

Exhibit A: Letter of Map Correction

Online Letter of Map Change

LOMC Application

Application ID: R4040936245789

Revision

Revision Review

Project Type

Project Type: LOMR

Payment Total

Fee: \$0.00 (LOMR Based Solely on Submission of More Detailed Data)

Project Name/Identifier

Project Name/Identifier: Cowlitz River at Packwood

Community Information

State, District or Territory: WA
County: Lewis County
Community Name: LEWIS COUNTY *
Map Panel Number - Effective Date: 5301020360B - 12/15/1981
CID: 530102

State, District or Territory: WA
County: Lewis County
Community Name: LEWIS COUNTY *
Map Panel Number - Effective Date: 5301020370B - 12/15/1981
CID: 530102

State, District or Territory: WA
County: Lewis County
Community Name: LEWIS COUNTY *
Map Panel Number - Effective Date: 5301020365B - 12/15/1981
CID: 530102

State, District or Territory: WA
County: Lewis County
Community Name: LEWIS COUNTY *
Map Panel Number - Effective Date: 5301020555B - 12/15/1981
CID: 530102

Flooding

Flooding Source: Skate Creek
Types of Flooding: Riverine

Flooding Source: Cowlitz River
Types of Flooding: Riverine

Flooding Source: Butter Creek
Types of Flooding: Riverine , Shallow Flooding (e.g., Zones AO and AH)

Flooding Source: Hall Creek
Types of Flooding: Riverine

Flooding Source: Willame Creek
Types of Flooding: Riverine

Basis for Request

The basis for this revision request is: Hydraulic Analysis , Hydrologic Analysis , Improved Methodology/Data , New Topographic Data , Regulatory Floodway Revision

Zone Designation

FEMA Zone designations affected: A , AO , AE , B , C , X

Revision Structures

The area of revision encompasses the following structures: No Project

Primary Contact Information

Title: Mr.
First Name: Larry
Last Name: Karpack
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City: Seattle
State, District or Territory: WA
ZIP Code: 98104
E-mail Address: larry@watershedse.com
Company/Organization: Watershed Science & Engineering
Phone: 206-521-3000

Community Official Information

Title: Mr.
First Name: Doyle
Last Name: Sanford
Professional Title: CFM
Community Name: LEWIS COUNTY *
Address 1: 2025 NE Kresky Ave
City: Chehalis
State, District or Territory: WA
ZIP Code: 98532
E-mail Address: Doyle.Sanford@lewiscountywa.gov
Phone: 360-740-2696

As the CEO or designee responsible for the floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision (LOMR) or conditional LOMR request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement for when fill is placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a conditional LOMR, will be obtained. For conditional LOMR request, the applicant has documented Endangered Species Act (ESA) compliance to DHS/FEMA prior to DHS/FEMA's review of the Conditional LOMR application. For LOMR request, I acknowledge that compliance with sections 9 and 10 of the ESA has been achieved independently of DHS/FEMA's process. For actions authorized, funded, or being carried out by Federal or State agencies, existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44 CFR 65.2(c), and that we have available upon request by DHS/FEMA, all analyses and documentation used to make this determination.

Community Official Signature: _____
Date: _____

Certification by Registered Professional Engineer and/or Land Surveyor

This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information data, hydrologic and hydraulic analysis, and any other supporting information as per NFIP regulations paragraph 65.2(b) and as described in the MT-2 Forms instruction. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

First Name:	
Last Name:	
License Number:	
Expiration Date:	
Company Name:	
E-mail Address:	
Telephone Number:	
Fax Number:	
Certifier's Signature:	
Date:	