FLOODING QUESTIONNAIRE

Name: _____ Address: _____

Phone: _____ Cross Street: _____

Atlas Page: _____ Date of Flood (if available): _____

Last Previous Occurrence: _____

Water In: ☐ Street ☐ Yard ☐ Garage ☐ House

How Long? _____

Drainage Facilities: ☐ Ditches ☐ Culvert ☐ Inlets ☐ None

Frequency of Occurrence (Times/Year): _____ First Occurrence: _____

Major Basin: Minor Basin:

Gage: _____ Rainfall Amount: _____

Cause of Problem (Be specific):

Is this a Master Basin planned (MBP) area? Yes No

Has a solution been devised? Yes No Type:

It is scheduled for a MBP? Yes No If yes, when?

Did they receive a letter from SWM Division informing you of this procedure? Yes No

Inspector: Date: