
FLOODPLAIN PERMIT #25-694

McClellan VFD, New Fire Station, 9007 Rt 23N., 39.390233, -80.635031

TASK	COMPLETE (DATE)	NOTES
CHECK RECEIVED	N/A	
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	8/5/2025	
DATE AVAILABLE TO BE GRANTED	8/25/2025	
PERMIT GRANTED	8/25/2025	
COMPLETE		

9589 0710 5270 0991 8182 54

9589 0710 5270 0991 8182 61

9589 0710 5270 0991 8182 78

9589 0710 5270 0991 8182 85

9589 0710 5270 0991 8182 92

9589 0710 5270 0991 8183 08

9589 0710 5270 0991 8183 15

9589 0710 5270 0991 8183 22

9589 0710 5270 0991 8183 39



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 #: 25-694

Date Approved: 8/25/2025

Expires: 8/25/2026

Issued to: McClellan Volunteer Fire Dept.

POC: Billy Lynch

Company Address: 24 Pike Fork Rd., Salem, WV 26426

Project Address: 9007 Rt 23N, Salem, WV 26426

Firm: 54017C0045C

Lat/Long: 39.390233, -80.635031

Purpose of development: New Fire Station

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

George C. Eidel

Date: 8/25/2025

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



Doddridge County Floodplain Permits

(Week of August 4, 2025)

Please take notice that on the (31st) of (July), 2025, (McClellan Volunteer Fire Department) filed an application for a Floodplain Permit (#25-694) to develop land located at or about (9007 Route 23 N.); **Coordinates: 39.390233, -80.635031.** 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 (August 25, 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 new fire station**

GEORGE C. EIDEL, CFM

Doddridge County Floodplain Manager



Permit# 25-694
Project Name: New Fire Station
Permittees Name: McClellan VFD

Floodplain Office Use Only

JUL 31 '25 PM 12:02

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 Billy E. [Signature]

DATE 7-31-25

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Applicant Information:

Please provide all pertinent data.

Applicant Information		
Responsible Party Name: <u>Billy Lynch</u>		
Mailing Address: <u>9007 Rt 23 North</u>		
City: <u>Center Point</u>	State: <u>WV</u>	Zip: <u>26339</u>
Point of Contact (POC): <u>Billy Lynch</u>		
POC Title: <u>Chief</u>		
POC Primary Phone: <u>304 203-5303</u>		
POC Primary Email: <u>bmlynch906@icloud.com</u>		
FEIN: <u>31-1502668</u>	Corporate DUNS:	
Website:		
Local Mailing Address: <u>24 Pike Fork Rd</u>		
City: <u>Salem</u>	State: <u>WV</u>	Zip: <u>26426</u>
Local Project Manager (PM):		
Local PM Primary Phone:		
Local PM Secondary Phone:		
Local PM Primary Email:		
Person Filing Application:		
Applicant Title:		
Applicant Primary Phone:		
Applicant Secondary Phone:		
Applicant Primary Email:		

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Proposed Development:

Please check all elements of the proposed project that apply.

DESCRIPTION OF WORK (CHECK ALL APPLICABLE BOXES)

A. STRUCTURAL DEVELOPMENT

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

B. OTHER DEVELOPLMENT ACTIVITIES:

<input type="checkbox"/> Fill	<input type="checkbox"/> Mining	<input type="checkbox"/> Drilling	<input type="checkbox"/> Grading	<input type="checkbox"/> Pipelining
<input type="checkbox"/> Excavation (except for STRUCTURAL DEVELOPMENT checked above)				
<input type="checkbox"/> Watercourse Alteration (including dredging and channel modification)				
<input type="checkbox"/> Drainage Improvements (including culvert work) Road, Street, or Bridge				
<input type="checkbox"/> Construction				
<input type="checkbox"/> Subdivision (including new expansion)				
<input type="checkbox"/> Individual Water or Sewer System				
<input type="checkbox"/> 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: ____ of ____

Site/Property Information:		
Legal Description:		
Physical Address/911 Address: 9007 Rt 23 North Center Point Wv 26329		
Decimal Latitude/Longitude:		
DMS Latitude/Longitude:		
District: McClellan	Map:	Parcel:
Land Book Description:		
Deed Book Reference:		
Tax Map Reference:		
Existing Buildings/Use of Property:		

Floodplain Location Data: (to be completed by Floodplain Manager or designee)			
Community: Doddridge	Number: 540024	Panel: 54017C0045	Suffix: C
Location (Lat/Long): 39.390232, -80.635031		Approximate Elevation: 790'	
Is the development in the floodway? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is the development in the floodplain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Zone: AE	
Notes:			

Doddridge County Commercial/Industrial
Floodplain Development Permit Application

Property Owner Data:

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

Property Designation: ____ of ____

Property Owner Data:

Name of Primary Owner (PO): McClellan District VFD Inc

Physical Address: 9007 Rt 23 North

City: Center Point State: WV Zip: 26339

Mailing Address: 24 Pike Fork Rd City: Salon State: WV Zip: 26426

Primary Phone: 304 203-5303

Primary Email: bmlynch906@icloud.com

Surface Rights Owner Data:

Name of Primary Owner (PO):

Physical Address:

City: State: Zip:

Mailing Address: City: State: Zip:

Primary Phone:

Primary Email:

Mineral Rights Owner Data: (As Applicable)

Name of Primary Owner (PO):

Physical Address:

City: State: Zip:

Mailing Address: City: State: Zip:

Primary Phone:

Primary Email:

Doddridge County Commercial/Industrial Floodplain Development Permit Application

Contractor Data:

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

Property Designation: ____ of ____

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

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

Adjacent and/or Affected Landowners Data

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

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

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

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

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

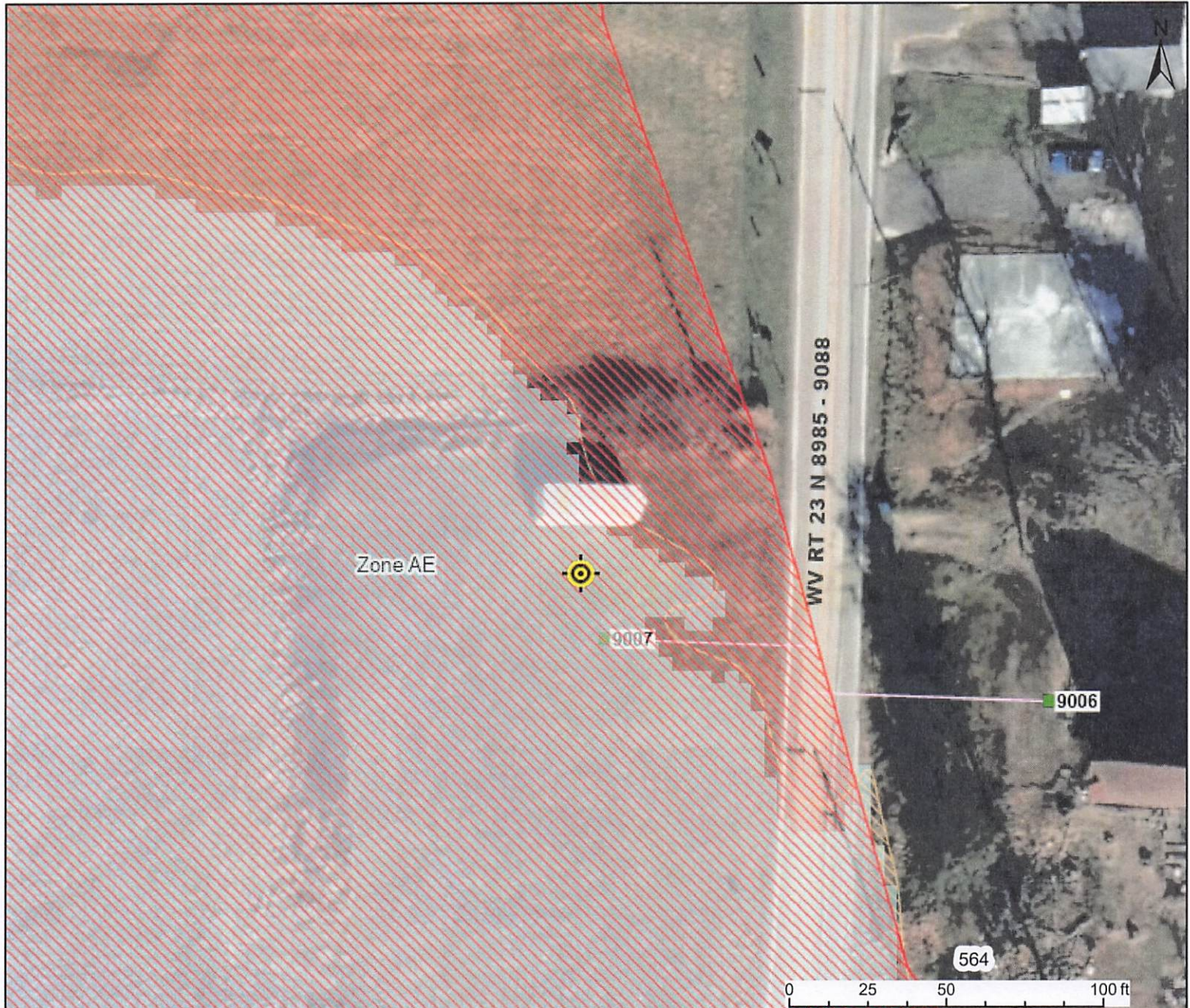
Please read print name, sign and date below:

- 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 or designee may at his or her discretion conduct site visits and document conditions of proposed development pursuant to the permit application.
- I understand that once the Floodplain Permit is granted, the permit will be entered into official public record. 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: Billy Lynd Date: 7-31-25

Applicant Printed Name: Billy Lynd

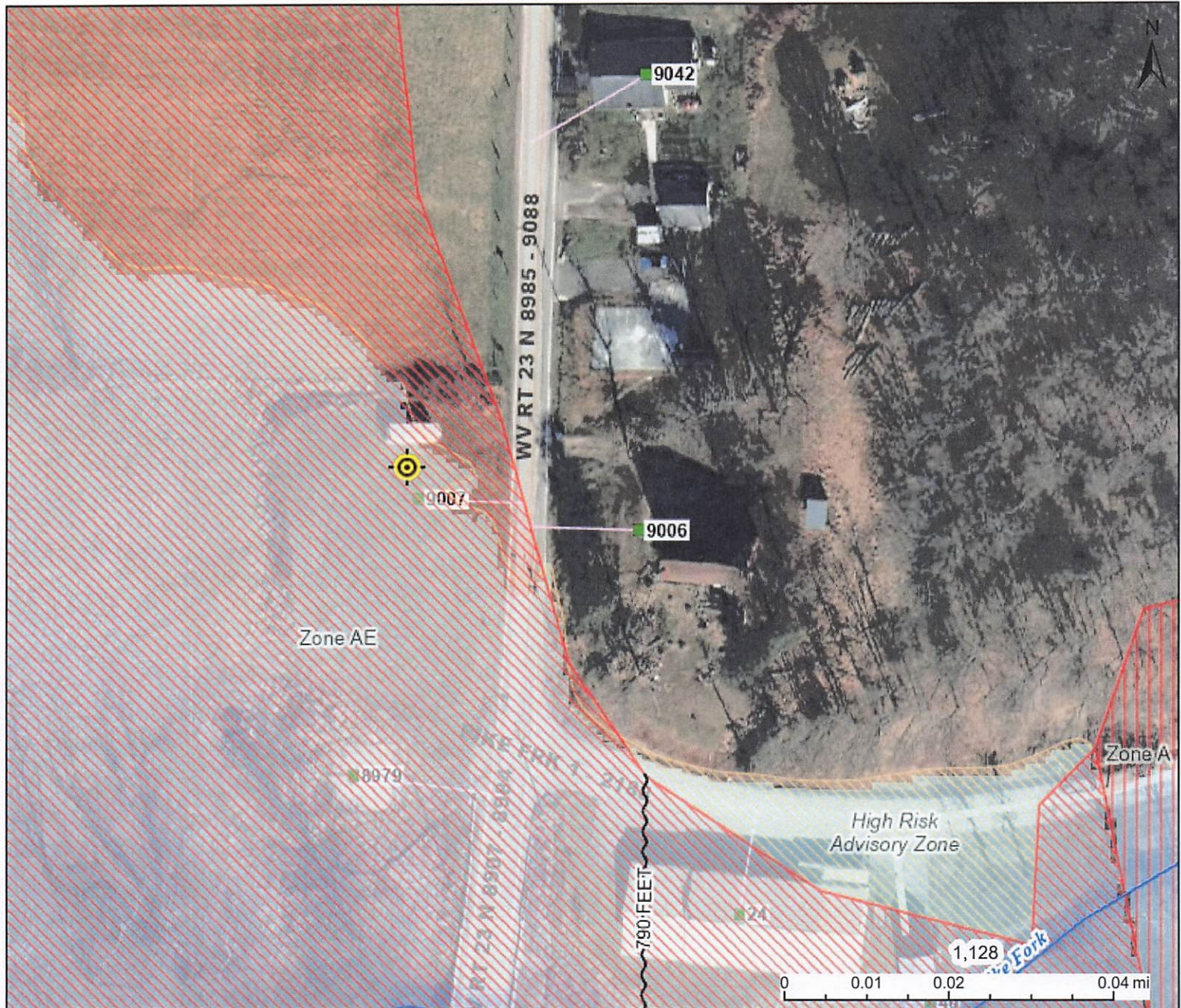
New McClellan Fire Station








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

<div> <div> <div>Zone AE</div> <div>1-Percent-Annual-Chance Flood Hazard Area With Base Flood Elevation (BFE)</div> </div> <div> <div>Floodway</div> <div>Regulatory Floodway in AE Zone</div> </div> <div> <div>Zone A</div> <div>1-Percent-Annual-Chance Flood Hazard Area Without BFE (may have Advisory Flood Heights)</div> </div> <div> <div>Advisory</div> <div>1-Percent-Annual-Chance High Risk Advisory</div> </div> </div> <div> Download the Full Legend for all flood tool symbols https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf </div> <div> Disclaimer: The online map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. Refer to the official Flood Insurance Study (FIS) for detailed flood elevation data in flood profiles and data tables. WV Flood Tool (https://www.mapwv.gov/flood) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center. </div>	<div> <div> <div>Flood Info Location</div> <div>Map created on 7/31/2025</div> </div> <div> <div>User Notes</div> <div></div> </div> <div> <div>Flood Hazard Area</div> <div>Location is WITHIN the FEMA 100-year floodplain.</div> </div> <div> <div>Flood Zone</div> <div>AE</div> </div> <div> <div>Stream</div> <div>McElroy Creek</div> </div> <div> <div>Watershed (HUC8)</div> <div>Little Musringum-Middle Island (5030201)</div> </div> <div> <div>Flood Height</div> <div>790.0 ft (Source: BFE - Non-Restudy) NAVD88</div> </div> <div> <div>Water Depth</div> <div>About 1.1 ft (Source: HEC-RAS)</div> </div> <div> <div>Elevation</div> <div>788.6 ft (Source: FEMA 2018-20) (NAVD88)</div> </div> <div> <div>Community & ID</div> <div>Doddridge County (ID: 540024)</div> </div> <div> <div>FEMA Map & Date</div> <div>54017C0045C; Effective Date: 10/4/2011</div> </div> <div> <div>Location (lat, long)</div> <div>(39.390233, -80.635031) (WGS84)</div> </div> <div> <div>Parcel ID</div> <div>09-05-0018-0026-0000</div> </div> <div> <div>E-911 Address</div> <div></div> </div> </div>
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New McClellan Fire Station



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		1-Percent-Annual-Chance Flood Hazard Area With Base Flood Elevation (BFE)
		Regulatory Floodway in AE Zone
		1-Percent-Annual-Chance Flood Hazard Area Without BFE (may have Advisory Flood Heights)
		1-Percent-Annual-Chance High Risk Advisory
	Download the Full Legend for all flood tool symbols https://www.mapwv.gov/flood/map/docs/wv_flood_tool_legend.pdf	
Disclaimer: The online map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. Refer to the official Flood Insurance Study (FIS) for detailed flood elevation data in flood profiles and data tables. WV Flood Tool (https://www.mapwv.gov/flood) is supported by FEMA, WV NFIP Office, and WV GIS Technical Center.		
 Flood Info Location Map created on 7/31/2025		
User Notes		
Flood Hazard Area		Location is WITHIN the FEMA 100-year floodplain.
Flood Zone		AE
Stream		McElroy Creek
Watershed (HUC8)		Little Musringum-Middle Island (5030201)
Flood Height		790.0 ft (Source: BFE - Non-Restudy) NAVD88
Water Depth		About 1.1 ft (Source: HEC-RAS)
Elevation		788.6 ft (Source: FEMA 2018-20) (NAVD88)
Community & ID		Doddridge County (ID: 540024)
FEMA Map & Date		54017C0045C; Effective Date: 10/4/2011
Location (lat, long)		(39.390233, -80.635031) (WGS84)
Parcel ID		09-05-0018-0026-0000
E-911 Address		

National Flood Insurance Program

Elevation Certificate

and Instructions

2023 EDITION



FEMA

ELEVATION CERTIFICATE AND INSTRUCTIONS

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of documenting compliance with National Flood Insurance Program (NFIP) floodplain management ordinances for new or substantially improved structures in designated Special Flood Hazard Areas. This form may also be used as an optional tool for a Letter of Map Amendment (LOMA), Conditional LOMA (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional LOMR-F (CLOMR-F), or for flood insurance rating purposes in any flood zone.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ FEMA-003 – *National Flood Insurance Program Files System of Records Notice* 79 Fed. Reg. 28747 (May 19, 2014) and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may impact the flood insurance premium through the NFIP. Information will only be released as permitted by law.

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the NFIP. It can be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to inform the proper insurance premium, and to support a request for a LOMA, CLOMA, LOMR-F, or CLOMR-F.

The Elevation Certificate is used to document floodplain management compliance for Post-Flood Insurance Rate Map (FIRM) buildings, which are buildings constructed after publication of the FIRM, located in flood Zones A1–A30, AE, AH, AO, A (with Base Flood Elevation (BFE)), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, and A99. It may also be used to provide elevation information for Pre-FIRM buildings or buildings in any flood zone.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. Lowest Adjacent Grade (LAG) elevations certified by a land surveyor, engineer, or architect, as authorized by state law, will be required if the certificate is used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. A LOMA, CLOMA, LOMR-F, or CLOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 application package, whichever is appropriate. If the certificate will only be completed to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request, there is an option to document the certified LAG elevation on the Elevation Form included in the MT-EZ and MT-1 application.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the BFE. A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

The expiration date on the form herein does not apply to certified and completed Elevation Certificates, as a completed Elevation Certificate does not expire, unless there is a physical change to the building that invalidates information in Section A Items A8 or A9, Section C, Section E, or Section H. In addition, this form is intended for the specific building referenced in Section A and is not invalidated by the transfer of building ownership.

Additional guidance can be found in FEMA Publication 467-1, *Floodplain Management Bulletin: Elevation Certificate*.

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 08/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>MCCLELLAN DIST VOLUNTEER FIRE DEPT INC</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>ROUTE 23 NORTH</u>	Company NAIC Number: _____
City: <u>CENTER POINT</u> State: <u>WV</u> ZIP Code: <u>26339</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>MCCLELLAN DISTRICT, TAX MAP 18 PARCEL 26 (MCELROY 4.39)</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>NON-RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>39.390124</u> Long. <u>-80.634994</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input checked="" type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: _____	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>N/A</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>DODDRIDGE COUNTY</u>	B1.b. NFIP Community Identification Number: <u>540024</u>
B2. County Name: <u>DODDRIDGE</u>	B3. State: <u>WV</u> B4. Map/Panel No.: <u>0045</u> B5. Suffix: <u>C</u>
B6. FIRM Index Date: <u>10/04/2011</u>	B7. FIRM Panel Effective/Revised Date: <u>10/04/2011</u>
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>790.0</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other: <u>NON-RE STUDY PER FLOOD PROFILE</u>	
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: ROUTE 23 NORTH	FOR INSURANCE COMPANY USE
City: CENTER POINT State: WV ZIP Code: 26339	Policy Number: _____
	Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☒ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: **JX0368** Vertical Datum: **NAVD88**

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

☐ Yes ☒ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | |
|---|--------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>788.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>791.2</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

☒ Check here if attachments and describe in the Comments area.

Certifier's Name: **GARRETT A. DEVERICKS** License Number: **2468**

Title: **OWNER/ PROFESSIONAL SURVEYOR**

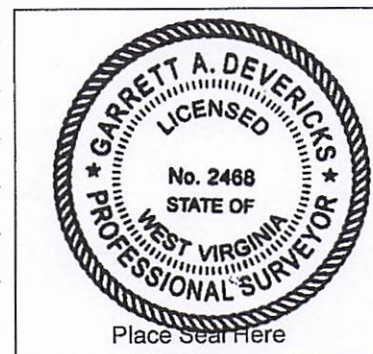
Company Name: **DEVERICKS LAND SURVEYING, LLC.**

Address: **P.O. BOX 93**

City: **SALEM** State: **WV** ZIP Code: **26426**

Telephone: (304) 695-3416 Ext.: _____ Email: **DEVERICKSPS2468@GMAIL.COM**

Signature:  Date: 6/14/2025



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

Proposed fire hall as staked by owner on old fill from previous nearby bridge construction

WV Flood Tool Map attached showing upstream edge of proposed structure

FEMA FIRMette attached

NGS monument data sheet attached

Flood Profile attached

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

ROUTE 23 NORTH

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: CENTER POINT State: WV ZIP Code: 26339

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☒ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: ROUTE 23 NORTH	FOR INSURANCE COMPANY USE
City: CENTER POINT State: WV ZIP Code: 26339	Policy Number: _____
	Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. ☐ A local official completed Section H for insurance purposes.
- G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ ☐ feet ☐ meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: ROUTE 23 NORTH	FOR INSURANCE COMPANY USE
City: CENTER POINT State: WV ZIP Code: 26339	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). *Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.*

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is: _____ N/A ☐ feet ☐ meters ☐ above the LAG

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ N/A ☐ feet ☐ meters ☐ above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
ROUTE 23 NORTH

City: CENTER POINT State: WV ZIP Code: 26339

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: PROPOSED FRONT - EAST FACING SIDE - 6/7/2025

Clear Photo One



Photo Two

Photo Two Caption: PROPOSED LEFT SIDE - SOUTH FACING SIDE - 6/7/2025

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
ROUTE 23 NORTH

City: CENTER POINT State: WV ZIP Code: 26339

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: PROPOSED REAR - WEST FACING SIDE - 6/7/2025

Clear Photo Three

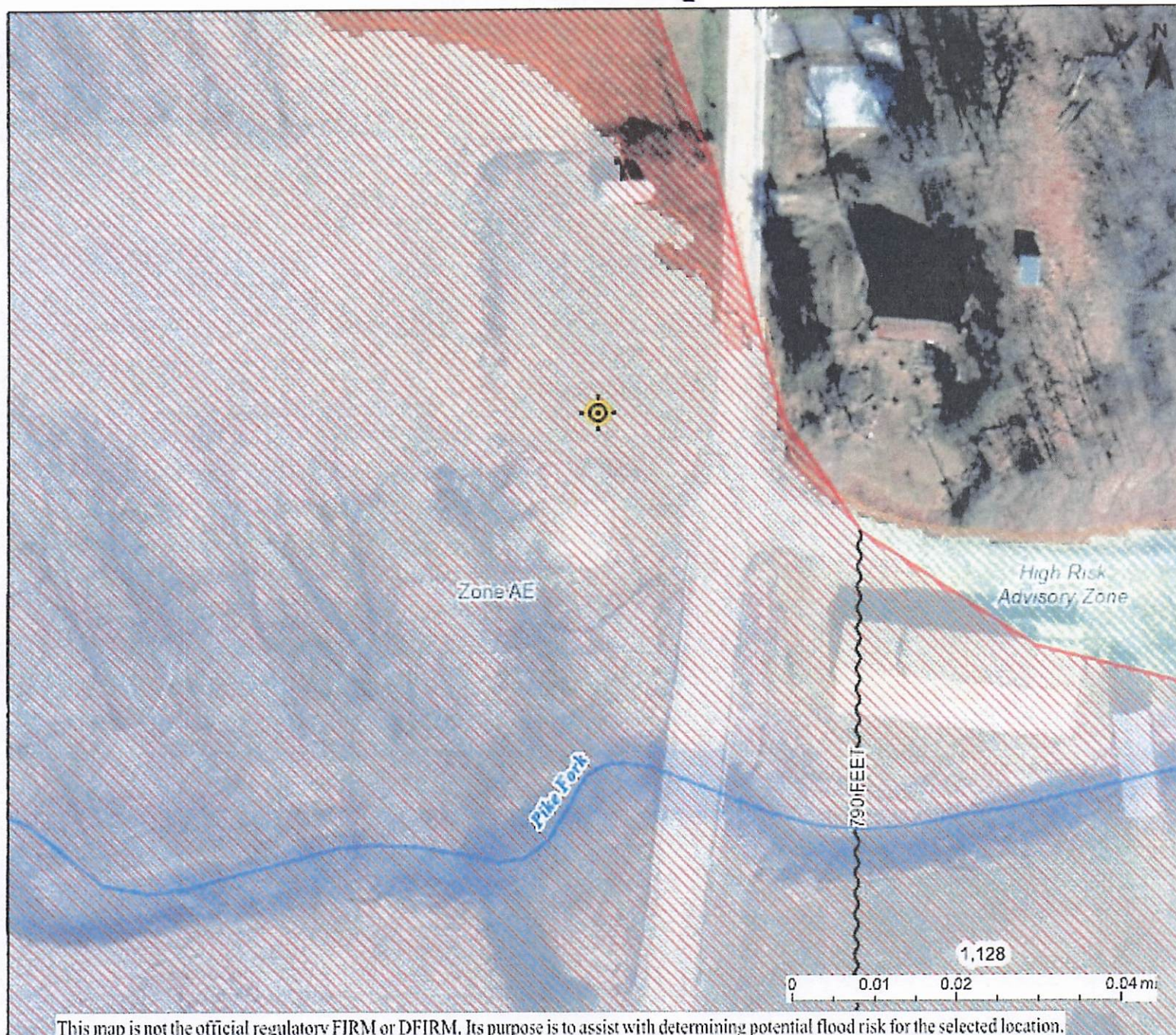


Photo Four






Photo Four Caption: PROPOSED RIGHT SIDE - NORTH FACING SIDE - 6/7/2025

Clear Photo Four

WV Flood Map



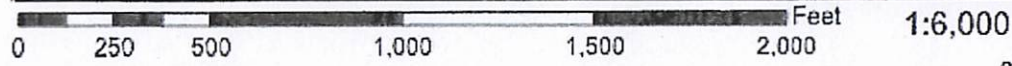
This map is not the official regulatory FIRM or DFIRM. Its purpose is to assist with determining potential flood risk for the selected location.

H I G H R I S K	 Zone AE 1-Percent Annual-Chance Flood Hazard Area With Base Flood Elevation (BFE)  Floodway Regulatory Floodway in AE Zone  Zone A 1-Percent-Annual-Chance Flood Hazard Area Without BFE (may have Advisory Flood Heights)  Advisory 1-Percent-Annual-Chance High Risk Advisory	 Flood Info Location <i>Map created on 6/8/2025</i> User McClellan Fire Dept Notes Flood Hazard Area Location is WITHIN the FEMA 100-year floodplain. Flood Zone AE Stream McElroy Creek Watershed (HUC8) Little Musringum-Middle Island (5030201) Flood Height 790.0 ft (Source: BFE - Non-Restudy) NAVD88 Water Depth About 2.8 ft (Source: HEC-RAS) Elevation 787.1 ft (Source: FEMA 2018-20) (NAVD88) Community & ID Doddridge County (ID: 540024) FEMA Map & Date 54017C0045C; Effective Date: 10/4/2011 Location (lat, long) (39.389977, -80.635072) (WGS84) Parcel ID 09-05-0018-0026-0000 E-911 Address
--	---	---

National Flood Hazard Layer FIRMette



90°38'25"W 39°23'38"N



Basemap Imagery Source: USGS National Map 2023

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|-----------------------------|--|--|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE) |
| | | With BFE or Depth |
| | | Regulatory Floodway |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile |
| | | Future Conditions 1% Annual Chance Flood Hazard |
| | | Area with Reduced Flood Risk due to Levee. See Notes. |
| | | Area with Flood Risk due to Levee |
| | | Area of Minimal Flood Hazard |
| OTHER AREAS | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 6/8/2025 at 8:14 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

The NGS Data Sheet

See file [dsdata.pdf](#) for more information about the datasheet.

PROGRAM = datasheet95, VERSION = 8.12.5.19

Starting Datasheet Retrieval...

1 National Geodetic Survey, Retrieval Date = SEPTEMBER 17, 2024 09:50:38 EDT

JX0368 *****

JX0368 DESIGNATION - 790

JX0368 PID - JX0368

JX0368 STATE/COUNTY- WV/DODDRIDGE

JX0368 COUNTRY - US

JX0368 USGS QUAD - CENTER POINT (2016)

JX0368

JX0368 *CURRENT SURVEY CONTROL

JX0368

JX0368* NAD 83(1986) POSITION- 39 23 23.70 (N) 080 38 04.89 (W) HD_HELD1

JX0368* [NAVD 88](#) ORTHO HEIGHT - 240.545 (meters) 789.19 (feet) ADJUSTED

JX0368

JX0368 GEOID HEIGHT - -33.091 (meters) GEOID18

JX0368 DYNAMIC HEIGHT - 240.401 (meters) 788.72 (feet) COMP

JX0368 MODELED GRAVITY - 980,021.7 (mgal) NAVD 88

JX0368

JX0368 VERT ORDER - SECOND CLASS 0

JX0368

JX0368.The horizontal coordinates were determined by differentially corrected

JX0368.hand held GPS observations or other comparable positioning techniques

JX0368.and have an estimated accuracy of +/- 3 meters.

JX0368

JX0368.The orthometric height was determined by differential leveling and

JX0368.adjusted by the NATIONAL GEODETIC SURVEY

JX0368.in June 1991.

JX0368

JX0368.Significant digits in the geoid height do not necessarily reflect accuracy.

JX0368.GEOID18 height accuracy estimate available [here](#).

JX0368

JX0368.Click [photographs](#) - Photos may exist for this station.

JX0368

JX0368.The dynamic height is computed by dividing the NAVD 88

JX0368.geopotential number by the normal gravity value computed on the

JX0368.Geodetic Reference System of 1980 (GRS 80) ellipsoid at 45

JX0368.degrees latitude (g = 980.6199 gals.).

JX0368

JX0368.The modeled gravity was interpolated from observed gravity values.

JX0368

JX0368; North East Units Estimated Accuracy

JX0368;SPC WV N - 99,412.9 502,255.1 MT (+/- 3 meters HH1 GPS)

JX0368

JX0368_U.S. NATIONAL GRID SPATIAL ADDRESS: 17SND3145860111(NAD 83)

JX0368

JX0368 SUPERSEDED SURVEY CONTROL

JX0368

JX0368 NGVD 29 (??/??/92) 240.705 (m) 789.71 (f) ADJ UNCH 2 0

JX0368

JX0368.Superseded values are not recommended for survey control.

JX0368

JX0368.NGS no longer adjusts projects to the NAD 27 or NGVD 29 datums.

JX0368.See file [dsdata.pdf](#) to determine how the superseded data were derived.

JX0368

JX0368_MARKER: DB = BENCH MARK DISK

JX0368_SETTING: 66 = SET IN ROCK OUTCROP

JX0368_STAMPING: 790 GRAFTON

JX0368_MARK LOGO: USGS

JX0368_STABILITY: A = MOST RELIABLE AND EXPECTED TO HOLD

JX0368+STABILITY: POSITION/ELEVATION WELL

JX0368

JX0368	HISTORY	- Date	Condition	Report By
JX0368	HISTORY	- 1903	MONUMENTED	USGS
JX0368	HISTORY	- 1957	GOOD	CGS
JX0368	HISTORY	- 20081220	GOOD	GEOCAC

JX0368

JX0368 STATION DESCRIPTION

JX0368

JX0368'DESCRIBED BY COAST AND GEODETIC SURVEY 1957

JX0368'AT CENTER POINT.

JX0368'AT CENTER POINT, ABOUT 0.1 MILE NORTH OF SCHOOL, AT THE JUNCTION

JX0368'OF STATE HIGHWAY 23 AND A BLACK TOP ROAD EAST ALONG PIKE FORK,

JX0368'SET VERTICALLY IN FACE OF A SANDSTONE LEDGE IN NORTHEAST QUARTER

JX0368'OF JUNCTION, 33 1/2 FEET EAST OF CENTER LINE OF HIGHWAY, 28 FEET

JX0368'NORTH OF CENTER LINE OF BLACK TOP ROAD EAST, 10 FEET EAST-NORTHEAST

JX0368'OF NORTHEAST END OF A 30-INCH CONCRETE PIPE CULVERT UNDER ROAD

JX0368'EAST AND 1 1/2 FEET ABOVE LEVEL OF HIGHWAY.

JX0368

JX0368 STATION RECOVERY (2008)

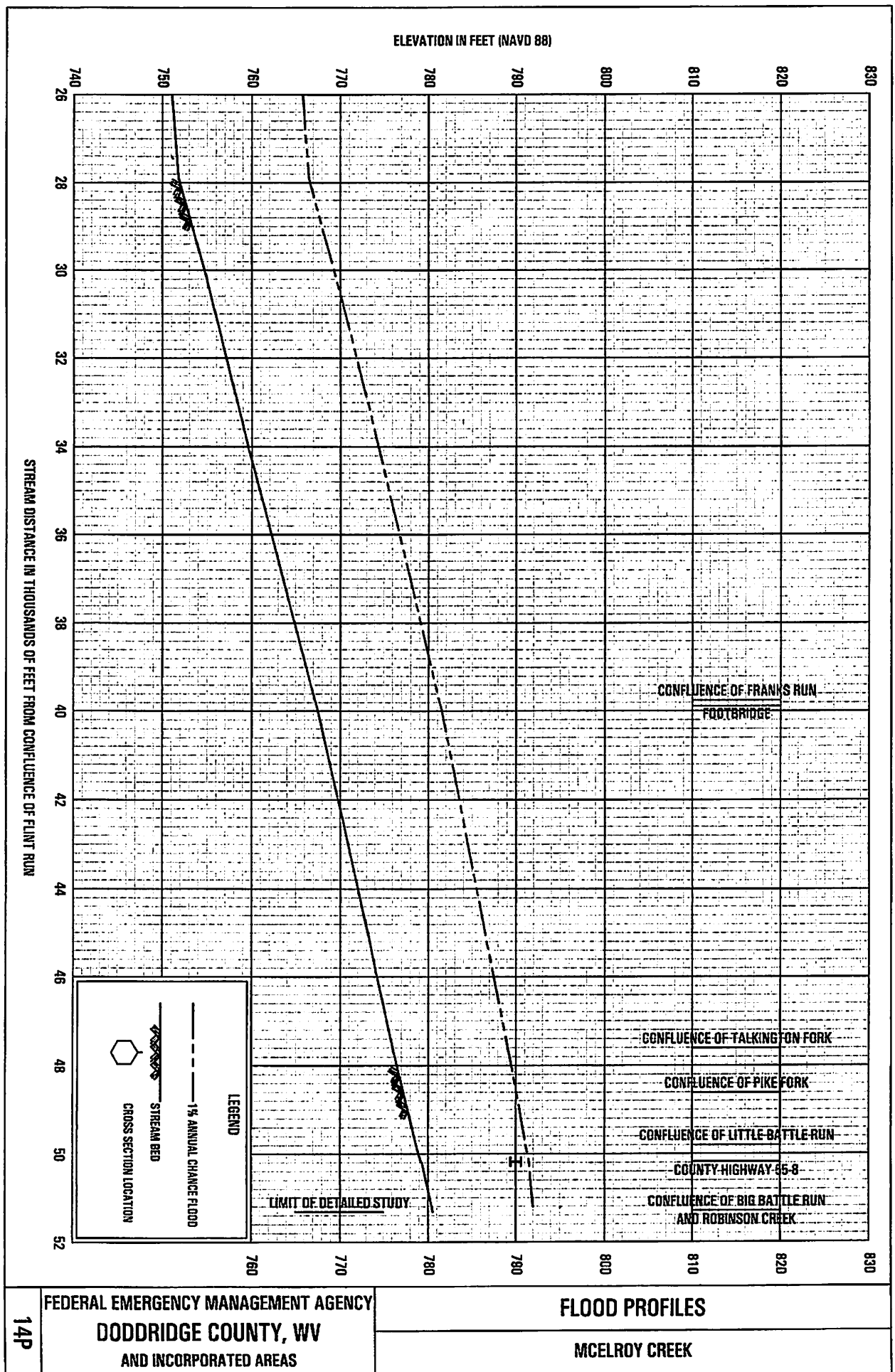
JX0368

JX0368'RECOVERY NOTE BY GEOCACHING 2008 (BP)

JX0368'ACROSS THE ROAD FROM THE NEW FIRE DEPARTMENT.

*** retrieval complete.

Elapsed Time = 00:00:04



The Doddridge Independent

The Doddridge Independent PUBLISHER'S CERTIFICATE

I, Michael D. Zorn, Publisher of The Doddridge Independent, A newspaper of general circulation published in the town of West Union, Doddridge County, West Virginia, do hereby certify that:

Please take notice that on the (31st) of (July), 2025, (McClellan Volunteer Fire Department) filed an application for a Floodplain Permit (#25-694) to develop land located at or about (9007 Route 23 N.); Coordinates: 39.390233, -80.635031.

was published in The Doddridge Independent
2 times commencing on Friday, August 8, 2025 and
Ending on Friday, August 22, 2025 at the request of:

**George Eidel, Doddridge County Floodplain
Manager & Doddridge County Commission**

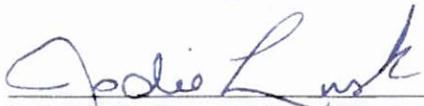
Given under my hand this Tuesday, August 26, 2025

The publisher's fee for said publication is:

\$ 31.05 1st Run/\$ 23.29 Subsequent Runs
This Legal Ad Total: \$ 54.34


Michael D. Zorn
Publisher of The Doddridge Independent

Subscribed to and sworn to before me on
this date: 8 / 26 / 25


Notary Public in and for Doddridge County
My Commission expires on

The 20 day of May 2030



Floodplain Public Notice • Legal Notice

Doddridge County Floodplain Permits (Week of August 4, 2025)

Please take notice that on the (31st) of (July), 2025, (McClellan Volunteer Fire Department) filed an application for a Floodplain Permit (#25-694) to develop land located at or about (9007 Route 23 N.); Coordinates: 39.390233, -80.635031. 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 (August 25, 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 new fire station. C2 8/8 - 8/22

The Doddridge Independent, LLC
 187 Main Street
 West Union, WV 26456
 +13048448040

Invoice



BILL TO

George Eidel
 Doddridge County OES/Floodplain
 99 Court Street, Suite 128
 West Union, WV 26456-2095 USA

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
6914	08/26/2025	\$217.36	09/25/2025	Net 30	

DATE	ACCOUNT SUMMARY	AMOUNT
08/08/2025	Balance Forward	54.34
	Other payments and credits after 08/08/2025 through 08/25/2025	-54.34
08/26/2025	Other invoices from this date	0.00
	New charges (details below)	217.36
	Total Amount Due	217.36

ACTIVITY	QTY	RATE	AMOUNT
Legal Ad Class 2 Class 2 Legal Ad - Please take notice that on the (29th) of (July), 2025, (Antero Resources) filed an application for a Floodplain Permit (#25-692) to develop land located at or about (1960 Arnolds Creek Road); Coordinates: 39.253762, -80.811522.	1	54.34	54.34
Legal Ad Class 2 Class 2 Legal Ad - Please take notice that on the (8th) of (August), 2025, (Michael Herrick) filed an application for a Floodplain Permit (#25-695) to develop land located at or about (3764 Big Isaac Road); Coordinates: 39.201165, -80.548572.	1	54.34	54.34
Legal Ad Class 2 Class 2 Legal Ad - Please take notice that on the (31st) of (July), 2025, (CEC on behalf of MPLX) filed an application for a Floodplain Permit (#25-693) to develop land located at or about (296 Swisher Lane, West Union); Coordinates: 39.277744, -80.686964.	1	54.34	54.34
Legal Ad Class 2 Class 2 Legal Ad - Please take notice that on the (31st) of (July), 2025, (McClellan Volunteer Fire Department) filed an application for a Floodplain Permit (#25-694) to develop land located at or about (9007 Route 23 N.); Coordinates: 39.390233, -80.635031.	1	54.34	54.34

Thank you for your business...

SUBTOTAL	217.36
TAX	0.00
TOTAL	217.36
TOTAL OF NEW CHARGES	217.36
BALANCE DUE	\$217.36

CERTIFIED MAIL

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



9589 0710 5270 0991 8182 78

CHARLESTON WV 250
2 AUG 2025 PM 2 L



quadiant
FIRST-CLASS MAIL
IMI
\$010.44⁰
08/01/2025 ZIP 26456
044K33229957

US POSTAGE



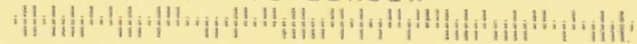
MASON DEAN STEINER
320 SALEM
VERMILION

INTK1: 9333120017

440834284 INT
26456>2015

152 NFE 170052410008/04/25
FORWARD TIME EXP RTN TO SEND
STEINER MASON D
0001 WV ROUTE 23 N
CENTER POINT WV 26039-8001

RETURN TO SENDER



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:



MASON DEAN STEINER
320 SALEM DR APT H
VERMILION, OH 44089



9590 9402 9376 5002 6890 94

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

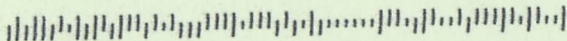
CHARLESTON WV 250
5 AUG 2025 PM 3 L

9590 9402 9376 5002 6891 17

• 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

25-694



SENDER: COMPLETE THIS SECTION

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- 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:

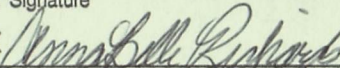

**ANNA BELLE RICHARDS
771 YANKEE CAMP
SALEM, WV 26426**

9590 9402 9376 5002 6891 17

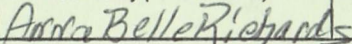
2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)


Anna Belle Richards

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

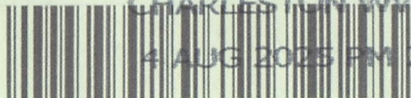
☐ No

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

CHARLESTON, WV 250



4 AUG 2025 PM 2 L

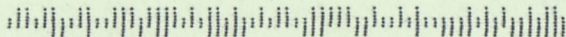
9590 9402 9376 5002 6890 32

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

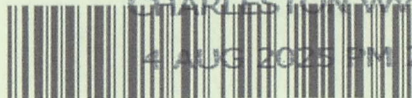
Doddridge County Floodplain Manager
99 Court St. Suite 128
West Union, WV 26456

25-694

-201599-



USPS TRACKING #



CHARLESTON WV 250

4 AUG 2025 PM 2 L



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9590 9402 9376 5002 6890 56

United States
Postal Service

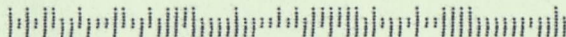
• Sender: Please print your name, address, and ZIP+4® in this box •



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

25-694

-201599



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1. Article Addressed to:



DODD CO PUBLIC LIBRARY COMM
170 Marie Street
WEST UNION, WV 26456



9590 9402 9376 5002 6890 56

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X*March Kelly*☒ Agent☐ Addressee

B. Received by (Printed Name)

Wendy Kelly

C. Date of Delivery

8-2-25

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 #



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Permit No. G-10

9590 9402 9376 5002 6890 63

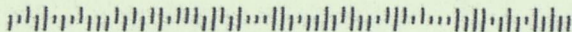
United States
Postal Service

• 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

25-694



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- 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:



TIMOTHY & PAULA ASH
3537 WV RT 23 N
SALEM, WV 26426



9590 9402 9376 5002 6890 63

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

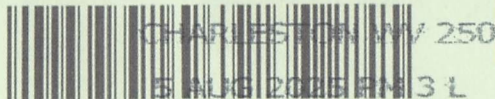
If YES, enter delivery address below:

☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery



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USPS
Permit No. G-10

9590 9402 9376 5002 6891 00

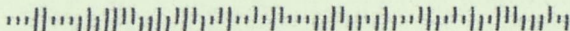
**United States
Postal Service**

• 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

25694

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:



JOHN MCCLAIN
754 PIKE FORK RD
SALEM, WV 26426



9590 9402 9376 5002 6891 00

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
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USPS TRACKING #



CHARLESTON WV 250

5 AUG 2025 PM 2 L

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Permit No. G-10

9590 9402 9376 5002 6890 70

United States
Postal Service

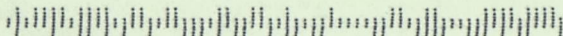
• Sender: Please print your name, address, and ZIP+4® in this box•



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

25-694

5-201599



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- 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:

ELLEN JOAN SULLIVAN
54 RIVERVIEW CIR
CRAWFORD, WV 26343



9590 9402 9376 5002 6890 70

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-4-25

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

Vertical bars



THAIRLSTON WV 250

5 AUG 2025 PM 3 L

First-Class Mail
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USPS
Permit No. G-10

9590 9402 9376 5002 6890 49

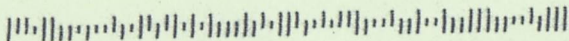
**United States
Postal Service**

• 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

25-694



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- 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:



RALPH SANDORA JR
276 NAZARETH FARM RD
SALEM, WV 26426



9590 9402 9376 5002 6890 49

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

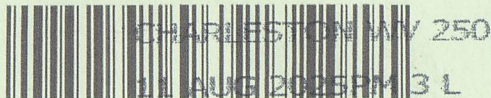
☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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9590 9402 9376 5002 6890 87

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



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

25-694



COMPLETE THIS SECTION

2, and 3.

and address on the reverse
return the card to you.

to the back of the mailpiece,
if space permits.

ed to:

ELBY & ALESSIA MCKINNEY
32 CANTON RD
WEST UNION, WV 26456



9590 9402 9376 5002 6890 87

Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Alessia McKinney*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Alessia McKinney

C. Date of Delivery

8/9/25

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

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
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For delivery information, visit our website at www.usps.com[®].

OFFICIAL USE

Certified Mail Fee

\$ **5.30**

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

- ☒ Return Receipt (hardcopy) \$ **4.40**
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage

\$ **.74**

Total Postage and Fees

\$ **10.44**

Sent To

Anne Belle Richards

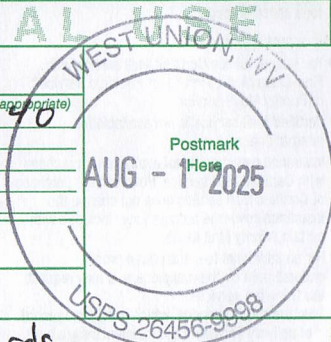
Street and Apt. No. or PO Box No.

771 Yankee Camp

City, State, ZIP+4[®]

Salem, WU 26426

25-694



9589 0710 5270 0991 8182 54

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- 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®.

OFFICIAL USE

Certified Mail Fee

\$ 5.30

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

- ☐ Return Receipt (hardcopy) \$ 4.40
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage

\$.74

Total Postage and Fees

\$ 10.44

Sent To

Robert Haug + Dawn Friello

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

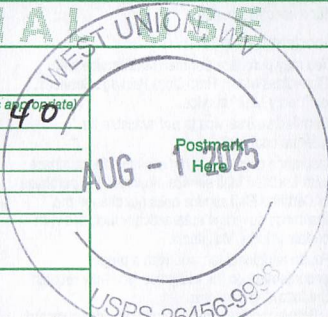
84 Chevrant Ave.

City, State, ZIP+4®

West Union, WV 26456

25-694

9589 0710 5270 0991 8183 39



Certified Mail service provides the following benefits:

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- 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®.

OFFICIAL USE

Certified Mail Fee

\$ 5.30

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

- ☒ Return Receipt (hardcopy) \$ 4.40
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage

\$.74

Total Postage and Fees

\$ 10.44

Sent To

Ralph Sandora

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

276 Nazareth Farm Rd

City, State, ZIP+4®

Salem, WV. 26456

Postmark
Here

AUG - 1 2025

USPS 26456-9998

25-694

9589 0710 5270 0991 8183 22

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:

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 - 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;
- 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®.

OFFICIAL USE

Certified Mail Fee

\$ **5.30**

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

- ☒ Return Receipt (hardcopy) \$ **4.40**
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage

\$ **.74**

Total Postage and Fees

\$ **10.44**

Sent To

Doddridge Library comm

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

170 Marie St

City, State, ZIP+4®

West Union, WV 26456

Postmark
Here

AUG - 1 2025

USPS 26456-9998

25-694

9589 0710 5270 0991 8183 15

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.
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☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage

\$ **.74**

Total Postage and Fees

\$ **10.44**

Sent To

Timothy + Paula Ash

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

3537 WV RT 23N

City, State, ZIP+4®

Salem, WV 26426

Postmark

Here

AUG - 1 2025

USPS 26456-9998

9589 0710 5270 0991 8183 08

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IMPORTANT: Save this receipt for your records.

9589 0710 5270 0991 8182 92

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

\$ 5.30

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

- ☒ Return Receipt (hardcopy) \$ 4.40
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$ 0.74

Total Postage and Fees

\$ 10.44

Sent To

Ellen Joan Sullivan

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

54 Riverview Cir

City, State, ZIP+4®

Crawford, WV 26343

WEST UNION, WV

Postmark
Here

AUG - 1 2025

USPS 26456-9998

25-694

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\$ 5.30

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☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage

\$.70

Total Postage and Fees

\$ 10.44

Sent To

Shelby + ALESSIA McKinney

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

1332 Canton Rd.

City, State, ZIP+4®

West Union, WV. 26456

Postmark
Here

AUG - 1 2025
USPS 26456-9998

25-694

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9589 0710 5270 0991 8182 78

U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee

\$ **5.30**

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

\$ **.74**

Total Postage and Fees

\$ **10.44**

Sent To

Mason Dean Steiner

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

320 Salem Dr. APT H

City, State, ZIP+4®

Vermilion, OH. 44089

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

WEST UNION, WV

Postmark
Here

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25-694

See Reverse for Instructions

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☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage

\$.74

Total Postage and Fees

\$ 10.44

Sent To

John McClain

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

754 Pike Fork Rd

City, State, ZIP+4®

Salem, WV 26426

WEST UNION, WV

Postmark
Here

AUG - 1 2025

USPS 26456-9998

25-694

9589 0710 5270 0991 81825 61

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