


7015 3430 0001 1569 7163

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OFFICIAL USE

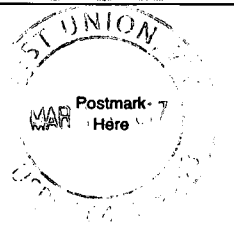
Certified Mail Fee	\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$.49	
Total Postage and Fees	\$ 6.74	456
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

7015 3430 0001 1569 7149

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OFFICIAL USE

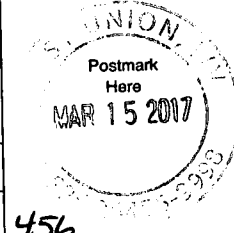
Certified Mail Fee	\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$.49	
Total Postage and Fees	\$ 6.74	456
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

7015 3430 0001 1569 7132

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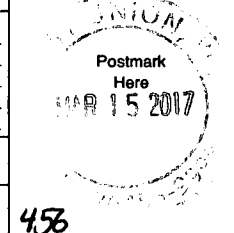
Certified Mail Fee	\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)		
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<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$.49	
Total Postage and Fees	\$ 6.74	456
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

7015 3430 0001 1569 7101

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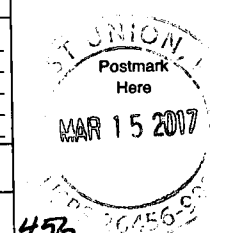
Certified Mail Fee	\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$.49	
Total Postage and Fees	\$ 6.74	456
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

7015 3430 0001 1569 7125

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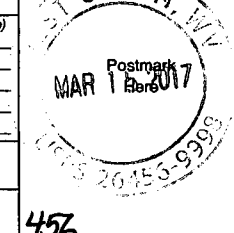
Certified Mail Fee	\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$.49	
Total Postage and Fees	\$ 6.74	456
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

7015 3430 0001 1569 7118

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Certified Mail Fee	\$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$.49	
Total Postage and Fees	\$ 6.74	456
Sent To		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®		
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

5602 695T 1569 7095
7015 3430 0001 1569 7095

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Certified Mail Fee \$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 2.80	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$.49	
Total Postage and Fees \$ 6.74	456
Sent To _____ Street and Apt. No., or PO Box No. _____ City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

9802 695T 1569 7088
7015 3430 0001 1569 7088

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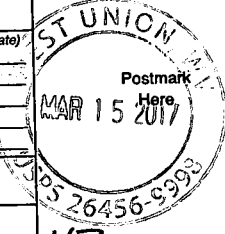
Certified Mail Fee \$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 2.80	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$.49	
Total Postage and Fees \$ 6.74	456
Sent To _____ Street and Apt. No., or PO Box No. _____ City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3430 0001 1569 7071
7015 3430 0001 1569 7071

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Certified Mail Fee \$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 2.80	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$.49	
Total Postage and Fees \$ 6.74	456
Sent To _____ Street and Apt. No., or PO Box No. _____ City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7015 3430 0001 1569 7064
7015 3430 0001 1569 7064

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Certified Mail Fee \$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 2.80	
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<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$.49	
Total Postage and Fees \$ 6.74	456
Sent To _____ Street and Apt. No., or PO Box No. _____ City, State, ZIP+4®	
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7015 3430 0001 1569 7057
7015 3430 0001 1569 7057

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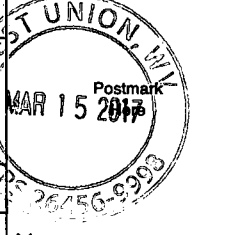
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Extra Services & Fees (check box, add fee as appropriate)	
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<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$.49	
Total Postage and Fees \$ 6.74	456
Sent To _____ Street and Apt. No., or PO Box No. _____ City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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Certified Mail Fee \$ 3.45	
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 2.80	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$.49	
Total Postage and Fees \$ 6.74	456
Sent To _____ Street and Apt. No., or PO Box No. _____ City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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OFFICIAL USE

Certified Mail Fee
 \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **2.80**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ **.49**

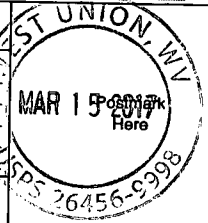
Total Postage and Fees
 \$ **6.74**

Sent To

 Street and Apt. No., or PO Box No.

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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Certified Mail Fee
 \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **2.80**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ **.49**

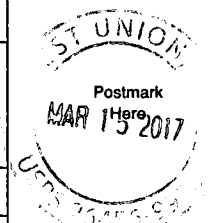
Total Postage and Fees
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Sent To

 Street and Apt. No., or PO Box No.

 City, State, ZIP+4®

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Certified Mail Fee
 \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **2.80**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ **.49**

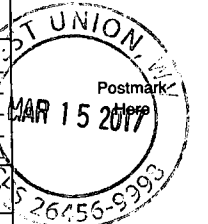
Total Postage and Fees
 \$ **6.74**

Sent To

 Street and Apt. No., or PO Box No.

 City, State, ZIP+4®

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Certified Mail Fee
 \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **2.80**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ **.49**

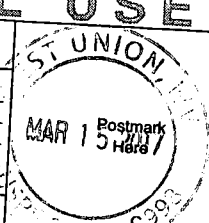
Total Postage and Fees
 \$ **6.74**

Sent To

 Street and Apt. No., or PO Box No.

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



456

7015 3430 0001 1569 7002

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Certified Mail Fee
 \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **2.80**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ **.49**


Total Postage and Fees
 \$ **6.74**

Sent To

 Street and Apt. No., or PO Box No.

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



456

7015 3430 0001 1569 6982

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OFFICIAL USE

Certified Mail Fee
 \$ **3.45**

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ **2.80**
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postage
 \$ **.49**

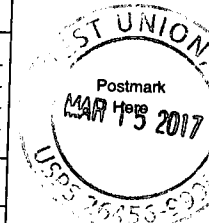
Total Postage and Fees
 \$ **6.74**

Sent To

 Street and Apt. No., or PO Box No.

 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



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7015 3430 0001 1569 7170

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OFFICIAL USE

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$.49
Total Postage and Fees	\$ 6.74

456

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

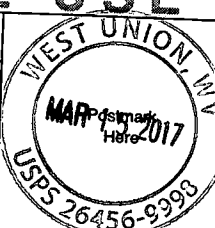
7015 3430 0001 1569 6975

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OFFICIAL USE

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$.49
Total Postage and Fees	\$ 6.74

456

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

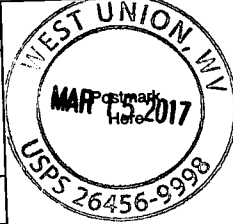
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OFFICIAL USE

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$.49
Total Postage and Fees	\$ 6.74

456

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

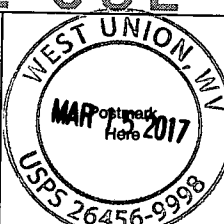
7015 3430 0001 1569 7187

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OFFICIAL USE

Certified Mail Fee	\$ 3.45
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.80
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$



Postage	\$.49
Total Postage and Fees	\$ 6.74

456

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

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.

Rosemary Haught
 PO Box 16
 Alma, WV 26320



9590 9402 2016 6123 8100 55

2. Article Number (Transfer from service label)

7015 3430 0001 1569 6975

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rebecca Bailey*

Agent

Addressee

B. Received by (Printed Name)

Rebecca Bailey

C. Date of Delivery

ROMA 1/7

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail

Mail Restricted Delivery

(over 350)

USPS TRACKING#



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

9590 9402 2016 6123 8100 55

**United States
Postal Service**

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

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

17-456



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.

Sarah L. Mayle
 116 Ralphs Run Rd.
 West Union, WV 26456



9590 9402 2016 6123 8103 07

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7033

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

Sarah Mayle

C. Date of Delivery

3-28-17

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery
 00)

Domestic Return Receipt

USPS TRACKING #



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

9590 9402 2016 6123 8103 07

**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**

17-456

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

Michael W. & Jodi A. Swiger
5577 Riggins Run
West Union, WV 26456



9590 9402 2016 6123 8102 84

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7026

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent
 Addressee

B. Received by (Printed Name)

M. Charles Swiger

C. Date of Delivery

3/20/17

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

fail
 fail Restricted Delivery
 0)

USPS TRACKING #



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

9590 9402 2016 6123 8102 84

**United States
Postal Service**

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

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

17-456

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.

1. Article Addressed to:

Charles W. Yeager III
 9320 Snyder Lane
 Perry Hall, MD 21128



9590 9402 2016 6123 8102 60

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7118

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Charles Yeager
 Agent Addressee

B. Received by (Printed Name)

Charles Yeager

C. Date of Delivery

3-18-17

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

Mail

 Mail Restricted Delivery
 00)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING#



First-Class Mail
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USPS
Permit No. G-10

9590 9402 2016 6123 8102 60

**United States
Postal Service**

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

17-456



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.

1. Article Addressed to:

Janis S. Moore
2 Stevens Pt.
Alum Creek, WV 25003



9590 9402 1888 6104 9698 11

2. Article Number (Transfer from service label)

7015 3430 0001 1569 6999

COMPLETE THIS SECTION ON DELIVERY

A. Signature

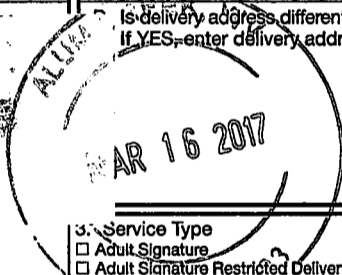
X *Janis S. Moore* Agent
 Addressee

B. Received by (Printed Name)

JANIS S. Moore 3/16/17

C. Date of Delivery

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



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery

(over 500)

USPS TRACKING#



WESTON
MAILED
16 MAR 10
PM 1 L



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

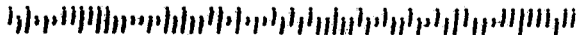
9590 9402 1888 6104 9698 11

United States
Postal Service

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

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

17-456



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.

**Wayne & Edith Ravenscroft
393 Bull Town Road
West Union, WV 26456**



9590 9402 2016 6123 8100 93

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7156

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Edythe Ravenscroft Agent
 Addressee

B. Received by (Printed Name)

Edythe Ravenscroft

C. Date of Delivery

Address different from item 1? Yes
 or delivery address below: No 3/18

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 |
| Mail | |
| Mail Restricted Delivery | |
| 00) | |

USPS TRACKING #



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

9590 9402 2016 6123 8100 93

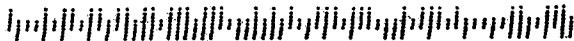
United States
Postal Service

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

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

17-457

209501



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.

Chad Swiger
PO Box 330
Middlebourne, WV 26149



9590 9402 1888 6104 9697 36

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7149

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

Agent

Addressee

Address different from item 1? Yes
 or delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

|| Restricted Delivery

USPS TRACKING #



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

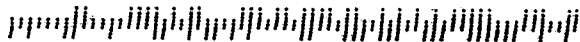
9590 9402 1888 6104 9697 36

**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**

#17-456



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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Phillip S. Underwood* Agent
 Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

3-17-17

address different from item 1? Yes
 or delivery address below: No

Phillip S. Underwood
2018 Nutters Fork
West Union, WV 26456



9590 9402 2016 6123 8101 54

2. Article Number (*Transfer from service label*)

7015 3430 0001 1569 7194

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 | |

USPS TRACKING#



First-Class Mail
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USPS
Permit No. G-10

9590 9402 2016 6123 8101 54

**United States
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• 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**

17-457

209501

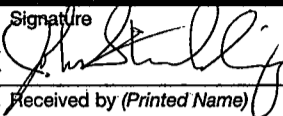


SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

3-17-17

address different from item 1? Yes
 or delivery address below: No

John Paul Strickling
756 Strickling Farm Lane
West Union, WV 26456



9590 9402 2016 6123 8101 23

2. Article Number (*Transfer from service label*)

7015 3430 0001 1569 7279

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 |

USPS TRACKING#



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

9590 9402 2016 6123 8101 23

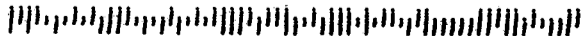
United States
Postal Service

• 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

17-457

209501



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

Kenneth & Jennifer Mason
PO Box 103
Alma, WV 26320



9590 9402 2016 6123 8103 14

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Crystal Haight Agent
 Addressee

B. Received by (Printed Name)

Crystal Haight

C. Date of Delivery

17 MAR 17

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

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 |

Mail
 Mail Restricted Delivery

USPS TRACKING #



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

9590 9402 2016 6123 8103 14

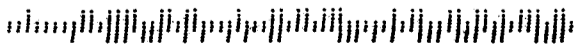
**United States
Postal Service**

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

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

17-456

209501



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.

Estella Goodfellow
 1181 Nett Rd.
 ersville, WV 26175



9590 9402 2016 6123 8100 79

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7187

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Estella Goodfellow

Agent

Addressee

B. Received by (Printed Name)

Estella Goodfellow

C. Date of Delivery

3-17-17

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

J. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail
- Mail Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #



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

9590 9402 2016 6123 8100 79

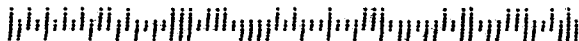
United States
Postal Service

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

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

17456

209501



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.

Stella Spencer
6445 Wylie Ridge Road
New Cumberland, WV 26047



9590 9402 1888 6104 9697 67

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7255

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *W. Spencer* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-17-11

address different from item 1? Yes
 per 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 | |

Mail Restricted Delivery
 (0)

USPS TRACKING #



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

9590 9402 1888 6104 9697 67

**United States
Postal Service**

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

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

17-457



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.

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

Yvonne Foster

 Agent Addressee**B. Received by (Printed Name)**

Yvonne Foster

C. Date of Delivery

3/17/17

address different from item 1? Yesor delivery address below: No

Yvonne Foster
2395 Tallmansville Road
Buckhannon, WV 26201



9590 9402 2016 6123 8101 09

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7293

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 | |

Mail Restricted Delivery (00)

USPS TRACKING



First-Class Mail
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USPS
Permit No. G-10

9590 9402 2016 6123 8101 09

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Postal Service**

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

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

17-457



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 Maxine Welch
 PO Box 4308
 Parkersburg, WV 26104



9590 9402 2016 6123 8103 21

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7057

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mary Welch

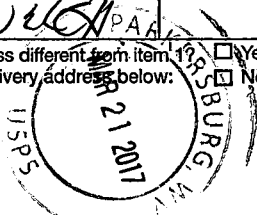
- Agent
 Addressee

B. Received by (Printed Name)

MARY WELCH

C. Date of Delivery

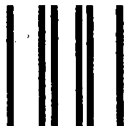
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



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"/> Collect on Delivery Restricted Delivery (over \$500) | |

USPS TRACKING



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

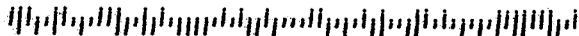
9590 9402 2016 6123 8103 21

**United States
Postal Service**

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

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

17-456



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.

Mark E. Hardgrove
2708 Regal I Circle
Conyers, GA 30012



9590 9402 1888 6104 9697 50

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7088

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

San H. Hardgrove

Agent

Addressee

B. Received by (Printed Name)

San H. Hardgrove

C. Date of Delivery

3-20-17

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

Mail
 Mail Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



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

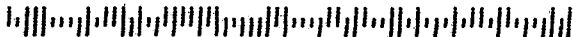
9590 9402 1888 6104 9697 50

**United States
Postal Service**

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

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

17-456



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.

Emma Ash
39959 ST. RT. 800
Woodsfield, OH 43793



9590 9402 2016 6123 8100 62

2. Article Number (Transfer from service label)

7015 3430 0001 1569 6968

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amber Fluharty* Agent
 Addressee

B. Received by (Printed Name)

Amber Fluharty

C. Date of Delivery

3-20-17

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

all
all Restricted Delivery

USPS TRACKING#



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

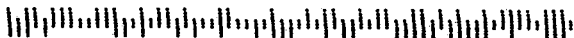
9590 9402 2016 6123 8100 62

**United States
Postal Service**

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

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

17-456



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.

Donald C. Kesterson
 PO Box 2036
 Parkersburg, WV 26102



9590 9402 1888 6104 9697 81

Article Number (Transfer from service label)

7015 3430 0001 1569 6982

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jayne Berbe*

- Agent
 Addressee

B. Received by (Printed Name)

Jayne Berbe

C. Date of Delivery

3-20-17

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

3. Service Type

- Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

USPS TRACKING#



9590 9402 1888 6104 9697 81

**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

17-456

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

5-209501



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.

1. Article Addressed to:

Clarence W. Mutschelknaus Sr & Jr DBA B&C Oil & Gas
 PO Box 351
 Salem, WV 2646



9590 9402 1888 6104 9697 74

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Robert Osborn

C. Date of Delivery

address different from item 1? Yes
 or delivery address below: No

MAR 17 2017

#17-456

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail
- Mail Restricted Delivery

 Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery

USPS

USPS TRACKING #



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

9590 9402 1888 6104 9697 74

**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

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.

James N. & Tammy L. Wright
47 McKenzie Lane
West Union, WV 26456



9590 9402 1888 6104 9697 98

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7132

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/17/17

Address different from item 1? Yes
 or 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"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery (00) | |

USPS TRACKING #



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

9590 9402 1888 6104 9697 98

**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

#17-456

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.

Nannie Ash
94 Pinewood Road
Clarksburg, WV 26301



9590 9402 2016 6123 8100 31

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7019

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Michael h. Ash*

- Agent
 Addressee

B. Received by (Printed Name)

Michael h. Ash

C. Date of Delivery

3/10

- 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 |
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| Mail Restricted Delivery | |
| 00) | |

USPS TRACKING #



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

9590 9402 2016 6123 8100 31

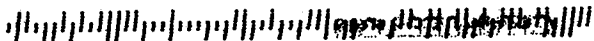
United States
Postal Service

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

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

JF456
A. 2016 ST

052 AM



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.

I. L. Morris & Michael Ross
PO Box 397
Glenville, WV 26351



9590 9402 2016 6123 8103 38

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7064

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mike Triplett*

- Agent
 Addressee

B. Received by (Printed Name)

Mike Triplett

C. Date of Delivery

2-17-17

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 |
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| /ail Restricted Delivery | |
| ID) | |

USPS TRACKING #



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

9590 9402 2016 6123 8103 38

**United States
Postal Service**

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

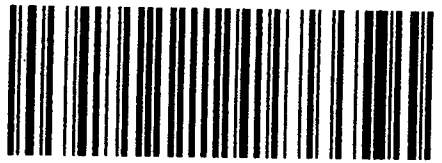
George Eidel
Doddrige County OEM/CFM
108 Court St. Ste 1
West Union, WV 26456

17-456

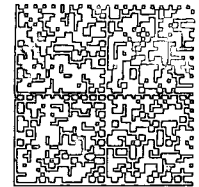


CERTIFIED MAIL

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



7015 3430 0001 1569 7170



HASLER

\$006.74⁰⁰

03/15/2017 ZIP 26456
012E14643162

US POSTAGE

UNC

3/17
3-22
(4-1)
UNC

108

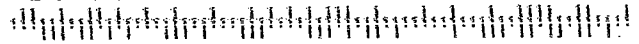
Allen Smith
180 E Madison St.
Paden City, WV 26159

NIXIE 250 DE 1 0004/16/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

26456209501 ANK
26456209501

BC: 26456209501 *1771-04804-15-44



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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.

Allen Smith
180 E Madison St.
Paden City, WV 26159



9590 9402 2016 6123 8100 86

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7170

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name)

C. Date of Delivery

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 | |

Domestic Return Receipt

Doddridge County Office of
Emergency Management/Floodplain Management
108 Court Street Suite 1
Tel 304-873-1343
doddridgecountyfpm@gmail.com



MARCH 10, 2017

Dear Sir or Ma'am,

You are receiving this letter because you have been identified as a land surface and/or mineral rights owner for property or adjacent property related to the proposed development/project identified by the following page.

No action is required of you. This letter is simply to inform you of the proposed development.

If you would like to comment on this proposed project, or would like additional information, you may contact the Doddridge County Floodplain Manager at the above address.

Respectfully yours,

A handwritten signature in cursive script, appearing to read "George Eidel".

George Eidel, CFM, OEM Director/Floodplain Manager



Doddridge County Floodplain Permits

(Week of March 20, 2017)

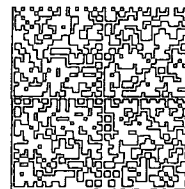
Please take notice that on the **21st day of March, 2017, Blue Mountain Inc. on behalf of EQT Production Company** filed an application for a Floodplain Permit **#17-456** to develop land located at or about **McElroy Creek at Ralphs Run Bridge, 39.394366, -80.406015**. The Application is on file with 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 **April 10, 2017** (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 renewal to permit #15-399, temporary water withdrawal.**

CERTIFIED MAIL

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



7015 3430 0001 1569 7095



HASLER

\$006.74⁰

03/15/2017 ZIP 26456
012E14643162

US POSTAGE

WTF

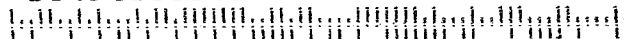
Ocia Adams
PO Box 18
Reader, WV 26167

NIXIE 250 FE 1 0003/22/17

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

26456209501
03152017
012E14643162
WTF

BC: 26456209501 *1771-04848-15-44



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOR A POSTED LINE

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.

Ocia Adams
 PO Box 18
 Reader, WV 26167



9590 9402 1888 6104 9697 43

2. Article Number (Transfer from service label)

7015 3430 0001 1569 7095

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail
 Restricted Delivery
 00)

Doddridge County Office of
Emergency Management/Floodplain Management
108 Court Street Suite 1
Tel 304-873-1343
doddridgecountyfpm@gmail.com



MARCH 10, 2017

Dear Sir or Ma'am,

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Respectfully yours,

A handwritten signature in cursive script, appearing to read "George Eidel".

George Eidel, CFM, OEM Director/Floodplain Manager



Doddridge County Floodplain Permits

(Week of March 20, 2017)

Please take notice that on the **21st day of March, 2017, Blue Mountain Inc. on behalf of EQT Production Company** filed an application for a Floodplain Permit **#17-456** to develop land located at or about **McElroy Creek at Ralphs Run Bridge, 39.394366, -80.406015**. 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 **April 10, 2017** (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 renewal to permit #15-399, temporary water withdrawal.**



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: #17-456

McElroy Creek at Ralphs Run Bridge

Date Approved: April 10, 2017

Expires: April 10, 2018

Issued to: EQT Production Company

POC: Cory Chalmers
304-848-0061

Company Address: 120 Professional Place, Bridgeport, WV 26330

Project Address: McElroy Creek at Ralphs Run Bridge

Firm:

Lat/Long: 39.394366, -80.406015

Purpose of development: (renewal to #15-399) Temporary water withdrawal

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

Date: April 10, 2017

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



Blue Mountain, Inc.
Woman Owned Small Buisness
11023 Mason Dixon Hwy
Burton, WV 26562
304.662.6486

first
Exchange Bank
69-135/515

ESShield® Check Fraud
Protection for Business

3/2/2017

COPY

\$ **500.00

PAY TO THE ORDER OF **DODDRIDGE COUNTY COMMISSION**

Five Hundred and 00/100*****

DOLLARS

DODDRIDGE COUNTY COMMISSION
108 COURT STREET, STE 1
WEST UNION, WV 26456



Wanda J. Siz
AUTHORIZED SIGNATURE

MEMO

McELROY CREEK AT RALPH'S RUN

⑈014609⑈ ⑆051501354⑆ 20⑈02309⑈

17-456

COPY

Security features. Details on back.



Doddridge County Floodplain Permits

(Week of March 20, 2017)

Please take notice that on the **21st day of March, 2017**, **Blue Mountain Inc. on behalf of EQT Production Company** filed an application for a Floodplain Permit **#17-456** to develop land located at or about **McElroy Creek at Ralphs Run Bridge, 39.394366, -80.406015**. 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 **April 10, 2017** (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 renewal to permit #15-399, temporary water withdrawal.**



LETTER OF TRANSMITTAL

TO: Doddridge County
 Assessors Office
 c/o Floodplain Manager
 108 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: 14609
2	1 Original 1 Copy	Update McElroy Creek at Ralph's Run Doddridge County Floodplain permit

MAR 3 17 2:06PM

Submitted By: Kaley DuCoeur Date: 3-2-17

Received By: _____ Date: _____

Print Name: _____

Please Sign and Return Via Fax or Email

Fax: (304) 662-6501
 Email: bmi@bluemtninc.com



Blue Mountain Inc.
11023 Mason Dixon Highway
Burton, WV 26562
Ph: (304) 662-6486
Fax: (304) 662-6501

March 1, 2017

To: Doddridge County Assessor's Office
c/o Mr. George Eidel
108 Court Street, Suite 1
West Union, WV 26456

MAR 3 17 2:06PM

Subject: Doddridge County Floodplain Permit
EQT Production Company
McElroy Creek at Ralph's Run Bridge

Dear Mr. George Eidel,

This letter is to request a floodplain permit renewal for the McElroy Creek at Ralph's Run Bridge Withdrawal sent on November 11, 2015. Enclosed please find one original and one copy of the completed Doddridge County Floodplain Permit and the associated fee for the following project:

Applicant: EQT Production Company

Project Name: McElroy Creek at Ralph's Run Bridge

Project Description: EQT Production Company is proposing to construct spring/summer 2017 a temporary above ground waterline and withdrawal. There are no potential impacts to the floodplain, everything is above ground. There will be a secondary containment structure around the pump to ensure no potential spill will occur. The waterline will be anchored within the floodplain. 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
Project Scientist, on behalf of:

Mr. Cory Chalmers
EQT Production Company
120 Professional Place
Bridgeport, WV 26330
CChalmers@eqt.com
(304) 848-0061

\Enclosures



Permit# Renewal of Permit # 17-456

Project Name McElroy Creek at Ralph's Run
Bridge Withdrawal

Permittees Name: Mr. Cory Chalmers

MAR 3 17 2:06PM

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 _____

DATE 2/23/2017

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): Cory Chalmers		
Corporate POC Title: Environmental Coordinator		
Corporate POC Primary Phone: (304) 848-0061		
Corporate POC Primary Email: CChalmers@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: Fax: (304) 662-6501		
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 checked="" 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 checked="" 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 waterline

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:		
McElroy 44.09 AC		
Physical Address/911 Address: St. Rt. 23 & Ralphs Run Rd.		
Decimal Latitude/Longitude: 39.394366, -80.706015		
DMS Latitude/Longitude: NAD83: N 39° 23' 39.717"; W 80° 42' 21.6534"		
District: 5	Map: 11	Parcel: 23.1
Land Book Description:		
WB48/356		
Deed Book Reference:		
Tax Map Reference:		
09-05-0011-0023-0001		
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: <u>1</u> of <u>1</u>
--

Property Owner Data:		
Name of Primary Owner (PO): Mayle Sarah L (WINE)		
PO Address: 116 Ralphs Run Rd.		
City: West Union	State: WV	Zip: 26562
PO Primary Phone:		216 456
PO Secondary Phone:		
PO Primary Email:		

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: Blue Mountain, Inc.		
Engineer WV License Number: 449		
Engineer Firm FEIN: 550704426	Engineer Firm DUNS: 805979713	
Engineer Firm Primary Point of Contact (POC): Josh Diaz		
Engineer Firm Primary POC Title: Vice President/Professional Engineer		
Engineer Firm Mailing Address: 11023 Mason Dixon Highway		
City: Burton	State: WV	Zip-Code: 26562
Engineer Firm Office Phone: (304) 662-6486		
Engineer Firm Primary POC Phone: (304) 662-6486		
Engineer Firm Primary POC E-Mail: BMI@bluemtninc.com		

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.

2

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Swiger Michael W & Jodi A		
PO Address: 5577 Riggins Rn		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

3

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Glaspell Shawn A		
PO Address: 5512 Riggins Rn		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

4

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Talley Richard A		
PO Address: 14099 WV RT 23		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Antero Midstream LLC		
PO Address: PO Box 1092		
City: Sparks Glencoe	State: MD	Zip: 21152
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

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.

5	Adjacent Property Owner Data:		
	Name of Primary Owner (PO): Swiger Chad A		
	PO Address: HC 67 Box 106		
	City: West Union	State: WV	Zip: 26456
	PO Primary Phone:		
	PO Secondary Phone:		
	PO Primary Email:		

6	Adjacent Property Owner Data:		
	Name of Primary Owner (PO): Glaspell Mary Lee		
	PO Address: 14723 WV Route 23N		
	City: West Union	State: WV	Zip: 26456
	PO Primary Phone:		
	PO Secondary Phone:		
	PO Primary Email:		

7	Adjacent Property Owner Data:		
	Name of Primary Owner (PO): Swinger Barbara M (LIFE)		
	PO Address: 14660 WV Route 23		
	City: West Union	State: WV	Zip: 26456
	PO Primary Phone:		
	PO Secondary Phone:		
	PO Primary Email:		

8	Adjacent Property Owner Data:		
	Name of Primary Owner (PO): Yeager Charles W III		
	PO Address: 9320 Snyder Ln		
	City: Perry Hall	State: MD	Zip: 21128
	PO Primary Phone:		
	PO Secondary Phone:		
	PO Primary Email:		

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.

9

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Moore Forest C Et ux		
PO Address: 16562 WV Route 23N		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

10

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Wright James N & Tammy L (SURV)		
PO Address: HC 67 Box 90		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

11

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Hardgrove Mark E		
PO Address: 2708 Regal ICircle		
City: Conyers	State: GA	Zip: 30012
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

12

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Adams Ocia		
PO Address: PO Box 18		
City: Reader	State: WV	Zip: 26167
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

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.

13

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Mason Kenneth & Jennifer L (SURV)		
PO Address: PO BOX 103		
City: Alma	State: WV	Zip: 26320
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

14

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Morris I L & Michael Ross		
PO Address: PO Box 397		
City: Glenville	State: WV	Zip: 26351
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

15

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Welch Mary Maxine		
PO Address: PO Box 4308		
City: Parkersburg	State: WV	Zip: 26104
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

16

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Ash Nannie		
PO Address: 94 Pinewood Rd.		
City: Clarksburg	State: WV	Zip: 26301
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

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.

17	Adjacent Property Owner Data:		
	Name of Primary Owner (PO): Ash Emma		
	PO Address: 39959 St. Rt. 800		
	City: Woodsfield	State: OH	Zip: 43793
	PO Primary Phone:		
	PO Secondary Phone:		
	PO Primary Email:		

18	Adjacent Property Owner Data:		
	Name of Primary Owner (PO): Moore Janis S et al		
	PO Address: 2 Stevens Pt		
	City: Alum Creek	State: WV	Zip: 25003
	PO Primary Phone:		
	PO Secondary Phone:		
	PO Primary Email:		

19	Adjacent Property Owner Data:		
	Name of Primary Owner (PO): Kesterson Donald C		
	PO Address: PO Bos 2036		
	City: Parkersburg	State: WV	Zip: 26102
	PO Primary Phone:		
	PO Secondary Phone:		
	PO Primary Email:		

20	Adjacent Property Owner Data:		
	Name of Primary Owner (PO): Smith Allen		
	PO Address: 180 E Madison St.		
	City: Paden City	State: WV	Zip: 26159
	PO Primary Phone:		
	PO Secondary Phone:		
	PO Primary Email:		

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.

21

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Haught Rosemary		
PO Address: PO Box 16		
City: Alma	State: WV	Zip: 26320
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

22

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Goodfellow Estella		
PO Address: 1181 Nett Rd		
City: Sistersville	State: WV	Zip: 26175
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

23

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Mutschelknaus Clarence W Sr & Jr DBA B& C Oil & Gas		
PO Address: PO Box 351		
City: Salem	State: WV	Zip: 26462
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

Adjacent Property Owner Data:		
Name of Primary Owner (PO): Mason Kenneth R & Jennifer L (duplicate)		
PO Address: PO Box 99		
City: Alma	State: WV	Zip: 26320
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:

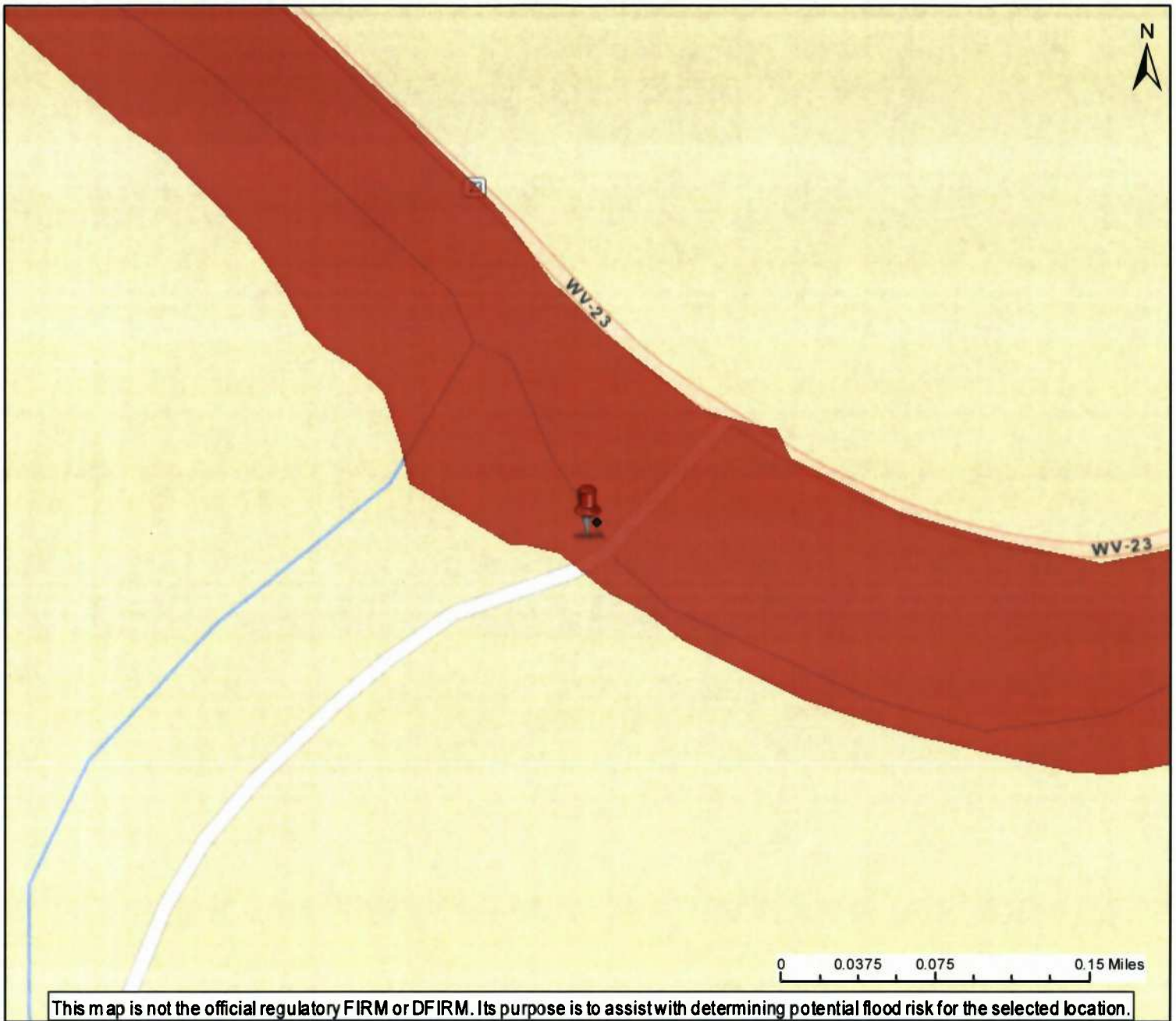
- I certify that I am authorized to submit this application for the primary project developer.
- I certify that the information included in this application is to the best of my knowledge true and complete.
- I certify that all required Federal, State, and local permits required by law and/or ordinance 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: _____

Date: 2/28/2017

Applicant Printed Name: Cory Chalmers

WV Flood Map



User Notes:

- Flood Hazard Zone
- Flood Point of Interest

Disclaimer:

The online map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. To obtain more detailed information in areas where Base Flood Elevations have been determined, users are encouraged to consult the latest Flood Profile data contained in the official flood insurance study. These studies are available online at www.msc.fema.gov. *WV Flood Tool (<http://www.MapWV.gov/flood>) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.*

Map created on February 21, 2017

Flood Hazard Area:

Flood Hazard Area: Location is WITHIN the FEMA 100-year floodplain.

FEMA Issued Flood Map: 54017C0040C

Watershed (HUC8): Little Musringum-Middle Island (5

Elevation: About 746 ft

Location (long, lat): (80.705951 W, 39.394316 N)

Location (UTM 17N): (525321, 4360576)

Contacts: Doddridge

CRS Information: N/A

Parcel Number: No Parcel

