

STATE OF FLORIDA - JOINT HAZARD MITIGATION GRANT PROGRAM & FLOOD MITIGATION ASSISTANCE APPLICATION

THIS SECTION FOR STATE USE ONLY

FEMA-____-DR-FL

- Standard HMGP
- Standard FMA
- 5% Initiative Application
- Initial Submission or
- Application Complete
- Re-Submission

Support Documents

- Conforms w/ State 409 Plan
- In Declared Area
- Statewide

Eligible Applicant

- State or Local Government
- Private Non-Profit (Tax ID Received)
- Recognized Indian Tribe or Tribal Organization

Project Type(s)

- Wind
- Flood
- Other: _____

Community NFIP Status: (Check all that apply)

- Participating Community ID#: _____
- In Good Standing
- Non-Participating
- CRS

Reviewer Phone#: _____

Reviewer Fax#: _____

Reviewer E-Mail: _____

Date Application Received: _____

State Application ID: _____

State Reviewer: _____

Signature: _____

Date: _____

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) and Flood Mitigation Assistance (FMA) proposals. Please complete ALL sections and provide the documents requested. If you require technical assistance with this application, please contact your State Emergency Management Division at (850) 922-5269.

A. To Fill Out This Application: Complete all sections, which correspond with the type of proposed project

- General Application Sections:** pp.1-5: All Applicants must complete these sections
- Environmental Review:** pp. 6-9: All Applicants must complete these sections
- Maintenance Agreement:** p. 10: Any Applications involving public property, public ownership, or management of property
- Acquisition Worksheet:** pp.11-13: Acquisition Projects only -- one worksheet per structure
- Elevation Worksheet:** pp.14-18: Elevation Projects only -- one worksheet per structure
- Drainage Worksheet:** pp. 19-21: Drainage Projects only
- Wind Retrofit Worksheet:** pp. 22-24: Wind retrofit projects only (HMGP only) -- one worksheet per structure
- pp. 25-27: Wind retrofit/shelter projects only (HMGP only) -- one worksheet per structure
- Attachment A:** FEMA Form 90-49 (Request for Public Assistance): All Applicants must complete, if applicable.
- Attachment B:** HMGP/FMA Application Completeness Checklist: All applicants are recommended to complete this checklist

B. Applicant Information

FEMA-Blank-DR-FL

DISASTER NAME: Tropical Storm Fay

Title / Brief Descriptive Project Summary: Flood Mitigation for Thomas Creek, Nassau County, Florida

1. Applicant (Organization): Nassau County, Florida
2. Applicant Type:
 - State or Local Government
 - Recognized Native American Tribe
 - Private Non-Profit
3. County: Nassau County, Florida
4. State Legislative District: House-12th, Senate 5th Congressional District(s): 4th
5. Federal Tax I.D. Number: 85-8012559204C-5
6. FIPS Code: 12089
7. National Flood Insurance Program (NFIP) Community Identification Number (this number can be obtained from the FIRM map for your area): 120170
- NFIP Community Rating System Class Number (FMA ONLY):
8. NFIP Last Community Assistance Visit Date (FMA ONLY): _____
10. Attach proof of current Flood Insurance Policy (FMA only). Flood Insurance Policy Number:

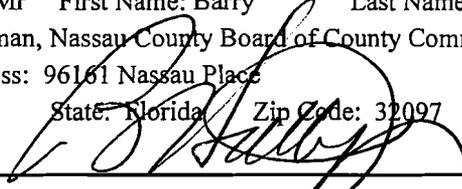
**STATE OF FLORIDA - JOINT HAZARD MITIGATION GRANT PROGRAM &
FLOOD MITIGATION ASSISTANCE APPLICATION**

11. Point of Contact

Mr. First name: James Last Name: Rowland
Title: Engineer III, Engineering Services, Nassau County, Florida
Street Address: 96161 Nassau Place
City: Yulee State: Florida Zip Code: 32097
Telephone: 904-491-7330 Fax: 904-491-3611
Email Address (if available): rrowland@nassaucountyfl.com

12. Application Prepared by: Mr. First Name: James Last: Rowland
Title: Engineer III, Engineering Services Telephone: 904-491-7330 Fax: 904-491-3611

13. Authorized Applicant Agent (proof of authorization authority required)

Mr First Name: Barry Last Name: Holloway
Title: Chairman, Nassau County Board of County Commissioners Telephone: 904-491-7380 Fax: 904-491-3611
Street Address: 96161 Nassau Place
City: Yulee State: Florida Zip Code: 32097
Signature:  Date: 3-23-09

- 14.** All proposed projects should be included in the county's Local Mitigation Strategy (LMS).
Attach is a letter of endorsement for the project from the county's Local Mitigation Strategy Coordinator. Yes
- 15.** Has this project been submitted under a previous disaster event? NO

Section I. Project Description

A. Hazards to be Mitigated / Level of Protection

1. Select the type of hazards the proposed project will mitigate:
 Flood Wind Storm surge Other (list): _____
2. Identify the type of proposed project:
 Elevation and retrofitting of residential or non-residential structure
 Acquisition and relocation Acquisition and demolition
 Wind retrofit Minor drainage project that reduces localized flooding
 Other (please explain) _____
3. List the total number of persons that will be protected by the proposed project: 120
4. Fill in the level of protection and the magnitude of event the proposed project will mitigate.
(e.g. structures protected against the 100-year (1%) flood)

33 structure(s) protected against the 100 -year Flood (10, 25, 50, 100, or 500 year)

_____ structure(s) protected against _____ mile per hour (mph) winds
5. **Engineered projects only** (e.g. Drainage Improvements, Erosion Control or other special project types. (Other special project types include drainage and other engineered projects. These projects are unlike acquisition, elevation or wind retrofits/shutters.)) Attach to this page **ALL** engineering calculations and design plans used to determine the above level of protection.
6. Project will provide protection against the hazard(s) above for 100 years (i.e., what is the useful life of the project)

B. Project Description, Scope of Work, and Protection Provided (Must be Completed in Detail)

Describe, in detail, the existing problem, the proposed project, and the scope of work. Explain how the proposed project will *solve* the problem(s) and provide the level(s) of protection described in Part A. Also, if available, attach a vendor's estimate and/or a contractor's bid for the scope of work. **Please ensure that each proposed project is mitigation and not maintenance.**

Description of the existing problems- Thomas Creek has become overgrown with heavy timber and under bush over the last 20-30 years. This growth has had the effect of clogging the natural drainage channel and retarding storm water runoff. The effect is to prevent the natural discharge of accumulated storm water from flowing downstream and causing flooding in an area on both sides of Lem Turner Blvd and upstream to Thompson Creek Road.

Describe the type(s) of protection that the proposed project will provide- By removing the large trees from a critical portion of the creek, the natural drainage way will be reopened and normal runoff restored. This will allow storm water runoff to drain naturally and eliminate the flooding problem. It is expected that removing the large trees will also clear many small scrubs and bushes in the process without causing any damage to the stream ecology.

Scope of Work (describe in detail, what you are planning to do)-Project involves building two access roads to Thomas Creek and then removing large trees from about one mile of the creek. Since tree density must be estimated, it is possible that the amount of creek to be treated maybe larger or smaller than one mile. While the project is for one mile of creek, the actual distance in which occurs may extend to 1 1/5 miles. The proposed work is not continuous as there are some open spots in the creek that will not require mediation.

Describe any other on-going or proposed projects in the area that may impact, positively or negatively the proposed HMGP or FMA project-There are no other projects known that would affect this project either negatively or positively

Section II. Project Location (Fully describe the location of the proposed project.)

A. Site

1. Describe the physical location of this project, including street numbers (or neighborhoods) and zip codes; and if available, please provide precise longitude and latitude coordinates for the site utilizing a hand-held global positioning system (GPS) unit or the equivalent: Center of project is at Latitude 30 degrees 31 minutes, Longitude is -81 degrees, 46 minutes
2. Title Holder: various landowners, but creek is in state jurisdiction by statute
3. Is the project site seaward of the Coastal Construction Control Line (CCCL)? No
4. Provide the number of each structure type (listed below) in the project area that will be affected by the project. That is, *all* structures in project area.

<input checked="" type="checkbox"/> Residential property: 42	<input type="checkbox"/> Businesses/commercial property: _____
<input type="checkbox"/> Public buildings: _____	<input checked="" type="checkbox"/> Schools/hospitals/houses of worship: 1
<input type="checkbox"/> Other: _____	

B. Flood Insurance Rate Map (FIRM) showing Project Site

<p>X Attach two (2) copies of the FIRM map, a copy of the panel information from the FIRM, and, if available, the Floodway Map. FIRM maps are required for this application (if published for your area). Also, all attached maps must have the project site and structures clearly marked on the map. FIRMs are typically available from your local floodplain administrator who may be located in a planning, zoning, or engineering office. Maps can also be ordered from the Map Service Center at 1-800-358-9616. For more information about FIRMs, contact your local agencies or visit the FIRM site on the FEMA Web-page at http://www.fema.gov/home/MSR/hardcopy.htm</p>	
<p>Using the FIRM, determine the flood zone(s) of the project site (Check all zones in the project area). (see FIRM legend for flood zone explanations) (A Zone must be identified)</p>	
<input type="checkbox"/> VE or V 1-30	<input type="checkbox"/> AE or A 1-30
<input type="checkbox"/> AO or AH	<input checked="" type="checkbox"/> A (no base flood elevation given)
<input type="checkbox"/> B or X (shaded)	<input type="checkbox"/> C or X (unshaded)
<input type="checkbox"/> Floodway	
<input type="checkbox"/> Coastal Barrier Resource Act (CBRA) Zone (Federal regulations strictly limit Federal funding for projects in	

this Zone; please coordinate with your state agency before submitting an application for a CBRA Zone project).

- If the FIRM Map for your area is not published, please attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures clearly marked on the map.

C. City or County Map with Project Site and Photographs

- X Attach a copy of a city or county scale map (large enough to show the entire project area) with the project site and structures marked on the map.
- X Attach a USGS 1:24,000 TOPO map with project site *clearly* marked on the map.
- For **acquisition** or **elevation** projects, include copy of Parcel Map (Tax Map, Property Identification Map, etc.) showing each property to be acquired. The map should include the Tax ID numbers for each parcel, if possible.
- X Attach photographs (at a minimum 2 photographs) for each project site per application. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc. and drainage areas, which affect the site or will be affected by the project. For each structure, please include the following angles: front, back and both sides.

Section III. Budget/Costs

In this section, provide details of all the estimated costs of the project. As this information is used for the Benefit-Cost Analysis, reasonable cost estimates are essential. Since project administrative costs are calculated on a sliding scale, *do not* include them in the budget. Also, *do not* include contingency costs in the budget. *Avoid the use of lump sum costs.*

A. Materials

<i>Item</i>	<i>Dimension</i>	<i>Quantity</i>	<i>Cost per Unit</i>	<i>Cost</i>
Gravel	2200 feet by 20 feet	1564 cubic yds	\$18/cubic yd	\$28,152
Gravel	30 feet by 30 feet	66 cubic yds	\$18/cubic yd	\$ 1,188
Cattle gate, posts, brackets, locks		2	\$1500 each	\$ 3,000
Fill dirt	2200 feet by 30 feet	2,440 cubic yds	\$18 /cubic yd	\$ 43,920
Gasoline			Lump sum	\$ 3,000
Misc tools			Lump sum	\$ 5,000

B. Labor (Include equipment costs -- please indicate all "soft" or in-kind matches)

<i>Description</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>
Labor, clearing trees	3566	\$20/hour	\$ 71,320
Dozer & operator, clearing	40	\$150/ hour	\$ 6,000
Barge & operator	841	\$150/hour	\$126,240
Backhoe & operator	841	\$112.5/ hour	\$ 94,612
Truck to haul debris	841	\$112.5/ hour	\$ 94,612
Truck with winch	841	\$ 100/hour	\$ 84,100

C. Fees Paid Include any other costs associated with the project.

<i>Description of Task</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>
Miscellaneous fees		Lump sum	\$ 2,000
Legal opinions (county attorney)		Lump sum	\$ 4,000
Administration and inspection (county)		Lump sum	\$14,000

Total Estimated Project Cost \$581,144

D. Funding Sources (round figures to the nearest dollar)

The maximum FEMA share for HMGP/FMA projects is 75%. The other 25% can be made up of State and Local funds as well as in-kind services. Moreover, the FMA program requires that the maximum in-kind match be no more than 12.5% of the total project costs. HMGP/FMA funds may be packaged with other Federal funds, but other Federal funds (except for Federal funds which lose their Federal identity at the State level - such as CDBG, ARS, HOME) may not be used for the State or Local match.

<i>Estimated FEMA Share</i>	\$435,858	75% of Total (maximum of 75%)
 <i>Non-Federal Share</i>		
Estimated Local Share	\$131,286	22.5% of Total (Cash)
	\$14,000	2.5% of Total (In-kind*)
	\$581,144	100% of Total (Project Global Match**)
 <i>Other Agency Share</i>	 \$ _____	 _____ % of Total

(Identify Other Non-Federal Agency and availability date: _____)

Total Funding sources from above \$581,144 **100Total %** (should equal 100%)

*Identify proposed eligible activities directly related to project to be considered for In-kind services. (Note on Page 4 Section B)
 **Separate project application must be submitted for each project (Global) Match project.

E. Project Milestones/Schedule of Work

List the major milestones in this project by providing an estimated time-line for the critical activities not to exceed a period of 3 years for performance. (e.g. *Designing, Engineering, Permitting, etc.*)

Milestone Number of Days to Complete

Acceptance of grant awards	10 days
Installation of short access road	60 days
Installation of long access road	90 days
Clearing of first quarter mile of creek	180 days
Clearing of 1/2 mile of creek	270 days
Clearing of 3/4 mile of creek	360 days
Clearing of one mile of creek	420 days

Section IV. Environmental Review and Historic Preservation Compliance

(NOTE: This application cannot be processed if this section is not completed.)

Because the HMGP/FMA are federally funded programs, all projects are required to undergo an environmental and historic preservation review as part of the grant application process. Moreover, all projects must comply with the National Environmental Policy Act (NEPA) and associated Federal, State, Tribal, and Local statutes to obtain funding. **NO WORK can be done prior to the NEPA review process. If work is done on your proposed project before the NEPA review is completed, it will NOT be eligible for Federal funding.**

1. The following information is required for the Environmental and Historic Preservation review:

All projects must have adequate documentation to determine if the proposed project complies with NEPA and associated statutes. The State Environmental Staff provide comprehensive NEPA technical assistance for Applicants, with their consent, to complete the NEPA review. The type and quantity of NEPA documents required to make this determination varies depending upon the project's size, location, and complexity. However, at a minimum, please provide the applicable documentation from this section to facilitate the NEPA compliance process.

- X Detailed project description, scope of work, and budget/costs (Section I (p. 2) and Section III (p. 5) of this application).
- X Project area maps (Section II, part B & C of this application (pp. 3-4)).
- X Project area/structure photographs (Section II, part C of this application (p. 4)).
- Preliminary project plans.
- X Project alternatives description and impacts (Section IV of the application (pp. 6-8)).
- X Please complete the applicable project worksheets. Dates of construction are required for all structures.
- Provide any applicable information or documentation referenced on the *Information and Documentation Requirements by Project Type* (page 9 of this application).

2. Alternative Actions

The NEPA process requires that at least two alternative actions be considered that address the same problem/issue as the proposed project. In this section, list **two feasible** alternative projects to mitigate the hazards faced in the project area. One alternative is the "No Action Alternative".

1. No Action Alternative

Discuss the impacts on the project area if no action is taken.

Flooding will continue to occur during very heavy rains and both existing houses and roads would be repeatedly damaged. Property values would drop because of the danger. It is expected that, over time, the blockages in the creek would become worse, thereby increasing the number and duration of flooding in future years.

**Section IV. Environmental Review;
continued**

Alternative Actions,

(NOTE: This application CANNOT be processed if this section is not completed.)

2. Other Feasible Alternative

Discuss a feasible alternative to the proposed project. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Complete *all* of parts **a-e** (below) and include engineering details (if applicable).

a. Project Description for the Alternative

Describe, in detail, the alternative project. Also, explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s).

An alternative would be to elevate all houses in danger of flooding and also the affected roads so as to place these roads and structures above the highest anticipated floods.

b. Project Location of the Alternative (describe briefly)

- Attach a map or diagram showing the alternative site in relation to the proposed project site
- Photographs (2 copies) of alternative site

c. Scope of Work for Alternative Project

Section IV.

Environmental Review;

Alternative Actions, continued

d. Impacts of Alternative Project

Filling in of a large area would by necessity have a stronger affect on wildlife and the hydraulic conditions in the creek. Filling is such a large area cold possibly shift possible flood damage upstream or down stream because of the loss of flood storage capacity. There are no known endangered species or hazardous material in the area.

Below, discuss the impact of this alternative on the project area. Include comments on these issues as appropriate: Environmental Justice, Endangered Species, Wetlands, Hydrology (Upstream and Downstream surface water Impacts), Floodplain/Floodway, Historic Preservation and Hazardous Materials.

e. Estimated Budget/Costs for Alternative Project

In this section, provide details of all the estimated costs of the alternative project (round figures to the nearest dollar). A lump sum budget is acceptable.

1. Materials

<i>Item</i>	<i>Dimension</i>	<i>Quantity</i>	<i>Cost per Unit</i>	<i>Cost</i>
Existing homes		42	\$50,000/ house	\$ 2,100,000
Streets		10,000 feet	\$500/ linear foot	\$ 5,000,000
Elevate church		1	\$ 150,000	\$ 150,000
Supervision @ legal			\$ 200,000	\$ 200,000

2. Labor (Include equipment costs -- please indicate all "soft" or in-kind matches)

<i>Description</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>

3. Fees Paid Include any other costs associated with the project.

<i>Description of Task</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>

Total Estimated Project Cost \$ 7,450,000

HMGP/FMA ENVIRONMENTAL REVIEW
Information and Documentation Requirements by Project Type

Retrofits to Existing Facilities/Structures
Elevations
Acquisitions with Demolition

- ✓ Dates of Construction
- ✓ Concurrence from State Historic Preservation Officer if structure is 50 years or older or if work to be done is outside the existing footprint.

Drainage Improvements

- ✓ Engineering plans/drawings
- ✓ Permit or Exemption letter to address any modifications to water bodies and wetlands
 - Department of Environmental Protection
 - Water Management District
 - U.S. Army Corps of Engineers
- ✓ Letter from State Historic Preservation Office addressing archeological impacts.
- ✓ Concurrence from U.S. Fish and Wildlife addressing any impacts to wildlife, particularly endangered and threatened species and their habitats.
- ✓ If the project is in coastal area, attach a letter from the National Marine Fisheries Service addressing impacts to marine resources.
- ✓ Concurrence from Natural Resource Conservation Service if project is located outside city limits and may impact prime or unique farmland.

Note: This is a general guideline for most projects. However, there will be exceptions. Consult with environmental staff on project types not listed.

Section V. Maintenance Agreement

All applicants whose proposed project involves the retrofit or modification of existing public property or whose proposed project would result in the public ownership or management of property, structures, or facilities, must first sign the following agreement prior to submitting their application to FEMA.

(NOTE: Those applicants whose project only involves the retrofitting, elevation, or other modification to private property where the ownership will remain private after project completion DO NOT have to complete this form.)

The County of Nassau, State of Florida, hereby agrees that

(City, Town, County)

if it receives any Federal aid as a result of the attached project application, it will accept responsibility, at its own expense if necessary, for the **routine** maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid. Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts, and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth.

The purpose of this agreement is to make clear the Subgrantee's maintenance responsibilities following project award and to show the Subgrantee's acceptance of these responsibilities. It does not replace, supercede, or add to any other maintenance responsibilities imposed by Federal law or regulation and which are in force on the date of project award.

Signed by Barry Holloway, the duly authorized representative
(printed or typed name of signing official)

Chairman, Nassau County Board of County Commissioners,
(title)

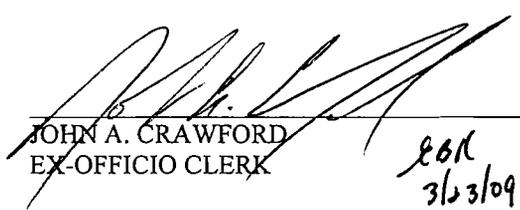
this 23rd (day) of March (month), 2009 (year).

Signature* _____



***Please note: The above signature must be by an individual with legal signing authority for the respective local government or county (e.g., the Chairperson, Board of County Commissioners or the County Manager, etc.)**

ATTESTATION: ONLY TO AUTHENTICITY
AS TO CHAIRMAN'S SIGNATURE:



JOHN A. CRAWFORD
EX-OFFICIO CLERK

EBK
3/23/09

Drainage and Other Special Project Type Worksheet

(Other special project types include drainage and other engineered projects. These projects are unlike acquisitions, elevations or wind retrofits (shutters)).

Municipality/County: Nassau County, Florida

Project Title: Flood Mitigation in Thomas Creek

Please fill out this worksheet completely. Note: The required information is necessary for the completion of the application process and the technical and engineering review.

1. Attach a Flood Insurance Rate Map (FIRM) and indicate the project area. Make sure the Community Identification Number is displayed on the front of the map.
2. Attach a City or County Scale Map and identify the entire project area. Provide detailed address and decimal coordinates (latitude, longitude) of project location. Map is attached and Exhibit B attached contains the latitude and longitude for each affected house
3. Attach a topographical map of the study area. Included
4. Is a Flood Insurance Study of the Area Available? Yes No

What is the Community Name? Nassau County

What is the Community Number? 120170

What is the FIS publication date? 1988

5. How many structures within the study area were flooded? 33

(a) Attach a copy of the County Property Appraiser Report for each structure, including address. See Exhibit A

Note: A current Uniform Residential Appraisal Report, current Realtor Summary Appraisal, RS Means Cost Estimate or Marshall & Swift cost estimate are also acceptable supporting documentation.

Indicate the first floor elevation of each structure with Elevation Certificate as supporting documentation. (or Survey) See Exhibit A

(b) What was the depth of flooding inside each structure (inches and/or feet) per storm event? See Exhibit A

(c) How long (hours and/or days) was each structure flooded? Seven days

(d) Please provide an annual maintenance cost for the drainage improvement solution. \$10,000

Note: Although FEMA does not fund the maintenance of a project; this cost is needed for the benefit cost analysis and the performance of the drainage improvement system.

6. How many structures within the study area experienced yard flooding only? Estimated additional 25 homes had yard flooding only. No damages have been reported yet.

(a) Attach a copy of the County Property Appraiser Report for each structure including address. No reports were prepared for yard flooding

Note: A current Uniform Residential Appraisal Report, current Realtor Summary Appraisal, RS Means Cost Estimate or Marshall & Swift cost estimate are also acceptable supporting documentation.

7. Frequency of Event: Provide specific day, month and year per flooding event for each structure.

Based on 14 inches of rain in 24 hours, the 7 day flood frequency for all houses would be a 50 year rain event.
(Ref: Appendix B, FDOT Drainage Handbook)

Drainage and Other Special Project Type Worksheet continued

8. Provide the dollar amount for each insured flooded structure (Proof of loss includes National Insurance Claims, etc...).
9. See Exhibit A

List the roads within the study area that were closed due to flooding, and how many days closed. Provide the number of one-way traffic trips per road and indicate the detour or delay time per one-way trip (in hours.) See Exhibit C

Note: Data from the Department of Transportation, Public Works Division, or any other credited source is acceptable.

10. Was any Non Profit/Public Facility affected by flooding? Yes One church was slightly flooded
If yes: Indicate the name of the Non Profit/Public Facility that could not provide services due to flooding.

11. What is the Annual Operating Budget Amount for each facility or facilities mentioned above?

Note: Do not include maintenance cost within the Annual Operating Budget.

N/A

12. Provide photographs of the damaged properties and areas.

13. Have preliminary plans for the drainage improvement project been completed? If yes, a copy should be submitted.
No, proposed work is remedial and does not require plans

14. Have final approved plans and/or final hydrology/hydraulic studies from a professional engineer or consultant for the proposed drainage improvement project been completed?

Yes X No

If yes, provide final plans and/or hydrology/hydraulic study. (It can include Flood Modeling).

Name of the consulting firm: Ayres Associates, prepared for U.S. Army Corp of Engineers in 1999

Project engineer name: Unknown

Telephone: 904-260-6288

15. Provide an estimated project budget with cost break down by line item. A Summary Report from the consultant or Professional Engineer describing the problem and the proposed solution with the necessary supporting Engineering Calculations for the project/solution. The report should also certify the level of protection and the magnitude of event the completed scope of work will mitigate. (Example: 40 homes will be protected against a 100 Year Flood Event.) Finally, the report should provide an estimate of damages that is anticipated for events beyond the mitigation efforts. (Example: The 40 homes can anticipate 15% structural damages for 250 Year Event and 30% structural damages for a 500 Year Flood Event). Provide a letter from the consultant or Professional Engineer indicating the design period the new drainage improvement system was designed for.

16. If you do not have preliminary nor final plans and studies, do you want to phase the project?

Yes No X

Drainage and Other Special Project Type Worksheet continued

17. ADDITIONAL STORM DAMAGES CAUSED BY FLOODING:

List the amount of damages (in dollars) caused by flooding per road. \$ 75,005.44
(i.e. washout materials, culvert damages, pipe damages)

List the cost incurred due to emergency measures. \$ 50,000 (estimated)

List the dollar figures for debris removal within the effected? Included in road damage amount

How many days was the community without power? _____

Did the community lose potable water service? Yes No X If yes, provide community population with Census Statistics data as supporting documentation.

How many days the community was without potable water services?

1 day 2 days 3 days _____ days

How many days the community was without wastewater treatment services? If yes, provide community population with Census Statistics data as supporting documentation.

1 day 2 days 3 days _____ days

18. Please attach any documentation for other indirect damages caused by flooding and the dates of flooding within the project area. (i.e. Lost wages, police department overtime wages, public works clean up crews overtime wages, cost incurred on clearance of vehicles and other disaster-related materials, damages to electric panels in pumping facilities, levees breaches and damaged equipments).
19. Provide a list of Avoidable Damages and the flood frequency on which these damages will be avoided. The flood frequency for avoidable damages must be justified by engineering drainage studies. Houses and roads listed in application will not be flooded in future.
20. Letter of Map Revision (LOMR) may be needed for this project. Any changes to the FIRM need to be reflected on the flood maps, which is accomplished through the LOMR process. The construction of this project may lower the 100-year flood elevation and thus, possibly lower the flood insurance rates for structures in the project area. If the LOMR process is applicable to the proposed project, please contact the Department for assistance at (850) 922-5269, Department of Community Affairs, Division of Emergency Management. N/A

FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR PUBLIC ASSISTANCE

O.M.B. No. 3067-0151
 Expires April 30, 2001

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). **NOTE:** Do not send your completed form to this address.

APPLICANT *(Political subdivision or eligible applicant.)*
 Nassau County, Florida

DATE SUBMITTED
 April 23, 2009

COUNTY *(Location of Damages. If located in multiple counties, please indicate.)*
 Nassau county, Florida

APPLICANT PHYSICAL LOCATION

STREET ADDRESS
 96161 Nassau Place

CITY
 Yulee

COUNTY
 Nassau

STATE
 FL

ZIP CODE
 32097

MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS

POST OFFICE BOX

CITY

STATE

ZIP CODE

Primary Contact/Applicant's Authorized Agent

Alternate Contact

NAME
 Barry Holloway

NAME
 james Rowland

TITLE
 Board of County Commissioners

TITLE
 Engineer III

BUSINESS PHONE
 904-879-3230

BUSINESS PHONE
 904-491-7330

FAX NUMBER
 904-491-3611

FAX NUMBER
 904-491-3611

HOME PHONE (Optional)

HOME PHONE (Optional)

CELL PHONE

CELL PHONE

E-MAIL ADDRESS

E-MAIL ADDRESS
 rowland@nassaucountyfl.com

PAGER & PIN NUMBER

PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? Yes No

Private Non-Profit Organization? Yes No

If yes, which of the facilities below best describe your organization? _____

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

Official Use Only: FEMA- _____ -DR- _____ - _____ FIPS # _____ Date Received: _____

Joint HMGP/FMA Application Completeness Checklist

This checklist contains an explanation, example and/or reference for information requested in the application. Please use this checklist to assure your application is complete and includes the required information for HMGP projects. The appropriate documentation must also be attached. It is important to note that this checklist is similar to the form that will be used during the application sufficiency review by the HMGP staff.

Project Title: _____ Flood mitigation in Thomas Creek, Nassau County, Florida

Applicant: Nassau County, Florida

Requirements	Explanation of Information Required	[]
Title/Brief Descriptive Project Summary	The project title should include: 1) Name of Applicant, 2) Name of Project, 3) Type of Project - For example - City of Florida City Hall Wind Retrofit	✓
1. Applicant	Name of organization applying, must be an eligible applicant.	
2. Applicant Type	State or local government, recognized Native American tribe, or private non-profit organization. If private non-profit, please attach documentation showing legal status as a 501(C) (Example - IRS letter, Tax Exempt Certificate).	✓
3. County	Indicate county in which the project is located.	✓
4. State Legislative & Congressional District(s)	Specify the appropriate State Senate, House and Congressional District code for the project site. For multiple sites, please list codes for each site. http://election.dos.state.fl.us/county/index.shtml	✓
5. Federal Tax I.D. Number	List the FEIN number. May be obtained from your finance/accounting department.	✓
6. FIPS Code	List the FIPS Code. May be obtained from your finance/accounting/grants department. If none, please submit FEMA Form 90-49.	✓
7. NFIP ID Number	List the NFIP number. You must be a participating NFIP member to be eligible for HMGP funding. Please make sure that the number is the same as the panel number on the FIRM provided with the application.	✓
8. NFIP CRS	Applicable to FMA only.	
9. NFIP Last CA Visit	Applicable to FMA only.	
10. Proof of NFIP Coverage	Applicable to FMA only.	
11. Point of Contact	Please provide all pertinent information for the point of contact. If this information changes once the application is submitted, please contact the HMGP staff immediately.	✓
12. Application Prepared By	Please provide the preparer information. May be different from the point of contact (line 11) and/or the applicant's agent (line 13).	✓
13. Authorized Applicant Agent	An authorized agent must sign the application. <i>"An authorized agent is the chief elected official of a local government has signature authority, so for a county it would be the Chairman of the Board of County Commissioners and for a municipality it would be the Mayor (the exact title sometimes varies). Any local government may delegate this authority to a subordinate official (like a City or county Manager) by resolution of the governing body (the Board of County Commissioners or Board of City Commissioners). If a local government delegate's signature authority, a copy of the resolution by the governing body authorizing the signature authority for the individual signing must be provided."</i>	✓
14. LMS Letter	A letter of endorsement for the project and its priority number from the Local Mitigation Strategy must be included. Refer to Sample LMS Letter . Applications without a letter of endorsement will not be processed.	✓

Section I - Project Description

A. Hazards to be Mitigated/Level of Protection

1. Type of Hazards the Proposed Project will Mitigate:	Please identify the hazard(s) that the proposed project will mitigate. More than one hazard may be selected.	✓
2. Identify the Type of Proposed Project	What type of mitigation project is being proposed?	✓
3. Number of Persons Protected	Explain how many people will be protected by or benefit from the proposed project.	✓
4. Level of protection	Specify the level of protection and magnitude of the event the proposed project will mitigate. Attach support documentation that verifies the stated level of protection. For example, in a wind retrofit project, the product specifications should include product test results or a signed and sealed letter from a professional engineer.	✓
5. Engineered Projects only (e.g. Drainage)	Include engineering calculations and designs for the proposed project (<i>for engineered projects only</i>).	
6. Life of the project	What is the useful life of this project? (FEMA standard values are: infrastructure, 50; elevation, 30; wind, 15; acquisition, 100) If these values are not used, please attach support documentation as a justification of the value entered. For example, in a wind retrofit project, the product specifications should include product life.	✓

B. Project Description, Scope of Work, and Protection Provided (Must be Completed in Detail)

Existing Problem	Describe the existing problem, location, source of the hazard and the history and extent of the damage. Include newspaper articles, insurance documentation, etc. If this project is eligible for PA (406) mitigation activities, please describe the 406 activities.	✓
Type of Protection	How will the funding solve the existing problem and provide protection?	✓
Scope of Work: What the project proposes to do.	What is the work to be done? The scope of work must meet eligibility based on HMGP regulations and guidance. Explain how the proposed problem will be solved. (NOTE: The proposed project must be mitigation-- not maintenance.) <i>Does the proposed project solve a problem independently or constitute a functional part of a solution where there is assurance that the project as a whole will be completed (44 CFR 206.434(b)(4))?</i> <i>Does the proposed project address a problem that has been repetitive or that poses a significant risk to public health and safety if left unresolved (44 CFR 206.434(b)(5)(i))?</i> See Model Scope of Work Language in HMGP Application Desk Reference. Generators should not be included in the scope of work.	✓
On-going or proposed projects in the area.	Are other projects, zoning changes, etc. planned (especially in the same watershed if the flooding is being addressed) that may negatively or positively impact the proposed project? If there is a drainage project or downstream issues elsewhere, it may negate the flooding issue, eliminating the need for a flooding project. Yes/No or unknown with explanation if yes. Response applies to drainage and acquisition projects and N/A is appropriate in wind retrofit shutter projects only. If this project is also being considered under the Public Assistance Program (406), please describe in detail the 406 mitigation activities and/or services. Do not include project costs associated with the above referenced HMGP application.	✓

Section II - Project Location

A. Site

1. Physical Location	What is the physical location of the project site(s) including the street number(s), zip codes(s) and GPS coordinates (latitude/longitude). The physical address must correspond with the address locations specified on maps submitted with the application.	✓
2. Title Holder	Provide the titleholder's name.	✓
3. Project seaward of the CCCL?	Is the project site located seaward of the Coastal Construction Control Line?	✓
4. Number of structures types affected	Specify the number and type of properties affected by the project. Example: Drainage project that affects 100 homes, 15 businesses and 2 schools. What does the project protect? Should have a number next to the box that is checked see Section I, Item 4.	✓

B. Flood Insurance Rate Map (FIRM) showing Project Site

1. Copies of FIRM	Attach a copy (or copies) of the FIRM and clearly identify the project site. The FIRM Panel number must be included. To obtain a FIRM map, go to http://www.store.msc.fema.gov/ . See instructions on How to make a FIRMette.	✓
2. Flood Zone Determination	Specify the flood zone(s) of the project site(s).	✓
3. FHBM	Not required if a copy of the FIRM is attached.	

Note: All maps must be linked to the application.

C. City or County Map with Project Site and Photographs

1. City/County Map with Project Site	The project site should be clearly marked on a legible City/County map. The map should be large enough to show the project site. More than one map may be required.	✓
2. USGS TOPO with Project Site	The project site should be clearly marked on a legible USGS 1:24,000 TOPO map. To obtain a TOPO map, go to www.topozone.com .	✓
3. Parcel/Tax Map	A Parcel, Tax or Property Identification map is required <u>only</u> for acquisition and elevation projects. The location of the structure must be clearly identified.	
4. Site Photograph	At least two sets of photographs are required which clearly identify the project site. The photos must be representative of the project area, including any relevant streams, creeks, rivers, etc. and drainage areas, which affect the project site or will be affected by the project. The front, back and both side angles are required for each structure. For acquisition and elevation projects, a photo taken away from the structure (front, toward the street and back, toward backyard) to show the area should also be provided. Please label photographs appropriately. In addition, CDs may be submitted.	✓

Note: All maps must be linked to the application.

Section III - Budget/Costs

Please make sure all calculations are correct. Provide a breakdown of materials, labor and fees paid for the proposed project. Support documentation must be attached, i.e. vendor's quote, professional estimate (from engineer, architect, local building official, etc.). The proposed budget line items should represent allowable costs associated with the scope of work. It is important to complete this section; it will be used for the Benefit/Cost Analysis (BCA). Costs should be accurate, complete and reasonable compared to industry standards.

A. Materials	How much do the materials costs?	
B. Labor	Provide a breakdown of description, hours, rate, and cost or lump sum labor cost. Can use "in-kind" contribution as part of the 25% match. (Attach support documentation for in-kind match to detail wages and salaries charged for any in-kind contribution. No overtime wages can be used to satisfy "in-kind" match contributions).	✓
C. Fees Paid	Provide a breakdown of associated fees i.e., consultants, studies, engineering, permits. Maintenance is not an allowable cost under HMGP. <i>Pre-award costs may be requested (See Pre-award Costs guidance).</i>	✓
Total Estimated Project Cost	Please make sure all calculations are correct. This figure should be the same as the figure for total funding.	✓

D. Funding Sources (round figures to the nearest dollar)

The proposed sources of non-federal matching funds must meet eligibility requirements. (Except as provided by Federal statute, a cost sharing or matching requirement may not be met by costs borne by another Federal grant.) 44 CFR 13.24 (b)(1).

Estimated FEMA Share	The estimated FEMA share is generally 75%. If the FEMA share is not 75%, assure actual amount is entered. It could be 50% or 35%, etc. of the total dollar amount of project depending on county allocation and LMS priority. This figure cannot exceed 75%.	✓
Estimated Local Share	May include all 3 sources, i.e. cash, "in kind" and global match, as long as the total is a minimum of 25%. Match cannot be derived from a federal agency except Federal funds that lose their federal identity. For example, CDBG funds.	✓
Total In-Kind	May use materials, personnel, equipment, and supplies owned, controlled and operated from within governing jurisdiction as an in-kind match. <i>Third party in-kind contributions would be volunteer services, employee services from other organizations furnished free of charge, donated supplies and loaned equipment or space. The value placed on these resources must be at a fair market value and must be documented. If in-kind is claimed from outside the applicant jurisdiction, it must be cash only.</i>	
Total Project (Global) Match	Project (global) match must 1) be a project funded 100% within the county; 2) meet all the eligibility requirements of HMGP and 3) begin after the declaration date of the disaster. A separate HMGP application must be submitted for global match projects. Indicate which project(s) will be matched. <i>The global match is not required to be an identical project. Projects submitted, as global match for another project, must meet the same period of performance time constraints as HMGP program.</i>	
Total Funding	Total must represent (100%) of the total estimated project cost.	✓

E. Project Milestones/Schedule of Work

Milestones (Schedule)	Identify the major milestones in the proposed project and provide an estimated time-line (e.g. <i>Designing, Engineering – 3 months, Permitting – 6 months, Procurement – 30 days, Installation – 6 months, Contracting – 1 month, Delays, Project Implementation, Inspections, Closeout, etc., See Sample Project Milestones for estimated time-frames</i>) for the critical activities not to exceed a period of 3 years for performance. Milestones should not be grouped together but listed individually. If the project is approved, there will only be one extension allowed, regardless of justification. Please allot for the appropriate amount of time.	✓
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Section IV - Environmental Review & Historic Preservation Compliance

No work can begin prior to the completion of the environmental (NEPA) review. In order for the Environmental staff to conduct the NEPA review, all sections listed below must be completed.

Detailed project description, scope of work & budget/costs	Complete Sections I & III of the application.	✓
Project area maps	Complete Sections II, part B & C of the application.	✓
Project area/structure photographs	Complete Section II, Part C of the application.	✓
Preliminary project plans	For shutters see the scope of work and for drainage & elevation see engineering drawings.	✓
Project alternatives description and impacts	See Section IV of the application.	✓
Project worksheets – Dates of construction required on all projects	Dates of construction are required for all structures. See worksheets.	
Documentation requirements by project type	Please provide any of the required documentation as listed on page 9 in the Information and Documentation Requirements by Project Type that may have already been obtained.	✓

Alternative Actions

1. No Action Alternative	Please discuss the impacts on the project area if no action is taken.	✓
2. Other Feasible Alternative Action		
Has the proposed project been determined to be the most practical, effective and environmentally sound alternative after consideration of a range of options (44 CFR 206.434(b)(5)(iii))?		
a. Project Description for the Alternative	NEPA requires that at least three alternatives must be presented to mitigate the problem. In addition to the proposed action and no action, one other feasible alternative must be provided. If the proposed action is ineligible, what is another feasible alternative? Describe how the alternative project will solve the problem and provide protection from the hazard.	✓
b. Project Location of the Alternative (describe briefly)		
c. Scope of Work for Alternative Project		
d. Impacts of the Alternative Project		
e. Estimated Budget/Costs for Alternative Project		
A. Materials	Optional	✓
B. Labor	Optional	✓
C. Fee Paid	Optional	✓
Total Estimated Project Costs	Total cost is required. Vendor quote is not required. A lump sum budget may be submitted.	✓

Section V - Maintenance Agreement

Signature	Please complete, sign and date the maintenance agreement. The maintenance agreement must be signed by an individual with signature authority, preferably the authorized agent.	✓
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Property Acquisition Worksheet

A. Assure a separate worksheet for each individual property to be acquired is provided.

Photos (a minimum four color photographs)	Make sure photos have been attached to the application and are clearly identified.	
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B. Site Information

1. Owner's Name	Check and make sure information provided matches other entries in the application.	
Social Security #	If the application is approved, this information may be provided upon request.	
Spouse's Name	List if applicable.	
Spouse's SS#	If the application is approved, this information may be provided upon request.	
2. Street Address (city, state & zip) or Phys/Legal Location	Check and make sure information provided matches other entries in the application.	

Substantial Damage

3. Substantial Damage Certification	If applicant claims substantial damage, assure that a Substantial Damage Certificate signed by the Local Building Official is provided and assure that documentation exists to show the property is located in a Special Flood Hazard Area (EFHM).	
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The data for numbers 4, 5, and 6 of this part and all of Section D are *not required if the structure is located in the SFHA and a Substantial Damage Certificate is attached.*

4. Base Flood Elevation of Property	Provide the following information: <ul style="list-style-type: none"> ➤ Base flood elevation, prepared by a surveyor Elevation Certificate 	
5. Lowest (Finished) Floor Elevation of Principal Structure	Provide the following information: <ul style="list-style-type: none"> ➤ Lowest (Finished) Floor Elevation of Principal Structure (above sea level) Elevation Certificate 	
6. Depth of Water	Provide the following information is provided: Depth of water in the structure _____ inches for _____ day(s)	
7. Post Mitigation Property Use	Provide the post mitigation use in the statement of work and/or this worksheet. The post mitigation use must be in concurrence with 44 CFR 206.434(e). Examples include open space, park, wetland and retention pond.	

C. Structure Information

1. Tax Assessor's Record	Attached copy of the local government Tax Assessor's record for the subject property; or a tax map.	
2. Building Type	Check one option.	
3. Building Use	Check at least one option.	
4. Construction Type	Check one option.	
5. Construction Date	When was the structure built?	
6. Total Sq. Ft. of Principal Structure	Provide the square footage (heated & cooled areas only).	
7. Est. Cost to Replace Principal Structure, (if known)	Provide documentation from contractor or tax assessor.	
8. Accessory/Out Buildings	Are there any other attached or detached buildings on the lot? Please describe (location, type of structure, age and value).	
9. Commercial Property	Contact State environmental staff.	

D. History of Hazards/Damages (to the Property being acquired)

NOTE: The following data is not required if the property is located in the Flood way or if a Substantial Damage Certificate (for most recent disaster) is attached.

Current & Past Damages	Refer to acquisition worksheet.	
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Note regarding damage estimates: the date, level of event, description of damages, cost of repairs/replacement must be specific to ONLY the building under consideration. Countywide damage estimates (e.g., Hurricane Irene, 1999 caused 2 million dollars damage) cannot be used. Additionally, vague information is not useful or acceptable in lieu of specific building damage estimates. The property damages can be a homeowner's estimate; however, please include a contractor's itemized repair estimate, if possible.

E. Acquisition Cost Worksheet

Assure cost data is provided. If not, flag in tracker.

Acquisition Cost	Refer to acquisition worksheet.	
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Please note: (Pre-Disaster Fair Market Value) The community may determine the pre-disaster fair market value by using either the local tax assessed value (plus a percentage to approximate market value) or a State Certified Property Appraiser's estimate. In either case, the market value must be based on pre-disaster conditions. Also, if a local tax assessed value is used, a letter from the Local Property Appraiser must accompany the application.

Elevation Worksheet

➤ **Recommended elevation is at least two feet above the Base Flood Elevation.**

Photos (a minimum four color photographs)	Make sure photos have been attached to the application and are clearly identified.	
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A. Site Information:

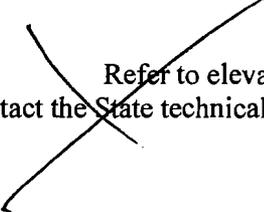
1. Owner's Name	Check and make sure information provided matches other entries in the application.	
Social Security #	If the application is approved, this information may be provided upon request.	
2. Spouse's Name	List if applicable.	
Spouse's SS#	If the application is approved, this information may be provided upon request.	
3. Street Address (City, state and zip) or Phys/Legal Location	Check and make sure information provided matches other entries in the application.	

B. Structure Information:

1. Building Type	Check one option.	
2. Building Use	Check at least one option.	
3. Construction Type	Check one option.	
4. Foundation Type	Select one option.	
5. Construction Date	When was the structure built?	
6. Modification/Upgrades Date	Has the structure been modified and/or upgraded? (If the structure has been modified and/or upgraded the date must be provided.)	
7. Pre-disaster Value	Provide the amount and attach support documentation. Documentation options may be: 1. Tax Assessor's record or certified appraisal (pre-disaster).	
8. Total Value of Contents	Provide the total value of content. Up to 30% of the building replacement value or \$20,000 is the FEMA default and no support documentation required. <u>Otherwise, support documentation</u> , such as, insurance records, appraisals, purchase receipts, estimates based on current market prices for similar contents <u>is required</u>	

9. Flooding Depth	What was the depth of flooding in the structure?	
10. Flooding Period	What was the period of flooding? How long did the flooding last?	
11. Level of Flooding	What was the level of flooding?	
12. Elevation Information	Provide an elevation certificate is provided.	

C. Required Information for Elevation Projects Located in a V-Zone or Numbered A-Zone

1. Elevation of Lowest Livable Floor	 <p>Refer to elevation worksheet. Contact the State technical staff if assistance is needed.</p>	
2. Base Flood Elevation		
3. Local Code Elevation Requirement		
4. Flood Frequency		

D. History of Hazards/Damages (to the Structure being elevated)

Assure all current and past damages to the structure (including its contents) are provided. Damages must be fully documented. The applicant should include damage from declared disaster events AND other hazard events which did not result in a presidential declaration. For example, newspaper articles, insurance records, receipts, logs or journals.

Note regarding damage estimates: The applicant must provide the date, type of event, and description of damages specific to ONLY the building under consideration. Countywide damage estimates (e.g., Hurricane Irene, 1999 caused 2 million dollars damage) cannot be used. Further, vague information is not useful or acceptable in lieu of specific building damage estimates.

E. Elevation Cost Information

The Elevation Cost Worksheet should include *all* project costs to develop a detailed cost estimate. Any project costs that do not clearly fall under the specified categories (in the table provided in the application) should be submitted for review and determination of funding eligibility under the HMGP program. For example, newspaper articles, insurance records, receipts, logs or journals.

NOTE: For straight elevation, the structure must be retrofitted to the wind fill load requirements (i.e. storm shutters, hurricane clips, etc.). In this instance, complete pages the Wind Retrofit Worksheets.

Drainage Worksheet

Please refer to the Drainage Project Worksheet for the information required. (Check if the appropriate information has been included):

1. Project area plotted on a Flood Insurance Rate Map (FIRM); which includes the front page of map displaying the Community Identification Number.	✓
2. City or County Scale Map identifying the entire project area.	✓
3. Topographical Map.	✓
4. Information regarding Flood Insurance Study.	✓
5. Number of structures flooded (water inside structure) including depth of flooding. Provide homeowner name, address, and type of home). Include supporting documentation (i.e. pictures, newspaper articles, and/or insurance damage estimates). An Elevation Certificate may also be included.	✓
6. Number of yards flooded within project area.	✓
7. Frequency of event. Verify the "Frequency of Event" which caused the damage to the property i.e., 10-Year, 25- Year, 50-Year 100-Year etc. (Information may be obtained from USGS, NWS, NOAA, or Hydraulic/Hydrology Engineer or Rainfall totals for specific date, month & year i.e. how many inches in what period of time). Also include verification of losses due to repetitive minor flood events (i.e.1, 2, 5 Year Frequency) indicate name of event, date of incident and amount of loss per structure	✓

building and content. (Same support documentation as "depth of flooding inside each structure" above #5.)	✓
8. Amount of damages (in dollar amount), i.e. insurance claims, content damage, structure damage.	✓
9. Names of roads closed due to flood within project area. Economic loss per day for loss of function of road or bridge (i.e. # one-way trips, detours, delay times).	✓
10. List of non-profit and public facilities affected by flooding including services provided, i.e. fire stations, hospitals.	✓
11. Annual operating budget.	✓
12. Color photographs of the damaged infrastructure property. (Ditches, Culverts, Swales, Detention/retention basins and ponds). (DIRECTION must be identified.)	✓
13. Preliminary or final Engineering Design Plans or feasibility study, if available	✓
14. Final plans, hydrology/hydraulic studies, if available.	✓
15. Estimated line item budget.	✓
16. A project may be phased to provide technical and financial assistance to the applicant if local resources are not available. The purpose of a phased project is to allow completion of design, engineering and environmental study.	✓
17. Other direct damages caused by flooding.	✓
18. Indirect damages caused by flooding.	✓
19. A Letter of Map Revision (LOMR), if needed for this project.	✓

NOTE: Please complete the appropriate worksheet by project type. This data will be used for the benefit cost analysis (BCA) to determine cost effectiveness. The project worksheets explain the required information and documentation. Individual worksheets are required for each structure (wind retrofit, acquisition, elevation, shelter retrofit). Contact the State technical staff for assistance, if needed.

Wind Retrofit Worksheet

Photos of each side of the building to be retrofitted.	Make sure photos have been attached to the application and are clearly identified.	
Shutter System Compliance with Dade County or Florida Building Code Specs	The appropriate documentation determining shutter system compliance should be attached.	

A. Project Information

1. Building Name	Check and make sure information provided matches other entries in the application.	
2. Address	Check and make sure information provided matches other entries in the application.	
3. City, State & Zip	Check and make sure information provided matches other entries in the application.	
4. Owner/Applicant	Check and make sure information provided matches other entries in the application.	
5. Contact Person	The contact person will most likely be the same as provided on page two of the application, however there may be the person familiar with the engineering aspects other than the contact person listed on Page 2, Item 11 in the application. Please note.	
6. Disaster Number	N/R	
7. Project Number	N/R	
8. Application Date	N/R	
9. Analyst	N/R	

B. Building Data

1. Select Building Type	<input type="checkbox"/> Non-Engineered Wood <input type="checkbox"/> Non-Engineered Masonry <input type="checkbox"/> Manufactured Building <input type="checkbox"/> Lightly Engineered <input type="checkbox"/> Fully Engineered <input type="checkbox"/> Other	<i>Refer to wind retrofit worksheet.</i>
2. Building Site (Miles Inland)	For assistance, contact State technical staff.	
3. Number of Stories Above Grade	Refer to wind retrofit worksheet.	
4. Construction Date	When was the structure built?	
5. Historic Building Controls	N/R	
6. Disaster Number	N/R	

C. Building Size and Use

1. Total Floor Area (SF)	Refer to wind retrofit worksheet
2. Area Occupied by Owner or Public/Non-Profit Agencies IF APPLICABLE	<i>NOTE: In most instances, the Total Floor Area and Area Occupied by Owner or Public/Non-Profit Agencies will be the same. If building is leased, include lease agreement.</i>

D. Building Value

1. Building Replacement Value	Support documentation may include: 1. Insurance policy (Declaration Page) 2. Public Works/Building Department Property Valuation Assessor
2. Demolition Threshold	N/R

E. Building Contents

1. Contents Description	Describe the contents of the building.
2. Total Value of Contents	Provide documentation such as insurance records, appraisals, purchase receipts, or estimates based on current market prices for similar contents are provided.

F. Displacement Costs Due to Wind

1. Rental Cost of Temporary Building Space (\$/sf/month)	The FEMA default is \$1.00 per square foot. Otherwise, support documentation, such as, rental cost from a realtor, copy of rental agreements, commercial rental ads or property management organizations is required.
2. Other Displacement Costs (\$/month)	The FEMA default is \$500. Otherwise, support documentation, such as receipts or estimate, is required.

G. Value of Public Non-Profit Service

1. Description of Services Provided	Refer to wind retrofit worksheet.
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2. Annual Budget of Public Non-Profit (applicant) Agencies	How much does it cost to operate the building? Provide the operating budget specifically for the building/project site, not the entire city/county/school district budget.	
3. Post Disaster Continuity Premium (\$/day)	N/R	

H. Mitigation Project Data

1. Project Description	The project description provided should correspond with Section I, B in the application.	
2. Project Useful Life (Years)	Refer to wind retrofit worksheet.	
3. Mitigation Project Costs	The amount should correspond with the total cost stated at Section III, D.	
4. Base Year of Costs	N/R	
5. Annual Maintenance Costs (\$/year)	Refer to wind retrofit worksheet.	

NASSAU COUNTY THOMAS CREEK
FLOOD MITIGATION
LIST OF ATTACHMENTS

1. Letter from Emergency Management Office listing project as #1 project in Nassau County.
2. Project location map
3. FIRM map of area
4. Topographic map (USGS)
5. 42 photos of tree obstructions in Thomas Creek
6. Exhibit A- Information on house damage with cost data backup
7. Exhibit B- Survey data- first floor elevations and Latitude and Longitude of houses affected by flood
8. Map showing locations of affected houses
9. Exhibit C – Trip determination table
10. Exhibit D- Nassau County road repair costs and debris removal related to project with cost data backup
11. 23 photos of flooded roads and houses



Nassau County Emergency Management

96135 Nassau Place, Suite 2

Yulee, FL 32097

904-548-4980

904-491-3628 (fax)

1-800-958-3494

ncem@nassaucountyfl.com

March 10, 2009

Mr. Miles Anderson, State Hazard Mitigation Officer
Florida Division of Emergency Management
2555 Shumard Oaks Boulevard
Tallahassee, Florida 32399-2100

Re: Hazard Mitigation Grant Program (HMGP) Application
for FEMA 1785-DR-FL "Tropical Storm Fay"

Dear Mr. Anderson:

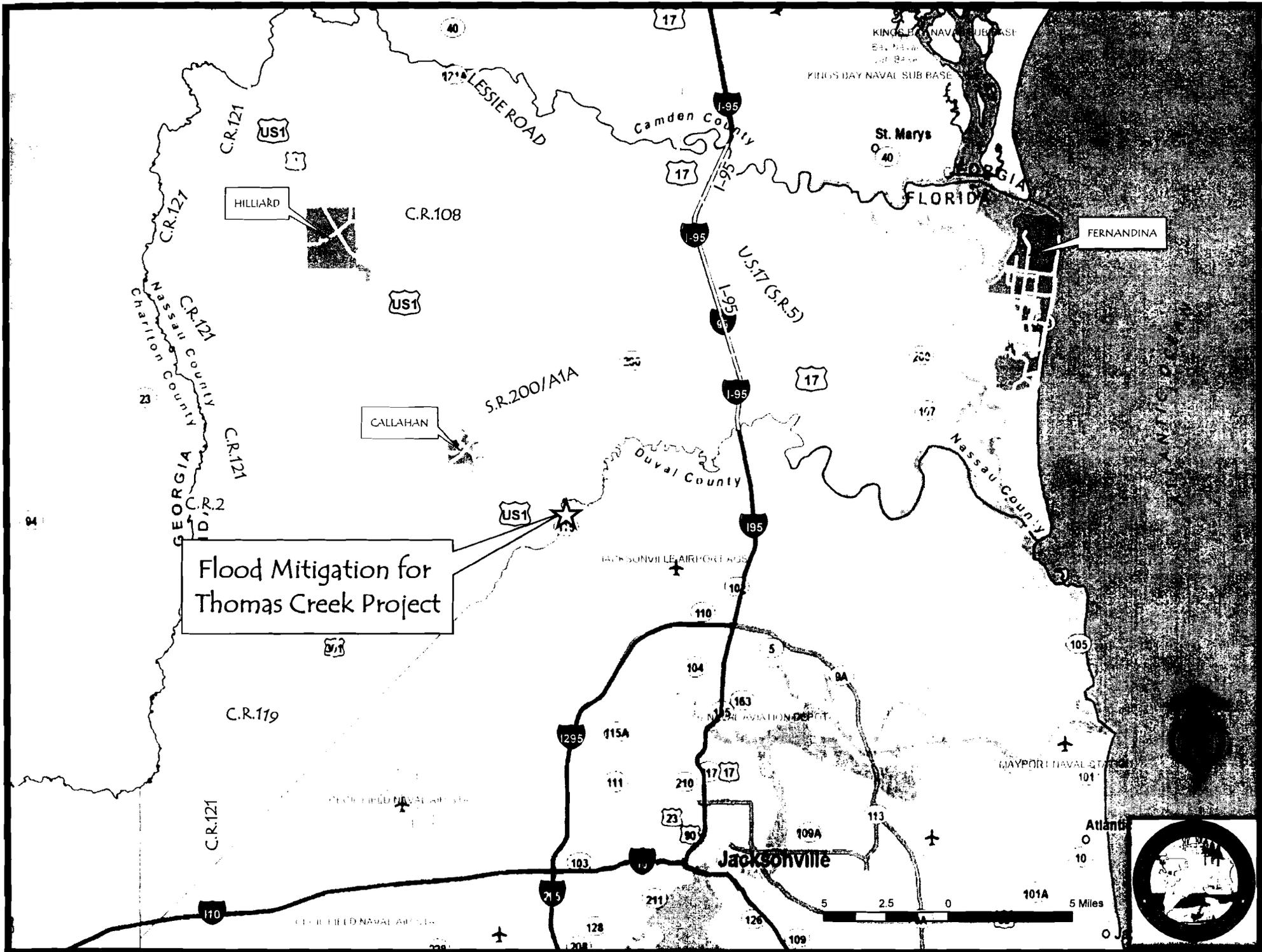
The Nassau County Local Mitigation Strategy (LMS) Working Group has approved by vote and prioritized the *Flood Mitigation of Thomas Creek* project as number one (1) for HMGP funding. This project aligns with our LMS goals and objectives 1 and 2, and LMS project 6[f] (Implement flood control activities in Nassau County). It also complies with State mitigation goals and objectives (in accordance with the Code of Federal Regulations 44§201.6.) In this instance, the applicant is Nassau County and the estimated federal share is \$435,858.00.

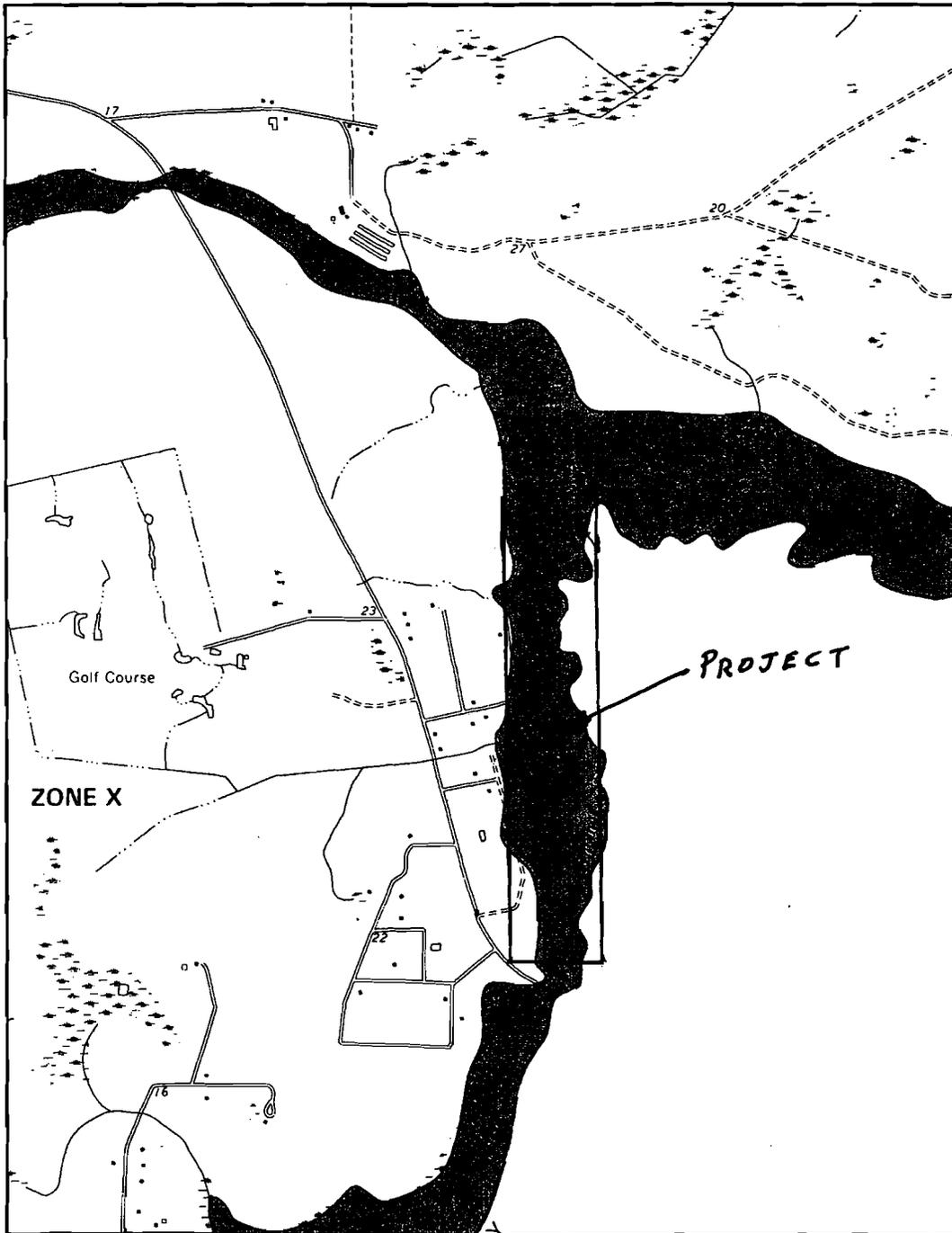
For further information or inquiry, please contact me at our office above.

Sincerely,

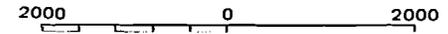
A handwritten signature in black ink, appearing to read "Scott L. West", written over a horizontal line.

Scott L. West, Chair
Nassau County LMS





APPROXIMATE SCALE IN FEET

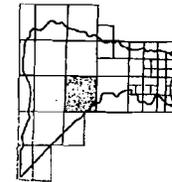


NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

NASSAU COUNTY,
FLORIDA
(UNINCORPORATED AREAS)

PANEL 325 OF 525
(SEE MAP INDEX FOR PANELS NOT PRINTED)
PANEL LOCATION



COMMUNITY-PANEL NUMBER

120170 0325 C

MAP REVISED:

MAY 4, 1988



Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

3377

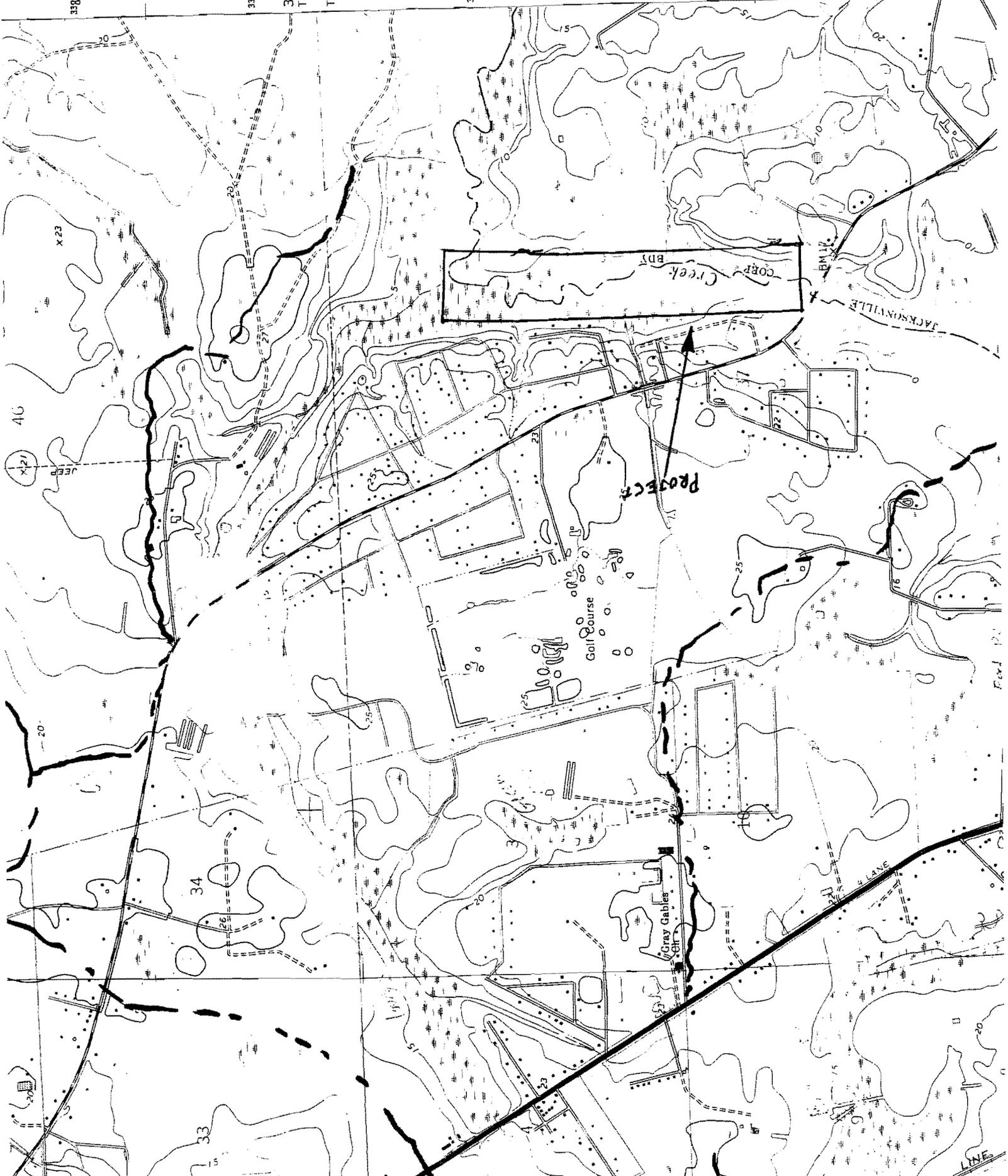
3378

3379

32'30"
T. 2 N.

T. 1 N.

3380



PROJECT

Creek Corp. Bdy

Golf Course

Gray Gables Sch.

JACKSONVILLE

46

X 21

JEOP

X 23

34

33

20

20

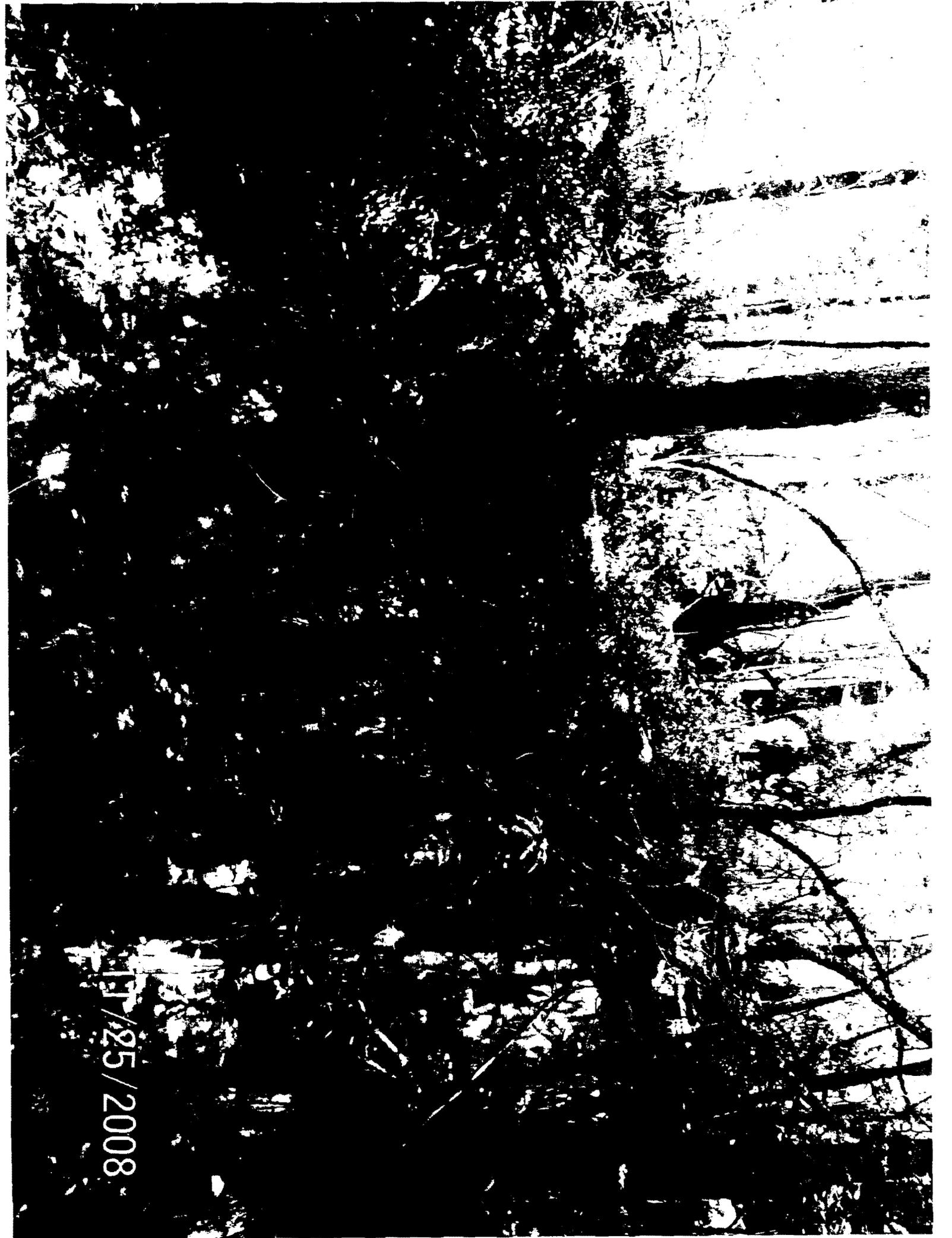
25

34

33

LINE

11/25/2008





11/25/2008



11/25/2008



11/25/2008



11/25/2008



11/25/2008



11/25/2008

806 TH 25-2008



1/18/25/2008



1/25/2008



11/25/2008



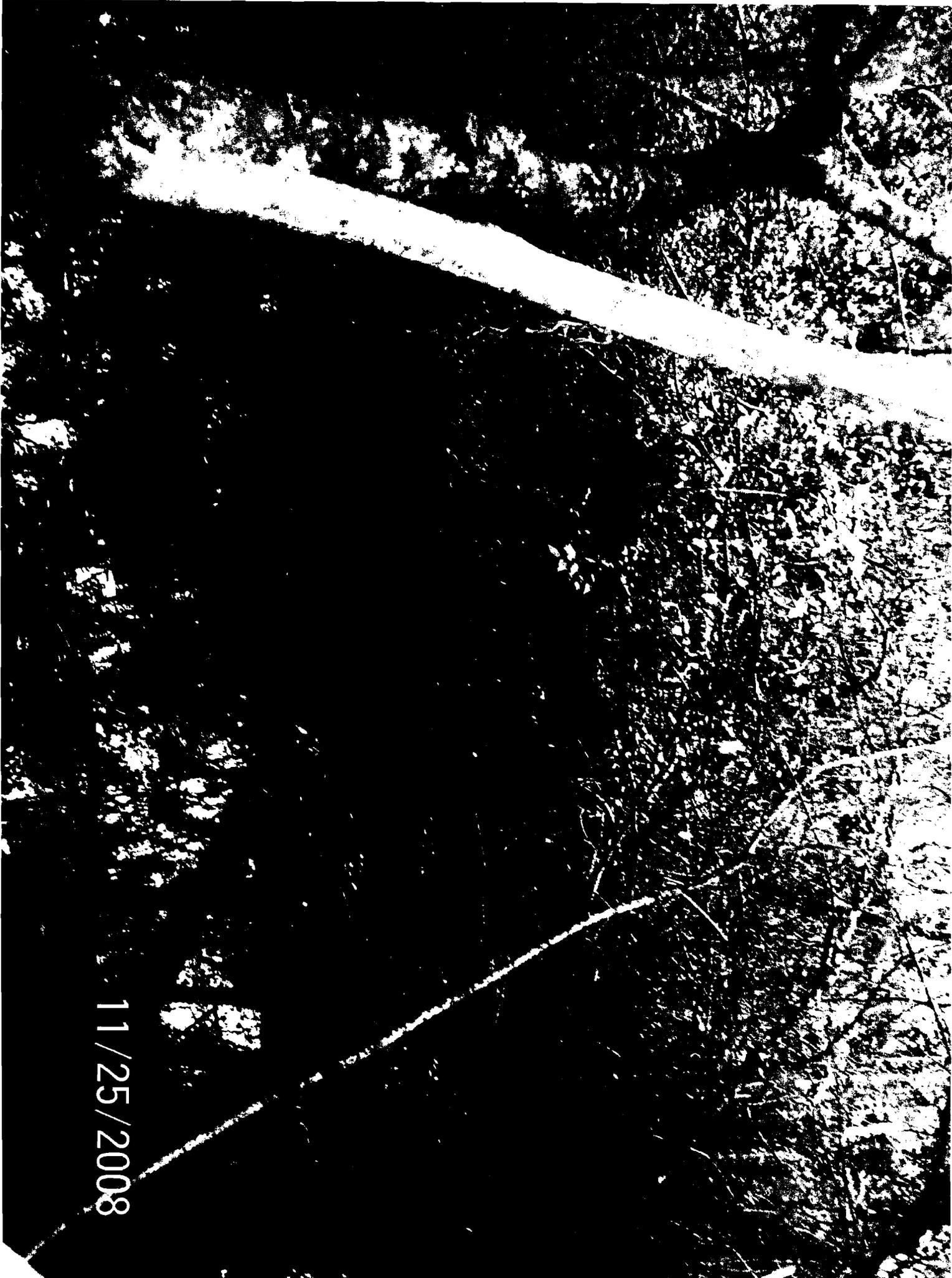


11/25/2008

11/25/2008



11/25/2008



11/25/2008

2006



4

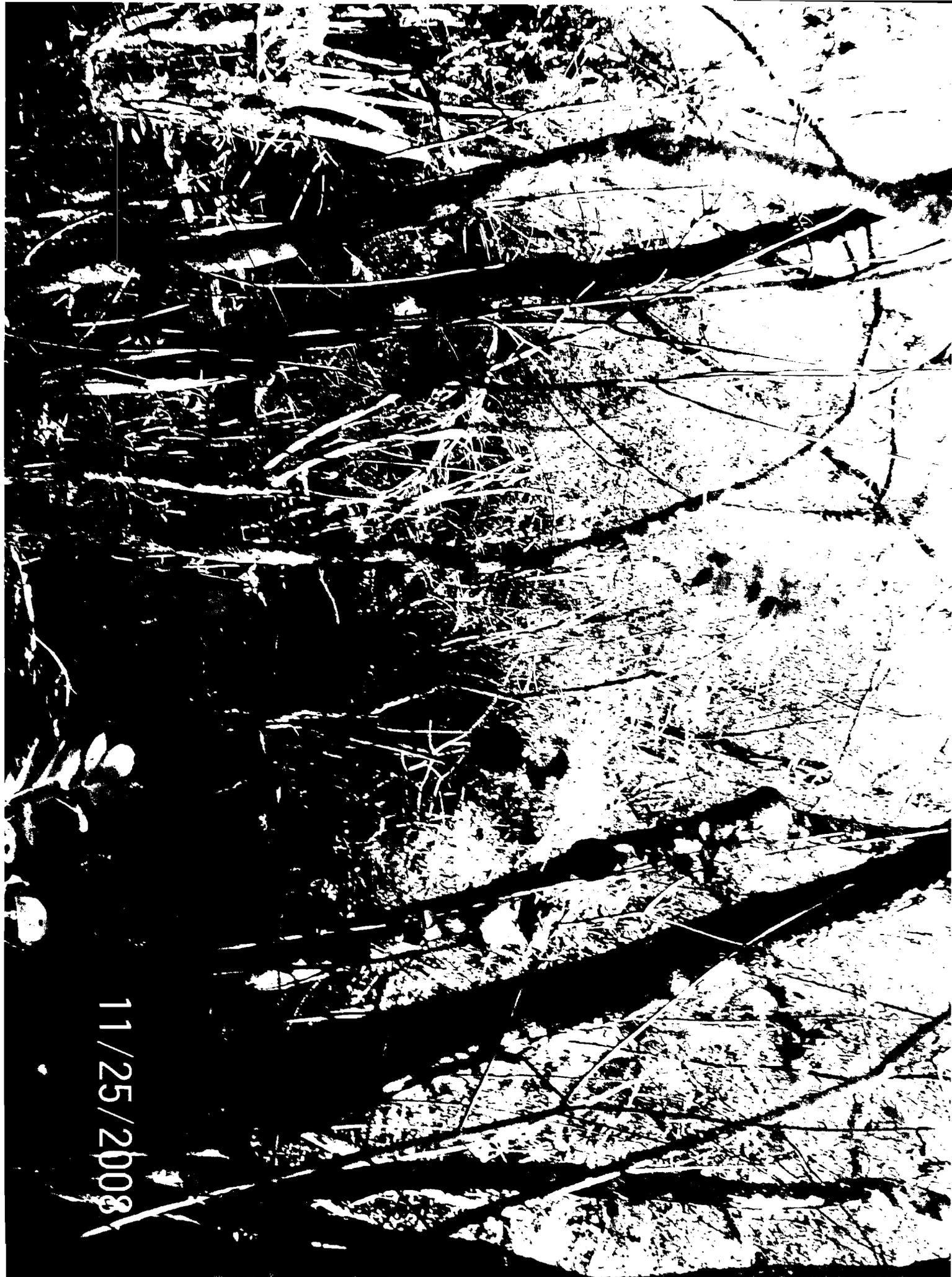
11/15/2008



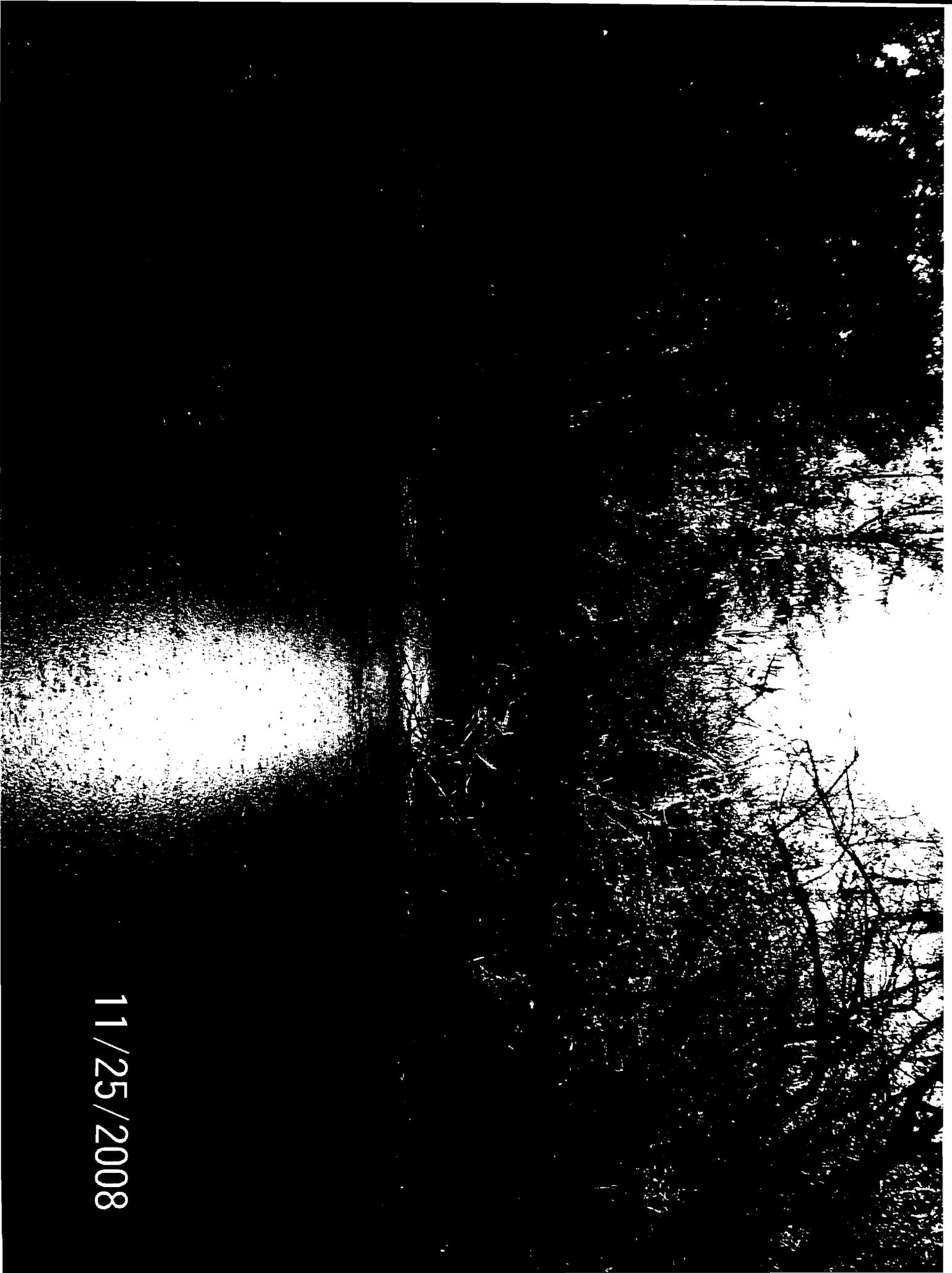


11/25/2008

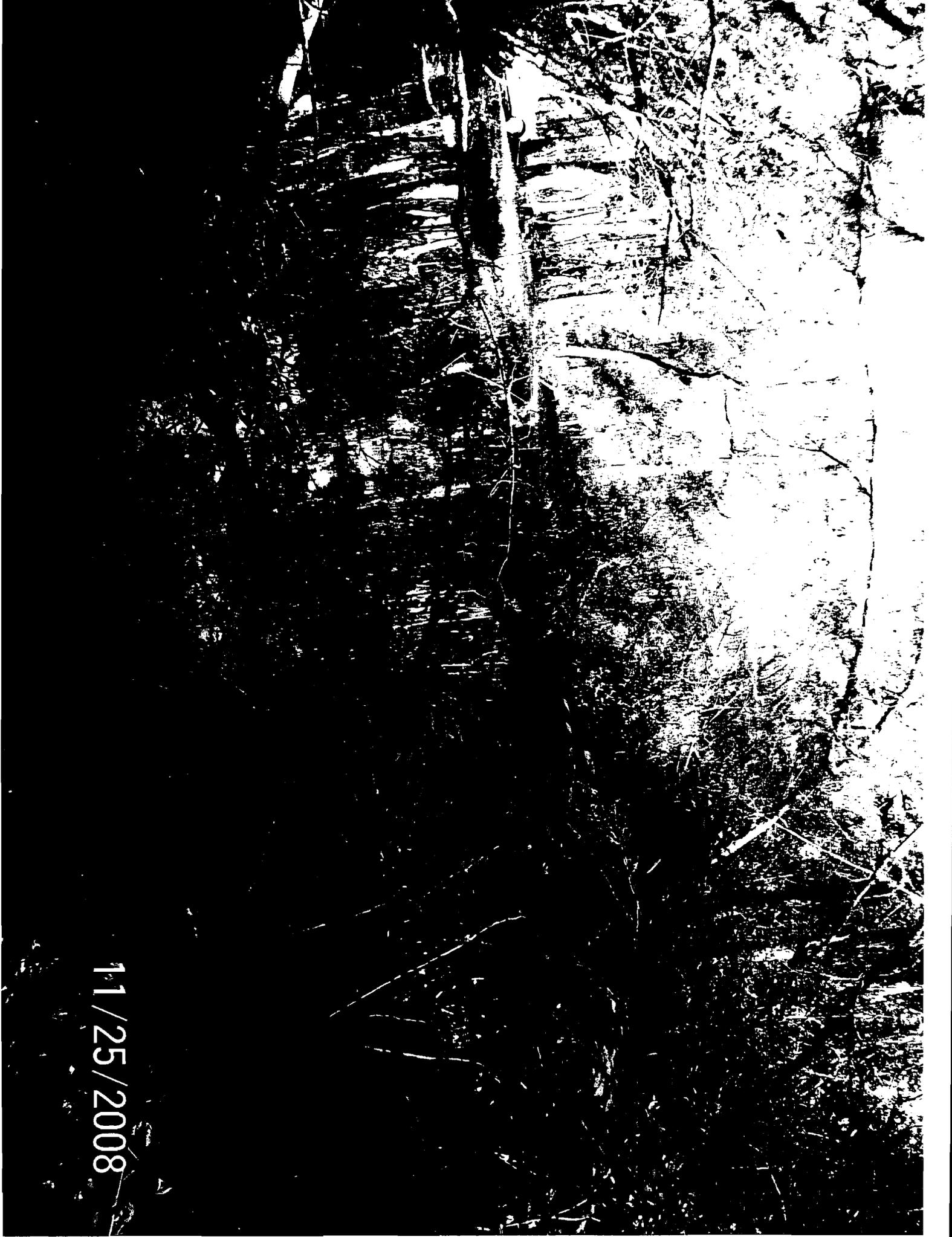
11/25/2008



11/25/2008



11/25/2008



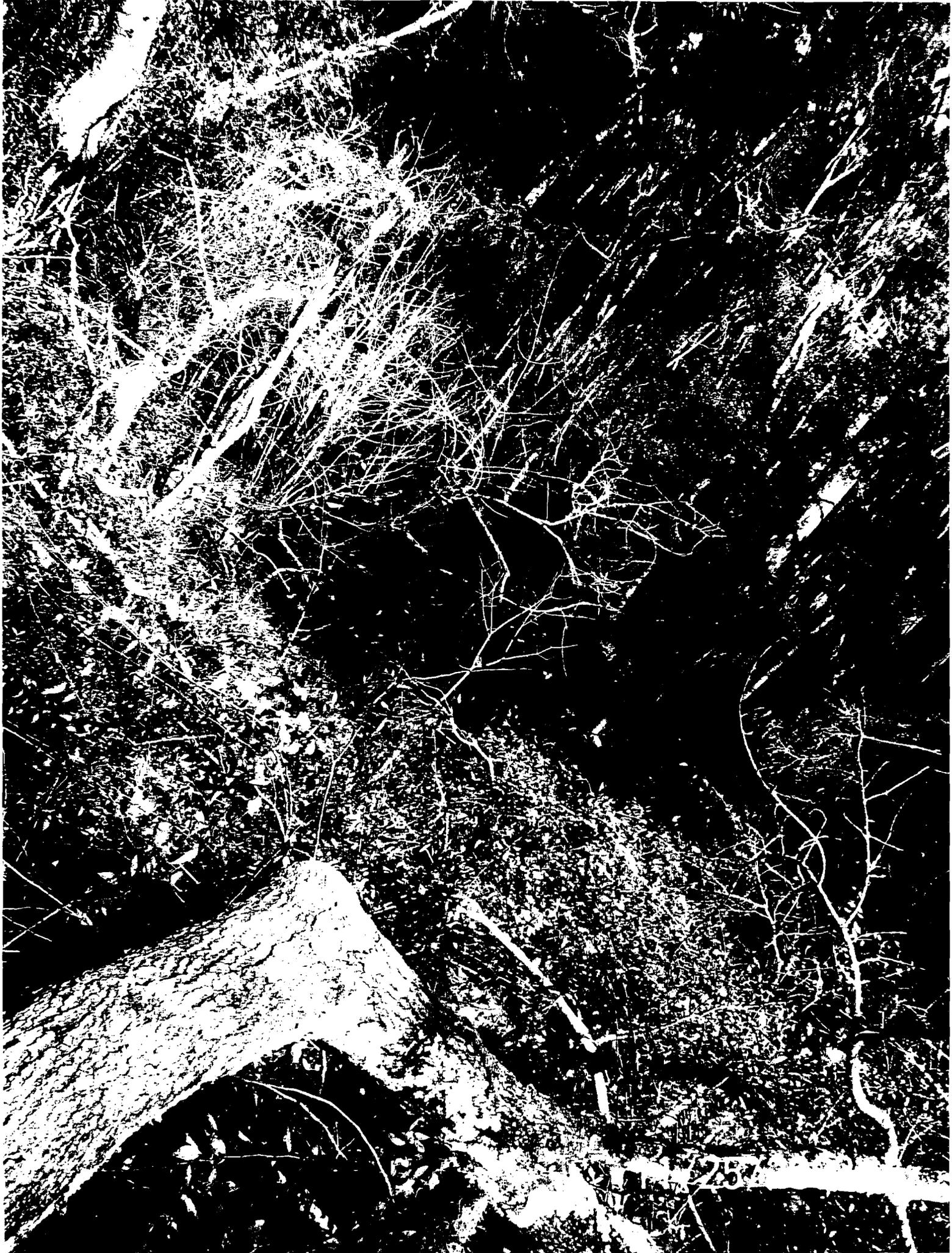
11/25/2008



11/25/2008



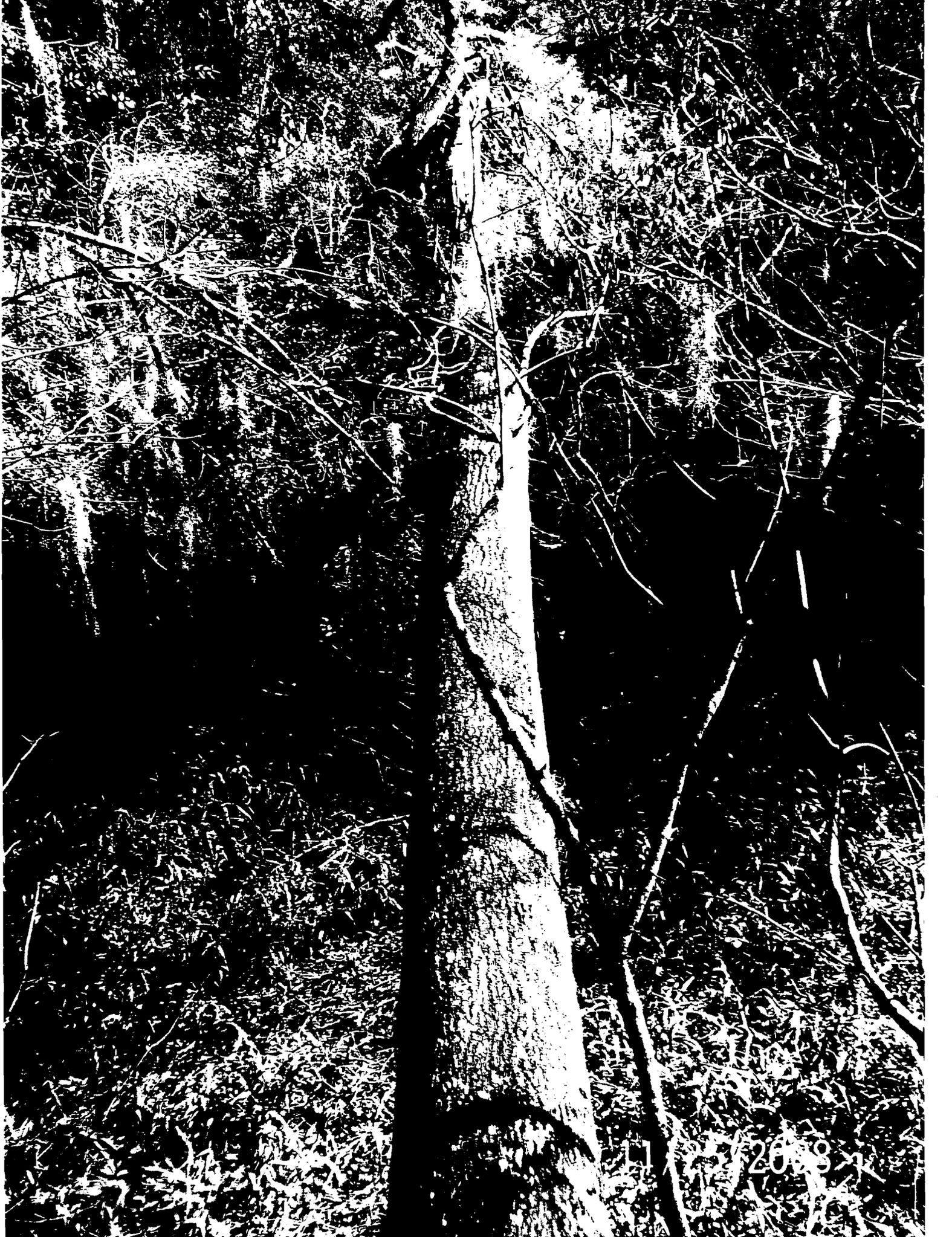
11/25/2008



11-25-2008



1/25/2008



11/27/2009

11/25/2008



11/25/200



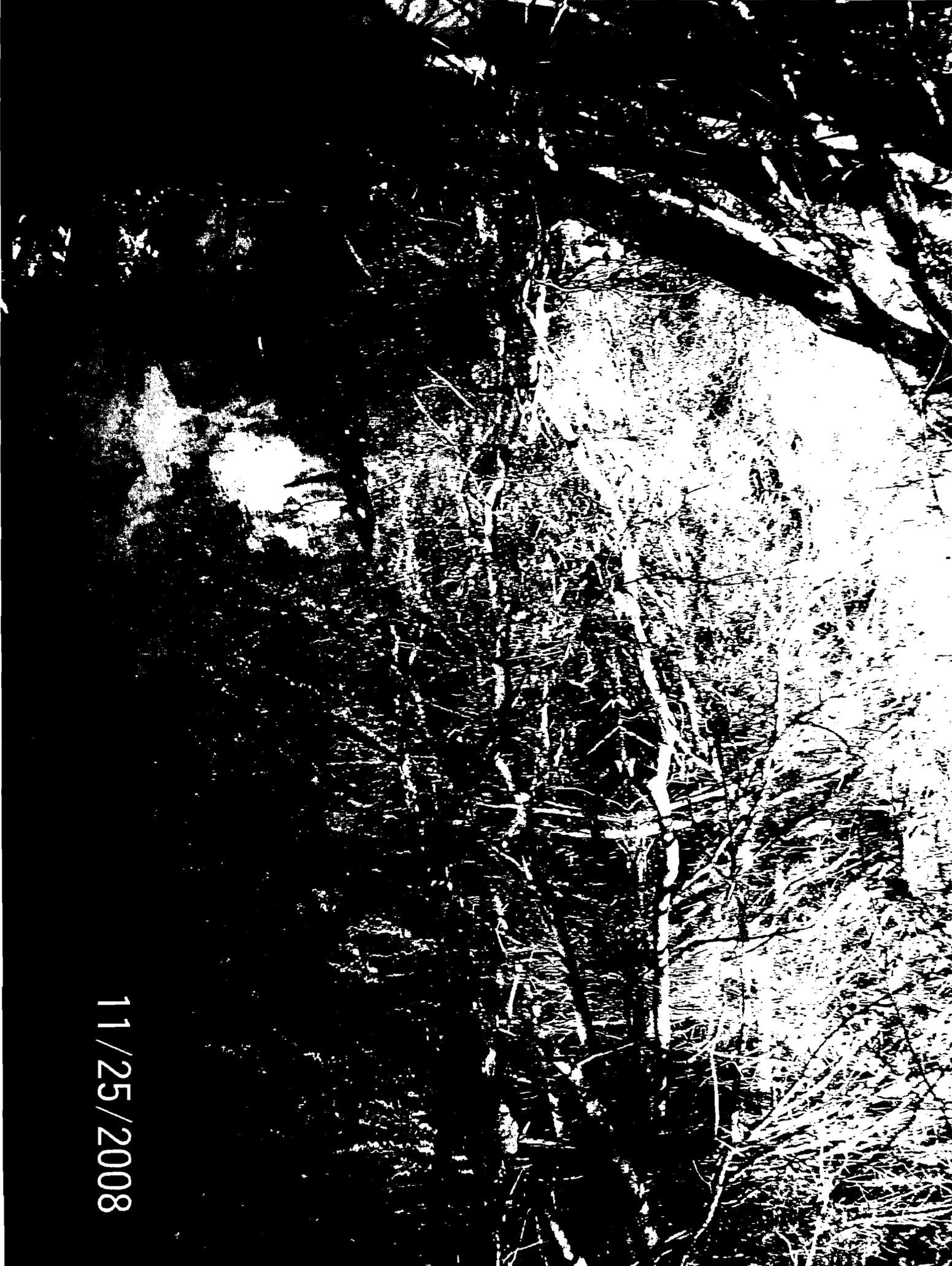
14/25/2008



11/25/2008



11/25/2008



11/25/2008



2008



11/25/2008



11/25/2008



04/25/2008





11/25/2008



11/25/2008

11/25/2008

EXHIBIT A

NASSAU COUNTY THOMAS CREEK PROJECT

	Address	1st. Floor elevation feet	Depth of flooding (inches)	estimated damage	
1	54246 Lee Stoner Rd	10.45	10	2,500	
2	54272 Lee Stoner Rd	10.24	12	5,000	
3	54330 Lee Stoner Rd	11.84	4	2,500	
4	54308 Lee Stoner Rd	13.02	1 (E)	2,000	(E)
5	54207 Four Acre Circle	11.53	1	10,000	
6	54196 Four Acre Circle	12.14	6	5,000	
7	54185 Four Acre Circle	10.37	18	15,000	
8	54249 Four Acre Circle	12.32	24	10,000	
9	54226 Four Acre Circle	11.40	4	5,000	
10	54102 Evergreen	11.10	12	10,000	
11	54064 Evergreen	11.00	5	10,000	
12	43396 Freedom Drive	16.11	24	12,000	
13	43760 Freedom Drive	15.34	24 (E)	220,000	
14	43027 Freedom Drive	16.17	2	10,000	(E)
15	43812 Freedom Drive	16.72	4	10,000	
16	43001 Freedom Drive	15.45	24	15,000	
17	43334 Freedom Drive	16.53	36	20,000	
18	43011 Freedom Drive	15.16	30	20,000	
19	43812 Icehollow		24		
20	54083 Vontz Circle	20.57	?		
21	54188 Vontz Circle	10.43	18	5,000	
22	54382 Vontz Circle	10.34	2	15,000	
23	54395 Vontz Circle	19.36	12		
24	43002 Pineridge Drive	11.98	24(est)	15,000	(E)
25	43283 Pineridge Drive	17.51	36	12,000	
26	43265 Pineridge Drive	18.31	4	5,000	
27	43324 Pineridge Drive		24	12,000	(E)
28	43272 Pineridge Drive	17.48	24	12,000	(E)

29	54223 Janice Drive	11.84		
30	54274 Janice Drive	12.66		
31	43552 Ratliff Road	17.07	1 (E)	2,000 (E)
32	43508 Ratliff Road	17.07	1	2,000(E)
33	44003 Korey Lane	15.80	24	15,000
Total estimated damage			=	\$475,000

Notes:

1. elevations are based on 1929 datum
2. (E) = estimated number

EXHIBIT C

NASSAU COUNTY THOMAS CREEK PROJECT

street	length flooded feet	day flooded	one way trips lost per day
Ratliff Rd	2500	7	350
Four Acre Rd	1000	7	9
Freedom Drive	1000	7	24
Pineridge Drive	800	7	16
Lee Stoner	1000	7	26
Vontz Circle	400	7	12
Evergreen trail	700	7	6
Janice Drive	1000	7	4
Cynthia Drive	800	7	12

Information provided by Nassau County Engineering Services Dept.

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-28-08

1. ADDRESS: 54178 FOUR DERE CR.
2. OWNERS NAME: JEFF EVANS, LINDA
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY:
PHONE: (904) 879-0441

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING <i>insulation</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____

DEPTH OF WATER IN STRUCTURE: 1 1/2' WATER TRAPPED UNDER HOUSE

11. TEAM MEMBERS: CARLY GARVER, TOMY PEREZ-GUERRA
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 2K

Put all comments on the back of this sheet.

Well under water

54178



54178



54178 four frame

54178

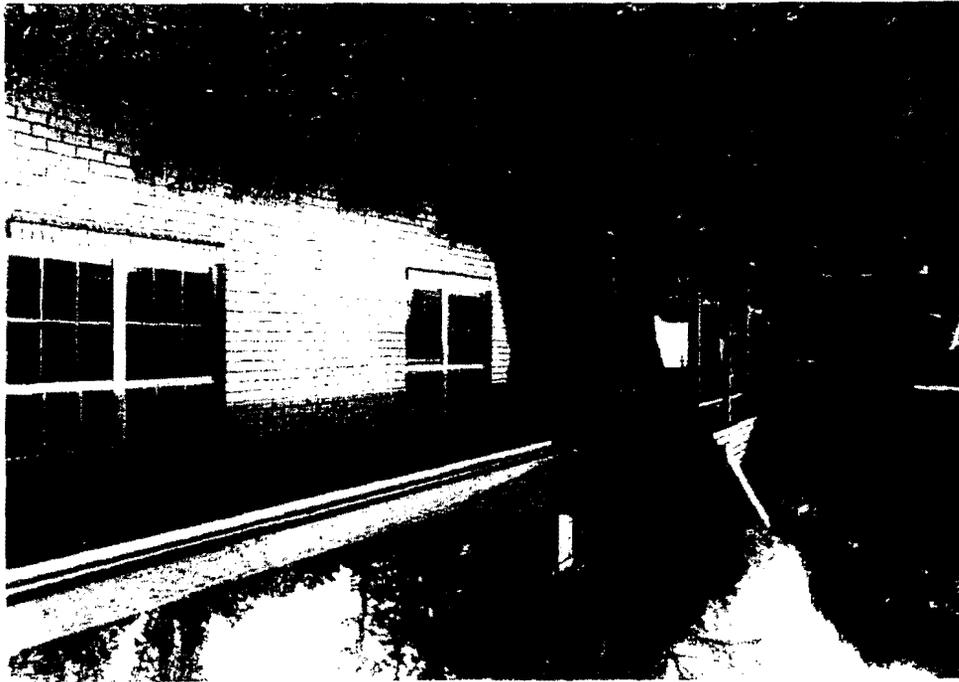


Evans 5/11/80

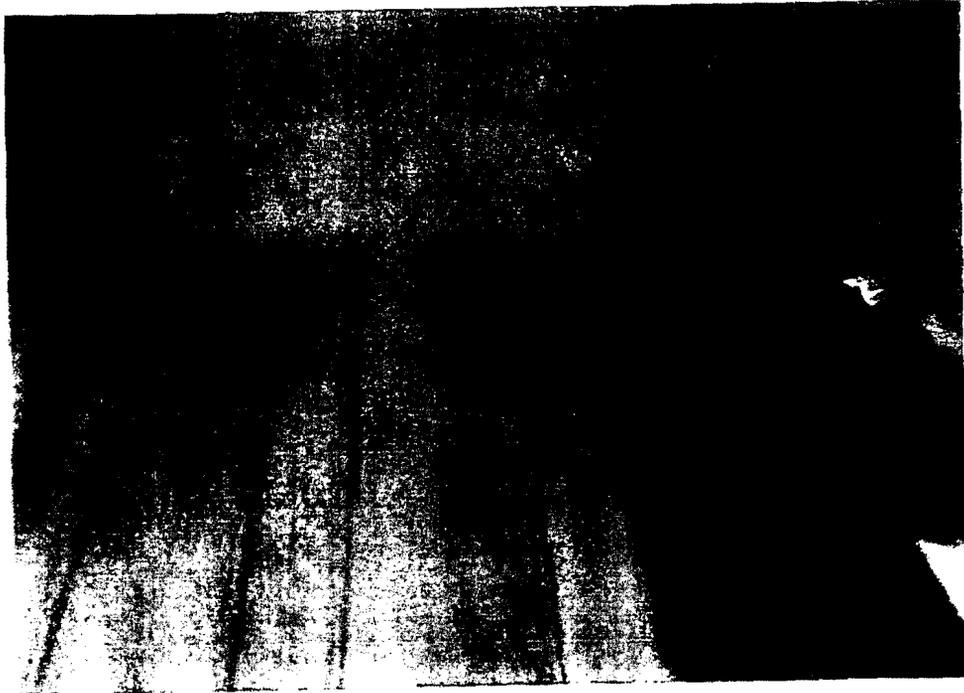


Evans

E 1000

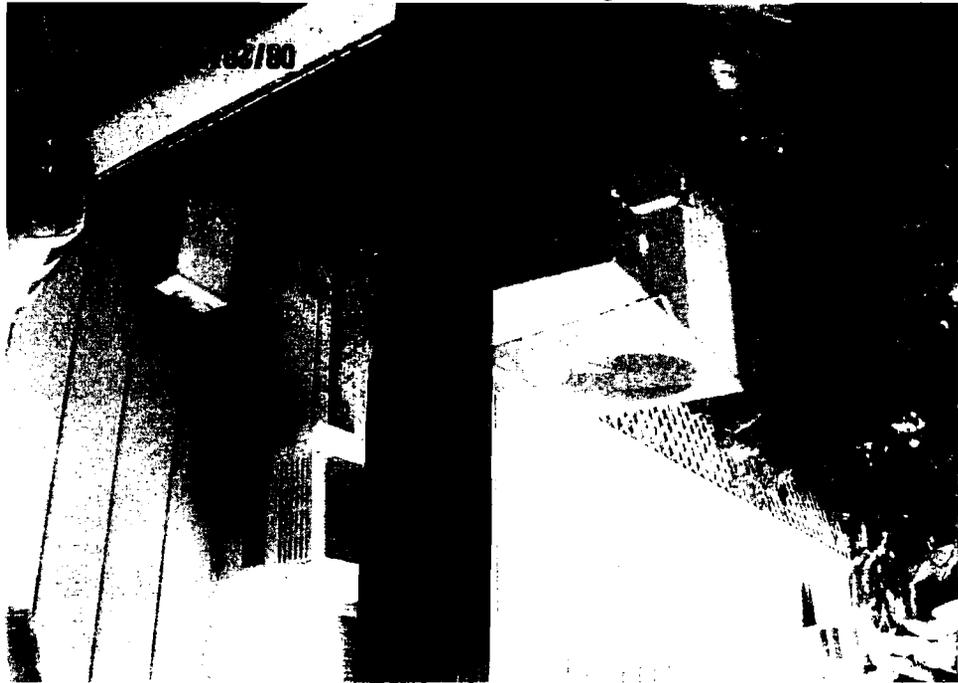


E 1000





F U A S



F U A S

F U A S

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8/29/08

1. ADDRESS: 43812 Freedom
2. OWNERS NAME: Dominique + Veneisha HAAG
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: Veneisha HAAG
PHONE: (904) 294 7188

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

		5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	<u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> PLUMBING		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT	<u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 4 inches

11. TEAM MEMBERS:

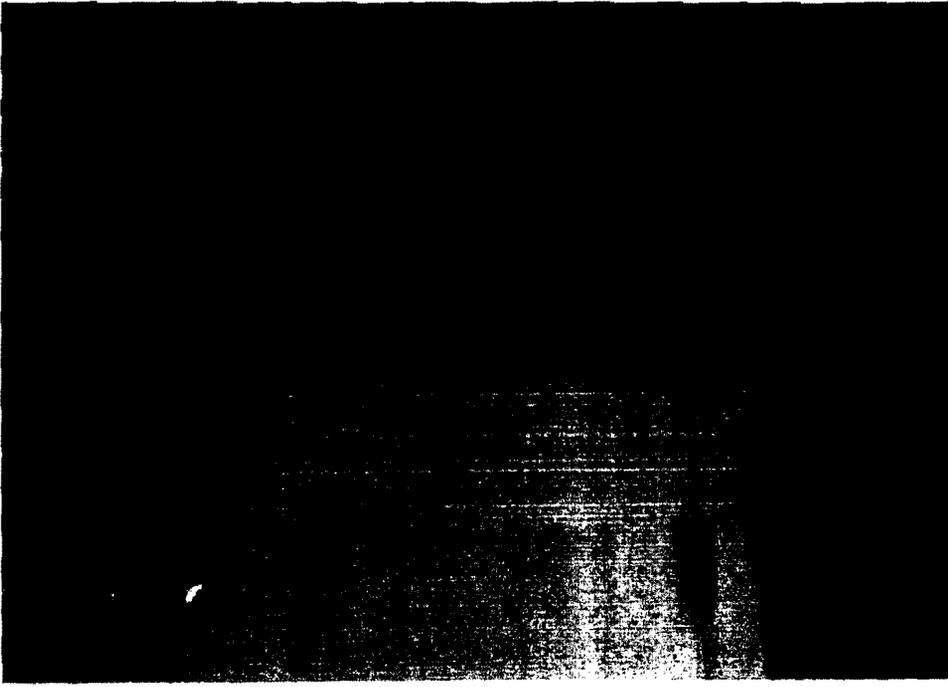
This assessment form was completed by GARY GARVER (Please Print)

Office Use Only:
Estimated Cost of Repairs

\$ 10K

Put all comments on the back of this sheet.

X [Signature]



43012 fmdm



HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-29-08

1. ADDRESS: 54326 FOUR ACRE
2. OWNERS NAME: ROGER PUTMAN, MALINI
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
PHONE: (904) 252-6283

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION <u>PIERS</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING <u>INSULATION</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING <u>Well</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT <u>Duct</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:
POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 4"

11. TEAM MEMBERS: GARY GARVER, TONY PEREZ GUERRA
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 5.1K

Put all comments on the back of this sheet.

ADHESION/Well

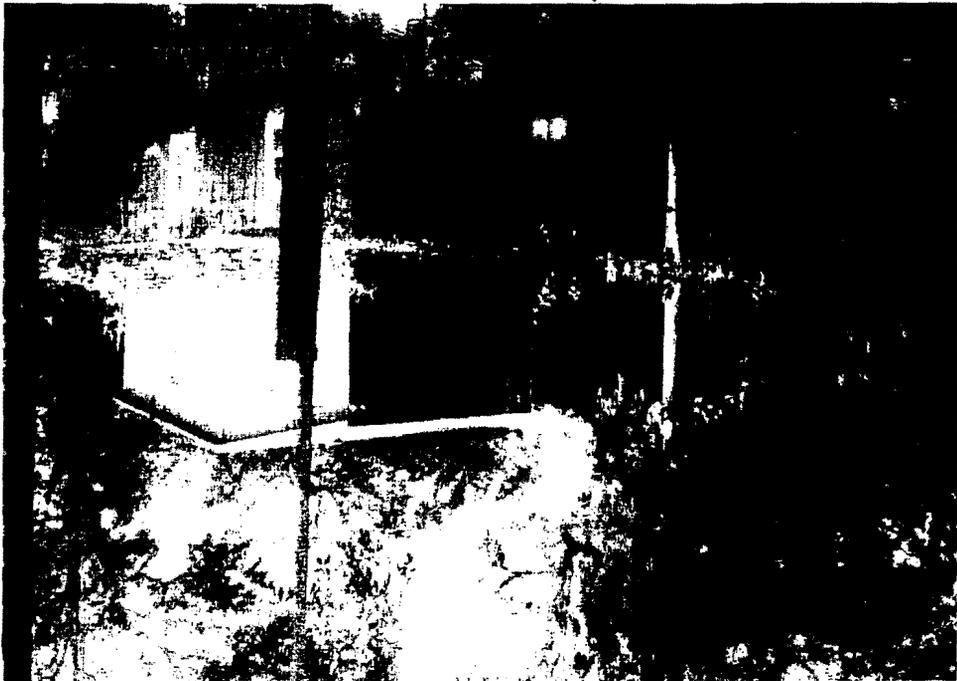
Malini Putman

08/28/2008 10:35



Postman

Postman



54226 four-RCE

08/28/2008 10:35



Portman

Portman



HABITABILITY ASSESSMENT - FIELD WORK SHEET

Date 6-28-08

1. ADDRESS: 43334 Freedom Dr 43334
2. OWNERS NAME: Charlene Kaas
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
PHONE: (____) _____

5. TYPE OF STRUCTURE DAMAGED: Residential Frame Block concrete
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown
7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input checked="" type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> A/C & HEAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:
POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 3'

11. TEAM MEMBERS: GARY GARNER TONY FLORES-GUERREA
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 20K

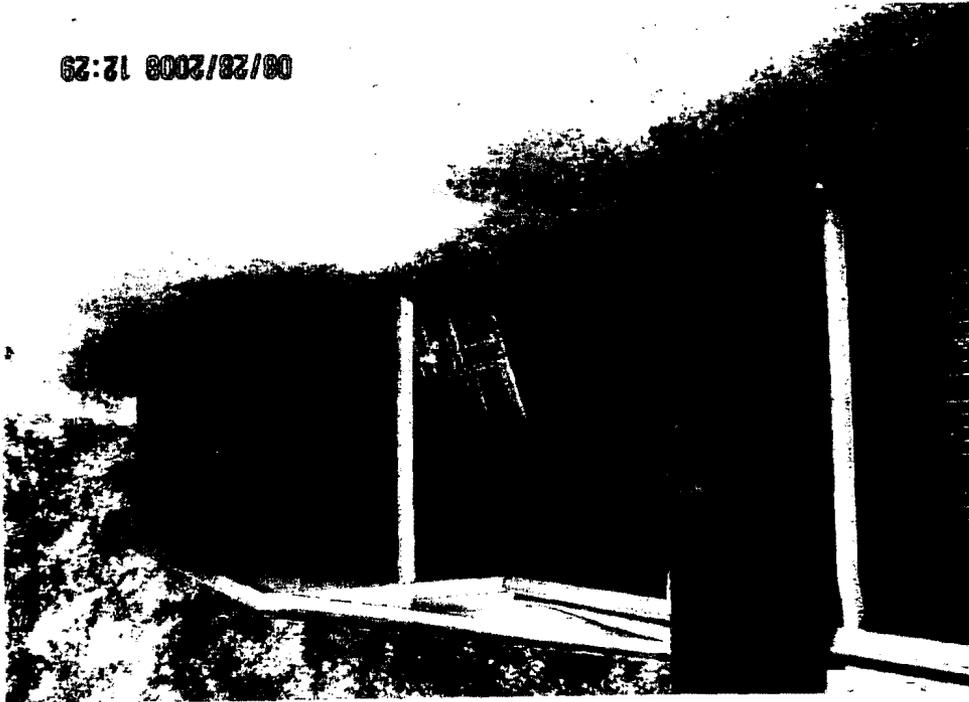
Put all comments on the back of this sheet.

Well under water

Clayton



08/28/2008 12:29



Clayton

113334 Freedom Dr



Cherlin

Cherlin



2/1/80



START Mileage 51945 → END Mileage 52066
 FINISH miles

INITIAL DAMAGE ASSESSMENT - HOUSING LOSSES

(1) COUNTY NASSAU
 (2) MUNICIPALITY _____

(3) INCIDENT: () FLOOD () TORNADO
 () HURRICANE
 (X) OTHER TROP STORM SORAGUE OWINGS
 (Specify) JIM HARRIS

(4) ASSESSMENT TEAM:

(5) INCIDENT PERIOD: 20-22 Aug 08
 (6) DATE OF SURVEY: 23 Aug 2008

(7) PAGE 1 OF 4

REF NO.	NAME OF OCCUPANT	STREET/ROUTE/SR/ MOBILE HOME PK/ BLDG. NAME/ DEVELOPMENT/ETC.	HOME (✓)		TYPE (✓)			STATUS (✓)		DAMAGES (UNHABITABLE)			ISO (✓)	WATER LEVEL IN STRUCTURE (In Feet)	REPLACE. COST OR MARKET VALUE	EST. DOLLAR LOSS	INS. (✓)		EST. INCOME (✓)			PROB ASSIS		
			PRI (11)	SEC (12)	SF (13)	MF (14)	MH (15)	OWN (16)	RENT (17)	MIN (18)	MAJ (19)	DEST (20)					HO (25)	NFIP (26)	LO (27)	MED (28)	HI (29)	TT (30)	HR (31)	
		54647 MICKLER CR.	✓		✓							✓			100,000	10,000								
		45102 CLEMMENS	✓		✓							✓		3' to 5'	180,000	180,000								
		43960 FREEDOM DRIVE	✓		✓							✓		6'	220,000	22,000								
		463049 SR200	✓		✓							✓		—	100,000	10K								
		Four Acre Rd Flooded																						
		54382 VONTZ RD.												1										
		54188 VONTZ RD												1										
		TOTALS														420K								

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8.28.09

1. ADDRESS: 54196 FOUR ACRE
2. OWNERS NAME: TRAVIS CRANE
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
PHONE: () 545-4498

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	<u>5-25%</u>	<u>25-50%</u>	<u>50-100%</u>
<input type="radio"/> FOUNDATION <u>piers</u>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING <u>Insulation</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING <u>wire</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT <u>Unit</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

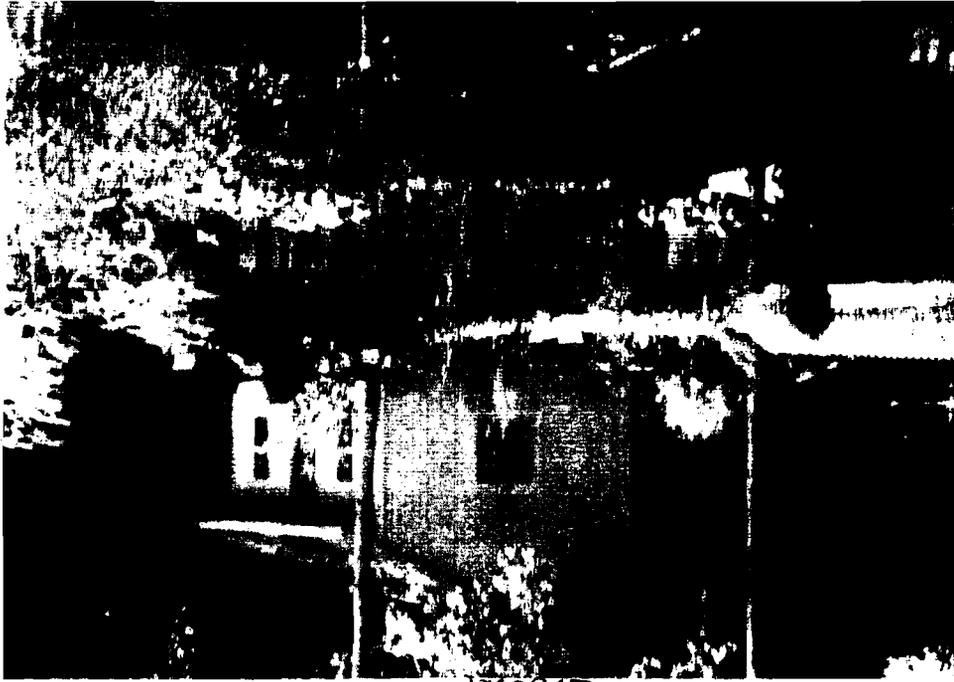
10. STRUCTURAL INFORMATION:
POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: _____ WATER LOT

11. TEAM MEMBERS: GARY BARBER, TONY PEREZ-QUERRA
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 5K

Put all comments on the back of this sheet.
Travis Crane

Assesian



Crowe

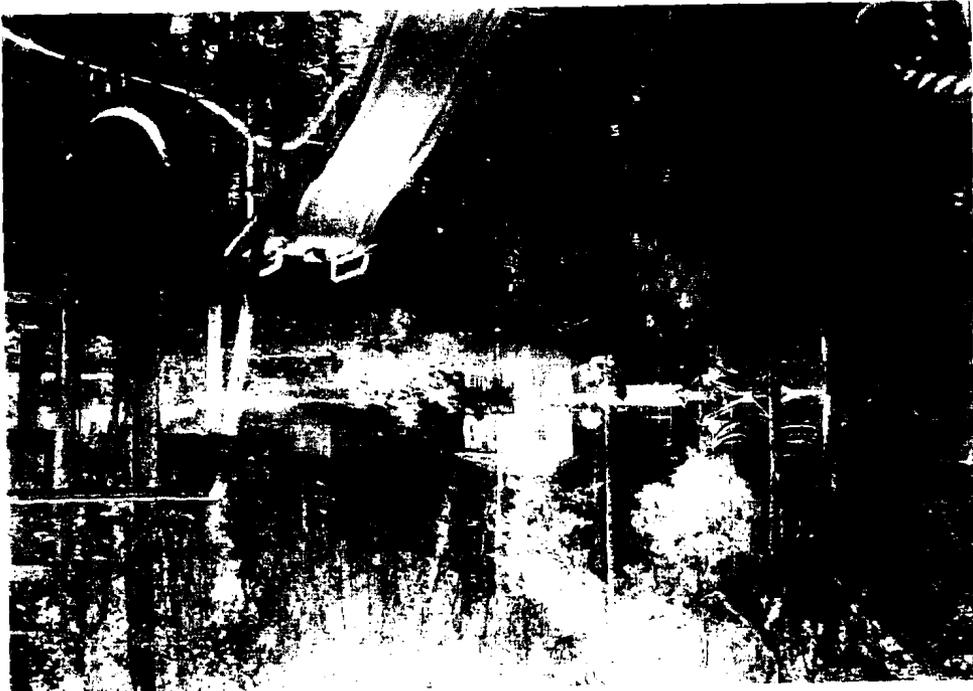


54196 furace

Camp



Camp



Camp

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 6-26-08

1. ADDRESS: 54185 FOUR ACRE CR.
2. OWNERS NAME: _____
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
PHONE: (____) _____

5. TYPE OF STRUCTURE DAMAGED: Residential Frame Brick Veneer
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	<u>5-25%</u>	<u>25-50%</u>	<u>50-100%</u>
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT <u>outside unit</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 1 1/2 feet

11. TEAM MEMBERS: COPY CARVER, Tony Perez-Guerra
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 15K

Put all comments on the back of this sheet.

NOOO 11.000.1.0000

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date _____

1. ADDRESS: 54249 Four Acre
 2. OWNERS NAME: Howard, Lisa I
 3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
 PHONE: (____) _____

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
 Commercial Metal
 Multi-Family Masonry
 Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
 Structure: Fully Insured Under-insured Unknown
 Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	<u>5-25%</u>	<u>25-50%</u>	<u>50-100%</u>
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> FLOORS/FLOORING <i>insulation</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
 Is ENGINEERING needed for Repair? Yes No Undetermined
 Is the Building LIVABLE? Yes No Undetermined
 Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____

DEPTH OF WATER IN STRUCTURE: 2' on lot

11. TEAM MEMBERS: Thy Perez Guerra, Gary Colver
 This assessment form was completed by _____ (Please Print)

Office Use Only:
 Estimated Cost of Repairs
 \$ 10K

Put all comments on the back of this sheet.

Handwritten text at the top of the page, possibly a name or identifier, appearing as "Fond...".

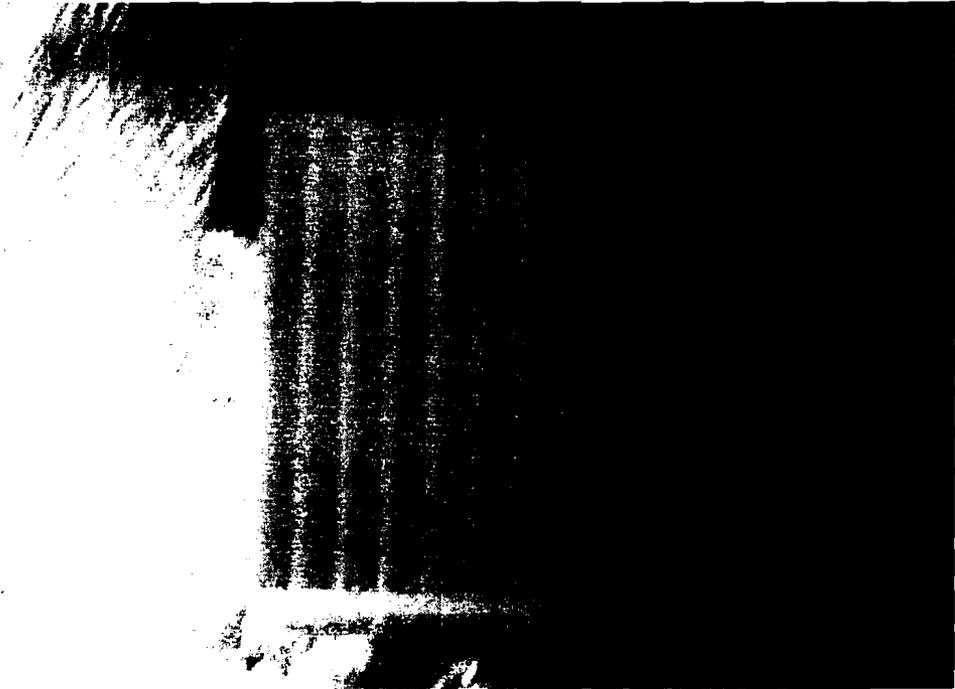


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5435 four 001



5435 four 001



5-12-9 Forward

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-28-08

1. ADDRESS: 54358 Vontz
 2. OWNERS NAME: Summey, Samuel F. Jr. & Darla M.
 3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
 PHONE: (____) _____

5. TYPE OF STRUCTURE DAMAGED:

Residential	<input checked="" type="radio"/>	Frame	<input type="radio"/>
Commercial	<input type="radio"/>	Metal	<input type="radio"/>
Multi-Family	<input type="radio"/>	Masonry	<input type="radio"/>
		Mobile Home	<input checked="" type="radio"/>

6. INSURANCE:

Owner Insured:	Yes <input type="radio"/>	No <input type="radio"/>	Unknown <input checked="" type="radio"/>
Structure:	Fully Insured <input type="radio"/>	Under-insured <input type="radio"/>	Unknown <input checked="" type="radio"/>
Renter Insured:	Yes <input type="radio"/>	No <input type="radio"/>	Unknown <input checked="" type="radio"/>

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined

Is ENGINEERING needed for Repair? Yes No Undetermined

Is the Building LIVABLE? Yes No Undetermined

Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____

DEPTH OF WATER IN STRUCTURE: _____

11. TEAM MEMBERS: GARY GARVER, Tony Perez-Guerra

This assessment form was completed by _____ (Please Print)

Office Use Only:
 Estimated Cost of Repairs
 \$ 1K

Put all comments on the back of this sheet.

Well under water —

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-28-08

1. ADDRESS: 54207 FOUR ACRE (Dug)
 2. OWNERS NAME: Cowell, Carrey S. & Mary P.
 3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
 PHONE: (____) _____

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
 Commercial Metal
 Multi-Family Masonry
 Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
 Structure: Fully Insured Under-insured Unknown
 Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
 Is ENGINEERING needed for Repair? Yes No Undetermined
 Is the Building LIVABLE? Yes No Undetermined
 Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
 DEPTH OF WATER IN STRUCTURE: _____

11. TEAM MEMBERS: GARY GARVER, TOMY PEREZ-GUERRA
 This assessment form was completed by _____ (Please Print)

Office Use Only:
 Estimated Cost of Repairs
 \$ 10K

Put all comments on the back of this sheet.



54207 forward

54207 forward



HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-28-08

1. ADDRESS: 43001 FREEDOM DR
 2. OWNERS NAME: Robert L. Winkelman
 3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
 PHONE: (____) _____

5. TYPE OF STRUCTURE DAMAGED: Residential Frame Brick/Veneer
 Commercial Metal
 Multi-Family Masonry
 Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
 Structure: Fully Insured Under-insured Unknown
 Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> A/C & HEAT	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:
 POWER, GAS, WATER should remain off? Yes No Undetermined
 Is ENGINEERING needed for Repair? Yes No Undetermined
 Is the Building LIVABLE? Yes No Undetermined
 Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
 DEPTH OF WATER IN STRUCTURE: 2 feet

11. TEAM MEMBERS: CARY CARVER - TONY PEREZ-GUERRA
 This assessment form was completed by _____ (Please Print)

Office Use Only:
 Estimated Cost of Repairs
 \$ 15K

Put all comments on the back of this sheet.

underwritten
Robert L. Winkelman

08/28/2008 12:26



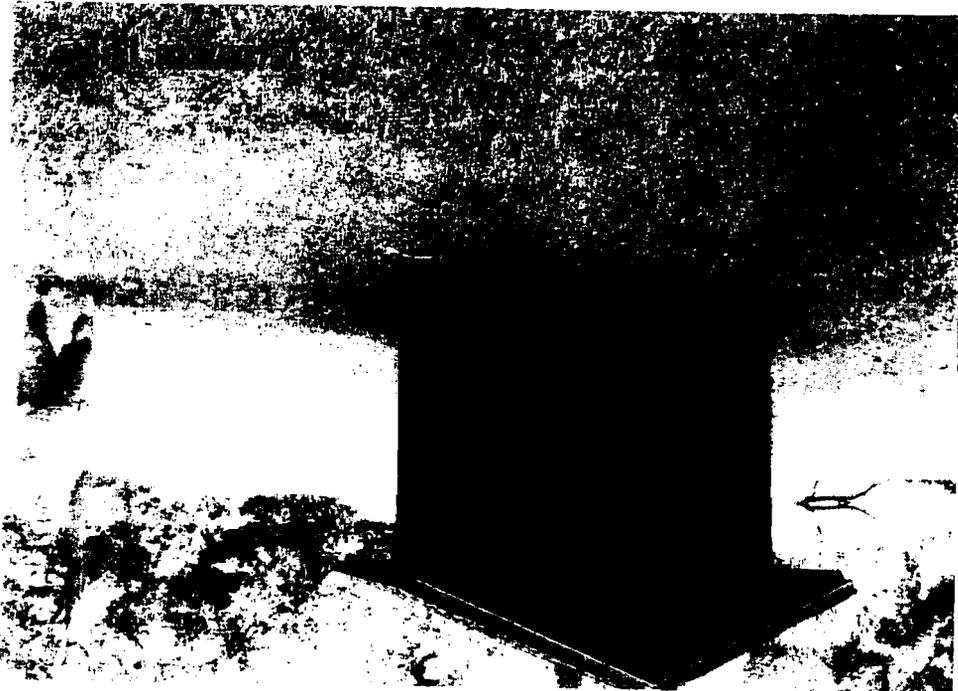
4301 Freedom Dr

Wm Kite man

08/28/2008 12:39



Wm Kite man





W. Miller



W. Miller

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-28-08

1. ADDRESS: ~~4118~~ ~~Freedom~~ ~~Freedom~~
2. OWNERS NAME: 43111 Freedom Erans, Edward
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
PHONE: (____) _____

5. TYPE OF STRUCTURE DAMAGED: Residential Frame Brick Veneer
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Units 2</u> <input type="radio"/> A/C & HEAT	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

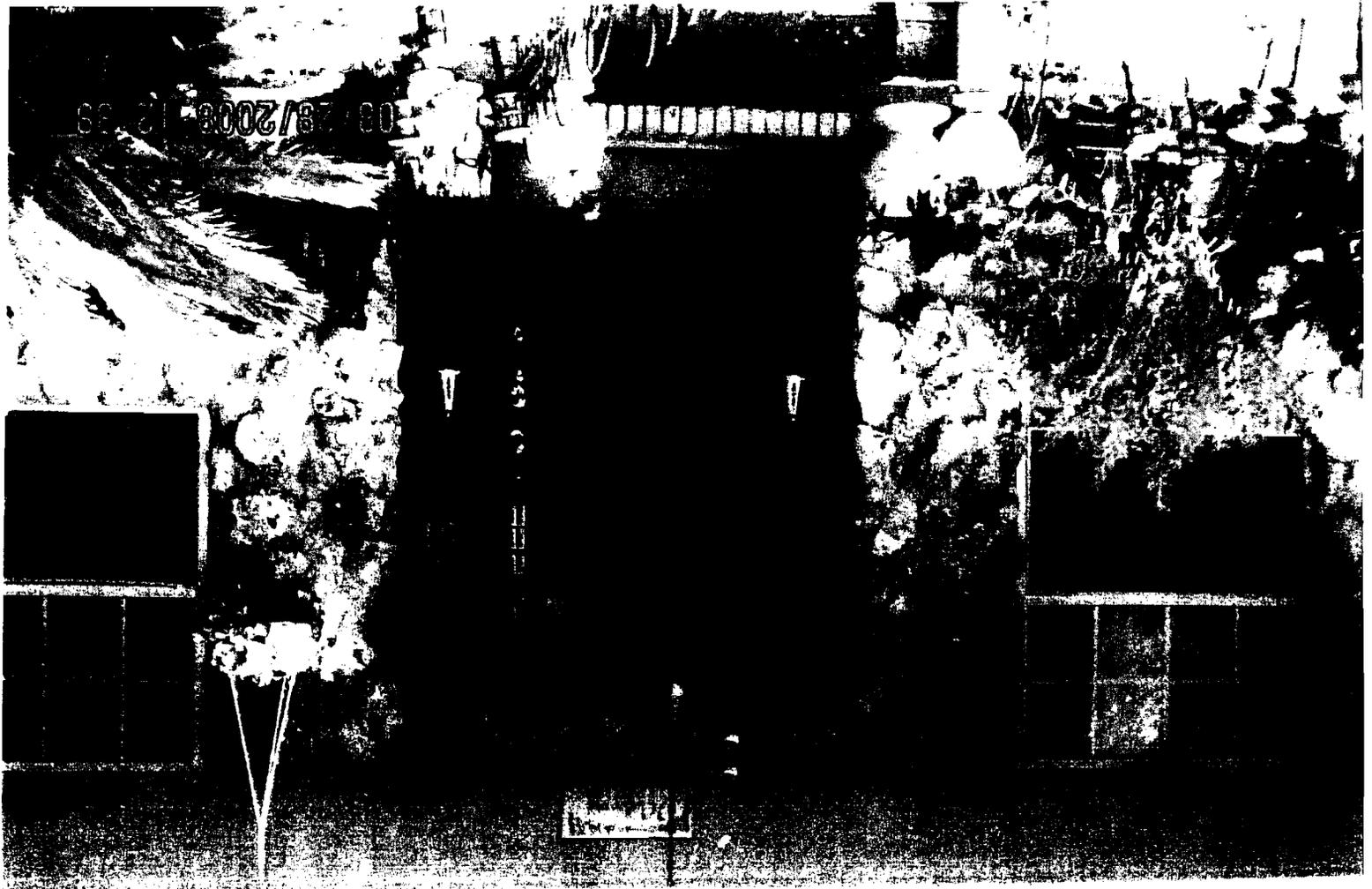
10. STRUCTURAL INFORMATION:
POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 2 1/2 Feet

11. TEAM MEMBERS: GARY GARVER TOM PEREZ-GUERRA
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 20K

Put all comments on the back of this sheet.

Well under water



11311 Freedom

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8/29

1. ADDRESS: 43376 Freedom Rd
2. OWNERS NAME: Ken Colson
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: Ken
PHONE: (904) 710 5435 cell

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION <u>OK</u>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES <u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS <u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> PLUMBING <u>leaky pumps</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC <u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT <u>unit under</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:
POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 2 FT

11. TEAM MEMBERS:
This assessment form was completed by GARY GAUER (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 12K

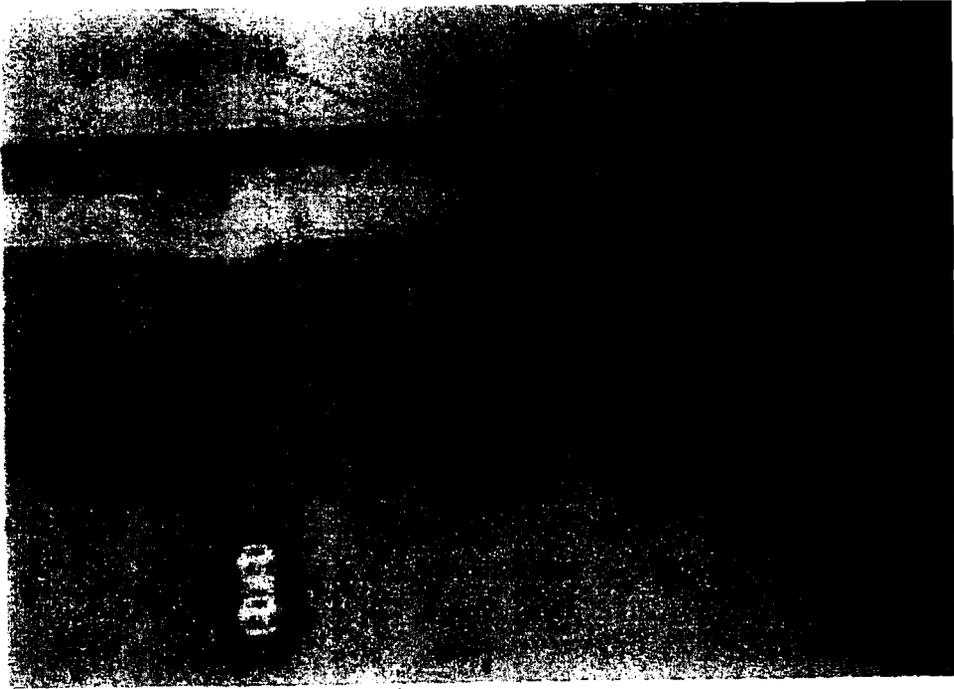
Put all comments on the back of this sheet.

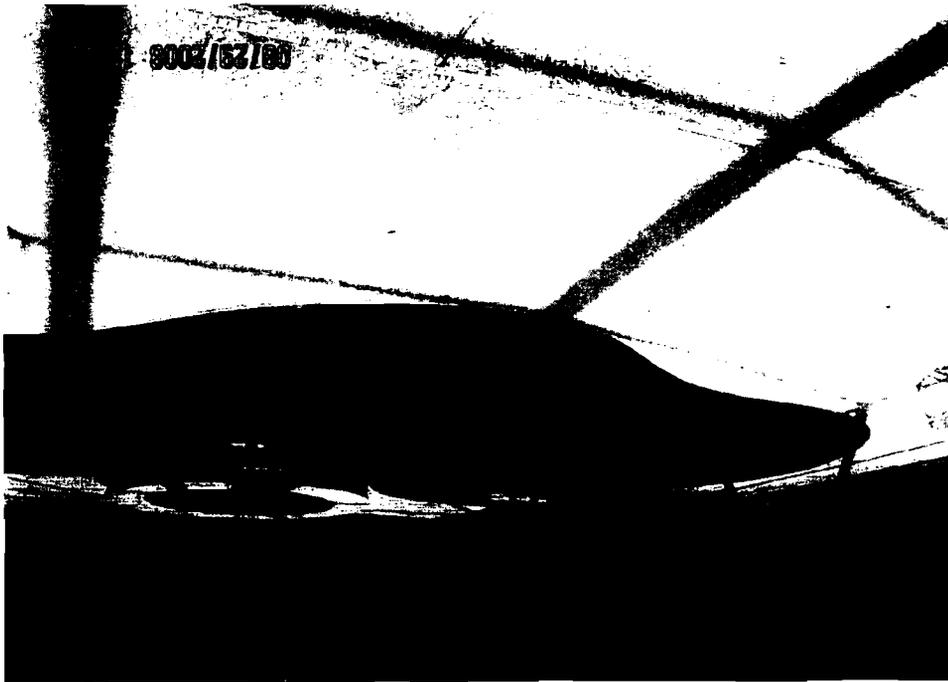
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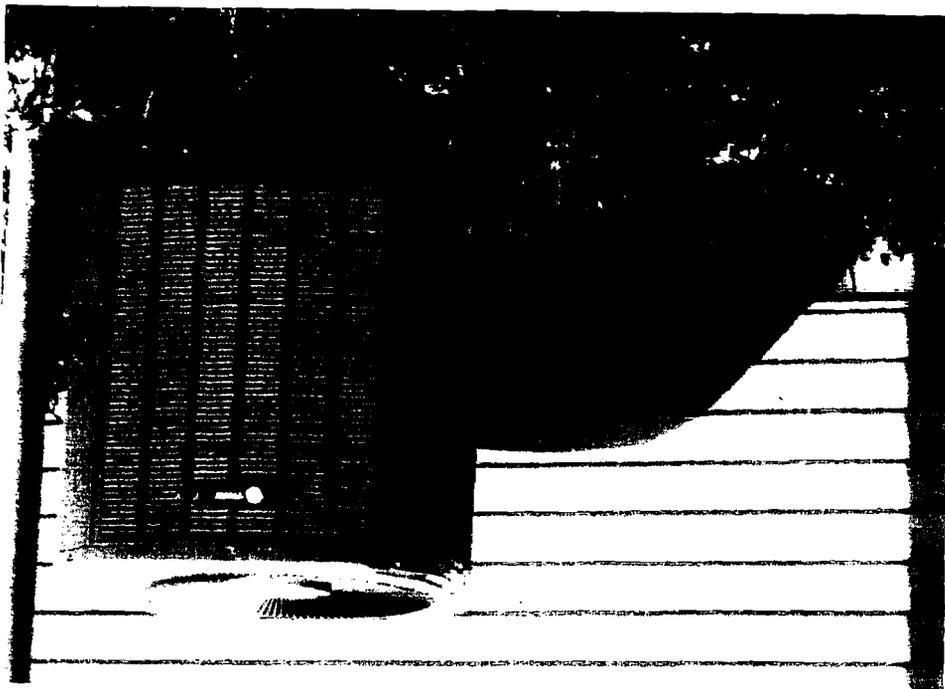


13396 Hudson Dr











HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8/29/08

1. ADDRESS: 42265 Pine Ridge
2. OWNERS NAME: Not Home / Moore, Melissa &
3. RENTERS NAME: Justin

4. PERSON TO NOTIFY IN EMERGENCY: _____
PHONE: (____) _____

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION <u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES <u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS <u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> PLUMBING <u>well head water</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC <u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT <u>OK</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

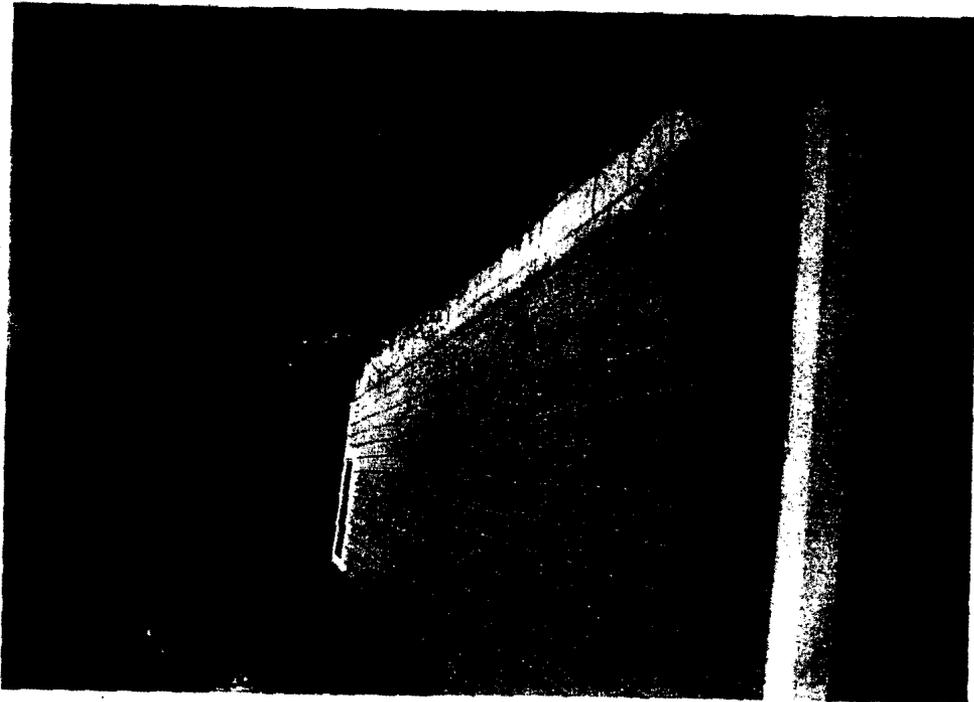
POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team Roll Frame
DEPTH OF WATER IN STRUCTURE: 4 inches

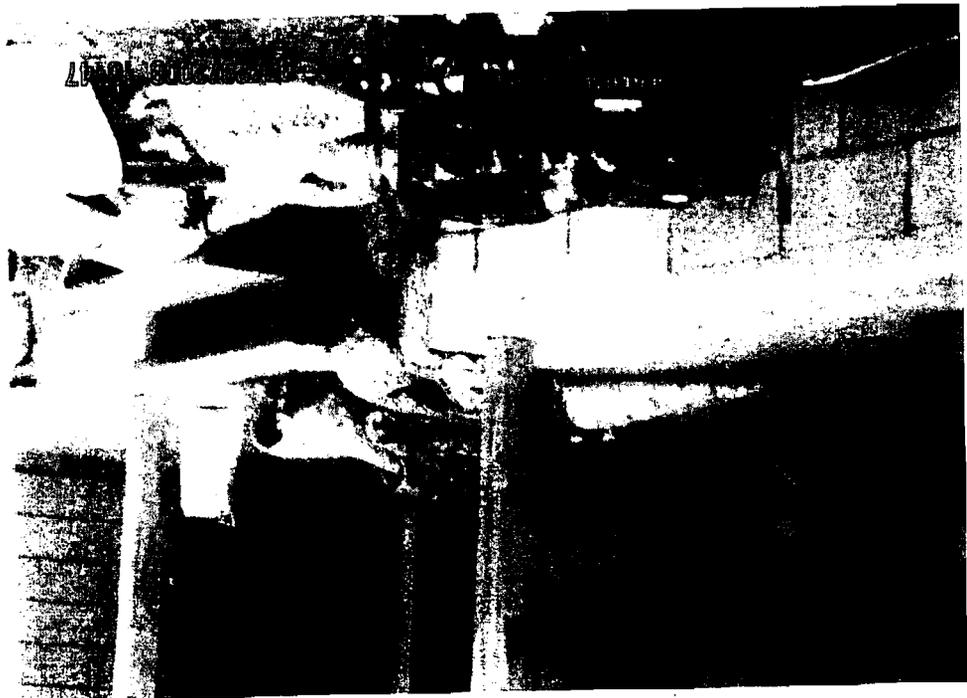
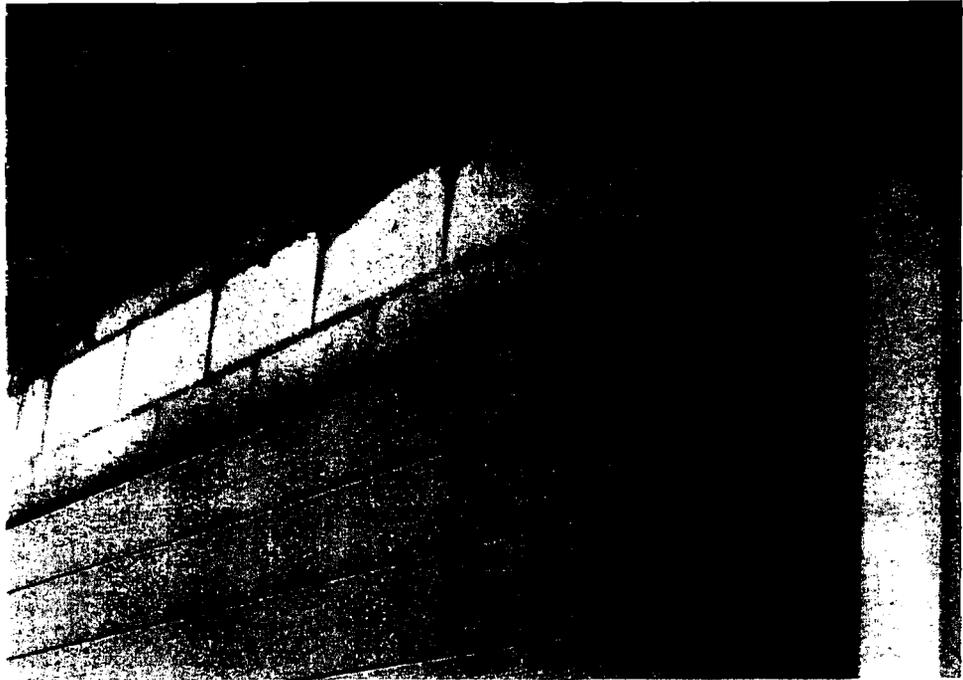
11. TEAM MEMBERS:
This assessment form was completed by GARY GARVER (Please Print)

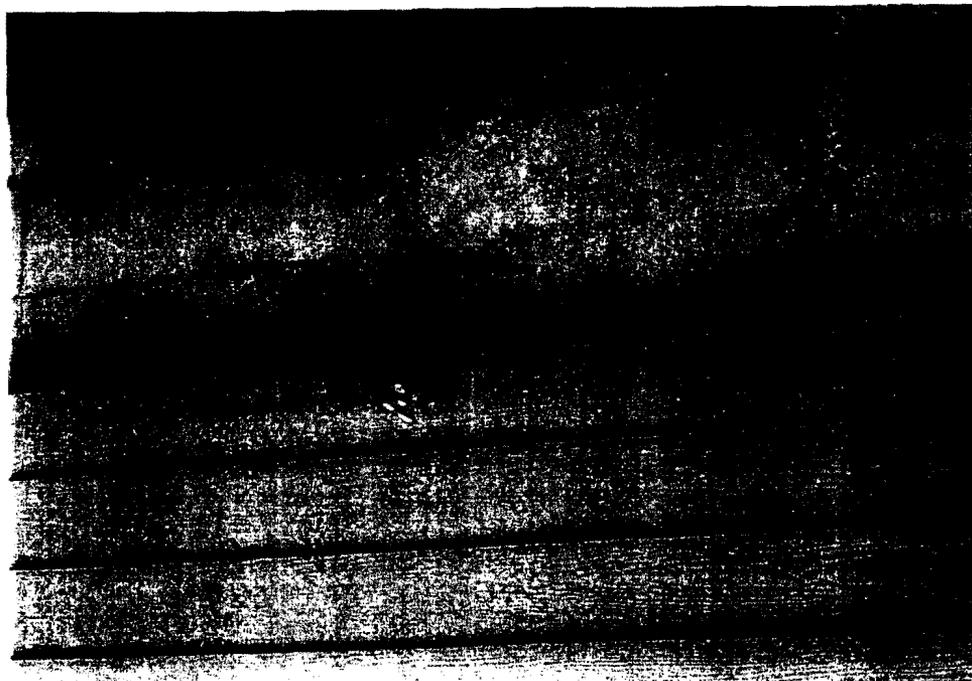
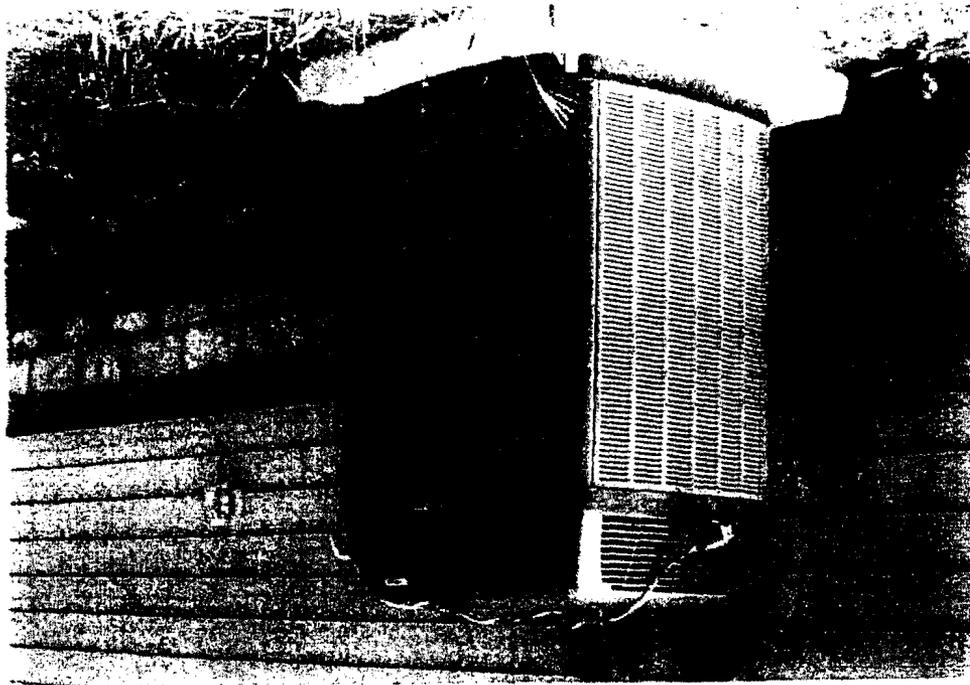
Office Use Only:
Estimated Cost of Repairs
\$ 5K

Put all comments on the back of this sheet.

432105 Pine Ridge







HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-27-08

1. ADDRESS: 54002 Evergreen Trail
2. OWNERS NAME: Briggers / Martin, Michael
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY:
PHONE: () 237-8526

5. TYPE OF STRUCTURE DAMAGED: Residential Frame Brick Veneer
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____

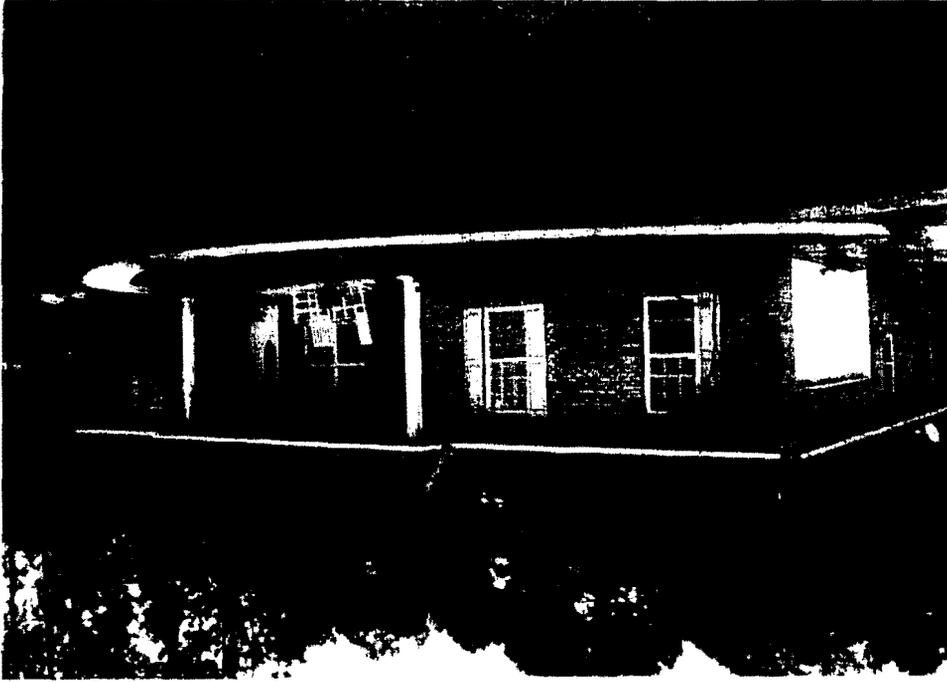
outside only

DEPTH OF WATER IN STRUCTURE: 1 Foot

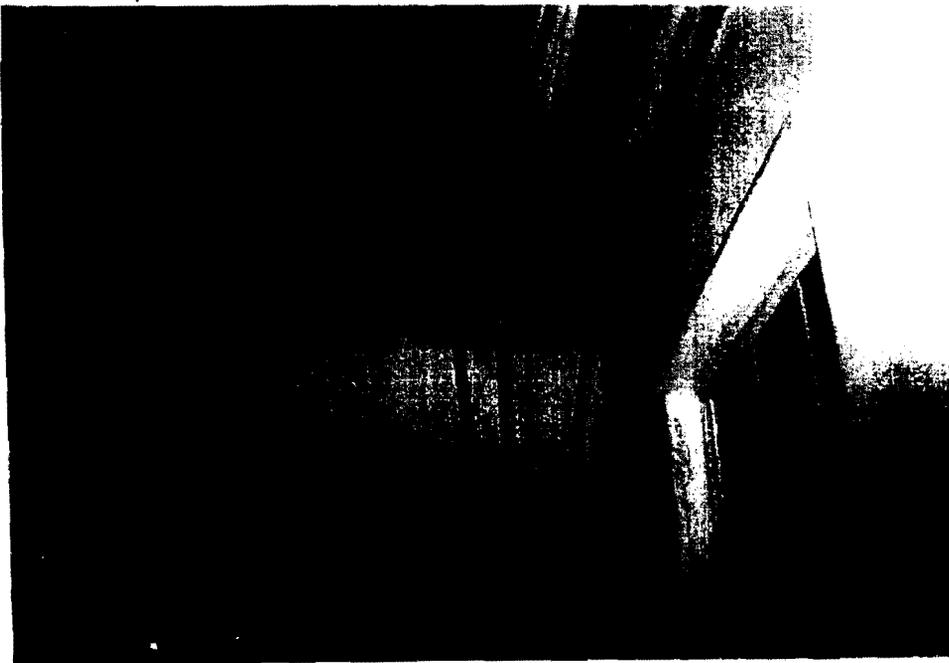
11. TEAM MEMBERS: GARY GARNER Tommy Perez Guerrita
This assessment form was completed by _____ (Please Print)

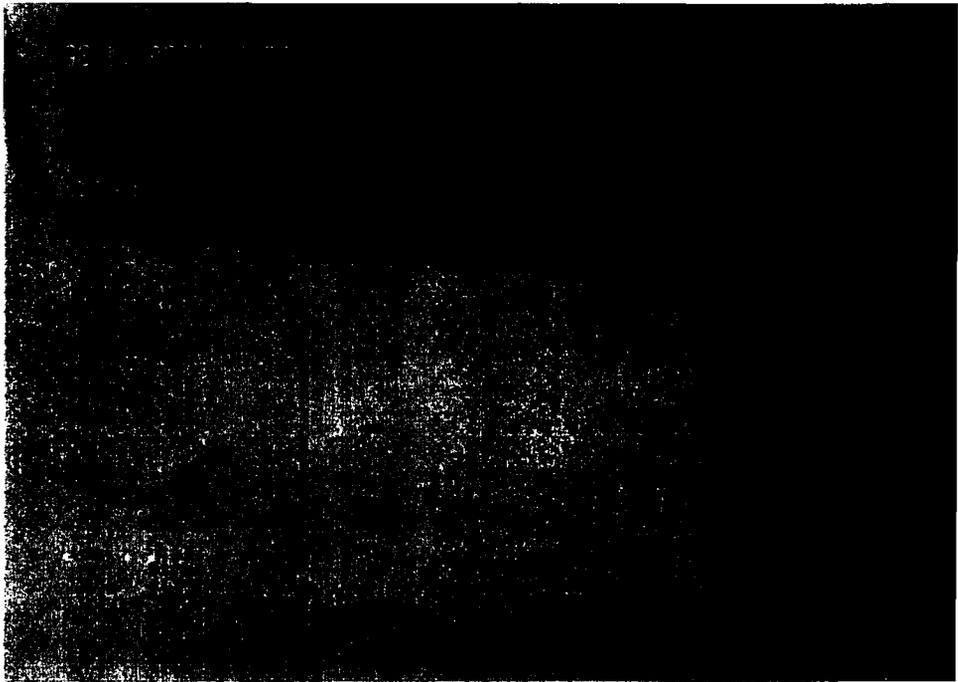
Office Use Only:
Estimated Cost of Repairs
\$ 10K

Put all comments on the back of this sheet.



54002 Evergreen Trail





HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date _____

1. ADDRESS: 54330 LEE STOWER
 2. OWNERS NAME: FRANCIS KOCH
 3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY:
 PHONE: () 879-3090

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
 Commercial Metal
 Multi-Family Masonry
 Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
 Structure: Fully Insured Under-insured Unknown
 Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	<u>5-25%</u>	<u>25-50%</u>	<u>50-100%</u>
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT/DUCT.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MOBILE HOMES

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
 Is ENGINEERING needed for Repair? Yes No Undetermined
 Is the Building LIVABLE? Yes No Undetermined
 Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____

DEPTH OF WATER IN STRUCTURE: 4"

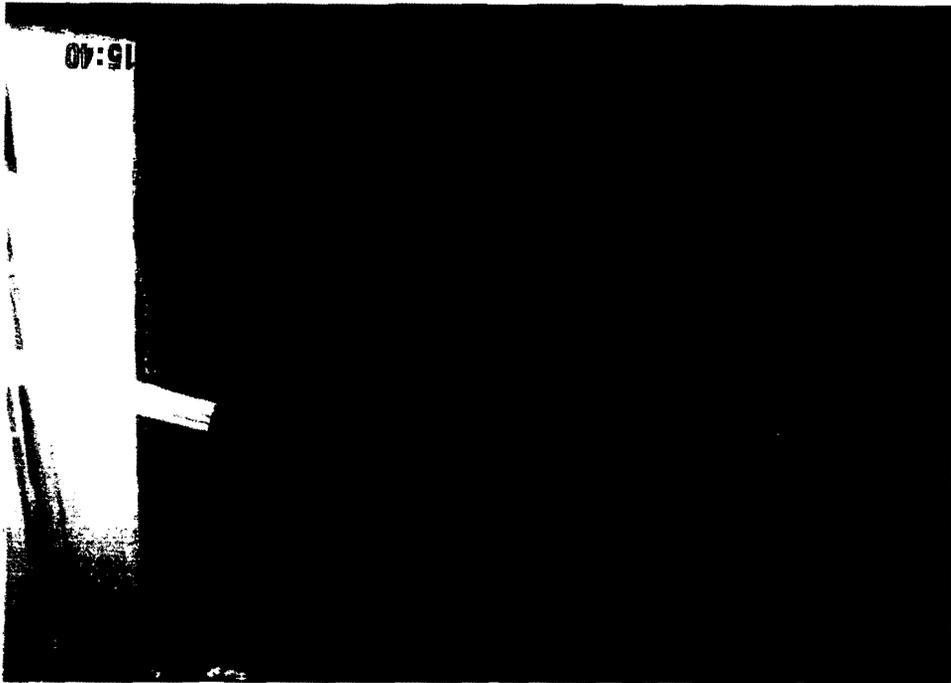
11. TEAM MEMBERS: GARY CARVER, TONY PEREZ GUERRA

This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs

\$ 2500

Put all comments on the back of this sheet.



5733D Loc. 570A



HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8/27/8

1. ADDRESS: 54272 Lee STOVER Rd
2. OWNERS NAME: Keith Lloyd
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY:
PHONE: (904) 879 4695

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="checkbox"/> FOUNDATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ROOF/TRUSSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> EXTERIOR WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Mold
<input type="checkbox"/> INTERIOR WALLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FLOORS/FLOORING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PLUMBING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ELECTRIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A/C & HEAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 1 FT

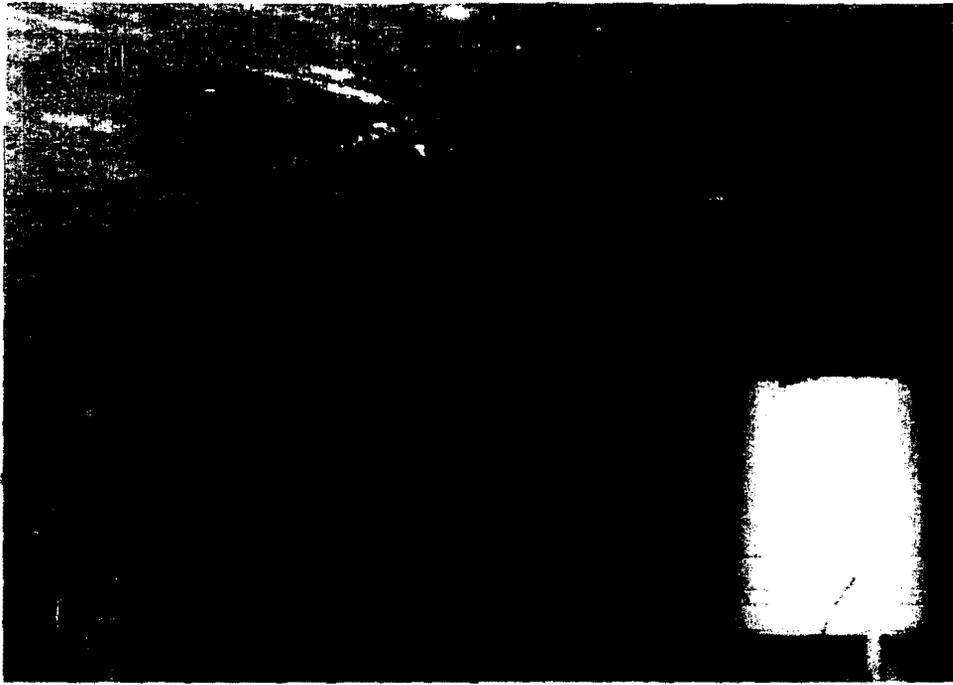
11. TEAM MEMBERS:

This assessment form was completed by GARY AND TONY (Please Print)

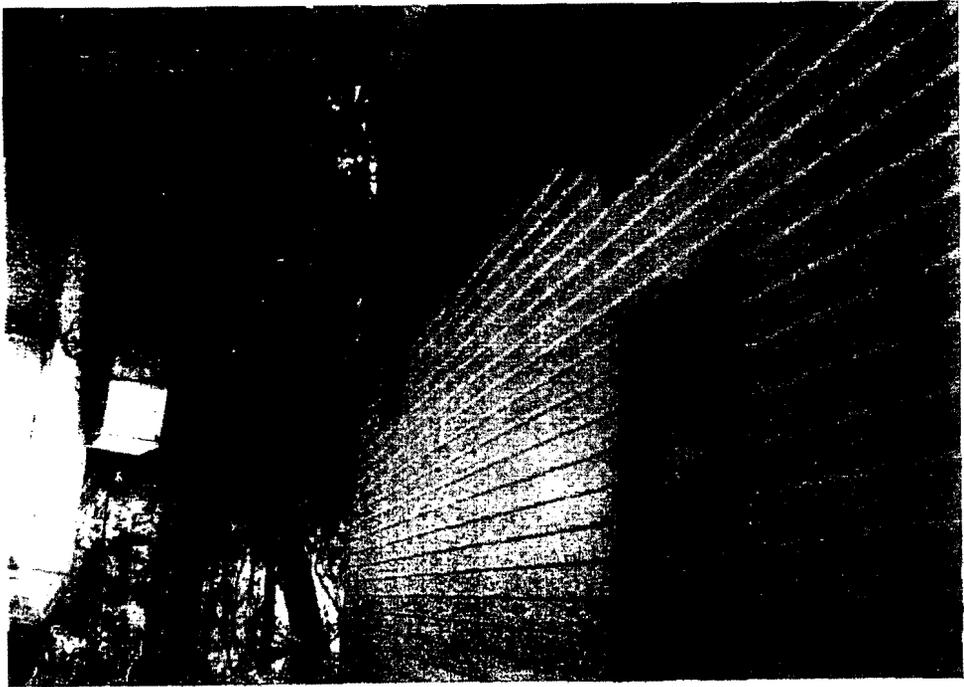
Office Use Only:
Estimated Cost of Repairs
\$ 5K

Put all comments on the back of this sheet.

X Keith Lloyd



54372 LA. Street Rd





HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8.27.08

1. ADDRESS: 54246 LEE STONER ROAD
2. OWNERS NAME: WINFRED Lloyd SR.
3. RENTERS NAME:

4. PERSON TO NOTIFY IN EMERGENCY:
PHONE: (904) 879-1651

5. TYPE OF STRUCTURE DAMAGED: Residential Frame ADDON
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE: Table with columns for damage levels (5-25%, 25-50%, 50-100%) and categories (FOUNDATION, ROOF/TRUSSES, EXTERIOR WALLS, INTERIOR WALLS, FLOORS/FLOORING, PLUMBING, ELECTRIC, A/C & HEAT). Includes handwritten note: 'PIERS supported by Raining water'.

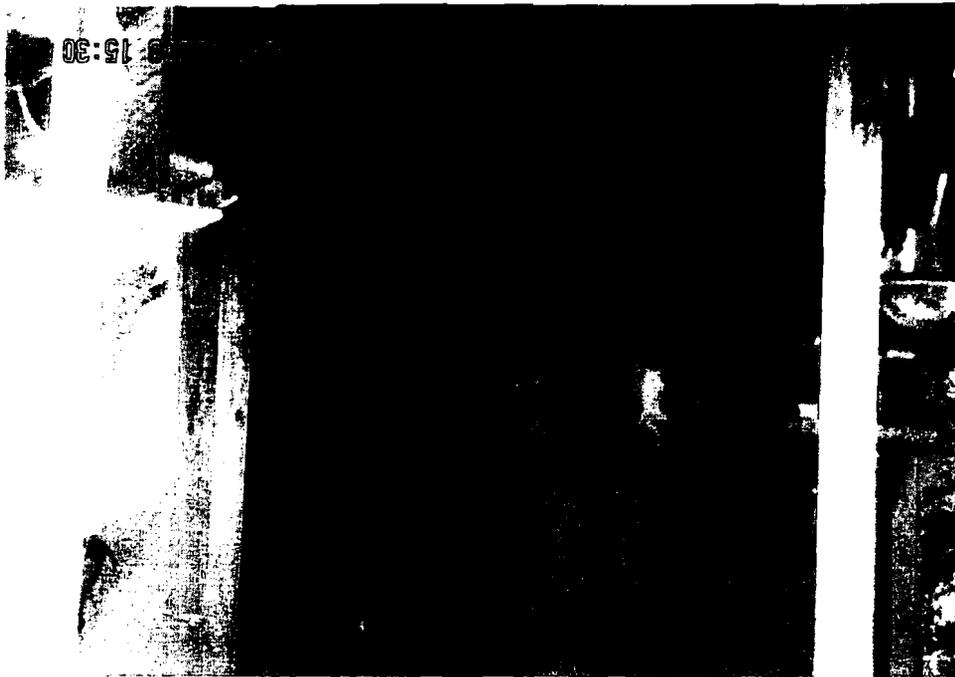
9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION: POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 10"

11. TEAM MEMBERS: GARY GARNER Tony Perez-Guerra
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 2500

Put all comments on the back of this sheet.



54244 LAD STOR

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-28-08

1. ADDRESS: 54188 VONTZ
2. OWNERS NAME: ERIC BOWEN / Bowen, Terry
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
PHONE: (404) 879-4905

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION <u>piers</u>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS <u>garage</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING <u>insulation</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT <u>duct work / out side unit</u>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:
POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____

DEPTH OF WATER IN STRUCTURE: 1 1/2 Feet in Attached GARAGE

11. TEAM MEMBERS: GARY GARVER, Tony Perez-GONZALEZ
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 5K

Put all comments on the back of this sheet.

Eric Bowen

well under water.

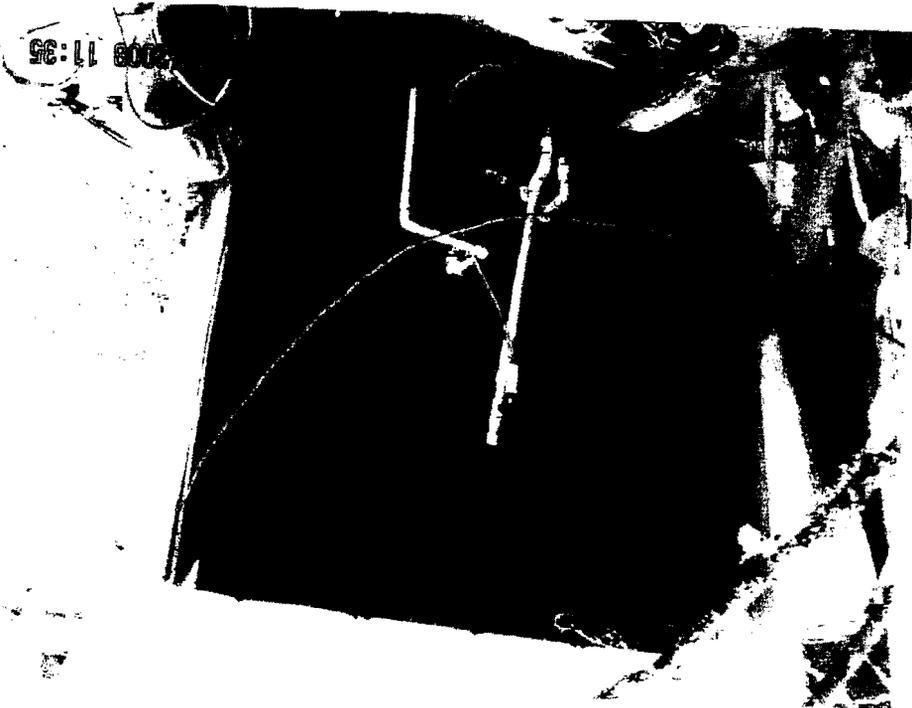
8-5-04



8-5-04

5-11-88 Fortz

Bowen



Bowen

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8/29/08

1. ADDRESS: 42283 Pine Ridge Dr Calumet
 2. OWNERS NAME: Vernon Roberts Jr
 3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: Vernon Roberts
 PHONE: (904) 626 2726

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
 Commercial Metal
 Multi-Family Masonry
 Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
 Structure: Fully Insured Under-insured Unknown
 Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	OK <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	OK <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	OK <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> PLUMBING <i>wellhead work under</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT <i>OK</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

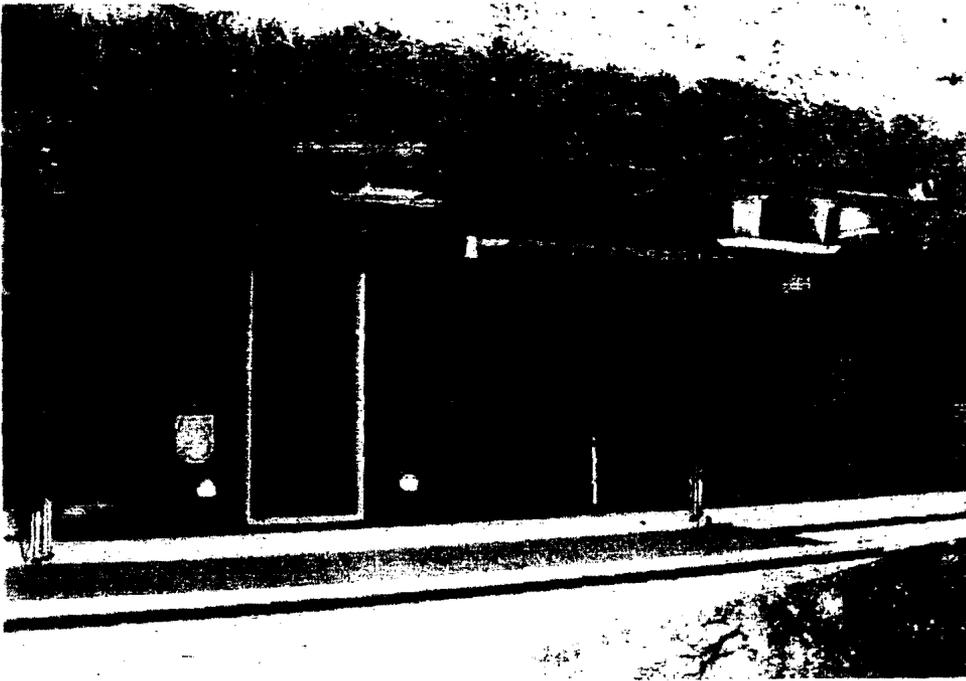
POWER, GAS, WATER should remain off? Yes No Undetermined
 Is ENGINEERING needed for Repair? Yes No Undetermined
 Is the Building LIVABLE? Yes No Undetermined
 Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
 DEPTH OF WATER IN STRUCTURE: 3 ft

11. TEAM MEMBERS:
 This assessment form was completed by GARY GARVEN (Please Print)

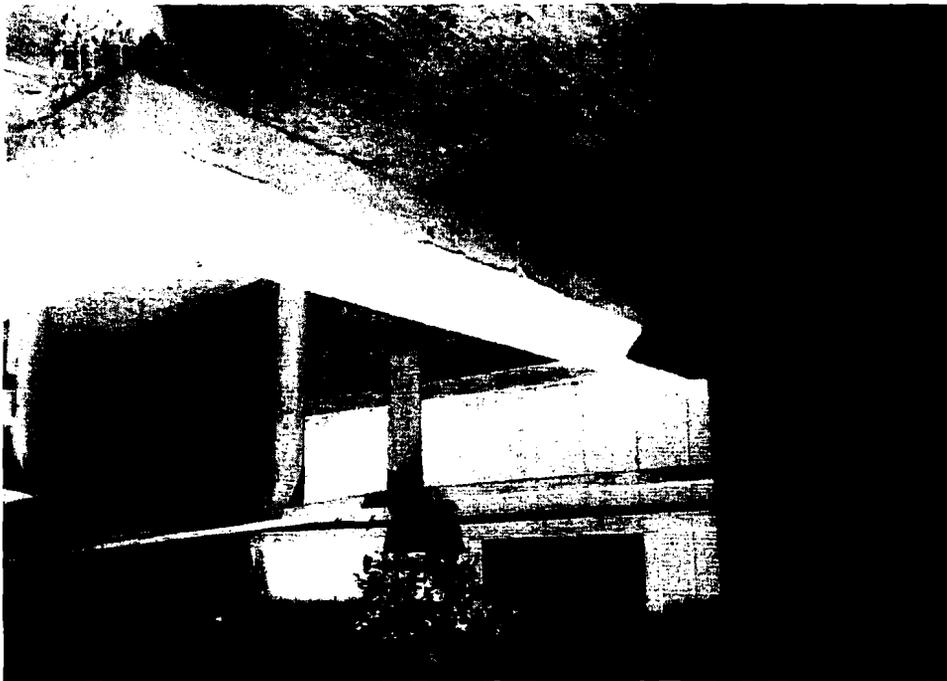
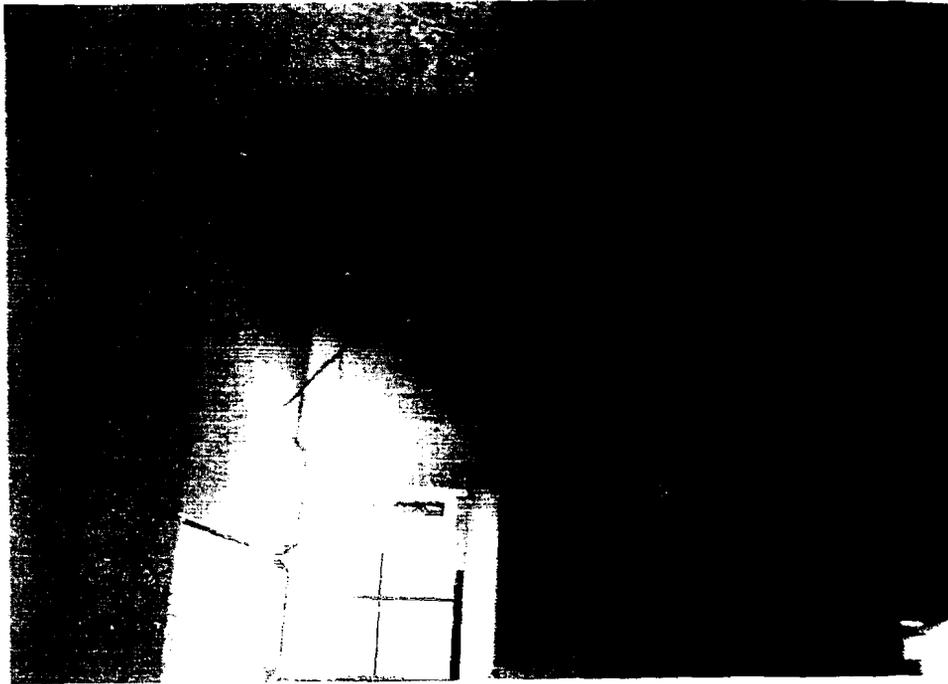
Office Use Only:
 Estimated Cost of Repairs
 \$ OK

Put all comments on the back of this sheet.

X Shawn K Roberts



113283 Pm Ridge







HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-27-08

1. ADDRESS: 54064 Evergreen TRAIL
2. OWNERS NAME: Jorge Pizar
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY:
PHONE: (904) 703-5525

5. TYPE OF STRUCTURE DAMAGED: Residential Frame Brick Veneer
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

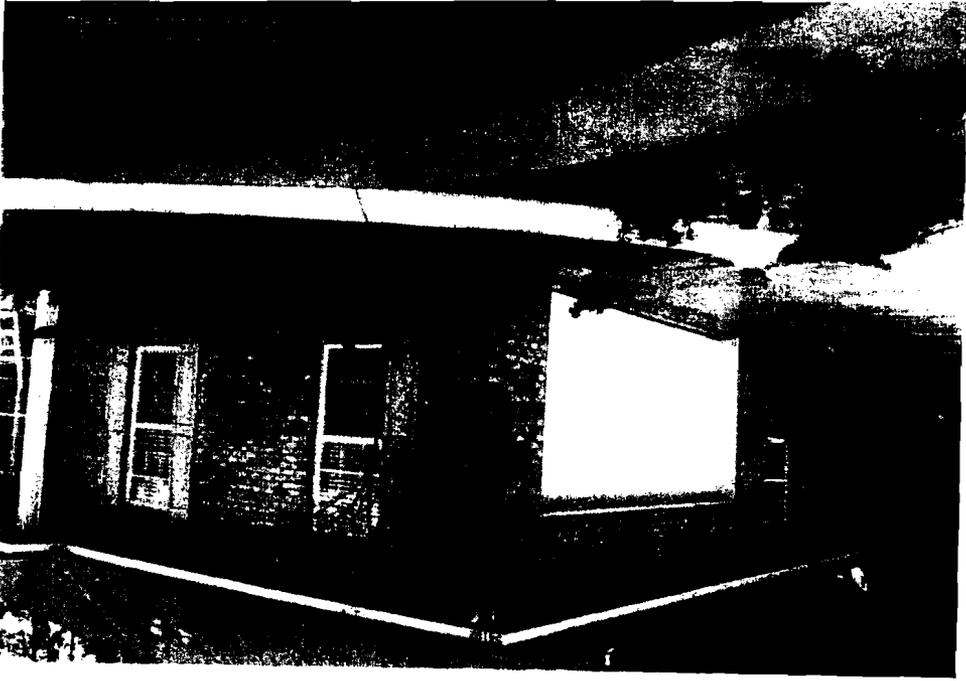
9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:
POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 5 inches Top of BASE

11. TEAM MEMBERS: GARY CARVER TONY PEREZ GUERRA
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 10K

Put all comments on the back of this sheet.



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54041 Evergreen Rd

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-27-08

1. ADDRESS: 44003 KOREYS LANE
2. OWNERS NAME: Elizabeth CREWS
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: Kevin CREWS
PHONE: 904-759-1697

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="checkbox"/> FOUNDATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ROOF/TRUSSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EXTERIOR WALLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> INTERIOR WALLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FLOORS/FLOORING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ELECTRIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A/C & HEAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

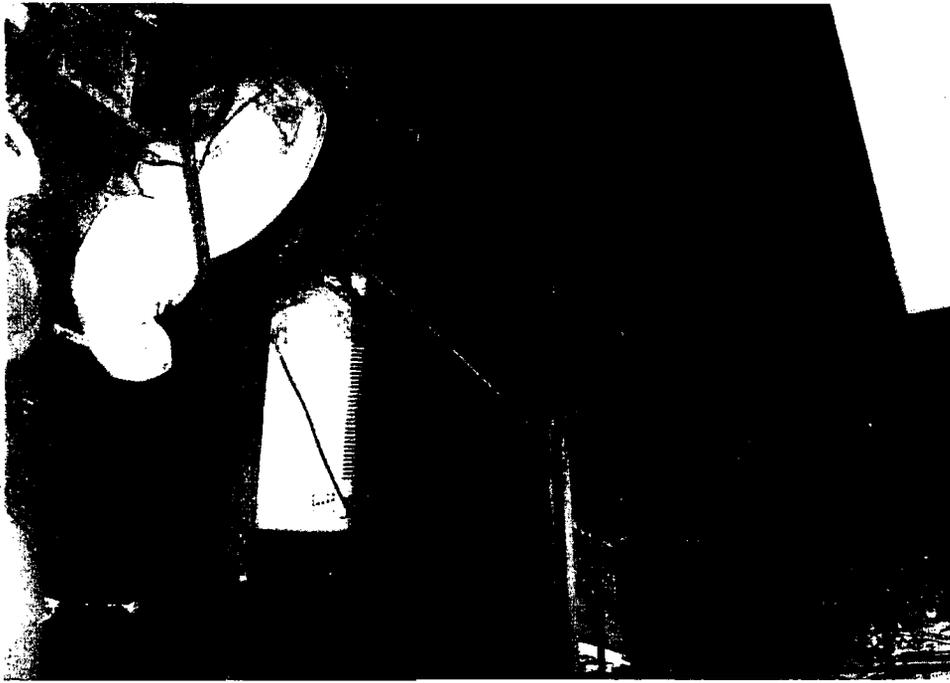
10. STRUCTURAL INFORMATION:
POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 2 FEET

11. TEAM MEMBERS: GARY GARDNER TOMY FEREZ-GUERRA
This assessment form was completed by _____ (Please Print)

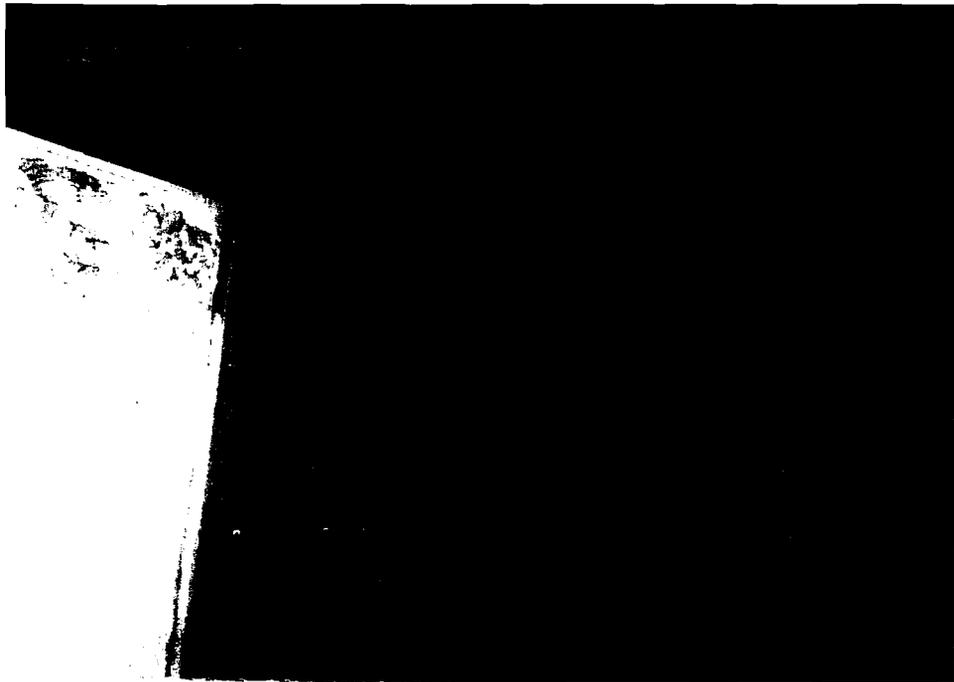
Office Use Only:
Estimated Cost of Repairs
\$ 15K

Put all comments on the back of this sheet.

Elizabeth B. Crews



4/14/03 Kraits Lane



HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 8-28-08

1. ADDRESS: 54382 VONTZ
2. OWNERS NAME: Kidd, Donald & Sierra
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY: _____
PHONE: (____) _____

5. TYPE OF STRUCTURE DAMAGED: Residential Frame
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown

7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	5-25%	25-50%	50-100%
<input type="radio"/> FOUNDATION <i>piers</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING <i>in kitchen</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>outside</i> <input type="radio"/> AC & HEAT <i>duct in kitchen</i>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____

DEPTH OF WATER IN STRUCTURE: _____

11. TEAM MEMBERS: GARY GAEVER, Tony Perez-Guerra
This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs
\$ 15K

Put all comments on the back of this sheet.

well under water

HABITABILITY ASSESSMENT — FIELD WORK SHEET

Date 6-28-08

1. ADDRESS: 54083 Vontz CR
2. OWNERS NAME: Tom Williams
3. RENTERS NAME: _____

4. PERSON TO NOTIFY IN EMERGENCY:
PHONE: (904) 879-2550

5. TYPE OF STRUCTURE DAMAGED: Residential Frame Block Veneer
Commercial Metal
Multi-Family Masonry
Mobile Home

6. INSURANCE: Owner Insured: Yes No Unknown
Structure: Fully Insured Under-insured Unknown
Renter Insured: Yes No Unknown
7. IS THIS THEIR PRIMARY RESIDENCE? Yes No Unknown

8. STRUCTURAL DAMAGE:

	<u>5-25%</u>	<u>25-50%</u>	<u>50-100%</u>
<input type="radio"/> FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ROOF/TRUSSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> EXTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> INTERIOR WALLS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> FLOORS/FLOORING	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/> PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> ELECTRIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> A/C & HEAT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. DAMAGE CATEGORY: MINOR (Damage Less than 25%) MAJOR (Damage From 25-50%) DESTROYED (Damage Exceeds 50%)

10. STRUCTURAL INFORMATION:

POWER, GAS, WATER should remain off? Yes No Undetermined
Is ENGINEERING needed for Repair? Yes No Undetermined
Is the Building LIVABLE? Yes No Undetermined
Were PICTURES taken? Yes No Team _____ Roll _____ Frame _____
DEPTH OF WATER IN STRUCTURE: 2"

11. TEAM MEMBERS: GARY BARBER, TOMY PEREZ-BUENIA

This assessment form was completed by _____ (Please Print)

Office Use Only:
Estimated Cost of Repairs

\$ 10K

Put all comments on the back of this sheet.

Alon W. Williams

MANZIE & DRAKE LAND SURVEYING

Michael A. Manzie, P.L.S. • Frank L. Bowen, P.S.M. • Mark G. Hill, P.S.M.

Callahan Finish Floor Elevations

Prepared for Nassau County Engineering Department

March 11, 2009

Address	F.F.E.	Highest Adj. Grade	Lowest Adj. Grade	Latitude	Longitude
54246 Lee Stoner Rd	10.45'	8.6'	8.3'	N030°31'44.1"	W081°46'00.2"
54272 Lee Stoner Rd	10.24'	8.8'	7.6'	N030°31'45.7"	W081°46'00.1"
54330 Lee Stoner Rd	11.84'	10.2'	8.4'	N030°31'48.9"	W081°46'00.4"
54308 Lee Stoner Rd	13.02'	9.7'	8.7'	N030°31'48.1"	W081°46'00.8"
54207 Four Acre Cr.	11.53'	8.4'	8.3'	N030°31'23.0"	W081°46'00.4"
54196 Four Acre Cr.	12.14'	8.8'	8.2'	N030°31'23.2"	W081°45'58.4"
54185 Four Acre Cr.	10.37'	9.5'	8.8'	N030°31'21.7"	W081°46'00.9"
54249 Four Acre Cr.	12.32' /9.80'	9.2'	8.7'	N030°31'24.0"	W081°46'02.9"
54226 Four Acre Cr.	11.40'	8.3'	8.2'	N030°31'24.5"	W081°45'59.1"
54102 Evergreen Tr.	11.38'	11.1'	10.9'	N030°30'30.3"	W081°46'46.1"
54064 Evergreen Tr.	11.79'	11.0'	10.9'	N030°30'28.2"	W081°46'46.2"
43396 Freedom Dr.	16.11'	15.4'	15.2'	N030°29'15.4"	W081°49'14.4"
43760 Freedom Dr.	15.34'	15.1'	15.0'	N030°29'29.8"	W081°48'57.4"
43027 Freedom Dr.	16.17'	14.8'	14.2'	N030°29'08.2"	W081°49'33.3"
43032 Freedom Dr.	18.37'	15.3'	15.2'	N030°29'06.7"	W081°49'29.4"
43001 Freedom Dr.	15.45'	15.2'	14.9'	N030°29'03.1"	W081°49'35.3"
43334 Freedom Dr.	16.53'	15.5'	15.1'	N030°29'17.3"	W081°49'18.9"
43111 Freedom Dr.	15.16'	15.0'	14.8'	N030°29'12.1"	W081°49'33.3"
43812 Freedom Dr.	16.72'	16.0'	15.9'	N030°29'31.2"	W081°48'51.6"
54083 Vontz Cr.	20.57'	19.3'	18.7'	N030°32'00.0"	W081°46'07.3"
54188 Vontz Cr.	10.43'	9.1'	7.3'	N030°32'01.3"	W081°46'01.0"
54382 Vontz Cr.	10.34'	8.9'	7.4'	N030°32'11.8"	W081°46'02.7"
54395 Vontz Cr.	19.36'	17.2'	17.0'	N030°32'11.3"	W081°46'05.2"
43002 Pineridge Dr.	11.98'	15.3'	14.8'	N030°29'33.3"	W081°48'45.9"
43283 Pineridge Dr.	17.51'	16.9'	15.1'	N030°29'45.9"	W081°48'32.8"
43265 Pineridge Dr.	18.31'	15.7'	15.4'	N030°29'48.8"	W081°48'36.0"
43324 Pineridge Dr. *	n/a	n/a	n/a	n/a	n/a
43272 Pineridge Dr.	17.48'	16.1'	15.9'	N030°29'44.3"	W081°48'34.1"
54223 Janice Dr.	11.84'	10.7'	10.4'	N030°31'09.2"	W081°46'09.5"
54274 Janice Dr.	12.66'	11.1'	10.6'	N030°31'09.1"	W081°46'06.3"
43552 Ratliff Rd.	17.07'	15.4'	15.2'	N030°29'38.0"	W081°49'12.6"
43508 Ratliff Rd.	17.07'	15.8'	14.8'	N030°29'56.2"	W081°48'40.9"
44003 Korey Ln.	15.80'	15.9'	15.5'	N030°29'47.7"	W081°48'19.6"

*There is no longer a residence at this address.

117 SOUTH 9TH STREET, FERNANDINA BEACH, FL 32034

OFFICE (904) 491-5700 • FAX (904) 491-5777 • TOLL FREE (888) 832-7730

www.manzieanddrake.com



MANZIE & DRAKE LAND SURVEYING

Michael A. Manzie, P.L.S. • Frank L. Bowen, P.S.M. • Mark G. Hill, P.S.M.



Notes:

1. Elevations shown hereon refer to National Geodetic Vertical Datum of 1929. (N.G.V.D. '29).
2. Elevations were obtained by GPS observations and leveling. The source benchmark is Nassau County Control Station "Nassau 27".

A handwritten signature in cursive script, appearing to read "Michael A. Manzie".

Michael A. Manzie, P.L.S.
Florida Registration No. 4069
Job No. 17398



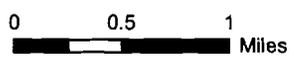
Legend

- ▲ Loading Points
- Rain Gauges

- Transport Conduits
- Nassau Conduits
- Major Roads

- Nassau County HUCS
- Seaton Creek
- Nassau County

- Flooded Areas
- House
- Yard



Nassau County, Florida

Figure 2

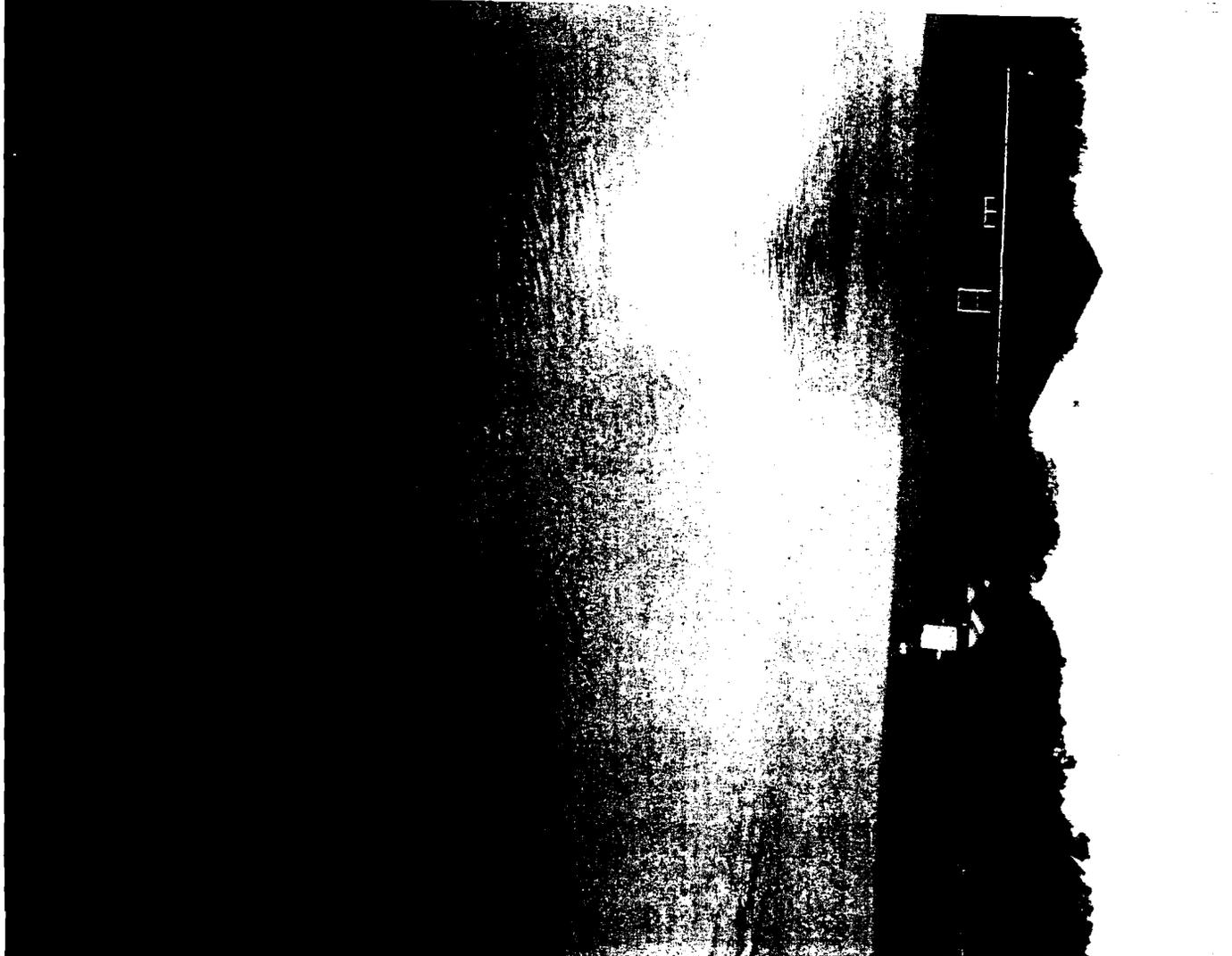
EXHIBIT C

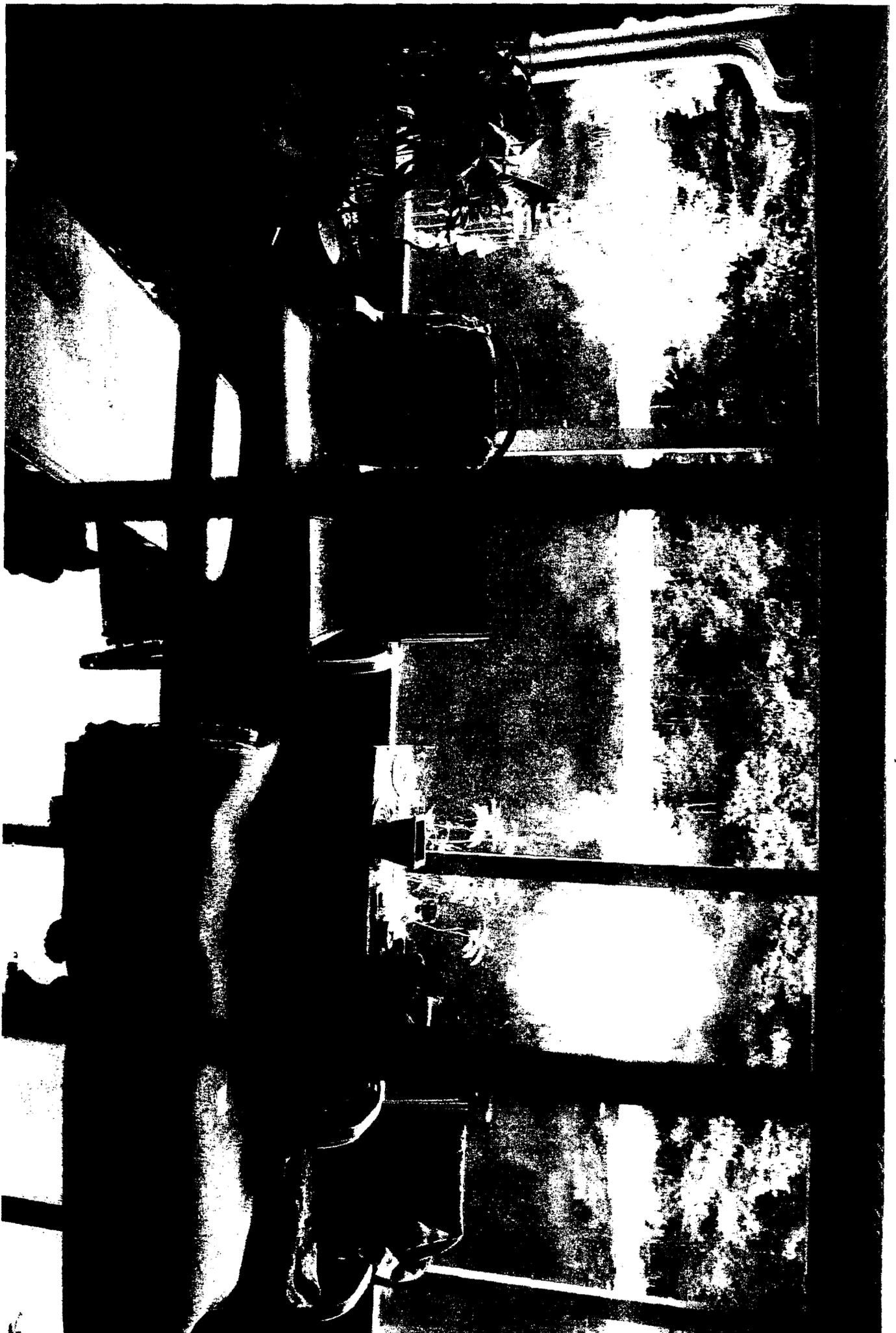
NASSAU COUNTY THOMAS CREEK PROJECT

street	length flooded feet	day flooded	one way trips lost per day
Ratliff Rd	2500	7	350
Four Acre Rd	1000	7	9
Freedom Drive	1000	7	24
Pineridge Drive	800	7	16
Lee Stoner	1000	7	26
Vontz Circle	400	7	12
Evergreen trail	700	7	6
Janice Drive	1000	7	4
Cynthia Drive	800	7	12

Information provided by Nassau County Engineering Services Dept.



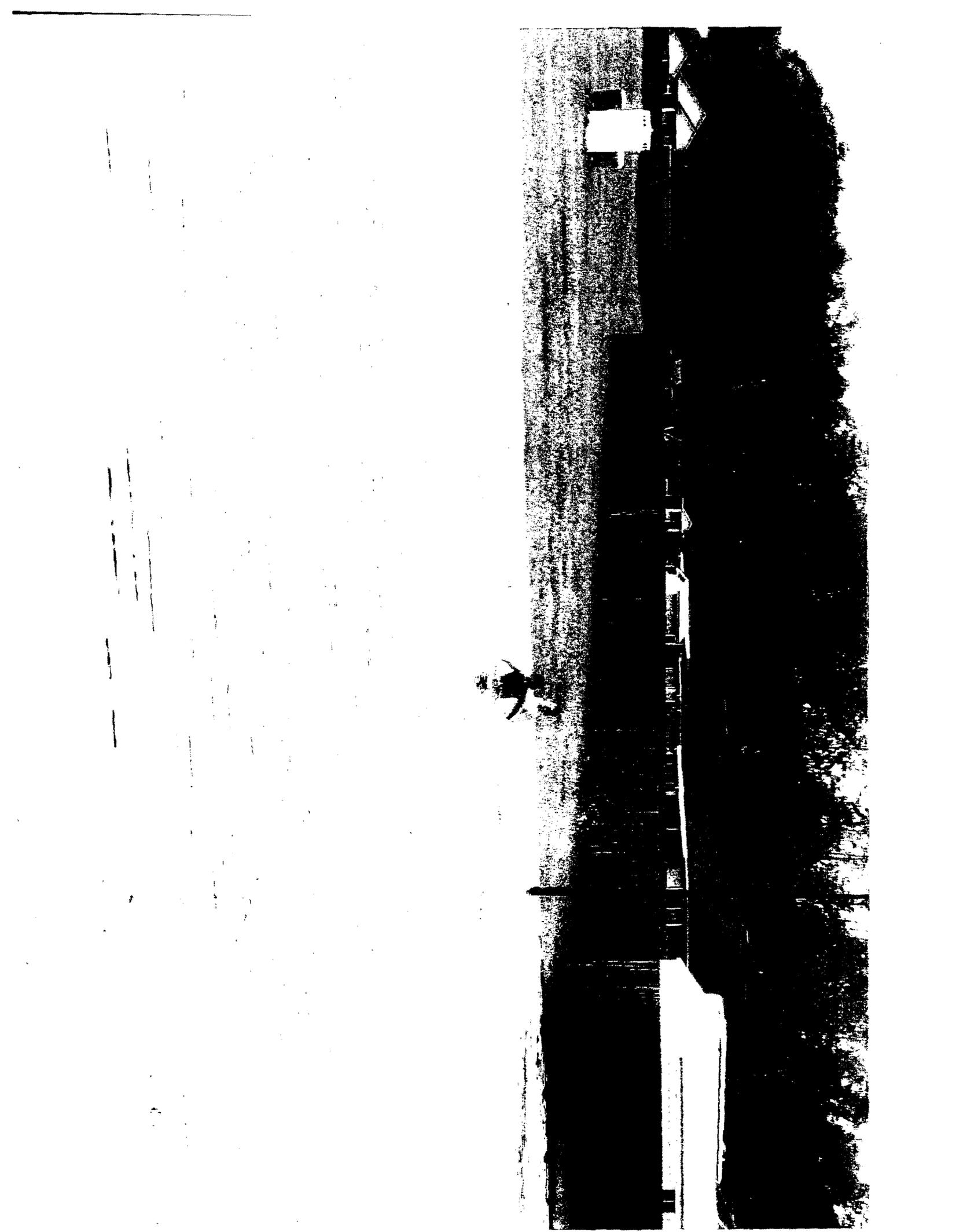


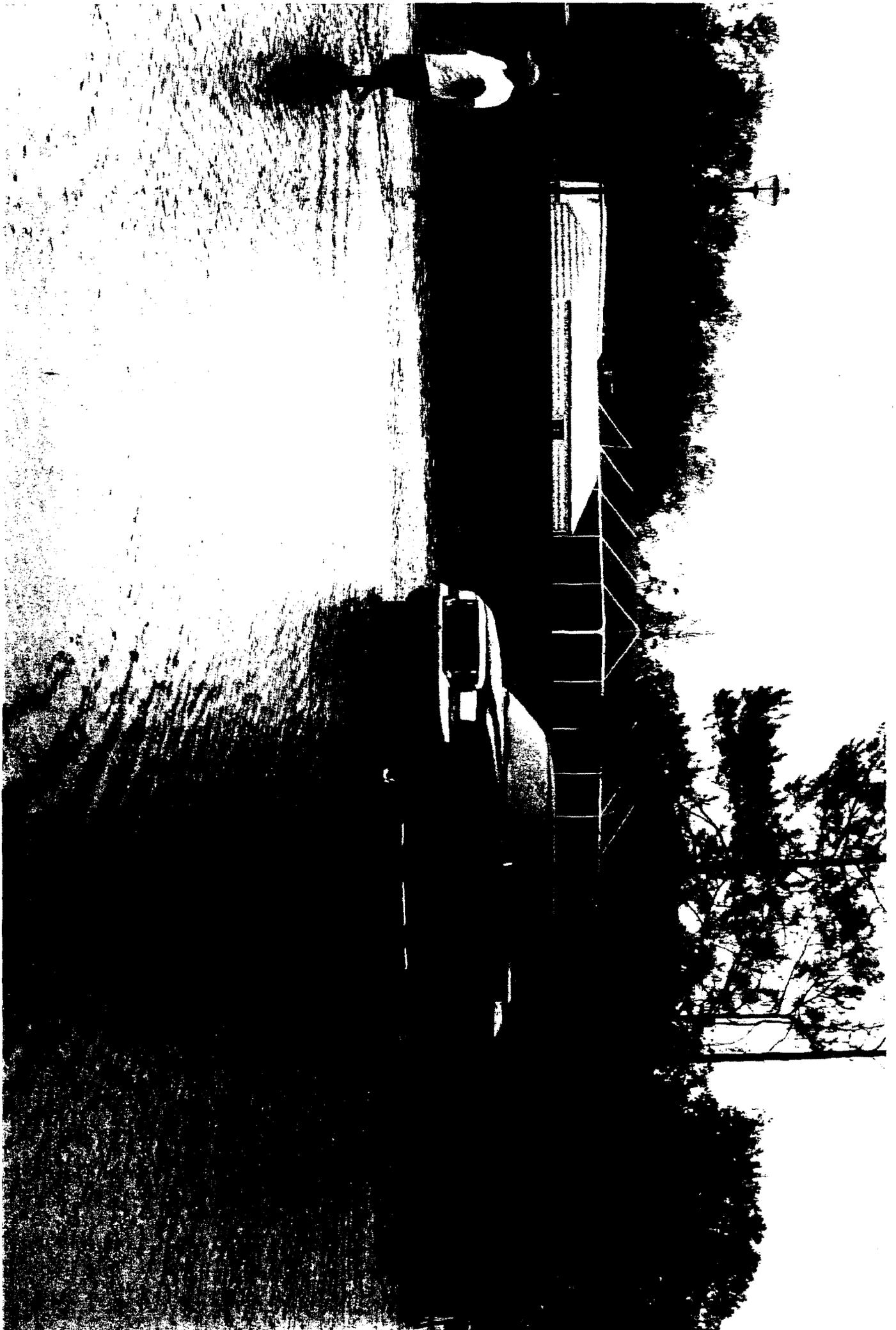


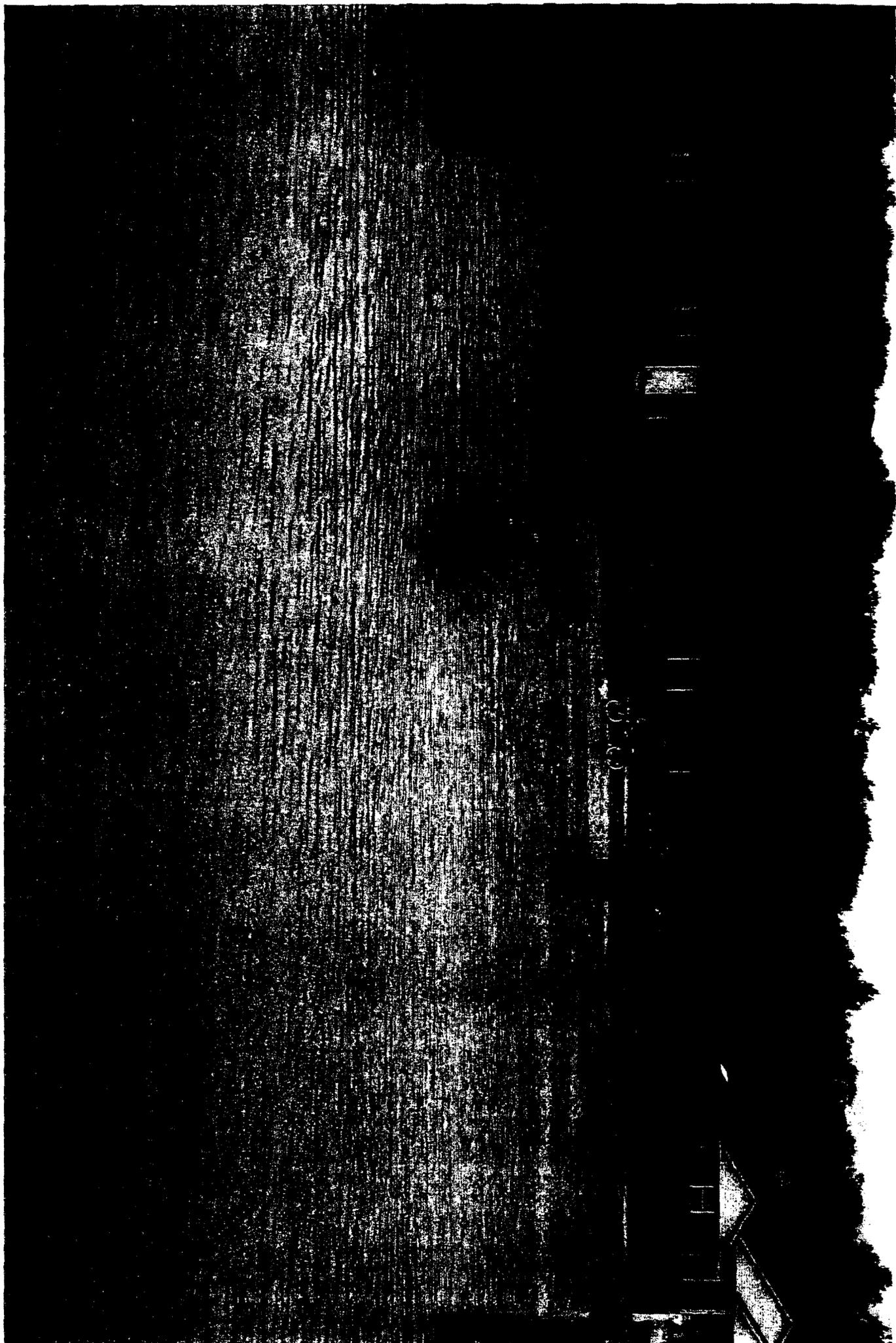


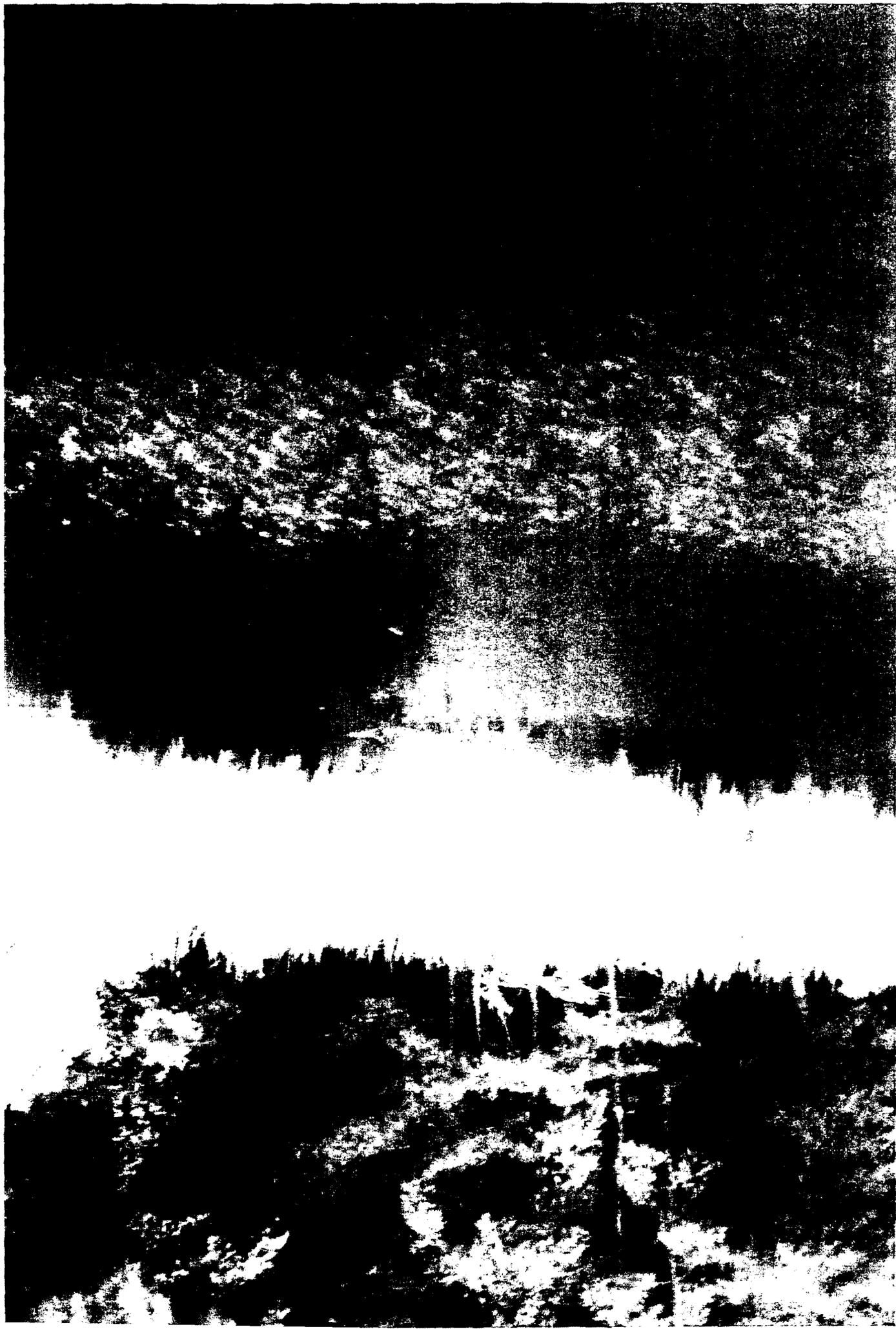


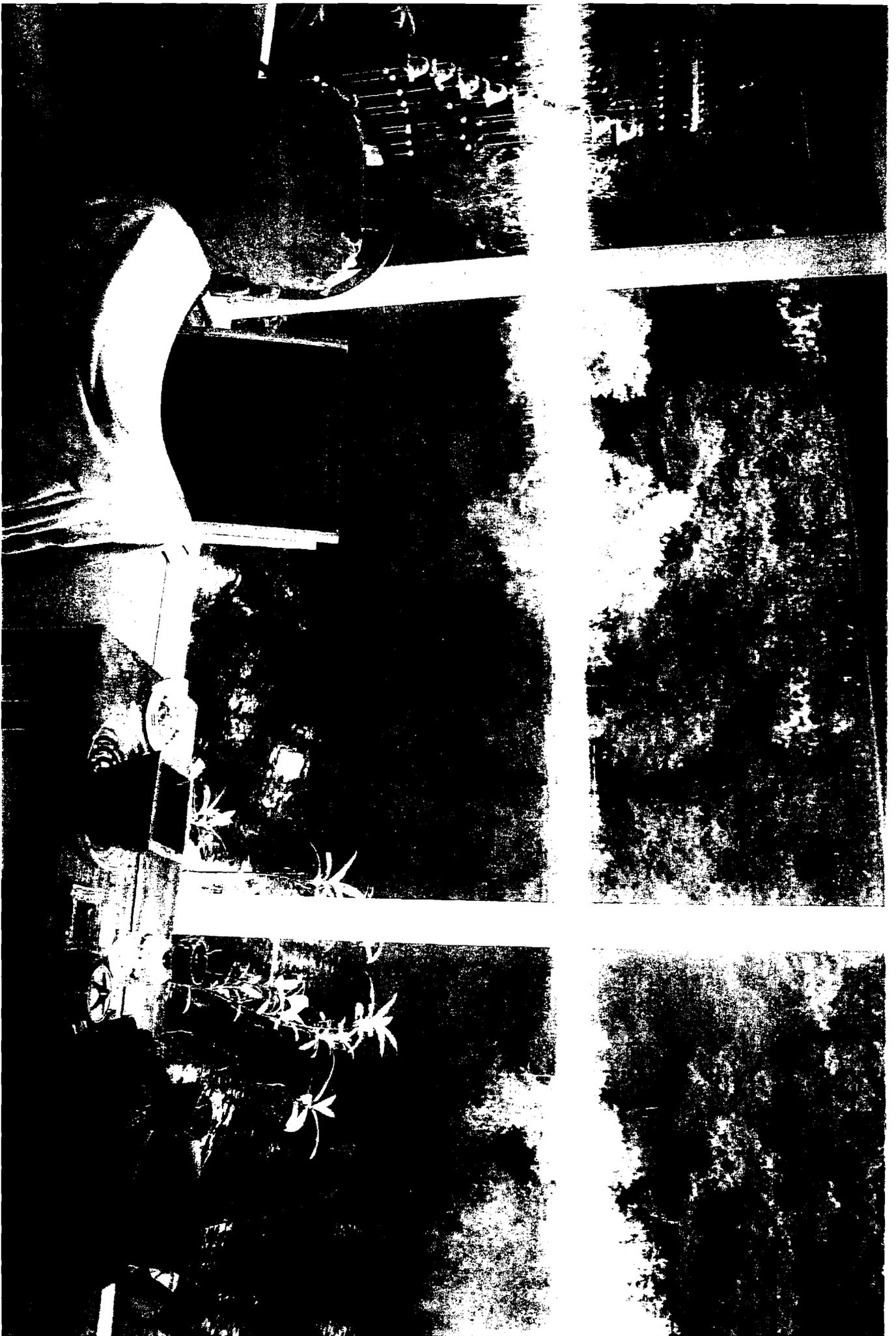


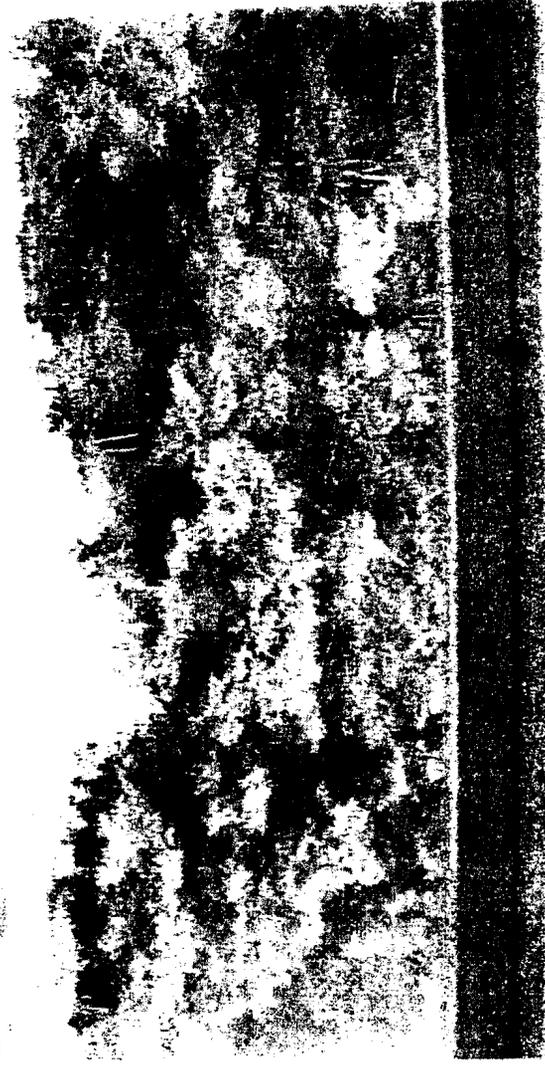


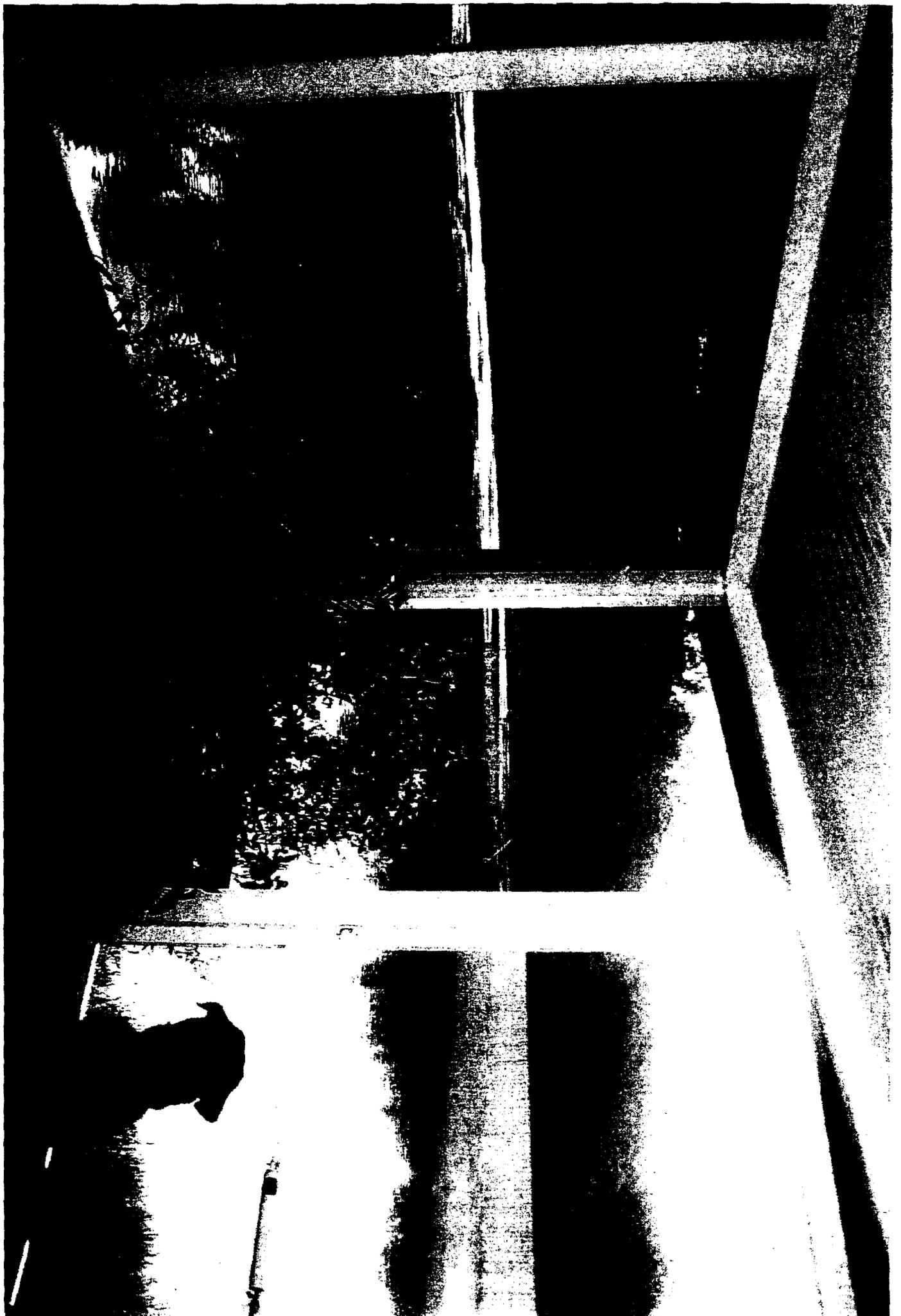




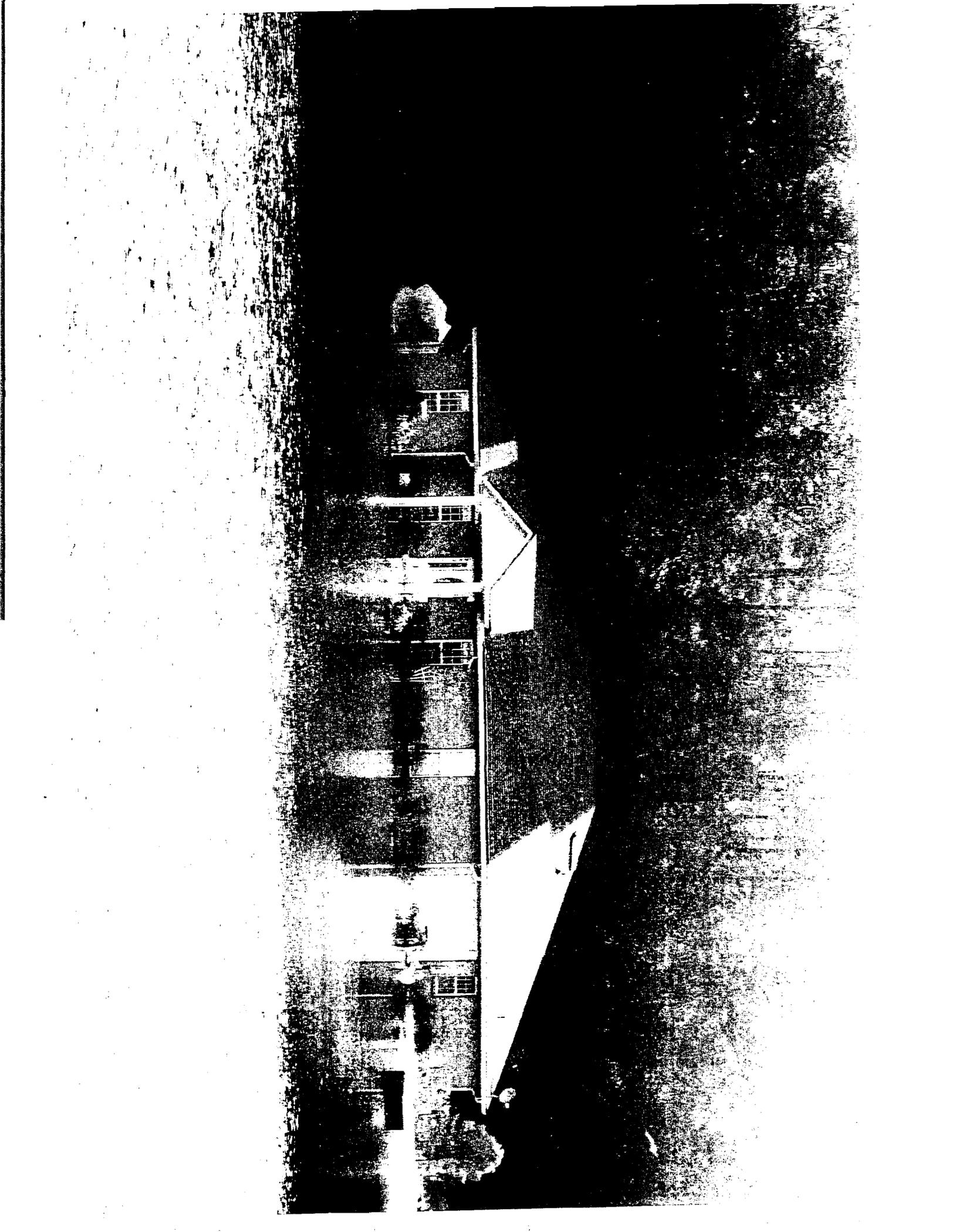




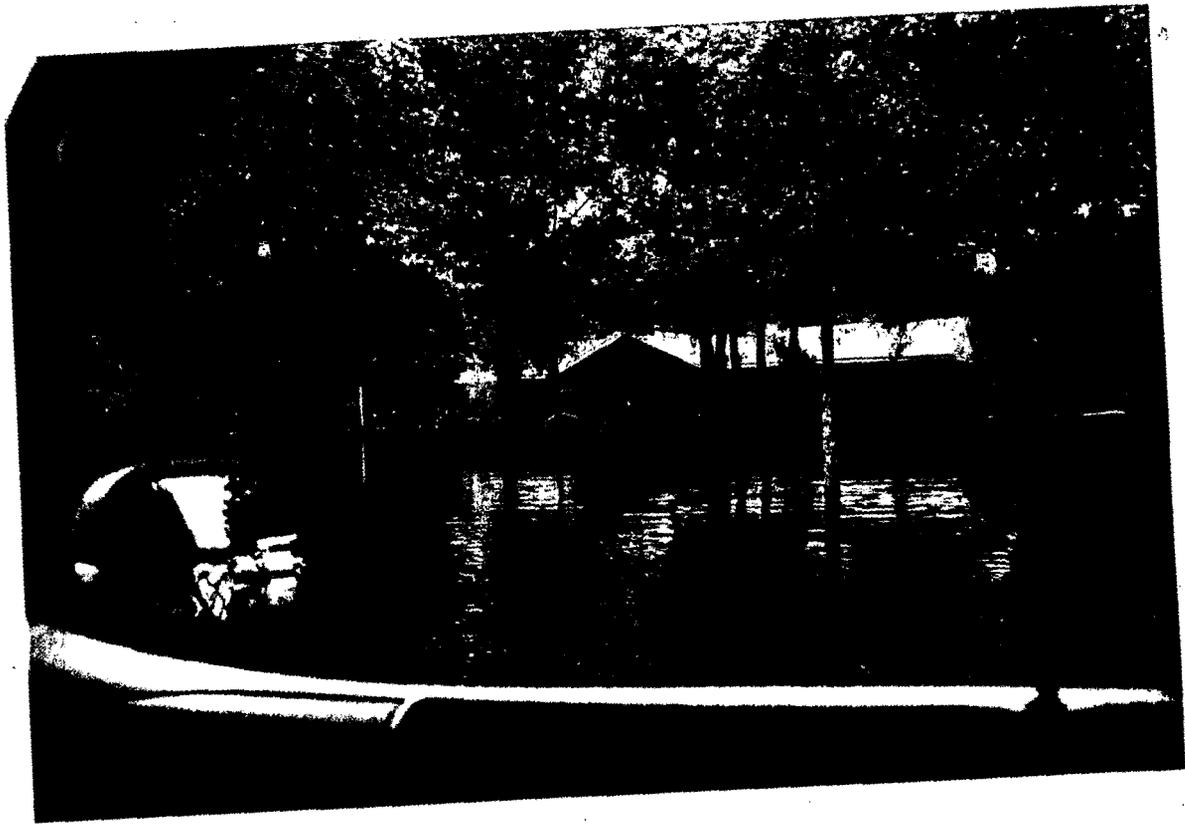














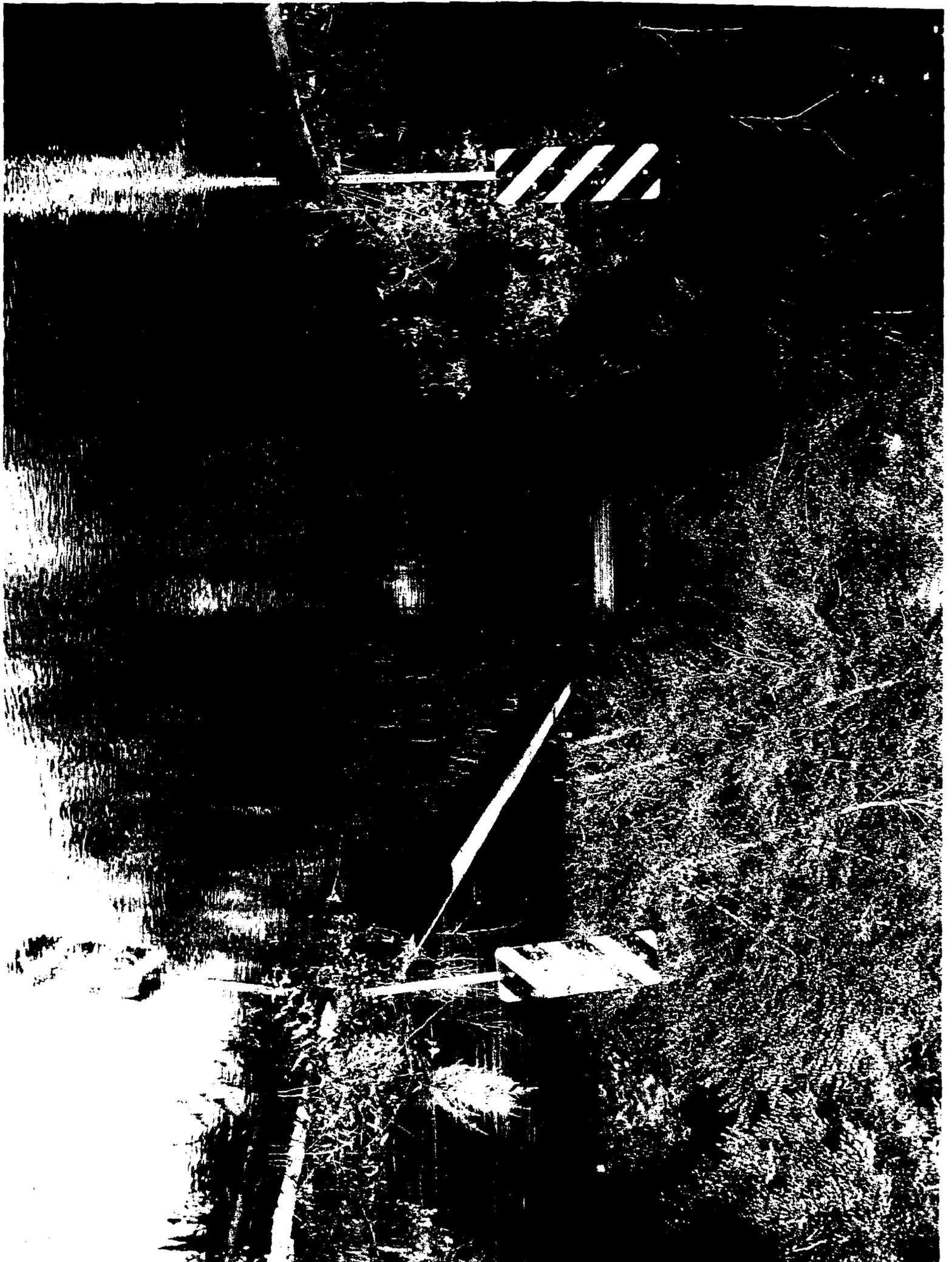


WAYNE F RYLES
4628 Woodland Cir
Tallahassee, FL
32311
879-7214



GEORGE BURNS
43508 RAYLIFE RD





08/25/2008



08/25/2008

EXHIBIT D

NASSAU COUNTY THOMAS CREEK PROJECT Pro rata share of road repair and debris removal

Cost summary for FEMA	total cost	Thomas factor %	Thomas Creek share
billing #1	\$207,623.11	0.2	\$41,524.62
billing #2	\$44,564.16	0.2	\$8,912.83
billing #3	\$29,921.12	0.2	\$5,984.22
billing #4	\$37,035.28	0.2	\$7,407.06
billing #1	\$37,133.57	0.2	\$7,426.71
billing #1	\$18,749.98	0.2	\$3,750.00
totals	\$375,027.22		\$75,005.44

Information provided by Nassau County Engineering Services Dept.

NCBCC
 FEMA-Project Worksheet-Reimbursement Request
 TSFAY-FEMA 1785 DR
 Department Road & Bridge
 PW Reference Number RR074C
 Category C
 signed 1/30/2009
 this spreadsheet prepared 2/3/2009
 total project cost \$ 18,749.98

	Road Maint <u>03404541</u>	Transp Maint <u>03491541</u>	Admin <u>03400541</u>	<u>total</u>
item #2-labor:	4,666.20			4,666.20
item #3-equipment:	7,359.50			7,359.50
item #4-Material:	6,485.82			6,485.82
item #5-Direct Admin Cost			238.46	238.46
total PW cost	18,511.52	-	238.46	18,749.98
estimated reimbursemnt %	75%	75%	75%	75%
estimated reimb amount	\$ 13,883.64	\$ -	\$ 178.85	\$ 14,062.49

associated revenue account 03404541 03491541 03400541
 331223 TSFAY 331223 TSFAY 331223 TSFAY

1. Actual reimbursement amount to be determined by FEMA after review of submitted PW. May be more or less than the estimated 75% calculated above.

20% from Thomas Creek area = \$ 3,749.99

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

PROJECT WORKSHEET

O.M.B. No. 1660-0017
Expires October 31, 2008

Public reporting burden for this form is estimated to average 90 minutes. Burden means time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimates or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control number 1660-0017). You are not required to respond to this collection information unless a valid OMB number appears in the upper right corner of this form. **NOTE: Do not send your completed questionnaire to this address.**

DECLARATION NO.	PW REF NO.	DATE	FIPS NO.	CATEGORY	NEMIS NO.
FEMA 1785 DA FL	RR074C	01/21/09	089-99089-00	C	

APPLICANT Nassau County Road & Bridge Dept	WORK COMPLETED AS OF:	
	DATE: 12/09/09	PERCENT: 100%

DAMAGED FACILITY Carroll Road culvert	COUNTY Nassau
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LOCATION .75 miles south of Ford Road	LATITUDE 30.42480	LONGITUDE -81.89974
--	----------------------	------------------------

Was this site previously damaged? Yes No Unsure

DAMAGE DESCRIPTION AND DIMENSIONS:

During the incident period of August 18 through September 12, 2008, Tropical Storm Fay swept across applicant's service area generating high winds, heavy rain, and flooding resulting in the washout of (2) 60-IN x 40-FT, CMP culverts and a section of road surface and embankment 35-FT x 54-FT x 5.8-FT (405-CY).

Temporary repair of the site is included on PW RR079B

SCOPE OF WORK:

COMPLETED WORK: To return Carroll Road to pre-disaster design and function, applicant used 12 employees working 210 regular hours and used 15 pieces of equipment for 116 hours to install 120-LF of 48-IN ADS plastic pipe (three 40-FT cross drains), 24-CY of asphalt millings, 207-CY of unclassified fill, 66-CY of linerock, totaling 297-CY. (An additional 108-CY of asphalt millings were installed on and emergency basis and are documented on a separate PW)

Applicant replaced the (2) 60-IN culverts with (3) 48-IN culverts to provide a deeper and more stable road bed, while providing the equivalent flow rate. The applicant replace the CMP pipe costing 36.96 -FT with ADS pipe costing at \$64.11-FT. The difference in the cost of the pipes is deducted on the Force Account Material Sheet.

Does the Scope of Work change the pre-disaster conditions at the site? Yes No
 Special Considerations issues included? Yes No
 Is there insurance coverage on this facility? Yes No
 Hazard Mitigation proposal included? Yes No

PROJECT COST

ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST
1		Work Completed				\$ -
2	9007	Force Account Labor 03404	1	LS	\$4,666.20	\$ 4,666.20
3	9008	Force Account Equipment 03404	1	LS	\$7,359.50	\$ 7,359.50
4	9009	Force Account Material 03404	1	LS	\$6,485.82	\$ 6,485.82
5	9901	Direct Administrative Cost 03400	1	LS	\$238.45	\$ 238.46
						\$ -
						\$ -
						\$ -
						\$ -
SUBTOTAL FROM COST CONTINUATION PAGE(S)						\$ -
TOTAL PROJECT COST						\$ 18,749.98

PREPARED BY: Jennifer Beaver / Ray Rocqua <i>Jennifer Beaver</i>	TITLE: Office Specialist / PO
FEMA PAC: Jesse Simmons <i>Jesse Simmons</i>	STATE PAC: Violet Skinner
APPLICANT: Ed Sealover <i>Ed Sealover</i>	DATE: 1/30/09
	PHONE: 904-321-5784

FEDERAL EMERGENCY MANAGEMENT AGENCY

DAMAGE DESCRIPTION & SCOPE OF WORK

DECLARATION NO.				PW REF NO.	DATE	FIPS NO.	CATEGORY	NEMIS NO.
FEMA	1785	DA	FL	RR074C	01/21/09	089-90089-00	C	

APPLICANT	COUNTY
Nassau County Road & Bridge Dept	Nassau

DAMAGE DESCRIPTION & SCOPE OF WORK (CONTINUED):

- * A FEMA Project Officer has reviewed randomly selected records, and invoices and all appear to be reasonable and accurate.
- * Applicant has been advised to maintain all records pertaining to this PW for a minimum of 5 years from the date of state closeout.
- * 404 and 406 Mitigation programs were discussed with applicant; however, no cost effective mitigation opportunities were identified.
- * Applicant chose to claim and document eligible management and administration cost for this project.
- * Upon completion, this site will be returned to it's original design, function and capacity within the original footprint.
- * The applicant is responsible for obtaining all local, state and/or federal permits as they may apply to this project.

PREPARED BY: Jennifer Beaver / Ray Rocque

TITLE: Office Specialist / PO