

578 69 69 1569 8159

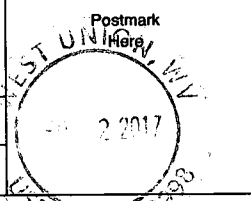
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Nona Sutton Hancock

Street and Apt. No., or PO Box No.
36 Meadowbrook Dr.

City, State, ZIP+4®
Candler, NC 28715 17-482

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

7015 3430 0001 1569 8177

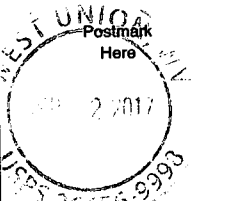
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Amv A. Cochran

Street and Apt. No., or PO Box No.
4614 Oak River Circle

City, State, ZIP+4®
Valrico, FL 33596 17-482

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

7015 3430 0001 1569 8191

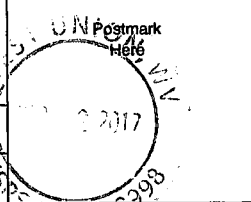
U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To James E. Stout, II & Angela Stout Harkness

Street and Apt. No., or PO Box No.
60 Hillcrest Terrace

City, State, ZIP+4®
Parkersburg, WV 26101 17-482

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

7015 3430 0001 1569 8166

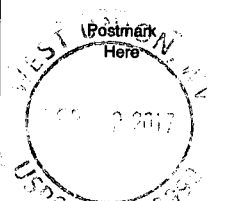
U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Nicole L. Shaver

Street and Apt. No., or PO Box No.
2722 Greenbrier Rd.

City, State, ZIP+4®
Salem, WV 26426 17-482

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

7015 3430 0001 1569 8184

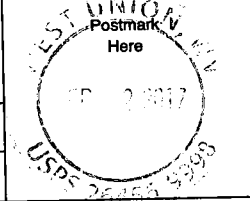
U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Betty Larson

Street and Apt. No., or PO Box No.
7425 North E Parlane

City, State, ZIP+4®
Vancouver, WA 28662 17-482

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

7015 3430 0001 1569 8207

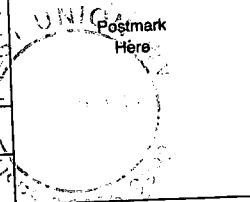
U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Doris Jo Riffle

Street and Apt. No., or PO Box No.
23810 Eisenhower Dr.

City, State, ZIP+4®
Circleville, OH 43113 17-482

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

7659 5272 0000 2275 6541

U.S. Postal Service CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee
\$ **3.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **2.75**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ **.49**

Total Postage and Fees
\$ **6.59**

Sent To
Thomas F. & Mary Jo Hickman (SURV)
Street and Apt. No., or PO Box No.
101 Hickman Rd.
City, State, ZIP+4®
Salem, WV 26426 17-482

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

7017 0660 0000 2275 6544

U.S. Postal Service CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Certified Mail Fee
\$ **3.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **2.75**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ **.49**

Total Postage and Fees
\$ **6.59**

Sent To
Rodney G. Etal Evans
Street and Apt. No., or PO Box No.
108 Humes Fork Rd.
City, State, ZIP+4®
Salem, WV 26426 17-482

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

5552 5272 0000 2275 6553

U.S. Postal Service CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee
\$ **3.35**

Extra Services & Fees (check box, add fee as appropriate)

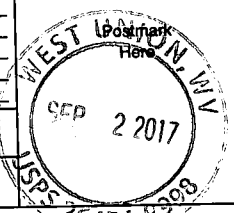
Return Receipt (hardcopy) \$ **2.75**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ **.49**

Total Postage and Fees
\$ **6.59**

Sent To
Robert R. Evans
Street and Apt. No., or PO Box No.
Pt. 1, Box 380
City, State, ZIP+4®
Salem, WV 26426 17-482

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

7017 0660 0000 2275 6560

U.S. Postal Service CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee
\$ **3.35**

Extra Services & Fees (check box, add fee as appropriate)

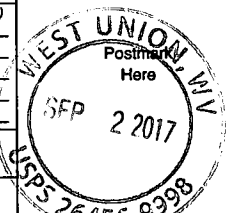
Return Receipt (hardcopy) \$ **2.75**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ **.49**

Total Postage and Fees
\$ **6.59**

Sent To
Melodie Lea Jones
Street and Apt. No., or PO Box No.
3670 Greenbrier Rd.
City, State, ZIP+4®
Salem, WV 26426 17-482

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

7017 0660 0000 2275 6577

U.S. Postal Service CERTIFIED MAIL® RECEIPT

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OFFICIAL USE

Certified Mail Fee
\$ **3.35**

Extra Services & Fees (check box, add fee as appropriate)

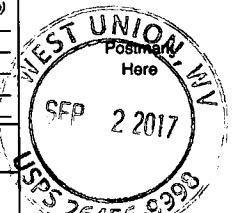
Return Receipt (hardcopy) \$ **2.75**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ **.49**

Total Postage and Fees
\$ **6.59**

Sent To
Richard D. & Marguerite A. Clevenger
Street and Apt. No., or PO Box No.
7230 Greenbrier Rd.
City, State, ZIP+4®
Salem, WV 26426 17-482

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

7017 0660 0000 2275 6607

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OFFICIAL USE

Certified Mail Fee
\$ **3.35**

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ **2.75**

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage
\$ **.49**

Total Postage and Fees
\$ **6.59**

Sent To
Richard G. & Linda (Paulauskas) Honey
Street and Apt. No., or PO Box No.
709 Miletus Rd.
City, State, ZIP+4®
Salem, WV 26426 17-482

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

2529 6519 1569 8252

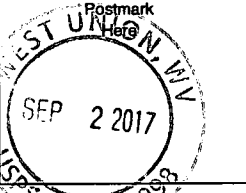
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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Richard T. Stout, Diana L. Boren, Mi. Gram
Street and Apt. No., or PO Box No.

282 Lake Floyd Circle
Bristol, WV 26426 17-482
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 2275 6621

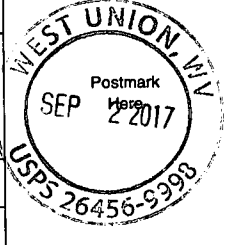
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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Timothy L. & Lisa A. Bowen (SURV)
Street and Apt. No., or PO Box No.

166 Miletus Rd.
Salem, WV 26426 17-482
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 2275 6584

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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Jeffrey A. & Penelope B. Mills
Street and Apt. No., or PO Box No.

1093 Miletus Rd.
Salem, WV 26426 17-482
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 2275 6614

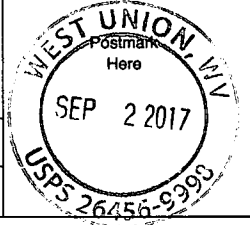
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Charles David Meek
Street and Apt. No., or PO Box No.

302 Miletus Rd.
Salem, WV 26426 17-482
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0000 2275 6638

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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Michael R. & Michelle L. Delvinna (SURV)
Street and Apt. No., or PO Box No.

22 Miletus Road
Salem, WV 26426 17-482
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 3430 0001 1569 8146

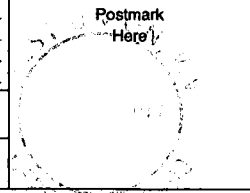
U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$
 Certified Mail Restricted Delivery \$
 Adult Signature Required \$
 Adult Signature Restricted Delivery \$



Postage
\$.49

Total Postage and Fees
\$ 6.59

Sent To Robert Earl Jones
Street and Apt. No., or PO Box No.

342 Roxford Church Rd. SE
New Philadelphia, OH 44663 17-482
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 3430 0001 1569 8214

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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$2.75
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage
\$.49

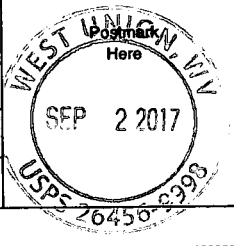
Total Postage and Fees
\$ 6.59

Sent To John A. Stout, Jr.

Street and Apt. No., or PO Box No.
5938 Leonard Loop

City, State, ZIP+4®
Murle Beach, SC 29558 17-482

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



7015 3430 0001 1569 8214

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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$2.75
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage
\$.49

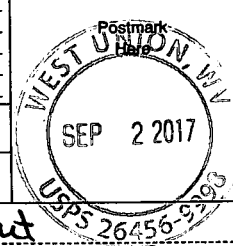
Total Postage and Fees
\$ 6.59

Sent To Benjamin T. Stout

Street and Apt. No., or PO Box No.
4749 Greenbrier Rd.

City, State, ZIP+4®
Salem, WV 26426 17-482

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



7015 3430 0001 1569 8238

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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$2.75
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage
\$.49

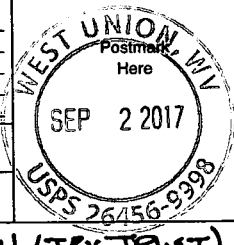
Total Postage and Fees
\$ 6.59

Sent To James & Phyllis Cottrill (TRUST)

Street and Apt. No., or PO Box No.
621 Water St.

City, State, ZIP+4®
Salem, WV 26426 17-482

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



7015 3430 0001 1569 8245

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OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$2.75
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage
\$.49

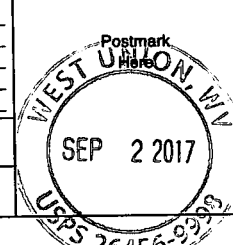
Total Postage and Fees
\$ 6.59

Sent To John Guy Stout

Street and Apt. No., or PO Box No.
P.O. Box 5

City, State, ZIP+4®
Ellenboro, WV 26346 17-482

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.

1. Article Addressed to:

Betty Larson
 7425 North E Par Lane
 Vancouver, WA 28662



9590 9402 2859 7069 5443 60

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Karen L. Quinn Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-18-17

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

5709 NE 40th AVE
 Vancouver WA 98661

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 #



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

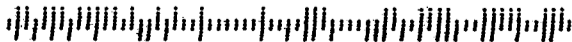
9590 9402 2859 7069 5443 60

**United States
Postal Service**

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

**George Eidel
Doddridge County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482



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:

John Guy Stout
P.O. Box 5
Ellenboro, WV 26346



9590 9402 2859 7069 5445 68

2. Article Number (Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY****A. Signature****X**

Larry E. Stout

- Agent
 Addressee

B. Received by (Printed Name)

LARRY E. STOUT

C. Date of Delivery

9/11/17

- 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) | |

USPS TRACKING #



9590 9402 2859 7069 5445 68



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

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482



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:

Nona Sutton Hancock
36 Meadowbrook Drive
Candler, NC 28715



9590 9402 2859 7069 5443 39

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Dougherty 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

- | | |
|--|---|
| <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 #



9590 9402 2859 7069 5443 39



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

United States
Postal Service

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

George Eidel
Doddridge County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456

17-482

6-201205



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:

Doris Jo Riffle
23810 Eisenhower Drive
Circleville, OH 43113



9590 9402 2859 7069 5443 84

2. Article Number (Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

Renee Rife

C. Date of Delivery

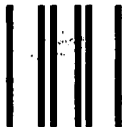
9/5/77

- 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) | |

USPS TRACKING



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

9590 9402 2859 7069 5443 84

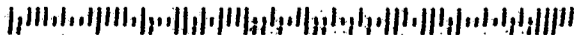
United States
Postal Service

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

George Eidel
Doddridge County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456

17-482

6-201205



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:

Melodie Lea Jones
3670 Greenbrier Road
Salem, WV 26426



9590 9402 2859 7069 5446 05

2. Article Number *(Transfer from service label)***COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Melodie Jones*

- Agent
 Addressee

B. Received by *(Printed Name)*

MELODIE JONES

C. Date of Delivery

9-6-17

- 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) | |

USPS TRACKING #



9590 9402 2859 7069 5446 05



First-Class Mail
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USPS
Permit No. G-10

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482

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:

as E. & Mary Jo Hickman (SURV)
 101 Hickman Road
 Salem, WV 26426



9590 9402 2859 7069 5446 36

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tom Hickman*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/17

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

- Yes
 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) | |

USPS TRACKING #



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

9590 9402 2859 7069 5446 36

**United States
Postal Service**

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

**George Eidel
Doddridge County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482



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:

Robert Earl Jones
342 Roxford Church Rd. SE
New Philadelphia, OH 44663



9590 9402 2859 7069 5443 22

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **ROBT JONES**

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-8-17

 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) | |

USPS TRACKING #



9590 9402 2859 7069 5443 22



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

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482



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:

ard D. & Marguerite A. Clevenger
3730 Greenbrier Road
Salem, WV 26426



9590 9402 2859 7069 5446 12

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Richard Clevenger* Agent
 Addressee

B. Received by (Printed Name)

R. Clevenger

C. Date of Delivery

9/5/17

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) | |

USPS TRACKING #



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

9590 9402 2859 7069 5446 12

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482

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:

Jeffrey A. & Penelope B. Mills
1083 Miletus Road
Salem, WV 26426



9590 9402 2859 7069 5446 29

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

John A. Mills

 Agent Addressee

B. Received by (Printed Name)

J. Mills

C. Date of Delivery

9/5/17

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) | |

USPS TRACKING #



9590 9402 2859 7069 5446 29



First-Class Mail
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**United States
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• Sender: Please print your name, address, and ZIP+4® in this box•

George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456

17-482

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:

Moathy L. & Lisa A. Bowen (SURV)
 166 Miletus Road
 Salem, WV 26426



9590 9402 2859 7069 5381 47

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Lisa Bowen Agent
 Addressee

B. Received by (Printed Name)

Lisa Bowen

C. Date of Delivery

9/5/17

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) | |

USPS TRACKING#



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

9590 9402 2859 7069 5381 47

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482

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 David Meek
302 Miletus Road
Salem, WV 26426



9590 9402 2859 7069 5380 17

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 R. Nicholas
 Agent Addressee

B. Received by (Printed Name)

R. Nicholas

C. Date of Delivery

9/5/17
 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) | |

USPS TRACKING #



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

9590 9402 2859 7069 5380 17

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482

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:

Mr. G. & Linda (Paulausksa) Haney
708 Miletus Road
Salem, WV 26426



9590 9402 2859 7069 5446 43

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Linda B Haney* Agent
 Addressee

B. Received by (Printed Name)

L. Haney

C. Date of Delivery

8/5/17

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) | |

USPS TRACKING #



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

9590 9402 2859 7069 5446 43

**United States
Postal Service**

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

**George Eidel
Doddridge County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482

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:

s & Phylis Cottrill (IRV. TRUST)
626 Water Street
Salem, WV 26426



9590 9402 2859 7069 5444 14

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Phyllis II

C. Date of Delivery

9-5-17

 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) | |

USPS TRACKING #



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

9590 9402 2859 7069 5444 14

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-48a

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:

K. & Michelle L. DeVinney (SURV)
22 Miletus Road
Salem, WV 26426



9590 9402 2859 7069 5381 30

2. Article Number. (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Xe Michelle L. DeVinney Agent
 Addressee

B. Received by (Printed Name)

M. DeVinney

C. Date of Delivery

*9/5/17*D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes 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) | |

USPS TRACKING #



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

9590 94 2859 7069 5381 30

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482

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:

T. Stout, Diana L. & Dorena M. Grimm
282 Lake Floyd Circle
Bristol, WV 26426



9590 9402 2859 7069 5445 75

Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Barbara Stout

-
- 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

Barbara Stout

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 #



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

9590 9402 2859 7069 5445 75

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482

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:

Rodney G. Etal Evans
108 Hunters Fork Road
Salem, WV 26426



9590 9402 2859 7069 5445 82

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Rodney Evans* Agent
 Addressee

B. Received by (Printed Name)

Rod Evans

C. Date of Delivery

9/5/17

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) | |

USPS TRACKING #



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

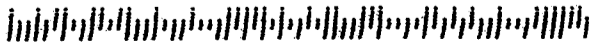
9590 9402 2859 7069 5445 82

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482



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:

Stout, II & Angela Stout Harkness
601 Hillcrest Terrace
Parkersburg, WV 26101



9590 9402 2859 7069 5443 77

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Regan Stout

C. Date of Delivery

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

 SEP 14 2017
 26101
 USPS

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 #



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

9590 9402 2859 7069 5443 77

**United States
Postal Service**

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

**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482

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: _____

Nicole L. Shaver
2722 Greenbrier Road
Salem, WV 26426



9590 9402 2859 7069 5443 46

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Nicole Shaver*

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Nicole Shaver

C. Date of Delivery

*9/14*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) | |

USPS TRACKING #



9590 9402 2859 7069 5443 46



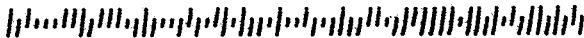
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

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

George Eidel
Doddridge County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456

17-482



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:

Benjamin T. Stout
4749 Greenbrier Road
Salem, WV 26426



9590 9402 2859 7069 5444 07

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/25

 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) | |

USPS TRACKING #



9590 9402 2859 7069 5444 07



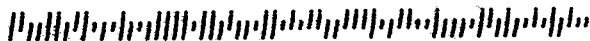
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

**United States
Postal Service**

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

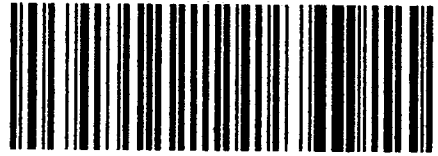
**George Eidel
Doddrige County OEM/CFM
105 Court St., Ste. 3
West Union, WV 26456**

17-482

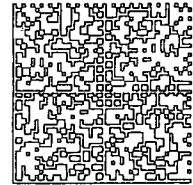


CERTIFIED MAIL®

Floodplain Manager
Doddridge County Office of Emergency Management
105 Court Street, Ste. 3
West Union, WV 26456



7015 3430 0001 1569 8177



HASLER

\$006.59⁰

09/01/2017 ZIP 26456
012E14643162

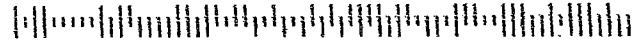
US POSTAGE

Amy A. Cochran
4614 Oak River Circle
Valrico, FL 33596

250 NFE 1 31610009/02/17
FORWARD TIME EXP RTN TO SEND
COCHRAN
3202 BEACH DR SE APT C
ST PETERSBURG FL 33705-4877

RETURN TO SENDER

00590048462 602



TURN TOP OF ENVELOPE TO THE RIGHT

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:

Amy A. Cochran
 4614 Oak River Circle
 Valrico, FL 33596



9590 9402 2859 7069 5443 53

2. Article Number. (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

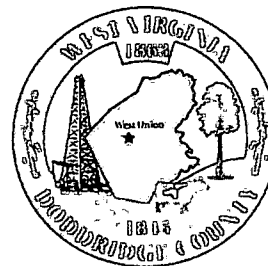
C. Date of Delivery

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
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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



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Respectfully yours,

George Eidel

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

Doddridge County Floodplain Manager



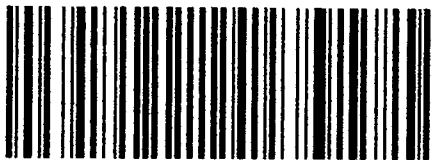
Doddridge County Floodplain Permits

(Week of September 4, 2017)

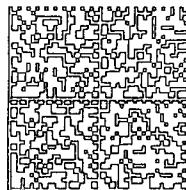
Please take notice that on the **30th** day of **August, 2017**, **Blue Mountain Inc. on behalf of Dominion Energy** filed an application for a Floodplain Permit (**#17-482**) to develop land located at or about **Salem/Long Run Road, Coordinates 39.240026 N, -80.624101 W**. The Application is on file 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 **September 25, 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 for replacement of 2 inch gas line**

CERTIFIED MAIL®

Floodplain Manager
Doddrige County Office of Emergency Management
105 Court Street, Ste. 3
West Union, WV 26456



7015 3430 0001 1569 8214



HASLER

\$006.59⁰⁰

09/01/2017 ZIP 26456
012E14643162

US POSTAGE

N-I
9-22
9/27
10/7

John A. Stout, Jr.
5938 Leonard Loop
Myrtle Beach, SC 29558

fw

STOU938 295884325
NOTIFY SENDER OF N
STOUT JOHN A JR
PO BOX 30321
MYRTLE BEACH SC 29

NIXIE 296 DC 1 0918/11/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 26456201205 *2580-04288-12-27

26456>2012



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOR POSTAL USE

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:

John A. Stout, Jr.
5938 Leonard Loop
Myrtle Beach, SC 29558



9590 9402 2859 7069 5443 91

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

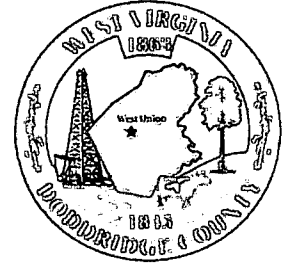
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation 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



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Doddridge County Floodplain Manager



Doddridge County Floodplain Permits

(Week of September 4, 2017)

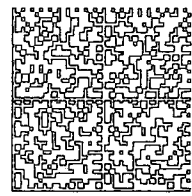
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CERTIFIED MAIL®

Floodplain Manager
Doddridge County Office of Emergency Management
105 Court Street, Ste. 3
West Union, WV 26456



7017 0660 0000 2275 6553



HASLER

\$006.59⁰⁰

09/01/2017 ZIP 26456
012E14643162

US POSTAGE

9/5/12 AS
3849

Robert R. Evans
Route 1, Box 380
Salem, WV 26426

NIXIE 250 DE 1 0010/07/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC BC: 26456201205 *1771-01413-07-31
26456>2012

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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:

Robert R. Evans
Route 1, Box 380
Salem, WV 26426



9590 9402 2859 7069 5445 99

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

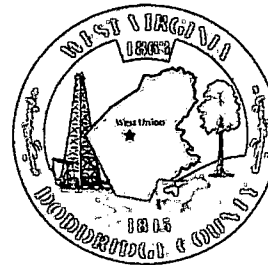
C. Date of Delivery

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
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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



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Respectfully yours,

George Eidel

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

Doddridge County Floodplain Manager



Doddridge County Floodplain Permits

(Week of September 4, 2017)

Please take notice that on the **30th** day of **August, 2017**, **Blue Mountain Inc. on behalf of Dominion Energy** filed an application for a Floodplain Permit (**#17-482**) to develop land located at or about **Salem/Long Run Road, Coordinates 39.240026 N, -80.624101 W**. 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 **September 25, 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 for replacement of 2 inch gas line**



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: #17-482

Date Approved: September 25, 2017

Expires: September 25, 2018

Issued to: Hope Gas Inc. dba/Dominion Energy WV

POC: Steve Ryder

Company Address: 320 Springside Drive, Suite 320 Akron, OH 44333

Project Address: Salem Long Run

Firm: 54017C0235C

Lat/Long: 39.24006N, -80.624101W

Purpose of Development: Pipeline Replacement

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

Date: September 25, 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

COPY
Blue Mountain Inc.

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

first
Exchange Bank
69-135/515

EZShield™ Check Fraud Protection for Business

17957

8/28/2017

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

\$ **360.00

DOLLARS

Three Hundred Sixty and 00/100*****

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

Wanda J. Sy
AUTHORIZED SIGNATURE

Security features. Details on back.

MEMO

REPL-BLACKLICK RD-M233-P400260338

⑈017957⑈ ⑆051501354⑆ 20⑈02309⑈

Blue Mountain, Inc.

DODDRIDGE COUNTY COMMISSION

8/28/2017

17957

REPL-BLACKLICK RD-M233-P400260338
PIPELINE REPLACEMENT PROJECT

360.00

COPY

FP# 17-482

First Exchange Bank REPL-BLACKLICK RD-M233-P400260338

360.00

Blue Mountain, Inc.
Woman Owned Small Business
11023 Massey Drive Hwy
Burton, WV 26582
304.662.6486

first
Exchange Bank
69-135/515

17957

8/28/2017

RAY TO THE ORDER OF DODDRIDGE COUNTY COMMISSION

Three Hundred Sixty and 00/100

\$ 360.00 DOLLARS

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

MEMO
REPL BLACKLICK RD-M233-P400260338

Wanda G. Spivey
AUTHORIZED SIGNATURE

⑈017957⑈ ⑆05150⑆ ⑆0⑈02309⑈

Doddridge County, West Virginia

RECEIPT NO: 9614

DATE: 2017/09/12

FROM: BLUE MOUNTAIN INC

AMOUNT: \$ 360.00

THREE HUNDRED SIXTY DOLLARS AND 00 CENTS

FOR: #17-482 REPL-BLACKCLICK RD REPLACEMENT PROJECT

00000017957 FP-BUILDING PERMITS

020-318

TOTAL: \$360.00

MICHAEL HEADLEY

SHERIFF & TREASURER

MEC

CLERK

Customer Copy

Blue Mountain, Inc.

17957

DODDRIDGE COUNTY COMMISSION

8/28/2017

REPL-BLACKCLICK RD-M233-P400260338
PIPELINE REPLACEMENT PROJECT

360.00

FP # 17-482

First Exchange Bank REPL-BLACKCLICK RD-M233-P400260338

360.00

FLOODPLAIN PERMIT #17-482

Salem/Long Run Pipeline Replacement – Dominion Energy

7017 0660 0000 2275 6560

7017 0660 0000 2275 6607

7017 0660 0000 2275 6577

7017 0660 0000 2275 6614

7017 0660 0000 2275 6584

7017 0660 0000 2275 6621

7017 0660 0000 2275 6591

7017 0660 0000 2275 6638

TASK	COMPLETE (DATE)	NOTES
CHECK RECEIVED	9-1-17	
US ARMY CORP. ENGINEERS (USACE)		
US FISH & WILDLIFE SERVICES (USFWS)		
WV DEPT. NATURAL RESOURCES (WVDNR)		
WV DEPT. ENVIROMENTAL PROTECTION (WVDEP)		
STATE HISTORIC & PRESERVATION OFFICE (SHPO)		
OFFICE of LAND & STREAM (OLS)		
DATE OF COMMISSION READING	9/5/17	
DATE AVAILABLE TO BE GRANTED	9/25/17	
PERMIT GRANTED		
COMPLETE		

7015 3430 0001 1569 8146

7015 3430 0001 1569 8184

7015 3430 0001 1569 8153

7015 3430 0001 1569 8191

7015 3430 0001 1569 8160

7015 3430 0001 1569 8207

7015 3430 0001 1569 8177

7015 3430 0001 1569 8214

7017 0660 0000 2275 6546

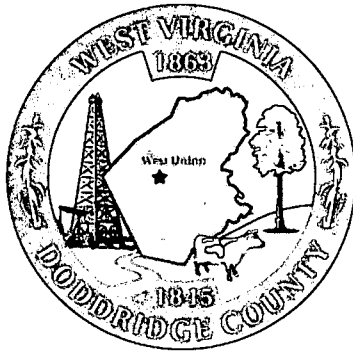
7015 3430 0001 1569 8245

7015 3430 0001 1569 8221

7017 0660 0000 2275 6553

7015 3430 0001 1569 8252

7015 3430 0001 1569 8238

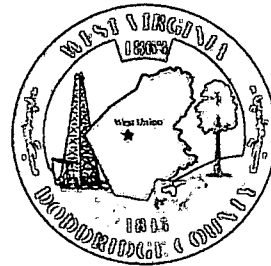


Doddridge County Floodplain Permits

(Week of September 4, 2017)

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



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Respectfully yours,

George Eidel

Doddridge County Floodplain Manager



LETTER OF TRANSMITTAL

TO:

Mr. George Eidel
 Doddridge County Floodplain Office
 105 Court Street, Suite 3
 West Union, WV 26456

LIST OF ITEMS SUBMITTED

Number of Items	Original or Copy	Description
1	1 Original	REPL-Blacklick Rd-M233-P400260338 Pipeline Replacement Emergency Project
1	1 Original	\$360.00 Floodplain Permit Fee - Check No. <u>17957</u>

Submitted By:

Kaley DuCoeur

Date:

8/30/2017

AUG31 17 12:00PM

Received By:

Date:

Print Name:

Please Sign and Return Via Fax or Email

Fax: (304) 662-6501

Email: bmi@bluemtninc.com

Dominion Energy Services, Inc.
320 Springside Drive, Suite 320
Akron, Ohio 44333
DominionEnergy.com



August 30, 2017

BY FED-EX

Mr. George Eidel
Doddrige County Assessor's Office
108 Court Street, Ste 1
West Union, West Virginia 26456
doddridgecountyfpm@gmail.com

RE: Hope Gas, Inc.
Doddrige County Assessor's Office – Flood Hazard Area Project Notification
REPL-BLACKLICK RD-M233-P400260338 Pipeline Replacement Project

Dear Mr. Eidel:

Hope Gas, Inc. d/b/a Dominion Energy West Virginia (Dominion Energy) proposes to replace approximately 1,065 linear feet (0.20 miles) of 2-inch fusion bonded epoxy coated (FBE) steel, natural gas pipeline with 4-inch HD plastic pipeline within new and existing, 60-foot wide right-of-way (ROW), in Doddrige County, West Virginia. This project is of emergency status due to corrosion and potential safety issues.

Two (2) proposed crossing areas and a length of the replacement pipeline totaling approximately 659 feet (0.12 mile), are planned to be located within the Federal Emergency Management Agency (FEMA) 100-Year Floodplain (Zone A) of Buckeye Creek. FIRM panels 54017C0235C, effective on 10/04/2011 and 54017C0255C, effective on 10/04/2011.

Please find enclosed the following documents for your review:

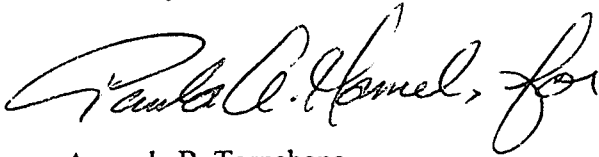
- Floodplain Development Permit Application for Doddrige County, West Virginia – one (1) copy
- Project and Floodplain Location Plan Map - one (1) copy
- A check for **\$360.00** made payable to the Doddrige County Commission

The approximate start date for this project is October 1, 2017, pending receipt of all approvals. Please forward your response at your earliest possible convenience to the attention of:

Steve Ryder
Dominion Resources Services, Inc.
320 Springside Drive, Suite 320
Akron, Ohio 44333

If you have any questions, please contact Steve Ryder at (330) 664-2576.

Sincerely,

A handwritten signature in black ink, appearing to read "Amanda B. Tornabene, for". The signature is fluid and cursive, with a large initial "A" and a stylized "for" at the end.

Amanda B. Tornabene
Director Environmental Services (Corporate Air, Gas Infrastructure, Power Delivery)

Enclosures

cc: Steve Ryder

Dominion Energy Services, Inc.
320 Springside Drive, Suite 320
Akron, Ohio 44333
DominionEnergy.com



bcc: Pam Faggert
Neil Robinson
Josh Smith
Mark Barnes
Nick Long
Ryan Anderson
Blue Mounatin, Inc.

Dominion Energy Services, Inc.
320 Springside Drive, Suite 320
Akron, Ohio 44333
DominionEnergy.com



No Rise Certificate

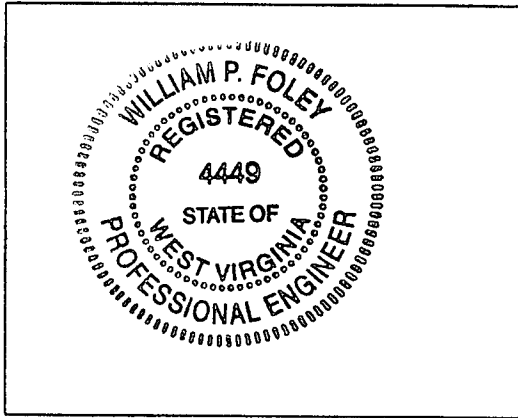
Dominion Energy is certifying a "no rise" in elevations due to the replacement project. No additional fill will be placed within the floodway, and all pre-construction contours will be restored once construction is finished.

A handwritten signature in black ink, appearing to read "William P. Foley", written over a horizontal line.

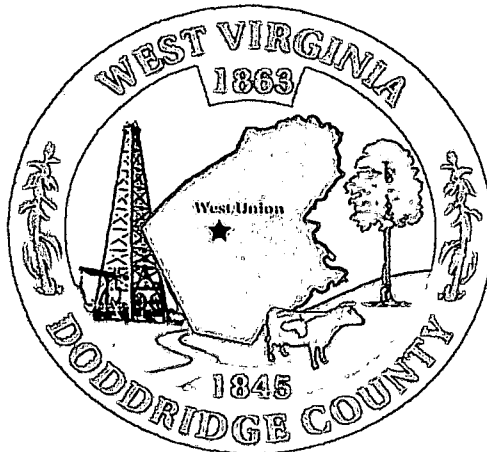
Engineer

A handwritten date "8-28-17" written in black ink over a horizontal line.

Date



Seal



Permit# 17-482
Project Name: Salem/Long Run Pipeline Replacement
Permittees Name: DOMINION Energy

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 *[Signature]*
DATE 8/28/2017

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Applicant Information:

Please provide all pertinent data.

Applicant Information		
Responsible Company Name: Hope Gas, Inc. d/b/a Dominion Energy West Virginia		
Corporate Mailing Address: 320 Springside Drive, Suite 320		
City: Akron	State: OH	Zip: 44333
Corporate Point of Contact (POC): Steve Ryder		
Corporate POC Title: Dominion Energy Infrastructure Environmental Services		
Corporate POC Primary Phone: 330-664-2531		
Corporate POC Primary Email: stephan.w.ryder@dominionenergy.com		
Corporate FEIN:	Corporate DUNS:	
Corporate Website:		
Local Mailing Address: 320 Springside Drive, Suite 320		
City: Akron	State: OH	Zip: 44333
Local Project Manager (PM): Steve Ryder		
Local PM Primary Phone: (330) 664-2531		
Local PM Secondary Phone:		
Local PM Primary Email: stephan.w.ryder@dominionenergy.com		
Person Filing Application: Kaley DuCoeur		
Applicant Title: Project Scientist		
Applicant Primary Phone: 304-662-6486		
Applicant Secondary Phone:		
Applicant Primary Email: K.DuCoeur@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 checked="" 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 checked="" 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)

Pipeline installation and removal of historic pipeline that is present in the stream.

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 4

Site/Property Information:		
Legal Description:		
BUCKEYE 68.07		
Physical Address/911 Address: Salem Road 1		
Decimal Latitude/Longitude: 39.240026, -80.624101		
DMS Latitude/Longitude:		
District: 4	Map: 7	Parcel: 1.1
Land Book Description:		
Homesite, Tillable, Pasture, Woodland		
Deed Book Reference:		
270; 264		
Tax Map Reference:		
Existing Buildings/Use of Property:		
5; Residential area with maintained lawns/open fields and forested hillslopes		

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>4</u>
--

Property Owner Data:		
Name of Primary Owner (PO): Devinney Michael K & Michelle L (Surv)		
PO Address: 22 Miletus Rd		
City: Salem	State: WV	Zip: 26426
PO Primary Phone:		
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

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: 2 of 4

Site/Property Information:		
Legal Description:		
56.4 AC BUCKEYE		
Physical Address/911 Address: 3816 Greenbrier Rd		
Decimal Latitude/Longitude: 39.239708, -80.624483		
DMS Latitude/Longitude:		
District: Greenbrier, 4	Map: 7	Parcel: 1.3
Land Book Description:		
Homesite, Tillable, Pasture, Woodland		
Deed Book Reference:		
267; 618		
Tax Map Reference:		
Existing Buildings/Use of Property:		
4; Residential area with maintained lawns/open fields and forested hillslopes		

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>2</u> of <u>4</u>
--

Property Owner Data:		
Name of Primary Owner (PO): Stout Benjamin T & Lisa A (Surv)		
PO Address: 3816 Greenbrier Rd		
City: Salem	State: WV	Zip: 26426
PO Primary Phone:		
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

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: 3__ of 4__

Site/Property Information:		
Legal Description:		
34A BUCKEYE		
Physical Address/911 Address: 3730 Greenbrier Rd, Salem, WV 26426		
Decimal Latitude/Longitude: 39.240426, -80.625814		
DMS Latitude/Longitude:		
District: Greenbrier, 4	Map: 7	Parcel: 1.6
Land Book Description:		
Tillable, Woodland		
Deed Book Reference:		
191; 275		
Tax Map Reference:		
Existing Buildings/Use of Property:		
3; Residential area with maintained lawns and forested hillslopes		

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: 3 of 4

Property Owner Data:		
Name of Primary Owner (PO): Clevenger Richard D & Margeurite A		
PO Address: 3730 Greenbrier Rd		
City: Salem	State: WV	Zip: 26426
PO Primary Phone:		
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

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: 4 of 4

Site/Property Information:		
Legal Description:		
1 AC BUCKEYE FK		
Physical Address/911 Address: 3730 Greenbrier Rd		
Decimal Latitude/Longitude: 39.240425, -80.626193		
DMS Latitude/Longitude:		
District: Greenbrier, 4	Map: 7	Parcel: 1.2
Land Book Description:		
None		
Deed Book Reference:		
0149; 0190		
Tax Map Reference:		
Existing Buildings/Use of Property:		
1; Residential yard		

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: 4 of 4

Property Owner Data:		
Name of Primary Owner (PO): Clevenger Richard D & Margeurite A		
PO Address: 3730 Greenbrier Rd		
City: Salem	State: WV	Zip: 26426
PO Primary Phone:		
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: ___ of ___

Contractor/Sub-Contractor (C/SC) Information:		
C/SC Company Name: D&M Contracting Inc. DBA Paramount Contracting Inc.		
C/SC WV License Number: WV032637		
C/SC FEIN:	C/SC DUNS:	
Local C/SC Point of Contact (POC): Ken Slahtovsky		
Local C/SC POC Title: Manager		
C/SC Mailing Address: 1868 Lions Club Road		
City: New Alexandria	State: PA	Zip-Code: 15670
Local C/SC Office Phone: (724) 787-3219		
Local C/SC POC Phone:		
Local C/SC POC E-Mail: kslahtovsky@dandmcontractinginc.com		

Engineer Firm Information:		
Engineer Firm Name: Dominion Energy West Virginia		
Engineer WV License Number:		
Engineer Firm FEIN: 55-019-6830-037	Engineer Firm DUNS:	
Engineer Firm Primary Point of Contact (POC): Nick Long		
Engineer Firm Primary POC Title: Gas Projects Manager		
Engineer Firm Mailing Address: 48 Columbia Blvd.		
City: Clarksburg	State: WV	Zip-Code: 26301
Engineer Firm Office Phone:		
Engineer Firm Primary POC Phone: (304) 997-7094		
Engineer Firm Primary POC E-Mail: Nicholas.C.Long@dominionenergy.com		

**Please See Attachment for all affected landowners

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):		
Physical Address:		
City:	State:	Zip:
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:		

DOWNSTREAM**Adjacent Property Owner**

Parcel No.	4-3-41				
Name of Primary Owner:	Jones Robert Earl				
Physical Address:	342 Roxford Church Rd SE				
City:	New Philadelphi	State:	OH	Zip:	44663
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-3-41				
Name of Primary Owner:	Hancock Nona Sutton				
Physical Address:	36 Meadowbrook Dr.				
City:	Candler	State:	NC	Zip:	28715
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-3-36.1				
Name of Primary Owner:	Shaver Nicole L				
Physical Address:	2722 Greenbrier Rd				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-3-38				
Name of Primary Owner:	Cochran Amy A				
Physical Address:	4614 Oak River Circle				
City:	Valrico	State:	FL	Zip:	33596
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-3-38				
Name of Primary Owner:	Larson Betty				
Physical Address:	7425 North E Par Lane				
City:	Vancouver	State:	WA	Zip:	28662
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

DOWNSTREAM**Adjacent Property Owner**

Parcel No.	4-3-38				
Name of Primary Owner:	Stout James Edward II & Angela Stout Harkness				
Physical Address:	601 Hillcrest Terrace				
City:	Parkersburg	State:	WV	Zip:	26101
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-3-38				
Name of Primary Owner:	Rifle Doris Jo				
Physical Address:	23810 Eisenhower Drive				
City:	Circleville	State:	OH	Zip:	43113
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-3-38				
Name of Primary Owner:	STOUT JOHN A JR				
Physical Address:	5938 LEONARD LOOP				
City:	Myrtle Beach	State:	SC	Zip:	29558
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-3-38				
Name of Primary Owner:	STOUT BENJAMIN T				
Physical Address:	4749 GREENBRIER RD				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-3-38				
Name of Primary Owner:	COTTRILL JAMES & PHYLIS IRREVOCABLE TRUST				
Physical Address:	626 Water Street				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

DOWNSTREAM**Adjacent Property Owner**

Parcel No.	4-3-38, 4-3-39				
Name of Primary Owner:	STOUT JOHN GUY				
Physical Address:	P.O. Box 5				
City:	Ellensboro	State:	WV	Zip:	26346
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-6-4				
Name of Primary Owner:	STOUT RICHARD T & DIANA LYNN & DORENA M GRIMM				
Physical Address:	282 LAKE FLOYD CIR				
City:	Bristol	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-6-3				
Name of Primary Owner:	EVANS RODNEY G ETAL				
Physical Address:	108 Hunters Fork Rd.				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-6-3, 4-6-3.1				
Name of Primary Owner:	Evans Robert R				
Physical Address:	Route 1, Box 380				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-7-1				
Name of Primary Owner:	JONES MELODIE LEA				
Physical Address:	3670 Greenbrier Rd				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

DOWNSTREAM**Adjacent Property Owner**

Parcel No.	4-7-1.4				
Name of Primary Owner:	CLEVINGER RICHARD D & MARGUERITE A				
Physical Address:	3730 Greenbrier Rd				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

UPSTREAM**Adjacent Property Owner**

Parcel No.	4-7-11				
Name of Primary Owner:	MILLS JEFFREY A & PENELOPE B				
Physical Address:	1083 MILETUS RD				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-7-5.1				
Name of Primary Owner:	HICKMAN THOMAS E & MARY JO (SURV)				
Physical Address:	101 Hickman Road				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-7-3				
Name of Primary Owner:	HANEY RICHARD G & LINDA (PAULAUSKSA)				
Physical Address:	708 MILETUS RD				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-7-1				
Name of Primary Owner:	Jones Melodie Lea				
Physical Address:	3670 Greenbrier Rd.				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-7-2				
Name of Primary Owner:	Meek Charles David				
Physical Address:	302 Miletus Rd				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

UPSTREAM**Adjacent Property Owner**

Parcel No.	4-7-2.2				
Name of Primary Owner:	BOWEN TIMOTHY L & LISA A (SURV)				
Physical Address:	166 MILETUS RD				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-7-1.1				
Name of Primary Owner:	DEVINNEY MICHAEL K & MICHELLE L (SURV)				
Physical Address:	22 MILETUS RD				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

Parcel No.	4-7-1.2				
Name of Primary Owner:	CLEVENGER RICHARD D & MARGUERITE A (SURV)				
Physical Address:	3730 GREENBRIER RD				
City:	Salem	State:	WV	Zip:	26426
PO Primary Phone:					
PO Secondary Phone:					
PO Primary Email:					

Adjacent Property Owner

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: Jeffrey A. Murphy Date: 8/28/2017

Applicant Printed Name: Jeffrey A. Murphy

WV Flood Map



This map is not the official regulatory FIRM or DFIRM. Its purpose is to assist with determining potential flood risk for the selected location.

User Notes:

REPL-BLACKLICK RD-M2330-
P400260338 Pipeline Replacement
Project

- 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 August 3, 2017

Flood Hazard Area:

Flood Hazard Area:

FEMA Issued Flood Map:

Watershed (HUC8):

Elevation:

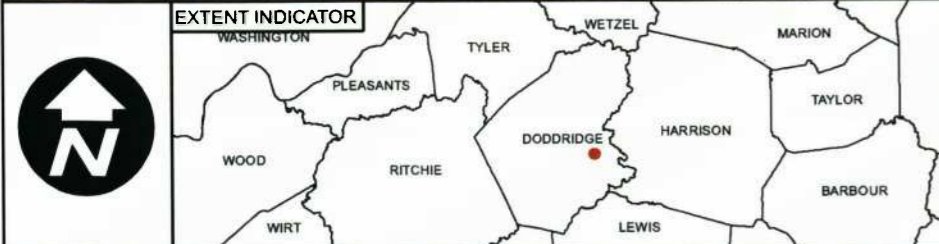
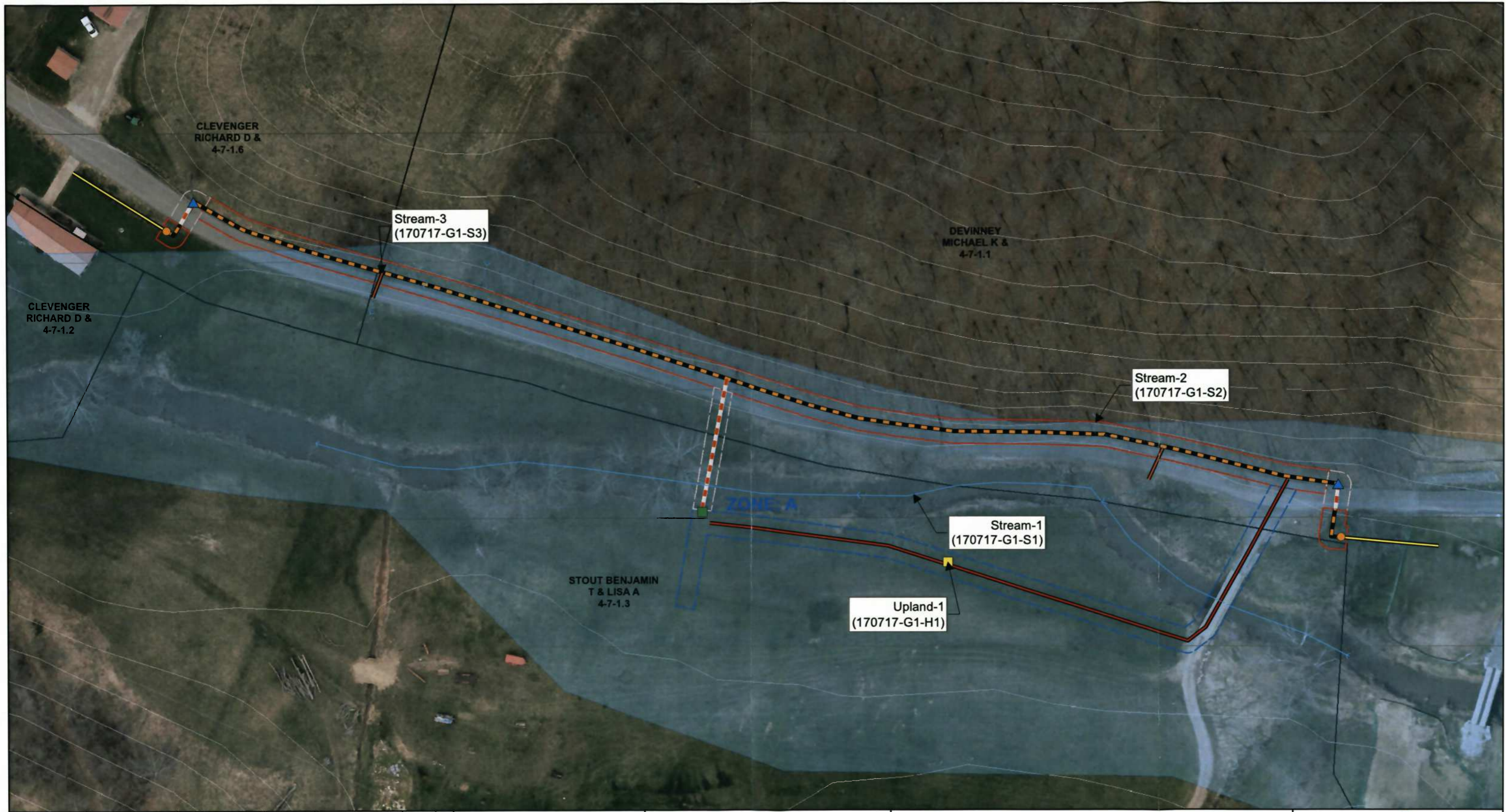
Location (long, lat):

Location (UTM 17N):

Contacts:

CRS Information:

Parcel Number:



DETAILS:
 BMI Aerial Date: May 2016
 BMI LiDAR Date: May 2015
 Location: Doddridge Co.
 District: Greenbrier
 Map Type: Floodplain Map

Legend	
Habitat Sample Point	Access Road
Streams	Existing M-2330
Ephemeral	M-2330
Perennial	HDD LOD
Culvert	Permanent LOD
METER LOCATION	Temporary LOD
TIE IN	10 ft Contours
VENT	Tax Parcel
HDD Bore Centerline	FEMA Flood Hazards

0914-17 REPL-BLACKLICK RD-M2330-P400260338

Created By: JRD	Map Date: 8/18/2017
Approved By: KAD	Sheet Number: 1 of 1

1 inch = 75 feet

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