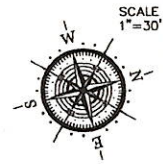


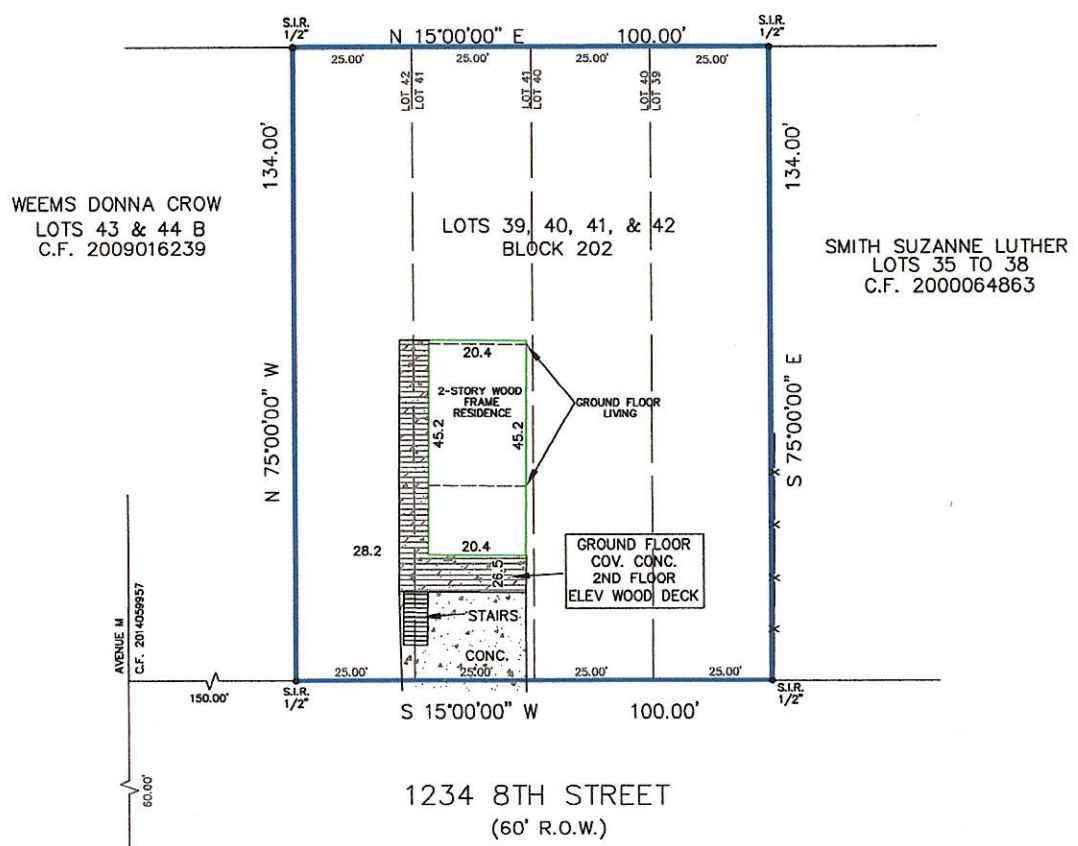
LEGEND * ITEMS THAT MAY APPEAR IN *
DRAWING BELOW

M.U.E. = MUNICIPAL UTILITY EASEMENT	U.E. = UTILITY EASEMENT	A.E. = AERIAL EASEMENT	D.E. = DRAINAGE EASEMENT	S.S.E. = SANITARY SEWER EASEMENT	ST.W.S.E. = STORM SEWER EASEMENT	W.L.E. = WATER LINE EASEMENT	F.I.R. = FOUND IRON ROD	F.I.P. = FOUND IRON PIPE	S.I.R. = SET IRON ROD	W.P. = WOODEN POST	M.P. = METAL POST	C.F.# = CLERK'S FILE NUMBER	P.O.B. = POINT OF BEGINNING	B.L. = BUILDING LINE	FND. = FOUND	BRG. = BEARS	P.A.E. = PERMANENT ACCESS EASEMENT	P.U.E. = PUBLIC UTILITY EASEMENT	W.S.E. = WATER & SEWER EASEMENT	E.E. = ELECTRIC EASEMENT	P.C. = POINT OF CURVATURE	P.T. = POINT OF TANGENCY	P.R.C. = POINT OF REVERSE CURVATURE	P.C.C. = POINT OF COMPOUND CURVATURE	P.P. = POWER POLE	U.T.S. = UNABLE TO SET	☉ = CONTROL MONUMENT	⊙ = MONUMENT	— = PROPERTY LINE	— = EASEMENT LINE	— = BUILDING SETBACK LINE	— = BUILDING WALL	— = WOODEN FENCE	— = CHAIN LINK FENCE	⊙ = METAL FENCE	— = WIRE FENCE	— = VINYL FENCE
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☒ = NOT TO SCALE



TOUCHSTONE RICHARD S & RUTH
LOTS 6 THRU 12
C.F. 2000001078



Reviewed & Accepted by: _____ Date _____ / _____ / _____ Date _____

NOTES:
 - BEARING BASIS: VOL. 9, PG. 11 G.C.M.R.
 - SUBJECT TO ANY AND ALL RECORDED AND UNRECORDED EASEMENTS
 - SURVEYOR HAS NOT INDEPENDENTLY ABSTRACTED PROPERTY
 - UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR OTHER UNDERGROUND STRUCTURES WERE NOT LOCATED BY THIS SURVEY
 - THIS SURVEY IS CERTIFIED FOR THIS TRANSACTION ONLY. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS
 - SUBJECT TO RESTRICTIVE COVENANTS AS PER TITLE COMMITMENT
 - SUBJECT TO ZONING AND BUILDING ORDINANCES ENFORCED BY LOCAL MUNICIPALITIES

LEGAL DESCRIPTION
 LOTS THIRTY-NINE (39), FORTY (40), FORTY-ONE (41) AND FORTY-TWO (42), IN BLOCK TWO HUNDRED TWO (202), OF SAN LEON TOWNSITE, A SUBDIVISION IN GALVESTON COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF, RECORDED IN VOLUME 238, PAGE 27 AND TRANSFERRED TO PLAT RECORD 8, MAP NUMBER 32 OF THE OFFICE OF THE COUNTY CLERK OF GALVESTON COUNTY, TEXAS

DEAN PIVER
CYNTHIA WILLIAMS

ADDRESS
1234 8TH STREET



I DO HEREBY CERTIFY THAT THIS SURVEY WAS THIS DAY MADE ON THE GROUND OF THE PROPERTY LEGALLY DESCRIBED HEREON (OR ON ATTACHED SHEET), AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN, AND WAS DONE BY ME OR UNDER MY SUPERVISION, AND CONFORMS TO OR EXCEEDS THE CURRENT STANDARDS AS ADOPTED BY THE TEXAS BOARD OF PROFESSIONAL LAND SURVEYING.

JOB # 1906423
 DATE 6-25-19
 GF# 2721019-07714

PRO-SURV
 P.O. BOX 1366, FRIENDSWOOD, TX 77549
 PHONE: 281-996-1113 FAX: 281-996-0012
 EMAIL: orders@prosurv.net
 T.B.P.L.S. FIRM #10119300
 ONLY SURVEY MAPS WITH THE SURVEYOR'S ORIGINAL SIGNATURE ARE GENUINE TRUE AND CORRECT COPIES OF THE SURVEYOR'S ORIGINAL WORK AND OPINION
 © 2019 PRO-SURV - ALL RIGHTS RESERVED

ELEVATION CERTIFICATE

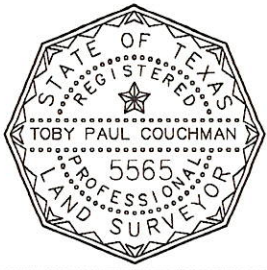
Important: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name OLMOS 1911151				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1234 8TH STREET				Company NAIC Number:	
City SAN LEON		State Texas		ZIP Code 77569	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ABST 10 A EDWARDS SUR LOT 41-42 BLK 202 SAN LEON					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>29°28'43.38" N</u> Long. <u>94°55'19.67" W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>6</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>210</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number GALVESTON COUNTY UNINC. 485470			B2. County Name GALVESTON		B3. State Texas
B4. Map/Panel Number 485470 0105	B5. Suffix C	B6. FIRM Index Date 8-15-19	B7. FIRM Panel Effective/Revised Date 5-2-83	B8. Flood Zone(s) A12	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 11
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE																																	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1234 8TH STREET			Policy Number:																																	
City SAN LEON	State Texas	ZIP Code 77569	Company NAIC Number																																	
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)																																				
<p>C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.</p> <p>C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>AW 1607</u> Vertical Datum: <u>NGVD 1929</u></p> <p>Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ NAVD 1988, 2001 ADJ.</p> <p>Datum used for building elevations must be the same as that used for the BFE.</p> <p style="text-align: right;">Check the measurement used.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a) Top of bottom floor (including basement, crawlspace, or enclosure floor)</td> <td style="width: 10%; text-align: center;">7.76</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>b) Top of the next higher floor</td> <td style="text-align: center;">14.39</td> <td style="text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>c) Bottom of the lowest horizontal structural member (V Zones only)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;"><input type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>d) Attached garage (top of slab)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>f) Lowest adjacent (finished) grade next to building (LAG)</td> <td style="text-align: center;">6.91</td> <td style="text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>g) Highest adjacent (finished) grade next to building (HAG)</td> <td style="text-align: center;">6.96</td> <td style="text-align: center;"><input checked="" type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> <tr> <td>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;"><input type="checkbox"/> feet</td> <td style="text-align: center;"><input type="checkbox"/> meters</td> </tr> </table>					a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	7.76	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	b) Top of the next higher floor	14.39	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters	d) Attached garage (top of slab)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	f) Lowest adjacent (finished) grade next to building (LAG)	6.91	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	g) Highest adjacent (finished) grade next to building (HAG)	6.96	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters
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h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters																																	
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION																																				
<p>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.</p> <p>Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check here if attachments.</p>																																				
Certifier's Name TOBY PAUL COUCHMAN		License Number 5565																																		
Title R.P.L.S.																																				
Company Name PRO-SURV TBPLS FIRM NO. 10119300																																				
Address P.O. BOX 1366																																				
City FRIENDSWOOD	State Texas	ZIP Code 77549																																		
Signature <i>Toby Paul Couchman</i>	Date 11-12-19	Telephone 281-996-1113	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)																																				

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1234 8TH STREET			Policy Number:	
City SAN LEON	State Texas	ZIP Code 77569	Company NAIC Number	
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)				
<p>For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.</p> <p>E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).</p> <p>a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.</p> <p>E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E3. Attached garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E4. Top of platform of machinery and/or equipment servicing the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.</p>				
SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION				
<p>The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.</p>				
Property Owner or Owner's Authorized Representative's Name				
Address	City	State Texas	ZIP Code 77569	
Signature	Date	Telephone		
<p>Comments</p> <p style="text-align: right;"><input type="checkbox"/> Check here if attachments.</p>				

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1234 8TH STREET		Policy Number:
City SAN LEON	State Texas	ZIP Code 77569
Company NAIC Number		
SECTION G – COMMUNITY INFORMATION (OPTIONAL)		
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.		
G1. <input type="checkbox"/> The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)		
G2. <input type="checkbox"/> A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.		
G3. <input type="checkbox"/> The following information (Items G4–G10) is provided for community floodplain management purposes.		
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		
G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		
Local Official's Name		Title
Community Name		Telephone
Signature		Date
Comments (including type of equipment and location, per C2(e), if applicable)		
<input type="checkbox"/> Check here if attachments.		

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1234 8TH STREET			Policy Number:
City SAN LEON	State Texas	ZIP Code 77569	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.



Photo One

Photo One Caption FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW

Clear Photo Two

