

ELEVATION CERTIFICATE

OMB No. 1660-0008
 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

Bu-04-1071

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name CITY OF CHEHALIS		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 420 NW LOUISIANA AVENUE BIO SOILDS BUILDING City CHEHALIS State WA ZIP Code 98532		Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 TAX PARCEL NO. 005676-000-002, SOUTH HALF SECTION 30, TWIP 14 N, RGE 2 W, W.M.

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Non Residential

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 1

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s) _____ sq ft	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____	a) Square footage of attached garage _____ sq ft
c) Total net area of flood openings in A8.b _____ sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
	c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CHEHALIS 530104		B2. County Name LEWIS		B3. State WA	
B4. Map/Panel Number 0001	B5. Suffix B	B6. FIRM Index Date 12/15/81	B7. FIRM Panel Effective/Revised Date 05/07/80	B8. Flood Zone(s) A4	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 179.1

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

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, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.
 Benchmark Utilized USC&GS MON Vertical Datum NGVD29
 Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>182.38</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>182.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>182.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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.

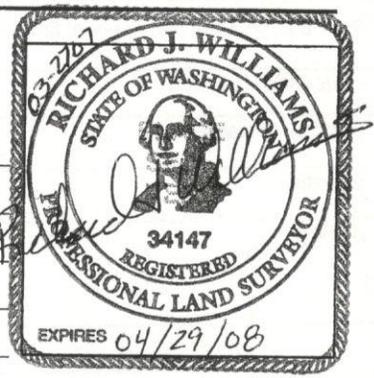
Check here if comments are provided on back of form.

Certifier's Name RICHARD J. WILLIAMS License Number 34147

Title LAND SURVEYOR Company Name GIBBS & OLSON, INC.

Address 1405 17TH AVE. City LONGVIEW State WA ZIP Code 98632

Signature Richard J. Williams Date 3/27/07 Telephone 360.425.0991



IMPORTANT: In these spaces, copy the corresponding information from Section A.

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

City CHEHALIS State WA ZIP Code 98532

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments BENCH MARK USED IS A U.S.C.&G.S. BRASS DISC IN THE SOUTHWEST CORNER OF THE SOUTH STEPS OF THE LEWIS COUNTY COURTHOUSE, LOCATED IN CHEHALIS, WASHINGTON.

BENCH MARK USED IS STAMPED 185.32 WHICH IS 1947 ADJUSTMENT - 1929 ELEVATION OF 185.74 WAS USED.

Signature

Date

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner's or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

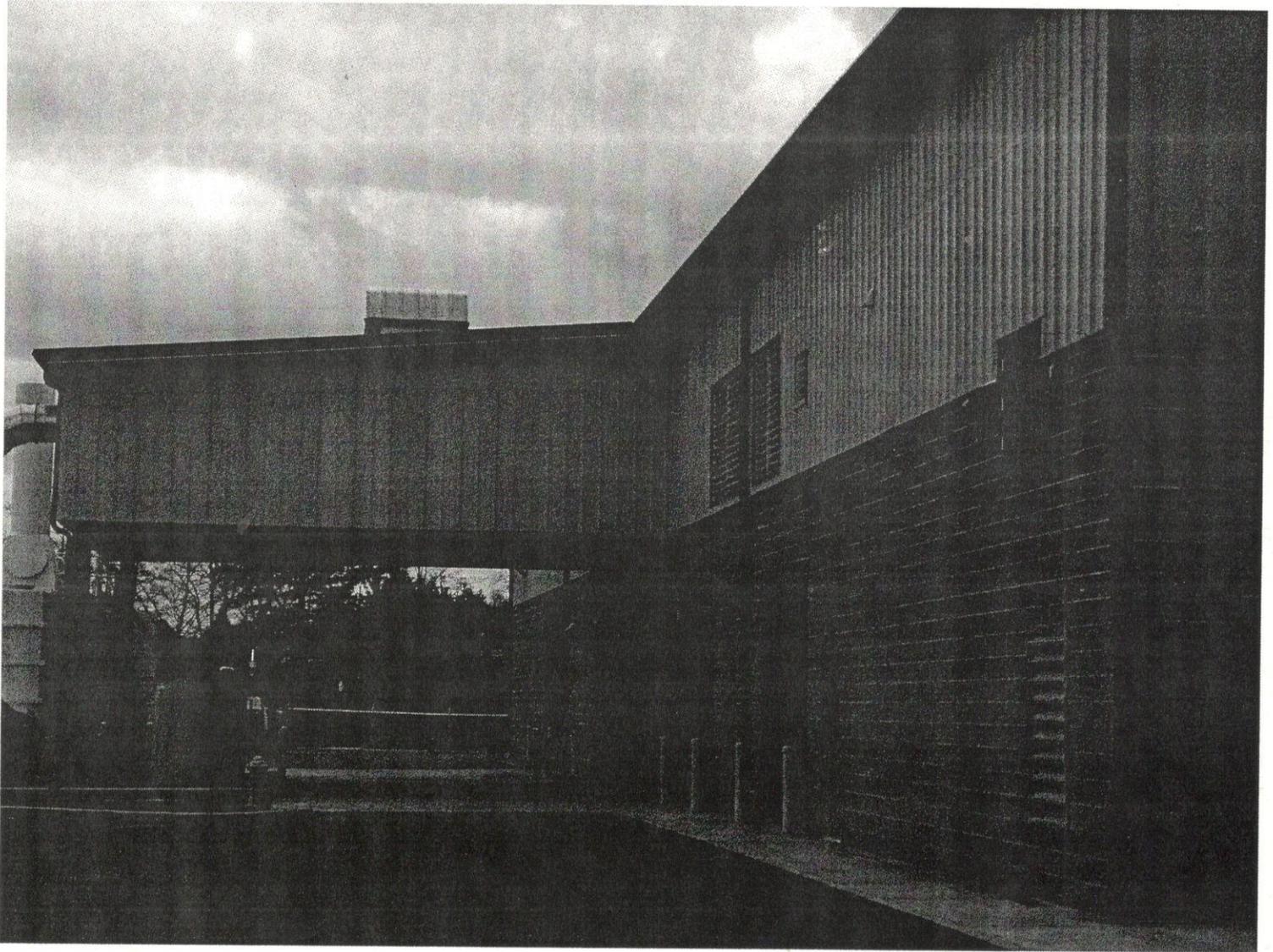
Check here if attachments

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. 420 NW LOUISIANA AVENUE BIO SOLIDS BUILDING	For Insurance Company Use: Policy Number
City CHEHALIS State WA ZIP Code 989532	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.	

BIO SOLIDS BUILDING – FRONT VIEW – MARCH 26, 2007

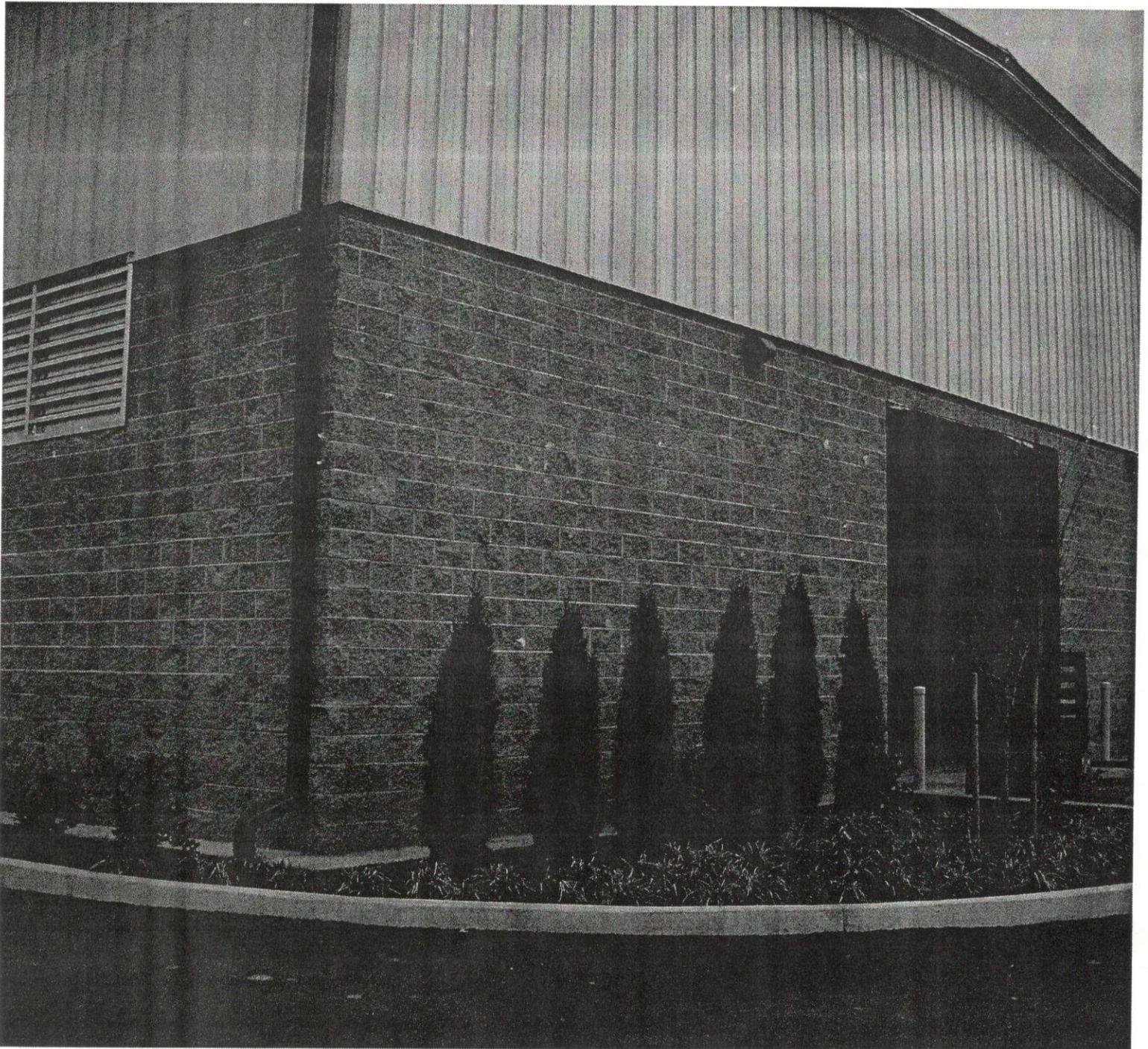


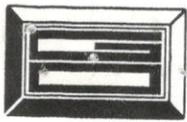
Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 420 NW LOUISIANA AVENUE CONTROL BUILDING	For Insurance Company Use: Policy Number
City CHEHALIS State WA ZIP Code 98532	Company NAIC Number
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."	

BIO SOLIDS BUILDING - LEFT SIDE VIEW - MARCH 26, 2007





GIBBS & OLSON, INC.
 ENGINEERS PLANNERS SURVEYORS
 1405 17TH AVENUE • SUITE 300
 P.O. BOX 400 • LONGVIEW, WA 98632
 (360) 425-0991 • FAX (360) 423-3162

BU-04-1671

URS

TO CITY OF CHEHALIS
P.O. Box 871
CHEHALIS WA 98532
 ATTN: MS BOBBIE BOONE

DATE MARCH 28, 2007
 RE: CHEHALIS WWTP
FLOOD CERTIFICATES
 OUR PROJECT NO. OISS 1064

WE ARE SENDING YOU ATTACHED UNDER SEPARATE COVER VIA _____

- SHOP DRAWINGS
- PRINTS
- TRACINGS
- DOCUMENTS
- OTHER _____
- SPECIFICATIONS
- CATALOGS
- COPY or LETTER
- SEPIAS

COPIES	DATE	ITEM
3	3/27/07	FLOOD CERTIFICATE (ORIGINAL)
		1EA - SHOP, CONTROL BLDG, BIOSOLIDS BLDG

YOUR ACTION REQUIRED FOR YOUR RECORDS

REMARKS BOBBIE, I AM SENDIN COPIES TO PATRICK WILTZIUS.

COPY TO _____ BY RICH WILLIAMS

IF MATERIAL RECEIVED IS NOT AS LISTED ABOVE, PLEASE NOTIFY US AT ONCE



FENCELINE

SHOP

BIO SOUNDS BLDG

CONTROL BUILDING

NW LOUISIANA AVENUE

