



State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2023.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$82,500.00	J040 - Department of Health and Environmental Control	The Abandonment of Wells Project

Organization Information

Entity Name	Clarendon County
Address	411 Sunset Drive
City/State/Zip	Manning, SC 29102
Website	www.clarendoncountygov.org
Tax ID#	57-6000337
Entity Type	County

Organization Contact Information

Name	Vickie Williams
Position/Title	Grants Administrator
Telephone	803-433-4004
Email	grants@clarendoncountygov.org

Reporting Period

Reporting Period	
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Accounting of how the funds have been spent:

Description	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Contractor Mobilization	\$2,500.00	\$0.00	\$0.00	\$0.00		\$0.00	\$2,500.00
Abandon 3 wells at Quail Ridge Subdivision	\$15,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$15,000.00
Abandon 4 wells at Wyboo Plantation Subdivision	\$20,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$20,000.00
Abandon 2 wells at Eagle Point Subdivision	\$10,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$10,000.00
Abandon 4 wells at Lake Marion Shores	\$20,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$20,000.00
Misc. Demolition	\$7,500.00	\$0.00	\$0.00	\$0.00		\$0.00	\$7,500.00
						\$0.00	\$0.00
Contingency 10%	\$7,500.00	\$0.00	\$0.00	\$0.00		\$0.00	\$7,500.00
						\$0.00	\$0.00
Grand Total	\$82,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$82,500.00

Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Signature
 Theodore B. Felder
 Printed Name

Deputy Administrator
 Title
3/27/23
 Date