

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

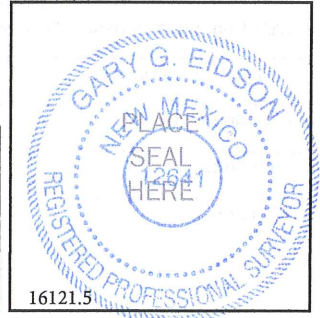
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Kameran Mclloy		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No. 101 E. Alto Dr.		Company NAIC Number:
City Hobbs	State NM	ZIP Code 88240
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 13, Block 20B, Eleventh Unit, Broadmoor Addition, City of Hobbs, Lea County, New Mexico.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 32 718128 N Long. 103.135387 W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 1B		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage 376 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b _____ sq ft		c) Total net area of flood openings in A9.b _____ sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State NM
B4. Map/Panel Number 35025C/1335	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: CP Coronado Vertical Datum: NAVD 1988	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 3627 . 4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) 3626 . 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 3627 . 0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 3626 . 2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 3626 . 7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<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 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name Gary Eidson		License Number 12641	
Title President		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.		City Hobbs	State NM
		ZIP Code 88240	
Signature <i>Gary G. Eidson</i>		Date 05/11/2016	Telephone (575) 318-1157



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 101 E. Alto Dr.			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Lowest elevation of machinery or equipment servicing the building is the A/C unit located on the south side of the building.

Signature *Bary A Edmon* Date 05/11/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner’s Authorized Representative’s Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____ Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community’s floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community’s design flood elevation: _____ . _____ feet meters Datum _____

Local Official’s Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____ Check here if attachments.

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 101 E. Alto Dr.			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View 05/10/2016



East Side View 05/10/2016



IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 101 E. Alto Dr.			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear View 05/10/2016



FILE: 90251610.09o 000034755

NGS OPUS SOLUTION REPORT CP CORONADO

=====

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: <http://www.ngs.noaa.gov/OPUS/about.html#accuracy>

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 9025161o.09o TIME: 21:51:18 UTC

SOFTWARE: page5 0909.08 master28.pl 081023 START: 2009/06/10 14:32:00
EPHEMERIS: igs15353.eph [precise] STOP: 2009/06/10 22:14:00
NAV FILE: brdc1610.09n OBS USED: 18910 / 19931 : 95%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 97 / 113 : 86%
ARP HEIGHT: 1.3873 OVERALL RMS: 0.021(m)

REF FRAME: NAD_83(CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2009.4405)

X: -1219212.613(m) 0.003(m) -1219213.326(m) 0.003(m)
Y: -5231349.623(m) 0.014(m) -5231348.228(m) 0.014(m)
Z: 3429538.942(m) 0.016(m) 3429538.781(m) 0.016(m)

LAT: 32 43 53.55805 0.021(m) 32 43 53.57466 0.021(m)
E LON: 256 52 51.20523 0.006(m) 256 52 51.16641 0.006(m)
W LON: 103 7 8.79477 0.006(m) 103 7 8.83359 0.006(m)
EL HGT: 1086.325(m) 0.009(m) 1085.232(m) 0.009(m)
ORTHO HGT: 1107.925(m) 0.030(m) [NAVD88 (Computed using GEOID03)]

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3623091.068	192636.037
Easting (X) [meters]	676248.362	278808.720
Convergence [degrees]	1.01726634	0.65660558
Point Scale	0.99998304	1.00006875
Combined Factor	0.99981252	0.99989821

US NATIONAL GRID DESIGNATOR: 13SFS7624823091(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE(m)
DG6517	NMRO ROSWELL CORS ARP	N332341.834	W1043520.737	155771.0
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	121689.5
DF5391	TXLU LUBBOCK RRP2 CORS ARP	N333207.490	W1015034.162	148785.6

NEAREST NGS PUBLISHED CONTROL POINT

CV0849 HOBBS N MUNICIPAL TANK N324319.019 W1030824.555 2241.6

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Ethan Novak and Taylor Novak				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 225 W. Silver				Company NAIC Number:	
City Hobbs		State New Mexico		ZIP Code 88240	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 13, Block 4, First Unit, Norte Vista Addition					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>32.728003 N</u> Long. <u>103.138680 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>420</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State New Mexico
B4. Map/Panel Number 35025C/1335	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 225 W. Silver			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 225 W. Silver			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption 08/13/2016 NW Front View



Photo Two Caption 08/13/2016 NE Front View

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 225 W. Silver			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption

08/13/2016 SE Rear View



Photo Two Caption

08/13/2016 SW Rear View

FILE: 90251610.09o 000034755

NGS OPUS SOLUTION REPORT CP CORONADO

=====

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: <http://www.ngs.noaa.gov/OPUS/about.html#accuracy>

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 90251610.09o TIME: 21:51:18 UTC

SOFTWARE: page5 0909.08 master28.pl 081023 START: 2009/06/10 14:32:00
EPHEMERIS: igs15353.eph [precise] STOP: 2009/06/10 22:14:00
NAV FILE: brdc1610.09n OBS USED: 18910 / 19931 : 95%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 97 / 113 : 86%
ARP HEIGHT: 1.3873 OVERALL RMS: 0.021(m)

REF FRAME: NAD_83 (CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2009.4405)

X: -1219212.613(m) 0.003(m) -1219213.326(m) 0.003(m)
Y: -5231349.623(m) 0.014(m) -5231348.228(m) 0.014(m)
Z: 3429538.942(m) 0.016(m) 3429538.781(m) 0.016(m)

LAT: 32 43 53.55805 0.021(m) 32 43 53.57466 0.021(m)
E LON: 256 52 51.20523 0.006(m) 256 52 51.16641 0.006(m)
W LON: 103 7 8.79477 0.006(m) 103 7 8.83359 0.006(m)
EL HGT: 1086.325(m) 0.009(m) 1085.232(m) 0.009(m)
ORTHO HGT: 1107.925(m) 0.030(m) [NAVD88 (Computed using GEOID03)]

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3623091.068	192636.037
Easting (X) [meters]	676248.362	278808.720
Convergence [degrees]	1.01726634	0.65660558
Point Scale	0.99998304	1.00006875
Combined Factor	0.99981252	0.99989821

US NATIONAL GRID DESIGNATOR: 13SFS7624823091 (NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE (m)
DG6517	NMRO ROSWELL CORS ARP	N332341.834	W1043520.737	155771.0
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	121689.5
DF5391	TXLU LUBBOCK RRP2 CORS ARP	N333207.490	W1015034.162	148785.6

NEAREST NGS PUBLISHED CONTROL POINT

CV0849 HOBBS N MUNICIPAL TANK N324319.019 W1030824.555 2241.6

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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 Arnoldo Torres				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 307 W. Midwest				Company NAIC Number:	
City Hobbs		State New Mexico		ZIP Code 88240	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 7 & 8, Block 75, New Hobbs Addition					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>32.691177 N</u> Long. <u>103.139442 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>9</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>991</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State New Mexico
B4. Map/Panel Number 35025C/1335	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 307 W. Midwest			Policy Number:
City Hobbs	State NM	ZIP Code 88240	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, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: CP Buritto Vertical Datum: NAVD 1988

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

NGVD 1929 NAVD 1988 Other/Source: _____

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

Check the measurement used.

- | | | | |
|---|---------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>3610.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>3610.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>3610.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>3610.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>3610.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ | <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 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.

Certifier's Name Gary Eidson	License Number 12641	
Title President		
Company Name John West Surveying Company, Inc		
Address 412 N. Dal Paso		
City Hobbs	State New Mexico	
Signature 	Date 07/18/2016	Telephone (575) 318-1157

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

Comments (including type of equipment and location, per C2(e), if applicable)

Lowest elevation of machinery or equipment servicing the building is the A/C unit located on the west side of the building. Top of bottom floor (C2a) is the bottom of the crawl space. Top of next higher floor (C2b) is the floor of an addition onto the original building. The next higher floor elevation is the floor of the original building = 3611.8'.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 307 W. Midwest			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 307 W. Midwest			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption

07/16/2016 NE Front View



Photo Two Caption

07/16/2016 NW Front View

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 307 W. Midwest			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption

07/16/2016 SE Rear View



Photo Two Caption

07/16/2016 SW Rear View

FILE: 03262980.08o 000034794

NGS OPUS SOLUTION REPORT CP BURRITO

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: http://www.ngs.noaa.gov/OPUS/about.html#accuracy

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 0326298t.08o TIME: 23:09:51 UTC

SOFTWARE: page5 0909.08 master40.pl 081023 START: 2008/10/24 19:39:00
EPHEMERIS: igs15025.eph [precise] STOP: 2008/10/24 23:29:00
NAV FILE: brdc2980.08n OBS USED: 7719 / 7898 : 98%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 36 / 39 : 92%
ARP HEIGHT: 1.4088 OVERALL RMS: 0.017 (m)

REF FRAME: NAD_83(CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2008.8139)

X: -1220289.835 (m) 0.042 (m) -1220290.540 (m) 0.042 (m)
Y: -5232780.653 (m) 0.042 (m) -5232779.258 (m) 0.042 (m)
Z: 3426980.388 (m) 0.047 (m) 3426980.231 (m) 0.047 (m)

LAT: 32 42 14.95292 0.031 (m) 32 42 14.96964 0.031 (m)
E LON: 256 52 23.40104 0.050 (m) 256 52 23.36252 0.050 (m)
W LON: 103 7 36.59896 0.050 (m) 103 7 36.63748 0.050 (m)
EL HGT: 1081.736m 0.052 (m) 1080.643 (m) 0.052 (m)
ORTHO HGT: 1103.335m 0.059 (m) [NAVD88 (Computed using GEOID03)]

UTM COORDINATES STATE PLANE COORDINATES
UTM (Zone 13) SPC (3001 NM E)
Northing (Y) [meters] 3620041.206 189590.189m
Easting (X) [meters] 675578.221 278119.342m
Convergence [degrees] 1.01233363 0.65194291
Point Scale 0.99998014 1.00006682
Combined Factor 0.99981033 0.99989700

US NATIONAL GRID DESIGNATOR: 13SFS7557820041(NAD 83)

BASE STATIONS USED

PID DESIGNATION LATITUDE LONGITUDE DISTANCE (m)
DG6517 NMRO ROSWELL CORS ARP N332341.834 W1043520.737 156617.7
DF5393 TXOD ODESSA RRP2 CORS ARP N315226.112 W1021854.556 119689.2
DF5391 TXLU LUBBOCK RRP2 CORS ARP N333207.490 W1015034.162 151210.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0845 HOBBS GENERAL TEL MICROWAVE N324212.827 W1030812.966 948.6

This position and the above vector components were computed without any
knowledge by the National Geodetic Survey regarding the equipment or
field operating procedures used.

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE	
Policy Number:	
Company NAIC Number:	

A1. Building Owner's Name **Josue Palacios**

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
325 E. Yeso Dr.

City **Hobbs**

State **NM**

ZIP Code **88240**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 30, Block 9, Second Unit of the Broadmoor Addition to the City of Hobbs, Lea County, New Mexico

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Residential**

A5. Latitude/Longitude: Lat. **32 715051** Long. **103.132263** Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **g**

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) **2013.2** sq ft
- b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **1**
- c) Total net area of flood openings in A8.b **3.6** sq ft
- d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

- a) Square footage of attached garage **0** sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **0**
- c) Total net area of flood openings in A9.b **0** sq ft
- d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State NM
B4. Map/Panel Number 35025C1335	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:

- FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No

Designation Date: _____ / _____ / _____ CBRS OPA

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

Benchmark Utilized: **CP BURRITO** Vertical Datum: **NAVD 1988**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

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

Check the measurement used.

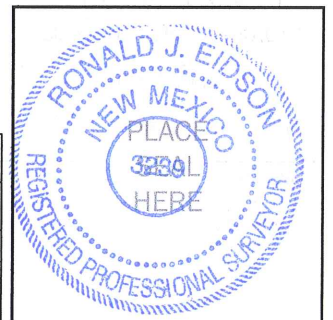
- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **3623 . 6** feet meters
- b) Top of the next higher floor **3626 . 5** feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) _____ feet meters
- d) Attached garage (top of slab) _____ feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **3621 . 6** feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) **3621 . 5** feet meters
- g) Highest adjacent (finished) grade next to building (HAG) **3621 . 6** feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ feet 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 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.

- Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
- Check here if attachments.

Certifier's Name Ronald Eidson		License Number 3239	
Title Professional Land Surveyor		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.	City Hobbs	State NM	ZIP Code 88240
Signature <i>Ronald J. Eidson</i>	Date 06/02/2016	Telephone (575) 393-3117	



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 325 E. Yeso Dr.			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments: Lowest elevation of machinery or equipment servicing the building is the base of the air conditioning unit located on the east side of the building.

Signature: *Ronald J. Edison* Date: 06/02/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 HAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments _____

Check here if attachments.

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No. 325 E. Yeso Dr.			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View (05/27/2016)



Rear View (05/27/2016)



IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 325 E. Yeso Dr.			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

East Side View (05/27/2016)



West Side View (05/27/2016)



ELEVATION CERTIFICATE

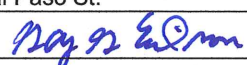
IMPORTANT: Follow the instructions on pages 1-9.

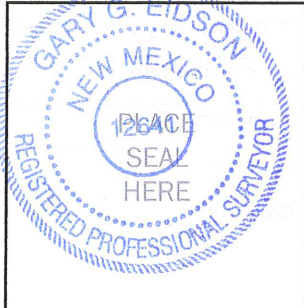
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Donnell Franklin, Brenda Franklin and Bridgette Franklin		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No. 336 E. Llano Dr.		Company NAIC Number:
City Hobbs	State NM	ZIP Code 88240
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 10, Block 11, Second Unit, Broadmoor Addition, City of Hobbs, Lea County, New Mexico.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 32.715796 N Long. 103.132559 W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 9		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 1688 sq ft		a) Square footage of attached garage N/A sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 2		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b 1.08 sq ft		c) Total net area of flood openings in A9.b _____ sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State NM
B4. Map/Panel Number 35025C/1335	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.			
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: CP Burrito Vertical Datum: NAVD 1988			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.			
		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	3621 . 3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	3624 . 2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ . _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	_____ . _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	3624 . 2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	3622 . 1	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	3622 . 3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ . _____	<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 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name Gary Eidson		License Number 12641	
Title President		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.		City Hobbs	State NM
		ZIP Code 88240	
Signature 		Date 01/18/2016	Telephone (575) 318-1157



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 336 E. Llano Dr.			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments The lowest elevation of machinery or equipment servicing the building are the appliances located on the main floor of the building (C2b).

Signature *Nancy B. Enderson* Date 01/18/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 336 E. Llano Dr.			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View 01/16/2016



Rear View 01/16/2016



FILE: 03262980.08o 000034794

NGS OPUS SOLUTION REPORT CP BURRITO

All computed coordinate accuracies are listed as peak-to-peak values. For additional information: <http://www.ngs.noaa.gov/OPUS/about.html#accuracy>

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 0326298t.08o TIME: 23:09:51 UTC

SOFTWARE: page5 0909.08 master40.pl 081023 START: 2008/10/24 19:39:00
EPHEMERIS: igsl5025.eph [precise] STOP: 2008/10/24 23:29:00
NAV FILE: brdc2980.08n OBS USED: 7719 / 7898 : 98%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 36 / 39 : 92%
ARP HEIGHT: 1.4088 OVERALL RMS: 0.017(m)

REF FRAME: NAD_83(CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2008.8139)

X: -1220289.835(m) 0.042(m) -1220290.540(m) 0.042(m)
Y: -5232780.653(m) 0.042(m) -5232779.258(m) 0.042(m)
Z: 3426980.388(m) 0.047(m) 3426980.231(m) 0.047(m)

LAT: 32 42 14.95292 0.031(m) 32 42 14.96964 0.031(m)
E LON: 256 52 23.40104 0.050(m) 256 52 23.36252 0.050(m)
W LON: 103 7 36.59896 0.050(m) 103 7 36.63748 0.050(m)
EL HGT: 1081.736m 0.052(m) 1080.643(m) 0.052(m)
ORTHO HGT: 1103.335m 0.059(m) [NAVD88 (Computed using GEOID03)]

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3620041.206	189590.189m
Easting (X) [meters]	675578.221	278119.342m
Convergence [degrees]	1.01233363	0.65194291
Point Scale	0.99998014	1.00006682
Combined Factor	0.99981033	0.99989700

US NATIONAL GRID DESIGNATOR: 13SFS7557820041(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE (m)
DG6517	NMRO ROSWELL CORS ARP	N332341.834	W1043520.737	156617.7
DF5393	TXOD ODESSA RRP2 CORS ARP	N315226.112	W1021854.556	119689.2
DF5391	TXLU LUBBOCK RRP2 CORS ARP	N333207.490	W1015034.162	151210.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0845 HOBBS GENERAL TEL MICROWAVE N324212.827 W1030812.966 948.6

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name:
Juan Marufu

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
509 E. Palace Ave. Project 2016.1123

Company NAIC Number:

City: Hobbs

State: NM ZIP Code: 88240

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 5, Block 2, Laughlin Addition, Unit 5

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. N32°41'06" Long. W103°07'49" Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 6

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) 1200 sq ft

b) Number of permanent flood openings in the crawlspace

garage or enclosure(s) within 1.0 foot above adjacent grade 4

c) Total net area of flood openings in A8.b 1152 sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage N/A sq ft

b) Number of permanent flood openings in the attached

garage within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A9.b N/A sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
City of Hobbs 350029

B2. County Name
Lea

B3. State
New Mexico

B4. Map/Panel Number
35025C1345

B5. Suffix
D

B6. FIRM Index Date
12/16/2008

B7. FIRM Panel Effective/Revised Date
12/16/2008

B8. Flood Zone(s)
AO

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
AO (1')

B10. Indicate the source of the Base Flood Elevation (BFE) data base or base flood depth entered in Item B9.

FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____ CBRS OPA

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

Benchmark Utilized: City of Hobbs Base Station Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

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

Check the measurement used.

- | | | | |
|--|---------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>3673.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>3674.5</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>3674.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>3673.1</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>3673.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of 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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name: William M. Hicks, III

License Number: 12348

Title: Principal Surveyor

Company Name: Pettigrew & Associates, P.A. Project No. 2016.1123

Address: 100 E. Navajo-Suite 100

City: Hobbs

State: NM ZIP Code: 88240

Signature: [Signature]

Date: 6-6-2016

Telephone: 575-393-9827



ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Project No.
509 E. Palace Ave Project 2016.1123

Policy Number:

City: Hobbs

State: NM ZIP Code: 88240

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View - Looking South
Picture taken 05/27/2016



Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Project No.
 509 E. Palace Ave Project 2016.1123

City: Hobbs

State: NM ZIP Code: 88240

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Rear View – Looking North



ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 811 E. Llano Drive			Policy Number:
City Hobbs	State NM	ZIP Code 88240	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, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: CP Burrito Vertical Datum: NAVD 1988

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

NGVD 1929 NAVD 1988 Other/Source: _____

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

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 3616 . 0 feet meters
- b) Top of the next higher floor 3618 . 7 feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) _____ feet meters
- d) Attached garage (top of slab) 3617 . 6 feet meters
- e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) 3617 . 3 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) 3616 . 8 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) 3617 . 1 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ feet 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 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.

Certifier's Name Gary Eidson		License Number 12641
Title President		
Company Name John West Surveying Company, Inc		
Address 412 N. Dal Paso		
City Hobbs	State New Mexico	ZIP Code 88240



Signature: Gary G. Eidson Date: 08/09/2016 Telephone: (575) 318-1157

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

Comments (including type of equipment and location, per C2(e), if applicable)

Lowest elevation of machinery or equipment servicing the building is the A/C unit located on the south side of the building.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Thomas Bruce Huck				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 811 E. Llano Drive				Company NAIC Number:	
City Hobbs		State New Mexico		ZIP Code 88240	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tract 32 and the East Half of Tract 33, Mesa Verde Subdivision, Hobbs, NM.					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>32.714219 N</u> Long. <u>103.126982 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>9</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1840</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>3</u>					
c) Total net area of flood openings in A8.b <u>423</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>565</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State New Mexico
B4. Map/Panel Number 35025C/1335	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 811 E. Llano Drive			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 811 E. Llano Drive			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption

08/03/2016 Front View



Photo Two Caption

08/03/2016 Rear View #1

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 811 E. Llano Drive			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption

08/03/2016 Rear View #2

Photo Two

Photo Two Caption

FILE: 03262980.08o 000034794

NGS OPUS SOLUTION REPORT CP BURRITO

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: http://www.ngs.noaa.gov/OPUS/about.html#accuracy

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 0326298t.08o TIME: 23:09:51 UTC

SOFTWARE: page5 0909.08 master40.pl 081023 START: 2008/10/24 19:39:00
EPHEMERIS: igs15025.eph [precise] STOP: 2008/10/24 23:29:00
NAV FILE: brdc2980.08n OBS USED: 7719 / 7898 : 98%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 36 / 39 : 92%
ARP HEIGHT: 1.4088 OVERALL RMS: 0.017 (m)

REF FRAME: NAD_83(CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2008.8139)

X: -1220289.835 (m) 0.042 (m) -1220290.540 (m) 0.042 (m)
Y: -5232780.653 (m) 0.042 (m) -5232779.258 (m) 0.042 (m)
Z: 3426980.388 (m) 0.047 (m) 3426980.231 (m) 0.047 (m)

LAT: 32 42 14.95292 0.031 (m) 32 42 14.96964 0.031 (m)
E LON: 256 52 23.40104 0.050 (m) 256 52 23.36252 0.050 (m)
W LON: 103 7 36.59896 0.050 (m) 103 7 36.63748 0.050 (m)
EL HGT: 1081.736m 0.052 (m) 1080.643 (m) 0.052 (m)
ORTHO HGT: 1103.335m 0.059 (m) [NAVD88 (Computed using GEOID03)]

UTM COORDINATES STATE PLANE COORDINATES
UTM (Zone 13) SPC (3001 NM E)
Northing (Y) [meters] 3620041.206 189590.189m
Easting (X) [meters] 675578.221 278119.342m
Convergence [degrees] 1.01233363 0.65194291
Point Scale 0.99998014 1.00006682
Combined Factor 0.99981033 0.99989700

US NATIONAL GRID DESIGNATOR: 13SFS7557820041 (NAD 83)

BASE STATIONS USED

PID DESIGNATION LATITUDE LONGITUDE DISTANCE (m)
DG6517 NMRO ROSWELL CORS ARP N332341.834 W1043520.737 156617.7
DF5393 TXOD ODESSA RRP2 CORS ARP N315226.112 W1021854.556 119689.2
DF5391 TXLU LUBBOCK RRP2 CORS ARP N333207.490 W1015034.162 151210.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0845 HOBBS GENERAL TEL MICROWAVE N324212.827 W1030812.966 948.6

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Billy Gibbons				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 Mosley Cir.				Company NAIC Number:	
City Hobbs		State New Mexico		ZIP Code 88240	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 4, Moseley Subdivision, City of Hobbs, Lea County, New Mexico					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>32.716083 N</u> Long. <u>103.122577 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>9</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>780</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>1</u>					
c) Total net area of flood openings in A8.b <u>224</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State New Mexico
B4. Map/Panel Number 35025C/1355	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 Mosley Cir.			Policy Number:
City Hobbs	State New Mexico	ZIP Code 88240	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, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: CP Burrito Vertical Datum: NAVD 1988

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

NGVD 1929 NAVD 1988 Other/Source: _____

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

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 3616.3 feet meters
- b) Top of the next higher floor 3618.2 feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) _____ feet meters
- d) Attached garage (top of slab) _____ feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 3618.2 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) 3616.7 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) 3616.8 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 3616.8 feet 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 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.

Certifier's Name Gary Eidson	License Number 12641	
Title President		
Company Name John West Surveying Company, Inc		
Address 412 N. Dal Paso		
City Hobbs	State New Mexico	
Signature Gary G. Eidson <i>[Signature]</i>	Date 07/11/2016	Telephone (575) 318-1157

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

Comments (including type of equipment and location, per C2(e), if applicable)
Lowest elevation of machinery or equipment servicing the building are the appliances located on the main floor (C2b) of the building.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 Mosley Cir.			Policy Number:
City Hobbs	State New Mexico	ZIP Code 88240	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 Mosley Cir.			Policy Number:
City Hobbs	State New Mexico	ZIP Code 88240	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 Mosley Cir.			Policy Number:
City Hobbs	State New Mexico	ZIP Code 88240	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption

07/07/2016 Front View



Photo Two

Photo Two Caption

07/07/2016 Rear View

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 Mosley Cir.			Policy Number:
City Hobbs	State New Mexico	ZIP Code 88240	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Photo One

Photo One

Photo One Caption

Photo Two

Photo Two

Photo Two Caption

FILE: 03262980.08o 000034794

NGS OPUS SOLUTION REPORT CP BURRITO

=====

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: <http://www.ngs.noaa.gov/OPUS/about.html#accuracy>

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 0326298t.08o TIME: 23:09:51 UTC

SOFTWARE: page5 0909.08 master40.pl 081023 START: 2008/10/24 19:39:00
EPHEMERIS: igs15025.eph [precise] STOP: 2008/10/24 23:29:00
NAV FILE: brdc2980.08n OBS USED: 7719 / 7898 : 98%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 36 / 39 : 92%
ARP HEIGHT: 1.4088 OVERALL RMS: 0.017(m)

REF FRAME: NAD_83(CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2008.8139)

X: -1220289.835(m) 0.042(m) -1220290.540(m) 0.042(m)
Y: -5232780.653(m) 0.042(m) -5232779.258(m) 0.042(m)
Z: 3426980.388(m) 0.047(m) 3426980.231(m) 0.047(m)

LAT: 32 42 14.95292 0.031(m) 32 42 14.96964 0.031(m)
E LON: 256 52 23.40104 0.050(m) 256 52 23.36252 0.050(m)
W LON: 103 7 36.59896 0.050(m) 103 7 36.63748 0.050(m)
EL HGT: 1081.736m 0.052(m) 1080.643(m) 0.052(m)
ORTHO HGT: 1103.335m 0.059(m) [NAVD88 (Computed using GEOID03)]

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3620041.206	189590.189m
Easting (X) [meters]	675578.221	278119.342m
Convergence [degrees]	1.01233363	0.65194291
Point Scale	0.99998014	1.00006682
Combined Factor	0.99981033	0.99989700

US NATIONAL GRID DESIGNATOR: 13SFS7557820041(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE (m)
DG6517	NMRO ROSWELL CORS ARP	N332341.834	W1043520.737	156617.7
DF5393	TXOD ODESSA RRP2 CORS ARP	N315226.112	W1021854.556	119689.2
DF5391	TXLU LUBBOCK RRP2 CORS ARP	N333207.490	W1015034.162	151210.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0845 HOBBS GENERAL TEL MICROWAVE N324212.827 W1030812.966 948.6

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Daniel Torres		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 W. Canterbury Dr.		Company NAIC Number:
City Hobbs	State NM	ZIP Code 88240
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, Block 1, Westminster Hollow, First Village, to the City of Hobbs, Lea County, New Mexico		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>32.755227</u> Long. <u>103.149733</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>1B</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage <u>621</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>
c) Total net area of flood openings in A8.b _____ sq ft		c) Total net area of flood openings in A9.b <u>0</u> sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029		B2. County Name Lea		B3. State NM	
B4. Map/Panel Number 35025C1170	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

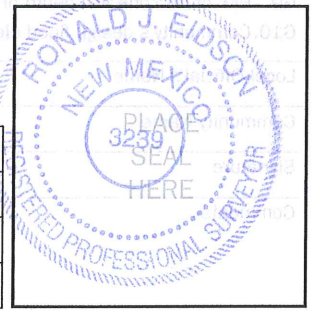
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>CP WESTMINSTER</u> Vertical Datum: <u>NAVD 1988</u> Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>3649 . 7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor <u>3661 . 2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) <u>3649 . 3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>3649 . 3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) <u>3647 . 3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) <u>3647 . 7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name Ronald J. Eidson		License Number 3239	
Title Professional Land Surveyor		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.		City Hobbs	State NM
Signature <i>Ronald J. Eidson</i>		ZIP Code 88240	Telephone (575) 393-3117
Date 04/12/2016			



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 W. Canterbury Dr.			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments: Lowest elevation of machinery or equipment servicing the building is the air conditioning unit on the east side of the building.

Signature: *Ronald J. Edison* Date: 04/12/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____
Comments _____	

Check here if attachments.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1113 W. Canterbury Dr.

Policy Number:

City
Hobbs

State
NM

ZIP Code
88240

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View (04/07/2016)



East Side View (04/07/2016)



IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1113 W. Canterbury Dr.			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Partial Rear View (04/07/2016)



East Side View (04/07/2016)



FILE: 46590171.t01.14o OP1390437382374

NGS OPUS SOLUTION REPORT CP WESTMINISTER

=====

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: <http://www.ngs.noaa.gov/OPUS/about.jsp#accuracy>

USER: gjeidson@cox.net
RINEX FILE: 4659017q.14o

DATE: January 23, 2014
TIME: 00:44:23 UTC

SOFTWARE: page5 1209.04 master53.pl 072313 START: 2014/01/17 16:15:00
EPHEMERIS: igr17755.eph [rapid] STOP: 2014/01/17 21:17:00
NAV FILE: brdc0170.14n OBS USED: 10711 / 11247 : 95%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 56 / 56 : 100%
ARP HEIGHT: 1.501 OVERALL RMS: 0.012(m)

REF FRAME: NAD_83(2011)(EPOCH:2010.0000) IGS08 (EPOCH:2014.0460)

X: -1221827.560(m) 0.002(m) -1221828.346(m) 0.002(m)
Y: -5229090.529(m) 0.004(m) -5229089.127(m) 0.004(m)
Z: 3432044.509(m) 0.010(m) 3432044.351(m) 0.010(m)

LAT: 32 45 30.14554 0.007(m) 32 45 30.16206 0.007(m)
E LON: 256 50 53.68835 0.001(m) 256 50 53.64669 0.001(m)
W LON: 103 9 6.31165 0.001(m) 103 9 6.35331 0.001(m)
EL HGT: 1091.030m 0.006(m) 1089.946(m) 0.006(m)
ORTHO HGT: 1112.646m 0.019(m) [NAVD88 (Computed using GEOID12A)]

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3626012.104	195576.865m
Easting (X) [meters]	673137.130	275715.671m
Convergence [degrees]	1.00033039	0.63941492
Point Scale	0.99996964	1.00006019
Combined Factor	0.99979838	0.99988891

US NATIONAL GRID DESIGNATOR: 13SFS7313726012(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE(m)
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	125926.8
DM4149	TXAD ANDREWS CORS ARP	N321828.817	W1023236.944	75896.0
DM4161	TXXM KERMIT CORS ARP	N315033.357	W1030631.257	101647.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0272	R 35	N324424.	W1030939.	2215.0
--------	------	----------	-----------	--------

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Jesus Montano-Espinoza and Veronica Chavez		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1115 E. Lincoln		Company NAIC Number:
City Hobbs	State NM	ZIP Code 88240
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3 and the West 37' of Lot 4, Block 14, Third Unit, Bel Aire Addition, City of Hobbs, Lea County, New Mexico.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 32 719662 N Long. 103.122566 W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 9		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 1072 sq ft		a) Square footage of attached garage N/A sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq ft		c) Total net area of flood openings in A9.b _____ sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State NM
B4. Map/Panel Number 35025C/1355	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.			
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: CP Coronado Vertical Datum: NAVD 1988			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.			
		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	3619 . 4	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	3620 . 7	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ . _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	_____ . _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	3620 . 3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	3620 . 0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	3620 . 2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ . _____	<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 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name Gary Eidson		License Number 12641	
Title President		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.		City Hobbs	State NM
Signature <i>Gary A. Eidson</i>		ZIP Code 88240	Telephone (575) 318-1157
Date 06/08/2016			



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1115 E. Lincoln			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments The lowest elevation of machinery or equipment servicing the building is the A/C unit located on the east side of the building. This residence has four different floor elevations. The bottom of the crawl space (C2a) and an addition to the back of the residence (C2b) are the lowest. The two highest floors are the main living areas. Their floor elevations are 3621.4' and 3622.0'.

Signature *Ray B. Quinn* Date 06/08/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments _____

Check here if attachments.

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1115 E. Lincoln			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

06/06/2016 Front View



06/06/2016 SE Rear View



IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1115 E. Lincoln			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

06/06/2016 SW Rear View



FILE: 90251610.09o 000034755

NGS OPUS SOLUTION REPORT CP CORONADO

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: http://www.ngs.noaa.gov/OPUS/about.html#accuracy

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 90251610.09o TIME: 21:51:18 UTC

SOFTWARE: page5 0909.08 master28.pl 081023 START: 2009/06/10 14:32:00
EPHEMERIS: igs15353.eph [precise] STOP: 2009/06/10 22:14:00
NAV FILE: brdc1610.09n OBS USED: 18910 / 19931 : 95%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 97 / 113 : 86%
ARP HEIGHT: 1.3873 OVERALL RMS: 0.021(m)

REF FRAME: NAD_83(CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2009.4405)

X: -1219212.613(m) 0.003(m) -1219213.326(m) 0.003(m)
Y: -5231349.623(m) 0.014(m) -5231348.228(m) 0.014(m)
Z: 3429538.942(m) 0.016(m) 3429538.781(m) 0.016(m)

LAT: 32 43 53.55805 0.021(m) 32 43 53.57466 0.021(m)
E LON: 256 52 51.20523 0.006(m) 256 52 51.16641 0.006(m)
W LON: 103 7 8.79477 0.006(m) 103 7 8.83359 0.006(m)
EL HGT: 1086.325(m) 0.009(m) 1085.232(m) 0.009(m)
ORTHO HGT: 1107.925(m) 0.030(m) [NAVD88 (Computed using GEOID03)]

Table with 3 columns: UTM COORDINATES, STATE PLANE COORDINATES, and various coordinate values (Northing, Easting, Convergence, Point Scale, Combined Factor).

US NATIONAL GRID DESIGNATOR: 13SFS7624823091(NAD 83)

Table with 5 columns: PID, DESIGNATION, BASE STATIONS USED, LATITUDE, LONGITUDE, DISTANCE(m). Lists base stations like NMRO ROSWELL, TXOE ODESSA, TXLU LUBBOCK.

NEAREST NGS PUBLISHED CONTROL POINT
CV0849 HOBBS N MUNICIPAL TANK N324319.019 W1030824.555 2241.6

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.



ENGINEERING DEPARTMENT

200 E. Broadway St.
Hobbs, NM 88240

575-397-9232 bus
575-397-9227 fax

June 8 2016

To Whom It May Concern:

The house located at 1115 E. Lincoln is located in a Special Flood Hazard Area (SFHA). The City of Hobbs has copies of the FEMA flood insurance rate maps (FIRMS) showing the location of the home in relation to the SFHA.

The City can provide additional information, free of charge, on how you can reduce the flood insurance premium for this structure.

The options are worth considering!

Spending a few hundred dollars to satisfy FEMA approved alternatives could save thousands of dollars on flood insurance premiums as well as providing safety benefits.

Please call 575-391-4113 or email sbaker@hobbsnm.org.

Sincerely,
CITY OF HOBBS, NEW MEXICO

Shelia Baker, Sr. Staff Engineer

ELEVATION CERTIFICATE


IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Jessie Stuard		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1225 Brittany		Company NAIC Number:
City Hobbs	State NM	ZIP Code 88240
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 13, Block 8, Westminster Hollow, First Village to the City of Hobbs, Lea County, New Mexico		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 32.757543 Long. 103.151720 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 1B		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage 648 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b _____ sq ft		c) Total net area of flood openings in A9.b 0 sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State NM
B4. Map/Panel Number 35025C 1170	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.			
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: CP WESTMINSTER Vertical Datum: NAVD 1988			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.			
		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>3651.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>3650.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>3651.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3649.1</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>3649.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____	<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 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name Gary Eidson		License Number 12641	
Title President		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.		City Hobbs	State NM
Signature 		ZIP Code 88240	Telephone (575) 393-3117
Date 02/16/2016			



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1225 Brittany			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Lowest elevation of machinery or equipment servicing the building is the base of the air conditioning unit located on the east side of the building.

Signature *Ray G. Edmon* Date 02/16/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner’s Authorized Representative’s Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community’s floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community’s design flood elevation: _____ . _____ feet meters Datum _____

Local Official’s Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments _____

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1225 Brittany			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View (02/04/2016)



IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1225 Brittany			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear View (02/04/2016)



FILE: 46590171.t01.14o OP1390437382374

NGS OPUS SOLUTION REPORT CP WESTMINISTER
=====

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: <http://www.ngs.noaa.gov/OPUS/about.jsp#accuracy>

USER: gjeidson@cox.net DATE: January 23, 2014
RINEX FILE: 4659017q.14o TIME: 00:44:23 UTC

SOFTWARE: page5 1209.04 master53.pl 072313 START: 2014/01/17 16:15:00
EPHEMERIS: igr17755.eph [rapid] STOP: 2014/01/17 21:17:00
NAV FILE: brdc0170.14n OBS USED: 10711 / 11247 : 95%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 56 / 56 : 100%
ARP HEIGHT: 1.501 OVERALL RMS: 0.012 (m)

REF FRAME: NAD_83(2011) (EPOCH:2010.0000) IGS08 (EPOCH:2014.0460)

X:	-1221827.560 (m)	0.002 (m)	-1221828.346 (m)	0.002 (m)
Y:	-5229090.529 (m)	0.004 (m)	-5229089.127 (m)	0.004 (m)
Z:	3432044.509 (m)	0.010 (m)	3432044.351 (m)	0.010 (m)

LAT:	32 45 30.14554	0.007 (m)	32 45 30.16206	0.007 (m)
E LON:	256 50 53.68835	0.001 (m)	256 50 53.64669	0.001 (m)
W LON:	103 9 6.31165	0.001 (m)	103 9 6.35331	0.001 (m)
EL HGT:	1091.030m	0.006 (m)	1089.946 (m)	0.006 (m)
ORTHO HGT:	1112.646m	0.019 (m)	[NAVD88 (Computed using GEOID12A)]	

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3626012.104	195576.865m
Easting (X) [meters]	673137.130	275715.671m
Convergence [degrees]	1.00033039	0.63941492
Point Scale	0.99996964	1.00006019
Combined Factor	0.99979838	0.99988891

US NATIONAL GRID DESIGNATOR: 13SFS7313726012 (NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE (m)
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	125926.8
DM4149	TXAD ANDREWS CORS ARP	N321828.817	W1023236.944	75896.0
DM4161	TXKM KERMIT CORS ARP	N315033.357	W1030631.257	101647.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0272	R 35	N324424.	W1030939.	2215.0
--------	------	----------	-----------	--------

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Jose Cerrillo		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1301 E. Cimarron Rd.		Company NAIC Number:
City Hobbs	State NM	ZIP Code 88240
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 6, Block 4, Hix Heights Addition, City of Hobbs, Lea County, New Mexico.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 32.723975 N Long. 103.123592 W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 8		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 2115 sq ft		a) Square footage of attached garage 520 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 9		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A8.b 10.8 sq ft		c) Total net area of flood openings in A9.b _____ sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029		B2. County Name Lea		B3. State NM	
B4. Map/Panel Number 35025C/1355	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.			
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: CP Coronado Vertical Datum: NAVD 1988			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.			
		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	3622 . 8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	3624 . 5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	3622 . 9	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	3622 . 9	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	3622 . 6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	3622 . 8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters

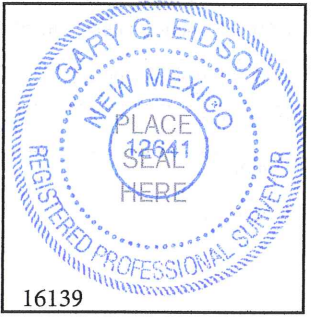
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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.

Check here if comments are provided on back of form. Check here if attachments.

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

Certifier's Name Gary Eidson		License Number 12641	
Title President		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.		City Hobbs	State NM
Signature <i>Gary Eidson</i>		ZIP Code 88240	Telephone (575) 318-1157
Date 05/25/2016			



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1301 E. Cimarron Rd.			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Lowest elevation of machinery or equipment servicing the building is the A/C unit located on the south side of the building.

Signature *Ray A. Edson* Date 05/25/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name _____

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued	
-------------------	------------------------	---	--

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments _____

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1301 E. Cimarron Rd.			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

05/24/2016 Front View



05/24/2016 Rear View



FILE: 90251610.09o 000034755

NGS OPUS SOLUTION REPORT CP CORONADO

All computed coordinate accuracies are listed as peak-to-peak values. For additional information: <http://www.ngs.noaa.gov/OPUS/about.html#accuracy>

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 90251610.09o TIME: 21:51:18 UTC

SOFTWARE: page5 0909.08 master28.pl 081023 START: 2009/06/10 14:32:00
EPHEMERIS: igs15353.eph [precise] STOP: 2009/06/10 22:14:00
NAV FILE: brdc1610.09n OBS USED: 18910 / 19931 : 95%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 97 / 113 : 86%
ARP HEIGHT: 1.3873 OVERALL RMS: 0.021(m)

REF FRAME: NAD_83(CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2009.4405)

X: -1219212.613 (m) 0.003 (m) -1219213.326 (m) 0.003 (m)
Y: -5231349.623 (m) 0.014 (m) -5231348.228 (m) 0.014 (m)
Z: 3429538.942 (m) 0.016 (m) 3429538.781 (m) 0.016 (m)

LAT: 32 43 53.55805 0.021 (m) 32 43 53.57466 0.021 (m)
E LON: 256 52 51.20523 0.006 (m) 256 52 51.16641 0.006 (m)
W LON: 103 7 8.79477 0.006 (m) 103 7 8.83359 0.006 (m)
EL HGT: 1086.325 (m) 0.009 (m) 1085.232 (m) 0.009 (m)
ORTHO HGT: 1107.925 (m) 0.030 (m) [NAVD88 (Computed using GEOID03)]

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3623091.068	192636.037
Easting (X) [meters]	676248.362	278808.720
Convergence [degrees]	1.01726634	0.65660558
Point Scale	0.99998304	1.00006875
Combined Factor	0.99981252	0.99989821

US NATIONAL GRID DESIGNATOR: 13SFS7624823091(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE (m)
DG6517	NMRO ROSWELL CORS ARP	N332341.834	W1043520.737	155771.0
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	121689.5
DF5391	TXLU LUBBOCK RRP2 CORS ARP	N333207.490	W1015034.162	148785.6

NEAREST NGS PUBLISHED CONTROL POINT

CV0849 HOBBS N MUNICIPAL TANK N324319.019 W1030824.555 2241.6

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

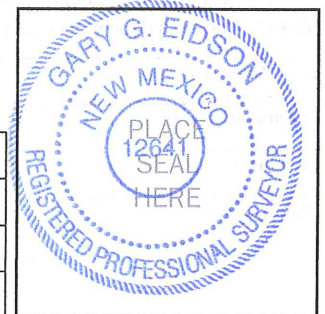
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Michael Staff and Lynlee Staff		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No. 1500 W. Kyleigh		Company NAIC Number:
City Hobbs	State NM	ZIP Code 88240
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 24, Windsor Estates Subdivision, City of Hobbs, Lea County, New Mexico.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 32 757310 N Long. 103.153887 W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 1B		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage 460 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b _____ sq ft		c) Total net area of flood openings in A9.b _____ sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State NM	
B4. Map/Panel Number 35025C/1170	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
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						

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: CP Westminster Vertical Datum: NAVD 1988	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 3651 . 9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) 3651 . 4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 3651 . 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 3650 . 0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 3650 . 1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<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 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name Gary Eidson		License Number 12641	
Title President		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.		City Hobbs	State NM
Signature <i>Gary G. Eidson</i>		Date 05/17/2016	ZIP Code 88240
		Telephone (575) 318-1157	



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1500 W. Kyleigh			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments **Lowest elevation of machinery or equipment servicing the building is the A/C unit located on the west side of the building.**

Signature *Ray S. Quinn* Date **05/17/2016**

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner’s Authorized Representative’s Name _____

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community’s floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community’s design flood elevation: _____ . _____ feet meters Datum _____

Local Official’s Name	Title
Community Name	Telephone
Signature	Date

Comments _____

Check here if attachments.

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1500 W. Kyleigh			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

05/14/2016 Front View



0514/2016 Rear View



IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1500 W. Kyleigh			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

05/14/2016 Rear View



NGS OPUS SOLUTION REPORT CP WESTMINISTER
 =====

All computed coordinate accuracies are listed as peak-to-peak values.
 For additional information: <http://www.ngs.noaa.gov/OPUS/about.jsp#accuracy>

USER: gjeidson@cox.net DATE: January 23, 2014
 RINEX FILE: 4659017q.14o TIME: 00:44:23 UTC

SOFTWARE: page5 1209.04 master53.pl 072313 START: 2014/01/17 16:15:00
 EPHEMERIS: igr17755.eph [rapid] STOP: 2014/01/17 21:17:00
 NAV FILE: brdc0170.14n OBS USED: 10711 / 11247 : 95%
 ANT NAME: TRM41249.00 NONE # FIXED AMB: 56 / 56 : 100%
 ARP HEIGHT: 1.501 OVERALL RMS: 0.012 (m)

REF FRAME: NAD_83(2011) (EPOCH:2010.0000) IGS08 (EPOCH:2014.0460)

X:	-1221827.560 (m)	0.002 (m)	-1221828.346 (m)	0.002 (m)
Y:	-5229090.529 (m)	0.004 (m)	-5229089.127 (m)	0.004 (m)
Z:	3432044.509 (m)	0.010 (m)	3432044.351 (m)	0.010 (m)

LAT:	32 45 30.14554	0.007 (m)	32 45 30.16206	0.007 (m)
E LON:	256 50 53.68835	0.001 (m)	256 50 53.64669	0.001 (m)
W LON:	103 9 6.31165	0.001 (m)	103 9 6.35331	0.001 (m)
EL HGT:	1091.030m	0.006 (m)	1089.946 (m)	0.006 (m)
ORTHO HGT:	1112.646m	0.019 (m)	[NAVD88 (Computed using GEOID12A)]	

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3626012.104	195576.865m
Easting (X) [meters]	673137.130	275715.671m
Convergence [degrees]	1.00033039	0.63941492
Point Scale	0.99996964	1.00006019
Combined Factor	0.99979838	0.99988891

US NATIONAL GRID DESIGNATOR: 13SFS7313726012(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE (m)
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	125926.8
DM4149	TXAD ANDREWS CORS ARP	N321828.817	W1023236.944	75896.0
DM4161	TXKM KERMIT CORS ARP	N315033.357	W1030631.257	101647.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0272	R 35	N324424.	W1030939.	2215.0
--------	------	----------	-----------	--------

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Vernon Glenn Price				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1513 Camino Real				Company NAIC Number:	
City Hobbs		State New Mexico		ZIP Code 88240	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3, Block 25, Sixteenth Unit, Lincoln Park Addition.					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>32.737498 N</u> Long. <u>103.155068</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>420</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350028			B2. County Name Lea		B3. State New Mexico
B4. Map/Panel Number 35025C/1335	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1513 Camino Real			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1513 Camino Real			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption

07/16/2016 Front View



Photo Two Caption

07/16/2015 Rear View

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
City State ZIP Code	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption

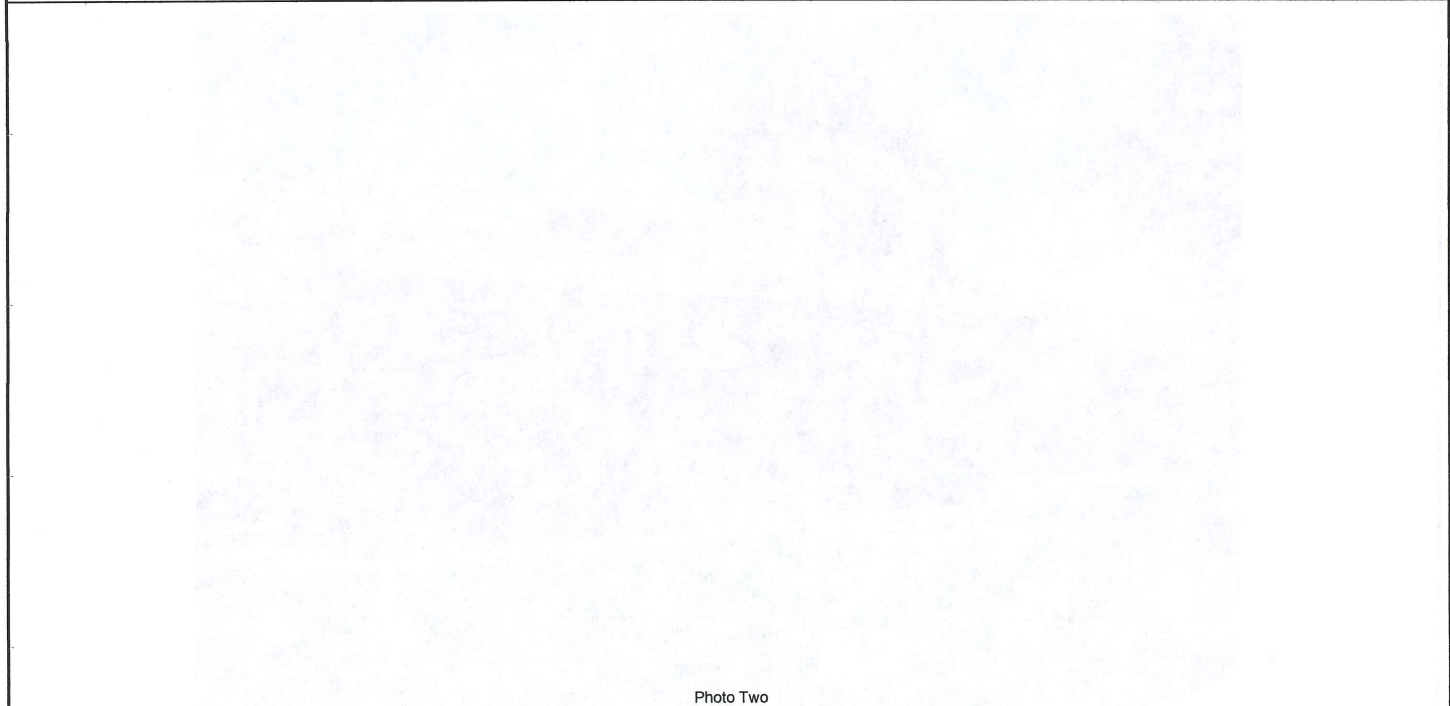


Photo Two

Photo Two Caption

NGS OPUS SOLUTION REPORT CP NIPPY

=====

All computed coordinate accuracies are listed as peak-to-peak values.

For additional information: <http://www.ngs.noaa.gov/OPUS/about.jsp#accuracy>

USER: gjeidson@cox.net DATE: May 23, 2013
RINEX FILE: 7318099t.13o TIME: 19:57:00 UTC

SOFTWARE: page5 1209.04 master32.pl 082112 START: 2013/04/09 19:12:00
EPHEMERIS: igs17352.eph [precise] STOP: 2013/04/09 22:11:00
NAV FILE: brdc0990.13n OBS USED: 6992 / 7369 : 95%
ANT NAME: TRMR8_GNSS3 NONE # FIXED AMB: 45 / 50 : 90%
ARP HEIGHT: 1.558 OVERALL RMS: 0.013(m)

REF FRAME: NAD_83(2011)(EPOCH:2010.0000) IGS08 (EPOCH:2013.2709)

X: -1222821.726(m) 0.007(m) -1222822.502(m) 0.007(m)
Y: -5229635.801(m) 0.011(m) -5229634.398(m) 0.011(m)
Z: 3430869.862(m) 0.008(m) 3430869.708(m) 0.008(m)

LAT: 32 44 44.78584 0.001(m) 32 44 44.80252 0.001(m)
E LON: 256 50 21.27312 0.006(m) 256 50 21.23183 0.006(m)
W LON: 103 9 38.72688 0.006(m) 103 9 38.76817 0.006(m)
EL HGT: 1092.393(m) 0.014(m) 1091.310(m) 0.014(m)
ORTHO HGT: 1114.007(m) 0.028(m) [NAVD88 (Computed using GEOID12A)]

UTM COORDINATES STATE PLANE COORDINATES

UTM (Zone 13) SPC (3001 NM E)

Northing (Y) [meters] 3624600.336 194170.157
Easting (X) [meters] 672317.796 274887.386
Convergence [degrees] 0.99511442 0.63432441
Point Scale 0.99996615 1.00005794
Combined Factor 0.99979467 0.99988645

US NATIONAL GRID DESIGNATOR: 13SFS7231724600(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE(m)
DM4704	TXSO STANTON CORS ARP	N320828.201	W1014827.359	143845.2
DM4161	TXKM KERMIT CORS ARP	N315033.357	W1030631.257	100289.4
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	125381.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0272 R 35 N324424. W1030939. 642.8

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Dustin T. Stewart				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1536 N. Brazos Ave.				Company NAIC Number:	
City Hobbs		State New Mexico		ZIP Code 88240	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, Block 9, Second Unit, Bel Aire Addition					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>32.716634 N</u> Long. <u>103.119465 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State New Mexico
B4. Map/Panel Number 35025C/1355	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1536 N. Brazos Ave.			Policy Number:
City Hobbs	State NM	ZIP Code 88240	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, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: CP Buritto Vertical Datum: NAVD 1988

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

NGVD 1929 NAVD 1988 Other/Source: _____

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


Check the measurement used.

- | | | | |
|--|--------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 3618.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 3618.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 3617.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 3618.2 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ | <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 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.

Certifier's Name Gary Eidson	License Number 12641	
Title President		
Company Name John West Surveying Company, Inc.		
Address 412 N. Dal Paso		
City Hobbs	State New Mexico	
Signature <i>Gary G. Eidson</i>	Date 07/14/2016	Telephone (575) 318-1157

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

Comments (including type of equipment and location, per C2(e), if applicable)

Lowest elevation of machinery or equipment servicing the building are the appliances located on the floor of the building.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1536 N. Brazos Ave.			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1536 N. Brazos Ave.			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption

07/11/2016 Front View



Photo Two Caption

07/11/2016 Rear View

FILE: 03262980.08o 000034794

NGS OPUS SOLUTION REPORT CP BURRITO

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: http://www.ngs.noaa.gov/OPUS/about.html#accuracy

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 0326298t.08o TIME: 23:09:51 UTC

SOFTWARE: page5 0909.08 master40.pl 081023 START: 2008/10/24 19:39:00
EPHEMERIS: igsl15025.eph [precise] STOP: 2008/10/24 23:29:00
NAV FILE: brdc2980.08n OBS USED: 7719 / 7898 : 98%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 36 / 39 : 92%
ARP HEIGHT: 1.4088 OVERALL RMS: 0.017(m)

REF FRAME: NAD_83(CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2008.8139)

X: -1220289.835(m) 0.042(m) -1220290.540(m) 0.042(m)
Y: -5232780.653(m) 0.042(m) -5232779.258(m) 0.042(m)
Z: 3426980.388(m) 0.047(m) 3426980.231(m) 0.047(m)

LAT: 32 42 14.95292 0.031(m) 32 42 14.96964 0.031(m)
E LON: 256 52 23.40104 0.050(m) 256 52 23.36252 0.050(m)
W LON: 103 7 36.59896 0.050(m) 103 7 36.63748 0.050(m)
EL HGT: 1081.736m 0.052(m) 1080.643(m) 0.052(m)
ORTHO HGT: 1103.335m 0.059(m) [NAVD88 (Computed using GEOID03)]

UTM COORDINATES STATE PLANE COORDINATES
UTM (Zone 13) SPC (3001 NM E)
Northing (Y) [meters] 3620041.206 189590.189m
Easting (X) [meters] 675578.221 278119.342m
Convergence [degrees] 1.01233363 0.65194291
Point Scale 0.99998014 1.00006682
Combined Factor 0.99981033 0.99989700

US NATIONAL GRID DESIGNATOR: 13SFS7557820041(NAD 83)

BASE STATIONS USED

PID DESIGNATION LATITUDE LONGITUDE DISTANCE(m)
DG6517 NMRO ROSWELL CORS ARP N332341.834 W1043520.737 156617.7
DF5393 TXOD ODESSA RRP2 CORS ARP N315226.112 W1021854.556 119689.2
DF5391 TXLU LUBBOCK RRP2 CORS ARP N333207.490 W1015034.162 151210.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0845 HOBBS GENERAL TEL MICROWAVE N324212.827 W1030812.966 948.6

This position and the above vector components were computed without any
knowledge by the National Geodetic Survey regarding the equipment or
field operating procedures used.

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Floyd R. Collins	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2632 N. Jade Avenue	Company NAIC Number:	
City Hobbs	State NM	ZIP Code 88240
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 17, Block 13B, Seventh Unit, Norte Vista Addition, City of Hobbs, Lea County, New Mexico.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>32.730821 N</u> Long. <u>103.139461 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>1B</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft	a) Square footage of attached garage <u>420</u> sq ft	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>	
c) Total net area of flood openings in A8.b _____ sq ft	c) Total net area of flood openings in A9.b _____ sq ft	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029		B2. County Name Lea		B3. State NM	
B4. Map/Panel Number 35025C/1335	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.			
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>CP Coronado</u> Vertical Datum: <u>NAVD 1988</u>			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.			
		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>3635 . 1</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	_____ . _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ . _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>3634 . 8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>3634 . 8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3634 . 6</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>3634 . 8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ . _____	<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 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name Gary Eidson		License Number 12641	
Title President		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.		City Hobbs	State NM
Signature <i>Gary Eidson</i>		ZIP Code 88240	Telephone (575) 318-1157
Date 04/28/2016			



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2632 N. Jade Avenue			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Lowest elevation of machinery or equipment servicing the building is the A/C unit located on the north side of the building.

Signature *Ray A. Edmon* Date 04/28/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments _____

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2632 N. Jade Avenue			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

04/25/2016 Front View



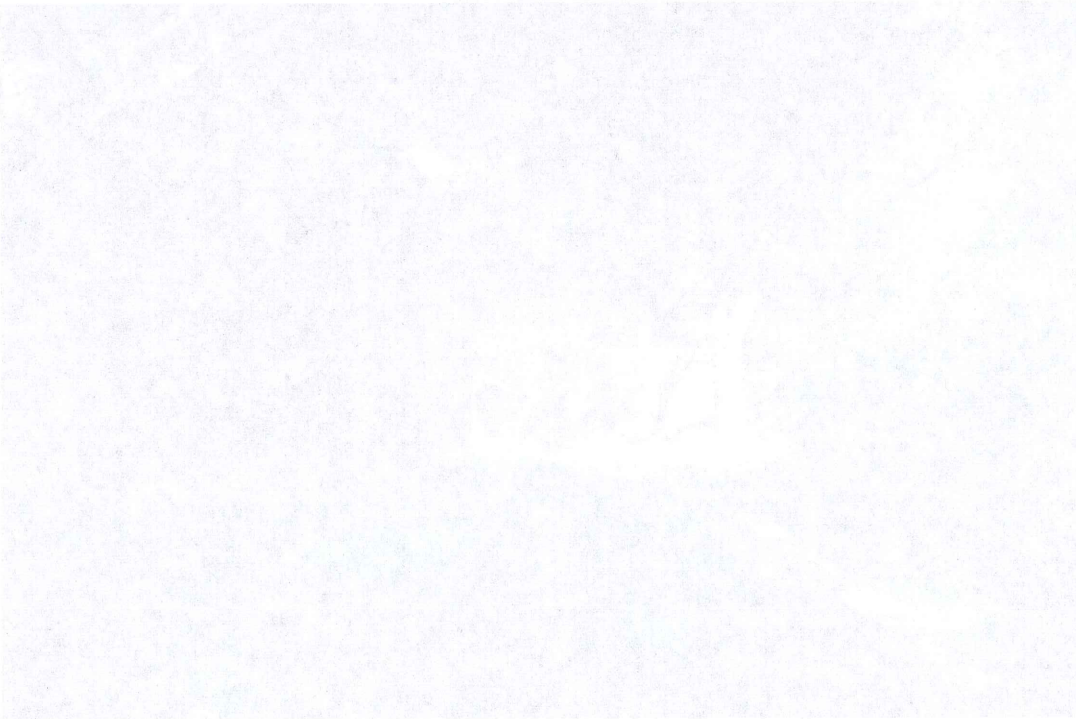
04/6/2016 Rear View



IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2632 N. Jade Avenue	Policy Number:		
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

04/26/2016 Rear View



FILE: 90251610.09o 000034755

NGS OPUS SOLUTION REPORT CP CORONADO

=====

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: <http://www.ngs.noaa.gov/OPUS/about.html#accuracy>

USER: gjeidson@cox.net DATE: December 18, 2009
RINEX FILE: 90251610.09o TIME: 21:51:18 UTC

SOFTWARE: page5 0909.08 master28.pl 081023 START: 2009/06/10 14:32:00
EPHEMERIS: igs15353.eph [precise] STOP: 2009/06/10 22:14:00
NAV FILE: brdc1610.09n OBS USED: 18910 / 19931 : 95%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 97 / 113 : 86%
ARP HEIGHT: 1.3873 OVERALL RMS: 0.021(m)

REF FRAME: NAD_83(CORS96) (EPOCH:2002.0000) ITRF00 (EPOCH:2009.4405)

X: -1219212.613(m) 0.003(m) -1219213.326(m) 0.003(m)
Y: -5231349.623(m) 0.014(m) -5231348.228(m) 0.014(m)
Z: 3429538.942(m) 0.016(m) 3429538.781(m) 0.016(m)

LAT: 32 43 53.55805 0.021(m) 32 43 53.57466 0.021(m)
E LON: 256 52 51.20523 0.006(m) 256 52 51.16641 0.006(m)
W LON: 103 7 8.79477 0.006(m) 103 7 8.83359 0.006(m)
EL HGT: 1086.325(m) 0.009(m) 1085.232(m) 0.009(m)
ORTHO HGT: 1107.925(m) 0.030(m) [NAVD88 (Computed using GEOID03)]

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3623091.068	192636.037
Easting (X) [meters]	676248.362	278808.720
Convergence [degrees]	1.01726634	0.65660558
Point Scale	0.99998304	1.00006875
Combined Factor	0.99981252	0.99989821

US NATIONAL GRID DESIGNATOR: 13SFS7624823091(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE (m)
DG6517	NMRO ROSWELL CORS ARP	N332341.834	W1043520.737	155771.0
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	121689.5
DF5391	TXLU LUBBOCK RRP2 CORS ARP	N333207.490	W1015034.162	148785.6

NEAREST NGS PUBLISHED CONTROL POINT

CV0849 HOBBS N MUNICIPAL TANK N324319.019 W1030824.555 2241.6

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Tammie Puentes	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2816 N. Northwest Dr.	Company NAIC Number:
City Hobbs State NM ZIP Code 88240	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 17, Block 8A, First Unit, North Acres Addition, City of Hobbs, Lea county, New Mexico.	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	
A5. Latitude/Longitude: Lat. 32.731070 N Long. 103.149366 W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.	
A7. Building Diagram Number 1B	
A8. For a building with a crawlspace or enclosure(s):	A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft	a) Square footage of attached garage 420 sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b _____ sq ft	c) Total net area of flood openings in A9.b _____ sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number City of Hobbs 350029		B2. County Name Lea		B3. State NM	
B4. Map/Panel Number 35025C/1335	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

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, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: **CP Nippy** Vertical Datum: **NAVD 1988**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

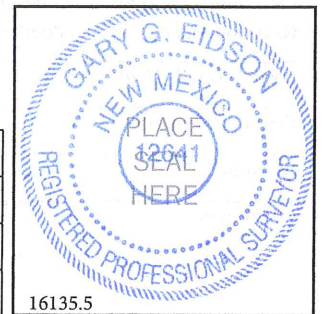
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>3639</u> . <u>0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>3639</u> . <u>3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ . _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>3639</u> . <u>0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>3638</u> . <u>5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3638</u> . <u>4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>3638</u> . <u>5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ . _____	<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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name Gary Eidson		License Number 12641	
Title President		Company Name John West Surveying Company	
Address 412 N. Dal Paso St.		City Hobbs	State NM
Signature <i>Gary G. Eidson</i>		ZIP Code 88240	Telephone (575) 318-1157
Date 05/23/2016			



16135.5

ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2816 N. Northwest Dr.			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments **Lowest elevation of machinery or equipment servicing the building is the A/C unit located on the north side of the building. The elevation for C2.a is the floor elevation of an addition to the building and C2.b is the floor elevation of the main floor of the building.**

Signature *Ray B. Edmon* Date **05/23/2016**

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name _____

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments _____

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2816 N. Northwest Dr.			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

05/21/2016 Front View



05/21/2016 Rear View



NGS OPUS SOLUTION REPORT CP NIPPY

=====

All computed coordinate accuracies are listed as peak-to-peak values.

For additional information: <http://www.ngs.noaa.gov/OPUS/about.jsp#accuracy>

USER: gjeidson@cox.net DATE: May 23, 2013
RINEX FILE: 7318099t.13o TIME: 19:57:00 UTC

SOFTWARE: page5 1209.04 master32.pl 082112 START: 2013/04/09 19:12:00
EPHEMERIS: igs17352.eph [precise] STOP: 2013/04/09 22:11:00
NAV FILE: brdc0990.13n OBS USED: 6992 / 7369 : 95%
ANT NAME: TRMR8_GNSS3 NONE # FIXED AMB: 45 / 50 : 90%
ARP HEIGHT: 1.558 OVERALL RMS: 0.013(m)

REF FRAME: NAD_83(2011)(EPOCH:2010.0000) IGS08 (EPOCH:2013.2709)

X: -1222821.726(m) 0.007(m) -1222822.502(m) 0.007(m)
Y: -5229635.801(m) 0.011(m) -5229634.398(m) 0.011(m)
Z: 3430869.862(m) 0.008(m) 3430869.708(m) 0.008(m)

LAT: 32 44 44.78584 0.001(m) 32 44 44.80252 0.001(m)
E LON: 256 50 21.27312 0.006(m) 256 50 21.23183 0.006(m)
W LON: 103 9 38.72688 0.006(m) 103 9 38.76817 0.006(m)
EL HGT: 1092.393(m) 0.014(m) 1091.310(m) 0.014(m)
ORTHO HGT: 1114.007(m) 0.028(m) [NAVD88 (Computed using GEOID12A)]

UTM COORDINATES STATE PLANE COORDINATES

UTM (Zone 13) SPC (3001 NM E)

Northing (Y) [meters] 3624600.336 194170.157
Easting (X) [meters] 672317.796 274887.386
Convergence [degrees] 0.99511442 0.63432441
Point Scale 0.99996615 1.00005794
Combined Factor 0.99979467 0.99988645

US NATIONAL GRID DESIGNATOR: 13SFS7231724600(NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE(m)
DM4704	TXSO STANTON CORS ARP	N320828.201	W1014827.359	143845.2
DM4161	TXKM KERMIT CORS ARP	N315033.357	W1030631.257	100289.4
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	125381.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0272 R 35 N324424. W1030939. 642.8

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

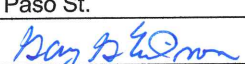
IMPORTANT: Follow the instructions on pages 1-9.

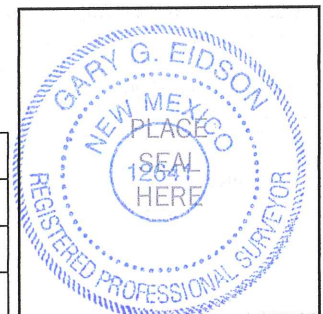
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Jessie Stuard/ABS Homes, LLC		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5020 Breanna Street		Company NAIC Number:
City Hobbs	State NM	ZIP Code 88240
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 25, Second Amended Windsor Estates Subdivision, City of Hobbs, Lea County, New Mexico		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 32.757185 Long. 103.153702 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number 1B		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft	a) Square footage of attached garage 528 sq ft	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0	
c) Total net area of flood openings in A8.b _____ sq ft	c) Total net area of flood openings in A9.b _____ sq ft	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Hobbs 350029			B2. County Name Lea		B3. State NM
B4. Map/Panel Number 35025C/1170	B5. Suffix D	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/Revised Date 12/16/2008	B8. Flood Zone(s) AO	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: CP WESTMINSTER Vertical Datum: NAVD 1988	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 3652 . 1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) 3651 . 6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 3651 . 5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 3649 . 9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 3650 . 1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____	<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 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name Gary Eidson		License Number 12641	
Title President	Company Name John West Surveying Company		
Address 412 N. Dal Paso St.	City Hobbs	State NM	ZIP Code 88240
Signature 	Date 06/15/2016	Telephone (575) 318-1157	



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5020 Breanna Street			Policy Number:	
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Lowest elevation of machinery or equipment servicing the building is the base of the air conditioning unit located on the west side of the building.

Signature *[Signature]* Date 06/15/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name _____

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments _____

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5020 Breanna Street			Policy Number:
City Hobbs	State NM	ZIP Code 88240	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View 06/15/2016



Rear View 06/15/2016



NGS OPUS SOLUTION REPORT CP WESTMINISTER
=====

All computed coordinate accuracies are listed as peak-to-peak values.
For additional information: <http://www.ngs.noaa.gov/OPUS/about.jsp#accuracy>

USER: gjeidson@cox.net DATE: January 23, 2014
RINEX FILE: 4659017q.14o TIME: 00:44:23 UTC

SOFTWARE: page5 1209.04 master53.pl 072313 START: 2014/01/17 16:15:00
EPHEMERIS: igr17755.eph [rapid] STOP: 2014/01/17 21:17:00
NAV FILE: brdc0170.14n OBS USED: 10711 / 11247 : 95%
ANT NAME: TRM41249.00 NONE # FIXED AMB: 56 / 56 : 100%
ARP HEIGHT: 1.501 OVERALL RMS: 0.012 (m)

REF FRAME: NAD_83(2011) (EPOCH:2010.0000) IGS08 (EPOCH:2014.0460)

X:	-1221827.560 (m)	0.002 (m)	-1221828.346 (m)	0.002 (m)
Y:	-5229090.529 (m)	0.004 (m)	-5229089.127 (m)	0.004 (m)
Z:	3432044.509 (m)	0.010 (m)	3432044.351 (m)	0.010 (m)

LAT:	32 45 30.14554	0.007 (m)	32 45 30.16206	0.007 (m)
E LON:	256 50 53.68835	0.001 (m)	256 50 53.64669	0.001 (m)
W LON:	103 9 6.31165	0.001 (m)	103 9 6.35331	0.001 (m)
EL HGT:	1091.030m	0.006 (m)	1089.946 (m)	0.006 (m)
ORTHO HGT:	1112.646m	0.019 (m)	[NAVD88 (Computed using GEOID12A)]	

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3626012.104	195576.865m
Easting (X) [meters]	673137.130	275715.671m
Convergence [degrees]	1.00033039	0.63941492
Point Scale	0.99996964	1.00006019
Combined Factor	0.99979838	0.99988891

US NATIONAL GRID DESIGNATOR: 13SFS7313726012 (NAD 83)

		BASE STATIONS USED		
PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE (m)
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	125926.8
DM4149	TXAD ANDREWS CORS ARP	N321828.817	W1023236.944	75896.0
DM4161	TXKM KERMIT CORS ARP	N315033.357	W1030631.257	101647.9

NEAREST NGS PUBLISHED CONTROL POINT				
PID	R	POINT	LONGITUDE	DISTANCE
CV0272	35	N324424.	W1030939.	2215.0

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

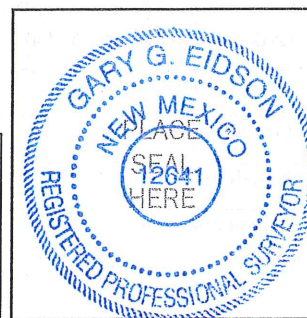
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name <u>Eidy J. Miranda</u>		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>7114 N. Palo Verde</u>		Company NAIC Number:
City <u>Hobbs</u>	State <u>NM</u>	ZIP Code <u>88242</u>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 3, Fifth Unit, La Paloma Subdivision, Lea County, New Mexico.</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>.32 781823 N</u> Long. <u>103.122125 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>5</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) _____ sq ft		a) Square footage of attached garage <u>N/A</u> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq ft		c) Total net area of flood openings in A9.b _____ sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>Lea County 350130</u>			B2. County Name <u>Lea</u>		B3. State <u>NM</u>
B4. Map/Panel Number <u>35025C/1200</u>	B5. Suffix <u>D</u>	B6. FIRM Index Date <u>12/16/2008</u>	B7. FIRM Panel Effective/ Revised Date <u>03/06/2014</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>3652.4</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>CP Westminster</u> Vertical Datum: <u>NAVD 1988</u> Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>3656 . 1</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) _____	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>3653 . 2</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) <u>3652 . 8</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) <u>3653 . 2</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>3652 . 8</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 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name <u>Gary Eidson</u>		License Number <u>12641</u>	
Title <u>President</u>		Company Name <u>John West Surveying Company</u>	
Address <u>412 N. Dal Paso St.</u>		City <u>Hobbs</u>	State <u>NM</u>
Signature <u>Gary Eidson</u>		ZIP Code <u>88240</u>	Telephone <u>(575) 318-1157</u>
Date <u>04/18/2016</u>			



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7114 N. Palo Verde			Policy Number:	
City Hobbs	State NM	ZIP Code 88242	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments The lowest elevation of machinery or equipment servicing the building is the A/C unit located on the east side of the building. Approximately 9% of this lot is located in Zone AE being the very westerly side of the lot. The remaining 91% of the lot is located in Zone X defined as "area's determined to be outside the 0.2% annual chance floodplain". All improvements are located within that portion of the lot designated as Zone X.

Signature *Ray E. Quinn* Date 04/18/2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION

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

Property Owner or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____

G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments _____

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7114 N. Palo Verde			Policy Number:	
City Hobbs	State NM	ZIP Code 88242	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

04/16/2016 Front View



04/16/2016 Rear View



NGS OPUS SOLUTION REPORT CP WESTMINISTER
 =====

All computed coordinate accuracies are listed as peak-to-peak values.
 For additional information: <http://www.ngs.noaa.gov/OPUS/about.jsp#accuracy>

USER: gjeidson@cox.net DATE: January 23, 2014
 RINEX FILE: 4659017q.14o TIME: 00:44:23 UTC

SOFTWARE: page5 1209.04 master53.pl 072313 START: 2014/01/17 16:15:00
 EPHEMERIS: igr17755.eph [rapid] STOP: 2014/01/17 21:17:00
 NAV FILE: brdc0170.14n OBS USED: 10711 / 11247 : 95%
 ANT NAME: TRM41249.00 NONE # FIXED AMB: 56 / 56 : 100%
 ARP HEIGHT: 1.501 OVERALL RMS: 0.012 (m)

REF FRAME: NAD_83(2011) (EPOCH:2010.0000) IGS08 (EPOCH:2014.0460)

X:	-1221827.560 (m)	0.002 (m)	-1221828.346 (m)	0.002 (m)
Y:	-5229090.529 (m)	0.004 (m)	-5229089.127 (m)	0.004 (m)
Z:	3432044.509 (m)	0.010 (m)	3432044.351 (m)	0.010 (m)

LAT:	32 45 30.14554	0.007 (m)	32 45 30.16206	0.007 (m)
E LON:	256 50 53.68835	0.001 (m)	256 50 53.64669	0.001 (m)
W LON:	103 9 6.31165	0.001 (m)	103 9 6.35331	0.001 (m)
EL HGT:	1091.030m	0.006 (m)	1089.946 (m)	0.006 (m)
ORTHO HGT:	1112.646m	0.019 (m)	[NAVD88 (Computed using GEOID12A)]	

	UTM COORDINATES	STATE PLANE COORDINATES
	UTM (Zone 13)	SPC (3001 NM E)
Northing (Y) [meters]	3626012.104	195576.865m
Easting (X) [meters]	673137.130	275715.671m
Convergence [degrees]	1.00033039	0.63941492
Point Scale	0.99996964	1.00006019
Combined Factor	0.99979838	0.99988891

US NATIONAL GRID DESIGNATOR: 13SFS7313726012 (NAD 83)

BASE STATIONS USED

PID	DESIGNATION	LATITUDE	LONGITUDE	DISTANCE (m)
DL2764	TXOE ODESSA CORS ARP	N315224.503	W1021850.232	125926.8
DM4149	TXAD ANDREWS CORS ARP	N321828.817	W1023236.944	75896.0
DM4161	TXKM KERMIT CORS ARP	N315033.357	W1030631.257	101647.9

NEAREST NGS PUBLISHED CONTROL POINT

CV0272	R 35	N324424.	W1030939.	2215.0
--------	------	----------	-----------	--------

This position and the above vector components were computed without any knowledge by the National Geodetic Survey regarding the equipment or field operating procedures used.