



## 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 #: 25-673**

**Date Approved: February 24, 2025 Expires: February 24, 2026**

**Issued to: Hope Gas, Inc.**

**POC: Tyler Spears**

**Company Address: 179 Innovation Drive**

**Project Address: Central Station Rd**

**Firm: 54017C0120C**

**Lat/Long: 39.296268, -80.819928**

**Purpose of development: Pipeline Replacement**

**Issued by: George C. Eidel, Doddridge County FPM (or designee)**

**Date: 1/28/2025**

---

For additional information regarding this permit, please contact  
Doddridge County Floodplain Manager at 304.873.1343, or via email at  
geidel@doddridgecountywv.gov  
99 Court St. Street Suite128; West Union, WV 26456

---

## FLOODPLAIN PERMIT #25-673

Hope Gas, Central Station Pipeline Replacement, 1935 Central Station Rd. 39.296268, -80.819928

TASK	COMPLETE (DATE)	NOTES
CHECK RECEIVED	1/23/2024	
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)		
WVDOH		
Elevation Certificate		
DATE OF COMMISSION READING	2/4/25	
DATE AVAILABLE TO BE GRANTED	2/24/25	
PERMIT GRANTED		
COMPLETE		

9589 0710 5270 0991 8242 31

9589 0710 5270 0991 8242 24

9589 0710 5270 0991 8242 17

9589 0710 5270 0991 8242 00

9589 0710 5270 0991 8241 94

9589 0710 5270 0991 8241 87

9589 0710 5270 0991 8241 70



## Doddridge County Floodplain Permits

(Week of January 27, 2025)

Please take notice that on the (24<sup>th</sup>) of (January), 2025, (Hop Gas Inc.) filed an application for a Floodplain Permit (#25-673) to develop land located at or about (1935 Central Station Road);  
**Coordinates: 39.296268, -80.819928.** The Application is on file with the Floodplain Manager of the County and may be inspected or copied during regular business hours in accordance with WV Code Chapter 29B Freedom of Information, Article 1 Public Records and county policy and procedures. Any interested persons who desire to comment shall present the same in writing by (February 24, 2025) (20 calendar days after the announcement at the regularly scheduled Doddridge County Commission Meeting) delivered to the Floodplain Manager of the County at 99 Court Street, Suite 128, West Union, WV 26456. **This project is for a pipeline replacement**

**GEORGE C. EIDEL, CFM**

Doddridge County Floodplain Manager



Permit# 25-673

Project Name Central Station Pipeline Replacement

Permittees Name: Hope Gas

JAN 24 '25 AM 7:46

## ***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. The permit will expire if no work is commenced within six months of issuance.
5. Applicant is hereby informed that other permits may be required to fulfill local, state, and federal requirements.
6. Applicant hereby gives consent to the Floodplain Administrator/Manager or his/her representative to make inspections to verify compliance.
7. I THE APPLICANT CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

APPLICANT'S SIGNATURE 

DATE 1/23/2025

The approximate start date for this project is February 15, 2025. Please forward your response at your earliest possible convenience to the attention of:

Tyler Spear  
Hope Gas, Inc  
179 Innovation Drive  
Jane Lew, WV 26378

If you have any questions, please contact Tyler Spear at (304) 904-6091 or [tyler.l.spear@hopegas.com](mailto:tyler.l.spear@hopegas.com).

Sincerely,

Joseph Giompalo  
Manager Environmental Compliance

Enclosure

cc: Tyler Spear

COPY

THE THRASHER GROUP, INC.

600 WHITE OAKS BLVD.  
P.O. BOX 940  
BRIDGEPORT, WV 26330  
(304) 624-4108

UNITED BANK

68-444/560

CHECK DATE

COPY 138952

January 21, 2025

PAY

Two Thousand Two Hundred Fifty and 00/100 Dollars

TO

Doddridge County Commission  
105 COURT STREET, SUITE 3  
WEST UNION, WV 26456

AMOUNT

2,250.00



*[Signature]*  
AUTHORIZED SIGNATURE

⑈0000138952⑈ ⑆056004445⑆

0086123902⑈

THE THRASHER GROUP, INC.

138952

Check Date: 1/21/2025

Invoice Number	Date	Voucher	Amount	Discounts	Previous Pay	Net Amount
11452 - Permit	1/21/2025	1023178	2,250.00			2,250.00
Doddridge County Commission			TOTAL			2,250.00
United Operating	1	0000002001	2,250.00			

COPY

JAN 23 25 PM 1:19



January 20, 2025

**BY FED-EX**

JAN 23 '25 PM1:19

Mr. George Eidel  
Doddridge County Floodplain Office  
105 Court Street, Suite 3  
West Union, WV 26456  
[GEidel@doddridgecountywv.gov](mailto:GEidel@doddridgecountywv.gov)

**RE: Hope Gas, Inc.  
Doddridge County Floodplain Office – Flood Hazard Area Project  
Notification  
REPL-RIGHT FORK RUN RD-M1656-400799777 - Pipeline Replacement  
Project**

Dear Mr. Eidel:

Hope Gas Inc. (Hope Gas) proposes the REPL-RIGHT FORK RUN RD-M1656-400799777 Pipeline Project (Project). This project proposes to replace approximately 4,900 linear feet of natural gas pipeline within new and existing right-of-way (ROW), in Doddridge County, West Virginia (WV). Hope Gas will replace existing two-inch steel natural gas pipeline with two-inch medium density pressure plastic pipeline. This Project was initially permitted in September 2021, then renewed in January 2024 under Permits #21-597 and #23-639, respectively, but did not go to construction. The Project remains the same as previously permitted in 2024.

The majority of the pipeline replacement project is within the Federal Emergency Management Agency (FEMA) 100-Year Floodplain (Zone A) of Arnold Creek, totaling approximately 2,600 feet (0.49 miles) of pipeline. This pipeline replacement project will not alter the existing contours during construction and will be reclaimed to pre-existing conditions upon completion of the project.

The following documents are enclosed for your review:

- Doddridge County Floodplain Development Permit Application
- No Rise Certification
- Figure 1: USGS Location Map
- Figure 2: Floodplain Map
- WV Flood Map
- Permit Fees (Check in the amount of \$2,250.00) (Cost of Project: \$351,838.85)

Doddridge County Commercial/Industrial  
Floodplain Development Permit Application

**Applicant Information:**

*Please provide all pertinent data.*

<b>Applicant Information</b>		
<b>Responsible Company Name:</b> Hope Gas, Inc.		
<b>Corporate Mailing Address:</b> 179 Innovation Drive		
<b>City:</b> Jane Lew	<b>State:</b> WV	<b>Zip:</b> 26378
<b>Corporate Point of Contact (POC):</b> Tyler Spear		
<b>Corporate POC Title:</b> Hope Gas, Inc.		
<b>Corporate POC Primary Phone:</b> (304) 904-6091		
<b>Corporate POC Primary Email:</b> tyler.l.spear@hopegas.com		
<b>Corporate FEIN:</b>	<b>Corporate DUNS:</b>	
<b>Corporate Website:</b>		
<b>Local Mailing Address:</b> 179 Innovation Drive		
<b>City:</b> Jane Lew	<b>State:</b> WV	<b>Zip:</b> 26378
<b>Local Project Manager (PM):</b>		
<b>Local PM Primary Phone:</b>		
<b>Local PM Secondary Phone:</b>		
<b>Local PM Primary Email:</b>		
<b>Person Filing Application:</b> Joseph Giompalo		
<b>Applicant Title:</b> Manager Environmental Compliance		
<b>Applicant Primary Phone:</b>		
<b>Applicant Secondary Phone:</b>		
<b>Applicant Primary Email:</b> joseph.a.giompalo@hopegas.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)

---

---

---

Doddridge County Commercial/Industrial  
Floodplain Development Permit Application

**Development Site/Property Information:**

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

Property Designation: 1 of 1

<b>Site/Property Information:</b>		
<b>Legal Description:</b>		
ARNOLDS CREEK 7.71 AC		
<b>Physical Address/911 Address:</b> ROUTE 36		
<b>Decimal Latitude/Longitude:</b> 39.295538, -80.820049		
<b>DMS Latitude/Longitude:</b>		
<b>District:</b> 01	<b>Map:</b> 0007	<b>Parcel:</b> 0000
<b>Land Book Description:</b>		
Residential		
<b>Deed Book Reference:</b>		
361		
<b>Tax Map Reference:</b>		
105		
<b>Existing Buildings/Use of Property:</b>		
Residential property, home		

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

Doddridge County Commercial/Industrial  
Floodplain Development Permit Application

**Property Owner Data:**

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

Property Designation: 1 of 1

<b>Property Owner Data:</b>		
Name of Primary Owner (PO): EQM Gathering OPCO LLC		
PO Address: ROUTE 36		
City: WEST UNION	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

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

<b>Mineral Rights Owner Data: (As Applicable)</b>		
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.*

<b>Property Designation:</b> <u>1</u> of <u>1</u>		
<b>Contractor/Sub-Contractor (C/SC) Information:</b>		
C/SC Company Name: Miller Pipeline, LLC		
C/SC WV License Number: WV046251		
C/SC FEIN:	C/SC DUNS:	
Local C/SC Point of Contact (POC):		
Local C/SC POC Title:		
C/SC Mailing Address: PO Box 34141		
City: Indianapolis	State: IN	Zip-Code: 46234
Local C/SC Office Phone:		
Local C/SC POC Phone:		
Local C/SC POC E-Mail:		

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

**\*\*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.*

<b>Adjacent Property Owner Data: Upstream</b>		
Name of Primary Owner (PO): Howard Eakles		
Physical Address: 1791 Central Station Rd		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

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

<b>Adjacent Property Owner Data: Downstream</b>		
Name of Primary Owner (PO): Ricky America		
Physical Address: 2055 Central Station Rd		
City: West Union	State: WV	Zip: 26456
PO Primary Phone:		
PO Secondary Phone:		
PO Primary Email:		

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

## Site Plan

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

### **A SITE PLAN MUST CONTAIN THE FOLLOWING INFORMATION:**

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

## Applicant

Please read print name, sign and date below:

- I certify that I am authorized to submit this application for the primary project developer.
- I certify that the information included in this application is to the best of my knowledge true and complete.
- I certify that all required Federal, State, and local permits required by law and/or ordinance for the above described development of this project have will be properly attained, are current and valid, and must be presented prior to a Doddridge County Floodplain Permit being 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 of 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. 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.**
- 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 Doddridge County Floodplain Manager and that I must stop all construction immediately until discrepancies of actual work vs. proposed work is resolved.

Applicant Signature:  Date: 1/24/2025

Joseph Giompalo

Applicant Printed Name: \_\_\_\_\_

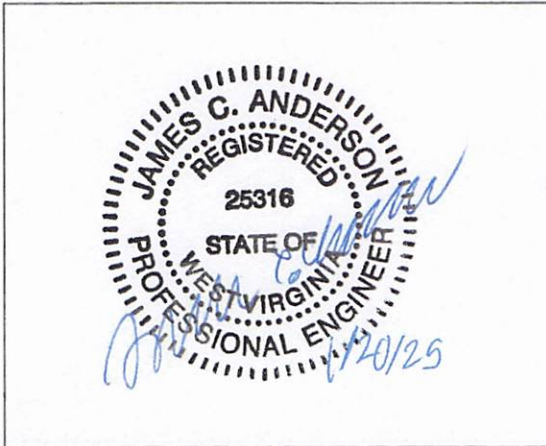


## No Rise Certificate

Hope Gas is certifying that the proposed REPL-RIGHT FORK RUN RD-M1656-400799777 Pipeline Replacement Project will not impact the 100-year flood elevations and floodway widths on Arnold Creek in the Project vicinity. No additional fill will be placed in the floodway, and all pre-construction contours will be restored upon project completion.

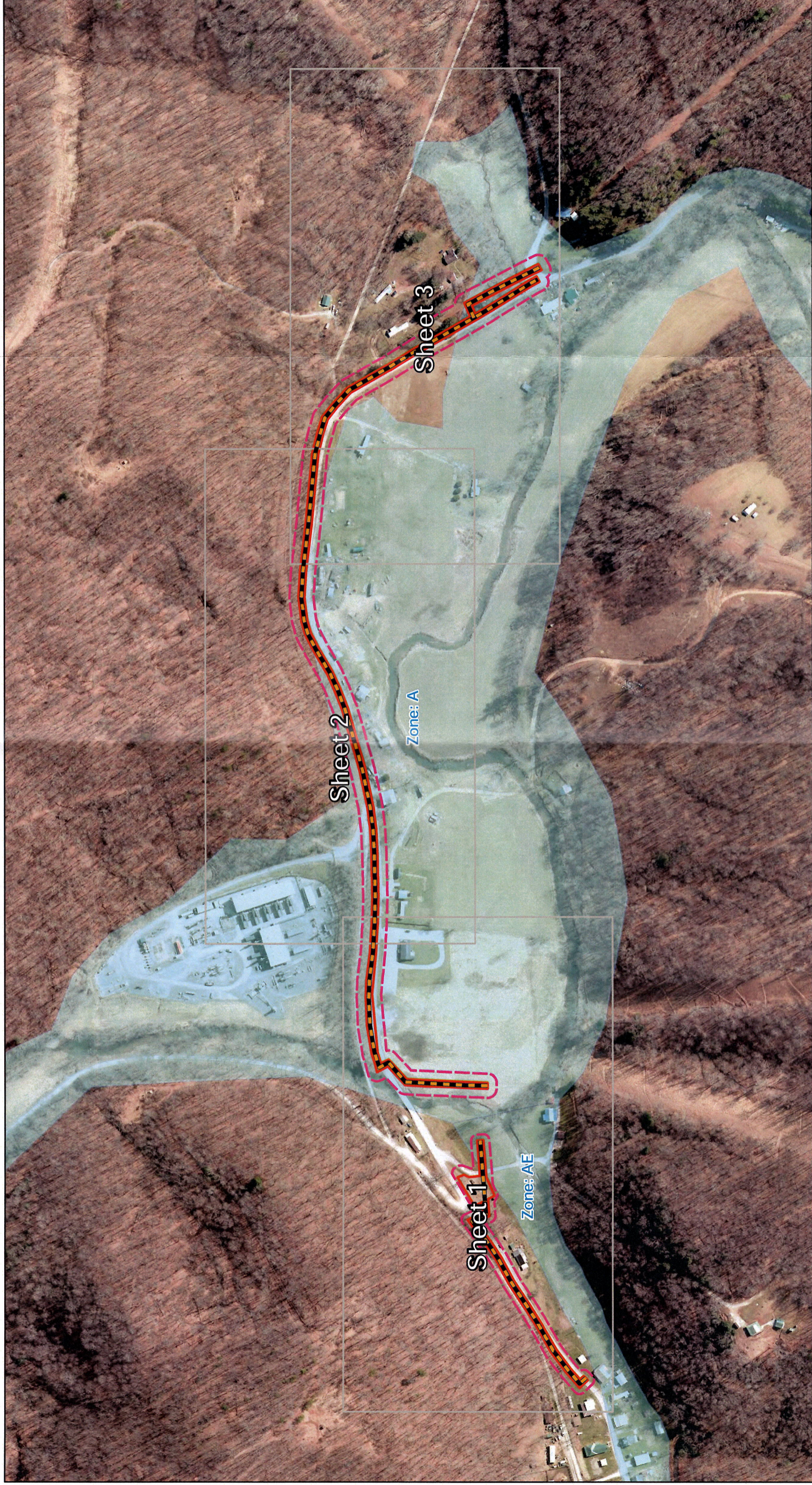
James C. Anderson  
Engineer

1/20/25  
Date



Seal





**EXTENT INDICATOR**

**Legend**

- Alignment
- Index
- LOD
- New ROW
- AOI

**DETAILS:**

- Aerial Date: 2021
- Contour Date: N/A
- Location: Doddridge Co., WV
- District: Central

**Figure 2: Floodplain Map**

**REPL-RIGHT FORK RUN RD-M1656-400799777**

Created By: egarlow

Map Date: 11/3/2023

Approved By: JB

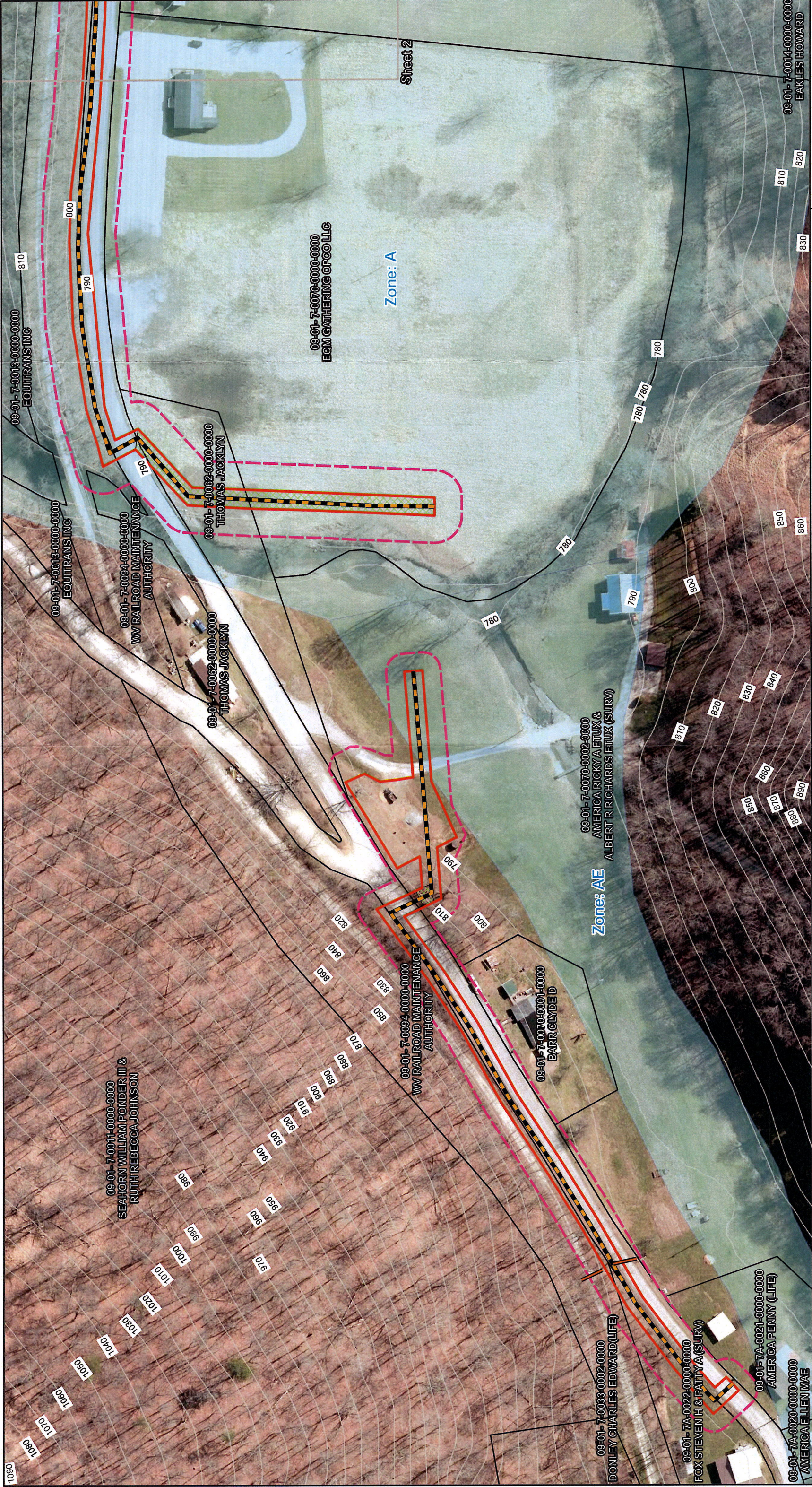
Sheet Number: Index

1 inch = 300 feet

0 300 600 1,200 Feet

**Hope Gas**

THE INFORMATION CONTAINED HEREIN IS THE SOLE PROPERTY OF THE THRASHER GROUP, INC. REPRODUCTION OF THESE DOCUMENTS IN WHOLE OR IN PART, FOR ANY REASON WITHOUT PRIOR WRITTEN PERMISSION, IS STRICTLY PROHIBITED. Copyright (C) 2021 THE THRASHER GROUP, INC.



09-01-7-0013-0000-0000  
EQUITRANS INC

09-01-7-0013-0000-0000  
EQUITRANS INC

09-01-7-0094-0000-0000  
WV RAILROAD MAINTENANCE  
AUTHORITY

09-01-7-0062-0000-0000  
THOMAS JACKSON

09-01-7-0062-0000-0000  
THOMAS JACKSON

09-01-7-0070-0000-0000  
EQUITRANS INC

09-01-7-0070-0002-0000  
AMERICA RICKY A ETUX &  
ALBERT R RICHARDS ETUX (SURV)

09-01-7-0070-0001-0000  
AMERICA CLYDE D

09-01-7-0033-0002-0000  
DONLEY CHARLES EDWARD (LIFE)

09-01-7A-0022-0000-0000  
FOX STEVEN H & PATTY A (SURV)

09-01-7A-0021-0000-0000  
AMERICA PENNY (LIFE)

09-01-7A-0020-0000-0000  
AMERICA ELLEN MAE

09-01-7-0011-0000-0000  
SEA HORN WILLIAM P ONDER III &  
RUTH REBECCA JOHNSON

09-01-7-0070-0000-0000  
THOMAS JACKSON

09-01-7-0070-0000-0000  
EQUITRANS INC

09-01-7-0070-0000-0000  
EQUITRANS INC

09-01-7-0014-0000-0000  
EAKLES HOWARD

Zone: A

Zone: AE

Zone: A

Sheet 1

Sheet 2

Legend

Culvert

Alignment

Index

LOD - 2.41 ac

New ROW

AOI

Tax Parcel

FEMA Flood Hazard

10ft Contours

DETAILS:

Aerial Date: 2021

Contour Date: N/A

Location: Doddridge Co., WV

District: Central

Figure 2: Floodplain Map

EXTENT INDICATOR

Tyler

Pleasants

Woods

Ritchie

Doddridge

Harrison

Marion

Barbour

THRASHER

REPL-RIGHT FORK RUN RD-M1656-400799777

Created By: egarlow

Map Date: 11/3/2023

Approved By: JB

Sheet Number: 1 of 3

1 inch = 100 feet

0 100 200 400 Feet

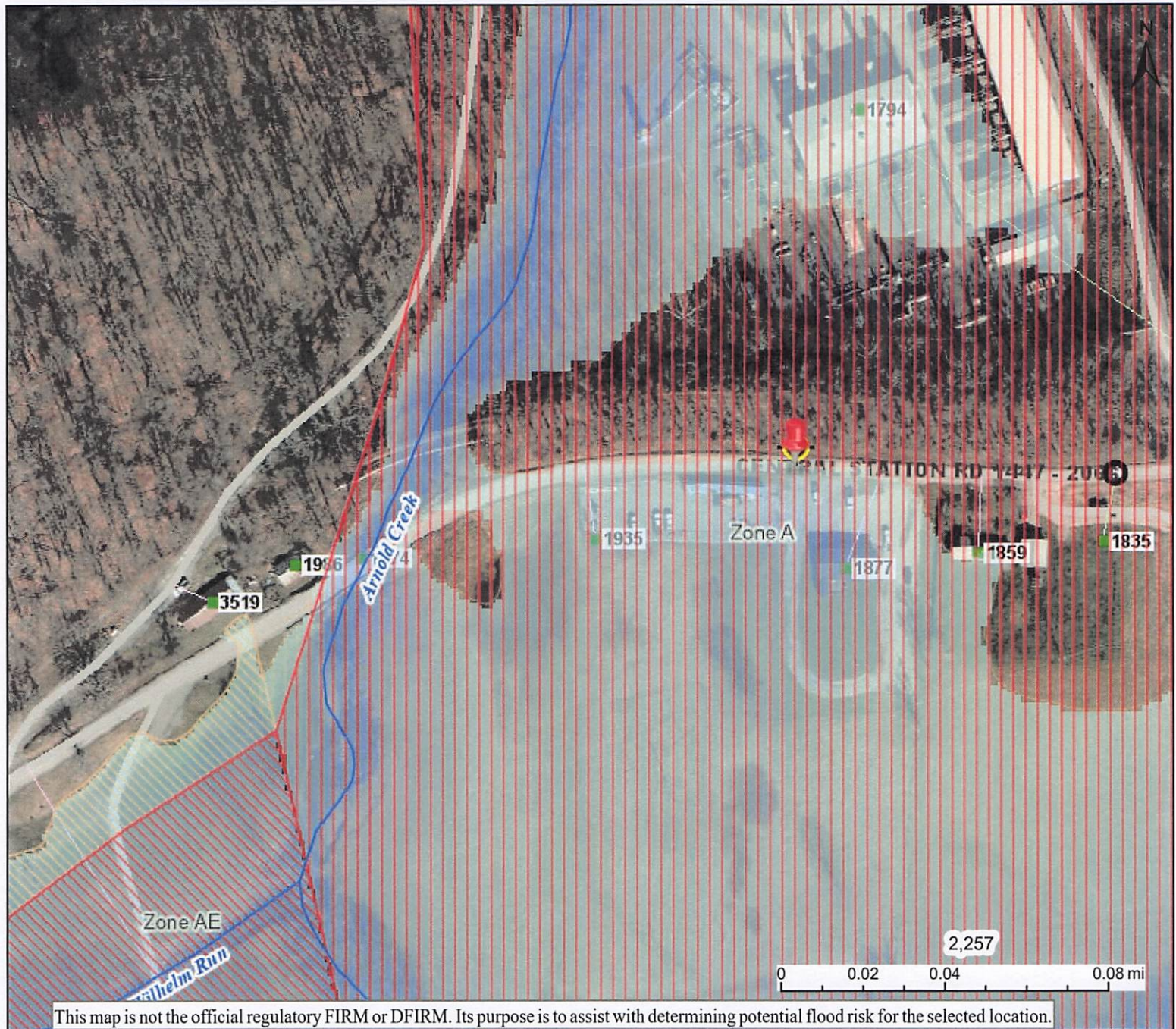
Hope Gas

DISCLAIMER: The information contained herein is the sole property of The Thrasher Group, Inc. Reproduction of these documents in whole or in part, for any reason without prior written permission, is strictly prohibited. Copyright (C) 2023 THE THRASHER GROUP, INC.



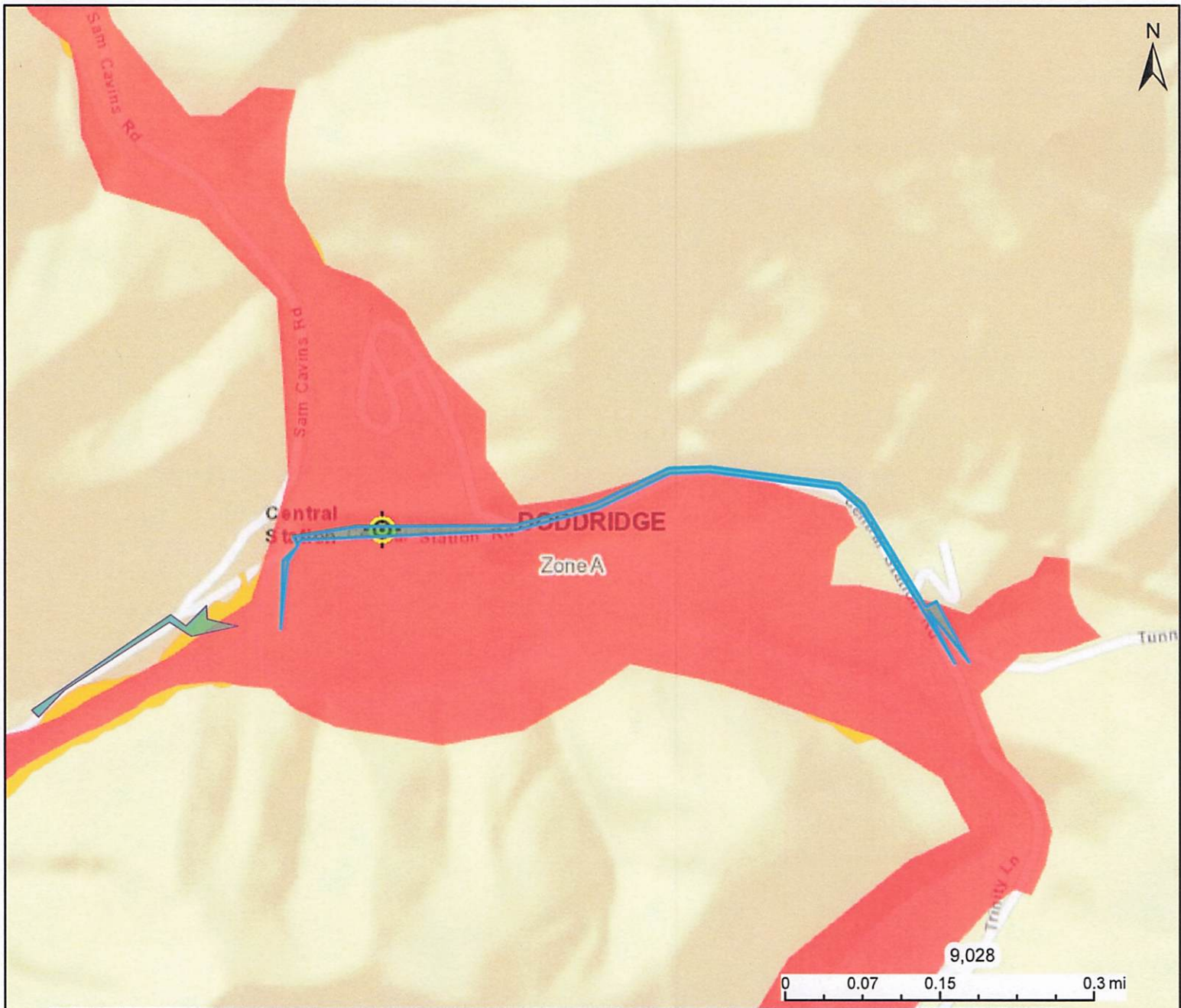


# Central Station Pipeline Replacement



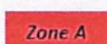




<p><b>H I G H R I S K</b></p> <p><b>Zone AE</b> 1-Percent-Annual-Chance Flood Hazard Area With Base Flood Elevation (BFE)</p> <p><b>Floodway</b> Regulatory Floodway in AE Zone</p> <p><b>Zone A</b> 1-Percent-Annual-Chance Flood Hazard Area Without BFE (may have Advisory Flood Heights)</p> <p><b>Advisory</b> 1-Percent-Annual-Chance High Risk Advisory</p> <p>Download the Full Legend for all flood tool symbols  <a href="https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf">https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf</a></p> <p><b>Disclaimer:</b>                      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. Refer to the official Flood Insurance Study (FIS) for detailed flood elevation data in flood profiles and data tables. WV Flood Tool (<a href="https://www.mapwv.gov/flood">https://www.mapwv.gov/flood</a>) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.</p>		<p> Flood Info Location <span style="float: right;">Map created on 1/24/2025</span></p> <p><b>User</b> 1935 Central Station Rd</p> <p><b>Notes</b></p>	
		<b>Flood Hazard Area</b>	Location is <b>WITHIN</b> the FEMA 100-year floodplain.
		<b>Flood Zone</b>	A
		<b>Stream</b>	Arnold Creek
		<b>Watershed (HUC8)</b>	Little Muskingum-Middle Island (5030201)
		<b>Flood Height</b>	
		<b>Water Depth</b>	
		<b>Elevation</b>	794.0 ft (Source: FEMA 2018-20) (NAVD88)
		<b>Community &amp; ID</b>	Doddridge County (ID: 540024)
		<b>FEMA Map &amp; Date</b>	54017C0120C; Effective Date: 10/4/2011
		<b>Location (lat, long)</b>	(39.296268, -80.819928) (WGS84)
		<b>Parcel ID</b>	09-01-007A-0017-0000
		<b>E-911 Address</b>	2237 CENTRAL STATION RD, WEST UNION, WV, 26456

# 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.

H I G H  R I S K		Regulatory Floodway
		1-Percent-Annual-Chance Flood Hazard Area <b>With Base Flood Elevation (BFE)</b>
		1-Percent-Annual-Chance Flood Hazard Area <b>Without BFE</b> (may have Advisory Flood Heights)
		1-Percent-Annual-Chance Future Conditions (High Risk Advisory Flood Zones)
	Download the Full Legend for all flood tool symbols <a href="https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf">https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf</a>	
<b>Disclaimer:</b> 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. Refer to the official Flood Insurance Study (FIS) for detailed flood elevation data in flood profiles and data tables. WV Flood Tool ( <a href="https://www.MapWV.gov/flood">https://www.MapWV.gov/flood</a> ) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.		
<div><div> Flood Info Location</div><div>Map created on 11/3/2023</div></div>		
<div>User Notes</div>		
Flood Hazard Area		Location is <b>WITHIN</b> the FEMA 100-year floodplain.
Flood Zone		A
Stream		Arnold Creek
Watershed (HUC8)		Little Musringum-Middle Island (5030201)
Flood Height		Flood Height 6b None
Water Depth		
Elevation		794.0 ft (Source: FEMA 2018-20) (NAVD88)
Community & ID		Doddridge County (ID: 540024)
FEMA Map & Date		54017C0115C; Effective Date: 10/4/2011
Location (lat, long)		(39.296268, -80.819928) (WGS84)
Parcel ID		09-01-0007-0094-0000
E-911 Address		



# CONTRACTOR LICENSE

AUTHORIZED BY THE  
West Virginia Contractor  
Licensing Board

NUMBER: WV046251

CLASSIFICATION:

PIPING  
SPECIALTY

MILLER PIPELINE LLC  
DBA MILLER PIPELINE LLC  
PO BOX 34141  
INDIANAPOLIS, IN 46234

DATE ISSUED

APRIL 12, 2024

EXPIRATION DATE

APRIL 12, 2025

Authorized Signature

Chair, West Virginia Contractor  
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



# CERTIFICATE OF LIABILITY INSURANCE

4/1/2025

DATE (MM/DD/YYYY)

8/6/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	<b>CONTACT NAME:</b>	<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> 1521884 Miller Pipeline, LLC 8850 Crawfordsville Road Indianapolis IN 46234	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Zurich American Insurance Company		16535
	<b>INSURER B:</b> American Guarantee and Liab. Ins. Co.		26247
	<b>INSURER C:</b> Allied World Assurance Company (U.S.) Inc.		19489
	<b>INSURER D:</b>		
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**COVERAGES** **CERTIFICATE NUMBER:** 20814184 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: <b>SIR:\$2,000,000</b>	Y	N	GLO-1497589-01	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	BAP-1497588-01	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N	N	SXS-1451583-01	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC-1497591-01	4/1/2024	4/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Liability Professional Liability	N	N	0314-1912	4/1/2024	4/1/2025	Each Loss: \$25M Agg: \$25M Each Claim: \$5M Agg: \$5M

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Hope Gas is included as an Additional Insured on a primary and non-contributory basis with respect to General Liability and Automobile Liability as required by written contract. Waiver of Subrogation applies in favor of the Additional Insured with respect to Workers Compensation as required by written contract. Thirty Day (30) Notice of Cancellation, expect Ten Day (10) Notice of Cancellation for Non-Payment of Premium, applies to the certificate holder.

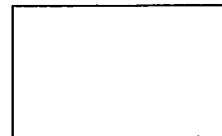
**CERTIFICATE HOLDER****CANCELLATION** See Attachments**20814184**Hope Gas  
781 Chestnut Ridge Road  
Morgantown, WV 26507

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

# Blanket Notification to Others of Cancellation or Non-Renewal



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP-1497588-01	Zurich American Insurance Company	4/1/2024	4/1/2025			

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### Commercial Automobile Coverage Part

- A.** If we cancel or non-renew this Coverage Part by written notice to the first Named Insured, we will mail or deliver notification that such Coverage Part has been cancelled or non-renewed to each person or organization shown in a list provided to us by the first Named Insured if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to the first Named Insured. Such list:
1. Must be provided to us prior to cancellation or non-renewal;
  2. Must contain the names and addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled or non-renewed; and
  3. Must be in an electronic format that is acceptable to us.
- B.** Our notification as described in Paragraph **A.** of this endorsement will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to the first Named Insured. We will mail or deliver such notification to each person or organization shown in the list:
1. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  2. At least 30 days prior to the effective date of:
    - a. Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - b. Non-renewal, but not including conditional notice of renewal.
- C.** Our mailing or delivery of notification described in Paragraphs **A.** and **B.** of this endorsement is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
1. Extend the Coverage Part cancellation or non-renewal date;
  2. Negate the cancellation or non-renewal; or
  3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- D.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs **A.** and **B.** of this endorsement.

All other terms and conditions of this policy remain unchanged.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 06 43

BLANKET NOTIFICATION TO OTHERS OF CANCELLATION OR NONRENEWAL

ENDORSEMENT This endorsement adds the following to Part Six of the policy.

PART SIX  
CONDITIONS

Blanket Notification to Others of Cancellation or Nonrenewal

1. If we cancel or non-renew this policy by written notice to you, we will mail or deliver notification that such policy has been cancelled or non-renewed to each person or organization shown in a list provided to us by you if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to you. Such list:
  - a. Must be provided to us prior to cancellation or non-renewal;
  - b. Must contain the names and addresses of only the persons or organizations requiring notification that such policy has been cancelled or non-renewed; and
  - c. Must be in an electronic format that is acceptable to us.
2. Our notification as described in Paragraph 1. above will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to you. We will mail or deliver such notification to each person or organization shown in the list:
  - a. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  - b. At least 30 days prior to the effective date of:
    - (1) Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - (2) Non-renewal, but not including conditional notice of renewal.
3. Our mailing or delivery of notification described in Paragraphs 1. and 2. above is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
  - a. Extend the policy cancellation or non-renewal date;
  - b. Negate the cancellation or non-renewal; or
  - c. Provide any additional insurance that would not have been provided in the absence of this endorsement.
4. We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs 1. and 2. above.

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 4/1/2024  
Insured Miller Pipeline, LLC

Policy No. WC-1497591-01

Endorsement No.  
Premium \$

WC 99 06 43  
(Ed. 01-13)

Page 1 of 1

# Blanket Notification to Others of Cancellation or Non-Renewal

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
GLO-1497589-01	4/1/2024	4/1/2025				

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

### Commercial General Liability Coverage Part

- A.** If we cancel or non-renew this Coverage Part by written notice to the first Named Insured, we will mail or deliver notification that such Coverage Part has been cancelled or non-renewed to each person or organization shown in a list provided to us by the first Named Insured if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to the first Named Insured. Such list:
1. Must be provided to us prior to cancellation or non-renewal;
  2. Must contain the names and addresses of only the persons or organizations requiring notification that such Coverage Part has been cancelled or non-renewed; and
  3. Must be in an electronic format that is acceptable to us.
- B.** Our notification as described in Paragraph **A.** of this endorsement will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to the first Named Insured. We will mail or deliver such notification to each person or organization shown in the list:
1. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  2. At least 30 days prior to the effective date of:
    - a. Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - b. Non-renewal, but not including conditional notice of renewal.
- C.** Our mailing or delivery of notification described in Paragraphs **A.** and **B.** of this endorsement is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
1. Extend the Coverage Part cancellation or non-renewal date;
  2. Negate the cancellation or non-renewal; or
  3. Provide any additional insurance that would not have been provided in the absence of this endorsement.
- D.** We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs **A.** and **B.** of this endorsement.

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: BAP-1497588-01

COMMERCIAL AUTO  
CA 20 01 03 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## LESSOR -- ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below

Named Insured: Artera Services, LLC  
Endorsement Effective Date: 4/1/2024

Countersignature

Of Authorized Representative Name:

Title:

Signature:

Date:

## SCHEDULE

<b>Insurance Company:</b> ZURICH AMERICAN INSURANCE COMPANY	
<b>Policy Number:</b> BAP-1497588-01	<b>Effective Date:</b> 4/1/2024
<b>Expiration Date:</b> 4/1/2025	
<b>Named Insured:</b> ARTERA SERVICES LLC	
<b>Address:</b> 3100 INTERSTATE N. CIRCLE, SE, SUITE 150 ATLANTA GA 30339	
<b>Additional Insured (Lessor):</b> ALL LESSORS <b>Address:</b> 3100 INTERSTATE N. CIRCLE SE, SUITE 150 ATLANTA, GA 30339	
<b>Designation Or Description Of</b> ALL LEASED AUTOS	
<b>"Leased Autos":</b>	

Coverages	Limit Of Insurance
Liability	Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair Whichever Is Less, Minus Deductible For Each Covered "Leased Auto"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

## A. Coverage

- Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow

- For a "leased auto" designated or described in the Schedule, Who Is An Insured is changed to include as an "insured" the lessor named in the Schedule However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

- You;
- Any of your "employees" or agents; or
- Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above

3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first

**B. Loss Payable Clause**

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto"
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part
3. If we make any payment to the lessor, we will obtain his or her rights against any other party

**C. Cancellation**

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition
2. If you cancel the policy, we will mail notice to the lessor
3. Cancellation ends this agreement

**A. The lessor is not liable for payment of your premiums**

**B. Additional Definition**

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor

POLICY NUMBER: BAP-1497588-01

COMMERCIAL AUTO

POLICY EFF DATE: 4/1/2024

CA 20 48 10 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured: Artera Services, LLC**

**Endorsement Effective  
Date: 4/1/2024**

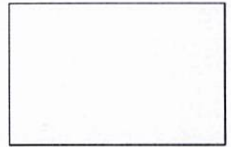
### **SCHEDULE**

**Name Of Person(s) Or Organization(s): Any person or organization to whom or which you are required to provide additional insured status or additional insured status on a primary, non-contributory basis, in a written contract or written agreement executed prior to loss, except where such contract or agreement is prohibited by law.**

**Information required to complete this Schedule, if not shown above, will be shown in the Declarations.**

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.

# Coverage Extension Endorsement – Liability Only



Policy f No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP-1497588-01	4/1/2024	4/1/2025				

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

**Business Auto Coverage Form**  
**Motor Carrier Coverage Form**

### A. Amended Who Is An Insured

1. The following is added to the **Who Is An Insured** Provision in **Section II – Covered Autos Liability Coverage**:

The following are also "insureds":

- Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow for acts performed within the scope of employment by you. Any "employee" of yours is also an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.
- Anyone volunteering services to you is an "insured" while using a covered "auto" you don't own, hire or borrow to transport your clients or other persons in activities necessary to your business.
- Anyone else who furnishes an "auto" referenced in Paragraphs **A.1.a.** and **A.1.b.** in this endorsement.
- Where and to the extent permitted by law, any person(s) or organization(s) where required by written contract or written agreement with you executed prior to any "accident", including those person(s) or organization(s) directing your work pursuant to such written contract or written agreement with you, provided the "accident" arises out of operations governed by such contract or agreement and only up to the limits required in the written contract or written agreement, or the Limits of Insurance shown in the Declarations, whichever is less.

2. The following is added to the **Other Insurance** Condition in the Business Auto Coverage Form and the **Other**

### **Insurance – Primary and Excess Insurance Provisions Condition** in the Motor Carrier Coverage Form:

Coverage for any person(s) or organization(s), where required by written contract or written agreement with you executed prior to any "accident", will apply on a primary and non-contributory basis and any insurance maintained by the additional "insured" will apply on an excess basis. However, in no event will this coverage extend beyond

the terms and conditions of the Coverage Form.

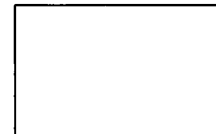
### B. Amendment – Supplementary Payments

Paragraphs **a.(2)** and **a.(4)** of the **Coverage Extensions** Provision in **Section II – Covered Autos Liability**

**Coverage** are replaced by the following:

- Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

## Other Insurance Amendment - Primary And Non-Contributory



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Addl. Prem	Return Prem.
GLO-1497589-01	4/1/2024	4/1/2025			INCL	

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**Named Insured:**

**Address (including ZIP Code):**

This endorsement modifies insurance provided under the:

**Commercial General Liability Coverage Part**

**1. The following paragraph is added to the Other Insurance Condition of Section IV - Commercial General Liability Conditions:**

This insurance is primary insurance to and will not seek contribution from any other insurance available to an additional insured under this policy provided that:

- The additional insured is a Named Insured under such other insurance; and
- You are required by a written contract or written agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

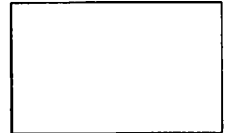
**2. The following paragraph is added to Paragraph 4.b. of the Other Insurance Condition of Section IV - Commercial General Liability Conditions:**

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same occurrence, offense, claim or suit. This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

All other terms and conditions of this policy remain unchanged.

## Additional Insured – Automatic – Owners, Lessees Or Contractors



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Policy No GLO-1497589-01

Effective Date: 4/1/2024

This endorsement modifies insurance provided under the:  
**Commercial General Liability Coverage Part**

**A. Section II – Who Is An Insured** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured under a written contract or written agreement executed by you, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" and subject to the following:

1. If such written contract or written agreement specifically requires that you provide that the person or organization be named as an additional insured under one or both of the following endorsements:

- a. The Insurance Services Office (ISO) ISO CG 20 10 (10/01 edition); or
- b. The ISO CG 20 37 (10/01 edition),

such person or organization is then an additional insured with respect to such endorsement(s), but only to the extent that "bodily injury", "property damage" or "personal and advertising injury" arises out of:

- (1) Your ongoing operations, with respect to Paragraph 1.a. above; or
- (2) "Your work", with respect to Paragraph 1.b. above,

which is the subject of the written contract or written agreement.

However, solely with respect to this Paragraph 1., insurance afforded to such additional insured:

- (a) Only applies if the "bodily injury", "property damage" or "personal and advertising injury" offense occurs during the policy period and subsequent to your execution of the written contract or written agreement; and
- (b) Does not apply to "bodily injury" or "property damage" caused by "your work" and included within the "products-completed operations hazard" unless the written contract or written agreement specifically requires that you provide such coverage to such additional insured.

2. If such written contract or written agreement specifically requires that you provide that the person or organization be named as an additional insured under one or both of the following endorsements:

- a. The Insurance Services Office (ISO) ISO CG 20 10 (07/04 edition); or
- b. The ISO CG 20 37 (07/04 edition),

such person or organization is then an additional insured with respect to such endorsement(s), but only to the extent that "bodily injury", "property damage" or "personal and advertising injury" is caused, in whole or in part, by:

- (1) Your acts or omissions; or
- (2) The acts or omissions of those acting on your behalf,

in the performance of:

- (a) Your ongoing operations, with respect to Paragraph 2.a. above; or
- (b) "Your work" and included in the "products-completed operations hazard", with respect to Paragraph 2.b. above,

which is the subject of the written contract or written agreement.

However, solely with respect to this Paragraph 2., insurance afforded to such additional insured:

- (i) Only applies if the "bodily injury", "property damage" or "personal and advertising injury" offense occurs during the policy period and subsequent to your execution of the written contract or written agreement; and
- (ii) Does not apply to "bodily injury" or "property damage" caused by "your work" and included within the "products-completed operations hazard" unless the written contract or written agreement specifically requires that you provide such coverage to such additional insured.

3. If neither Paragraph 1. nor Paragraph 2. above apply and such written contract or written agreement requires that you provide that the person or organization be named as an additional insured:

- a. Under the ISO CG 20 10 (04/13 edition, any subsequent edition or if no edition date is specified); or
- b. With respect to ongoing operations (if no form is specified),

such person or organization is then an additional insured only to the extent that "bodily injury", "property damage" or "personal and advertising injury" is caused, in whole or in part by:

- (1) Your acts or omissions; or
- (2) The acts or omissions of those acting on your behalf,

in the performance of your ongoing operations, which is the subject of the written contract or written agreement.

However, solely with respect to this Paragraph 3., insurance afforded to such additional insured:

- (a) Only applies to the extent permitted by law;
- (b) Will not be broader than that which you are required by the written contract or written agreement to provide for such additional insured; and
- (c) Only applies if the "bodily injury", "property damage" or "personal and advertising injury" offense occurs during the policy period and subsequent to your execution of the written contract or written agreement.

4. If neither Paragraph 1. nor Paragraph 2. above apply and such written contract or written agreement requires that you provide that the person or organization be named as an additional insured:

- a. Under the ISO CG 20 37 (04/13 edition, any subsequent edition or if no edition date is specified); or
- b. With respect to the "products-completed operations hazard" (if no form is specified),

such person or organization is then an additional insured only to the extent that "bodily injury" or "property damage" is caused, in whole or in part by "your work" and included in the "products-completed operations hazard", which is the subject of the written contract or written agreement.

However, solely with respect to this Paragraph 4., insurance afforded to such additional insured:

- (1) Only applies to the extent permitted by law;
- (2) Will not be broader than that which you are required by the written contract or written agreement to provide for such additional insured;
- (3) Only applies if the "bodily injury" or "property damage" occurs during the policy period and subsequent to your execution of the written contract or written agreement; and

- (4) Does not apply to "bodily injury" or "property damage" caused by "your work" and included within the "products-completed operations hazard" unless the written contract or written agreement specifically requires that you provide such coverage to such additional insured.

**B. Solely with respect to the insurance afforded to any additional insured referenced in Section A. of this endorsement, the following additional exclusion applies:**

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or failure to render, any professional architectural, engineering or surveying services including:

1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
2. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

**C. Solely with respect to the coverage provided by this endorsement, the following is added to Paragraph 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit of Section IV – Commercial General Liability Conditions:**

The additional insured must see to it that:

- (1) We are notified as soon as practicable of an "occurrence" or offense that may result in a claim;
- (2) We receive written notice of a claim or "suit" as soon as practicable; and
- (3) A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured if the written contract or written agreement requires that this coverage be primary and non-contributory.

**D. Solely with respect to the coverage provided by this endorsement:**

1. The following is added to the **Other Insurance** Condition of Section IV – **Commercial General Liability Conditions**:

**Primary and Noncontributory insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured provided that:

- a. The additional insured is a Named Insured under such other insurance; and
- b. You are required by written contract or written agreement that this insurance be primary and not seek contribution from any other insurance available to the additional insured.

2. The following paragraph is added to Paragraph 4.b. of the **Other Insurance** Condition under Section IV – **Commercial General Liability Conditions**:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by a written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

- E. This endorsement does not apply to an additional insured which has been added to this Coverage Part by an endorsement showing the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.**

**F.** Solely with respect to the insurance afforded to an additional insured under Paragraph **A.3.** or Paragraph **A.4.** of this endorsement, the following is added to Section **III – Limits Of Insurance**:

**Additional Insured – Automatic – Owners, Lessees Or Contractors Limit**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the written contract or written agreement referenced in Section **A.** of this endorsement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations,
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms, conditions, provisions and exclusions of this policy remain the same.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**WC 00 03 13**

(Ed. 4-84)

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

**ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU AND FOR THAT PERSON AND/OR ORGANIZATION.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. **{The information below is required only when this endorsement is issued subsequent to preparation of the**

**policy.)**

Endorsement Effective 4/1/2024

Policy No. [WC-1497591-01

Endorsement No.

Insured: Miller Pipeline, LLC

Premium \$ INCL.

Insurance Company Zurich American Insurance Company

Countersigned By

WC 00 03 13  
(Ed. 4-84)

## George Eidel

---

**From:** Tyler Spear <tyler.l.spear@hopegas.com>  
**Sent:** Friday, January 24, 2025 6:53 AM  
**To:** George Eidel  
**Subject:** RE: [EXTERNAL] Doddridge county Floodplain Permit Application  
**Attachments:** 20250123\_Sunnyside\_Flood.pdf

Here you go.

Thanks,



*Tyler L. Spear | Environmental Specialist II*  
Hope Gas, Inc.  
179 Innovation Drive | Jane Lew, WV 26378  
office: 681-684-2517 cell: 304-904-6091  
[tyler.l.spear@hopegas.com](mailto:tyler.l.spear@hopegas.com) [www.hopegas.com](http://www.hopegas.com)

---

**From:** George Eidel <geidel@doddridgecountywv.gov>  
**Sent:** Thursday, January 23, 2025 3:30 PM  
**To:** Tyler Spear <tyler.l.spear@hopegas.com>  
**Subject:** [EXTERNAL] Doddridge county Floodplain Permit Application

This message originated from outside your organization

---

Tyler,

Good afternoon, I got the permit application for the Arnolds Creek pipeline project. The first and last page were not signed. Can you get them signed and emailed back to me?

## George Eidel, CFM

99 Court Street, Suite 128  
West Union, WV 26456  
Office: (304)873-1343  
[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)  
<https://www.doddridgecountyoe.com/>

### Confidentiality Notice:

This email, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary, copyrighted, and privileged information from Hope. Any unauthorized review, use, disclosure, reproduction, or distribution is prohibited. If you are not the intended recipient, please notify the sender immediately by reply email or telephone and destroy all copies of the original message.

### Privacy Notice:

When sending email to us, never include any confidential or personal information such as your password, account number, protected medical information, or Social Security Number. You cannot be assured that your connection is a secure one. Further, none of our employees will ever ask you to provide personal or confidential information via email.

## George Eidel

---

**From:** Jonathan M. Brady <jbrady@thethrashergroup.com>  
**Sent:** Tuesday, January 21, 2025 10:51 AM  
**To:** 'GEidel@doddridgecountywv.gov'  
**Cc:** Tyler L Spear; Hope Gas, Inc.  
**Subject:** REPL-RIGHT FORK RUN RD-M1656-400799777 - Flood  
**Attachments:** 20250120\_Right Fork Run Rd\_Flood.pdf; 20240108\_RightFork\_Flood\_Approval.pdf

Good Morning George,

I have attached a copy of the flood permit renewal package for the Right Fork Run Rd utility line replacement project. This Project was initially permitted in September 2021 under Permit #21-597, and renewed last January under Permit #23-639, but did not go to construction. The Project is slated to go to construction this spring and the details remain the same as previously permitted with the only change being the contractor (updated info in Package). A hard copy of the package along with the permit fee has been sent FEDEX.

Please let me know if you need anything else to complete your review.

Thanks,

Jonathan

### Jonathan Brady, PG

Environmental Project Manager | The Thrasher Group, Inc.

**office:** 724-485-7059 | 800-273-6541

**mobile:** 304-923-2372

4000 Town Center Blvd | Suite 140 | Canonsburg, PA 15317

[www.thethrashergroup.com](http://www.thethrashergroup.com)



## George Eidel

---

**From:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Sent:** Wednesday, March 12, 2025 2:13 PM  
**To:** George Eidel  
**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Thank you, George!

Kelly Brown  
Project Manager/Scientist



DIEFFENBAUCH & HRITZ  
1095 Chaplin Road Suite 200  
Morgantown, WV 26501  
304-985-5555 Ext. 1013

---

**From:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Sent:** Wednesday, March 12, 2025 2:12 PM  
**To:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Kelly,

I sent it out to Tyler Spears at the address on the permit. I have attached a copy of it, it was sent out on Friday February 21, 2025.

---

**From:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Sent:** Wednesday, March 12, 2025 1:57 PM  
**To:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Good afternoon, George,

I wanted to double check that this permit was sent out. My client has not received it yet.

Thank you,

Kelly Brown  
Project Manager/Scientist



DIEFFENBAUCH & HRITZ  
1095 Chaplin Road Suite 200  
Morgantown, WV 26501  
304-985-5555 Ext. 1013

---

**From:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Sent:** Friday, February 14, 2025 8:50 AM  
**To:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

No, if someone request it I will send it, otherwise I will mail it to the person listed as the point of contact on the permit.

---

**From:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Sent:** Friday, February 14, 2025 8:36 AM  
**To:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

It will go to the Applicant address. Do you typically send a PDF version of the signed permit to the Applicant and Consultant(myself) email as well?

Kelly Brown  
Project Manager/Scientist



DIEFFENBAUCH & HRITZ

1095 Chaplin Road Suite 200  
Morgantown, WV 26501

304-985-5555 Ext. 1013

---

**From:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Sent:** Friday, February 14, 2025 8:23 AM  
**To:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Kelly,

Good morning and thank you for reaching out for an update. As of now I think we have everything we need, your permit #25-673 is scheduled to be approved on Monday, February 24, 2025. I usually mail them out the Friday before. If there is a specific address and person you want me to send it to let me know.

George

---

**From:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Sent:** Thursday, February 13, 2025 4:28 PM

**To:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>

**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Hi George,

Following up with you. Do you need anything else to assist with your review of the floodplain application?

Thank you,

Kelly Brown  
Project Manager/Scientist



DIEFFENBAUCH & HRITZ

1095 Chaplin Road Suite 200  
Morgantown, WV 26501

304-985-5555 Ext. 1013

---

**From:** Kelly Brown

**Sent:** Tuesday, January 28, 2025 8:47 AM

**To:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>

**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

The cost is estimated at \$385,000. The estimated cost, project details, and how much of the project is within the floodplain is included in the permit application you should receive today.

Kelly Brown  
Project Manager/Scientist



DIEFFENBAUCH & HRITZ

1095 Chaplin Road Suite 200  
Morgantown, WV 26501

304-985-5555 Ext. 1013

---

**From:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>

**Sent:** Tuesday, January 28, 2025 8:39 AM

**To:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>

**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Kelly,

Our fees are based on the cost of the project, ONLY that portion that is in the floodplain. Send me an estimate of what the cost is so I can see how you determined the cos. I have attached a copy of our fee schedule.

Thank You

---

**From:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Sent:** Tuesday, January 28, 2025 8:15 AM  
**To:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Understood. Can you send me what the amount will be, and who the check needs to be made out to along with the delivery address?

Thanks,

Kelly Brown  
Project Manager/Scientist



DIEFFENBAUCH & HRITZ

1095 Chaplin Road Suite 200  
Morgantown, WV 26501

304-985-5555 Ext. 1013

---

**From:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Sent:** Tuesday, January 28, 2025 8:12 AM  
**To:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Thank you for returning my email so quickly. The fee will need to be paid as soon as possible

---

**From:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Sent:** Tuesday, January 28, 2025 8:00 AM  
**To:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Subject:** RE: Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Good morning, George,

Thank you for being thorough, but I am certain you did get back to me on 1/21. We just sent out a new permit application on 1/24 as my client does not think construction would be complete within a 90-day extension period. According to our tracking you should be receiving it today. Please let us know when we need to make the fee payment.

Thank you,

Kelly Brown  
Project Manager/Scientist



DIEFFENBAUCH & HRITZ

1095 Chaplin Road Suite 200  
Morgantown, WV 26501

304-985-5555 Ext. 1013

---

**From:** George Eidel <[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)>  
**Sent:** Tuesday, January 28, 2025 7:47 AM  
**To:** Kelly Brown <[kbrown@dandhengineers.com](mailto:kbrown@dandhengineers.com)>  
**Subject:** Floodplain Permit# 23-642/REPL-Sunnyside Rd-M1657-P401961348

Kelly,

I am so sorry it took me this long to get back with you. The email account you sent the email to is no longer used, I use this one. For the permit, will the work be done within 90 days? If not then you may want to submit a new permit application for a year.

**George Eidel, CFM**

99 Court Street, Suite 128  
West Union, WV 26456  
Office: (304)873-1343  
[geidel@doddridgecountywv.gov](mailto:geidel@doddridgecountywv.gov)  
<https://www.doddridgecountywv.com/>

25 JAN 2025 PM 2 L

**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:

HARRY D SR & CHRISTINA ARNOLD (SURV)  
1354 CENTRAL STATION RD  
WEST UNION, WV 26456



9590 9402 7059 1225 4222 98

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Christina Arnold*☐ Agent☐ Addressee

B. Received by (Printed Name)

CHRISTINA ARNOLD

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☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING#

CHARLESTON WV 250

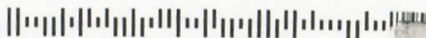
28 JAN 2025 PM 2 L

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

9590 9402 7059 1225 4222 98

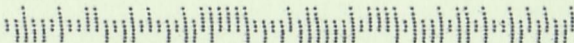
United States  
Postal Service

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



**Doddridge County Floodp**  
**99 Court St. Suite 128**  
**West Union, WV 26456**

FP#25-673



**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:



**RICKY A AMERICA  
2055 CENTRAL STATION RD  
WEST UNION, WV 26456**



9590 9402 7059 1225 4223 80

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*R. America*

C. Date of Delivery

*1/28*

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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



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

9590 9402 7059 1225 4223 80

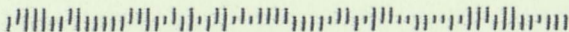
United States  
Postal Service

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



**Doddridge County Floodplain Manager**  
**99 Court St. Suite 128**  
**West Union, WV 26456**

FP 25-673



**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:

HOWARD EAKLES  
1791 CENTRAL STATION RD  
WEST UNION, WV 26456



9590 9402 7059 1225 4223 59

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Betty Eakle

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Betty Eakle

C. Date of Delivery

1-29-25

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

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

USPS TRACKING#

CHARLESTON WV 250

29 JAN 2025 PM 2 L

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

9590 9402 7059 1225 4223 59

**United States  
Postal Service**

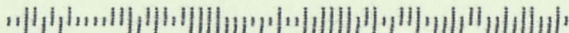
• Sender: Please print your name, address, and ZIP+4® in this box•



**Doddridge County Floodplain Manager**  
**99 Court St. Suite 128**  
**West Union, WV 26456**

FP25-673

5-201599



**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:



**ROGER & REGINA WRIGHT  
58 PINWOOD DR  
WEST UNION, WV 26456**



9590 9402 7059 1225 4223 66

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

*Regina Wright*

☐ 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
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



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

9590 9402 7059 1225 4223 66

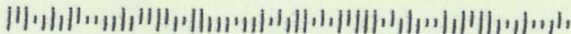
**United States  
Postal Service**

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



**Doddridge County Floodplain Manager  
99 Court St. Suite 128  
West Union, WV 26456**

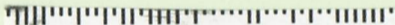
FP #25-673



**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:



**JAMES E & DORIS J MELOTT (SURV)**  
**1369 CENTRAL STATION RD**  
**WEST UNION, WV 26456**



9590 9402 7059 1225 4223 42

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

*James E. Melott*

☐ Agent

☐ Addressee

B. Received by *(Printed Name)*

*James E. Melott*

C. Date of Delivery

*1-25-25*

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

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

USPS TRACKING #



CHARLESTON WV 250

25 JAN 2025 PM 2 L



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

9590 9402 7059 1225 4223 42

United States  
Postal Service

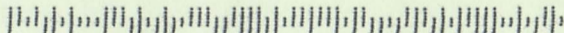
• Sender: Please print your name, address, and ZIP+4® in this box•



**Doddridge County Floodplain Manager**  
**99 Court St. Suite 128**  
**West Union, WV 26456**

FP 25-673

6-201599



**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:

GILBERT WAYNE NEELY  
761 CENTRAL STATION RD  
WEST UNION, WV 26456



9590 9402 7059 1225 4223 73

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

*Judith Neely*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Judy Neely*

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

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

USPS TRACKING#



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

9590 9402 7059 1225 4223 73

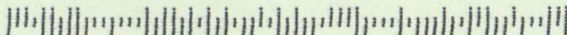
United States  
Postal Service

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



**Doddridge County Floodplain Manager**  
**99 Court St. Suite 128**  
**West Union, WV 26456**

FP 25-673



## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$ 4.85

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

- ☒ Return Receipt (hardcopy) \$ 4.70  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ .69

Total Postage and Fees

\$ 9.64

Sent To

Gilbert Neely

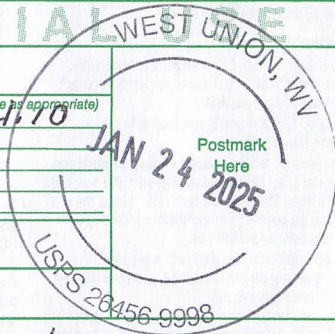
Street and Apt. No., or PO Box No.

761 Central Station Rd

City, State, ZIP+4®

West Union, WV 26456

FP 25-675



9589 0710 5225 0991 8241 94

## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:

Return receipt service, which provides a record of delivery (including the recipient's signature).

You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt,

complete PS Form 3811, *Domestic Return*

and attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).

- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

4.85

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

☒ Return Receipt (hardcopy)

\$

4.10

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$

~~4.85~~ .69

Total Postage and Fees

\$

9.64

Sent To

Roger + Regina Wright

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

58 Pinewood Dr

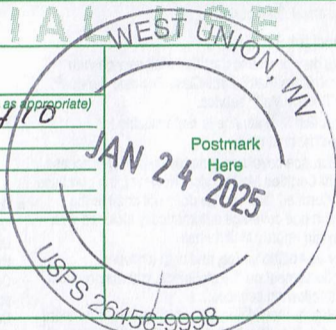
City, State, ZIP+4®

West Union, WV 26456

FP25-1

PS Form 3800, January 2023 PSN 7530-02-000-9047

See Reverse for Instructions



9589 0710 5270 0991 8242 00

## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You may request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, attach PS Form 3811, *Domestic Return Receipt*, to your mailpiece;

for an electronic return receipt, contact a retail associate for assistance. To request a return receipt for no additional fee, attach a PS Form 3811, *Domestic Return Receipt*, to the mailpiece.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

4.85

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

☒ Return Receipt (hardcopy)

\$

4.10

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$

0.69

Total Postage and Fees

\$

9.64

Sent To

James + Doris McLott

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

1369 Central Station Rd

City, State, ZIP+4®

West Union, WV 26456

FP

Postmark  
Here

JAN 24 2025

USPS 26456-9998

WEST UNION, WV

9589 0710 5270 0954

## Certified Mail service provides the follow.

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- ▼ For an additional fee, and with a proper endorsement on the mailpiece, you may request following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature).
  - Request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, use Form 3811, *Domestic Return Receipt*.
  - Attach Form 3811 to your mailpiece;

for an electronic return receipt, contact a retail associate for assistance. For a return receipt for no additional charge, use Form 3811, *Domestic Return Receipt*, and attach it to the mailpiece. For a return receipt for no additional charge, use Form 3811, *Domestic Return Receipt*, and attach it to the mailpiece.

- Restricted delivery service, which provides delivery to the addressee specified on the label or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

Service<sup>TM</sup>  
REGISTERED MAIL<sup>®</sup> RECEIPT

Mail Only

For more information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

OFFICIAL USE

Certified Mail Fee

4.85

\$

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

- ☒ Return Receipt (hardcopy) \$ 4.10  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$

.69

Total Postage and Fees

\$

9.64

Sent To

Rick America

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

2055 Central Station Rd

City, State, ZIP+4<sup>®</sup>

West Union, WV 26456

WEST UNION, WV

Postmark  
Here

JAN 24 2025

USPS 26456-9998

## Certified Mail service provides the following benefits.

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:

Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, use PS Form 3811, *Domestic Return Receipt*. Attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see your retail associate for assistance. To receive a return receipt for no additional fee, present your USPS®-postmarked Certified Mail receipt to your retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$ 4.85

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

- ☒ Return Receipt (hardcopy) \$ 4.10  
☐ Return Receipt (electronic) \$ \_\_\_\_\_  
☐ Certified Mail Restricted Delivery \$ \_\_\_\_\_  
☐ Adult Signature Required \$ \_\_\_\_\_  
☐ Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage

\$ .69

Total Postage and Fees

\$ 9.64

Sent To

HARRY & CHRISTING ARNOLD

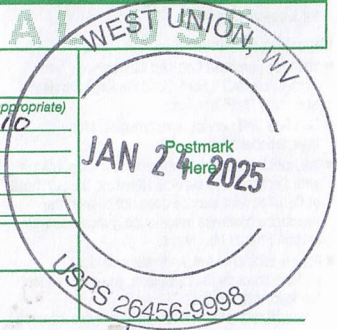
Street and Apt. No., or PO Box No.

1354 Central Station RD

City, State, ZIP+4®

West Union, WV 26456

F.P.#:



9589 0710 5270 0991 6

## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

### Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
  - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, use PS Form 3811, *Domestic Return Receipt*. Attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present a USPS®-postmarked Certified Mail receipt to a retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

**IMPORTANT: Save this receipt for your records.**

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee

\$

4.85

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

☒ Return Receipt (hardcopy)

\$

4.10

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$

.69

Total Postage and Fees

\$

9.64

Sent To

Jacklyn Thomas

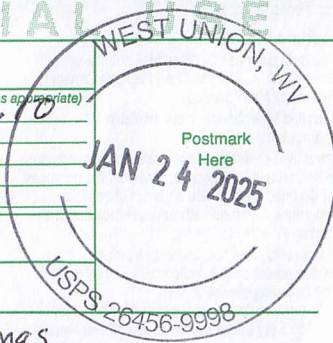
Street and Apt. No., or PO Box No.

3519 Sam Cavins Rd

City, State, ZIP+4®

West Union, WV 26456

FP25



9589 0710 5270 0991 824-

## Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
  - A unique identifier for your mailpiece.
  - Electronic verification of delivery or attempted delivery.
  - A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.
- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
  - Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
  - Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).

## Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
  - Certified Mail service is *not* available for international mail.
  - Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
  - For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
    - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece; for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.
  - To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.
- IMPORTANT: Save this receipt for your records.**

9589 0710 5270 0991 8241 87

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL

Certified Mail Fee

\$

4.85

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

☒ Return Receipt (hardcopy)

\$

4.10

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$

.69

Total Postage and Fees

\$

9.64

Sent To

Howard Eakles

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

1791 Central station Rd

City, State, ZIP+4®

West UNION, WV. 26456

FP 25-673

PS Form 3800, January 2023 PSN 7530-02-000-9047

See Reverse for Instructions

