

STATE OF WEST VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF MINING AND RECLAMATION

**PRE-BLAST SURVEY FORM**

**Initial**

**Renovation**

*(remodeled, addition to structure or additional structure)*

**New Structure or owner request after blasting**

**Annual Update** *(Yearly recanvassing that identified new structures. Attach list of new structures identified and a revised Blast Map.)*

**IBR**  **Permit Revision**

**Amendment**

*(Requires Section T-4 to be included in application and a copy submitted with surveys. Revised Blast Map required.) Indicate number for Amendment, IBR, Rev. below.*

**Other** *(Explain)*

**PERMITTEE INFORMATION**

Permittee: \_\_\_\_\_

Permit No: \_\_\_\_\_ Amend/IBR/Revision No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Blasting Liability Insurance Carrier: \_\_\_\_\_

*Attach letter of authorization from permittee insurance company authorizing the survey company to perform the survey.*

**STRUCTURE INFORMATION**

Owner Name: \_\_\_\_\_ Structure No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ *If no phone for owner, give a phone number where the owner may be contacted:* \_\_\_\_\_

Street address or physical address: \_\_\_\_\_

Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

County: \_\_\_\_\_ Nearest Post Office: \_\_\_\_\_

Structure owner's insurance carrier: \_\_\_\_\_

**OCCUPANT INFORMATION**

Occupant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ *If no phone for occupant, give a phone number where the occupant may be contacted:* \_\_\_\_\_

Occupant's insurance carrier: \_\_\_\_\_

**SURVEYOR'S INFORMATION**

Company conducting survey: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Contact person for OEB to discuss survey: \_\_\_\_\_

Name of approved surveyor: \_\_\_\_\_ Approval No: \_\_\_\_\_

Name of surveyor-in-training (if applicable): \_\_\_\_\_

Surveyor's liability insurance carrier: \_\_\_\_\_

Complete survey:  Yes  No (For complete survey, owners signature and affidavit is not required)

If No, include a copy of the completed EB-39A or complete the following. Check the type of partial survey:

Interior

Exterior

Selected Rooms

Update to existing survey (owners signature nor affidavit is required for update)

Other (explain):

\_\_\_\_\_

***I have requested the partial survey as indicated above:***

Printed name of owner/resident:

\_\_\_\_\_

Signature of owner/resident:

\_\_\_\_\_

**If this is not a complete survey and the owner refuses to initial or sign above, complete this affidavit:**

**AFFIDAVIT**

I \_\_\_\_\_ by my signature, hereby affirm and attest that a complete survey was not made because of the following:

\_\_\_\_\_  
This information and representations are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Surveyor Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me, a Notary Public in and for \_\_\_\_\_ County, in the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Surveyor-in-training Signature:**

\_\_\_\_\_  
**Approved Surveyor's Signature:**

**Date Survey Completed:** \_\_\_\_\_

*NOTE: Any person who receives a survey who disagrees with the results of the survey may submit a detailed description of the specific areas of disagreement to the Division of Mining and Reclamation. The description of the areas of disagreement will be made part of the pre-blast survey on file at the Office.*

## ***INTRODUCTORY NOTES***

Below are notes to assist in preparing a pre-blast survey.

All pre-blast surveys must include the Pre-Blast Survey Form (EB-40), Request for Pre-blast Survey Form if available (EB-39A), map that identifies the structure, letter from insurance company authorizing the surveying company to do the pre-blast survey,

All surveys must include an owner's name. Tax records from the courthouse will provide a name of the individual paying taxes on the structure.

Surveys will be compared with Section T of the Surface Mine Application to verify that all structures have a pre-blast survey, waiver or affidavit.

All abbreviations used in the pre-blast survey must be listed in the abbreviation key.

Defects must be documented with a written description and further documented with photos or drawings.

### **Include a Structure Location Map**

Minimum size 8 ½" X 11" - Maximum size 11"x17"

Minimum scale 1" =500'

Label drainage and public roads in sufficient detail to locate map area.

Include the scale and a north arrow.

This map may be a copy of a portion of the pre-blast survey map for the permit.

### **Include a Site plan sketch**

Show all structures and relative locations, driveways, sidewalks, outbuildings, fencing, wells, septic system components, and other man-made features, as applicable. Use arrows to show site grade and slope. Show ditches, culverts and other visible drainage features. Include a north arrow.

### Exterior Inspection

(Check all that apply)

Age of Structure: \_\_\_\_\_ Years

- Estimated
- Provided by Owner or Occupant
- Other (*explain*): \_\_\_\_\_

#### Use of Structure

- Private Dwelling
- Commercial Building
  - Retail
  - Factory
  - Office
  - Warehouse/Storage
- Multi-Family Dwelling
- Single Family Rental
- Apartment Building
- Other: \_\_\_\_\_

#### Type of Structure

- Conventional Dwelling
- Mobile Home
- Mobile Home with Frame Addition
- Modular
- Apartment Building
- Commercial (*describe*): \_\_\_\_\_
- Other (*explain*): \_\_\_\_\_
- Two Story
- Other (*describe*): \_\_\_\_\_

**Frame Materials**

- Conventional Wood Frame
- Timber Frame
- Steel

**Foundation Material**

- Poured Concrete
  - Stone Block
  - Cinder Block
  - Concrete Block
  - Other (*explain*):
- 

## Foundation Type

- Crawl Space
  - Full Basement
  - Partial Basement
  - Block on Footing with Center Piers
  - Piers/Posts/Pillars with Underpinning
  - Piers/Posts/Pillars w/out Underpinning
  - Other (*describe*):
- 

If dwelling is a mobile home, are tie-downs in use?  Yes  No

**Exterior Finish Materials**

- Brick
- Concrete Block
- Cinder Block

- Stone
- Stucco
- Brick or Stone Laminate
- Wood Siding
- Aluminum Siding
- Vinyl Siding
- Shingle *(describe type)*: \_\_\_\_\_
- Other *(explain)*: \_\_\_\_\_
  
- Masonry

**Roofing Material(s)**

- Shingles
  - Asphalt
  - Cedar or other Wood
  - Other *(explain)*: \_\_\_\_\_
  
- Slate
- Tile
- Tin or Other Metal
- Tar & Chip
- Tarpaper
- Other *(explain)*: \_\_\_\_\_

Gutters Installed     Yes     No

Down Spouts Installed     Yes     No

Routed away from Foundation     Yes     No

**Roof Configuration**

- Sloped
- Flat

**Chimney Material**

- Block
  - Brick
  - Stone
  - Metal
  - Other (*explain*):
- 

**Sidewalk/Walkway Material(s)**

- Concrete
  - Wood
  - Brick
  - Pavers/Patio Blocks
  - Flagstone
  - Other (*explain*):
- 

**Driveway Materials**

- Concrete
  - Asphalt
  - Gravel
  - Tar & Chip
  - Other (*explain*):
- 

Comments (*include a description of any substandard construction*):

(*check all that apply*)



### Well/Water Supply System

**Public Service Water Supply**

*(if not checked, complete the remainder of this section, and include a water analysis of untreated water)*

**Cistern**

Size: \_\_\_\_\_ Gallons

Age: \_\_\_\_\_ Years

Supplied by:

Rainwater

Spring

Runoff/Stream

Location:

Above Ground

Buried

Material:

Concrete

Plastic

Metal

Other *(explain)*: \_\_\_\_\_

**Dug Well**

Depth: \_\_\_\_\_ ft.

Age: \_\_\_\_\_ Years

Pump Type & Size: \_\_\_\_\_

Brick Lining

Stone Lining

Other *(explain)*: \_\_\_\_\_

**Drilled Well**

Steel Casing

Plastic Casing

Other *(explain)*: \_\_\_\_\_

Casing Depth: \_\_\_\_\_

Casing Diameter: \_\_\_\_\_

Well Screen/Liner Diameter: \_\_\_\_\_

Depth: \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Well Screen Type: \_\_\_\_\_  
 Vent Type/Size: \_\_\_\_\_  
 Well Driller: \_\_\_\_\_  
 Pump Type & Size: \_\_\_\_\_

- Spring**
- Stream**
- Other** *(explain):* \_\_\_\_\_

**Type of Water Use:**

- Domestic
- Irrigation Domestic Garden
- Irrigation Commercial Crops
- Livestock
- Combined Domestic and Agricultural
- Commercial *(explain):* \_\_\_\_\_
- No water source at the site *(explain):* \_\_\_\_\_

**Water Quantity:**

Has well ever gone dry?  Yes  No

Has well capacity ever been measured?  Yes  No

If yes, list data (recharge rate): \_\_\_\_\_ gpm.

How many people use this water supply: \_\_\_\_\_

**Water Quality:**

Does the water cause staining?  Yes  No

If yes, stain color: \_\_\_\_\_

What items stained: \_\_\_\_\_

Are there particulates (solids) in the water?  Yes  No

If yes, describe the particles (color, texture): \_\_\_\_\_

Does the water have an odor?  Yes  No

If yes, describe the odor:  Yes  No

Is there a treatment system?  Yes  No

If yes, what type of treatment: \_\_\_\_\_

Is the water sampling point prior to treatment?  Yes  No

**Sampling Information**

May the well be unsealed to measure depth to and of water?  Yes  No

Depth of Water: \_\_\_\_\_

Ground level to water: \_\_\_\_\_

May the well be pumped to measure recharge characteristics?  Yes  No

Recharge rate: \_\_\_\_\_

Date Measured: \_\_\_\_\_

Date Sampled: \_\_\_\_\_

Well Sample No.: \_\_\_\_\_

**Septic/Sewage Treatment System**

Public Service System

Aeration System

Package Plant

Septic Tank

Concrete

Plastic

Metal

Other (explain): \_\_\_\_\_

Drainfield

Other (explain): \_\_\_\_\_

*Attach lab analysis of the pre-treatment water and any available written well documentation. Provide source of documentation.*

**Interior Inspection**

**Provide written documentation of any defects. Written documentation must be accompanied by photos or room sketches for each interior room.**

- Each interior room sketch must include type of construction materials and covering for each wall, the floor and the ceiling.
- Each wall that is found to be defect free must be labeled “room completely surveyed” or “no defects observed”.
- Show areas hidden from view (hidden by furniture, etc.).
- Interior photos of a room should be appropriately labeled to match written documentation to the photo (i.e. room and wall number).
- Include a key to abbreviations used.
- Include a floor plan sketch with rooms labeled and indicate direction of progression of the inspection.

Comments (include any substandard construction):

**Additional Buildings** (attach additional sheets for each additional building).

**Type of Building**

Barn

Garage

Well House

Storage

Other (explain):

Age:

Estimated

Owner Provided

Exterior Finish Material: \_\_\_\_\_

Frame Materials: \_\_\_\_\_

Roof Materials: \_\_\_\_\_

Floor Materials: \_\_\_\_\_

Foundation Materials:  Yes  No

Is Interior Finished:  Yes  No

Interior Finish: \_\_\_\_\_

**Provide written documentation and photos or interior room sketches for each interior room of the additional building.**

Comments:

Owner/Resident:

Surveyor:

**Standard 3.5" X 5" prints will be made available at no cost to Division of Mining and Reclamation and the owner upon request to the permittee.**

**EXAMPLE COVER SHEET**

*Note: This cover sheet format is not required if clear front 3-clasp binders are used. This will allow the first page of the EB-40 to be visible as a coversheet. Otherwise, the following information needs to be on the front of other types of binders.*

**PRE-BLAST SURVEY REPORT**

Permittee Name  
Permittee Address  
Permittee Phone  
Permit No.

Owner Name  
Owner Address  
Structure No.

(If applicable)  
Occupant Name  
Occupant Address