

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

MAIN HOUSE

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME _____

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
13685 ROLLING HILLS

CITY BEAUMONT STATE TX ZIP CODE 77713

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TRACT T-37-3 AND T-37-4 RIVER OAKS RANCHETTES

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) _____ HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type): _____
(##° - ##' - ##.###" or ###.####°) USGS Quad Map Other: _____

For Insurance Company Use:
Policy Number _____
Company NAIC Number _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 480878

B2. COUNTY NAME JEFFERSON

B3. STATE TX

B4. MAP AND PANEL NUMBER 0005	B5. SUFFIX C	B6. FIRM INDEX DATE 09/04/87	B7. FIRM PANEL EFFECTIVE/REVISED DATE 09/04/87	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 26.3
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in 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 _____

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. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 30.9 ft.(m)

b) Top of next higher floor _____ ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

d) Attached garage (top of slab) _____ ft.(m)

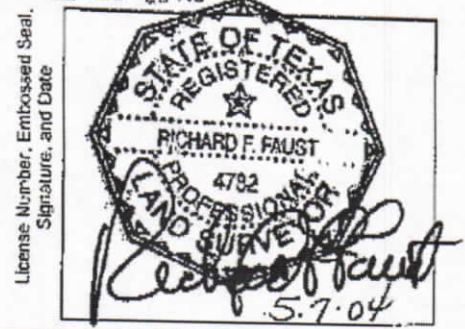
e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)

f) Lowest adjacent grade (LAG) 29.5 ft.(m)

g) Highest adjacent grade (HAG) 29.8 ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)



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 in Sections A, B, and C 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.

CERTIFIER'S NAME Richard F. Faust LICENSE NUMBER 4782

TITLE Registered Professional Land Surveyor COMPANY NAME FAUST Engineering and Surveying, Inc.

ADDRESS 2525 Calder Street CITY Beaumont STATE TX ZIP CODE 77702

SIGNATURE *Richard F. Faust* DATE 06/30/04 TELEPHONE 409-813-3410