COMMONWEALTH OF VIRGINIA VIRGINIA DEPARTMENT OF ENERGY MINED LAND REPURPOSING

3405 MOUNTAIN EMPIRE ROAD; BIG STONE GAP, VA 24219

 TELEPHONE: (276) 523-8100

PRE-BLAST SURVEY

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| **COMPANY** |  | **Permit No.** |  |

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| OCCUPANT |  | Enter “**O**” for owned, or “**R**” for rented |  |
| ADDRESS |  |
| Town/City |  | County |  |

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| **STRUCTURE - General Information** |
| Enter “**A**” for private residence, “**B**” for public building, or “**C**” for commercial building |  |
| Distance from Permit (feet) |  | Approximate Age of Structure (years) |  |
| Construction Type |  |
| Type of Foundation |  |
| Indicate whether the structure is on bedrock (specify type of material)and/or fill (indicate varying soil type), and provide any additional observations relating to the nature of the ground. |  |
| Does surface water flow towards or away from the structure? |  |

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| **STRUCTURE CONDITION** |
| Indicate whether there are any leaks, cracks, areas of condensation; and any noticeable defects or damage to the roof, chimney, guttering, foundation, plumbing, basement floor, or other areas of the structure. (be specific for each item). Provide a detailed description of the existing condition, including utilities. Attach relevant photographs, if available. |
| Exterior |
|  |
| Interior |
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| Describe any areas with broken or cracked glass. |  |

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| **WATER SUPPLY** |
| Type of water supply source(s) |  |
| Indicate the length of time (years) each source has been in use & which is the primary source. |  |
| Distance (feet) & direction of permit in relation to water supply. |  |
| Indicate whether the water user requested an analysis of the water supply, and attach a copy of the analysis(es) report. |  |
| Water Analysis conducted by |  |

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| **OUT-BUILDING(s)** |
| Approximate Age of each Out- Building Structure (years) |  |
| Current Use of each Structure and how it was built (i.e. construction material used) |  |
| Describe the current condition of each Out-Building |  |

**RECOMMENDATIONS OR PROPOSED ADJUSTMENTS TO BLASTING PLAN**

Provide or discuss measures the Permittee may employ to protect structures from adverse impacts from blasting operations.

**COMMENTS**

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| **PRE-BLAST SURVEY** |
| Survey Company Name |  | Date(s) Survey Conducted |  |
| Address |  | Business Phone No. |  |
| Name of Person (s) who conducted survey |  |

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| **CERTIFICATION OF SERVICE OF PRE-BLAST SURVEY** |
| I certify that a copy of this report has been received by the person who requested the Pre-Blast survey. |
| Name and Title of Permittee’s Authorized Representative |  |
| Signature: |  | Date: |  |