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JOHN E. BONNEAU

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FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

(Important) Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME
EARL R. WINGERTER

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
116 NORTSHORE CIRCLE UNIT "A"

CITY SLIDELL **STATE** LA **ZIP CODE** 70488

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 1-A-13 EDEN ISLES UNIT 1-A

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
(36° - $00'$ - $00.00''$ or 95° - $00'$ - $00.00''$)

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type): USGS Quad Map Other.

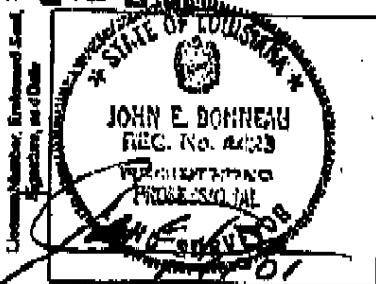
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

R1. NFIP COMMUNITY NAME & COMMUNITY NUMBER SLIDELL 226205		R2. COUNTY NAME ST. TAMMANY PARISH		R3. STATE LA	
R4. MAP AND PANEL NUMBER 0530	R5. SUFFIX C	R6. FIRM INDEX DATE 4-2-01	R7. FIRM PANEL EFFECTIVE/REVISED DATE 4-2-01	R8. FLOOD ZONE(S) A-10	R9. BASE FLOOD ELEVATION(B) (Zone AD, use depth of flooding) 12

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):
- B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: Construction Drawings Building Under Construction Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.
- C2. Building Diagram Number g (Select the building diagram most similar to the building for which this certificate is being completed - see pages 5 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- C3. Elevations - Zones A1-A30, A8, A9, A (with BFE), VE, V1-V30, V (with BFE), AR, ARA, ARAE, ARA1-A30, ARAH, ARAD
 Complete items C3a-d below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____
- Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No
- a) Top of bottom floor (including basement or enclosure) 2. 2 ft.(m)
 - b) Top of next higher floor 18. 1 ft.(m)
 - c) Bottom of lowest horizontal structural member (V zones only) N/A. ___ ft.(m)
 - d) Attached garage (top of slab) N/A. ___ ft.(m)
 - e) Lowest elevation of machinery and/or equipment servicing the building 12. 2 ft.(m)
 - f) Lowest adjacent grade (LAG) 2. 8 ft.(m)
 - g) Highest adjacent grade (HAG) 8. 2 ft.(m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
 - i) Total area of all permanent openings (flood vents) in C3h sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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

CERTIFIER'S NAME JOHN E. BONNEAU **LICENSE NUMBER** 4423

TITLE PROFESSIONAL LAND SURVEYOR **COMPANY NAME** JOHN E. BONNEAU & ASSOCIATES, INC.

ADDRESS 1611 LAUREWAY BLVD. SUITE 34 **CITY** MANDEVILLE **STATE** LA **ZIP CODE** 70471

SIGNATURE [Signature] **DATE** 1-11-01 **TELEPHONE** (504) 828-0808