



Catherine E. Heigel, Director

*Promoting and protecting the health of the public and the environment*

July 08, 2016

**CERTIFIED MAIL 9214 8969 0099 9790 1405 3105 79**

Bob Gilroy  
CWS/I-20 Regional  
150 Foster Brothers Drive  
West Columbia, South Carolina 29172

Re: Notice of Violation 166338  
CWS/I-20 Regional  
NPDES Permit # SC0035564  
Lexington County

Dear Mr. Gilroy:

A review of the discharge monitoring reports (DMRs) submitted to the Department for the May 2016 monitoring period has revealed the following violation:

PIPE #	PARAMETER	DATE	LIMIT	DMR	AVG/MAX
001	74055 FECAL COLIFORM	05/31/2016	400	1986	LCMX

You are hereby notified that failure to comply with the effluent limits of the NPDES Permit is a violation of the Pollution Control Act, S.C. Code Ann. 48-1-110(d) (Supp. 2015) and Water Pollution Control Permits, 3 S.C. Code Ann. Regs. 61-9.122.41(a) (Supp. 2014). The violation makes CWS/I-20 Regional subject to further enforcement action, which may include assessment of civil penalties as set forth in the Pollution Control Act, S.C. Code Ann. 48-1-330 (2008).

Since an explanation for the violation cited was submitted via comment on the DMR a written response to this Notice of Violation is not required at this time. This explanation, however, will not relieve CWS/I-20 Regional of responsibility for the violation cited.

If you have any questions concerning this notice, you may call me at 803-898-4262. I will be glad to assist you.

Sincerely,

Jaime C Teraoka  
Environmental Quality Manager  
Water Pollution Enforcement  
Bureau of Water

cc: Columbia EQC Office

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

**RECEIVED**

JUN 27 2015

PERMITTEE NAME/ADDRESS:  
Name: CAROLINA WATER SERVICE INC  
Address: 150 FOSTER BROTHERS DR  
WEST COLUMBIA, SC 29172

SC0035564  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

WATER POLLUTION CONTROL

Facility: CWS/I-20 REGIONAL  
Location: 234 NEWFIELD DR

MONITORING PERIOD  
FROM 16 05 01 TO 16 05 31

63 CM INTERIM LIMITS  
DMR VALID: 01/01/1995 - 09/30/1999

NOTE: Read instructions before completing this form

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		Average	Maximum	Units	Minimum	Average	Maximum				Unit
74055 LAB ID: 32571	MEASUREMENT	*****	*****	*****	*****	16	1986	#PER 100 ML	2	01/07	GR
Fecal Coliform	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#PER 100 ML			
General	PERMIT REQUIREMENT	*****	*****	*****	*****	20DAVGEO	DAILY MX				
MLOC = 1	SAMPLE MEASUREMENT										
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