

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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>Chad Haywood</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>32 Warrior Drive</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Keyser</u> State: <u>WV</u> ZIP Code: <u>26726</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>In the records of Mineral County, West Virginia, in Deed Book 401, Page 340, and as Parcel 4, Map 19D, New Creek District</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>39.392417</u> Long. <u>79.013334</u> Horizontal 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 photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1B</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>1,150.00</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 checked="" type="checkbox"/> No <input 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>0.00</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0.00</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: _____ sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input 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: _____ Engineered flood openings: _____ d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Mineral County</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>170</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>Zone AE</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>921.0'</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____				
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				

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32 Warrior Drive

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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? Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 921.40 feet meters

b) Top of the next higher floor (see Instructions): _____ feet meters

c) Bottom of the lowest horizontal structural member (see Instructions): _____ feet meters

d) Attached garage (top of slab): _____ feet meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 921.40 feet meters

f) Lowest Adjacent Grade (LAG) next to building: Natural Finished 919.80 feet meters

g) Highest Adjacent Grade (HAG) next to building: Natural Finished 921.20 feet meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: _____ feet meters

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

Signature: *Gregory E. Vanscoy* Date: 10/11/23

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



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):
 Slab on grade.

Water heater on first floor.

Opus report attached.

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City: Keyser

State: WV

ZIP Code: 26726

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Policy Number: _____

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SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ 0.20 feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ 1.60 feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ 0.20 feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: Gregory E. Vanscoy, P.S. 2466

Address: 159 PLAZA DRIVE

City: KEYSER

State: WV

ZIP Code: 26726

Signature: _____

Date: 10/11/23

Telephone: (304) 788-3370

Ext.: _____

Email: gvanscoy@rkk.com

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

32 Warrior Drive

City: Keyser

State: WV

ZIP Code: 26726

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

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32 Warrior Drive

FOR INSURANCE COMPANY USE

Policy Number: _____

City: Keyser State: WV ZIP Code: 26726

Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom _____ 1.60 feet meters above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next _____ feet meters above the LAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: Gregory E. Vanscoy, P.S. 2466

Address: 159 PLAZA DRIVE

City: KEYSER State: WV ZIP Code: 26726

Signature:  Date: 10/11/23

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

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
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.:
32 Warrior Drive

City: Keyser State: WV ZIP Code: 26726

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: Left Front 09/18/2023

Clear Photo One

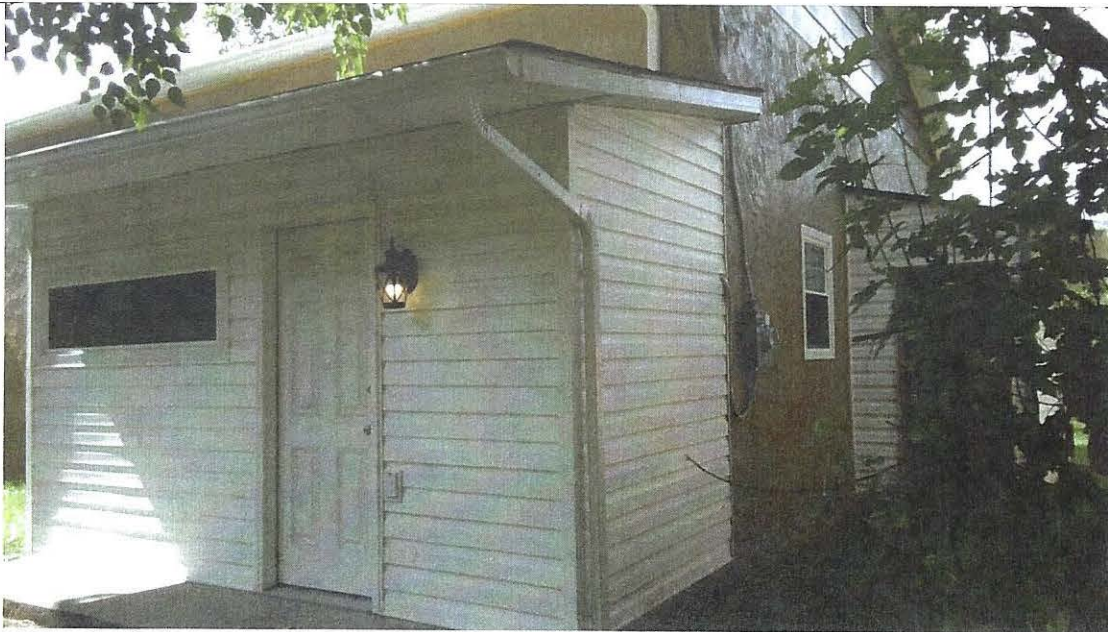


Photo Two

Photo Two Caption: Right Front 09/18/2023

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
32 Warrior Drive

City: Keyser State: WV ZIP Code: 26726

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 09/18/2023

Clear Photo Three



Photo Four

Photo Four Caption: Left Rear 09/18/2023

Clear Photo Four

From: opus
Sent: Tuesday, October 10, 2023 2:59 PM
To: Greg Vanscoy
Subject: OPUS-RS solution : 101.tps OP1696964012961

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

FILE: 101.tps OP1696964012961

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: October 10, 2023
RINEX FILE: 101_044t.17o TIME: 18:58:10 UTC

SOFTWARE: rsgps 1.38 RS274.prl 1.99.3 START: 2017/02/13 19:25:42
EPHEMERIS: igs19361.eph [precise] STOP: 2017/02/13 20:24:42
NAV FILE: brdc0440.17n OBS USED: 6696 / 7929 : 84%
ANT NAME: TPSGR3 NONE QUALITY IND. 8.80/ 14.43
ARP HEIGHT: 2.0 NORMALIZED RMS: 0.362

REF FRAME: NAD_83(2011)(EPOCH:2010.0000) ITRF2014 (EPOCH:2017.12008)

X: 940548.640(m) 0.006(m) 940547.777(m) 0.006(m)
Y: -4845707.138(m) 0.030(m) -4845705.704(m) 0.030(m)
Z: 4026049.734(m) 0.024(m) 4026049.665(m) 0.024(m)

LAT: 39 23 24.77602 0.005(m) 39 23 24.80665 0.005(m)
E LON: 280 59 4.15640 0.004(m) 280 59 4.13243 0.004(m)
W LON: 79 0 55.84360 0.004(m) 79 0 55.86757 0.004(m)
EL HGT: 250.146(m) 0.039(m) 248.887(m) 0.039(m)
ORTHO HGT: 282.295(m) 0.043(m) [NAVD88 (Computed using GEOID18)]

UTM COORDINATES STATE PLANE COORDINATES

UTM (Zone 17) SPC (4701 WV N)
Northing (Y) [meters] 4361959.262 98941.371
Easting (X) [meters] 670899.148 641735.618
Convergence [degrees] 1.25965833 0.30899444
Point Scale 0.99995961 0.99994916
Combined Factor 0.99992037 0.99990992

US NATIONAL GRID DESIGNATOR: 17SPD7089961959(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE(m)
DP2883	P817 STCLAIRSVIPA2013 CORS GRP	N400844.059	W0783040.187	94349.5
DL3476	LOYY LOYOLA Y CORS ARP	N385318.547	W0782956.943	71385.3
DM4706	WVCV CANAAN VALLEY CORS ARP	N390055.076	W0792725.009	56458.0
DK6718	PAFU UNIONTOWN CORS ARP	N395535.688	W0794150.510	83491.6
DE8103	YORK YORK CORS ARP	N395913.276	W0764424.537	206112.1
DH7958	LOYA LOYOLA A COOP CORS ARP	N382533.900	W0785321.774	107593.5
DM4710	WVNR ELKINS CORS ARP	N385344.505	W0795130.270	91241.6
DK6724	PAWG GREENSBURG CORS ARP	N401819.242	W0793022.377	109948.3
DM4139	PAFC CHAMBERSBURG CORS ARP	N395649.413	W0774011.167	130981.2

NEAREST NGS PUBLISHED CONTROL POINT

JW0695	Q 18	N392341.460	W0790043.850	589.2
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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.

