



# Federal Emergency Management Agency

Washington, D.C. 20472

January 26, 2006

MR. JOSH HERTENSTEIN  
16799 ST. MARYS RIVER ROAD  
ST. MARYS, OH 45885

CASE NO.: 06-05-0289A  
COMMUNITY: AUGLAIZE COUNTY, OHIO  
(UNINCORPORATED AREAS)  
COMMUNITY NO.: 390761

DEAR MR. HERTENSTEIN:

This is in reference to a request that the Federal Emergency Management Agency (FEMA) determine if the property described in the enclosed document is located within an identified Special Flood Hazard Area, the area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood), on the effective National Flood Insurance Program (NFIP) map. Using the information submitted and the effective NFIP map, our determination is shown on the attached Letter of Map Amendment (LOMA) Determination Document. This determination document provides additional information regarding the effective NFIP map, the legal description of the property and our determination.

Additional documents are enclosed which provide information regarding the subject property and LOMAs. Please see the List of Enclosures below to determine which documents are enclosed. Other attachments specific to this request may be included as referenced in the Determination/Comment document. If you have any questions about this letter or any of the enclosures, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

Sincerely,

A handwritten signature in black ink, appearing to read "Doug Bellomo".

Doug Bellomo, P.E., Chief  
Hazard Identification Section, Mitigation Division

**LIST OF ENCLOSURES:**

LOMA DETERMINATION DOCUMENT (REMOVAL)

cc: State/Commonwealth NFIP Coordinator  
Community Map Repository



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Washington, D.C. 20472

## LETTER OF MAP AMENDMENT DETERMINATION DOCUMENT (REMOVAL)

COMMUNITY AND MAP PANEL INFORMATION		LEGAL PROPERTY DESCRIPTION
COMMUNITY	AUGLAIZE COUNTY, OHIO (Unincorporated Areas)	A portion of Section 22, Township 5 South, Range 4 East, as described in the Joint and Survivorship Deed recorded as Instrument No. 200200006083, in Book 459, Pages 1837 and 1838, in the Office of the Recorder, Auglaize County, Ohio
	COMMUNITY NO.: 390761	
AFFECTED MAP PANEL	NUMBER: 39011C0025C	
	NAME: AUGLAIZE COUNTY, OHIO AND INCORPORATED AREAS	
	DATE: 9/6/1989	
FLOODING SOURCE: ST. MARYS RIVER		APPROXIMATE LATITUDE & LONGITUDE OF PROPERTY: 40.594, -84.387 SOURCE OF LAT & LONG: PRECISION MAPPING STREETS 4.0      DATUM: NAD 83

### DETERMINATION

LOT	BLOCK/ SECTION	SUBDIVISION	STREET	OUTCOME WHAT IS REMOVED FROM THE SFHA	FLOOD ZONE	1% ANNUAL CHANCE FLOOD ELEVATION (NGVD 29)	LOWEST ADJACENT GRADE ELEVATION (NGVD 29)	LOWEST LOT ELEVATION (NGVD 29)
—	—	—	16799 St. Marys River Road	Structure	X (unshaded)	839.0 feet	839.3 feet	—

**Special Flood Hazard Area (SFHA)** - The SFHA is an area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood).

ADDITIONAL CONSIDERATIONS (Please refer to the appropriate section on Attachment 1 for the additional considerations listed below.)

PORTIONS REMAIN IN THE SFHA  
ZONE A

This document provides the Federal Emergency Management Agency's determination regarding a request for a Letter of Map Amendment for the property described above. Using the information submitted and the effective National Flood Insurance Program (NFIP) map, we have determined that the structure(s) on the property(ies) is/are not located in the SFHA, an area inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood). This document amends the effective NFIP map to remove the subject property from the SFHA located on the effective NFIP map; therefore, the Federal mandatory flood insurance requirement does not apply. However, the lender has the option to continue the flood insurance requirement to protect its financial risk on the loan. A Preferred Risk Policy (PRP) is available for buildings located outside the SFHA. Information about the PRP and how one can apply is enclosed.

This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination. If you have any questions about this document, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

  
 Doug Bellomo, P.E., Chief  
 Hazard Identification Section, Mitigation Division



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Washington, D.C. 20472

## LETTER OF MAP AMENDMENT DETERMINATION DOCUMENT (REMOVAL) ATTACHMENT 1 (ADDITIONAL CONSIDERATIONS)

### **PORTIONS OF THE PROPERTY REMAIN IN THE SFHA (This Additional Consideration applies to the preceding 1 Property.)**

Portions of this property, but not the subject of the Determination/Comment document, may remain in the Special Flood Hazard Area. Therefore, any future construction or substantial improvement on the property remains subject to Federal, State/Commonwealth, and local regulations for floodplain management.

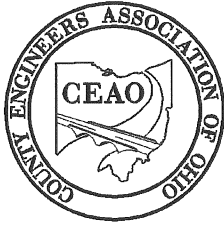
### **ZONE A (This Additional Consideration applies to the preceding 1 Property.)**

The National Flood Insurance Program map affecting this property depicts a Special Flood Hazard Area that was determined using the best flood hazard data available to FEMA, but without performing a detailed engineering analysis. The flood elevation used to make this determination is based on approximate methods and has not been formalized through the standard process for establishing base flood elevations published in the Flood Insurance Study. This flood elevation is subject to change.

This attachment provides additional information regarding this request. If you have any questions about this attachment, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

A handwritten signature in black ink, appearing to read "Doug Bellomo".

Doug Bellomo, P.E., Chief  
Hazard Identification Section, Mitigation Division



## AUGLAIZE COUNTY

### *Engineering Department*

P.O. Box 59  
1014 S. Blackhoof Street  
Wapakoneta, Ohio 45895

TELEPHONE 419-739-6520  
FAX 419-739-6521  
Email: [augcoeng@augcoeng.com](mailto:augcoeng@augcoeng.com)



*Douglas Reinhart*  
COUNTY ENGINEER

December 5, 2005

Federal Emergency Management Agency  
National Flood Insurance Program

In Re: Flood Plain Certification  
: FIRM map # 39011C0025C  
: Case # 06-05-0289A

To Whom It May Concern:

This letter is in response to a request for verifying the 100-year flood elevation at 16799 St. Marys River Rd. The 100-year flood elevation for this site has been set at 839.0 ft. I have included a map showing two bridges in the immediate area and some flood elevation information on these two bridges. Should you need any additional information, feel free to contact us at 419-739-6520.

Sincerely,

Douglas Reinhart, P.E. P.S.  
Auglaize County Engineer  
Auglaize County Flood Plain Coordinator

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2005

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

## SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <b>JOSH &amp; LAURA HERTENSTEIN</b>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>16799 ST. MARYS RIVER ROAD</b>		Policy Number	
CITY <b>ST. MARYS</b>	STATE <b>OHIO</b>	ZIP CODE <b>45885</b>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>4.646 ACRE, Pt. N.W. 1/4, SECTION 22, T-5-S, R-4-E, NOBLE TWP,</b>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <b>RESIDENTIAL</b> <b>AUGLAIZE COUNTY, OHIO</b>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####°)		HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>UNINCORPORATED AREA 390761</b>		B2. COUNTY NAME <b>AUGLAIZE COUNTY</b>		B3. STATE <b>OHIO</b>	
B4. MAP AND PANEL NUMBER <b>39011C0025</b>	B5. SUFFIX <b>C</b>	B6. FIRM INDEX DATE <b>9/6/89</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) <b>A</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>839.0</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

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

## 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.

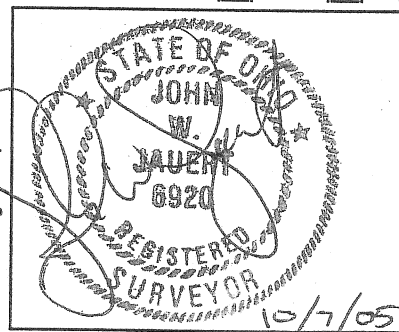
C2. Building Diagram Number **1** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<b>840</b>	<b>2</b>	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<b>841</b>	<b>2</b>	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)			ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<b>840</b>	<b>2</b>	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)			ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<b>839</b>	<b>3</b>	ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<b>839</b>	<b>9</b>	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade			
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h			sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



## 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 in Sections A, B, and C 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.

CERTIFIER'S NAME <b>JOHN W. JAUERT</b>		LICENSE NUMBER <b>OHIO-6920</b>	
TITLE <b>PROFESSIONAL SURVEYOR</b>		COMPANY NAME <b>JAUERT SURVEYING</b>	
ADDRESS <b>1584 MONROE ROAD</b>	CITY <b>WAPAKONETA</b>	STATE <b>OHIO</b>	ZIP CODE <b>45895-7614</b>
SIGNATURE <i>[Signature]</i>	DATE <b>10/7/05</b>	TELEPHONE <b>419-657-6999</b>	

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 16799 ST. MARYS RIVER ROAD		Policy Number
CITY ST. MARYS	STATE OHIO	ZIP CODE 45885
		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 THIS ELEVATION CERTIFICATE IS TO CERTIFY THAT THE EXISTING HOUSE IS ABOVE THE BFE.

☐ Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_\_ ft. (m) \_\_\_\_ in. (cm) \_\_\_\_ above or \_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_\_ ft. (m) \_\_\_\_ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is \_\_\_\_ ft. (m) \_\_\_\_ in. (cm) \_\_\_\_ above or \_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME  
JOHN W. SAUERT FOR JOSH & LAURA WERTENSTEIN

ADDRESS  
1584 MONROE ROAD

CITY  
WAPAKONETA

STATE  
OHIO

ZIP CODE  
45895-7614

SIGNATURE  
[Signature]

DATE  
10/7/05

TELEPHONE  
419-657-6999

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.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building is:		____ ft. (m) Datum: ____
G9. BFE or (in Zone AO) depth of flooding at the building site is:		____ ft. (m) Datum: ____

LOCAL OFFICIAL'S NAME  
COMMUNITY NAME  
SIGNATURE  
COMMENTS

TITLE  
TELEPHONE  
DATE

☐ Check here if attachments