

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Barbara Ruzinsky, Trustee of the Barbara Ruzinsky Trust		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3211 Campus Boulevard, NE		Company NAIC Number
CITY Albuquerque	STATE NM	ZIP CODE 87106

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
South 125' of Lot 10, Block 20, Monte Vista Addition

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

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###"##" or ##°###'##") HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type): USGS Quad Map Other: ACS

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Albuquerque 350002	B2. COUNTY NAME Bernalillo	B3. STATE NM
--	-------------------------------	-----------------

B4. MAP AND PANEL NUMBER 35001C0353	B5. SUFFIX E	B6. FIRM INDEX DATE 9/20/96	B7. FIRM PANEL EFFECTIVE/REVISED DATE 11/19/03	B8. FLOOD ZONE(S) AO	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) Depth 1
--	-----------------	--------------------------------	---	-------------------------	--

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

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in

Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum NGVD 1929 Conversion/Comments _____

Elevation reference mark used 8-K16 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 5164.39 ft.(m)
- o b) Top of next higher floor 5173.08 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A . ft.(m)
- o d) Attached garage (top of slab) N/A . ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 5167.39 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 5166.99 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 5173.71 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

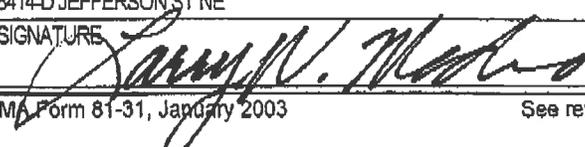


SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.

I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME LARRY W. MEDRANO	LICENSE NUMBER 11993		
TITLE PRESIDENT	COMPANY NAME PRECISION SURVEYS, INC.		
ADDRESS 8414-D JEFFERSON ST NE	CITY ALBUQUERQUE	STATE NM	ZIP CODE 87113
SIGNATURE 	DATE 12/30/03	TELEPHONE 505-856-5700	

FEMA Form 81-31, January 2003

See reverse side

Post-It™ brand fax transmittal memo 7671		# of pages ▶ 6
To <i>Brad Ingham</i>	From <i>Barbara Berginsky</i>	
Co.	Co.	
Dept. <i>Flood Zone</i>	Phone # <i>262-2213</i>	
Fax # <i>924-3864</i>	Fax # <i>262-2213</i>	

BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
3211 Campus Boulevard, NE

CITY
Albuquerque

STATE
N.M.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS

Flooding confined to street. See attached supporting information.

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
 Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
SIGNATURE _____	DATE _____	TELEPHONE _____	

COMMENTS _____



PRECISION SURVEYS, INC.

LEVEL SHEET

CREW: Unit 3 Carlos INSTRUMENT: SOKKIA-BIC WEATHER: clear cool
Steve Chavez TEMPERATURE: 55°
 SANITARY SEWER CONTROL
 STORM DRAIN levels
 CURB & GUTTER

STREET NAME: _____

Station Point No	+ Backsight Rod	Height of Instrument	- Foresight Rod	Elevation
	2.48	5179.01		5176.53
	4.90	5174.41	9.50	5169.51
			6.84	67.53
			3.90	70.51
3. FF Front Entry			1.33	73.08
4. SW Cor House			4.00	70.41
5. FF			7.42	66.99
6. FF Guest Room			2.06	72.35
7. FF			2.10	72.31
T.P	5.91	5178.79	1.53	5172.88
8. Window W side Bottom			8.05	70.74
9. " N Side Bottom			7.17	71.62
10. Entry			5.63	73.16
11. N.W. Cor R			4.10	74.69
12. N.W. Cor House			5.08	73.71
13. N.E. Cor R			3.85	74.94
14. N.E. Cor House			5.45	73.34
T.P.	3.21	5178.43	3.57	5175.22
15. Window Well E			7.53	70.90
T.P	0.97	5175.18	4.22	5174.21
T.P	9.25	5178.67	5.76	5169.42
8-K-16			2.14	5176.53
6 ³⁵	FF Basement to Bottom Window inside Home			

PROJECT NAME 3211 Campus Blvd. NE SHEET _____ OF _____
 PROJECT NO. 03-1005
 SUBJECT _____ BY CC/SC DATE 12-29-03
 CH'D _____ DATE _____