

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 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>PHILLIP & KACIE KENNEDY</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>29 HATFIELD BOTTOM TRAIL AC</u>	Company NAIC Number: _____
City: <u>MATEWAN</u> State: <u>WV</u> ZIP Code: <u>25678</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>TAX PARCEL 30-08-0008-0015 & 0016 LOTS 15 & 16 WILLIAMS ADD FORMER DB 514 PG 665</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>37-37'40.7"</u> Long. <u>82-10'-37.5"</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>5</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): _____ 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 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: _____ Engineered flood openings: _____ d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ 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>TOWN OF MATEWAN</u>	B1.b. NFIP Community Identification Number: <u>545538</u>
B2. County Name: <u>MINGO</u>	B3. State: <u>WV</u> B4. Map/Panel No.: <u>54059C0243</u> B5. Suffix: <u>F</u>
B6. FIRM Index Date: <u>08/17/2016</u>	B7. FIRM Panel Effective/Revised Date: <u>08/17/2016</u>
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>693.0</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 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 type="checkbox"/> No	

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29 HATFIELD BOTTOM TRAIL

City: MATEWAN State: WV ZIP Code: 25678

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: STATIC GPS/OPUS EST. BM Vertical Datum: N.A.V.D. 88

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): 695.70 ☒ 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): 695.50 ☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished 692.36 ☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☒ Natural ☐ Finished 692.70 ☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 692.70 ☒ 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: ALAN J. COFFEY License Number: 869SU

Title: PRESIDENT

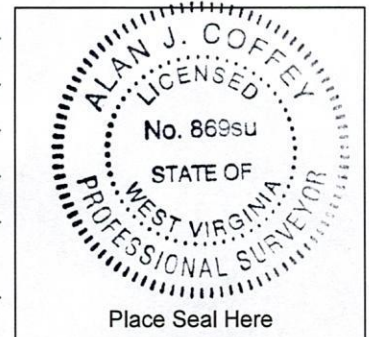
Company Name: TUG VALLEY SURVEYING, INC.

Address: P.O. BOX 862

City: WILLIAMSON State: WV ZIP Code: 25661

Signature: _____ Date: 07/29/2024

Telephone: (606) 237-1222 Ext.: _____ Email: acoffey@tugvalleysurveying.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):

The structure is situate inside the special flood hazard area (SFHA) Zone "AE". The HVAC lowest electrical equipment will be installed above the FEMA Base Flood Elevation two (2') higher at + 695'. To the best of my knowledge the only restriction on the property is Mingo Ordinance requires two (2') freeboard which this structure finish floor elevation meet that standard. The crawl space will be enclosed with metal shirting which normally is considered open underneath.



MAP SCALE 1" = 500'

250 0 500 1000
FEET

150 0 150 300
METERS

NFIP

PANEL 0243F

NATIONAL FLOOD INSURANCE PROGRAM

FIRM

FLOOD INSURANCE RATE MAP

MINGO COUNTY,
WEST VIRGINIA
AND INCORPORATED AREAS

PANEL 243 OF 425

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
MATEWAN, TOWN OF	545538	0243	F
MINGO COUNTY	540133	0243	F

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.



MAP NUMBER
54059C0243F

MAP REVISED
AUGUST 17, 2016

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using FIRMette - Desktop version 3.0. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. Further information about National Flood Insurance Program flood hazard maps is available at <http://www.msc.fema.gov/>.



Alan Coffey

From: opus <opus@ngs.noaa.gov>
Sent: Wednesday, October 25, 2017 6:47 AM
To: acoffey@tugvalleysurveying.com
Subject: OPUS-RS solution : HAT10297.DAT OP1508928144613

FILE: HAT10297.DAT OP1508928144613

2005 NOTE: The IGS precise and IGS rapid orbits were not available
2005 at processing time. The IGS ultra-rapid orbit was/will be used to
2005 process the data.
2005

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: acoffey@tugvalleysurveying.com DATE: October 25, 2017
RINEX FILE: hat1297t.17o TIME: 10:46:41 UTC

SOFTWARE: rsgps 1.38 RS91.prl 1.99.3 START: 2017/10/24 19:50:50
EPHEMERIS: igu19722.eph [ultra-rapid] STOP: 2017/10/24 21:21:45
NAV FILE: brdc2970.17n OBS USED: 4887 / 7083 : 69%
ANT NAME: NAVSF2040G NONE QUALITY IND. 20.42/ 61.39
ARP HEIGHT: 2.06962 NORMALIZED RMS: 0.388

REF FRAME: NAD_83(2011)(EPOCH:2010.0000) IGS08 (EPOCH:2017.81331)

X:	688706.291(m)	0.010(m)	688705.433(m)	0.010(m)
Y:	-5010668.835(m)	0.034(m)	-5010667.394(m)	0.034(m)
Z:	3873077.948(m)	0.028(m)	3873077.854(m)	0.028(m)

LAT:	37 37 46.61494	0.010(m)	37 37 46.64312	0.010(m)
E LON:	277 49 34.14382	0.010(m)	277 49 34.11714	0.010(m)
W LON:	82 10 25.85618	0.010(m)	82 10 25.88286	0.010(m)
EL HGT:	181.416(m)	0.043(m)	180.136(m)	0.043(m)
ORTHO HGT:	213.030(m)	0.045(m)	[NAVD88 (Computed using GEOID12B)]	

NAVD88
(213.03)/(3.2808) = 698.909'

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 17)	SPC (4702 WV S)
Northing (Y) [meters]	4165369.232	70536.228
Easting (X) [meters]	396421.155	496387.215
Convergence [degrees]	-0.71676257	-0.72566802
Point Scale	0.99973215	0.99997225
Combined Factor	0.99970369	0.99994378

SET BENCHMARK 10-24-2017 BY TVS INC.
IN HATFIELD BOTTOM NEAR MATEWAN WV
CHIESL SQ LOWER END DRAINAGE BASIN BLUE PAINT

US NATIONAL GRID DESIGNATOR: 17SLB9642165369(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE(m)
DL9814	WVOH OAK HILL CORS ARP	N375953.722	W0810755.786	100441.9
DM3999	WVAT ATHENS WV CORS ARP	N372542.651	W0810404.378	100279.9
DL2080	TN18 TDOT DISTRICT 18 CORS ARP	N362157.004	W0821042.248	140256.3
DH9001	WVHU MARSHALL UNIV-HUN CORS ARP	N382522.617	W0822528.918	90772.1
DH9003	WVRA MARSHALL UNIV-RAV CORS ARP	N385628.863	W0814504.842	150224.0
DL2082	NCWJ WEST JEFFERSON CORS ARP	N362334.948	W0812842.268	150554.1
DN7506	TN1B TN DISTRICT 1B CORS ARP	N362839.465	W0824841.962	139870.0
DK7557	KYGB GREENBO LAKE SRP CORS ARP	N382850.195	W0825223.976	112656.1
DM2708	WVLE LEWISBURG CORS ARP	N374920.202	W0802518.556	155933.7

NEAREST NGS PUBLISHED CONTROL POINT

GY0108	RV 193	N373733.	W0821053.	786.9
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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.

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City: MATEWAN State: WV ZIP Code: 25678	Policy Number: _____
	Company NAIC Number: _____

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: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ 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: _____ ☐ 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: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

<p>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 29 HATFIELD BOTTOM TRAIL</p> <p>City: MATEWAN State: WV ZIP Code: 25678</p>	<p>FOR INSURANCE COMPANY USE</p> <p>Policy Number: _____</p> <p>Company NAIC Number: _____</p>
<p>SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)</p>	
<p>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:</p>	
<p>G1. <input type="checkbox"/> 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.)</p>	
<p>G2.a. <input type="checkbox"/> 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.</p>	
<p>G2.b. <input type="checkbox"/> A local official completed Section H for insurance purposes.</p>	
<p>G3. <input type="checkbox"/> In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.</p>	
<p>G4. <input type="checkbox"/> The following information (Items G5–G11) is provided for community floodplain management purposes.</p>	
<p>G5. Permit Number: _____ G6. Date Permit Issued: _____</p>	
<p>G7. Date Certificate of Compliance/Occupancy Issued: _____</p>	
<p>G8. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement</p>	
<p>G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____</p>	
<p>G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____</p>	
<p>G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____</p>	
<p>G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____</p>	
<p>G11. Variance issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation and describe in the Comments area.</p>	
<p>The local official who provides information in Section G must sign here. <i>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.</i></p>	
<p>Local Official's Name: _____ Title: _____</p>	
<p>NFIP Community Name: _____</p>	
<p>Telephone: _____ Ext.: _____ Email: _____</p>	
<p>Address: _____</p>	
<p>City: _____ State: _____ ZIP Code: _____</p>	
<p>Signature: _____ Date: _____</p>	
<p>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):</p>	

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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City: MATEWAN State: WV ZIP Code: 25678	Policy Number: _____
	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 _____ ☐ 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: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

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.:
29 HATFIELD BOTTOM TRAIL

City: **MATEWAN** State: **WV** ZIP Code: **25678**

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: **FRONT VIEW 7-29-2024**

Clear Photo One



Photo Two

Photo Two Caption: **REAR VIEW 7-29-2024**

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.:
29 HATFIELD BOTTOM TRAIL

City: MATEWAN State: WV ZIP Code: 25678

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: U.S. 52 SIDE VIEW 7-29-2024

Clear Photo Three



Photo Four

Photo Four Caption: REAR TUG RIVER SIDE VIEW 7-29-2024

Clear Photo Four