



County of Greenville

Engineering & Public Works
301 University Ridge, Suite 3800
Greenville, S. C. 29601
Phone (864) 467-7007, Fax (864) 467-7161

APPLICATION FOR COUNCIL GRANT ASSISTANCE WITH LIFE SAFETY WATER LINE INSTALLATION

Greenville County Engineering & Public Works will take applications for Council Grant Assistance with Life Safety Water Line Installation. Applications will be based on health and life safety issues that include contaminated/non-potable wells, dry wells and fire protection. Applications will be reviewed and scored by the Assistant County Administrator for Public Works and the Engineering & Maintenance Division for completeness and criteria and will be submitted to Public Works and Infrastructure 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 Brenda Miller Phone Number 864-414-2068
Street Address 4989 John Suddeth Rd
Mailing Address (if different) Greer SC 29651

Specific detailed information concerning this request:

- What type of assistance is needed Public water - safe water from Blue Ridge Water Company
- Why the assistance is needed Our well is contaminated with E-Coli & Coliform
- **Letter, certifying need, is attached from** _____
- Name of Water System: Blue Ridge Water Co.
- Name of Fire District: _____
- Additional statement of information: PHEC Test Results

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

Brenda J. Miller
Applicant's Signature

11-06-2023
Date application submitted

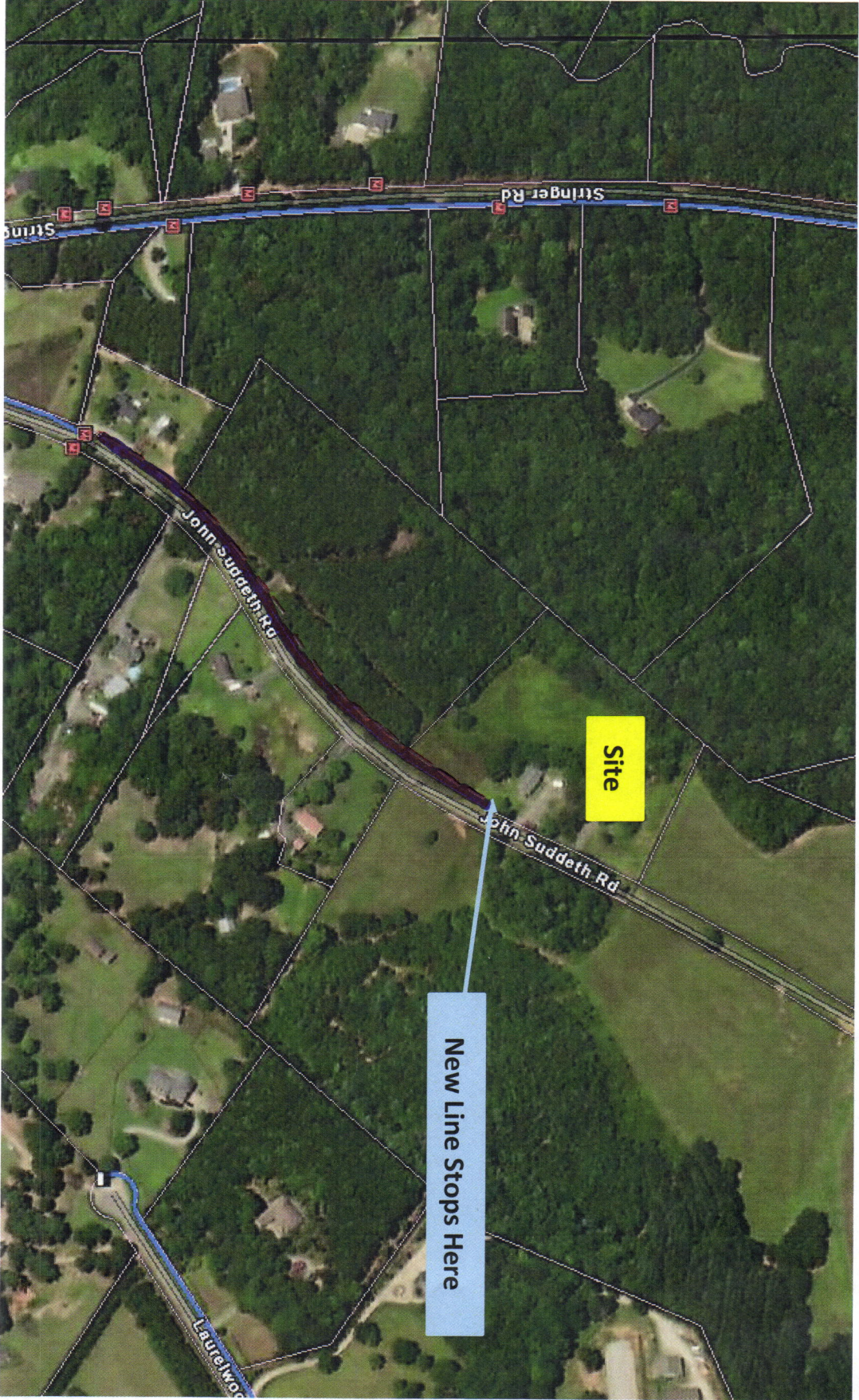
Office use only

Estimated total cost of the project \$ 57,565.35 County's portion \$ 28,782.68

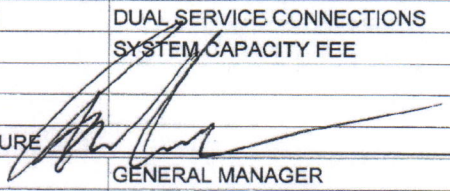
Estimate provided by Blue Ridge Rural Water Co.

Date Received 1/11/23

Date reviewed by PWI/Council _____



Opinion of Probable Cost

BLUE RIDGE RURAL WATER COMPANY, INC.					
2241 FEWS CHAPEL ROAD					
GREER, S.C. 29651					
DATE	2/17/2022, 8/30/2022, Rev. 01/11/2023				
PROJECT NAME:			4989 John Suddeth Rd		
BLUE RIDGE RURAL WATER AGREES TO INSTALL THE PROPOSED WATER SYSTEM IN STRICT ACCORDANCE WITH ITS ENGINEER'S PLANS AND SPECIFICATIONS AS OUTLINED BY ITS BOARD OF DIRECTORS					
ITEM	DESCRIPTION	EST.	UNIT	UNIT PRICE	AMOUNT
SIZE IN INCHES		QTY.			
	EQUIPMENT MOBILIZATION	1	EA.	1000	1,000
	TESTING, STERILIZATION	1	LS	500	500
	TESTING, STERILIZATION & SAMPLING	1	LS	500	500
3x3	MAIN CONNECTION	1	EA.	1800	1,800
	MAIN CONNECTION STUB-OUT		EA.	200	0
3	PVC PIPE INSTALLED	1,230	LF.	34.50	42,435
8	DIP PIPE INSTALLED		LF.	41.00	0
6	DIP PIPE INSTALLED		LF.	48.00	0
	HYDRANT(S)		EA.	3600	0
3	M.J. GATE VALVE W/ BOX	1	EA.	650	650
8	M.J. GATE VALVE W/ BOX		EA.	1400	0
6	M.J. GATE VALVE W/ BOX		EA.	1000	0
	BORE DRIVES	0	LF.	50	0
1	BLOW OFF	1	EA.	1800	1,800
8	STEEL ROAD BORE		LF.	190	0
	PERFORMANCE & PAYMENT BOND		EA.	1010	0
	EROSION CONTROL (BMPs)		EA.	2000	0
				TOTALS	
Note: Opinion of cost does not include unknown laying conditions (rock, or other latent soil conditions)				SUB. TOTAL	\$48,685.00
				ENGINEERING	\$5,355.35
				SC DHEC FEE	\$150.00
				Inspection / GPS Fee	\$0.00
1	DUAL SERVICE CONNECTIONS	1	EA.	2375	2,375
	SYSTEM CAPACITY FEE	1	EA.	1000	1,000
				EXTENDED COST	\$57,565.35
SIGNATURE					
	GENERAL MANAGER			FINAL PROJECT COST	\$57,565.35
* IF ROCK REQUIRING BLASTING = 15% PLUS COST					
<u>Contact</u>					
				Project Balance	\$57,565.35

This Opinion of Probable Cost is not a contract. It is an estimate of cost based of BRRWC's understanding of the project scope. All estimated cost detailed herein are subject to change without notice until the project is complete.

Understanding Your Bacteria Test Results



Your well water sample was tested for total coliform bacteria. This group of bacteria is often used as a general indicator of the cleanliness of food and water. If total coliform bacteria were present in your sample, DHEC also checked your sample for E. coli bacteria. E. coli is a bacteria found in human and animal waste.

Your test results show:

Total Coliform	E. Coli
Present	Present

Both total coliform bacteria and E. coli bacteria were found in your water sample.

DO NOT USE YOUR WELL WATER FOR DRINKING OR COOKING BEFORE DISINFECTING YOUR WELL. IF YOU MUST USE THE WATER BEFORE DISINFECTING YOUR WELL, BOIL IT FOR 1 MINUTE TO KILL THE BACTERIA.

The presence of E. coli can cause diarrhea which can lead to health problems. The presence of E. coli indicates there may be other organisms present in your water that could cause disease. Immediately disinfect your well to remove bacteria by closely following the enclosed instructions. Collect another sample to be tested for bacteria 7-10 days after completing the well disinfection.

www.scdhec.gov/Environment/WaterQuality/ResidentialWells/WaterTesting

CR-012785 8/20



Private Individual Residential Well Bacteriological Analysis Request

Charge Code: WSR

Please Note: Not for use on public water systems. Please contact your local DHEC 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: Boyd D. and Brenda Miller Daytime Telephone Number: Brenda 864-414-2068
Boyd 864-979-4384

Address: 4989 John Suddeth Rd.
City: Greer State: SC Zip: 29651

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

Well ID SCW: _____

Bottle lot #: JT007V Exp. 8-6-24

Personal information provided on this document is subject to public scrutiny or release.

Sample Information:

Date Collected: 11/16/2022 Sample Type (if known):
Time Collected: 8:40 AM 1st Time Sample
Collected by: Danny Miller or
County: Greenville Repeat

Results **will be mailed**, not faxed or emailed 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	Regional Lab Sample ID	LIMS Sample ID	TC P/A	EC P/A
<input checked="" type="checkbox"/> Kitchen Faucet or <input type="checkbox"/> Outside Spigot	1117228027	AE93145	P	P
Well Location (If different than mailing address) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____	Comments: <u>11/16/22 Discussed TC/EC results with client.</u>		TC = Total coliform EC = <i>E. coli</i> P = Present A = Absent	
Delivered by (Signature/Date/Time):	Received by Health Dept./Regional Lab (Signature/Date/Time): <u>[Signature]</u> <u>11/16/22 10:03 am</u>			
Released by Health Dept./Regional Lab (Signature/Date/Time):	Received by Central Lab (Signature/Date/Time):			
Analyzed by (Signature/Date/Time): <u>[Signature]</u> <u>11/17/22 1336</u>	Read by (Signature/Date/Time): <u>[Signature]</u> <u>11/18/22 0835</u>	Verified by (Signature/Date): <u>[Signature]</u> <u>11/23/22</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 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: Boyd and Brenda Miller
Address: 4989 John Suddeth Rd
City: Greer State: SC Zip: 29651

Daytime Telephone Number: (864) 979-4384
*Brenda 864-414-2068
Boyd*

Well ID SCW: _____

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

Bottle lot #: AW002Y

Personal information provided on this document is subject to public scrutiny or release.

Sample Information:

Date Collected: 11/21/2022 Sample Type (if known):
Time Collected: 8:50 AM 1st Time Sample
Collected by: Boyd Miller or
County: Greenville Repeat

Results will be mailed, not faxed or emailed 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	Regional Lab Sample ID	LIMS Sample ID	TC P/A	EC 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: _____	1121228030	AE93225	P	P
Comments: 11/21/22 Discussed TC/EC results with client LGW			TC = Total coliform EC = <i>E. coli</i> P = Present A = Absent	
Delivered by (Signature/Date/Time): <u>Boyd Miller 11-21-22</u>	Received by Health Dept./Regional Lab (Signature/Date/Time): <u>Quent 11/21/2022 10:06am</u>			
Released by Health Dept./Regional Lab (Signature/Date/Time): <u>Quent 11/21/22 10:06am</u>	Received by Central Lab (Signature/Date/Time): <u>JBLH 11/21/22 1006</u>			
Analyzed by (Signature/Date/Time): <u>JBLH 11/21/22 1437</u>	Read by (Signature/Date/Time): <u>JBLH 11/21/22 1009</u>	Verified by (Signature/Date): <u>Lamber Leonard 11/23/22</u>		