



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: 11/9/12 SC Dam Inventory Number D 0266 County: BEAUFORT
Dam Name: AULD BRASS PLANTATION 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): GREEDY CHILDREN LAND LLC

Contact Person (if owner is company): DIANE TERNE

Phone: 843-589-5595 Email: _____

Mailing Address: P.O. Box 616

City: YEMASSEE State: SC Zip: 29945

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 301 Cotton Hall Rd

Latitude 32.37.45 N Longitude: 80.48.00 W Tax map # (list all): 2700-013-000-001A

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

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

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

III. Signature

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

ROGER STEVENS
Printed Name of Regional Inspector

Roger Stevens
Signature

11/13/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/9/12 SC Dam Inventory Number D2930 County: BEAUFORT
Dam Name: BOSTWICK 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): PRODIGAL SON LLC
Contact Person (if owner is company): DIANE TERNI
Phone: 843-589-5595 Email: _____
Mailing Address: P.O. Box 616
City: YEMASSEE State: SC Zip: 29945

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 448 Old Sheldon Church Rd
Latitude: 32°39'00" N Longitude: 80°49'00" W Tax map # (list all): R700-CC6-CC0-0005

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.

ROGER STEVENS Roger Stevens 11/13/12
Printed Name of Regional Inspector Signature Date of Signature

Printed Name of BOW Engineer Signature Date of Signature



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Date of Inspection: 11/9/12 SC Dam Inventory Number D0931 County: BEAUFORT
Dam Name: BRANFORD CREEK 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): MEMOURS PLANTATION WILDLIFE FOUNDATION

Contact Person (if owner is company): ERNIE WIGGERS

Phone: 843-846-2539

Email: _____

Mailing Address: 161 MEMOURS PLANTATION RD

City: YEMASSEE

State: SC

Zip: 29945

II. Site Information

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

Latitude: 32°37'00" N Longitude: -80°41'30" W Tax map # (list all): R700-010-000-0001

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.

ROGER STEVENS
Printed Name of Regional Inspector

[Signature]
Signature

11/13/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/9/12 SC Dam Inventory Number D 2933 County: BEAUFORT
Dam Name: PLEASANT POINT 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): PLEASANT POINT PROPERTY OWNERS ASSOCIATION

Contact Person (if owner is company): JOHN MARSH

Phone: 843-322-0954

Email: _____

Mailing Address: P.O. BOX 1225

City: BEAUFORT

State: SC

Zip: 29901

II. Site Information

A. Site Location (street address, nearest intersection, etc.): PLEASANT PT DR & LADYS WALK

Latitude: 32°28'30" N Longitude: 80°40'45" W Tax map # (list all): R200-C09-00B-0090

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.

ROGER STEVENS
Printed Name of Regional Inspector

Roger Stevens
Signature

11/13/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/9/12 SC Dam Inventory Number D 2943 County: BEAUFORT
Dam Name: PLEASANT POINT 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): PLEASANT POINT PROPERTY OWNERS ASSOCIATION

Contact Person (if owner is company): JOHN MARSH

Phone: 843-322-0954 Email: _____

Mailing Address: P.O. Box 1225

City: BEAUFORT State: SC Zip: 29901

II. Site Information

A. Site Location (street address, nearest intersection, etc.): GRAND OAKS WAY & CAMERON DR

Latitude: 32°28'15" N Longitude: 80°40'00" W Tax map # (list all): R200-009-00B-0090

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.

Rogal Stevens
Printed Name of Regional Inspector

Rogal Stevens
Signature

11/13/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/9/12 SC Dam Inventory Number D 2934 County: BEAUFORT
Dam Name: PRESCOTT PLANTATION 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): SALT MARSH PARTNERS

Contact Person (if owner is company): ROBERT MINIS

Phone: 912-354-6589 Email: _____

Mailing Address: 102 McINTOSH DR

City: SAVANNAH State: GA Zip: 31406

II. Site Information

A. Site Location (street address, nearest intersection, etc.): OLD SHELLOW CANYON d Prescott Rd

Latitude: 32° 37' 00" N Longitude: -80° 46' 15" W Tax map # (list all): 2700-014-000-0064

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.

ROGER STEVENS
Printed Name of Regional Inspector

[Signature]
Signature

11/13/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/9/12 SC Dam Inventory Number D 2935 County: BEAUFORT
Dam Name: COMBAHEE RIVER LEVEE 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): NEMOURS PLANTATION WILD LIFE FOUNDATION
Contact Person (if owner is company): ERNIE WIGGERS
Phone: 843-846-2539 Email: _____
Mailing Address: 1101 NEMOURS PLANTATION RD
City: YEMASSEE State: SC Zip: 29945

II. Site Information

A. Site Location (street address, nearest intersection, etc.): NEMOURS PLANTATION RD
Latitude: 32.3845 N Longitude: 80.41.00 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 obtaining from Bureau of Water staff members, they will also need to complete this portion of the form.

<u>ROGER STEVENS</u> Printed Name of Regional Inspector	<u>[Signature]</u> Signature	<u>11/13/12</u> Date of Signature
_____ Printed Name of BOW Engineer	_____ Signature	_____ Date of Signature



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Date of Inspection: 11/9/12 SC Dam Inventory Number D-2936 County: BEAUFORT
Dam Name: CLARENDON FARMS 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): CLARENDON FARMS INC
Contact Person (if owner is company): BARBARA COX ANTHONY
Phone: 843-846-9496 Email: _____
Mailing Address: 80 CLARENDON PLANTATION DR
City: BURTON State: SC Zip: 29906

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 80 CLARENDON PLANTATION DR
Latitude: 32° 29' 30" N Longitude: -80° 47' 00" W Tax map # (list all): R120-014-000-0013

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.

ROGER STEVENS [Signature] 11/13/12
Printed Name of Regional Inspector Signature Date of Signature

Printed Name of BOW Engineer Signature Date of Signature



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Date of Inspection: 11/9/12 SC Dam Inventory Number D 2937 County: Beaufort
Dam Name: CLARENDON FARMS 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): CLARENDON FARMS INC

Contact Person (if owner is company): BARBARA COX ANTHONY

Phone: 843-846-9496 Email: _____

Mailing Address: 80 CLARENDON PLANTATION DR

City: BURTON State: SC Zip: 29906

II. Site Information

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

Latitude: 32°28'30" N Longitude: 80°48'15" W Tax map # (list all): R 120-014-000-0013

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.

Roger Stevens
Printed Name of Regional Inspector

Roger Stevens
Signature

11/13/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/14/12 SC Dam Inventory Number D2938 County: BEAUFORT
Dam Name: KERN 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): JULIUS KERN TRUSTEE

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 94 HERONWYCK PLANTATION DR

City: BEAUFORT State: SC Zip: 29906

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 94 HERONWYCK PLANTATION DR.

Latitude: 32° 27' 00" N Longitude: 80° 47' 45" W Tax map # (list all): R100-024-000-0062

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.

Roger A Stevens
Printed Name of Regional Inspector

Roger Stevens
Signature

11/14/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/15/12 SC Dam Inventory Number D 2939 County: Beaufort
Dam Name: PALMETTO BLUFF DAM 2

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): WALCAM Land Group LLC

Contact Person (if owner is company): EDWARD R CAMPBELL III

Phone: _____ Email: _____

Mailing Address: 416 TRAVIS ST SUITE 715

City: SHREVEPORT State: LA Zip: 71101

II. Site Information

A. Site Location (street address, nearest intersection, etc.): OLD PALMETTO BLUFF RD & HEADWATER RD

Latitude: 32°13'00" N Longitude: 80°56'30" W Tax map # (list all): R614-045-000-0019

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

11/15/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/19/12 SC Dam Inventory Number D 2940 County: Beaufort
Dam Name: Welton Corp. Dam I

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): Belfair Property Owners Association
Contact Person (if owner is company): David Porter
Phone: 843-757-0701 Email: _____
Mailing Address: 200 Belfair Oaks Blvd
City: Bluffton State: SC Zip: 29910

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Richland Dr. & W. Kershaw Dr.
Latitude: 32° 17' 30" N Longitude: 80° 51' 15" W Tax map # (list all): R600-023-JDD-0407

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.

Penny Cornett
Printed Name of Regional Inspector

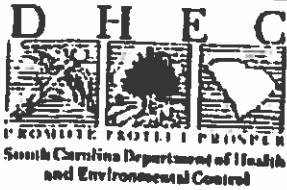
Penny Cornett
Signature

11/19/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/19/12 SC Dam Inventory Number D 2941 County: Beaufort
Dam Name: Wilton Corp. Dam 2

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): Belfair Property Owners Association

Contact Person (if owner is company): David Porter

Phone: 843-757-0701

Email: _____

Mailing Address: 200 Belfair Oaks Blvd

City: Bluffton

State: SC

Zip: 29910

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Belfair Oaks Blvd & Belmont Dr.

Latitude: 32° 17' 45" N Longitude: 80° 52' 00" W Tax map # (list all): R600-023-02E-0254

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

11/19/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/19/12 SC Dam Inventory Number D 2942 County: Beaufort

Dam Name: Walter Corp. Dam 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): Belfair Property Owners Association

Contact Person (if owner is company): David Porter

Phone: 843-757-0701

Email: _____

Mailing Address: 200 Belfair Oaks Blvd

City: Bluffton

State: SC

Zip: 29910

II. Site Information

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

Latitude: 32° 17.45' N Longitude: 80° 52.00' W Tax map # (list all): R60D-023-02E-0054

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

11/19/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/15/12 SC Dam Inventory Number D 4468 County: Beaufort
Dam Name: Palmetto Bluff Dam 1

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): Walcam Land Group LLC

Contact Person (if owner is company): Edward R. Campbell, III

Phone: _____ Email: _____

Mailing Address: 416 Travis St. Suite 715

City: Shreveport State: LA Zip: 71101

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Rephrain Cemetery Rd & Murrie Ford Rd

Latitude: 32° 11' 30" N Longitude: 80° 57' 15" W Tax map # (list all): R614-045-000-0019

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

11/15/12
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 11/20/12 SC Dam Inventory Number D 0643 County: COLLETON
Dam Name: BENNETT 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): ROGER WACKER

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 1013

City: WALTERHORO State: SC Zip: 29488

II. Site Information

A. Site Location (street address, nearest intersection, etc.): COOKS HILL RD & CLEARWATER RD

Latitude: 32.51.45° N Longitude: 80.38.30° W Tax map # (list all): 195-00-00-145.c00

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.

Roger Stearns
Printed Name of Regional Inspector

[Signature]
Signature

11/21/12
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: 11/20/12 SC Dam Inventory Number D0649 County: Colleton
Dam Name: ELIZABETH LAWSON 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): DASAR FARMS LLC

Contact Person (if owner is company): RICHARD DAVIS

Phone: 843-549-1636 Email: _____

Mailing Address: 6133 MT CARMEL RD

City: WATERBORO State: SC Zip: 29488

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 6133 MT CARMEL RD

Latitude: 33°00'00" N Longitude: 80°42'15" W Tax map # (list all): 078-00-00-041.000
078-00-00-018.000

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.

ROGER STEVENS
Printed Name of Regional Inspector

[Signature]
Signature

11/21/12
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: 11/30/12 SC Dam Inventory Number D-2383 County: COLLETON
 Dam Name: MASON / BLACK 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): AMPE FALISH

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 6

City: WILLIAMS State: SC Zip: 29493

II. Site Information

A. Site Location (street address, nearest intersection, etc.): WILLIAMS RD & GARRIS AVE

Latitude: 33° 01' 00" N Longitude: 80° 50' 00" W Tax map # (list all): 075-00-00-005,000
075-00-00-071 075-00-00-001

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.

Robert Stevens
 Printed Name of Regional Inspector

Robert Stevens
 Signature

11/21/12
 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: 11/20/12 SC Dam Inventory Number D2383 County: Colleton
Dam Name: MASON / BLACK 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): MILDRED WARREN

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 6666

City: ORANGEBURG State: SC Zip: 29115

II. Site Information

A. Site Location (street address, nearest intersection, etc.): WILLIAMS RD + GARRIS AVE

Latitude: 33° 01' 00" N Longitude: 80° 50' 00" W Tax map # (list all): 075-00-00-071.000
075-00-00-005 075-00-00-001

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.

ROGER STEVENS
Printed Name of Regional Inspector

[Signature]
Signature

11/21/12
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: 11/20/12 SC Dam Inventory Number D2383 County: COLLETON
Dam Name: MASON/BLACK 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): WILLIAM FARISH

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 127

City: WILLIAMS State: SC Zip: 29493

II. Site Information

A. Site Location (street address, nearest intersection, etc.): WILLIAMS RD + GARRETS AVE

Latitude: 32.01.00 N Longitude: 80.50.00 W Tax map # (list all): 075-00-00-001.000

075-00-00-071 075-00-00-005

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

Roger Stevens
Printed Name of Regional Inspector

Roger Stevens
Signature

11/21/12
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: 11/20/12 SC Dam Inventory Number D2384 County: COLLINGTON
 Dam Name: LG FISHKILL NE DAM 1

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): GRACEFIELD LIMITED PARTNERSHIP

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 80

City: WALTERBORO State: SC Zip: 29488

II. Site Information

A. Site Location (street address, nearest intersection, etc.): CHARLESTON Hwy & ST. PETERS RD

Latitude: 32.53.00° N Longitude: 80.36.45° W Tax map # (list all): 181-00-00-041.000

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.

ROGER STEVENS
 Printed Name of Regional Inspector

[Signature]
 Signature

11/21/12
 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: 11/20/12 SC Dam Inventory Number D 2385 County: COLLETON
 Dam Name: LG FISHBOURNE DAM 2

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 GRACEFIELD LIMITED PARTNERSHIP

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 80

City: WATERGORD State: SC Zip: 29488

II. Site Information

A. Site Location (street address, nearest intersection, etc.): CHARLESTON HWY & ST. PETERS RD

Latitude: 32° 52' 30" N Longitude: 80° 36' 30" W Tax map # (list all): 181-00-00-050.000

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.

ROGER STEVENS
 Printed Name of Regional Inspector

[Signature]
 Signature

11/21/12
 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: 11/20/12 SC Dam Inventory Number D-2386 County: Colleton
 Dam Name: LG Fishbourne Dam 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): GRACE FIELD LIMITED PARTNERSHIP

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 80

City: WALTERS State: SC Zip: 29488

II. Site Information

A. Site Location (street address, nearest intersection, etc.): CHARLESTON AVE & ST. PETERS RD

Latitude: 32 52.45 N Longitude: 80 36.30 W Tax map # (list all): 181-00-00-041.000

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.

ROGER STEVENS
 Printed Name of Regional Inspector

[Signature]
 Signature

11/21/12
 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

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Date of Inspection: 11/20/12 SC Dam Inventory Number D2387 County: COLLETON
Dam Name: 1966 TRUST 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): ASHEPOO LLC

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 806

City: BEAUFORT State: SC Zip: 29901

II. Site Information

A. Site Location (street address, nearest intersection, etc.): BENNETTS POINT RD & T.T. RD

Latitude: 32°36'30" N Longitude: 80°30'15" W Tax map # (list all): 319-00-00-001,000

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.

Roger Stevens
Printed Name of Regional Inspector

[Signature]
Signature

11/20/12
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

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Date of Inspection: 11/20/12 SC Dam Inventory Number D2388 County: COLLETON
Dam Name: KEARSE 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): JAMES RANDALL BLACK

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 6915 AUGUSTA HWY

City: SMOAKS State: SC Zip: 29481

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 6915 AUGUSTA HWY

Latitude: 33° 07' 15" N Longitude: 80° 42' 15" W Tax map # (list all): 014-00-00-030.000

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.

Roger Stevens
Printed Name of Regional Inspector

Roger Stevens
Signature

11/21/12
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

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Date of inspection: 11/20/12 SC Dam Inventory Number D 2389 County: COLLETON
Dam Name: M R HOWELL 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): HOWELL FAMILY LTD PARTNERSHIP

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 168

City: WATERBORO State: SC Zip: 29488

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 5937 Bulls Hwy

Latitude: 32° 56' 45" N Longitude: -80° 45' 15" W Tax map # (list all): 129-00-00-022.000

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.

ROGER STEVENS
Printed Name of Regional Inspector

[Signature]
Signature

11/21/12
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

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Date of Inspection: 11/20/12 SC Dam Inventory Number D2546 County: Colleton
Dam Name: 1950-CHRIS TRUST 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 DONALD F & ELSIE M. LEWIS REVOCABLE TRUST

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 676 Public Landing Lane

City: Yemassee State: SC Zip: 29945

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 2218 CAUNAUGH RD

Latitude: 32.4830 N Longitude: 80.4700 W Tax map # (list all): 219-00-00-016.000

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.

ROGER STEVENS
Printed Name of Regional Inspector

[Signature]
Signature

11/21/12
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

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Date of Inspection: 11/20/12 SC Dam Inventory Number D2547 County: COLLETON

Dam Name: ELGEBAR CORPORATION 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): ELGEBAR CORPORATION

Contact Person (if owner is company): TANIA McCLEE

Phone: _____ Email: _____

Mailing Address: 222 HOPEWELL-PRINCETON RD

City: HOPEWELL State: NJ Zip: 08525

II. Site Information

A. Site Location (street address, nearest intersection, etc.): CATTERTON LANE of BIG SURVEY PLANTATION

Latitude: 32° 42' 00" N Longitude: 80° 49' 00" W Tax map # (list all): 231-00-00-010.000

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.

Roger Stevens
Printed Name of Regional Inspector

Roger Stevens
Signature

11/20/12
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: 7/1/14 SC Dam Inventory Number D 2605 County: Hampton
Dam Name: Mill 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): Ray Douglas & Mary Smith

Contact Person (if owner is company): _____

Phone: 803-625-2451 Email: _____

Mailing Address: Anne Smith - Survivorship Trc, 289 Limousine Lane

City: Yarnville State: SC Zip: 29944

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Hwy 3 & Hwy 345

Latitude: 32° 40' 00" N Longitude: 80° 59' 15" W Tax map # (list all): 144-00-00-002

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

7/1/14
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

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Date of Inspection: 7/1/14 SC Dam Inventory Number D 2593 County: Hampton
Dam Name: Mckenzie 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): _____
Contact Person (if owner is company): _____
Phone: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Coon Club rd E Augusta Hwy
Latitude: 32° 40' 15" N Longitude: -81° 19' 00" W Tax map # (list all): 023-00-00-006

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)

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

7/1/14
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: 7/1/14 SC Dam Inventory Number D 2594 County: Hampton
Dam Name: Helen Barnes Herring 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): Anne Bettis Richister

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: POB 455

City: Estill State: SC Zip: 29918

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Hwy 522 - Behind Goodwill Church

Latitude: 32° 47' 00" N Longitude: -81° 16' 15" W Tax map # (list all): 049-00-00-009

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.

Penny Cornett
Printed Name of Regional Inspector

P. Cornett
Signature

7/1/14
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: 7/6/14 SC Dam Inventory Number D 2595 County: Hampton
Dam Name: Thomas Harper

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.): Boggy Gut & Augusta Rd
Latitude: 32° 45' 30" N Longitude: 81° 20' 00" W Tax map # (list all): 018-00-00-007

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.

Penny Cornett Printed Name of Regional Inspector Penny Cornett Signature 7/6/14 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

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Date of Inspection: 7/1/14 SC Dam Inventory Number D 2548 County: Hampton
Dam Name: M. Tucker Lefttice

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 62 - Heavenly Rest Church
Latitude: 32° 42' 00" N Longitude: -81° 19' 30" W Tax map # (list all): 022-00-00-012

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.

P. Cornett P. Cornett 7/1/14
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: 7/1/14 SC Dam Inventory Number D 2604 County: Hampton
Dam Name: Julia M. Jones

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): Howard D. Sherman, III & ETAL

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: SURV TITLE / LIFE ESTATE POB 295

City: Estill State: SC Zip: 29918

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Hwy 168 E Brim Pt

Latitude: 32° 41' 45" N Longitude: -81° 9' 30" W Tax map # (list all): 090-00-00-006

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)

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

7/1/14
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: 7/1/14 SC Dam Inventory Number D 2607 County: Hampton
Dam Name: Groton Plantation Dam 1

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): Groton Land Company, Inc.

Contact Person (if owner is company): _____

Phone: 803-625-4160 Email: _____

Mailing Address: 275 Plantation Dr.

City: Luray State: SC Zip: 29932

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Hwy 39 & Hwy 503

Latitude: 32° 45' 00" N Longitude: 81° 22' 15" W Tax map # (list all): 009-00-00-001

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.

Penny Cornett
Printed Name of Regional Inspector

P. Cornett
Signature

7/1/14
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: 7/1/14 SC Dam Inventory Number D 2608 County: Hampton
Dam Name: Groton Plantation Dam 2

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): Groton Land Company, Inc.

Contact Person (if owner is company): _____

Phone: 803-625-4160 Email: _____

Mailing Address: 275 Plantation Dr.

City: Luray State: SC Zip: 29932

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Hwy 39 & Hwy 503

Latitude: 32.44.45 N Longitude: 81.23.00 W Tax map # (list all): 009-00-00-001

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

7/1/14
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: 7/1/14 SC Dam Inventory Number D 2609 County: Hampton
Dam Name: Webb-W. Idle Center Dam I

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): Jay Cantrell

Phone: 803-625-3569 Email: cantrellj@dnc.sc.gov

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1282 Webb Ave.

Latitude: 32° 36' 00" N Longitude: 81° 19' 00" W Tax map # (list all): 056-00-00-023

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.

Penny Cornett
Printed Name of Regional Inspector

P. Cornett
Signature

7/1/14
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: 7/1/14 SC Dam Inventory Number D 2610 County: Hampton
Dam Name: Webb Wildlife Center Dam 2

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): Jay Cantrell

Phone: 803-625-3569 Email: cantrellj@dnc.sc.gov

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1282 Webb Ave

Latitude: 32° 36' 15" N Longitude: 81° 18' 45" W Tax map # (list all): 039-00-00-007

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.

Penny Cornett
Printed Name of Regional Inspector

P. Cornett
Signature

7/1/14
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: 7/1/14 SC Dam Inventory Number D 2611 County: Hampton
Dam Name: Thelma Ramsay 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): Justin and Brady Colcord

Contact Person (if owner is company): _____

Phone: 803-625-3482 Email: _____

Mailing Address: 7499 Augusta Stagecoach Rd

City: Barnett State: SC Zip: 29922

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Solomon Cemetery Rd & Augusta Rd

Latitude: 32° 40' 45" N Longitude: -81° 20' 00" W Tax map # (list all): 23-00-00-003

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.

Penny Cornett
Printed Name of Regional Inspector

P. Cornett
Signature

7/1/14
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: 7/1/14 SC Dam Inventory Number D 2612 County: Hampton
Dam Name: Peoples 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): Scotia Farms LP / TM&P Properties

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: POB 1

City: Attledale State: SC Zip: 29810

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Lebanon Rd & Pleasant Hill

Latitude: 32° 38' 00" N Longitude: 81° 12' 00" W Tax map # (list all): 93-00-00-015

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.

Penny Cornett
Printed Name of Regional Inspector

P Cornett
Signature

7/1/14
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: 2/6/14 SC Dam Inventory Number D 2597 County: Hampton

Dam Name: Clyde W Kinard 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): Geneva N. Kinard - Life Estate

Contact Person (if owner is company): Mark B. Kinard

Phone: _____ Email: _____

Mailing Address: 1271 Thelma Drive

City: Varnville State: SC Zip: 29944

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Hwy 54 & Hwy 13

Latitude: 32° 54' 15" N Longitude: -81° 02' 15" W Tax map # (list all): 148-00-00-002

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.

Penny Cornett

Printed Name of Regional Inspector

Penny Cornett

Signature

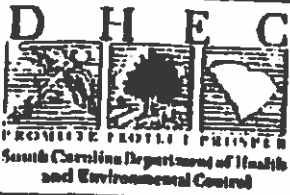
2/6/14

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

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Date of Inspection: 2/6/14 SC Dam Inventory Number D 2596 County: Hampton

Dam Name: Robert Ferry

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 601 & Hwy 538
Latitude: 33° 00' 15" N Longitude: -81° 05' 00" W Tax map # (list all): 113-00-00-015

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.

<u>Penny Cornett</u> Printed Name of Regional Inspector	<u>Penny Cornett</u> Signature	<u>2/6/14</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: 2/6/14 SC Dam Inventory Number D 2600 County: Hampton
Dam Name: Lennis K Rent & Gay 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): Clara Black
Contact Person (if owner is company): Clara Black
Phone: _____ Email: _____
Mailing Address: 4405 Walterboro Hwy
City: Varnville State: SC Zip: 29946

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Hwy 278 & Mauldin Rd
Latitude: 32° 54' 00" N Longitude: -81° 10' 00" W Tax map # (list all): 10-00-00-027

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

2/6/14
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: 2/6/14 SC Dam Inventory Number D 2601 County: Hampton

Dam Name: AC Thomas

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): Ruth S Thomas

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 780 Cherry Grove Rd

City: Brunson State: SC Zip: 29911

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Hwy 538

Latitude: 32° 43' 15" N Longitude: 80° 51' 00" W Tax map # (list all): 130-00-00-008

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

2/6/14
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: 2/6/14 SC Dam Inventory Number D 2602 County: Hampton
Dam Name: Buckfield Plantation 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): Chilton Timber & Land Co, LLC
Contact Person (if owner is company): _____
Phone: _____ Email: _____
Mailing Address: 1266 East Main St, 1st Floor
City: Stamford State: CT Zip: 06902

II. Site Information

A. Site Location (street address, nearest intersection, etc.): _____
Latitude: 32.41.45 N Longitude: 81.09.30 W Tax map # (list all): 191-00-00-001

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.

Penny Cornett Penny Cornett 2/6/14
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: 2/6/14 SC Dam Inventory Number D 4483 County: Hampton
Dam Name: Westvaco Corporation 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): Lois Stanley Youmans

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 2949 Old Sallkehatchie Hwy

City: Early Branch State: SC Zip: 29916

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Deep Branch & Fisher

Latitude: 32°47'30" N Longitude: 80°56'30" W Tax map # (list all): 185-00-00-003

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.

Penny Cornett
Printed Name of Regional Inspector

Penny Cornett
Signature

2/6/14
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: 2/6/14 SC Dam Inventory Number D 2599 County: Hanover
Dam Name: Lila Mae Nixon 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.): Deep Branch

Latitude: 32° 48' 15" N Longitude: 80° 56' 30" W Tax map # (list all): 172-00-02-081

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.

Penny Corbett
Printed Name of Regional Inspector

Penny Corbett
Signature

2/6/14
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: 2/20/13 SC Dam Inventory Number D-2580 County: JASPER
Dam Name: OLIN MIXON 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): OLIN MIXON
Contact Person (if owner is company): _____
Phone: 843-726-3558 Email: _____
Mailing Address: 280 STEVE MIXON RD
City: EARLY BRANCH State: SC Zip: 29916

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1814 BIG BRANCH RD, EARLY BRANCH SC
Latitude: 32.42.30 N Longitude: 81.00.30 W Tax map # (list all): 056-00-02-011

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.

Roger Stevens
Printed Name of Regional Inspector

[Signature]
Signature

2/20/13
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: 2/20/13 SC Dam Inventory Number D2581 County: JASPER
Dam Name: B.H. RUTLEDGE MOORE 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): DAYANT FARMING & TIMBER CO. LTD

Contact Person (if owner is company): ALFRIDA B. MOORE

Phone: 843-726-3262 Email: _____

Mailing Address: 384 DAYANT DR

City: RIDGELAND State: SC Zip: 29936

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 384 DAYANT PLANTATION DR

Latitude: 32.3615° N Longitude: -81.0000° W Tax map # (list all): 059-00-03-001

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.

Roger Stevens
Printed Name of Regional Inspector

[Signature]
Signature

2/20/13
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: 2/20/13 SC Dam Inventory Number D2582 County: JASPER
Dam Name: CYPRESS WOODS CORP DAM 1

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): CYPRESS WOODS CORPORATION

Contact Person (if owner is company): CANADA SMITH

Phone: 843-726-8646 Email: HUNTOFFICE@TUNKYHILLPLANTATION.COM

Mailing Address: 2215 LOG HAUL RD

City: RIDGELAND State: SC Zip: 29936

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 4190 LOG HAUL RD

Latitude: 32.33.00° N Longitude: 80.59.30° W Tax map # (list all): 048-00-01-001

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.

ROGER STEVENS
Printed Name of Regional Inspector

Roger Stevens
Signature

2/20/13
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

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Date of Inspection: 2/20/13 SC Dam Inventory Number D2583 County: JASPER
Dam Name: CYPRESS WOODS CORP DAM 2

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): CYPRESS WOODS CORPORATION

Contact Person (if owner is company): CANADA SMITH

Phone: 843-726-8646 Email: hntoffices@TurkeyHillPlantation.com

Mailing Address: 2215 LOG HAUL RD

City: RIDGE LAND State: SC Zip: 29936

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 4190 LOG HAUL RD

Latitude: 32.32.30 N Longitude: 80.59.45 W Tax map # (list all): 048-00-01-001

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.

Roger Stevens
Printed Name of Regional Inspector

Roger Stevens
Signature

2/20/13
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

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Date of Inspection: 2/20/13 SC Dam Inventory Number D 2584 County: WASPEN
Dam Name: CYPRESS WOODS CORP DAM 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): CDEF PARCELS LLC
Contact Person (if owner is company): CANADA SMITH
Phone: 843-726-8646 Email: _____
Mailing Address: 654 MADISON AVE, ROOM 1550
City: NEW YORK State: NY Zip: 10021

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 2201 LOGHAUL RD
Latitude: 32.3200 N Longitude: 80.59.15 W Tax map # (list all): 0601-00-01-005

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

Roger Stevens
Printed Name of Regional Inspector

[Signature]
Signature

2/20/13
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

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Date of inspection: 2/20/13 SC Dam Inventory Number D-2585 County: JASPER
Dam Name: CYPRESS WOODS CORP DAM 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): CDEF PARCELS LLC
Contact Person (if owner is company): CANADA SMITH
Phone: 843-726-8646 Email: _____
Mailing Address: 654 MADISON AVE, ROOM 1550
City: NEW YORK State: NY Zip: 10021

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 2201 LOG HAUL RD
Latitude: 32.32.00 N Longitude: 80.59.30 W Tax map # (list all): 061-00-01-005

B. Is there any evidence of new 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>Roger Stevens</u> Printed Name of Regional Inspector	<u>Roger Stevens</u> Signature	<u>2/20/13</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

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Date of Inspection: 2/20/13 SC Dam Inventory Number D 2586 County: WASPER
Dam Name: RUSSELL & JANET BURNS 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): JANET CLELAND

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 3822

City: BLUFFTON State: SC Zip: 29910

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 800 LOG HAUL RD

Latitude: 32.31.30 N Longitude: 80.59.30 W Tax map # (list all): 0602-00-04-029

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.

Roger Stevens
Printed Name of Regional Inspector

Roger Stevens
Signature

2/20/13
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

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Date of Inspection: 2/20/13 SC Dam Inventory Number D 2587 County: JASPER
Dam Name: WALTER BAXTER 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): TARHORO LLC
Contact Person (if owner is company): WALTER BAXTER, JR.
Phone: 843-726-5351 Email: _____
Mailing Address: 1632 CAL CAUSEWAY RD
City: TILLMAN State: SC Zip: 29943

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1353 CAL CAUSEWAY RD
Latitude: 32.31.45° N Longitude: 81.10.45° W Tax map # (list all): 014-00-01-057
014-00-01-006

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)

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.

Roger Steungs
Printed Name of Regional Inspector

Roger Steungs
Signature

2/20/13
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

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Date of Inspection: 2/20/13 SC Dam Inventory Number D 2589 County: JASPER
Dam Name: OLKEETEE CLUB 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): OLKEETEE CLUB
Contact Person (if owner is company): M. HAMMOND-TRACE
Phone: 843-577-7040 Email: _____
Mailing Address: P.O. BOX 687
City: RIDGELAND State: SC Zip: 29936

II. Site Information

A. Site Location (street address, nearest intersection, etc.): END OF RILEY FIELD RD
Latitude: 32.22.45 N Longitude: 80.55.15 W Tax map # (list all): 027-00-02-034

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.

Roger Stevens
Printed Name of Regional Inspector

Roger Stevens
Signature

2/20/13
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



Low Hazard Dam Classification Inspection Form for South Carolina
Regulated Dams
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Date of Inspection: 2/20/13 SC Dam Inventory Number D2590 County: WASPEN
Dam Name: PECAN HILL PLANTATION 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 & MICHAEL STAVOLA SURVEYORS

Contact Person (if owner is company): MICHAEL STAVOLA

Phone: 732-542-2328 Email: _____

Mailing Address: P.O. Box 482

City: RED BANK State: NJ Zip: 07701

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 401 PECAN HILL DR.

Latitude: 32.27.00 N Longitude: 81.00.45 W Tax map # (list all): 025-00--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.

ROGER STEVENS
Printed Name of Regional Inspector

Roger Stevens
Signature

2/20/13
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



Low Hazard Dam Classification Inspection Form for South Carolina
Regulated Dams
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Date of Inspection: 2/20/13 SC Dam Inventory Number D 2591 County: Jasper
Dam Name: BARBARA KEARSON 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): ANN LAFFITTE

Contact Person (if owner is company): _____

Phone: 843-837-3443 Email: _____

Mailing Address: P.O. Box 461

City: BLUFFTON State: SC Zip: 29910

II. Site Information

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

Latitude: 32.26.15°N Longitude: 80.52.45°W Tax map # (list all): 083-00-06-015

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.

Robert Stevens
Printed Name of Regional Inspector

Robert Stevens
Signature

2/20/13
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

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Date of Inspection: 2/20/13 SC Dam Inventory Number D 2592 County: CLAYTON

Dam Name: SC FORESTRY 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): SC FORESTRY COMMISSION

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: P.O. Box 21707

City: COLUMBIA State: SC Zip: 29221

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1191 COTTON HILL RD

Latitude: 32.29.30 N Longitude: -81.08.30 W Tax map # (list all): 023-00-01-006

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)

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.

ROGER STEVENS
Printed Name of Regional Inspector

[Signature]
Signature

2/20/13
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

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Date of Inspection: 2/20/13 SC Dam Inventory Number D 4477 County: Jasper
Dam Name: MACKAY POINT PLANTATION 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): MACKAY POINT ASSOCIATES L.P.

Contact Person (if owner is company): _____

Phone: 843-726-8599 Email: _____

Mailing Address: P.O. Box 877

City: WATERBURY State: SC Zip: 29488

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 1818 MACKAY POINT RD

Latitude: 32.34.15 N Longitude: 80.52.00 W Tax map # (list all): 092-00-00-001

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.

Robert Stearns
Printed Name of Regional Inspector

[Signature]
Signature

2/20/13
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature