

**APPENDIX H**

**Drainage Investigation Form**

# Drainage Investigation Form

## TO BE FILLED OUT BY CLERICAL STAFF

Date called in: \_\_\_\_\_ Parcel No. \_\_\_\_\_

Drainage Investigation No. \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ State, Zip \_\_\_\_\_

Work Phone # \_\_\_\_\_

Homeowner's description of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Investigation taken by: \_\_\_\_\_

Investigation given to: \_\_\_\_\_

Are there any related investigations?  Yes  No

Related investigations attached?  Yes  No

## TO BE FILLED OUT BY INSPECTION STAFF

Date of inspection: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Property Owner(s) contacted: \_\_\_\_\_

\_\_\_\_\_

**DRAINAGE PROBLEM TYPE: (Check all that apply and fill in cause number code for each)**

### CAUSE NUMBER CODES:

- |  |                               |                    |
|--|-------------------------------|--------------------|
| <input type="checkbox"/> Home/Structure Flooding _____ | 1. Overbank Flooding          | 2. Sanitary Backup |
| <input type="checkbox"/> Basement Flooding _____       | 3. Groundwater                | 4. Blockage        |
| <input type="checkbox"/> Yard Flooding _____           | 5. Drainage                   | 6. New Development |
| <input type="checkbox"/> Stream Maintenance _____      | 7. Inadequate Drainage System |                    |
| <input type="checkbox"/> Streambank Erosion _____      | 8. Pump Failure               | 9. Other _____     |
| <input type="checkbox"/> Other _____                   |                               |                    |

**Inspector's description of problem:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How many other properties are affected by this problem:** \_\_\_\_\_

**Description of proposed solution:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONSIBLE AGENCY(S):**

- Environmental Concerns     Other/Other City Department     Joint     Homeowner

**Has this investigation been referred to another department?**     Yes     No

**If so, who(m):** \_\_\_\_\_

**If further action is required by Engineering or Public Works Departments, the following have been enclosed:**

- |  | Y                        | N                        |                              |
|--|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> Pictures of complaint area        | <input type="checkbox"/> | <input type="checkbox"/> | Is this a wetland?           |
| <input type="checkbox"/> Copy of plat/easement information | <input type="checkbox"/> | <input type="checkbox"/> | Is location in flood plain?  |
| <input type="checkbox"/> Contour mapping for area          | <input type="checkbox"/> | <input type="checkbox"/> | Hydric Soil? Soil Type _____ |

Alternative Analysis From to Engineer

**TYPE OF RESPONSE:**     Written     Verbal/Phone     Forwarded to Staff