

Appendix I: Flood Audit Questionnaire and Flood Problem Area Update



STORMWATER MANAGEMENT COMMISSION
Des Plaines River Watershed Plan
Flood and Stormwater Questionnaire

We need information from you to effectively address flood damage.

Flooding is a problem that many Lake County residents have experienced, whether at home, in their yard, in their neighborhood, at work, or on area roadways. The Lake County Stormwater Management Commission (SMC) is currently preparing the Des Plaines River Watershed Plan (Plan). As we prepare this Plan, we want to learn more about when and where flooding occurs that impacts residents in the watershed. As part of the watershed planning process, SMC is trying to identify those structures in the watershed that are at risk of flooding so that the watershed plan can include reasonable solutions to reduce flood damage.

You may own a property in the Des Plaines River watershed that is in a neighborhood that was previously reported as a flood problem area, or all or part of your property is in a special flood hazard area as mapped by the Federal Emergency Management Agency (FEMA). You can help inform the SMC's efforts to address the County's flooding issues and needs by providing information about flood damage at your home or business. Therefore, we are requesting that you provide us with information regarding the flood history of your property by way of the attached questionnaire. If you have not experienced flooding on your property, please let us know by answering questions 1-15 of the questionnaire. The collective information received from the questionnaires will be summarized (without any address specific data) and used for flood mitigation planning purposes in the watershed assessment and action plan.

Completing the attached questionnaire and taking flood protection steps are voluntary. You are under no obligation to participate in this program. The requested information will help us develop a useful and cost-effective watershed improvement plan that properly addresses flood damage.

You may access the online questionnaire at: <http://www.lakecountyil.gov/STORMWATER/Pages/default.aspx>, or alternatively you may fill out the form that is attached and return it to the address below. **Please complete the questionnaire online, or mail the attached form by May 1, 2016.**

If you have any questions about the watershed plan or this questionnaire, feel free to email or call 847-377-7710.

Please return completed questionnaire via mail, e-mail, or fax to:

Lake County Stormwater Management Commission
ATTN: Sharon Osterby
500 W. Winchester Rd., Ste. 201
Libertyville, IL 60048
F: (847) 984-5747
E: sosterby@lakecountyil.gov

You may also complete this survey online at: <http://www.lakecountyil.gov/STORMWATER/Pages/default.aspx>

Thank you for your input!

Lake County Stormwater Management Commission

1.	First Name:	Last Name:	
2.	Street address:		
	City:	State:	Postal Code:
	(If you have experienced flooding at this address, having this information can help us better understand where flooding occurs.)		
3.	How long have you owned this property?		
4.	Type of Property: <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other (please specify):		
5.	Type of Foundation: <input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Don't know		
6.	Type of Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> N/A		
7.	Type of Water Supply: <input type="checkbox"/> Private Well <input type="checkbox"/> Public water <input type="checkbox"/> Don't know		
8.	Type of Sewage Disposal: <input type="checkbox"/> Public Sanitary <input type="checkbox"/> Private Septic <input type="checkbox"/> Don't know		
9.	Please indicate if you participate in the National Flood Insurance Program: <input type="checkbox"/> Yes <input type="checkbox"/> No, skip to question 11		
10.	If YES, please indicate what type of structure(s) have Flood Insurance at this property: <input type="checkbox"/> House with attached garage <input type="checkbox"/> House and detached garage <input type="checkbox"/> House only <input type="checkbox"/> Garage only		

11.	Do you have a sewer/basement rider to your homeowner's insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12.	Has this property ever been flooded? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13.	If YES, please indicate in what year(s) this property has flooded:					
14.	Has this property ever had a stormwater drainage problem? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If YES, please indicate in what year(s) this property has had stormwater drainage problems:					
	If NO, you have finished this survey! Please accept our sincerest gratitude for your participation.					
15.	Please indicate when the flooding occurs and how often the flooding occurs at this property:					
		All the time	Frequently	Infrequently	Seldom	Not at all
	During light rain fall?					
	During moderate rain fall?					
	During heavy rainfall?					
	During severe storms (e.g., April 2013)?					
16.	Please indicate where the flooding occurs and characterize how severe it typically is.					
		Not a problem	Nuisance	Moderate	Severe	
	Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Please indicate how deep the flooding typically is:					
	Depth	1-6 inches	6-12 inches	1-3 feet	3 feet or more	
	Yard					
	Garage					
	Crawl space					
	Basement					
	First floor					

18.	What do you believe to be the main source(s) of this flooding? (check all that apply)	
	Sump pump failure/power failure	<input type="checkbox"/>
	Sanitary sewer backup	<input type="checkbox"/>
	Overland flow from nearby lake or stream	<input type="checkbox"/>
	Overland flow from adjacent property or public right-of-way (e.g., street)	<input type="checkbox"/>
	Overland flow from this property (e.g., yard, rooftop, driveway)	<input type="checkbox"/>
	Water entering through a building opening (e.g., door, window)	<input type="checkbox"/>
	Water seeping through foundation cracks or joints (e.g., basement wall, basement floor)	<input type="checkbox"/>
	Improper/poor grading of this property	<input type="checkbox"/>
	Improper/poor grading of adjacent property or public right-of-way (e.g., street)	<input type="checkbox"/>
	Poor/inadequate drainage of this property	<input type="checkbox"/>
	Poor/inadequate drainage on adjacent property or public right-of-way (e.g., street)	<input type="checkbox"/>
	Poorly maintained stormwater management infrastructure adjacent to this property (e.g., clogged ditches, culverts, inlets, or storm sewers)	<input type="checkbox"/>
	Inadequate stormwater management infrastructure adjacent to this property (e.g., too few or poorly placed inlets; undersized ditches, culverts, or storm sewers)	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	
19.	What additional mitigation measures have been taken? (Check all that apply)	
	Installed a sump pump	<input type="checkbox"/>
	Installed a back-up sump pump	<input type="checkbox"/>
	Installed a backup power system/generator	<input type="checkbox"/>
	Installed overhead sewers or a sanitary sewer backup prevention valve	<input type="checkbox"/>
	Installed a sanitary sewer plug or standpipe	<input type="checkbox"/>
	Sealed foundation/waterproof walls	<input type="checkbox"/>
	Regraded yard to keep water away from building	<input type="checkbox"/>
	Installed a ditch or storm sewer to drain water away from building	<input type="checkbox"/>
	Installed larger downspouts	<input type="checkbox"/>
	Disconnected downspouts	<input type="checkbox"/>
	Installed a rain barrel or cistern	<input type="checkbox"/>
	Installed a rain garden	<input type="checkbox"/>
	Replaced traditional landscaping with native plants	<input type="checkbox"/>
	Replaced typical hardscape materials (e.g., concrete, asphalt) with materials (e.g., permeable pavers) that allow water to soak into the ground	<input type="checkbox"/>

20.	Are there any flood-reducing actions not listed above that you have implemented?	
21.	Do you have any additional comments about flooding and/or stormwater management issues in your community?	
22.	Are there any project or programs that you believe would help reduce flooding and/or improve local stormwater management efforts?	
23.	Would you be interested in further discussing the flooding occurring on this property? If so, please provide your name and e-mail address and/or phone number below.	
	First Name:	Last Name:
	e-mail:	
	Phone Number:	
24.	If this property experiences severe, repetitive flooding, would you consider participating in a voluntary property buyout? If so, please provide your name and an e-mail address and/or phone number below.	
	First Name:	Last Name:
	e-mail:	
	Phone Number:	

Thank you again! We appreciate your time and responses to this survey!

DES PLAINES RIVER WATERSHED NEW FLOOD PROBLEM AREA (FPA) FORM

DATE: _____ COMMUNITY: _____

CONTACT NAME: _____ TITLE: _____ PHONE: _____

PROBLEM AREA DESCRIPTION

Location Name:

(subdivision name,
street intersection, etc.) _____

Property

owner:

(if known) _____

Is Property located in:

Drainage District ☐Yes ☐No Name of Drainage District: _____

Park District ☐Yes ☐No Name of Park District: _____

Problem Description (Damage-Causing or Nuisance):

What do you feel was the cause of the flooding? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Storm sewer back up | <input type="checkbox"/> Sanitary sewer backup |
| <input type="checkbox"/> Sump pump failure/power failure | <input type="checkbox"/> Saturated plug or standpipe |
| <input type="checkbox"/> Standing water next to house | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depressional | <input type="checkbox"/> Poor Drainage |
| <input type="checkbox"/> Overbank flooding from Dutch Gap, Hastings Creek or North Mill Creek. | |

Has the flooding resulted in: Sewer Backup ☐Yes ☐No Septic Failure ☐Yes ☐No

DAMAGE POTENTIAL / KNOWN DAMAGE LEVEL (During a 100-Year Flood)

Number & Type of Buildings (indicate building use if not residential):

Critical Facilities (include names of police or fire stations, schools, water sanitary treatment facilities, public utility providers and nursing homes):

DES PLAINES RIVER WATERSHED NEW FLOOD PROBLEM AREA (FPA) FORM

Street, Highways, Bridges with damage or loss of access:

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HISTORICAL FLOOD DAMAGE (Confidential Information)

Month/Yr.	Depth	Frequency of Occurrence	# Bldgs.	\$ Damage	Other

Other known damage level (such as flooding damages to basements, 1st floor, garage/outbuilding, crawl space, septic systems, utilities, roadway, erosion, limited access, etc.):

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PLANS FOR THE AREA

Flood Control Projects:

--

Community/Neighborhood Plans:

--

OTHER HAZARDS (e.g. . soil constraints, hazardous materials in area or upstream, erosion)

--

OTHER DATA SOURCES (persons or studies where other information may be found)

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DES PLAINES RIVER WATERSHED FLOOD PROBLEM AREAS (FPA) INVENTORY UPDATE FORM

DATE: _____ COMMUNITY: _____ FPA# _____

INSTRUCTION	FLOOD PROBLEM AREA* UPDATE INFORMATION	
Subdivision name, street intersection etc.	LOCATION NAME:	
If the flood damage location is different than the area mapped, please mark the map with the correct approximate boundary of the FPA, describe and provide reason for change.	LOCATION DESCRIPTION:	
If the primary type or cause of flood damage is incorrect as shown on the map, please update to reflect whether it is caused by overbank flooding, located in depressional area, local drainage system is insufficient, sanitary sewer backup or septic failure.	TYPE OF FLOODING:	
	FLOOD SOURCE (IF KNOWN):	
Number of buildings damaged. Indicate building use if <u>not</u> single-family residence.	BUILDINGS DAMAGED AT THIS SITE:	
	BUILDING USE:	
Names of streets where flooding results in road damage or loss of access.	STREETS FLOODED:	
Indicate whether flooding damages basement, 1 st floor, garage/outbuilding, crawl space, septic system, utilities, roadway, causes erosion, or limits access.	KNOWN DAMAGE LEVEL:	
Include names of police or fire stations, schools, water or sanitary treatment facilities or other public utility providers, and nursing homes in FPA.	CRITICAL FACILITIES:	
Approximately how often does the FPA flood: \geq annually; 2-5 years; 6-10 years; 11-50 years; or 51+ years.	FREQUENCY OF OCCURRENCE:	

DES PLAINES RIVER WATERSHED FLOOD PROBLEM AREAS (FPA) INVENTORY UPDATE FORM

INSTRUCTION	FLOOD PROBLEM AREA* UPDATE INFORMATION	
<p>What if any measures have been taken to mitigate the level of flood damage to this FPA. Please provide the year and funding source(s) for the mitigation project or activity and describe its level of flood protection.</p>	<p><u>FLOOD DAMAGE MITIGATION:</u></p>	
	<p>WHAT HAS BEEN DONE?</p>	
	<p>WHEN ?</p>	
	<p>FUNDING SOURCE(S)?</p>	
	<p>LEVEL OF PROTECTION</p>	
<p>Name, position, address, email, phone, fax etc. of the person completing this form.</p>	<p>CONTACT INFORMATION:</p>	
<p>In your opinion, should this FPA be eliminated from the inventory because the site does not match the definition of a flood problem area as described below. Please explain why.</p>	<p>NOTES:</p>	