

U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program

OMB Control No. 1660-0008  
Expiration Date: 06/30/2026

**ELEVATION CERTIFICATE**

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Thomas V. Simpson and Shelley R. Simpson</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>8947 Frankfort Highway</u>		Company NAIC Number: _____
City: <u>Fort Ashby</u> State: <u>WV</u> ZIP Code: <u>26719</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>As described in Mineral County Deed Book 376, Page 704 in the records of Mineral County, West Virginia</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>39.51904</u> Long. <u>-78.76835</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: _____		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>na</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>0</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>Mineral County, West Virginia</u>		B1.b. NFIP Community Identification Number: <u>540129</u>
B2. County Name: <u>Mineral County</u>	B3. State: <u>WV</u>	B4. Map/Panel No.: <u>54057c0095</u> B5. Suffix: <u>D</u>
B6. FIRM Index Date: <u>03/19/2013</u>		B7. FIRM Panel Effective/Revised Date: <u>03/19/2013</u>
B8. Flood Zone(s): <u>A</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>895.3'</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other: <u>Advisory Flood Height from WV Flood Tool at mapwv.gov</u>		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		



# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
8947 Frankfort Highway

City: Fort Ashby State: WV ZIP Code: 26719

## FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☐ Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: Opus Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?  
If Yes, describe the source of the conversion factor in the Section D Comments area.

☐ Yes ☐ No

Check the measurement used:

☐ feet ☐ meters

☐ feet ☐ meters

☐ feet ☐ meters

☐ feet ☐ meters

☐ feet ☐ meters

☒ feet ☐ meters

☒ feet ☐ meters

☐ feet ☐ meters

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): \_\_\_\_\_

b) Top of the next higher floor (see Instructions): \_\_\_\_\_

c) Bottom of the lowest horizontal structural member (see Instructions): \_\_\_\_\_

d) Attached garage (top of slab): \_\_\_\_\_

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building  
(describe type of M&E and location in Section D Comments area): \_\_\_\_\_

f) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished

593.3

g) Highest Adjacent Grade (HAG) next to building: ☒ Natural ☐ Finished

602.0

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: \_\_\_\_\_

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

☐ Check here if attachments and describe in the Comments area.

Certifier's Name: Gregory E. Vanscoy License Number: WV P.S. 2466

Title: Project Surveyor

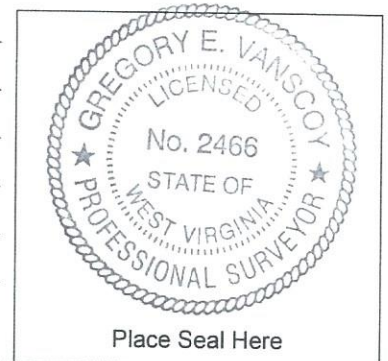
Company Name: RK&K Engineers

Address: 159 Plaza Drive

City: Keyser State: WV ZIP Code: 26726

Telephone: (304) 788-3370 Ext.: \_\_\_\_\_ Email: gvanscoy@rkk.com

Signature:  Date: 9/29/24



Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):  
Opus Report attached

No permanent structures on lot. Only moveable storage building on site.

Lowest lot elevation (593.3') is at the B.F.E. of the most upstream corner of the lot (593.3').

Said Lowest lot elevation is 200'± downstream of most upstream lot corner.



**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**  
**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
8947 Frankfort Highway

City: Fort Ashby State: WV ZIP Code: 26719

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Right Front 04/26/2023

Clear Photo One

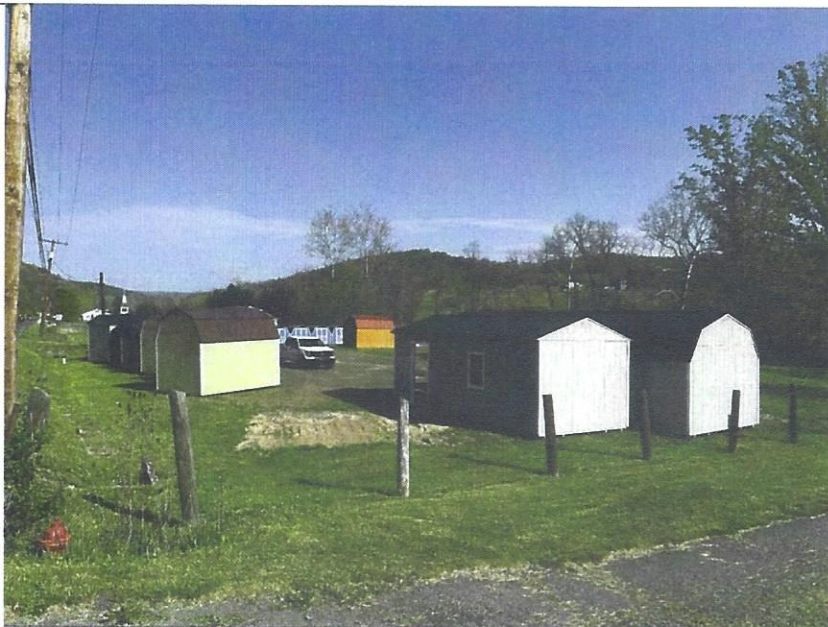


Photo Two

Photo Two Caption: Left Front 04/26/2023

Clear Photo Two



**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**  
**BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
8947 Frankfort Highway

City: Fort Ashby State: WV ZIP Code: 26719

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: Right Rear 04/26/2023

Clear Photo Three



Photo Four

Photo Four Caption: Left Rear 04/26/2023

Clear Photo Four

OPUS-RS solution : 07831161.23o OP1684618981099

From opus <opus@ngs.noaa.gov>

Date Sat 5/20/2023 5:47 PM

To Greg Vanscoy <gvanscoy@rkk.com>

EXTERNAL EMAIL: Do not click links or open attachments unless you trust the 'Sender' and know the content is safe.

FILE: 07831161.23o OP1684618981099

NGS OPUS-RS SOLUTION REPORT

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All computed coordinate accuracies are listed as 1-sigma RMS values.

For additional information: <https://www.ngs.noaa.gov/OPUS/about.jsp#accuracy>

USER: gvanscoy@rkk.com

DATE: May 20, 2023

RINEX FILE: 0783116n.23o

TIME: 21:46:28 UTC

SOFTWARE: rsgps 1.38 RS251.prl 1.99.3      START: 2023/04/26 13:05:31  
EPHEMERIS: igs22593.eph [precise]      STOP: 2023/04/26 14:05:40  
NAV FILE: brdc1160.23n      OBS USED: 6183 / 6705 : 92%  
ANT NAME: TRMR12      NONE      QUALITY IND. 21.87/ 46.91  
ARP HEIGHT: 2.05      NORMALIZED RMS: 0.361

REF FRAME: NAD\_83(2011)(EPOCH:2010.0000)

ITRF2014 (EPOCH:2023.31662)

X:	959656.539(m)	0.008(m)	959655.582(m)	0.008(m)
Y:	-4832644.938(m)	0.015(m)	-4832643.509(m)	0.015(m)
Z:	4036993.065(m)	0.014(m)	4036993.014(m)	0.014(m)

LAT:	39 31 6.99827	0.008(m)	39 31 7.02977	0.008(m)
E LON:	281 13 53.63494	0.006(m)	281 13 53.60729	0.006(m)
W LON:	78 46 6.36506	0.006(m)	78 46 6.39271	0.006(m)
EL HGT:	149.907(m)	0.020(m)	148.650(m)	0.020(m)
ORTHO HGT:	182.741(m)	0.027(m)	[NAVD88 (Computed using GEOID18)]	

UTM COORDINATES    STATE PLANE COORDINATES

UTM (Zone 17)      SPC (4701 WV N)

Northing (Y) [meters]	4376707.685	113339.129
Easting (X) [meters]	691825.930	662903.332



Convergence [degrees]	1.42044167	0.46657222
Point Scale	1.00005307	0.99994249
Combined Factor	1.00002955	0.99991897

US NATIONAL GRID DESIGNATOR: 17SPD9182676708(NAD 83)

#### BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE(m)
DP2883	P817 STCLAIRSVIPA2013 CORS GRP	N400844.059	W0783040.187	73016.0
DH8807	LOYC LOYOLA C COOP CORS ARP	N390712.546	W0781202.609	65984.1
DN9087	WVTA TERRA ALTA CORS ARP	N392616.643	W0793052.953	64837.5
DK6718	PAFU UNIONTOWN CORS ARP	N395535.688	W0794150.510	91626.8
DM2670	PAFM MCCONNELLSBURG CORS ARP	N395744.912	W0775843.617	83728.2
DL3476	LOYY LOYOLA Y CORS ARP	N385318.547	W0782956.943	73723.4
DM4710	WVNR ELKINS CORS ARP	N385344.505	W0795130.270	116819.1
DK6724	PAWG GREENSBURG CORS ARP	N401819.242	W0793022.377	107752.0
DM4139	PAFC CHAMBERSBURG CORS ARP	N395649.413	W0774011.167	105516.1

#### NEAREST NGS PUBLISHED CONTROL POINT

JW0392	C 47	N393404.000	W0784314.000	6836.5
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This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

**DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY  
ELEVATION FORM**

**O.M.B. NO. 1660-0015  
Expires February 28, 2014**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 1.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. This collection is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0015). **NOTE: Do not send your completed form to this address.**



This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. **A DHS - FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in lieu of this form for single structure requests.**

For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), **including an attached deck or garage**. For requests to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description. All measurements are to be rounded to nearest tenth of a foot. In order to process your request, all information on this form must be completed **in its entirety**. **Incomplete submissions will result in processing delays.**

- NFIP Community Number: 540129 Property Name or Address: **8947 Frankfort Highway, Fort Ashby, WV 26719**
- Are the elevations listed below based on ☒ **existing** or ☐ **proposed** conditions? (Check one)
- For the existing or proposed structures listed below, what are the types of construction? (check all that apply)  
☐ crawl space ☐ slab on grade ☐ basement/enclosure ☒ other (explain) **No Permanent Structures**
- Has DHS - FEMA identified this area as subject to land subsidence or uplift? (see instructions) ☐ Yes ☒ No  
 If yes, what is the date of the current re-leveling? / (month/year)
- What is the elevation datum? ☐ NGVD 29 ☒ NAVD 88 ☐ Other (explain)  
 If any of the elevations listed below were computed using a datum different than the datum used for the effective Flood Insurance Rate Map (FIRM) (e.g., NGVD 29 or NAVD 88), what was the conversion factor?  
 Local Elevation +/- ft. = FIRM Datum
- Please provide the Latitude and Longitude of the most upstream edge of the **structure** (in decimal degrees to the nearest fifth decimal place):  
 Indicate Datum: ☐ WGS84 ☐ NAD83 ☐ NAD27 Lat. Long.  
 Please provide the Latitude and Longitude of the most upstream edge of the **property** (in decimal degrees to the nearest fifth decimal place):  
 Indicate Datum: ☐ WGS84 ☒ NAD83 ☐ NAD27 Lat. **39.51904** Long. **-78.76835**

Address	Lot Number	Block Number	Lowest Lot Elevation*	Lowest Adjacent Grade To Structure	Base Flood Elevation	BFE Source
8947 Frankfort Highway			593.3'		593.3'	WV Flood Tool mapwv.gov

This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Certifier's Name: Gregory E. Vanscoy	License No.: WV P.S. 2466	Expiration Date: 06/30/2025
Company Name: RK&K Engineers	Telephone No.: 304-788-3370	
Email: gvanscoy@rkk.com	Fax No.	
Signature: 	Date: 09/29/2024	

**Upstream corner of property has a base flood elevation of 593.3'.  
The downstream corner of the property has an elevation of 593.3'**

\* For requests involving a portion of property, include the lowest ground elevation within the metes and bounds description.  
Please note: If the Lowest Adjacent Grade to Structure is the only elevation provided, a determination will be issued for the structure only.



DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROPERTY INFORMATION FORM

O.M.B. NO. 1660-0015  
Expires February 28, 2014

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.63 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. This collection is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0015). **NOTE: Do not send your completed form to this address.**

This form may be completed by the property owner, property owner's agent, licensed land surveyor, or registered professional engineer to support a request for a Letter of Map Amendment (LOMA), Conditional Letter of Map Amendment (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional Letter of Map Revision Based on Fill (CLOMR-F) for existing or proposed, single or multiple lots/structures. In order to process your request, all information on this form must be completed **in its entirety**, unless stated as optional. **Incomplete submissions will result in processing delays.** Please check the item below that describes your request:

<input checked="" type="checkbox"/> LOMA	A letter from DHS-FEMA stating that an existing structure or parcel of land that has not been elevated by fill (natural grade) would not be inundated by the base flood.
<input type="checkbox"/> CLOMA	A letter from DHS-FEMA stating that a proposed structure that is not to be elevated by fill (natural grade) would not be inundated by the base flood if built as proposed.
<input type="checkbox"/> LOMR-F	A letter from DHS-FEMA stating that an <b>existing</b> structure or parcel of land that has been <b>elevated by fill</b> would not be inundated by the base flood.
<input type="checkbox"/> CLOMR-F	A letter from DHS-FEMA stating that a parcel of land or <b>proposed</b> structure that will be <b>elevated by fill</b> would not be inundated by the base flood if fill is placed on the parcel as proposed or the structure is built as proposed.

**Fill** is defined as material from any source (including the subject property) placed that raises the ground to or above the Base Flood Elevation (BFE). The common construction practice of removing unsuitable existing material (topsoil) and backfilling with select structural material is not considered the placement of fill if the practice does not alter the existing (natural grade) elevation, which is at or above the BFE. **Fill that is placed before the date of the first National Flood Insurance Program (NFIP) map showing the area in a Special Flood Hazard Area (SFHA) is considered natural grade.**

Has fill been placed on your property to raise ground that was previously below the BFE?

☐ Yes ☒ No

If yes, when was fill placed?

mm/dd/yyyy

Will fill be placed on your property to raise ground that is below the BFE?

☐ Yes\* ☒ No

If yes, when will fill be placed?

mm/dd/yyyy

\* If yes, Endangered Species Act (ESA) compliance must be documented to FEMA prior to issuance of the CLOMR-F determination (please refer page 4 to the MT-1 instructions).

1. Street Address of the Property (if request is for multiple structures or units, please attach additional sheet referencing each address and enter street names below):

8947 Frankfort Highway, Fort Ashby, WV, 26719

2. Legal description of Property (Lot, Block, Subdivision or abbreviated description from the Deed):

0.9524 acres, as described in Mineral County, West Virginia, Deed Book 376, Page 704.

3. Are you requesting that a flood zone determination be completed for (check one):

- ☐ Structures on the property? What are the dates of construction? \_\_\_\_\_ (MM/YYYY)
- ☐ A portion of land within the bounds of the property? (A certified metes and bounds description and map of the area to be removed, certified by a licensed land surveyor or registered professional engineer, are **required**. For the preferred format of metes and bounds descriptions, please refer to the MT-1 Form 1 Instructions.)
- ☒ The entire legally recorded property?

4. Is this request for a (check one):

- ☐ Single structure
- ☒ Single lot
- ☐ Multiple structures (How many structures are involved in your request? List the number: \_\_\_\_\_)
- ☐ Multiple lots (How many lots are involved in your request? List the number: \_\_\_\_\_)



In addition to this form (MT-1 Form 1), please complete the checklist below. ALL requests must include one copy of the following:

- ☒ Copy of the effective FIRM panel on which the structure and/or property location has been accurately plotted (property inadvertently located in the NFIP regulatory floodway will require Section B of MT-1 Form 3)
- ☒ Copy of the Subdivision Plat Map for the property (with recordation data and stamp of the Recorder's Office)  
OR
- ☒ Copy of the Property Deed (with recordation data and stamp of the Recorder's Office), accompanied by a tax assessor's map or other certified map showing the surveyed location of the property relative to local streets and watercourses. The map should include at least one street intersection that is shown on the FIRM panel.
- ☒ Form 2 – Elevation Form. If the request is to remove the structure, and an Elevation Certificate has already been completed for this property, it may be submitted in lieu of Form 2. If the request is to remove the entire legally recorded property, or a portion thereof, the lowest lot elevation must be provided on Form 2.
- ☒ Please include a map scale and North arrow on all maps submitted.

For LOMR-Fs and CLOMR-Fs, the following must be submitted in addition to the items listed above:

- ☒ Form 3 – Community Acknowledgment Form

For CLOMR-Fs, the following must be submitted in addition to the items listed above:

- ☐ Documented ESA compliance, which may include a copy of an Incidental Take Permit, an Incidental Take Statement, a "not likely to adversely affect" determination from the National Marine Fisheries Service (NMFS) or the U.S. Fish and Wildlife Service (USFWS), or an official letter from NMFS or USFWS concurring that the project has "No Effect" on proposed or listed species or designated critical habitat. Please refer to the MT-1 instructions for additional information.

Please do not submit original documents. Please retain a copy of all submitted documents for your records.

DHS-FEMA encourages the submission of all required data in a digital format (e.g. scanned documents and images on Compact Disc [CD]). Digital submissions help to further DHS-FEMA's Digital Vision and also may facilitate the processing of your request.

Incomplete submissions will result in processing delays. For additional information regarding this form, including where to obtain the supporting documents listed above, please refer to the MT-1 Form Instructions located at [http://www.fema.gov/plan/prevent/fhm/dl\\_mt-1.shtm](http://www.fema.gov/plan/prevent/fhm/dl_mt-1.shtm).

**Processing Fee** (see instructions for appropriate mailing address; or visit [http://www.fema.gov/fhm/frm\\_fees.shtm](http://www.fema.gov/fhm/frm_fees.shtm) for the most current fee schedule)

Revised fee schedules are published periodically, but no more than once annually, as noted in the **Federal Register**. Please note: single/multiple lot(s)/structure(s) LOMAs are fee exempt. The current review and processing fees are listed below:

Check the fee that applies to your request:

- ☐ \$325 (single lot/structure LOMR-F following a CLOMR-F)
- ☐ \$425 (single lot/structure LOMR-F)
- ☐ \$500 (single lot/structure CLOMA or CLOMR-F)
- ☐ \$700 (multiple lot/structure LOMR-F following a CLOMR-F, or multiple lot/structure CLOMA)
- ☐ \$800 (multiple lot/structure LOMR-F or CLOMR-F)

Please submit the Payment Information Form for remittance of applicable fees. Please make your check or money order payable to:  
**National Flood Insurance Program.**

All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Applicant's Name (required): **Gregory E. Vanscoy**

Company (if applicable): **RK&K Engineers**

Mailing Address (required):  
**159 Plaza Drive, Keyser, WV 26726**

Daytime Telephone No. (required): **(304) 788-3370**

E-Mail Address (optional): ☒ By checking here you may receive correspondence electronically at the email address provided):

Fax No. (optional):

**gvanscoy@rkk.com**

Date (required) **09/29/2024**

  
Signature of Applicant (required)





DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY  
COMMUNITY ACKNOWLEDGMENT FORM

O.M.B. NO. 1660-0015  
Expires February 28, 2014

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.38 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. This collection is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0015). NOTE: Do not send your completed form to this address.

This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) **OR** to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. **The six digit NFIP community number and the subject property address must appear in the spaces provided below. Incomplete submissions will result in processing delays.** Please refer to the MT-1 instructions for additional information about this form.

Community Number: 540129 Property Name or Address: 8947 Frankfort Highway, Fort Ashby, WV 26719

**A. REQUESTS INVOLVING THE PLACEMENT OF FILL**

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. For Conditional LOMR-F requests, the applicant has or will document Endangered Species Act (ESA) compliance to FEMA prior to issuance of the Conditional LOMR-F determination. For LOMR-F requests, I acknowledge that compliance with Sections 9 and 10 of the ESA has been achieved independently of FEMA's process. Section 9 of the ESA prohibits anyone from "taking" or harming an endangered species. If an action might harm an endangered species, a permit is required from U.S. Fish and Wildlife Service or National Marine Fisheries Service under Section 10 of the ESA. For actions authorized, funded, or being carried out by Federal or State agencies, documentation from the agency showing its compliance with Section 7(a)(2) of the ESA will be submitted. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by DHS-FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to DHS-FEMA for a possible map revision.

Community Comments:

Community Official's Name and Title: (Please Print or Type)

Telephone No.:

Community Name:

Community Official's Signature: (required)

Date:

**B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY**

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to DHS-FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements.

Community Comments:

Community Official's Name and Title: (Please Print or Type)

Telephone No.:

Phillip G. Shepp, II

304-788-1321

Community Name:

Community Official's Signature (required):

Date:

Mineral County, 540129



10/15/24