



February 12, 2025

Sharmane Anderson  
Clarendon County  
411 Sunset Dr  
Manning, SC 29102

RE: Rural Water System Improvements - Phase 5, Clarendon County  
NPDES Coverage Number: SCR10ZGY9

Dear Sharmane Anderson:

The South Carolina Department of Environmental Services (Department or SCDES) has approved the Stormwater Pollution Prevention Plan (SWPPP) for the referenced project on **February 12, 2025**. 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 **SCR10ZGY9**. The total disturbed area for this site is **9.5 acres**.

The CGP can be downloaded at the following website:

[https://des.sc.gov/sites/des/files/media/document/BOW\\_NPDESStormwaterDischargesGP\\_01292021\\_0.pdf](https://des.sc.gov/sites/des/files/media/document/BOW_NPDESStormwaterDischargesGP_01292021_0.pdf) or you may request a copy from us via email ([stormwatercgp@des.sc.gov](mailto:stormwatercgp@des.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 SCDES Regional Office prior to starting any land-disturbing activity. The address and telephone number of the EQC office are as follows:

Pee Dee EA Sumter  
105 N. Magnolia Street  
Sumter, SC29150  
803-778-6548

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 SCDES 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@des.sc.gov](mailto:AskMines@des.sc.gov).**

S.C. Code Ann. § 48-6-30(D)(2) provides, "Within thirty calendar days after the mailing of a decision [pursuant to S.C. Code Ann. § 48-6-30(D)(1)], an applicant, permittee, licensee, certificate holder, or affected person desiring to contest the department decision may request a contested case hearing before the Administrative Law Court, in accordance with the Administrative Procedures Act."

If you have any questions or cannot access the referenced websites, please call me at 803-898-2539.

Sincerely,



Roxanne Stiglitz, Environmental Health Manager III  
Stormwater Permitting Section

CC: William Timmons  
Pee Dee EA Sumter



SC DEPARTMENT of  
**ENVIRONMENTAL  
SERVICES**

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

SOUTH CAROLINA  
DEPARTMENT OF ENVIRONMENTAL SERVICES  
DAM SAFETY AND STORMWATER PERMITTING DIVISION  
CONSTRUCTION STORMWATER PERMITTING  
APPROVED - FOR CONSTRUCTION ONLY

DES PERMIT #: SCR102649  
DATE ISSUED: 2/12/25  
BY: [Signature]

*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.*

Date: 01/07/2025 Check if project is receiving SCIP Funding  Grant #: A-23-C042  
Project/Site Name: RURAL WATER SYSTEM IMPROVEMENTS - PHASE 5 County: CLARENDON  
(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))  
 Bureau of Coastal Management (BCM) 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: 57-6000337

- A. **Primary Permittee Name:** Clarendon County Water and Sewer Department  
Mailing Address: 411 Sunset Drive City: Manning State: SC Zip: 29102  
Phone: 803-433-3254 Fax: 803-435-8258 Email Address: HDenny@ClarendonCountyGov.org
- B. **Contact /ODSA Name** (If different from above OR if owner is a company): Sharmane Y. Anderson, JD  
Mailing Address: 411 Sunset Drive City: Manning State: SC Zip: 29102  
Phone: 803-433-3256 Fax: 803-435-2208 Email Address: SAnderson@ClarendonCountyGov.org
- C. **Property Owner Name** (If different from above): Clarendon County  
Mailing Address: 411 Sunset Drive City: Manning State: SC Zip: 29102  
Phone: 803-435-0135 Fax: 803-435-8258 Email Address: SAnderson@ClarendonCountygov.org

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

- A. **C-SWPPP Preparer Name:** William A. Timmons, PE
- B. **Registered Professional**  Engineer  Landscape Architect  Tier B Land Surveyor **S. C. Registration #:** 09429
- C. **Company/Firm Name:** Clarendon County Engineer **S. C. COA #:** \_\_\_\_\_  
Mailing Address: 411 Sunset Drive City: Manning State: SC Zip: 29102  
Phone: 803-433-3256 Fax: 803-435-2208 Email Address: BTimmons@ClarendonCountyGov.org

**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.) 5642 MW Rickenbaker Road (approximate 2 mile radius)  
City/Town (if in limits): \_\_\_\_\_ Zip Code: 29102  
Latitude: 33 ° 32 ' 30 " N Longitude: - 80 ° 15 ' 25 " W (Source):  GPS  Web Site: Google Maps  
**Tax Map Number (s)** (List all): 145, 146, 147, 148, 159, 160, 161

- C. Is this site located on **Indian Land**?  Yes  No
- D. **Proposed Start Date:** 03/01/2025 **Proposed Completion Date:** 03/01/2026
- E. **Disturbed Area** (nearest tenth of an acre): 9.5 **Total Area** (acres): 100 +/-
- 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 **SCDES 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 ( <b>Section 1.4 &amp; Appendix B</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 ( <b>72-302(B)</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: <u>See Attached List</u>		
b. Next Nearest: _____		
c. Coastal Zone ONLY: <b>Coastal Receiving Water (CRW):</b> _____		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	___ Ac
b. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	___ Ac
c. Other Water(s): _____	<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
d. Coastal Zone ONLY: <b>Direct Critical Area</b>	<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, SCDES 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. SCDES General/ Other SCDES 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 <b>NOT</b> 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 <b>Nearest SCDES Water Quality Monitoring Stations (WQMS)(s)</b> that receives stormwater from your construction site and/or thru an MS4 and the <b>Name of the Corresponding Waterbody?</b>		b. Is this WQMS(s) listed on the <b>most current 303(d) List? If No, proceed to Section 2 of this table. If Yes, complete items c thru f.</b>	c. List the pollutant(s) identified as <b>"CAUSES"</b> of the impairment	d. Will any pollutants causing the impairment be present in your site's construction stormwater discharges?	e. If <b>yes for d</b> , list the <b>"USE SUPPORT"</b> impairment(s) affected by the pollutant(s) identified in c.
Nearest SCDES WQMS(s)	Corresponding Waterbody				
See Attached List	See attached reports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HGF, CU, pH	<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	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

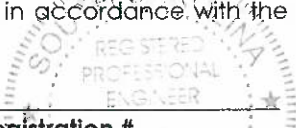
**VI. Signatures and Certifications** DO NOT SIGN IN BLACK INK! Read the Certifications below (in entirety). Provide date, printed name, and signatures below. If you are a **New Owner/Operator**, as Primary Permittee you must also sign and date the applicable Comprehensive SWPPP Acceptance & Compliance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

William A. Timmons, PE



09429



Printed Name of C-SWPPP Preparer

Signature of C-SWPPP Preparer

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 SCDES 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 Environmental Services (SCDES) 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."

Sharmane Y. Anderson, JD

Deputy Administrator

Printed Name of Primary Permittee

Title/Position

  
Signature of Primary Permittee

11/15/25  
Date Signed