OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

| SEC | TION A - PROPERTY | INFORI | MATION | | | FOR INSUR | ANCE COMPANY USE |
|--|----------------------------|------------|------------------------|-------------------|---------------|-----------------------------------|---|
| A1. Building Owner's Name BRUCE W. GOELZ ETAL | | | | | Policy Numb | per: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 202 RIVERS EDGE DRIVE | | | | | Company N | AIC Number: | |
| City State CONWAY South Carolina | | | ZIP Code 29526 | | | | |
| A3. Property Description (Lot a RIVERS EDGE PLANTATION | | | | jal Desci | ription, etc. | .) | |
| A4. Building Use (e.g., Reside | ntial, Non-Residential, | Addition, | Accessory, e | etc.) F | RESIDENT | IAL | |
| A5. Latitude/Longitude: Lat. 3 | 3-49-39.3 N | Long. 78 | 87-54-8.8 W | H | Horizontal | Datum: NAD 1 | 927 🗵 NAD 1983 |
| A6. Attach at least 2 photograp | ohs of the building if the | e Certific | ate is being u | sed to o | btain flood | insurance. | |
| A7. Building Diagram Number | 1B | | | | | | |
| A8. For a building with a crawle | space or enclosure(s): | | | | | | |
| a) Square footage of craw | Ispace or enclosure(s) | | | N/A | sq ft | | |
| b) Number of permanent fl | ood openings in the cra | awlspace | e or enclosure | e(s) withi | n 1.0 foot a | above adjacent gra | de N/A |
| c) Total net area of flood of | penings in A8.b | | N/A sq in | | | | |
| d) Engineered flood openi | ngs? ☐ Yes ⊠ N | 10 | | | | | |
| A9. For a building with an attac | hed garage: | | | | | | |
| a) Square footage of attac | hed garage | | 380.00 sq ft | | | | |
| b) Number of permanent fl | ood openings in the at | tached g | arage within | 1.0 foot a | above adja | cent grade 2 | |
| c) Total net area of flood o | penings in A9.b | | 610.00 sq | in | | | |
| d) Engineered flood openi | ngs? 🗶 Yes 🗌 N | 10 | | | | | |
| s | ECTION B - FLOOD | INSURA | NCE RATE | MAP (F | IRM) INFO | ORMATION | |
| B1. NFIP Community Name & HORRY COUNTY 450104 | Community Number | | B2. County HORRY CC | | | | B3. State South Carolina |
| B4. Map/Panel B5. Suffix Number | B6. FIRM Index Date | Effe | RM Panel ective/ | B8. Flo Zone(s | | B9. Base Flood E (Zone AO, use | L levation(s) e Base Flood Depth) |
| 45051C0560 K | 12-16-2021 | 12-16-2 | vised Date 2021 | AE | | 15 | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: | | | | | | | |
| ☐ FIS Profile 区 FIRM ☐ Community Determined ☐ Other/Source: | | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: | | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No | | | | | | | |
| Designation Date: | | CBRS | □ОРА | | | | |
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| 그 그리는 눈이 가셨다면서 가장하는 것이 있었다. 그래요? 그렇는 |
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ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, copy the corresponding | FOR INSURANCE COMPANY USE | | | | |
|---|---------------------------|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 202 RIVERS EDGE DRIVE | | | | Policy Number: | |
| City State ZIP Code Company NAIC Number CONWAY South Carolina 29526 | | | | lumber | |
| SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | | | |
| C1. Building elevations are based on: *A new Elevation Certificate will be required when co C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V Complete Items C2.a–h below according to the buildid Benchmark Utilized: GPS VRS Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/St Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawlspane) b) Top of the next higher floor c) Bottom of the lowest horizontal structural members d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment service (Describe type of equipment and location in Common f) Lowest adjacent (finished) grade next to building g) Highest adjacent grade at lowest elevation of deck structural support | n Drawings* | ing Under Construg is complete. E), AR, AR/A, AR/A, Item A7. In Puerto | Cher 22.2 N/A 19.3 22.2 15.5 17.1 15.5 | K Finish A1-A30, A A1-A30, A Aly, enter r ck the mea K feet | |
| SECTION D – SURVEYOR, | ENGINEER, OR ARC | HITECT CERTIFI | CATION | 1 | |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor? | | | | | |
| Certifier's Name EVERRETT JOHNSON II | License Number 30766 | | | HIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | CAROLINI |
| Title PLS/OWNER Company Name J & W PROFESSIONAL LAND SURVEYORS, LL Address 3370 TRULUCK JOHNSON ROAD City AYNOR | State South Carolina | ZIP Code 29511 | THIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | PROFESSION OF THE PROFESSION O | CAROLAND SELECTION OF THE PROPERTY OF THE PROP |
| Signature | Date 05-17-2023 | Telephone (843) 241-3800 | Ext. | | |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. | | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) THE AC UNIT IS THE LOWEST MACHINERY ACCESSING THE BUILDING. IT IS ON A RAISED PLATFORM OUTSIDE THE HOUSE. THIS PROPERTY IS LOCATED IN HORRY COUNTY SUPPLEMENTAL FLOOD ZONE 19. | | | | | |

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BUILDING PHOTOGRAPHS

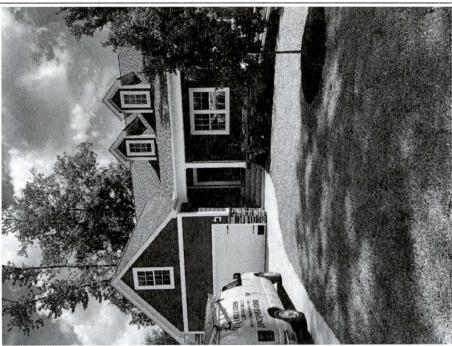
ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, copy the c | FOR INSURANCE COMPANY USE | | |
|---|---------------------------|-------------------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 202 RIVERS EDGE DRIVE | | | Policy Number: |
| City CONWAY | State South Carolina | ZIP Code 29526 | Company NAIC Number |

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



Clear Photo One Photo One Caption

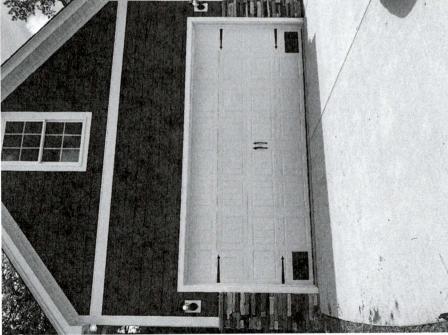


Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, co | FOR INSURANCE COMPANY USE | | |
|---|---------------------------|----------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 202 RIVERS EDGE DRIVE | | | Policy Number: |
| City | State | ZIP Code | Company NAIC Number |
| CONWAY | South Carolina | 29526 | |

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



Photo Three

Photo Three Caption Clear Photo Three

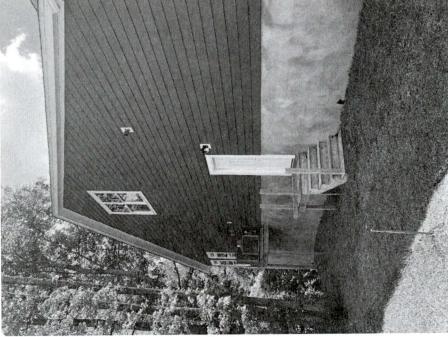


Photo Four

Photo Four Caption

Clear Photo Four Form Page 6 of 6