



# County of Greenville

Greenville County Department of Public Works  
301 University Ridge, Suite 3800  
Greenville, S. C. 29601  
Phone (864) 467-7012, Fax (864) 467-7161

## APPLICATION FOR COUNCIL GRANT ASSISTANCE WITH LIFE SAFETY WATER LINE INSTALLATION

Applications will be based on health and life safety issues that include contaminated/nonpotable wells, dry wells and fire protection. Greenville County Public Works Department, Engineering Division, will take applications for Council Grant Assistance with Life Safety Water Line Installation. Applications will be reviewed and scored by the Facilities Project Manager, Assistant County Administrator for Public Works, and the Engineering Division for completeness and criteria and will be submitted to PublicWorks, Planning and Development Committee for consideration on a first come, first serve basis.

This is a 50/50 grant program; therefore, the County of Greenville, upon approval by County Council, will provide 50% and the applicant will provide the other 50% for the installation of the water main and/or fire hydrant down the public road. The applicant has 60 days to secure their portion of the funding and remit to the County of Greenville. The respective property owners are responsible for the tap/meter fee and connection to the dwelling.

Applicant's Name Bennie A. Kilgore Phone Number ~~XXXXXXXXXXXX~~  
Street Address 207 Pine Dr Simpsonville SC 29681  
Mailing Address (if different) \_\_\_\_\_

### Specific detailed information concerning this request:

- What type of assistance is needed Monetary assistance is needed to water line.
- Why the assistance is needed Well, on 207 Pine Dr are dry up and offer can't keep up with water demands of residents.
- **Letter, certifying need, is attached from** \_\_\_\_\_
- Name of Water System: Greenville Water
- Name of Fire District: FOUNTAIN INN
- Additional statement of information: \_\_\_\_\_

I (We) understand that we are responsible for the tap/meter fee and connection to the dwelling.

Bennie A. Kilgore  
Applicant's Signature

02-06-2013  
Date application submitted

### Office use only

Estimated total cost of the project \$ \_\_\_\_\_ County's portion \$ \_\_\_\_\_

Estimate provided by \_\_\_\_\_

Date Received \_\_\_\_\_

Date reviewed by PSPD/Council \_\_\_\_\_



# GreenvilleWater

407 West Broad Street • P.O. Box 687 • Greenville, SC 29602 • 864.241.6155 tel • 864.241.6077 fax • greenvillewater.com

September 18, 2012

Mr. Bennie Kilgore  
207 Pine Drive  
Simpsonville, SC 29681

RE: Water Availability - 207 Pine Drive  
Tax Map No. 0556020102300

Dear Mr. Kilgore:

This refers to your request for an estimate for a water main extension to serve the above-referenced property.

According to our measurements, a water main could be extended 1,056 feet along Pine Drive to serve the property. Our extension policy requires that the requesting party finance a portion of the project cost at \$20 per foot under our standard Reimbursement Agreement. Accordingly, your portion of the project cost would be 1,056 feet at \$20 per foot for a total of \$21,120.

An additional 789 feet of water main would be required to reach the end of the cul-de-sac. This amounts to an additional \$15,780.

In addition to the cost of the main extension, the requesting party must pay standard connection fees to the Greenville Water System (see attached "Schedule of Fees and Charges" and "Notice to Our Customers") and all applicable plumbers' fees.

Please contact us at your earliest convenience if you would like to proceed with this project.

If we can be of further assistance, please let us know.

Sincerely,  
GREENVILLE WATER SYSTEM

Michael D. Sharpless  
Director of Engineering

#### COMMISSIONERS

David H. Bereskin  
Chief Executive Officer

Debra M. Sofield  
Chair

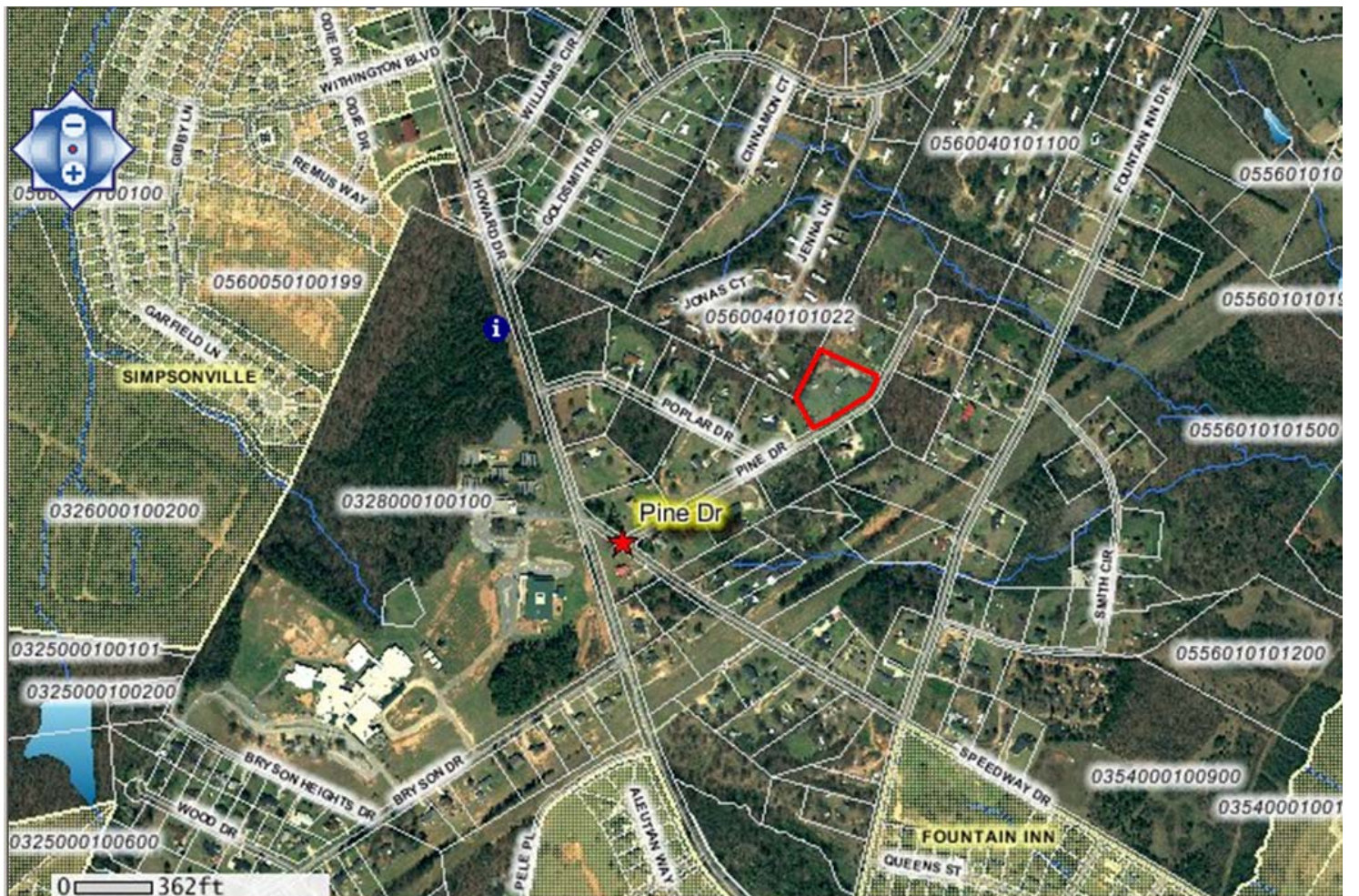
Phillip A. Kilgore  
Vice-Chair

John F. Tynan, V  
Commissioner

Knox H. White  
Mayor-Ex-Officio

J. David Sudduth  
Commissioner-Ex-Officio







over 65



### Private Individual Residential Well Bacteriological Analysis Request

Charge Code: WSR

Please Note: Not for use on public water systems. Please contact your local DHEC-EQC office for public water concerns. The report represents the bacteriological quality of the water sample submitted to the DHEC Laboratory. This report DOES NOT represent approval of water system construction or approval for real estate loans.

Please complete all applicable white areas of form and use one form per sample. Areas in gray are for DHEC/Laboratory use only.

Mailing Name: BENNIE F. KILGORE Daytime Telephone Number: [REDACTED]  
 Address: 207 PINE DR  
 City: SIMPSONVILLE State: SC Zip: 29681  
 Permit #: \_\_\_\_\_

Sample bottle should contain white crystals of sodium thiosulfate. See Instructions.

**Sample Information:**

Date Collected: 09, 09, 2012  
 Time Collected: 7:00 PM  
 Collected by: Bennie F. Kilgore  
 County: GREENVILLE SC

**Sample Type: (If Known)**

1st Time Sample  
 or  
 Repeat

**Results will not be faxed by the Laboratory.**

Note: This test is for Total Coliform Bacteria. If this bacteria is detected, the sample will be further tested for E. Coli Bacteria. E. Coli Bacteria can not be present if there are no Total Coliform Bacteria present.

Sample Location	Laboratory Number	Total Coliform		E. Coli	
		P	A	P	A
<input checked="" type="checkbox"/> Kitchen Faucet      or <input type="checkbox"/> Outside Spigot Well Location (If different than mailing address) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____	0910128001			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	091112/1254 left msg. jsw				
Delivered by (Signature): <u>[Signature]</u> Released by: Health Department/Regional Lab Date: _____ Name: _____	Received by: Health Department/Regional Lab: Date: <u>9/10/12</u> Time: <u>11:28</u> Received by: Central Lab Date: <u>9-10-12</u> Name: <u>[Signature]</u> Time: <u>1140</u>				
Examined by (Signature): <u>[Signature]</u> <u>6-18</u> Date: <u>9-10-12</u> Time: <u>1510</u>	Reported by (Signature): <u>[Signature]</u> Date: <u>091112</u>			Released by (Signature): <u>[Signature]</u> Date: <u>091112</u>	



## Private Individual Residential Well Bacteriological Analysis Request

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Please complete all applicable white areas of form and use one form per sample. Areas in gray are for DHEC/Laboratory use only.

**Mailing Name:** Bennie F. Kilgore **Daytime Telephone Number:** XXXXXXXXXX  
**Address:** 207 Pine Dr  
**City:** Simpsonville **State:** SC **Zip:** 29681 Sample bottle should contain white crystals of sodium thiosulfate. See Instructions.  
**Permit #:** \_\_\_\_\_

**Sample Information:**

**Date Collected:** 07/30/2012  
**Time Collected:** 9:00 AM  
**Collected by:** Bennie F. Kilgore  
**County:** Greenville SC

**Sample Type: (If Known)**

1st Time Sample  
 or  
 Repeat

**Results will not be faxed by the Laboratory. Note:**

This test is for Total Coliform Bacteria. If this bacteria is detected, the sample will be further tested for E. Coli Bacteria. E. Coli Bacteria can not be present if there are no Total Coliform Bacteria present.

Sample Location	Laboratory Number	Total Coliform		E. Coli	
		P	A	P	A
<input checked="" type="checkbox"/> Kitchen Faucet      or <input type="checkbox"/> Outside Spigot  <b>Well Location (If different than mailing address)</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____	<u>0730128002</u>  <div style="font-size: 2em; font-weight: bold; text-align: center;">A-F-112</div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Delivered by (Signature):</b> <u>Bennie F. Kilgore</u>	<b>Received by: Health Department/Regional Lab:</b> Date: <u>7/30/12</u> Time: <u>1254</u> <i>left message on answering machine</i>				
<b>Released by: Health Department/Regional Lab</b> Date: _____ Name: _____	<b>Received by: Central Lab</b> Date: _____ Name: _____ Time: _____				
<b>Examined by (Signature):</b> <u>[Signature]</u> Date: <u>073012</u> Time: <u>1500</u>	<b>Reported by (Signature):</b> <u>[Signature]</u> Date: <u>7-31-12</u>		<b>Released by (Signature):</b> <u>[Signature]</u> Date: <u>080312</u>		



## Private Individual Residential Well Bacteriological Analysis Request

**Charge Code: WSR**

**Please Note: Not for use on public water systems.** Please contact your local DHEC-EQC office for public water concerns. The report represents the bacteriological quality of the water sample submitted to the DHEC Laboratory. **This report DOES NOT represent approval of water system construction or approval for real estate loans.**

Please complete all applicable white areas of form and use one form per sample. Areas in gray are for DHEC/Laboratory use only.

**Mailing Address:**

Name: Beanna F. Kilgore  
 Address: 207 Pine Dr  
 City: Simpsonville State: SC Zip: 29681  
 Permit #: \_\_\_\_\_

Daytime Telephone Number: [REDACTED]

Sample bottle should contain white crystals of **sodium thiosulfate**. See Instructions.

**Sample Information:**

Date Collected: 05 10 12 012  
 Time Collected: 08:30  
 Collected by: Beanna F. Kilgore  
 County: Greenville SC

**Sample Type: (If Known)**

- 1st Time Sample  
 or  
 Repeat

**Results will not be faxed by the Laboratory.**

**Note:**

This test is for Total Coliform Bacteria. If this bacteria is detected, the sample will be further tested for E. Coli Bacteria. E. Coli Bacteria can not be present if there are no Total Coliform Bacteria present.

Sample Location	Laboratory Number	Total Coliform		E. Coli	
<input checked="" type="checkbox"/> Kitchen Faucet      or <input type="checkbox"/> Outside Spigot		P	A	P	A
<b>Well Location (If different than mailing address)</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____	<u>0509128001</u>  <u>ADDIT</u>  <u>05/11/12 1650 contacted me</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivered by (Signature): <u>Beanna F. Kilgore</u>	Received by: Health Department/Regional Lab:				
Released by: Health Department/Regional Lab	Date: <u>5 May 12</u> Time: <u>12:45</u> <u>Lou Raymond</u>				
Date: _____ Name: _____	Received by: Central Lab				
Date: _____ Name: _____	Date: _____ Name: _____				
Examined by (Signature): <u>[Signature]</u>	Reported by (Signature): <u>[Signature]</u>	Date: <u>5-9-12</u> Time: <u>1550</u>	Date: <u>5-10-12</u> Time: <u>1255</u>	Released by (Signature): <u>[Signature]</u>	
Date: <u>5-9-12</u> Time: <u>1550</u>	Date: <u>5-10-12</u>	Date: <u>05/11/12</u>			



## Private Individual Residential Well Bacteriological Analysis Request

**Charge Code: WSR**

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Please complete all applicable white areas of form and use one form per sample. Areas in **gray** are for DHEC/Laboratory use only.

**Mailing Name:** Bennie F. Kilgore  
**Address:** 207 Pine Drive  
 City: Simpsonville State: SC Zip: 29681  
 Permit #: \_\_\_\_\_

Daytime Telephone Number: [REDACTED]

Sample bottle should contain white crystals of **sodium thiosulfate**. See Instructions.

**Sample Information:**

Date Collected: 4/11/12  
 Time Collected: 7:37 PM  
 Collected by: Bennie F. Kilgore  
 County: Greenville

**Sample Type: (If Known)**

- 1st Time Sample  
 or  
 Repeat

**Results will not be faxed by the Laboratory.**

**Note:**

This test is for Total Coliform Bacteria. If this bacteria is detected, the sample will be further tested for E. Coli Bacteria. E. Coli Bacteria can not be present if there are no Total Coliform Bacteria present.

Sample Location	Laboratory Number	Total Coliform		E. Coli	
		P	A	P	A
<input checked="" type="checkbox"/> Kitchen Faucet      or <input type="checkbox"/> Outside Spigot  Well Location (If different than mailing address) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____	<u>2/12/2800/</u> <u>AD05852</u>  <u>041312/1533</u> <i>contracted</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Delivered by (Signature): <u>Bennie F. Kilgore</u> Released by: Health Department/Regional Lab Date: _____ Name: _____	Received by: Health Department/Regional Lab Date: <u>4.12.12</u> Time: <u>1000 hrs</u> <u>Jeri Raymond</u> Received by: Central Lab Date: _____ Name: _____ Time: _____				
Examined by (Signature): <u>J. W. [Signature]</u> <u>C-18</u> Date: <u>04/12/12</u> Time: <u>1000</u>	Reported by (Signature): <u>J. W. [Signature]</u> Date: <u>04/31/12</u>		Released by (Signature): <u>J. W. [Signature]</u> Date: <u>04/31/12</u>		



# County of Greenville

Greenville County Public Works Department  
 301 University Ridge, Suite 3800  
 Greenville, S. C. 29601  
 Phone (864) 467-7016, Fax (864) 467-7161

## Score Sheet For Council Grant Assistance with Water Line Installation

Bennie Kilgore, 207 Pine Drive  
 Applicants Name

2/27/2013  
 Date Application Received

Total Cost of the project \$21,120.00 (county portion \$10,560)

Scope of the project: Extend water main 1,056 ft along Pine Drive to serve the property

# miles/ft 1,056 ft # houses 4 # lots 1 vacant lot

Criteria	YES	NO	Comments
Health of the citizen/Contaminated Well	✓		
Dry Well	✓		
Fire Station Directly Served		✓	
Secure funds	✓		
Density #houses/lots per mile average			4 houses in 1,056 ft.
Cost Ratio per lot			

Additional Note/Comments:
Extend water main 1,056 ft. to # 207 Pine Drive

Rick Brookey & Judy James  
 Scored by

2/14/2013  
 Date

2/19/2012  
 Date presented to PWI

Y N  
 Approved

Date presented to Council

Y N  
 Approved