



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

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

Date of Inspection: 6/29/15 SC Dam Inventory Number D 0510 County: Marion

Dam Name: Smith Millpond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Smith Millpond Rd. off of SC-41 Alt

Latitude: 34° 04' 00" N Longitude: -79° 20' 45" W Tax map # (list all): 112-00-00-007-000

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.

Shawn Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/7/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 6/29/15 SC Dam Inventory Number D 0511 County: Martin

Dam Name: Legette Millpond 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): Chadd's Ford, LLC

Contact Person (if owner is company): George Eric Staten

Phone: _____ Email: _____

Mailing Address: PO Box 207

City: Wilmington State: NC Zip: 28402

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On E. Legette Rd off of SC-41 Alt

Latitude: 34° 02' 30" N Longitude: -79° 20' 30" W Tax map # (list all): 120-00-00-016-000

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

Shawn Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/7/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/27/15 SC Dam Inventory Number D 1802 County: Chesterfield
Dam Name: Moore 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): Gregory E. Plyer

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 523 Paul Hurst Rd

City: Pageland State: SC Zip: 29728

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Mangum School Rd, near X-ing w/ Paul Hurst Rd.

Latitude: 34° 48' 15" N Longitude: -80° 26' 15" W Tax map # (list all): 018-000-000-028

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

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

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

Class 2 (Significant Hazard)

III. Signature

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

Shawn S Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/27/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/27/15 SC Dam Inventory Number D 1820 County: Chesterfield

Dam Name: Jordan 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): Primestar Properties Inc & Etal

Contact Person (if owner is company): Ronald R Locatis

Phone: _____ Email: _____

Mailing Address: PO BOX 5467

City: Concord State: NC Zip: 28027

II. Site Information

A. Site Location (street address, nearest intersection, etc.): X-ing of JH Burch Rd & Hursey Mill Pond Rd.

Latitude: 34° 36' 30" N Longitude: -80° 18' 15" W Tax map # (list all): 061-000-000-247

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/27/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



Low Hazard Dam Classification Inspection Form for South Carolina
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Date of Inspection: 7/28/15 SC Dam Inventory Number D 1824 County: Chesterfield

Dam Name: Crawford Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 2852 Steen Rd, Mt. Croghan

Latitude: 34° 39' 45" N Longitude: -80° 17' 30" W Tax map # (list all): 066-000-000-037

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

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

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

Class 2 (Significant Hazard)

III. Signature

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

Shawn S. Frazer

Printed Name of Regional Inspector

[Signature]

Signature

7/28/15

Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/28/15 SC Dam Inventory Number D 1828 County: Chesterfield

Dam Name: Regers Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 4783 Peach Orchard Rd, Pageland SC

Latitude: 34° 42' 45" N Longitude: -90° 20' 15" W Tax map # (list all): 048-000-000-048

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/28/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/30/15 SC Dam Inventory Number D 1837 County: Chesterfield

Dam Name: Mount Lake 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.): Off Batten Rd, off HWY 109

Latitude: 34° 35' 30" N Longitude: -80° 7' 45" W Tax map # (list all): 214-000-000-003

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

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

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

Class 2 (Significant Hazard)

III. Signature

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

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

8/4/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/30/15 SC Dam Inventory Number D 1842 County: Chesterfield
Dam Name: Sandhill State Park Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Headquarters Pond Rd, off US Route 1

Latitude: 34° 33' 15" N Longitude: - 80° 5' 30" W Tax map # (list all): 214-000-000-003

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

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

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

Class 2 (Significant Hazard)

III. Signature

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

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

8/21/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/29/15 SC Dam Inventory Number D 1968 County: Chesterfield
Dam Name: Thomas 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): Abraham Isaac and Jacob LLC

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 201 Inglis St.

City: Cheraw State: SC Zip: 29520

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Dewey Thomas Rd, off Society Hill Rd

Latitude: 34° 36' 15" N Longitude: -79° 54' 30" W Tax map # (list all): 263-000-000-005

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.

Shawn S Frazer
Printed Name of Regional Inspector

Alamy S. Furr
Signature

7/29/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/29/15 SC Dam Inventory Number D 1369 County: Chesterfield

Dam Name: Griggs Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Rd TT16, off Campbell Lake Rd

Latitude: 34° 34' 30" N Longitude: -79° 58' 45" W Tax map # (list all): 214-000-000-003

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

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

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

Class 2 (Significant Hazard)

III. Signature

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

Shawn S. Frazer
Printed Name of Regional Inspector

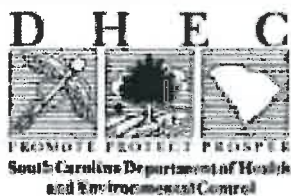
[Signature]
Signature

7/29/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

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

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Date of Inspection: 7/29/15 SC Dam Inventory Number D 1870 County: Chesterfield
Dam Name: Willis 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): Wilson Tree Farm LLC

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 13 Eastlake Rd

City: Mt Pleasant State: SC Zip: 29464

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Intersection of McBride Rd & Society Hill Rd

Latitude: 34° 35' 30" N Longitude: -79° 55' 45" W Tax map # (list all): 264-000-000-002

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/29/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/30/15 SC Dam Inventory Number D 1580 County: Chesterfield

Dam Name: Douglas Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Cassidy Mill Rd, close to X-ing with Gooden Rd.

Latitude: 34° 38' 00" N Longitude: - 80° 09' 00" W Tax map # (list all): 156-000-000-018

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

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

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

Class 2 (Significant Hazard)

III. Signature

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

Shawn S Frazer
Printed Name of Regional Inspector

[Signature]
Signature

8/21/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Regulated Dams
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Date of Inspection: 7/28/15 SC Dam Inventory Number D 1890 County: Chesterfield
Dam Name: Evans/Miller Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On White Plains Church Rd, off of Gregory Rd.

Latitude: 34° 40' 30" N Longitude: -80° 24' 15" W Tax map # (list all): 036-000-000-114

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/28/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/29/15 SC Dam Inventory Number D 2545 County: Chesterfield

Dam Name: Development 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.): Off Society Hill Rd, near X-ing w/ McBride Rd.

Latitude: 34° 35' 45" N Longitude: - 79° 54' 45" W Tax map # (list all): 264-000-000-008

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.

Shawn S. Frazer
Printed Name of Regional Inspector

Shawn S. Frazer
Signature

7/29/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 6/29/15 SC Dam Inventory Number D 2944 County: Marlboro
Dam Name: SC Name 35040 "W.A. Hinson 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.): Near the Bennett Rd, between Cemetery Rd & Allen St.

Latitude: 34° 35' 45" N Longitude: -79° 33' 15" W Tax map # (list all): 041-00-02-050

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.

Shawn S. Frazer
Printed Name of Regional Inspector

Shawn S. Frazer
Signature

07/02/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 6/26/15 SC Dam Inventory Number D 2945 County: Marlboro

Dam Name: Rollins 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): Margaret A Jackson

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: PO Box 173

City: Wallace State: SC Zip: 29596

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Intersection Hwy 1 & Delta Height Rd

Latitude: 34° 43' 30" N Longitude: -79° 51' 45" W Tax map # (list all): 013-22-01-010

B. Is there any evidence of new development below the dam? 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)

Potential to wash out both Delta Height Rd and Route 1. No bridge on Route 1 is the primary reason. If sufficient drainage exists, it would be fine.

III. Signature

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

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/20/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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Date of Inspection: 7/27/15 SC Dam Inventory Number D 3168 County: Chesterfield
 Dam Name: SC NoName 13052

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.): Off Crow Burke Rd, off Hwy 207
 Latitude: 34° 46' 45" N Longitude: -80° 26' 30" W Tax map # (list all): 019-000-000-149

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)

Unable to observe, there is a structure that may be a residence (possibly barn) beneath dam in what appears to be the emergency spillway on Google Earth. Class 2 (Significant Hazard)
Drive by during inspection, cars by structure imply it is a residence.

III. Signature

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

Shawn S. Frazer
 Printed Name of Regional Inspector

[Signature]
 Signature

8/4/15
 Date of Signature

 Printed Name of BOW Engineer

 Signature

 Date of Signature



**Low Hazard Dam Classification Inspection Form for South Carolina
Regulated Dams
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: 7/27/15 SC Dam Inventory Number D 3169 County: Chesterfield

Dam Name: Tucker's Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On US Route 601, near X-ing of N. Pearl St.

Latitude: 34° 47' 15" N Longitude: - 80° 23' 45" W Tax map # (list all): 030-000-000-025

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

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

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

III. Signature

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

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/27/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/27/15 SC Dam Inventory Number D 3173 County: Chesterfield

Dam Name: Hershey Millpond 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): Russell P. Nicholson

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 24389 Hwy 9

City: Mt. Croghan State: SC Zip: 29727

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On State Rd. 5-13-337, off State Rd. 5-13-55, off Hwy 9

Latitude: 34° 46' 30" N Longitude: - 80° 18' 30" W Tax map # (list all): 061-000-000-033

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.

Shawn S. Frazer
Printed Name of Regional Inspector

Gloria G. Knowlton
Signature

8/4/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



**Low Hazard Dam Classification Inspection Form for South Carolina
Regulated Dams
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: 7/27/15 SC Dam Inventory Number D 9174 County: Chesterfield

Dam Name: River's 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): Charles H Gray

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: PO BOX 98

City: Mt. Croghan State: SC Zip: 29727

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Hornsboro Rd, near X-ing w/ Hendrick Rd.

Latitude: 34° 46' 30" N Longitude: -80° 15' 30" W Tax map # (list all): 083-000-000-021

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/27/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/28/15 SC Dam Inventory Number D 3175 County: Chesterfield

Dam Name: McLeod Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On CPSmpson Rd, off Peach Orchard Rd.

Latitude: 34° 40' 15" N Longitude: -80° 21' 30" W Tax map # (list all): 050-000-000-002

B. Is there any evidence of new development below the dam? 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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/28/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/27/15 SC Dam Inventory Number D 3177 County: Chesterfield

Dam Name: SC No Name 13044 (Graves Millpond Dam)

I. Dam Owner Information

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

A. Owner/ Operator (Company or person):

Contact Person (if owner is company):

Phone: Email:

Mailing Address:

City: State: Zip:

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Shrine Pond Rd, off Airport Rd

Latitude: 34° 44' 15" N Longitude: -90° 18' 15" W Tax map # (list all): 062-000-000-012

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

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

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

III. Signature

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

Shawn S. Frazer Printed Name of Regional Inspector

[Signature] Signature

7/27/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/27/15 SC Dam Inventory Number D 3178 County: Chesterfield

Dam Name: Martin 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): Wateree Holdings LLC

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 15 Piedmont Center, Suite 1250

City: Atlanta State: GA Zip: 30305

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Between Eddie Horton Rd. and Airport Rd.

Latitude: 34° 42' 45" N Longitude: -80° 17' 00" W Tax map # (list all): 098-000-000-001

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/27/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/28/15 SC Dam Inventory Number D 3179 County: Chesterfield

Dam Name: Leaird Pond Dam

I. Dam Owner Information

Has ownership changed? Yes No [X] (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.): Cam Patch Ln, off Cone Patch Rd, off Landfill Rd

Latitude: 34° 39' 45" N Longitude: - 80° 19' 00" W Tax map # (list all): 066-000-000-013

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

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

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

III. Signature

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

Shawn S. Frazer Printed Name of Regional Inspector [Signature] Signature 8/14/15 Date of Signature

Printed Name of BOW Engineer Signature Date of Signature



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

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

Date of Inspection: 7/28/15 SC Dam Inventory Number D 3181 County: Chesterfield

Dam Name: Metcalf 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): JJ & H Investments LLC

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 2317 Lawyer's Rd. East

City: Monroe State: NC Zip: 28110

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Pete Gaskins Rd, off Sandy Run Creek Rd.

Latitude: 34° 33' 45" N Longitude: -80° 20' 15" W Tax map # (list all): 056-000-000-018

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

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

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

III. Signature

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

Sharon S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/28/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/28/15 SC Dam Inventory Number D 3184 County: Chesterfield

Dam Name: SC NoName 13035 (Park Pond Dam)

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): Glean C. Chom

Contact Person (if owner is company):

Phone: Email:

Mailing Address: 547 Sandy Point Ln

City: Hartsville State: SC Zip: 29550

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Hwy 151

Latitude: 34° 28' 45" N Longitude: -80° 17' 00" W Tax map # (list all): 097-000-000-001

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

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

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

III. Signature

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

Sharon S. Frazer Printed Name of Regional Inspector

[Signature] Signature

7/28/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/28/15 SC Dam Inventory Number D 3189 County: Chesterfield

Dam Name: Woodward Mill Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person):

Contact Person (if owner is company):

Phone: Email:

Mailing Address:

City: State: Zip:

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Gilmore Rd, off Bo Melton Rd / Fairview Church Rd.

Latitude: 34° 41' 15" N Longitude: -80° 14' 00" W Tax map # (list all): 110-000-000-034

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

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

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

III. Signature

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

Shawn S. Frazer Printed Name of Regional Inspector

[Signature] Signature

7/28/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/29/15 SC Dam Inventory Number D 3192 County: Chesterfield

Dam Name: Douglass Millpond 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): Alice Marie S. Todd, Etal

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 1570 Mary D. Rd.

City: Chesterfield State: SC Zip: 29709

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Douglass Mill Rd, X-ing of Shag Rd

Latitude: 34° 41' 15" N Longitude: -80° 10' 00" W Tax map # (list all): 153-000-000-058

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

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

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

III. Signature

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

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/29/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/30/15 SC Dam Inventory Number D 3199 County: Chesterfield

Dam Name: Middendorf Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person):

Contact Person (if owner is company):

Phone: Email:

Mailing Address:

City: State: Zip:

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Middendorf Church Rd, off HWY 109

Latitude: 34° 32' 30" N Longitude: - 80° 08' 45" W Tax map # (list all): 153-000-000-058

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

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

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

III. Signature

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

Shawn S. Frazer Printed Name of Regional Inspector

[Signature] Signature

8/4/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



Low Hazard Dam Classification Inspection Form for South Carolina
Regulated Dams
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: 7/28/15 SC Dam Inventory Number D 3201 County: Chesterfield

Dam Name: Harman 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): Glean C. Odom

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: PO Box 576

City: McBee State: SC Zip: 29101

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Rd. 118, off US Route 1

Latitude: 34° 29' 15" N Longitude: -80° 13' 15" W Tax map # (list all): 120-000-000-019

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

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

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

Class 2 (Significant Hazard)

III. Signature

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

Shawn S. Frazer
Printed Name of Regional Inspector

Shawn S. Frazer
Signature

8/4/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams 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: 7/28/15 SC Dam Inventory Number D 3202 County: Chesterfield

Dam Name: King Millpond Dam

I. Dam Owner Information

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

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

Contact Person (if owner is company):

Phone: Email:

Mailing Address: 1430 King Pond Rd

City: McBee State: SC Zip: 29101

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Kings Pond Rd, off Hwy 151

Latitude: 34° 25' 30" N Longitude: -80° 12' 45" W Tax map # (list all): 145-000-000-028

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

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

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

III. Signature

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

Shanna S. Frazer Printed Name of Regional Inspector

[Signature] Signature

7/28/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/29/15 SC Dam Inventory Number D 3203 County: Chesterfield

Dam Name: Teals 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): Phyllis K Teal

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 1846 Zoar Rd

City: Cheraw State: SC Zip: 29520

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Zoar Rd, near X-ing w/ Pleasant Valley Rd.

Latitude: 34° 45' 00" N Longitude: -80° 01' 45" W Tax map # (list all): 207-000-000-034

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/29/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/29/15 SC Dam Inventory Number D 3204 County: Chesterfield

Dam Name: Hurst Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person):

Contact Person (if owner is company):

Phone: Email:

Mailing Address:

City: State: Zip:

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off HWY 145, near X-ing w/ Mecca Ln

Latitude: 34° 41' 45" N Longitude: - 80° 07' 00" W Tax map # (list all): 172-000-000-051

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.

Shawn S. Frazer Printed Name of Regional Inspector

[Signature] Signature

7/29/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/29/15 SC Dam Inventory Number D 3206 County: Chesterfield

Dam Name: Teal Millpond 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): Southeastern Land Management

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 344 Porter's Glenn

City: New London State: NC Zip: 28127

II. Site Information

A. Site Location (street address, nearest intersection, etc.): X-ing of Market St. Ext. and Teal's Mill Rd.

Latitude: 34° 40' 00" N Longitude: -80° 00' 30" W Tax map # (list all): 211-000-000-081

B. Is there any evidence of new development below the dam? Yes 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.

Shawn S. Frazer

Printed Name of Regional Inspector

Shawn S. Frazer

Signature

8/4/15

Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



Low Hazard Dam Classification Inspection Form for South Carolina
Regulated Dams
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: 9/1/15 SC Dam Inventory Number D 3207 County: Chesterfield

Dam Name: Robeson Millpond 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): Maria R. Kendall, Etal

Contact Person (if owner is company): _____

Phone: 843-537-3106 // 843-610-1349 (cell) Email: _____

Mailing Address: 925 Sullivan Rd.

City: Cheraw State: SC Zip: 29520

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Chesterfield Hwy, meets Allian-Edwards Rd, double red gates

Latitude: 34° 42' 45" N Longitude: -80° 01' 00" W Tax map # (list all): 226-000-000-037

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

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

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

Failed/Breached in ~~2001~~ 2012.

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.

Shawn S. Frazer

Printed Name of Regional Inspector

Shawn S. Frazer

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: 7/30/15 SC Dam Inventory Number D 3208 County: Chesterfield

Dam Name: McLean Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On State Rd 5-13-810, off Turnage Rd.

Latitude: 34° 36' 15" N Longitude: -80° 06' 00" W Tax map # (list all): 177-000-000-035

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

8/4/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/30/15 SC Dam Inventory Number D 3209 County: Chesterfield
Dam Name: Lee Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off X-ing of Rd TT 110 and Rd TT 109

Latitude: 34° 34' 30" N Longitude: -80° 04' 30" W Tax map # (list all): 214-000-000-003

B. Is there any evidence of new development below the dam? 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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

8/4/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/30/15 SC Dam Inventory Number D 9210 County: Chesterfield

Dam Name: Hunter Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Rd TT 10, off Niven Ln.

Latitude: 34° 34' 00" N Longitude: -90° 05' 00" W Tax map # (list all): 214-000-000-003

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

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

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

III. Signature

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

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

8/4/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 7/30/15 SC Dam Inventory Number D 3211 County: Chesterfield

Dam Name: Wilkes Millpond 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): Lori Perdue Morrison

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: ~~1229~~ 1229 New Market Rd

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On State Rd 5-13-247, off US Route 1

Latitude: 34° 33' 30" N Longitude: -80° 02' 00" W Tax map # (list all): 198-000-000-017

B. Is there any evidence of new development below the dam? 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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

8/14/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



Low Hazard Dam Classification Inspection Form for South Carolina Regulated Dams

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

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

Date of Inspection: 7/30/15 SC Dam Inventory Number D 3212 County: Chesterfield

Dam Name: Brown Springs Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Brown Springs Loop, off HWY 102

Latitude: 34° 32' 15" N Longitude: -80° 01' 30" W Tax map # (list all): 214-000-000-003

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

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

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

Class 2 (Significant Hazard)

III. Signature

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

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

8/4/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/29/15 SC Dam Inventory Number D 3239 County: Marion

Dam Name: Rowell Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person):

Contact Person (if owner is company):

Phone: Email:

Mailing Address:

City: State: Zip:

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Hwy 41, on Daws Landing Ct.

Latitude: 34° 02' 00" N Longitude: - 79° 19' 15" W Tax map # (list all): 129-00-00-040-000

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

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

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

Class 2 (Significant Hazard)

III. Signature

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

Shawn S. Frazer Printed Name of Regional Inspector

[Signature] Signature

6/30/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/26/15 SC Dam Inventory Number D 3425 County: Marlboro

Dam Name: Pusser Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Pegues Cir, off of US. Route 1

Latitude: 34° 46' 15" N Longitude: -79° 53' 45" W Tax map # (list all): 006-01-01-003

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/20/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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Date of Inspection: 6/26/15 SC Dam Inventory Number D 3432 County: Marlboro

Dam Name: SC NoName 35020 "Willamette Industries 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): Forest Investment Associates Inc. (Waterco Holdings LLC)

Contact Person (if owner is company): John C. Ethridge Jr.

Phone: _____ Email: _____

Mailing Address: 15 Piedmont Ctr, STE 1250

City: Atlanta State: GA Zip: 30305

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Pine Ln (logging Rd) off of Grant Mill Rd West

Latitude: 34° 43' 30" N Longitude: -79° 47' 15" W Tax map # (list all): 014-01-01-002

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/20/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/26/15 SC Dam Inventory Number D 3440 County: Marlboro

Dam Name: SC NoName 35002 "Andersons Millpond Dam"

I. Dam Owner information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Birch Yard Rd, past Palmetto Birch Company

Latitude: 34° 41' 30" N Longitude: -79° 50' 15" W Tax map # (list all): 019-01-01-008

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

Shawn S. Frazer
Printed Name of Regional Inspector

Gharry G. Frazer
Signature

7/20/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/26/15 SC Dam Inventory Number D 3453 County: Marlboro

Dam Name: Covington Millpond 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): Penelope M Nobles Trust Agreement

Contact Person (if owner is company): Penelope M Nobles

Phone: _____ Email: _____

Mailing Address: 577 Covington Mill Pond Rd

City: Bennettsville State: SC Zip: 29512

II. Site Information

A. Site Location (street address, nearest intersection, etc.): On Covington Mill Pond Rd off US Route 15

Latitude: 34° 36' 30" N Longitude: -79° 37' 45" W Tax map # (list all): 040-00-02-071

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/20/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/26/15 SC Dam Inventory Number D 3461 County: Marlboro

Dam Name: S McNamee 35039 "Stev Co Kart Fabric Dam 1"

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): Southern States Energy LLC

Contact Person (if owner is company): John Cunningham

Phone: Email:

Mailing Address: 201A Front St.

City: Cheraw State: SC Zip: 29520

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Intersection of US Route 1 and Birchyard Rd.

Latitude: 34° 42' 45" N Longitude: -79° 52' 00" W Tax map # (list all): D13-00-01-031

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

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

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

III. Signature

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

Shawn S. Frazer Printed Name of Regional Inspector

[Signature] Signature

7/20/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/26/15 SC Dam Inventory Number D 3462 County: Marlboro

Dam Name: Delta Pond Dam "Stev Co Kart Fabric Dam 2"

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): Southern States Energy LLC

Contact Person (if owner is company): John Cunningham

Phone: Email:

Mailing Address: 201 A Front St.

City: Cheraw State: SC Zip: 29620

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Intersection of US Route 1 & Birchyard Rd

Latitude: 34° 42' 45" N Longitude: -79° 52' 00" W Tax map # (list all): 013-00-01-031

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

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

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

III. Signature

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

Shawn S. Frazer Printed Name of Regional Inspector

[Signature] Signature

7/20/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3574 County: Florence

Dam Name: Ashms Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Jones Rd, off State Rd 67

Latitude: 33° 49' 00" N Longitude: -79° 42' 00" W Tax map # (list all): 00232-31-001

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

6/30/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3575 County: Florence

Dam Name: Eddy Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off NCC Rd, off Johnsonville Hwy

Latitude: _____° _____' _____" N Longitude: - _____° _____' _____" W Tax map # (list all): 00328-31-002

00328-31-075 (Possibly. Appears to touch edge of dam.)

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

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

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

Class 2 (Significant Hazard)

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.

Shawn S. Frazer

Printed Name of Regional Inspector

[Signature]

Signature

6/30/15

Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3576 County: Florence
Dam Name: Richard Holliday Pond Dam

I. **Dam Owner Information**

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

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

II. **Site Information**

A. Site Location (street address, nearest intersection, etc.): Off 378, between Kent Rd & Lucas Rd
Latitude: 33° 52' 45" N Longitude: -79° 36' 15" W Tax map # (list all): C0326-02-003

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.

Shawn S. Frazier [Signature] 6/30/15
Printed Name of Regional Inspector Signature Date of Signature

Printed Name of BOW Engineer Signature Date of Signature



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

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

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3577 County: Florence

Dam Name: R. Holliday Lower Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Hwy 378 between Kent Rd & Lucas Rd.

Latitude: 33° 52' 30" N Longitude: -79° 36' 15" W Tax map # (list all): 00326-02-003

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.

Shawn S. Frazer

Printed Name of Regional Inspector

Shawn S. Frazer

Signature

6/30/15

Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3578 County: Florence

Dam Name: HS Hyman Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

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

Latitude: 34° 01' 30" N Longitude: -79° 34' 30" W Tax map # (list all): 00347-02-016,
00347-02-035, 00347-02-078, (possibly ~~touching~~ dam?) 00347-02-067
touching

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.

Shawn Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/7/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3579 County: Florence

Dam Name: Coleman Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person): _____

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off Woods Rd, off intersection of Woods Rd & Bay Rd

Latitude: 33° 58' 00" N Longitude: -79° 34' 30" W Tax map # (list all): 00354-02-052

00354-02-007

B. Is there any evidence of new development below the dam? 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.

Shawn Frazer

Printed Name of Regional Inspector

Shawn Frazer

Signature

7/7/15

Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/16/15 SC Dam Inventory Number D 3581 County: Florence

Dam Name: J G Holliday Pond Dam

I. Dam Owner Information

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

A. Owner/ Operator (Company or person):

Contact Person (if owner is company):

Phone: Email:

Mailing Address:

City: State: Zip:

II. Site Information

A. Site Location (street address, nearest intersection, etc.): Off S. Pamlico Hwy, between Boss Rd & W. Bazer Rd.

Latitude: 33° 55' 00" N Longitude: -79° 32' 45" W Tax map # (list all): 00382-02-001

00382-02-002, 00382-02-002 033

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

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

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

III. Signature

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

Shawn S. Frazer Printed Name of Regional Inspector

[Signature] Signature

6/30/15 Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature



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

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

Date of Inspection: 6/26/15 SC Dam Inventory Number D 4144 County: Marlboro

Dam Name: JM Crawford 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 C Crawford III

Contact Person (if owner is company): _____

Phone: _____ Email: _____

Mailing Address: 209 McIver St.

City: Cheraw State: SC Zip: 29520

II. Site Information

A. Site Location (street address, nearest intersection, etc.): 5637 HWY 1, Wallace SC

Latitude: 34° 46' 00" N Longitude: -79° 53' 15" W Tax map # (list all): 006-01-01-004

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

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

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

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.

Shawn S. Frazer
Printed Name of Regional Inspector

[Signature]
Signature

7/20/15
Date of Signature

Printed Name of BOW Engineer

Signature

Date of Signature