



November 2, 2022

Joshua Brantley
Town Of Great Falls
810 Dearborn Street
Great Falls, SC 29055

RE: Republic Mill #1 Debris Removal, Chester County
NPDES Coverage Number: SCR10ZBR4

Dear Joshua Brantley:

The Department of Health and Environmental Control (Department or DHEC) has approved the Stormwater Pollution Prevention Plan (SWPPP) for the referenced project on **November 2, 2022**. Based on your submission of the Notice of Intent (NOI) and in accordance with the NPDES General Permit for Stormwater Discharges from Construction Activities (CGP), this project has been granted coverage under the CGP. This project's general permit coverage number is **SCR10ZBR4**. The total disturbed area for this site is **4.0 acres**.

Additional sets of final plans must be provided to the Department so that stamped, final plans are available for use on site, as required by the CGP.

The CGP can be downloaded at the following website:
<http://www.scdhec.gov/Environment/docs/CGP-permit.pdf> or you may request a copy from us via email (stormwatercgp@dhec.sc.gov). You are responsible for ensuring your contractor(s) complies with the approved SWPPP and the minimum requirements of the CGP. Also, you are responsible for overall compliance with the Storm Water Management and Sediment Reduction Act of 1991 (1991 Act), SC Pollution Control Act, and the Federal Clean Water Act (CWA). Failure to comply with the approved SWPPP or applicable statutes and regulations may result in enforcement actions.

You must notify this DHEC EQC Regional Office prior to starting any land-disturbing activity. The address and telephone number of the EQC office are as follows:

Midlands EA Lancaster
2475 DHEC Road
Lancaster, SC 29720
803-285-7461

Inspections of this site must be performed by qualified personnel as described in Section 4.2.E of the CGP.

You should be aware that this approval is only applicable for the SWPPP that was submitted for this project. Any additional construction or land disturbing activity beyond the scope of the approved plans is not authorized. Any future work for this project not shown on the stamped, approved plans will require that you submit another site plan for review and approval. All major modifications require review and approval by the Department. Minor modifications to the approved SWPPP may be made by the SWPPP preparer and do not require review and approval by the Department; these changes should be signed and dated by the SWPPP preparer. If you have a question about whether a modification is major or minor, contact the Stormwater Permitting Section at (803) 898-4300.

A copy of the stamped, approved SWPPP (including a copy of the CGP, contractor certifications, inspection records, rainfall data, etc.), NOI, and CGP coverage letter from DHEC must be retained and available at the construction site (or accessible within 30 minutes during normal business hours) from the date of commencement of construction activities to the date of final stabilization. If an on-site location is unavailable to store the SWPPP when no personnel are present, notice of the plan's location must be posted near the main entrance at the construction site.

All contractors who will conduct land-disturbing activities at the site must complete a Contractor Certification Form. You are also responsible for listing all contractors in the SWPPP and for holding a pre-construction conference with each contractor before they can conduct land-disturbing activity at the site.

The Department may conduct periodic inspections of your site. Any violations found during these inspections may result in enforcement action.

This NPDES coverage should be terminated by the permittee when one of the conditions listed in Section 5.1 of the CGP has been met. You must submit a Notice of Termination (NOT) to cancel your NPDES coverage under the CGP. Please see section 5.1 of the CGP for additional information required to be submitted with the NOT.

You are responsible for obtaining any other federal, state, or local permit that may be required for this project. In particular, any permits through the U.S. Army Corps of Engineers for the placement of fill material in Waters of the United States. Please note we have not sent a copy of this letter to any county or city building official. You must send a copy of this letter to these agencies, if necessary.

If material excavated during construction activities leaves the site, a mine operating permit may be needed. You are responsible for contacting the Mining and Reclamation Section to determine

if a mining permit is required for the site. The Mining and Reclamation Section can be reached at (803)898-1362 or via e-mail at AskMines@dhec.sc.gov.

Please see the enclosed "Guide to Board Review" document for information about the procedures for appealing this NPDES coverage.

If you have any questions or cannot access the referenced websites, please call me at 803-898-4229.

Sincerely,



Marc Daraban, Engineering/Engineer Associate I
Stormwater Permitting Section

CC: Brendon Wilson, Stantec Consulting Services Inc
Midlands EA Lancaster

South Carolina Board of Health and Environmental Control
Guide to Board Review
Pursuant to S.C. Code Ann. § 44-1-60

The decision of the South Carolina Department of Health and Environmental Control (Department) becomes the final agency decision fifteen (15) calendar days after notice of the decision has been mailed to the applicant, permittee, licensee and affected persons who have requested in writing to be notified, unless a written request for final review accompanied by a filing fee in the amount of \$100 is filed with Department by the applicant, permittee, licensee or affected person.

Applicants, permittees, licensees, and affected parties are encouraged to engage in mediation or settlement discussions during the final review process.

If the Board declines in writing to schedule a final review conference, the Department's decision becomes the final agency decision and an applicant, permittee, licensee, or affected person may request a contested case hearing before the Administrative Law Court within thirty (30) calendar days after notice is mailed that the Board declined to hold a final review conference. In matters pertaining to decisions under the South Carolina Mining Act, appeals should be made to the South Carolina Mining Council.

I. Filing of Request for Final Review

1. A written Request for Final Review (RFR) and the required filing fee of one hundred dollars (\$100) must be received by Clerk of the Board within fifteen (15) calendar days after notice of the staff decision has been mailed to the applicant, permittee, licensee, or affected persons. If the 15th day occurs on a weekend or State holiday, the RFR must be received by the Clerk on the next working day. RFRs will not be accepted after 5:00 p.m.
2. RFRs shall be in writing and should include, at a minimum, the following information:
 - The grounds for amending, modifying, or rescinding the staff decision;
 - a statement of any significant issues or factors the Board should consider in deciding how to handle the matter;
 - the relief requested;
 - a copy of the decision for which review is requested; and
 - mailing address, email address, if applicable, and phone number(s) at which the requestor can be contacted.
3. RFRs should be filed in person or by mail at the following address:

South Carolina Board of Health and Environmental Control
Attention: Clerk of the Board
2600 Bull Street
Columbia, South Carolina 29201

Alternatively, RFR's may be filed with the Clerk by facsimile (803-898-3393) or by electronic mail (boardclerk@dhec.sc.gov).
4. The filing fee may be paid by cash, check or credit card and must be received by the 15th day.
5. If there is any perceived discrepancy in compliance with this RFR filing procedure, the Clerk should consult with the Chairman or, if the Chairman is unavailable, the Vice-Chairman. The Chairman or the Vice-Chairman will determine whether the RFR is timely and properly filed and direct the Clerk to (1) process the RFR for consideration by the Board or (2) return the RFR and filing fee to the requestor with a cover letter explaining why the RFR was not timely or properly filed. Processing an RFR for consideration by the Board shall not be interpreted as a waiver of any claim or defense by the agency in subsequent proceedings concerning the RFR.
6. If the RFR will be processed for Board consideration, the Clerk will send an Acknowledgement of RFR to the Requestor and the applicant, permittee, or licensee, if other than the Requestor. All personal and financial

identifying information will be redacted from the RFR and accompanying documentation before the RFR is released to the Board, Department staff or the public.

7. If an RFR pertains to an emergency order, the Clerk will, upon receipt, immediately provide a copy of the RFR to all Board members. The Chairman, or in his or her absence, the Vice-Chairman shall based on the circumstances, decide whether to refer the RFR to the RFR Committee for expedited review or to decline in writing to schedule a Final Review Conference. If the Chairman or Vice-Chairman determines review by the RFR Committee is appropriate, the Clerk will forward a copy of the RFR to Department staff and Office of General Counsel. A Department response and RFR Committee review will be provided on an expedited schedule defined by the Chairman or Vice-Chairman.
8. The Clerk will email the RFR to staff and Office of General Counsel and request a Department Response within eight (8) working days. Upon receipt of the Department Response, the Clerk will forward the RFR and Department Response to all Board members for review, and all Board members will confirm receipt of the RFR to the Clerk by email. If a Board member does not confirm receipt of the RFR within a twenty-four (24) hour period, the Clerk will contact the Board member and confirm receipt. If a Board member believes the RFR should be considered by the RFR Committee, he or she will respond to the Clerk's email within forty-eight (48) hours and will request further review. If no Board member requests further review of the RFR within the forty-eight (48) hour period, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Final Review Conference. Contested case guidance will be included within the letter.
NOTE: If the time periods described above end on a weekend or State holiday, the time is automatically extended to 5:00 p.m. on the next business day.
9. If the RFR is to be considered by the RFR Committee, the Clerk will notify the Presiding Member of the RFR Committee and the Chairman that further review is requested by the Board. RFR Committee meetings are open to the public and will be public noticed at least 24 hours in advance.
10. Following RFR Committee or Board consideration of the RFR, if it is determined no Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, stating the Board will not hold a Conference. Contested case guidance will be included within the letter.

II. Final Review Conference Scheduling

1. If a Conference will be held, the Clerk will send a letter by certified mail to the Requestor, with copy by regular mail to the applicant, permittee, or licensee, if not the Requestor, informing the Requestor of the determination.
2. The Clerk will request Department staff provide the Administrative Record.
3. The Clerk will send Notice of Final Review Conference to the parties at least ten (10) days before the Conference. The Conference will be publically noticed and should:
 - include the place, date and time of the Conference;
 - state the presentation times allowed in the Conference;
 - state evidence may be presented at the Conference;
 - if the conference will be held by committee, include a copy of the Chairman's order appointing the committee; and
 - inform the Requestor of his or her right to request a transcript of the proceedings of the Conference prepared at Requestor's expense.
4. If a party requests a transcript of the proceedings of the Conference and agrees to pay all related costs in writing, including costs for the transcript, the Clerk will schedule a court reporter for the Conference.

III. Final Review Conference and Decision

1. The order of presentation in the Conference will, subject to the presiding officer's discretion, be as follows:

- Department staff will provide an overview of the staff decision and the applicable law to include [10 minutes]:
 - Type of decision (permit, enforcement, etc.) and description of the program.
 - Parties
 - Description of facility/site
 - Applicable statutes and regulations
 - Decision and materials relied upon in the administrative record to support the staff decision.
- Requestor(s) will state the reasons for protesting the staff decision and may provide evidence to support amending, modifying, or rescinding the staff decision. [15 minutes] *NOTE: The burden of proof is on the Requestor(s)*
- Rebuttal by Department staff [15 minutes]
- Rebuttal by Requestor(s) [10 minutes]

Note: Times noted in brackets are for information only and are superseded by times stated in the Notice of Final Review

Conference or by the presiding officer.

2. Parties may present evidence during the conference; however, the rules of evidence do not apply.
3. At any time during the conference, the officers conducting the Conference may request additional information and may question the Requestor, the staff, and anyone else providing information at the Conference.
4. The presiding officer, in his or her sole discretion, may allow additional time for presentations and may impose time limits on the Conference.
5. All Conferences are open to the public.
6. The officers may deliberate in closed session.
7. The officers may announce the decision at the conclusion of the Conference or it may be reserved for consideration.
8. The Clerk will mail the written final agency decision (FAD) to parties within 30 days after the Conference. The written decision must explain the basis for the decision and inform the parties of their right to request a contested case hearing before the Administrative Law Court or in matters pertaining to decisions under the South Carolina Mining Act, to request a hearing before the South Carolina Mining Council. The FAD will be sent by certified mail, return receipt requested.
9. Communications may also be sent by electronic mail, in addition to the forms stated herein, when electronic mail addresses are provided to the Clerk.

The above information is provided as a courtesy; parties are responsible for complying with all applicable legal requirements.



NOTICE OF INTENT (NOI)
For Coverage(s) of Primary Permittees
Under South Carolina NPDES General Permit
For Stormwater Discharges From Construction Activities SCR100000
(Maintain As Part of On-Site SWPPP)

For Official Use Only

File Number: _____
Permit Number: SCR10 _____
Submittal Package Complete: _____

Submission of this Notice of Intent constitutes notice that the Applicant identified in Section II intends to be authorized as a Primary Permittee in the state of South Carolina under NPDES General Permit SCR1000000. Fees required for review and NPDES coverage of each application type are as listed on page 2 of the Instructions.

SOUTH CAROLINA
DEPT OF HEALTH AND ENVIRONMENTAL CONTROL
ENVIRONMENTAL QUALITY CONTROL
STORMWATER PERMITTING SECTION
APPROVED - FOR CONSTRUCTION ONLY
DHEC PERMIT #: SCR102BR4
FILE #: _____
DATE ISSUED 11/02/2022
BY: Man

Date: 06/03/2022

Project/Site Name: Republic Mill #1 - Debris Removal

County: Chester

(Modification or Change of information Only) Prior Approved NPDES Permit or File Number: _____

Do you want this project to be considered for the Expedited Review Program (ERP)? ☐ Yes or ☐ No (See instructions)

I. Notice of Intent (NOI) Application Type(s)

A. **Project (Application/Review) Type(s)** (Select ALL that apply):

- ☒ New Project (Initial Notification) Ongoing Project: ☐ Permitted or ☐ Un-Permitted
☐ Late Notification ☐ Low Impact Development (LID) or Project Design Above Regulatory Requirements
☐ New Owner/Operator or Company Name Change (see instructions, attach Form A (Transfer of Ownership))
☐ Major Modification: (see instructions, attach Form B (Major Modifications))
☐ MS4 Project Review
☐ Ocean and Coastal Resource Management (OCRM) Review
☐ Change of Information/Other (Specify): _____

B. If Applicable, identify the entity designated as **MS4 Reviewer and MS4 Operator** (i.e., Lexington County, City of Greer, etc.): **MS4 Reviewer** _____ **MS4 Operator** _____

II. Primary Permittee Information

☐ Change of Information

☐ Person or ☒ Company

If a Company, are you a ☐ Lending Institution or ☐ Government Entity?
Company EIN (if applicable): EIN: 570510849

A. **Primary Permittee Name:** Town of Great Falls

Mailing Address: 810 Dearborn Street City: Great Falls State: SC Zip: 29055

Phone: (803) 482-2055 Fax: _____ Email Address: greatfalls@truvista.net

B. **Contact /ODSA Name** (If different from above OR if owner is a company): Mayor Joshua Brantley

Mailing Address: 810 Dearborn Street (Town Hall) City: Great Falls State: SC Zip: 29055

Phone: (803) 374-0704 Fax: _____ Email Address: josh@cw-mtg.com

C. **Property Owner Name** (If different from above): Town of Great Falls

Mailing Address: P.O. Box 177 City: Great Falls State: SC Zip: 29055

Phone: _____ Fax: _____ Email Address: _____

III. Comprehensive Stormwater Pollution Prevention Plan (C-SWPPP) Preparer Information ☐ Change of Information

A. **C-SWPPP Preparer Name:** Brendon D. Wilson, PE

B. **Registered Professional** ☒ Engineer ☐ Landscape Architect ☐ Tier B Land Surveyor **S. C. Registration #:** 28270

C. **Company/Firm Name:** Stantec Consulting Services, Inc. **S. C. COA #:** C02310

Mailing Address: 4969 Centre Point Drive, Suite 200 City: North Charleston State: SC Zip: 29417

Phone: (843) 740-6315 Fax: _____ Email Address: brendon.wilson@stantec.com

IV. Project/Site Information

☐ Change of Information

A. **Type of Construction Activity(ies)** (Select ALL that apply):

- ☐ Commercial ☒ Industrial ☐ Institutional ☒ Mass Grading ☐ Linear ☐ Utility/Infrastructure
☐ Residential: Single-family ☐ Residential: Multi-family ☐ Multi-use (Commercial & Residential)
☒ Site Preparation (No New Impervious Area) ☐ Other (Specify) _____

B. **Site Address/Location** (street address, nearest intersection, etc.) S. Dearborn Street

City/Town (If in limits): Chester Zip Code: 29055

Latitude: 34° 33' 56" N Longitude: - 80° 53' 26" W (Source): ☐ GPS ☒ Web Site: Google Maps

Tax Map Number (s) (List all): 202-13-02-003-000

- C. Is this site located on Indian Land? ☐ Yes ☒ No
- D. Proposed Start Date: 08/01/2022 Proposed Completion Date: 09/01/2023
- E. Disturbed Area (nearest tenth of an acre): 4.00 Total Area (acres): 10.90
- F. Modification Only: (nearest tenth of an acre): Disturbed Area: Current (Approved) Area:
 Disturbed Area Change (Increase Only): Total Disturbed Area (After Change):
- G. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☐ Yes ☒ No
 LCP/ Overall Development Name: Check here if this is the First Phase. ☐
 Previous State Permit/File Number: Previous NPDES Coverage Number: SCR10
- H. Any Flooding Problems exist downstream of or adjacent to this site? ☐ Yes ☒ No (If yes, provide detailed description of flooding problems and applicable floodway/flood zone information in the C-SWPPP).
- I. Active S.C. DHEC Warning Notice, Notice to Comply or Notice of Violation for this site or LCP? ☐ Yes ☒ No
- J. List Relevant State and Federal Environmental Permits or Approvals applied for or obtained for this site (e.g., RCRA, USACOE, Nationwide, etc.). If None, list None.
 none
- K. Any Waiver(s)/Variances/Exceptions Requested for this Project? (If yes, identify below and include Waiver Request and Justifications in the C-SWPPP for each proposed request).
- | | |
|--|---------------------|
| 1. Small Construction Activity Waiver(s) From NPDES permitting (Section 1.4 & Appendix B)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, Identify requested waiver: <input type="checkbox"/> Rainfall Erosivity Waiver <input type="checkbox"/> TMDL Waiver <input type="checkbox"/> Equivalent Analysis Waiver | |
| 2. Detention Waiver (72-302(B))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 3. Other (Specify): |

V. Waterbody Information (Attach additional sheet(s) as needed)

☐ Change of Information

- A. Receiving Waterbody(s) (RWB) Information (List the nearest and next nearest receiving waterbodies to which the sites stormwater discharges will drain. If stormwater discharges drain to multiple waterbodies, list all such waterbodies).

1. Name of Receiving Waterbodies (RWB)	2. Distance to RWB (feet)	3. Classification of RWB
a. Nearest: Great Falls Reservoir	179	FW
b. Next Nearest: Cedar Creek Reservoir	4,150	FW
c. Coastal Zone ONLY: Coastal Receiving Water (CRW):		Not Applicable
d. Other Waterbodies:		

- B. Waters of the U.S. / State Information (Attach additional sheet(s) as needed)

Waters of the U.S. / State	1. On the site?	2. Delineated/ Identified?	3. Impacts?	4. Amount of impacts
a. Jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	___ Ac
b. Non-jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	___ Ac
c. Other Water(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	___ Ac ___ Feet
d. Coastal Zone ONLY: Direct Critical Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Ac ___ Feet
5. If yes for impacts in B.3, describe each impact and activity, and list all permits (e.g., USACOE Nationwide Permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact:				

- C. S.C. Navigable Waters (SCNW) Information (Section 2.6.5) The Department will address any issues related to State Navigable Waters' Program under SC Regulation 19-450 during the review of the C-SWPPP for activities that will **NOT** require a 404 permit or a 401 certification. (Attach additional sheet(s) as needed).

1. Are S. C. Navigable Waters (SCNW) on the site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
a. If no, do not complete this question. Proceed to Section D (Impaired Waterbodies).		
b. If yes, provide the name of S.C. Navigable Waters (SCNW) on the site:		
2. If yes for C.1, will construction activities cross over or occur in, under, or thru the SCNW? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe SCNW activities (e.g., road crossing, sub-aqueous utility line, temporary or permanent structures, etc.) and proceed to Section C.3:		
3. Identify permits providing coverage of SCNW activities proposed for your site. If NONE, list none.		
Permits/Certifications	Permit or Certification No.	Corresponding Covered SCNW Activity(ies)
a. DHEC General/ Other DHEC Permit		
b. USACOE 404 Permit or 401 Certification		
c. SCNW Permit If applied for or issued, identify Date applied for or issued:		<input type="checkbox"/> All Activities or <input type="checkbox"/> Some Activities (Describe):
d. If a SCNW Permit has NOT been applied for provide an additional plan sheet that shows plan and profile views (drawn to scale) of the SCNW and associated activities. Include a description of all proposed activities on this plan.		

D. Impaired Waterbodies Information (Attach additional sheet(s) as needed)

1. 303(d) Listed Impaired Waterbodies

a. Name of Nearest DHEC Water Quality Monitoring Stations (WQMS)(s) that receives stormwater from your construction site and/or thru an MS4 and the Name of the Corresponding Waterbody?		b. Is this WQMS(s) listed on the <u>most current 303(d) List</u> ? If No, proceed to Section 2 of this table. If Yes, complete items c thru f.	c. List the pollutant(s) identified as "CAUSES" of the impairment	d. Will any pollutants causing the impairment be present in your site's construction stormwater discharges?	e. If yes for d, list the "USE SUPPORT" impairment(s) affected by the pollutant(s) identified in c.
Nearest DHEC WQMS(s)	Corresponding Waterbody				
RI-03351	Cedar Creek Reservoir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CU TP Turb	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AI
RI-06429	Great Falls Reservoir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AL
RI-11117	Great Falls Reservoir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DO TN TP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AI

f. If yes for d above, will use of the BMPs proposed for your project ensure the site's discharges will **NOT** contribute to or cause further WQS violations for the impairment(s) listed in c? ☒ Yes ☐ No

(NOTE: If no for f, this site is NOT eligible for coverage under the CGP). See Instructions.

2. TMDL Impaired Waterbodies

a. Name of Nearest DHEC Water Quality Monitoring Stations (WQMS)(s) that receives stormwater from your construction site and/or thru an MS4?	b. Has a TMDL(s) been developed for this WQMS(s)? If No, identify as such below and proceed to Section VI. If Yes, complete items c thru f of this table.	c. If yes for b, what pollutants are listed as "CAUSES" or causing the impairment?	d. If yes for b, has the standard been "ATTAINED" or "Fully Supported" for the impairment(s)?	e. If no for d (Not Attained), will any pollutants causing the impairment be present in your site's construction stormwater discharges?
RI-03351	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RI-11117	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RI-06429	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. If yes for e above, are your discharges consistent with the assumptions and requirements of the TMDL(s)? ☐ Yes ☐ No

(NOTE: If no for f, this site is NOT eligible for coverage under the CGP). See Instructions.

VI. Signatures and Certifications DO NOT SIGN IN BLACK INK! Read the Certifications below (in entirety). Provide date, printed name, and signatures below. If you are a New Owner/Operator, as Primary Permittee you must also sign and date the applicable Comprehensive SWPPP Acceptance & Compliance Agreement below.

C-SWPPP PREPARER: "One copy of the C-SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq. (if applicable), and in accordance with the terms and conditions of SCR100000." (This should be the person identified in Section III).

Brendon D. Wilson, PE

Printed Name of C-SWPPP Preparer



Signature of C-SWPPP Preparer

28270

S. C. Registration #

PRIMARY PERMITTEE: "I or I (on behalf of my company and its contractors and agents), as the case may be, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand that DHEC enforcement actions may be taken if the terms and conditions of the C-SWPPP are not met and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

"I or I (on behalf of my company and its contractors and agents), as the case may be, also hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the to S. C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity." (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.) Having understood the above information, I am signing this certification as Primary Permittee to the aforementioned NPDES general permit."

Mr. Joshua Brantley

Printed Name of Primary Permittee

Mayor

Title/Position

Signature of Primary Permittee

Date Signed

6/7/2022

NPDES CGP FEE SCHEDULE A

(All Counties **EXCEPT** Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper)

The schedule should be attached to DHEC Form 2617. Do not send payment in window envelope. **DO NOT MAIL CASH.** DHEC will notify the Project Owner/ Operator if the submitted check or credit card payment cannot be processed. **The review clock will start when acceptable payment is received.**

1. Identify (✓) the <u>Project Review Type(s)</u> Enter NPDES Coverage Fee of \$125 in the right-hand column if <u>any</u> of the following project/review types apply to this application. Proceed to Item 2.	(✓)	NPDES Coverage Fee
a. Project or LCP (Item IV.G) that will ultimately disturb one (1) acre or more Note: If your project will ultimately disturb less than one (1) acre <u>AND</u> is <u>NOT</u> a part of a Larger Common Plan, coverage under SCR100000 is <u>not</u> required; see http://www.scdhec.gov/administration/library/d-2628.pdf (Notification Form for Sites Disturbing Less Than 1-Acre Not Part of a Larger Common Plan, Non-Coastal County")	<input checked="" type="checkbox"/>	\$ <u>125</u> .00
b. New Owner/Operator (Transfer of Ownership)/Company Name Change (\$125 NPDES Coverage fee is required by the Department for Transfers of Ownership and Company Name Changes)	<input type="checkbox"/>	
c. Unpermitted Ongoing Project or Late Notification	<input type="checkbox"/>	
d. MS4 Project Review (Item I.A and I.B) (\$125 payable to Department thru MS4 Reviewer)	<input type="checkbox"/>	
e. Other (Specify): _____	<input type="checkbox"/>	

2. Determine the <u>Project Review Fees</u> (Review fees cannot exceed \$2000 for a project)		
PROJECT OR LCP THAT WILL ULTIMATELY DISTURB ONE (1) ACRE OR MORE	(✓)	Review Fees
a. Enter the disturbed area (Item IV.E) for this project. Proceed to Items 2.b and 2.c.	4.00	(Nearest tenth of an acre)
b. Will this project or LCP (Item IV.G) ultimately disturb more than 1.0 acres	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is this project exempt from S. C. Reg. 72-300 et seq.?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. If this project <u>will not ultimately disturb more than 1.0 acre</u> , and is not part of an LCP, your project is automatically covered under this permit and the NPDES coverage fee and review fee are not required. See the BOW-SPWS for "Less Than 1-Acre of Land Disturbance - Non-Coastal Counties". 2. If this project <u>will ultimately disturb more than 1.0 acre</u> , proceed to Item 2.d.		
d. Enter the project review fees (based on \$100/disturbed area) in the right-hand column. (Multiply the disturbed area (Item 2.a) by \$100/disturbed area). If the disturbed area for this project (Item 2.a.) totals 20.0 acres or more, enter \$2000 in the right-hand column. <u>Review fees cannot exceed \$2000 for a project.</u>		\$ <u>400</u> .00

3. Total Required Fees Add the values in the right-hand columns of Items 1 and 2.d. Proceed to Item 4. (The Department will not review this project until all required fees are received).	\$ <u>525</u> .000
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4. Identify the Method of Payment:

☐ **Payment by Check:**

Attach a **signed and dated check payable to S.C. DHEC** to the **front** of this Fee Schedule.

Please note that all checks must be **less than 30 days old** and must be for the **entire required fees**.

☒ **Payment by Credit Card:** (Check here if you wish to pay via credit card using the on-line payment system).

The Department will contact you to provide instructions and the invoice number necessary for online payment.

Please provide an e-mail address where the invoice number may be sent: brendon.wilson@stantec.com

For official use only: Invoice Number _____



Watershed and Water Quality Information

General Information

Applicant Name: Mayor Joshua Brantley

Permit Type: MS4

Address: S Dearborn St, Great Falls, SC,
29055

Latitude/Longitude: 34.565730 / -80.890585

MS4 Designation: Not in designated area

Monitoring Station: RL-03351

Within Coastal Critical Area: No

Water Classification (Provisional): FW

Waterbody Name: GREAT FALLS RESERVOIR

Entered Waterbody Name:

Parameter Description

NH3N	Ammonia	CD	Cadmium	CR	Chromium
CU	Copper	HG	Mercury	NI	Nickel
PB	Lead	ZN	Zinc	DO	Dissolved Oxygen
PH	pH	TURBIDITY	Turbidity	ECOLI	Escherichia coli (Freshwaters)
FC	Fecal Coliform (Shellfish)	BIO	Macroinvertebrates (Bio)	TP	(Lakes) Phosphorus
TN	(Lakes) Nitrogen	CHLA	(Lakes) Chlorophyll a	ENTERO	Enterococcus (Coastal Waters)
HGF	Mercury (Fish Tissue)	PCB	PCB (Fish)		

Impaired Status (downstream sites)

Station	NH3N	CD	CR	CU	HG	NI	PB	ZN	DO	PH	TURBIDITY	ECOLI	FC	BIO	TP	TN	CHLA	ENTERO	HGF	PCB
RL-03351	X	X	X	N	X	X	X	X	X	X	N	X	X	X	N	X	X	X	X	X
RL-06429	X	X	X	A	X	X	X	X	X	X	A	X	X	X	A	X	X	X	X	X
RL-11117	X	X	X	A	X	X	F	X	N	X	A	X	X	X	A	N	X	X	X	X
CW-174	F	F	F	A	F	F	A	F	A	N	A	InTF	X	X	A	A	F	X	X	X

F = Standards full supported
N = Standards not supported

A = Assessed at upstream station
X = Parameter not assessed at station

WnTN = Within TMDL, parameter not supported
InTN = In TMDL, parameter not supported

WnTF = Within TMDL, parameter full supported
InTF = In TMDL, parameter full supported

Parameters to be addressed (those not supporting standards)

CU - Copper

TP - (Lakes) Phosphorus

TN - (Lakes) Nitrogen

ECOLI - Escherichia coli (Freshwaters)

TURBIDITY - Turbidity

DO - Dissolved Oxygen

PH - pH

Fish Consumption Advisory

Waters of Concern (WOC)

RL-11117

TMDL Information - TMDL Parameters to be addressed

In TMDL Watershed: Yes

TMDL Site: CW-174

TMDL Report No: 010-01

TMDL Parameter: Fecal

TMDL Document Link: <https://www.scdhec.gov/sites/default/files/docs/HomeAndEnvironment/Docs/tmdlrock.pdf>

Report Date: August 9, 2022