

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: