



Floodplain Development Permit

Doddridge County, WV Floodplain Management

This permit gives approval for the development/ project listed that impacts the FEMA-designated floodplain and/or floodway of Doddridge County, WV, pursuant to the rules and regulations established by all applicable Federal, State and local laws and ordinances, including the Doddridge County Floodplain Ordinance. This permit must be posted at the site of work as to be clearly visible, and must remain posted during entirety of development.

Permit: # 16-442
Middle Fork Janscheck withdrawal to OXF44 Waterline

Date Approved: December 26, 2016 **Expires: December 26, 2017**

Issued to: Blue Mountain INC. on behalf of
EQT Production Company

POC: Lacoa Corder
304-848-0066

Company Address: 120 Professional Place, Bridgeport, WV 26456

Project Address: Grove Summers Road, Oak, WV

Firm:

Lat/Long: 39.151225, -80.812471

Purpose of development: Above ground waterline and withdrawal

Issued by: George C. Eidel, CFM, OEM Director/Doddridge County FPM (or designee)

Date:

For additional information regarding this permit, please contact
Doddridge County Floodplain Manager at 304.873.2631, or via email at
doddridgecountyfpm@gmail.com
118 East Court Street; West Union, WV 26456

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Steven Adams
3756 Brushy Fork Road
West Union, WV 26456



9590 9402 1601 5362 0146 87

2. Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sandra Adams*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Sandra Adams

C. Date of Delivery

11-22-16

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

16442

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mary Jo Janscheck
5074 Grove Summers Road
Route 1 Box 168
West Union, WV 26456



9590 9402 1601 5362 0147 00

2. Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary Jo Janscheck*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Mary Jo Janscheck

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

16442

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Arbee R & Phyllis A Jones
109 River Road
West Union, WV 26456



9590 9402 1601 5362 0146 94

2. Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Arbee R Jones*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Arbee R Jones

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

16442

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Randall H. & Debby L. Farley
 1709 Straight Fork Road
 West Union, WV 26456



9590 9402 1601 5362 0146 70

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Debby Farley Agent
 Addressee
- B. Received by (Printed Name) Debby Farley C. Date of Delivery 11-4-16
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

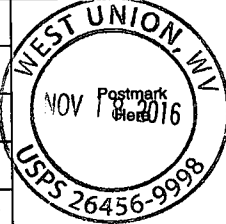
Domestic Return Receipt

7014 0150 0001 7356 8709

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$.49
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.74



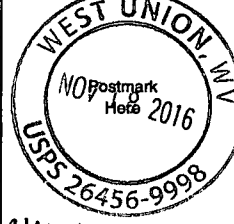
Sent To _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____
 PS Form 3800, August 2006 See Reverse for Instructions

7014 0150 0001 7356 8716

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
OFFICIAL ROOM 1

Postage	\$.49
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.74



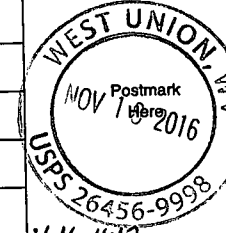
Sent To _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____
 PS Form 3800, August 2006 See Reverse for Instructions

7014 0150 0001 7356 8723

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$.49
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.74



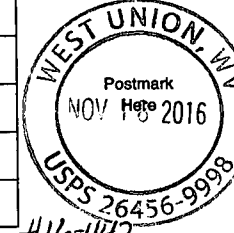
Sent To _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____
 PS Form 3800, August 2006 See Reverse for Instructions

7014 0150 0001 7356 8730

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$.49
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.74



Sent To _____
 Street, Apt. No., or PO Box No. _____
 City, State, ZIP+4 _____
 PS Form 3800, August 2006 See Reverse for Instructions

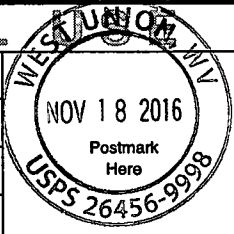
7014 0150 0001 7356 7801
7014 0150 0001 7356 7801

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL RECEIPT

Postage	\$.49
Certified Fee		3.45
Return Receipt Fee (Endorsement Required)		2.80
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	6.74



16-442

Sent To _____
Street, Apt. No.,
or PO Box No. _____
City, State, ZIP+4 _____

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Betty Ryan
 4153 Grove Summers Road
 West Union, WV 26456



9590 9402 1601 5362 0146 63

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

PETER BURROUGHS

C. Date of Delivery

11-22-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

16-442

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING®
ORIGIN



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 1601 5362 0146 63

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

George Eidel
Doddridge County OEM/CFM
108 Court St. Ste 1
West Union, WV 26456



Blue Mountain, Inc.

General Account
11023 Mason Dixon Hwy
Burton, WV 26562
PH. 304.662.6486

69-135/515

6202

EZShieldSM Check Fraud
Protection for Business

DATE

11/8/16

PAY TO

the order of

Doddridge County Treasurer

\$ 500⁰⁰

Five Hundred

and no/100

DOLLARS



Security Features
Included.
Details on Back.



MEMO

OXF 44

Wanda J

COPY

⑆051501354⑆ 20002309⑈ 6202

COPY

DUPLICATE OK FOREVER FREE



Doddridge County Floodplain Permits

(Week of December 5, 2016)

Please take notice that on the **14th day of November, 2016, Blue Mountain Inc. on behalf of EQT Production Company** filed an application for a Floodplain Permit **(#16-442)** to develop land located at or about **Grove Summers Road, 39.151225, -80.812471**. The Application is on file with the Clerk of the County Court and may be inspected or copied during regular business hours. Any interested persons who desire to comment shall present the same in writing by **December 26, 2016** (20 calendar days after the announcement at the regularly scheduled Doddridge County Commission Meeting) delivered to the Clerk of the County Court at 108 Court Street Ste. 1, West Union, WV 26456. **This project is an above ground waterline and withdrawal.**



Blue Mountain Inc.
10125 Mason Dixon Highway
Burton, WV 26562
Ph: (304) 662-6486
Fax: (304) 662-6501

November 8, 2016

To: Doddridge County Assessors Office
c/o Floodplain Manager
108 East Court Street, STE 1
West Union, WV 26456

Subject: Updated Doddridge County Floodplain Permit
EQT Production Company
Middle Fork Janscheck Withdrawal to OXF 44 Waterline

To whom it may concern,

Enclosed please find one original and one copy of the updated Doddridge County Floodplain Permit for the following project:

Applicant: EQT Production Company

Project Name: Middle Fork Janscheck Withdrawal to OXF 44 Waterline

Project Description: EQT Production Company is proposing an above ground waterline and withdrawal. There are no potential impacts to the floodplain, everything is above ground and easily removable. There will be a secondary containment structure around the pump to ensure no potential spill will occur. The pump and containment pool will be removed during high water events.

Please contact Kaley DuCoeur at 304-662-6486 or BMI@bluemtninc.com if you have any questions regarding this request.

Respectfully,
Blue Mountain, Inc.

Kaley DuCoeur
Environmental Scientist

Enclosures

Cc: L. Corder



LETTER OF TRANSMITTAL

TO: Doddridge County
 Assessors Office
 c/o Floodplain Manager
 108 East Court Street, STE 1
 West Union, WV 26456

LIST OF ITEMS SUBMITTED

Number of Items	Original or Copy	Description
1	1 Original	\$500 Doddridge County Floodplain Permit Fee; Check number: <u>6202</u>
2	1 Original 1 Copy	EQT Middle Fork Janscheck Withdrawal to OXF 44 Waterline Update Doddridge County Floodplain permit
2	1 Original 1 Copy	Courtesy Notification: Farly AST to OXF122 & OXF163 Waterline

Submitted By: Kaley Dulceur Date: 11-8-16

Received By: Mari Bonnell Date: _____

Print Name: Mari Bonnell

Please Sign and Return Via Fax or Email
 Fax: (304) 662-6501
 Email: bmi@bluemtninc.com



Permit# 16-442
Middle Fork Janscheck W/D to
Project Name: OXF 44 WL
Permittees Name: Blue Mountain Inc.
EQT Production

Doddridge County, WV

Floodplain Development Permit Application

This document is to be used for projects that impact/potentially impact the FEMA—designated floodplain and/or floodway of Doddridge County, WV pursuant to the rules and regulations established by all applicable Federal, State and local laws and ordinances, including the Doddridge County Floodplain Ordinance.

SECTION 1: GENERAL PROVISIONS (APPLICANT TO READ AND SIGN)

1. No work may start until a permit is issued.
2. The permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal requirements.
7. Applicant hereby gives consent to the Floodplain Administrator/Manager or his/her representative to make inspections to verify compliance.
8. I THE APPLICANT CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

Debra J. Order

DATE

11/7/16

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Applicant Information:

Please provide all pertinent data.

Applicant Information:		
Responsible Company Name: EQT Production Company		
Corporate Mailing Address: 120 Professional Place		
City: Bridgeport	State: WV	Zip: 26330
Corporate Point of Contact (POC): Lacoa Corder		
Corporate POC Title: Environmental Coordinator		
Corporate POC Primary Phone: (304) 848-0066		
Corporate POC Primary Email: LCorder@eqt.com		
Corporate FEIN:	Corporate DUNS:	
Corporate Website: www.eqt.com		
Local Mailing Address: 120 Professional Place		
City: Bridgeport	State: WV	Zip: 26330
Local Project Manager (PM):		
Local PM Primary Phone:		
Local PM Secondary Phone:		
Local PM Primary Email:		
Person Filing Application: Kaley DuCoeur		
Applicant Title: Environmental Scientist		
Applicant Primary Phone: (304) 662-6486		
Applicant Secondary Phone: (724) 858-8547		
Applicant Primary Email: BMI@BlueMtnInc.com		

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Proposed Development:

Please check all elements of the proposed project that apply.

DESCRIPTION OF WORK (CHECK ALL APPLICABLE BOXES)

A. STRUCTURAL DEVELOPMENT

<u>ACTIVITY</u>	<u>STRUCTURAL TYPE</u>
<input type="checkbox"/> New Structure	<input type="checkbox"/> Residential (1 – 4 Family)
<input type="checkbox"/> Addition	<input type="checkbox"/> Residential (more than 4 Family)
<input type="checkbox"/> Alteration	<input type="checkbox"/> Non-residential (floodproofing)
<input type="checkbox"/> Relocation	<input type="checkbox"/> Combined Use (res. & com.)
<input type="checkbox"/> Demolition	<input type="checkbox"/> Replacement
<input type="checkbox"/> Manufactured/Mobil Home	

B. OTHER DEVELOPMENT ACTIVITIES:

- Fill Mining Drilling Pipelining
- Grading
- Excavation (except for STRUCTURAL DEVELOPMENT checked above)
- Watercourse Alteration (including dredging and channel modification)
- Drainage Improvements (including culvert work)
- Road, Street, or Bridge Construction
- Subdivision (including new expansion)
- Individual Water or Sewer System
- Other (please specify)

Water withdrawal pump and associated above ground water line.

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Development Site/Property Information:

Please provide physical description of the site/property, along with pertinent ownership (surface and mineral rights) data as applicable. Attach appropriate maps from the WV Flood Tool showing location of proposed development. Use additional copies of this page if development spans multiple property boundaries. Designate each property by number (i.e. Property 1 of 1, Property 2 of 7, etc.)

Property Designation: 1 of 1

Site/Property Information:		
Legal Description:		
Middle Fork 168.25 AC; Middle Fork (children's residences)		
Physical Address/911 Address: Grove Summers Road, Oak, WV		
Decimal Latitude/Longitude: 39.151225, -80.812471		
DMS Latitude/Longitude: 39° 9' 4.41" N, 80° 48' 44.7" W		
District: 07	Map: 13	Parcel: 69
Land Book Description:		
Deed Book Reference:		
260/15		
Tax Map Reference:		
Southwest		
Existing Buildings/Use of Property:		

Floodplain Location Data: (to be completed by Floodplain Manager or designee)			
Community:	Number:	Panel:	Suffix:
Location (Lat/Long):		Approximate Elevation:	
		Estimated BFE:	
Is the development in the floodway?		Is the development in the floodplain?	
Yes No		Yes No Zone: _____	
Notes:			

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Property Owner Data:

Please provide data on current site/property landowner(s), both surface and mineral rights (as applicable). Use additional copies of this page as needed. Designate each page in relation to each property listed above.

Property Designation: 1 of 4

Property Owner Data:		
Name of Primary Owner (PO): Mary Jo Janscheck		
PO Address: 5071 Grove Summers Road, Route 1, Box 168		
City: West Union	State: WV	Zip: 26456
PO Primary Phone: (304) 349-5634		
PO Secondary Phone:		
PO Primary Email: <u> 7014 0150 0001 7356 7801 </u>		

Surface Rights Owner Data:		
Name of Primary Owner (PO):		
PO Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Mineral Rights Owner Data: (As Applicable):		
Name of Primary Owner (PO):		
PO Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Contractor Data:

Please provide all pertinent data for contractors and sub---contractors that may be participating in this project. Use additional copies of this page as needed. Designate each page in relation to each property listed above.

Property Designation: 1 of 1

Contractor/Sub-Contractor (C/SC) Information:		
C/SC Company Name: **To Be Determined**		
C/SC WV License Number:		
C/SC FEIN:	C/SC DUNS:	
Local C/SC Point of Contact (POC):		
Local C/SC POC Title:		
C/SC Mailing Address:		
City:	State:	Zip-Code:
Local C/SC Office Phone:		
Local C/SC POC Phone:		
Local C/SC POC E-Mail:		

Engineer Firm Information:		
Engineer Firm Name:		
Engineer WV License Number:		
Engineer Firm FEIN:	Engineer Firm DUNS:	
Engineer Firm Primary Point of Contact (POC):		
Engineer Firm Primary POC Title:		
Engineer Firm Mailing Address:		
City:	State:	Zip-Code:
Engineer Firm Office Phone:		
Engineer Firm Primary POC Phone:		
Engineer Firm Primary POC E-Mail:		

Adjacent and/or Affected Landowners Data

Please provide data for all adjacent and/or affected surface owners (both up and down stream) whose property may be impacted by proposed development as demonstrated by a floodplain study or survey. Use additional copies of this page as needed.

Adjacent Property Owner Data: Upstream		
Name of Primary Owner (PO): Jones Arbee R & Phyllis A (7-16-6.2)		
Physical Address: 109 River Run Road		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email: 7014 0150 0001 7356 8709		

Adjacent Property Owner Data: Upstream		
Name of Primary Owner (PO): Ryan Betty M (7-16-6.1)		
Physical Address: 4153 Grove Summers Road		
City: New Milton	State: WV	Zip: 26411
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email: 7014 0150 0001 7356 8716		

Adjacent Property Owner Data: Downstream		
Name of Primary Owner (PO): Farley Randall H & Debby L (7-13-68.1)		
Physical Address: 1709 Straight Fork Road		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email: 7014 0150 0001 7356 8723		

Adjacent Property Owner Data: Downstream		
Name of Primary Owner (PO): Adams Steven P (7-13-60)		
Physical Address: 3756 Brushy Fork Road		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email: 7014 0150 0001 7356 8730		

Adjacent and/or Affected Landowners Data

Please provide data for all adjacent and/or affected surface owners (both up and down stream) whose property may be impacted by proposed development as demonstrated by a floodplain study or survey. Use additional copies of this page as needed.

Adjacent Property Owner Data: Upstream		
Name of Primary Owner (PO):		
Physical Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Adjacent Property Owner Data: Upstream		
Name of Primary Owner (PO):		
Physical Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Adjacent Property Owner Data: Downstream		
Name of Primary Owner (PO): Long Dana Roger II		
Physical Address: Route I Box 186A		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Adjacent Property Owner Data: Downstream		
Name of Primary Owner (PO):		
Physical Address:		
City:	State:	Zip:
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Site Plan

A Site Plan is an accurate and detailed map of the proposed development for this project. It shows the size, shape, location and special features of the project property, and the size and location of any development planned to the property, especially as that development will impact the floodplain and/or floodway. Site plans show what currently exists on the project property, and any changes or improvements you are proposing to make. **A certified and licensed engineering firm should complete site plans.**

A SITE PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

1. Legal description of the parcel, north arrow and scale
2. All property lines and their dimensions
3. Names of adjacent roads, location of driveways
4. Location of sloughs, tributaries, streams, rivers, wetlands, ponds, and lakes, with setbacks indicated, and including FEMA floodplain data based on most updated FIRM.
5. Location, size, shape of all buildings, existing and proposed, with elevation of lowest floor indicated.
6. Location and dimensions of existing or proposed on-site sewage systems.
7. Location of all propane tanks, fuel tanks or other liquid storage tanks whether above ground or below ground level.
8. Location and dimensions of any proposed pipeline placement(s) into floodplain/floodway.
9. Location and dimensions of any roadway development into floodplain/floodway. *(Includes initial development access roads)*
10. Location and dimensions of any bridge and/or culvert development into floodplain/floodway.
11. Location and dimensions of any storage yard or facility into the floodplain/floodway.
12. Location of any existing utilities and/or proposed utility placement and/or displacement.
13. Location, dimensions and depth of any existing or proposed fill on site.
14. A survey showing the **existing ground elevations** of at least location on the building site. **ELEVATION NOTE:** All vertical datum will reference either NGVD 29 or NAVD 88. Assumed datum will not be acceptable unless the property is located in an area where vertical datum has not been published. For those areas where vertical datum has not been established, a site plan with contours, elevations using assumed datum, high water marks and existing water levels of sloughs, rivers, lakes or streams and proposed lowest floor elevation.

Applicant

Please read print name, sign and date below:

- I certify that I am authorized to submit this application for the primary project developer.
- I certify that the information included in this application is to the best of my knowledge true and complete.
- I certify that all required Federal, State, and local permits required by law and/or ordinance for the above described development of this project have been properly attained, are current and valid, and must be presented with this application before a Doddridge County Floodplain Permit may be issued.
- I understand that if in the course of the development project additional permits become required that were not needed during the initial proposal, the primary developer must notify the Doddridge County Floodplain Manager within 48 hours of such need, and that a "Stop Work" order may be issued for all project work directly impacting the floodplain or floodway, until such time the required additional permits are acquired.
- I understand that once the floodplain permit is submitted, the application will be entered into official public record at the next regularly scheduled Doddridge County Commission meeting after the date of submittal.
- I understand that from the date of submittal of the fully completed permit application, the Doddridge County Floodplain Manager has ninety (90) days to make a determination to either grant or deny said permit application. During this approval period, the Doddridge County Floodplain Manager may, at his or her discretion, conduct a review and/or additional study of provided documentation by means of an independent engineering firm. All costs associated with said review and/or study must be reimbursed to the County before issuance of approved permit.
- I understand that during the approval period, the Doddridge County Floodplain Manager or designee may at his or her discretion conduct site visits and document conditions of proposed development pursuant to the permit application.
- I understand that once the Floodplain Permit is granted, the permit will be entered into official public record at the next scheduled Doddridge County Commission meeting after the date of issuance. Appeals to the permit may be made no later than twenty (20) days after said issuance. If a valid appeal is submitted, as determined by the Doddridge County Floodplain Manager, a "Stop Work" order will be issued for all project development directly involving the floodplain or floodway. A public hearing by the Doddridge County Appeals Board will be scheduled no less than ten (10) days after the next regularly scheduled Doddridge County Commission meeting.
- I understand that all decisions of the Doddridge County Appeals Board shall be final.
- I understand issuance of a Floodplain Permit authorizes me to proceed with construction as proposed. A Certificate of Compliance is required upon substantial completion of the project.
- In signing this application, the primary developer hereby grants the Doddridge County Floodplain Manager or designee the right to enter onto the above-described location to inspect the development work proposed, in progress, and/or completed.
- I understand that if I do not follow exactly the site-plan submitted and approved by this permit that a "Stop Work" order may be issued by the Wirt County Floodplain Manager and that I must stop all construction immediately until discrepancies of actual work vs. proposed work is resolved.

Applicant Signature: _____

Lacoa Corder

Date: _____

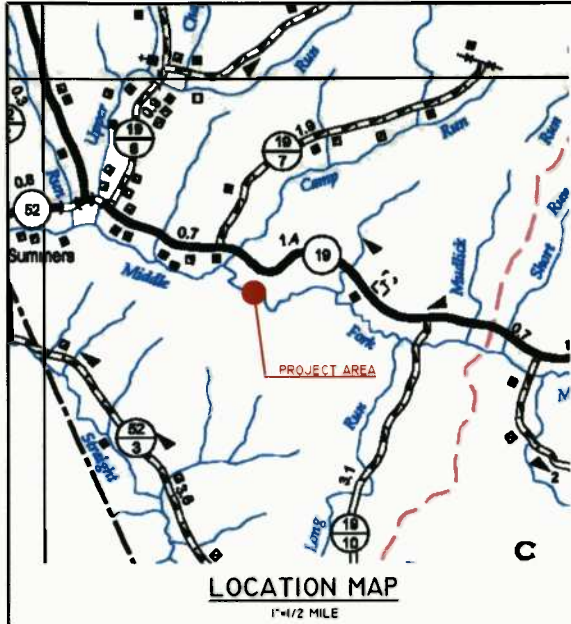
11/7/16

Applicant Printed Name: _____

Lacoa Corder

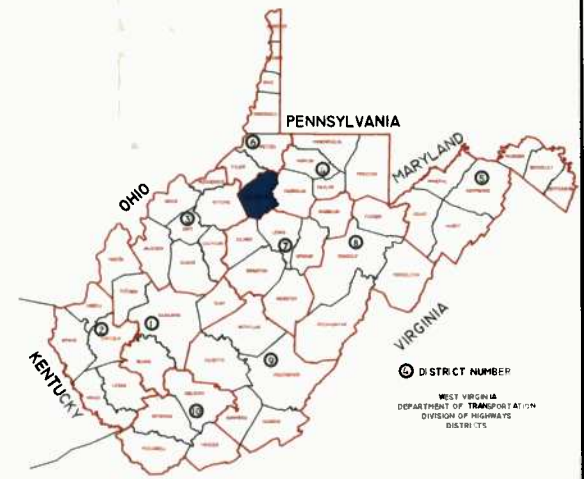
ATTACHMENT A

Site Design -- Copy 1



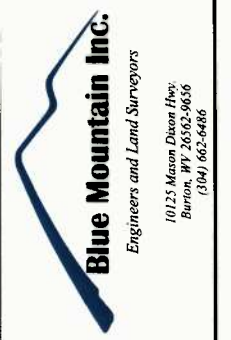
PROJECT LOCATION

NAD 83 - LAT: N 39° 9' 4.41"; LONG: W 80° 48' 44.70"
 NAD 27 - LAT: N 39° 9' 4.10"; LONG: W 80° 48' 45.32"



**DISTRICT 4
 SOUTHWEST DISTRICT
 DODDRIDGE COUNTY**

**MIDDLE FORK JANSCHECK TO OXF44 WATERLINE
 FLOODPLAIN PERMIT APPLICATION SITE PLAN**



120 PROFESSIONAL PLACE
 PROFESSIONAL BUILDING FOUR
 BRIDGEPORT, WV 26330
 MIDDLE FORK JANSCHECK TO OXF44 WATERLINE
 COVER

SHEET LIST TABLE

SHEET NUMBER	SHEET TITLE
1	COVER
2	SITE PLAN
3	SITE PLAN WITH ORTHO

PROPERTY OWNERS

1. JANSCHK, MARY JO
 TAXMAP/PARCEL: 07-13-69
 LEGAL DESCRIPTION: MIDDLE FORK 168.25: MIDDLE FORK (CHILDRENS RESIDENCE)

FLOODPLAIN NOTE

THE PROJECT IS LOCATED WITHIN FLOOD ZONE A (NO BASE FLOOD ELEVATIONS DETERMINED). PER THE FLOOD INSURANCE RATE MAP (FIRM) NUMBER 54017C0225C (DATED 10-04-2011).



Blue Mountain Inc.
Engineers and Land Surveyors
 10125 Mason Dixon Hwy.
 Burton, WV 26562-9656
 (304) 662-6486

NOTE: DRAWING WAS CREATED ON 22x34 PAPER. 11x17 DRAWINGS ARE HALF SCALE. REFER TO SCALE BAR FOR PROPER SCALING.

CERTIFICATION:

I DO HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THAT THE FLOODPLAIN APPLICATION PERMIT SITE PLAN IS TRUE AND CORRECT, REPRESENT ACTUAL FIELD CONDITIONS AND ARE IN ACCORDANCE WITH THE WEST VIRGINIA CODE AND THE DEPARTMENT'S RULES AND REGULATIONS. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

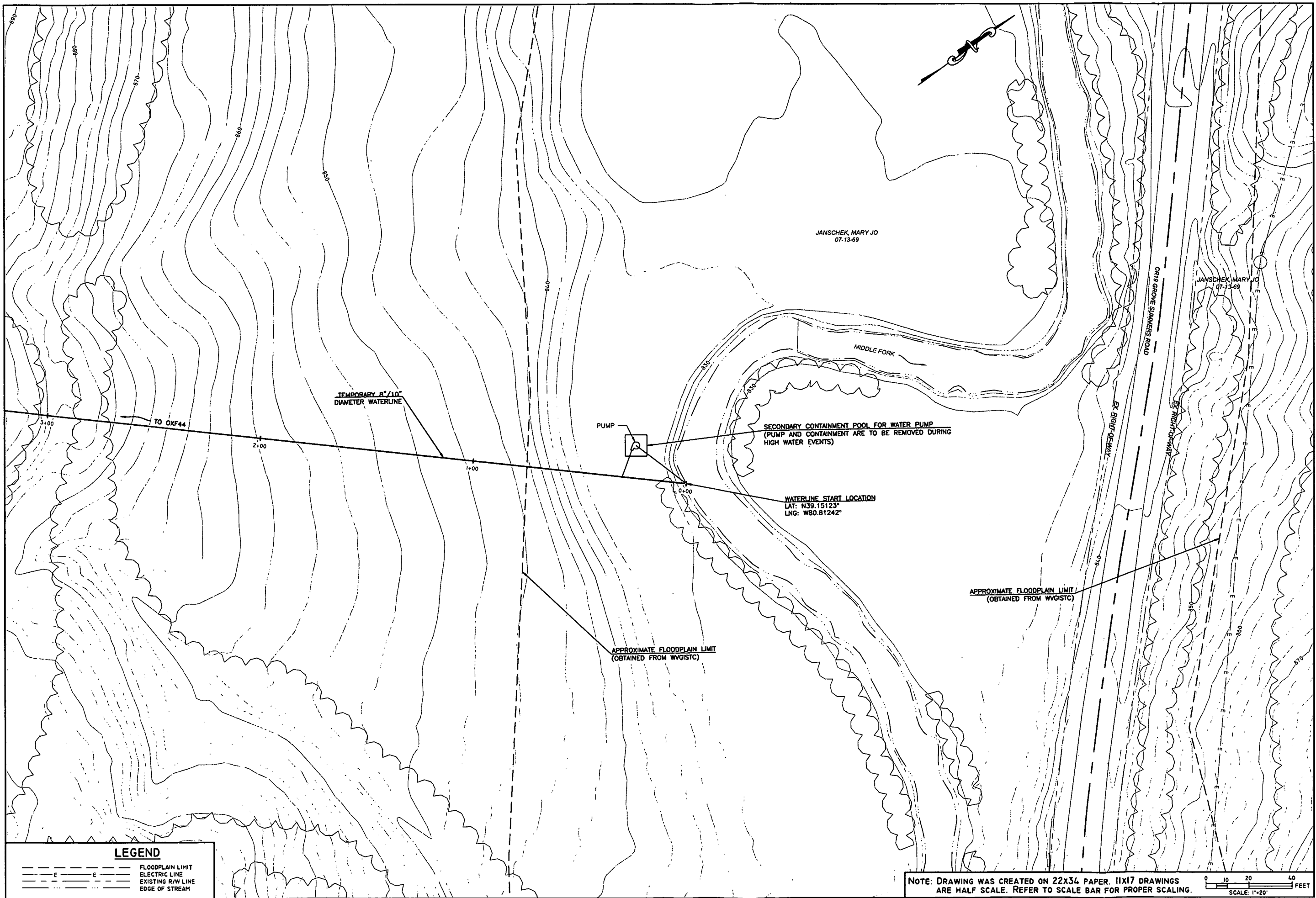
SIGNATURE: William P. Foley DATE: 06/19/2015

REVISIONS

DATE	TYPE



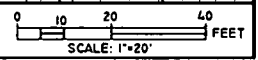
DRAWN BY: WFF
 CHECKED BY: WFF
 DATE: 6/19/2015
 SCALE: 1:20
 JOB NO: 0887-15
 DRAWING NAME: MIDDLE_FORK_JANSCHECK_TO_OXF44_27
 SHEET 1 OF 3



LEGEND

- - - - -	FLOODPLAIN LIMIT
- - - - -	ELECTRIC LINE
- - - - -	EXISTING R/W LINE
- - - - -	EDGE OF STREAM

NOTE: DRAWING WAS CREATED ON 22x34 PAPER. 11x17 DRAWINGS ARE HALF SCALE. REFER TO SCALE BAR FOR PROPER SCALING.



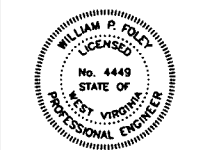
120 PROFESSIONAL PLACE
PROFESSIONAL BUILDING FOUR
BRIDGEPORT, WV 26330

EQT

MIDDLE FORK JANSCHK TO OXF44 WATERLINE
SITE PLAN

REVISIONS

DATE	TYPE



DRAWN BY: AFF
CHECKED BY: WFF
DATE: 6/19/2015
SCALE: AS NOTED
JOB NO. 0887-15
DRAWING NAME:
MIDDLE_FORK_JANSCHK_TO_OXF44_2.W

SHEET 2 OF 3



REVISIONS

DATE	TYPE



DRAWN BY: AFP
 CHECKED BY: WPF
 DATE: 6/19/2018
 SCALE: AS NOTED
 JOB NO: 0887-18
 DRAWING NAME:
 MIDDLE_FORK_JANSCHECK_TO_OXF44_2.W

LEGEND

	FLOODPLAIN LIMIT
	ELECTRIC LINE
	EXISTING R/W LINE
	EDGE OF STREAM

NOTE: DRAWING WAS CREATED ON 22x34 PAPER. 11x17 DRAWINGS ARE HALF SCALE. REFER TO SCALE BAR FOR PROPER SCALING.

