53' 34" W Tax map # (list all): 5916-00-00 # 017

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)

check houses at end of Sand Dr.  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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSEY MATTHEWS  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

2/28/13  
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

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: 5-01-2014 SC Dam Inventory Number D 8995 County: Laurens

Dam Name: Hollingsworth Pond Dam

I. Dam Owner Information

Has ownership changed? [checked] Yes [ ] No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Hollingsworth Farm LTD

Contact Person (if owner is company):

Phone: Email:

Mailing Address: POX 1165

City: Cross Hill State: SC Zip: 29338

II. Site Information

A. Site Location (street address, nearest intersection, etc.):

Latitude: 34° 17' 52" N Longitude: -81° 58' 00" W Tax map # (list all): 487-00-00-002

B. Is there any evidence of new development below the dam? [ ] Yes [checked] No

C. Do you think the hazard classification should be upgraded? [ ] Yes [checked] 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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes Printed Name of Regional Inspector

Michael Hayes Signature

5-01-2014 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

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: 6-3-14 SC Dam Inventory Number D 6097 County: Laurens

Dam Name: Duncan Creek WCD Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below) *but not operator*

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.): W of Clinton House Lane  
Latitude: 34° 32' 35" N Longitude: -81° 51' 48" W Tax map # (list all): 653-00-00-008

- 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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

<u>Mark Satterfield</u> Printed Name of Regional Inspector	<u>Mark Satterfield</u> Signature	<u>6-3-14</u> Date of Signature
_____ Printed Name of BOW Engineer	_____ Signature	_____ Date of Signature

RECEIVED

LEAVE C3V ASP  
~ EXEMPT? ~

MAY 12 2014



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 5-01-2014 SC Dam Inventory Number D 0008 County: Laurens

Dam Name: Sarah Copeland Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Possey Copeland Jr

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 0008 Bush River Rd

City: Kimberly State: SC Zip: 29355

II. Site Information

A. Site Location (street address, nearest intersection, etc.): east of deadend of S-31-507

Latitude: 34° 07' 10.51" N Longitude: -81° 58' 01" W Tax map # (list all): 103A-00-00-01-01-001

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes Printed Name of Regional Inspector Michael Hayes Signature 5-01-2014 Date of Signature

\_\_\_\_\_  
Printed Name of BOW Engineer Signature Date of Signature

JUL 07 2014



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 5-01-2014 SC Dam Inventory Number D3000 County: LAWRENCE

Dam Name: Clinton Industrial Park 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): City of Clinton

Contact Person (if owner is company): Mike Reddeck

Phone: Email:

Mailing Address: 404 N Broad St

City: Clinton State: SC Zip: 29325

II. Site Information

A. Site Location (street address, nearest intersection, etc.):

Latitude: 34° 26' 54" N Longitude: 81° 51' 6" W Tax map # (list all):

B. Is there any evidence of new development below the dam? Yes No

C. Do you think the hazard classification should be upgraded? Yes No

D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard)

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes Printed Name of Regional Inspector

Michael Hayes Signature

5-01-2014 Date of Signature

Robert James Ford Printed Name of BOW Engineer

Robert James Ford Signature

6/25/14 Date of Signature

RECEIVED

JUN 12 2014

LEAVE C3? ✓  
RJK



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams  
Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 5-01-2014 SC Dam Inventory Number D 3001 County: Lawrence

Dam Name: Heath Health Cadelana Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 0.300 ft NW of source

Latitude: 34° 05' 48" N Longitude: -81° 50' 03" W Tax map # (list all): 679-00-03-001

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes  
Printed Name of Regional Inspector

Michael Hayes  
Signature

5-01-2014  
Date of Signature

\_\_\_\_\_  
Printed Name of BOW Engineer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

RECEIVED

1-AVE C3-RSF

ACCESS

JUN 12 2014



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 5-01-2014 SC Dam Inventory Number D 3008 County: Laurens

Dam Name: Bedenbaugh Pond dam

I. Dam Owner Information

Has ownership changed? [X] Yes \_\_\_ No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Mary Jo Pierce

Contact Person (if owner is company):

Phone: Email:

Mailing Address: 3576 Hwy 560

City: Kinards State: SC Zip: 29355

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NE of Bush River Rd & Hwy 560 Kinards

Latitude: 34° 22' 09" N Longitude: 81° 48' 30" W Tax map # (list all): 708-00-00001

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)

Check Hobby Lane Stephanie Mackett 5/5/14

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes Printed Name of Regional Inspector

Michael Hayes Signature

5-01-2014 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature

JUN 12 2014

AVE C3

Access

-pdf



**Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams**  
**Dams and Reservoirs Safety Act Regulations 72-1 through 72-9**

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

Date of Inspection: 5-01-2014 SC Dam Inventory Number D 3000 County: Laurens

Dam Name: Yonce Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Francis D + Penny Y Semino

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1986 Lake Rd

City: Clinton State: SC Zip: 29335 25

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): west of house at 1986 Lake Rd, Clinton

Latitude: 34° 28' 11" N Longitude: 81° 46' 14" W Tax map # (list all): 7216-00-00-003

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)

Check houses between  
 3-30-26 and Stomp Springs  
 Rd.  
 Stephanie Mackett

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes  
 Printed Name of Regional Inspector

Michael Hayes  
 Signature

5-01-2014  
 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

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

Date of Inspection: 8/4/15 SC Dam Inventory Number D 3007 County: LAURENS  
Dam Name: ED DOHAR POND DAM

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_  
Contact Person (if owner is company): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 431 Bryson ford road, Gray Court, SC 29645  
Latitude: 34 ° 38 , 39 " N Longitude: 82 ° 10 , 46 " W Tax map # (list all): 096-00-00-017, 09600-00-0018

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

*Wells Rd.  
~4'8" tall, 10 ft wide*

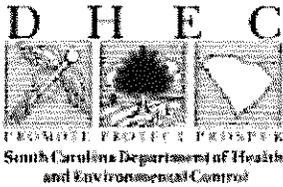
D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

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.

Stephanie Hackett Printed Name of Regional Inspector      Stephanie Hackett Signature      8-5-15 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**

**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: 02-21-13 SC Dam Inventory Number D 3009 County: Laurens

Dam Name: GENONAME 3009

**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): SUNSHOWER FARM LLC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 236 Riverside Dr.

City: Greenville State: SC Zip: 29603

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): SW from end of Dove Rd.

Latitude: 34° 35' 43" N Longitude: -82° 14' 00" W Tax map # (list all): 258 000 003

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**III. Signature**

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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**

**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: 02-21-13 SC Dam Inventory Number D3010 County: Lawrence

Dam Name: UNKNOWN 30093

**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): Joe Ben Hunter III

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1083 CRA RD

City: Corry Court State: SC Zip: 29145

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 1083 CRA RD.

Latitude: 34° 37' 20" N Longitude: 82° 1' 11" W Tax map # (list all): 377-00-00-057  
574-00-00-019

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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**

**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: 02-21-13 SC Dam Inventory Number D 3011 County: Laurins

Dam Name: GENONAME 30000

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): east of Oxford.

Latitude: 34° 36' 56" N Longitude: 82° 0' 54" W Tax map # (list all): 377-10-00-007

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 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.

Mark Sattorfield  
Printed Name of Regional Inspector

Mark Sattorfield  
Signature

02-22-13  
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

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: 02-21-13 SC Dam Inventory Number D3018 County: Laurens

Dam Name: Jingahin Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1137 Garrett Rd

Latitude: 34° 37' 27" N Longitude: 80° 11' 29" W Tax map # (list all): 406 00-00-121

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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

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: 02-21-13 SC Dam Inventory Number D 313 County: Lawrence

Dam Name: SENONAME BEAR

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): William C. Hunter, III

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1091 Orchard Oak Rd.

City: Gray Court State: SC Zip: 29645

II. Site Information

A. Site Location (street address, nearest intersection, etc.): SE of Orchard + warrior creek on Rd

Latitude: 34° 51' 33" N Longitude: 80° 31' 08" W Tax map # (list all): 376 00-00 000

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

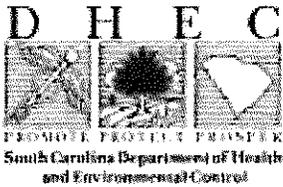
Mark Satterfield  
Signature

02-22-13  
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**

**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: 02-21-13 SC Dam Inventory Number D: 3014 County: daunenburg

Dam Name: SCINNAMME 30091

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): Between Ganett Dr. Hwy 92 & Hwy 912

Latitude: 34° 38' 4" N Longitude: -82° 1' 17" W Tax map # (list all): 31100-00103

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**III. Signature**

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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**

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

Date of Inspection: 2/13/13 SC Dam Inventory Number D 3015 County: LAWRENDS

Dam Name: Virginia Coleman 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): HE

Contact Person (if owner is company): David Richard Coggins

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 2470 Angermach Rd

City: LAWRENDS State: SC Zip: 29316

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): NE intersection of Lisbon Rd + Burnt Creek Rd.

Latitude: 34° 26' 13" N Longitude: -82° 2' 5" W Tax map # (list all): 359-00-0005

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSEY MATTHEWS  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

2/13/13  
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

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

Date of Inspection: 2/13/13 SC Dam Inventory Number D 3016 County: Laurens

Dam Name: Sabedenough dam

I. Dam Owner Information

Has ownership changed? [checked] Yes [ ] No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): James R Beadenough

Contact Person (if owner is company):

Phone: Email:

Mailing Address: 991 Gibbs Rd

City: Laurens State: SC Zip: 29360

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NE of Highway 221 & Lisbon Rd

Latitude: 34° 01' 43" N Longitude: -82° 21' 31" W Tax map # (list all): 3016 0013 310 02037 358 00 40 166

B. Is there any evidence of new development below the dam? [checked] No J.P.

C. Do you think the hazard classification should be upgraded? [checked] No J.P.

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews Printed Name of Regional Inspector

Chrissy Matthews Signature

2/13/13 Date of Signature

[Signature] Printed Name of BOW Engineer

John Poole Signature

3/4/13 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

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: 11/5/14 SC Dam Inventory Number D3017 County: Laurie

Dam Name: Abbott Pond dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Golden torch Ltd

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1984 Trinity Church Rd.

Latitude: 34° 30' 24" N Longitude: -82° 05' 27" W Tax map # (list all): 263-00-00-072

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

11/6/14  
Date of Signature

\_\_\_\_\_  
Printed Name of BOW Engineer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

RECEIVED

JUN 12 2014



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 6-3-14 SC Dam Inventory Number D 3018 County: Laurens

Dam Name: Babb Pond Dam

I. Dam Owner Information

Has ownership changed? [checked] Yes \_\_\_ No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Michael Armor

Contact Person (if owner is company):

Phone: Email:

Mailing Address: 254 Deck Rd

City: Gray Court State: SC Zip: 29164

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 254 Deck Rd, Gray Court

Latitude: 34° 34' 10" N Longitude: -82° 16' 12" W Tax map # (list all): 05360-00-007

B. Is there any evidence of new development below the dam? [checked] Yes \_\_\_ No

C. Do you think the hazard classification should be upgraded? [checked] Yes \_\_\_ No

D. If yes for item II.C, what is your opinion of what the new classification should be? \_\_\_ Class 1 (High Hazard) [checked] Class 2 (Significant Hazard)

CK Nantucker Dr + Lombardy Rd.

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield Printed Name of Regional Inspector

[Signature] Signature

6-3-14 Date of Signature

Robert James Ford Printed Name of BOW Engineer

[Signature] Signature

6/11/14 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**

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

Date of Inspection: 2/28/13 SC Dam Inventory Number D13019 County: Lain

Dam Name: Travis Petch 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) \_\_\_\_\_

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° 10' 51" N Longitude 82° 35' 11" W Tax map # (list all) 023-00-0003

B. Is there any evidence of new development below the dam?  Yes  No J.P.

C. Do you think the hazard classification should be upgraded?  Yes  No J.P.

D. If yes for item II C what is your opinion of what the new classification should be? \_\_\_\_\_ Class 1 (High Hazard)  
check house at 1201 Humbert Rd. \_\_\_\_\_ Class 2 (Significant Hazard)  
tax map # 023-00-0003

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Christy Matthews  
Printed Name of Regional Inspector

Christy Matthews  
Signature

2/28/13  
Date of Signature

John A. Poole  
Printed Name of BOW Engineer

[Signature]  
Signature

3/4/13  
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**

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

**Date of Inspection:** 2/28/13 SC Dam Inventory Number D3019 County: Lavens

**Dam Name:** Thomas Pellett 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): between unnumbered Pinco Rd and Humbert Rd.

Latitude: 34° 01' 40" N Longitude: 82° 15' 48" W Tax map # (list all): 015-00-00-004

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)

check house at 1201 Humbert Rd.  Class 2 (Significant Hazard)  
tax map # 023-00-00-003

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSEY MATTHEWS  
Printed Name of Regional Inspector

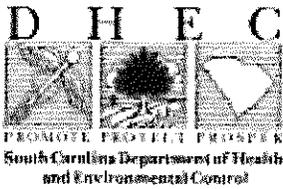
Chrissy Matthews  
Signature

2/28/13  
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

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: 02-21-13 SC Dam Inventory Number D 3000 County: LAWRENDS

Dam Name: COOPERS LARGE POND DAM

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): N. of Boblong Rd N. of Lawrenceville

Latitude: 34° 37' 35" N Longitude: 82° 07' 28" W Tax map # (list all): 190-00000000 19000-0000

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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**

**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: 02-20-13 SC Dam Inventory Number D3081 County: Laurie

Dam Name: SVA BURDAM-WARRICK CRACK DAM DMB

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 1445 Reardon Crk Rd

Latitude: 34° 39' 11" N Longitude: -82° 3' 41" W Tax map # (list all): 315-10-01-04, 315-10-00-09

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-21-13  
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

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: 05/20/2014 SC Dam Inventory Number D 3083 County: LAURENS

Dam Name: Herberts Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 13515 Cedar Valley Dr Rd, Laurin, SC

Latitude: 34° 29' 00" N Longitude: 82° 06' 30" W Tax map # (list all): 233-00-00-001

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

05/20/2014  
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**

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

**Date of Inspection:** 2/28/13 **SC Dam Inventory Number D** 3084 **County:** Lawrence

**Dam Name:** Hendricks Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): <sup>south</sup> east of intersection of Hwy 252 + Indian Ward Rd.

Latitude: 34° 15' 33" N Longitude: -80° 13' 34" W Tax map # (list all): 043-00-00-024

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSE MATTHEWS  
Printed Name of Regional Inspector

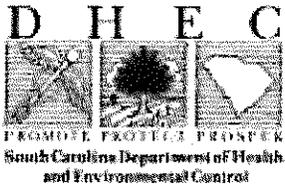
Chrissy Matthews  
Signature

2/28/13  
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**

**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: 020513 SC Dam Inventory Number D 3086 County: Abbeville

Dam Name: Gerald Miller 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): West of intersection of Calhoun Hill Rd + Monterey Rd.

Latitude: 34° 09' 50.8" N Longitude: -82° 33' 11.25" W Tax map # (list all): 117-00-00-011

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**III. Signature**

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Kimley-Horn  
Printed Name of Regional Inspector

Kimley-Horn  
Signature

020513  
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**

**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:** 02-20-13 **SC Dam Inventory Number D** 3020 **County:** Greenville

**Dam Name:** Gibbs Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

**A. Owner/ Operator (Company or person):** Troullock Farms LLC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 111 Kettering Ct

City: Greenville State: SC Zip: 29607

**II. Site Information**

**A. Site Location (street address, nearest intersection, etc.):** N of Canterbury Rd & Gibbs Ter.

Latitude: 34° 15' 46" N Longitude: -82° 9' 39" W Tax map # (list all): 14800-02-01

**B.** Is there any evidence of new development below the dam?  Yes  No

**C.** Do you think the hazard classification should be upgraded?  Yes  No

**D.** If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mack Satterfield  
Printed Name of Regional Inspector

Mack Satterfield  
Signature

02-21-13  
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**

**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:** 020513 **SC Dam Inventory Number** D3007 **County:** Abbeville

**Dam Name:** Betty Whitman Dunn 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): NW intersection Dumplin Rd + Horseshoe Rd.

Latitude: 34° 13' 20.07" N Longitude: -82° 41' 56.45" W Tax map # (list all): 075 00 00 000

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**III. Signature**

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Ringley Wiles  
Printed Name of Regional Inspector

[Signature]  
Signature

020513  
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

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 3030 County: Abbeville

Dam Name: Thomas P Hughes 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): SE of state roads 538+812

Latitude: 34° 16' 35.8" N Longitude: -82° 33' 57.4" W Tax map # (list all): 055-00-00-024

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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**

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 3031 County: Abbeville

Dam Name: Herbert Ferguson 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): Wiles Rd + S-1-538  
East of intersection of Grant

Latitude: 34° 16' 24.46" N Longitude: 82° 34' 8.78" W Tax map # (list all): 055-00-00-016

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 303A County: Abbeville

Dam Name: Beverly Wilson 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): SE of inter. of Suber Rd + 54-538

Latitude: 34° 05' 39.5" N Longitude: -88° 03' 58.5" W Tax map # (list all): 0160-00-00-056

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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**

**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:** 02-05-13 **SC Dam Inventory Number D:** 3033 **County:** Abbeville

**Dam Name:** Lattimer Pond Dam

**I. Dam Owner Information**

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): end of McCard Ln

Latitude: 34° 43' 32.7" N Longitude: -82° 34' 25.9" W Tax map # (list all): A3C-00-00-005

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**III. Signature**

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Ainsley Wiles  
Printed Name of Regional Inspector

Ainsley Wiles  
Signature

020513  
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**

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 3034 County: Abbeville

Dam Name: Nancy L Thompson 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): \_\_\_\_\_

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 Country Lane in Calhoun Falls

Latitude: 34° 1' 48.81" N Longitude: -82° 35' 19" W Tax map # (list all): 153-00-00-010

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13 2-7-13  
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

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 30235 County: Abbeville

Dam Name: Wakefield Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1147 Mackenley Creek Rd. Calhoun Falls

Latitude: 34° 57' 00" N Longitude: 80° 30' 38" W Tax map # (list all): 165-00 00-018

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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**

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 3036 County: Ashley Pond Dam <sup>Abberville</sup>

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): Robert Gannells

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1017 Hwy 185 N

City: Honea Path State: SC Zip: 291054

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): NW intersection of Hwy 185N + Brock Rd.

Latitude: 34° 32' 28" N Longitude: 82° 07' 01" W Tax map # (list all): 01870-00-018

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

<u>Mark Satterfield</u> Printed Name of Regional Inspector	<u>Mark Satterfield</u> Signature	<u>2-7-13</u> 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

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 3038 County: Abbeville

Dam Name: Ray Blundworth 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 188 Oak Creek Dr.

Latitude: 34° 10' 53" N Longitude: -82° 21' 58" W Tax map # (list all): 043-00-00-052

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 3041 County: Abbeville

Dam Name: Stalls Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1216 Stoll Lane, Abbeville

Latitude: 34° 13' 51" N Longitude: -80° 24' 2" W Tax map # (list all): 082-0000-030

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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

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: 05/20/2014 SC Dam Inventory Number D 3839 County: Laurens

Dam Name: Milliken Pond dam

I. Dam Owner Information

Has ownership changed? Yes No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person):

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° 30' 07" N Longitude: -82° 00' 17" W Tax map # (list all):

B. Is there any evidence of new development below the dam? Yes No

C. Do you think the hazard classification should be upgraded? Yes No

D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard)

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield Printed Name of Regional Inspector

Mark Satterfield Signature

05/20/2014 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature

RECEIVED

LEAVE C3 -RSF



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams  
Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 05/20/2014 SC Dam Inventory Number D 4086 County: DAVENPORT

Dam Name: Little River Watershed #4

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NE of Lakeview Dr. + Owens Dr.

Latitude: 34° 39' 57" N Longitude: -82° 02' 31" W Tax map # (list all): 349+00-00-006

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)

please check based on  
aerial view.  
SH 5/27/14

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

05/20/2014  
Date of Signature

\_\_\_\_\_  
Printed Name of BOW Engineer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

JUN 12 2014

LEAVE C3 -RSF



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 05/20/2014 SC Dam Inventory Number D4087 County: Laurens  
Dam Name: Little River watershed #8

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:  
Mailing Address:  
City: State: Zip:

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NE of D4086  
Latitude: 34° 33' 04" N Longitude: -82° 02' 24" W Tax map # (list all): 350-00-00-013  
349-00-00-606

2800 meters from dam

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)

Please check based on aerial view. SA 5/18/14

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield Printed Name of Regional Inspector  
Signature  
05/20/2014 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

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: 020513 SC Dam Inventory Number D 4107 County: Abbeville

Dam Name: Wright Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

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° 10' 41.00" N Longitude: -82° 35' 35" W Tax map # (list all): 103-0000-020

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Dingley Wiley  
Printed Name of Regional Inspector

L. Dingley Wiley  
Signature

020513  
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**

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

**Date of Inspection:** 2-4-12 **SC Dam Inventory Number D** 4108 **County:** Abbeville

**Dam Name:** C. F. Sawyer Pond D

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

**A. Site Location (street address, nearest intersection, etc.):** Martin Rd, Honea Path.

Latitude: 34° 24' 35.99" N Longitude: -82° 25' 21.99" W Tax map # (list all): 012-00-00-003

**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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Sarah Daniels *Sarah Daniels* 2-4-12  
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

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: 04-02-15 SC Dam Inventory Number D 42<sup>4121</sup> County: McCormick

Dam Name: SCNONAME 35008

I. Dam Owner Information → EFIS updated on 4-7-15 SH

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): \_\_\_\_\_

Latitude: \_\_\_\_° \_\_\_\_' \_\_\_\_" N Longitude: - \_\_\_\_° \_\_\_\_' \_\_\_\_" W Tax map # (list all): 008-00-00-008

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-02-15  
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**

**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: 04-02-15 SC Dam Inventory Number D 4129 County: \_\_\_\_\_

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): \_\_\_\_\_

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: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N Longitude: - \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Tax map # (list all): 28500-00-037

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-02-15  
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

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: 02-04-02-15 SC Dam Inventory Number D 4123 County: McCormick

Dam Name: Woodhaven Sub Dam 4

I. Dam Owner Information

Has ownership changed?  Yes Fixed in EFIS  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): \_\_\_\_\_

Latitude: \_\_\_\_° \_\_\_\_' \_\_\_\_" N Longitude: - \_\_\_\_° \_\_\_\_' \_\_\_\_" W Tax map # (list all): 028-00-00-043

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-02-15  
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

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: 10/22/14 SC Dam Inventory Number D 41210 County: Little Laurens

Dam Name: Little River Watershed #1

I. Dam Owner Information

but operator hasn't changed

Has ownership changed? [checked] Yes \_\_\_ No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person):

Contact Person (if owner is company):

Phone: Email:

Mailing Address:

City: State: Zip:

II. Site Information

A. Site Location (street address, nearest intersection, etc.): E of Hwy 14 & Henry St, Laurens

Latitude: 34° 31' 03" N Longitude: -82° 01' 33" W Tax map # (list all):

353-00-00005, 384-00-00005

B. Is there any evidence of new development below the dam? [checked] Yes \_\_\_ No

C. Do you think the hazard classification should be upgraded? [checked] 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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSE MATTHEWS Printed Name of Regional Inspector

Christy Matthews Signature

10/24/14 10/22/14 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

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: 4/24/14 SC Dam Inventory Number D 4187 County: Laurens

Dam Name: Little River watershed #3

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): North of Windsor dr. + Lakeview Dr.

Latitude: 34° 31' 59" N Longitude: -82° 08' 05" W Tax map # (list all): 35 2-00-003

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Cherissy Matthews  
Printed Name of Regional Inspector

Cherissy Matthews  
Signature

4/24/14  
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

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: 05/20/2014 SC Dam Inventory Number D 4128 County: Darlington

Dam Name: Little River Watershed #44

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): \_\_\_\_\_

Latitude: 34° 30' 51" N Longitude: -82° 00' 46" W Tax map # (list all): \_\_\_\_\_

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

05/20/2014  
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

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: 10/22/14 SC Dam Inventory Number D 4129 County: Gr. Laurens

Dam Name: Little River Watershed #15

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): W Bryson Dr.

Latitude: 34° 30' 37" N Longitude: -82° 08' 51" W Tax map # (list all): 325-00-00-614  
354-00-00-022

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

10/24/14  
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**

**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: 11/5/14 SC Dam Inventory Number D 4130 County: Lauriens

Dam Name: Little River Watershed #16

**I. Dam Owner Information**

*Per EFS City of Lauriens has easement*

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): N of Lauriens H.S.

Latitude: 34° 30' 39" N Longitude: -82° 04' 01" W Tax map # (list all): 295-00-00-001  
324-00-00-008

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSE MATTHEWS  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

11/5/14  
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

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: 11/5/14 SC Dam Inventory Number D 4131 County: Laurens

Dam Name: Little River watershed #17

I. Dam Owner Information

Has ownership changed? Yes No (If yes, enter the new owners and their contact information below)

Per EFIS City of Laurens has easement

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.): N of 252 + 76 in Laurens

Latitude: 34° 30' 50" N Longitude: -82° 04' 18" W Tax map # (list all): 295-00-00-001

B. Is there any evidence of new development below the dam? Yes No

C. Do you think the hazard classification should be upgraded? Yes No

D. If yes for item II.C, what is your opinion of what the new classification should be? Class 1 (High Hazard) Class 2 (Significant Hazard)

III. Signature

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

CHRISSE MATTHEWS Printed Name of Regional Inspector

Christy Matthews Signature

11/5/14 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

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: 05/20/2014 SC Dam Inventory Number D 4132 County: Laurens

Dam Name: Little River Watershed #23

I. Dam Owner Information

Has ownership changed? Yes No (checked) (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.): NW of Raider Rd & Whelon Rd.

Latitude: 34° 30' 55" N Longitude: -82° 03' 33" W Tax map # (list all): 324-00-00-008

324-00-00-005

B. Is there any evidence of new development below the dam? Yes No (checked)

C. Do you think the hazard classification should be upgraded? Yes No (checked)

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield Printed Name of Regional Inspector

Mark Satterfield Signature

05/20/2014 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

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: 05/20/2014 SC Dam Inventory Number D 4133 County: Lainus

Dam Name: Little River Watershed #24

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): N of S-30-408

Latitude: 34° 30' 55" N Longitude: -82° 03' 15" W Tax map # (list all): 324-00-00-108

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

05/20/2014  
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

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: 04-02-15 SC Dam Inventory Number D 4141 County: McCormick

Dam Name: Woodhaven SUB Dam 5

I. Dam Owner Information

Has ownership changed? [checked] Yes [ ] No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Glenn Mims

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: Longitude: - Tax map # (list all): 208-00-00-043

B. Is there any evidence of new development below the dam? [checked] No

C. Do you think the hazard classification should be upgraded? [checked] 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)

Handwritten notes: evaluate tax map SH 208-00-00-0516 house 4-6-15 (158 Sarah Ln)

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield Printed Name of Regional Inspector

Mark Satterfield Signature

04-02-15 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

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: 04-02-15 SC Dam Inventory Number D 4142 County: McCormick

Dam Name: \_\_\_\_\_

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

*changed in EFS 4-7-15*

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: \_\_\_\_° \_\_\_\_' \_\_\_\_" N Longitude: - \_\_\_\_° \_\_\_\_' \_\_\_\_" W Tax map # (list all): \_\_\_\_\_

888-00-00-021, 888-00-00-025

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

III. Signature

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-02-15  
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**

**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: 4/24/14 SC Dam Inventory Number D4157 County: Laurino

Dam Name: WD Abercrombie minedam

**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): Larry + Cathy Williams

Contact Person (if owner is company): \_\_\_\_\_

Phone: 864-853-3404 Email: \_\_\_\_\_

Mailing Address: 837 Hwy 308

City: Laurino State: SC Zip: 29360

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): same as mailing address

Latitude: 34° 33' 38" N Longitude: -81° 57' 41" W Tax map # (list all): 499-00-00-014

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

4/24/14  
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

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: 04/07/2015 SC Dam Inventory Number D 4237 County: MCCORMICK

Dam Name: JOHN DE LA HOWE 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): \_\_\_\_\_

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: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N Longitude: - \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Tax map # (list all): \_\_\_\_\_

B. Is there any evidence of new development below the dam?  Yes  No

SEE NOTE AT TOP

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

STEPHANIE HACKETT  
Printed Name of Regional Inspector

*Stephanie Hackett*  
Signature

04/07/2015  
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

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: 11/5/14 SC Dam Inventory Number D 4310 County: Laurens

Dam Name: Little River Watershed #5A

I. Dam Owner Information

Per EFD City of Laurens has easement

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:

Mailing Address:

City: State: Zip:

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 394 Burns Rd, Laurens, SC

Latitude: 34° 33' 47" N Longitude: -82° 04' 35" W Tax map # (list all): 292-00-00-022 291-00-06-010

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Cherry Matthews Printed Name of Regional Inspector

Cherry Matthews Signature

11/5/14 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

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: 11/5/14 SC Dam Inventory Number D 4311 County: Lainus

Dam Name: Little River Watershed #6

**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): Robert Bramlett

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 1383 Owens Dr. Lainus W of Bramlett Dr.

Latitude: 34° 33' 46" N Longitude: -82° 03' 59" W Tax map # (list all): 321-00-00-001 024

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews  
Printed Name of Regional Inspector

Chrissy Matthews  
Signature

11/5/14  
Date of Signature

\_\_\_\_\_  
Printed Name of BOW Engineer

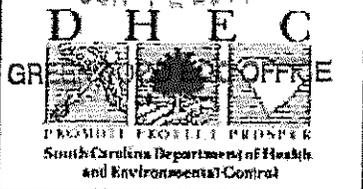
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

RECEIVED

LEAVE C3  
-RSP

JUN 4 2014



Low Hazard Dam Classification Inspection Form for South Carolina  
Regulated Dams  
Dams and Reservoirs Safety Act Regulations 72-1 through 72-9

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

Date of Inspection: 4/24/14 SC Dam Inventory Number D 4312 County: Lainnno  
Dam Name: Little River Watershed #13

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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NW of S-3084-1  
Latitude: 34° 31' 49" N Longitude: -86° 01' 0.5" W Tax map # (list all): 383-00-00-003

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chissy Matthews Chissy Matthews 4/24/14  
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**

**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: 6-3-14 SC Dam Inventory Number D 4355 County: Adams

Dam Name: Stephen Orr 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): E of Hwy 56 + Philson Rd

Latitude: 34° 33' 06" N Longitude: -81° 5' 10" W Tax map # (list all): 658-00-00-0010

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

6-3-14  
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**

**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: 02-21-13 SC Dam Inventory Number D 4356 County: Lawrence

Dam Name: Robert Small 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): THE SANDOWNER FARM/IC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 236 Riverside Dr

City: Greenville State: SC Zip: 29603

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): NW of Bull Hill Rd + Hurricane Rd.

Latitude: 34° 35' 49" N Longitude: 80° 4' 43" W Tax map # (list all): 258-01-01-03

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
Date of Signature

\_\_\_\_\_  
Printed Name of BOW Engineer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

The outfall runs into the Savannah River prior to any downstream crossing  
 Per previous discussion, central office will perform inundation mapping.  
 SAH 4-7-15



**Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams**  
**Dams and Reservoirs Safety Act Regulations 72-1 through 72-9**

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

Date of Inspection: 4-7-15 SC Dam Inventory Number D 4426 County: McCormick  
 Dam Name: SENONAT Gene Conley 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): EE Conley  
 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: \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" N Longitude: - \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" W Tax map # (list all): 058-00-00-008

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 *see note at top*  
 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.

Stephanie Hockett  
 Printed Name of Regional Inspector

Stephanie Hockett  
 Signature

4-7-15  
 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**

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

Date of Inspection: 1-29-13 SC Dam Inventory Number D 4442 County: Abbeville

Dam Name: Ivan Block

**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): Michael Fry

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1152 Monterey Rd

City: Abbeville State: SC Zip: 29620

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): \_\_\_\_\_

Latitude: \_\_\_\_° \_\_\_\_' \_\_\_\_" N Longitude: - \_\_\_\_° \_\_\_\_' \_\_\_\_" W Tax map # (list all): 098-00-007

B. Is there any evidence of new development below the dam? \_\_\_\_ Yes  No

C. Do you think the hazard classification should be upgraded? \_\_\_\_ Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be? \_\_\_\_ Class 1 (High Hazard)  
\_\_\_\_ 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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Sarah Daniels  
Printed Name of Regional Inspector

Sarah Daniels  
Signature

1-29-13  
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

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 4443 County: Abbeville

Dam Name: Hershberger Pond Dam

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 88 Hershberger Ln, Due West

Latitude: 34° 18' 33" N Longitude: -82° 03' 2" W Tax map # (list all): 042-00-00-058

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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

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: 6-11-14 SC Dam Inventory Number D 4450 County: Greenwood

Dam Name: James Rodgers 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): RWD Farm Properties

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO Box 2358

City: Greenwood State: SC Zip: 29140

II. Site Information

A. Site Location (street address, nearest intersection, etc.) 6318 Hwy 259, Ninety Six, SC

Latitude: 34° 03' 18" N Longitude: -82° 04' 39" W Tax map # (list all): 6871-367-134

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

6-11-14  
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**

**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: 02-21-13 SC Dam Inventory Number D 44111 County: Edwards

Dam Name: Buckhorn Reservoir CR WCD Dam DMS

**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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): <sup>NW</sup> Ridgeway Rd + Buckhorn Creek Ch Rd

Latitude: 34° 36' 51.6" N Longitude: -87° 07' 35" W Tax map # (list all): 347-00-00-00

347-00-001

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-22-13  
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

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

Date of Inspection: 8/4/15 SC Dam Inventory Number D 4465 County: LAURENS

Dam Name: RABON CREEK WCD DAM 21

### 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): LANDER BOYD STODDARD

Contact Person (if owner is company): may be rabon creek wcd

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 3044 Stoddard Mill Road

City: Gray Court State: SC Zip: 29645

### II. Site Information

A. Site Location (street address, nearest intersection, etc.): SE of Stoddard Mill Rd and Burdette Rd Court, SC 29645

Latitude: 34 ° 37 ' 29 " N Longitude: - 82 ° 10 ' 26 " W Tax map # (list all): 097-00-00-015

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 see attached map

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.

Stephanie Hackett  
Printed Name of Regional Inspector

Stephanie Hackett  
Signature

8-5-15  
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**

**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: 04-01-15 SC Dam Inventory Number D 4481 County: Greenwood

Dam Name: FERNCLIFF 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): FERNCLIFF HOA, SARAH VANAS, MILITARY WARRIORS SUPPORT FOUNDATION, MARK SHIFLET

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): 102 CORNERSTONE DRIVE, GREENWOOD, SC 29649

Latitude: 34 ° 16 , 25 " N Longitude: - 82 ° 06 , 17 " W Tax map # (list all): 6868-597-984, 6868-652-996

6868-611-952, 6868-659-946

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**III. Signature**

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-01-15  
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

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 4486 County: Abbeville

Dam Name: Ted Wingard 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): west of Hammond Rd, Greenwood, SC

Latitude: 34° 9' 52" N Longitude: 82° 14' 41" W Tax map # (list all): 125-00-06-030

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

III. Signature

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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**

**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: 02-20-13 SC Dam Inventory Number D 4491 County: Laurens

Dam Name: Edward Groves 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): Groves Investments LP

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 1919 E Georgia Rd.

City: Simpsonville State: SC Zip: 29181

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): east Gibbs Dr & Canterbury Trail

Latitude: 34° 45' 36" N Longitude: 82° 8' 48" W Tax map # (list all): 148-00-00-085

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

02-21-13  
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

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: 5-01-2014 SC Dam Inventory Number D 4495 County: <sup>SH 42814</sup> ~~Parker~~ Laurens

Dam Name: Parker Mims 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): LONG FAMILY INVESTMENTS LLC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 6 HOLLOW HILL RD

City: GREENVILLE State: SC Zip: 29607

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NW of Jacks Adair Rd + MILAM RD

Latitude: 34° 27' 05" N Longitude: -81° 57' 24" W Tax map # (list all): 506-00-00-026

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes

Printed Name of Regional Inspector

Michael Hayes  
Signature

5-01-2014

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

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: 6-11-14 SC Dam Inventory Number D 4500 County: Greenwood

Dam Name: Dr Julius Leary 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): JLL II LLC

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 106 Liner Dr.

City: Greenwood State: SC Zip: 29646

II. Site Information

A. Site Location (street address, nearest intersection, etc.): SE of Hwy 248 + Tillman Territory Rd, 910

Latitude: 34° 00' 23" N Longitude: -82° 01' 50" W Tax map # (list all): 6888-9810-858

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

6-11-14  
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

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: 5-01-2014 SC Dam Inventory Number D 4519 County: COLUMBIA

Dam Name: Carlisle Oxner 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): CARLISLE OXNER

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: PO BOX 4

City: COLUMBIA State: SC Zip: 29202

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NE of 76th St

Latitude: 34° 23' 33" N Longitude: -81° 46' 09" W Tax map # (list all): 731-00-00-009

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Michael Hayes

Printed Name of Regional Inspector

Michael Hayes

Signature

5-01-2014

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**

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 4588 County: Abbeville

Dam Name: Dan Bilton 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): Hwy 80, NW of int. with Noble Dr.

Latitude: <sup>34</sup>34° 12' 42" N Longitude: -82° 03' 57" W Tax map # (list all): 088 00 00 039

B. Is there any evidence of new development below the dam?  Yes  No

C. Do you think the hazard classification should be upgraded?  Yes  No

D. If yes for item II.C, what is your opinion of what the new classification should be?  Class 1 (High Hazard)  
 Class 2 (Significant Hazard)

**III. Signature**

Please print your name, sign, and date on the lines below once the inspection and form have been completed. If assistance with determining the hazard classification was obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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

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: 04-01-15 SC Dam Inventory Number D 4541 County: Greenwood  
Dam Name: DR OLIVER T WILLARD 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): DR. OLIVER T WILLARD

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 716 WILLARD RD, GREENWOOD, SC 29649

Latitude: 34° 16' 35" N Longitude: - 82° 05' 30" W Tax map # (list all): 6878-059-988

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

04-01-15  
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

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

Date of Inspection: 2-7-13 SC Dam Inventory Number D 4554 County: Abbeville

Dam Name: Danny Botts 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): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

II. Site Information

A. Site Location (street address, nearest intersection, etc.): East of int of S-11-75 and S-1-102

Latitude: 34° 14.7' " N Longitude: 82° 17.47' " W Tax map # (list all): 085-00-00-002

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

2-7-13  
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

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: 4/24/13 SC Dam Inventory Number D 4555 County: Abbeville

Dam Name: Dr. Bobby L Crosby Dam

I. Dam Owner Information

Has ownership changed? [x] Yes [ ] No (if yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Charles and Barbara Sumner

Contact Person (if owner is company):

Phone: Email:

Mailing Address: 817 Old Abbeville Hwy

City: Abbeville State: SC Zip: 29620

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NW of Old Abbeville Hwy + Stevenson Rd.

Latitude: 34° 11' 48" N Longitude: - 89° 19' 36" W Tax map # (list all): 110-00-00-016

B. Is there any evidence of new development below the dam? [x] Yes [ ] No

C. Do you think the hazard classification should be upgraded? [x] 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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Chrissy Matthews Printed Name of Regional Inspector

Chrissy Matthews Signature

4/24/13 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature

Appears no longer hold water per satellite image (since at least 1994)



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

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

Date of inspection: 6-11-14 SC Dam Inventory Number D 4503 County: Greenwood

Dam Name: Pettigrew Pond Dam

#### I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): \_\_\_\_\_

Contact Person (if owner is company): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### II. Site Information

A. Site Location (street address, nearest intersection, etc.): West of Hwy 202 + Ninety Six Hwy 96

Latitude: 34° 10' 16" N Longitude: -81° 56' 40" W Tax map # (list all): 7815-459-251

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Mark Satterfield  
Printed Name of Regional Inspector

Mark Satterfield  
Signature

6-11-14  
Date of Signature

\_\_\_\_\_  
Printed Name of BOW Engineer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

Per conversation with John Poole 7/14, can't perform downstream crossing check because there is not a downstream crossing. Being sent for inundation mapping. SPH 6/9/14

LEAVE C3

from Columbia

permit id: 30-0009



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.

RECEIVED

JUL 07 2014

GREENWOOD EGC OFFICE

Date of Inspection: 6-13-14 SC Dam Inventory Number D 4895 County: SALUDA

Dam Name: Waterloo Pktnes Fish Pond

I. Dam Owner Information

Has ownership changed?  Yes  No (If yes, enter the new owners and their contact information below)

A. Owner/ Operator (Company or person): Pinewoods Preserve LLC

Contact Person (if owner is company):

Phone: Email:

Mailing Address: 108 Brookside Way

City: Greenville State: SC Zip: 29605

II. Site Information

A. Site Location (street address, nearest intersection, etc.): S of TV tower Rd

Latitude: 34° 01' 30" N Longitude: 82° 16' 18" W Tax map # (list all): 14400-03-013

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Stephanie Hackett Printed Name of Regional Inspector

Stephanie Hackett Signature

6-13-14 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**

**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: 4-27-15, 6-22-15 SC Dam Inventory Number D 4896 County: McCormick  
 Dam Name: Jim Edens 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): JOHN G SHEFFIELD JR TRESTEE ET AL

Contact Person (if owner is company): MARK ANDERSON

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: 604 PONDER PLACE DRIVE

City: EVANS State: GA Zip: \_\_\_\_\_

**II. Site Information**

A. Site Location (street address, nearest intersection, etc.): IN BETWEEN OLD CHARLESTON RD, HWY 823, MULBERRY RD

Latitude: 34 ° 03 ' , 36 " N Longitude: - 82 ° 26 ' , 47 " W Tax map # (list all): 050-00-00-001

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 obtained from Bureau of Water staff members, they will also need to complete this portion of the form.

Stephanie Hackett  
 Printed Name of Regional Inspector

Stephanie Hackett  
 Signature

6-24-15  
 Date of Signature

\_\_\_\_\_  
 Printed Name of BOW Engineer

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date of Signature