

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 Timothy Scott Aiken				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 83 Columbia Drive				Company NAIC Number:	
City Pooler		State Georgia		ZIP Code 31322	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 18 of Westside Business Park Subdivision					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Commercial Warehouse</u>					
A5. Latitude/Longitude: Lat. <u>N 32°06'09.9"</u> Long. <u>W 81°13'15.1"</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>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) 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 <u>0.00</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>N/A</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 <u>0.00</u> sq in					
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 Pooler 130261			B2. County Name Chatham		B3. State Georgia
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
13051C0126	H	08-16-2018	08-16-2018	AE	12.0
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

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City Pooler	State Georgia	ZIP Code 31322	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: eGPS Network Vertical Datum: NAVD88

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) _____ | 14.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | N/A | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____ | N/A | <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) _____ | 14.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | 12.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | 13.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | N/A | <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 Wesley P. Weitman	License Number GA RLS#3343	
Title Survey Manager		
Company Name EMC Engineering Services, Inc.		
Address 1211 Merchant Way, Suite 201		
City Statesboro	State Georgia	

Signature 	Date 04-25-2019	Telephone (912) 764-7022	Ext.
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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)
This warehouse is slab on grade construction. Items C2e is HVAC unit on north-western side of building.

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**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.

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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
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- 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

See Instructions for Item A6.

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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 Right-Front View

Photo taken 04/03/2019

Clear Photo One



Photo Two

Photo Two Caption Left-Front View

Photo taken 04/03/2019

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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City Pooler	State Georgia	ZIP Code 31322	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 Three

Photo Three Caption Right-Rear View

Photo taken 04/03/2019

Clear Photo Three



Photo Four

Photo Four Caption Left-Rear View

Photo taken 04/03/2019

Clear Photo Four

CONCRETE COMPRESSIVE STRENGTH TEST REPORT

Terracon

Report Number: ES181156.0172
Service Date: 04/04/19
Report Date: 05/06/19 Revision 1 - 28-day results
Task: Cast-In-Place Concrete

2201 Rowland Ave
Savannah, GA 31404-4434
912-629-4000

Client

Parc at Pooler LLC
Equity Resources, LLC
Attn: Jack Rhodes
4509 Pine Tree Cir
Birmingham, AL 35243

Project

Parc at Pooler
Quacco Rd
Pooler, GA 31322

Project Number: ES181156

Material Information

Specified Strength: 3,000 psi @ 28 days

Mix ID: 30CNG4120
Supplier: Aargos
Batch Time: 0850 Plant: 281
Truck No.: 1665 Ticket No.: 28119228

Sample Information

Sample Date: 04/04/19 Sample Time: 1010
Sampled By: Edward Regan
Weather Conditions: Clear
Accumulative Yards: 20 Batch Size (cy): 10
Placement Method: Direct Discharge
Water Added Before (gal):
Water Added After (gal): 0
Sample Location:
Placement Location:

Field Test Data

Test	Result	Specification
Slump (in):	3 1/2	3 - 5
Air Content (%):	1.2	Max 3
Concrete Temp. (F):	66	Max 95
Ambient Temp. (F):	70	
Plastic Unit Wt. (pcf):		
Yield (Cu. Yds.):		

Laboratory Test Data

Set No.	Specimen ID	Avg Diam. (in)	Area (sq in)	Date Received	Date Tested	Age at Test (days)	Maximum Load (lbs)	Compressive Strength (psi)	Fracture Type	Tested By
1	A	4.00	12.57		04/11/19	7	19,910	1,580	5	BSF
1	B	4.00	12.57		05/02/19	28	44,660	3,550	2	BSF
1	C	4.00	12.57		05/02/19	28	45,630	3,630	2	BSF
1	D	4.00	12.57		05/02/19	28	47,510	3,780	3	BSF
						Average (28 days)		3,660		
1	E					Hold				

Initial Cure: Outside Plastic Lids

Final Cure: Water Storage Tank

Comments: Average compressive strength of 28 day cylinders complies with the specified strength. Not tested for plastic unit weight.

Samples Made By: Terracon

Services: Sample fresh concrete at the placement locations, perform required field tests and cast compressive strength samples. Initial curing temperatures were not recorded unless indicated above.

Terracon Rep.: Edward Regan

Reported To: Wayne Deetz

Contractor: McShane Construction

Report Distribution:

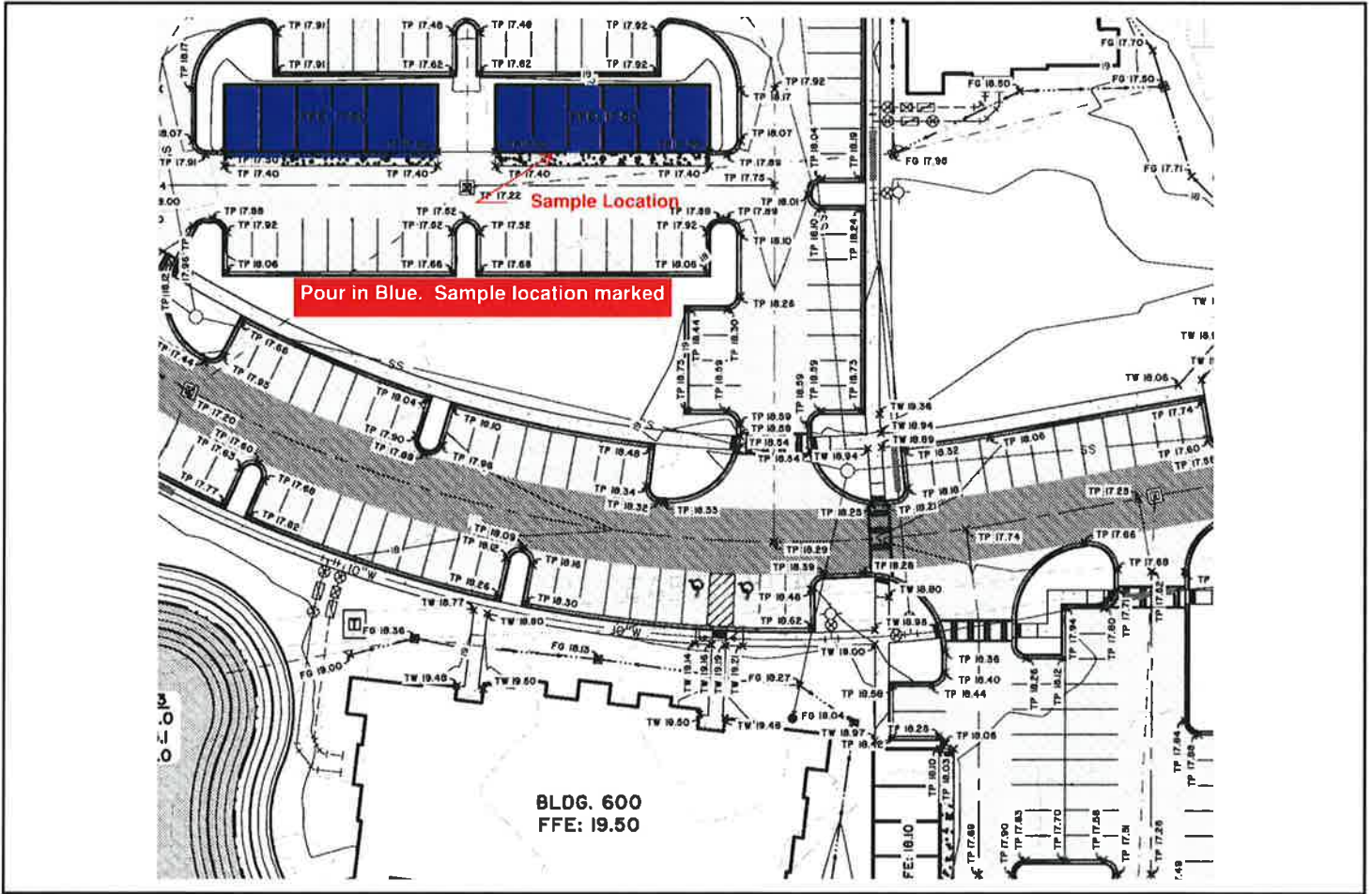
- (1) Argos Ready Mixed, LLC, John Bradshaw
- (1) Eagle Excavation, Inc., Mark Allred
- (1) McShane Construction Company, LLC, Marion Simuel, Jr.
- (1) City of Pooler GA, Shannon Kirby
- (1) McShane Construction Company, LLC, Andrew Odom
- (1) McShane Construction Company, LLC, Wayne Deetz

Reviewed By:


William Saussy
Project Manager

Test Methods: ASTM C 31, ASTM C39, ASTM C138, ASTM C143, ASTM C172, ASTM C231, ASTM C1064, ASTM C1231

The tests were performed in general accordance with applicable ASTM, AASHTO, or DOT test methods. This report is exclusively for the use of the client indicated above and shall not be reproduced except in full without the written consent of our company. Test results transmitted herein are only applicable to the actual samples tested at the location(s) referenced and are not necessarily indicative of the properties of other apparently similar or identical materials.



Parc al Pooler	Site Plan: C 3.2	Terracon
	Report Number: ES181156.0172	
Quacco Rd	Technician: Edward Regan	2201 Rowland Ave
Pooler, GA 31322	Date: 04/04/19	Savannah, GA 31404-4434
	Scale: Not to Scale	912-629-4000