



Date _____

Flooding Report

Name	
Address	
Phone	Home _____ Work _____ Cell _____

1.	How long have you lived at this address? <input type="text"/> (years) Own or rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent
-----------	---

2.	Approximately how old is the house? <input type="text"/> (years)
-----------	--

3.	Property characteristics (please check all that apply):
-----------	--

a.	Is the property a: <input type="checkbox"/> Single family home <input type="checkbox"/> Multi-family/Apartment <input type="checkbox"/> Commercial property?
----	--

b.	Does the property have a: <input type="checkbox"/> basement, <input type="checkbox"/> crawl space, <input type="checkbox"/> sits on concrete slab
----	---

c.	Does the basement or crawl space have a sump pump? <input type="checkbox"/> YES <input type="checkbox"/> NO
----	---

d.	Are the downspouts: <input type="checkbox"/> piped into the ground, <input type="checkbox"/> drain to the ground surface? <input type="checkbox"/> don't know
----	---

e.	Is the yard <input type="checkbox"/> sloping toward the house or <input type="checkbox"/> relatively flat, with ponding areas of water after a rain?
----	--

4.	Have you had basement or interior flooding: YES NO What are the dates of occurrences? <input type="text"/>
-----------	---

a.	How does the water enter the basement or lower level?: <input type="checkbox"/> Floor Drains <input type="checkbox"/> Toilet or sink <input type="checkbox"/> Cracks in the floor <input type="checkbox"/> Cracks in the /walls <input type="checkbox"/> Windows/doors <input type="checkbox"/> Don't know
----	---

b.	Describe the appearance of the water: <input type="checkbox"/> Clear w/minimal odor <input type="checkbox"/> Muddy w/minimal odor <input type="checkbox"/> Muddy with strong sewer odor <input type="checkbox"/> Other - please describe:
----	--

c.	How deep was the water when the problem occurred? <input type="text"/> inches/ft.
----	---

d.	How long does the flooding last during each occurrence? <input type="text"/> hours/days
----	---

e.	How many times has flooding occurred since you lived here? <input type="text"/> times
----	---

USE REVERSE SIDE FOR ADDITIONAL COMMENTS