



Drainage Complaint Form

County Administration Center
155 Indiana Avenue, Suite 311
Valparaiso, IN 46383
p: 219.465.3540
www.porterco.org/stormwater

Complaint Date: _____ Occurrence Date: _____

Select the field that applies to the complainant: Owner Tenant Other _____

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
_____	Cell Phone: _____
City/Zip: _____	Email: _____

Site Information

Please select Property Type: Commercial <input type="checkbox"/> Farm <input type="checkbox"/> Residential <input type="checkbox"/>	
Street/General Location: _____	

Section _____ Township _____ Range _____	Government Township: _____
Nearby Ditch (if applicable): _____	

Detailed Description of the Problem

All documents presented as evidence should be turned in with the application and will become property of the Porter County Department of Development & Storm Water Management.

Certification:

I certify that the information contained in this form is, to the best of my knowledge, correct and represents a complete and accurate statement. By signing below, I agree to allow County staff on site to review and verify the above information (if needed).

(Signature)

(Print Name)

(Date)

1	Please indicate where the flooding occurs (check all that apply).				
	First floor <input type="checkbox"/>	Basement <input type="checkbox"/>	Crawl space <input type="checkbox"/>	Garage <input type="checkbox"/>	Driveway <input type="checkbox"/>
	Street <input type="checkbox"/>	Front yard <input type="checkbox"/>	Back yard <input type="checkbox"/>	Side yard <input type="checkbox"/>	Other <input type="checkbox"/>
If Other, please specify location:					
2	Please indicate how deep the flooding typically is. Use inches/feet or otherwise describe the depth (e.g., "about 6 inches" or "up to my knees").				
	First floor:	Basement:	Crawl space:	Garage:	Driveway:
	Street:	Front yard:	Back yard:	Side yard:	Other :
If Other, please specify location:					
3	How long does the flooding typically last?				
	< 3 hours <input type="checkbox"/>	3-6 hours <input type="checkbox"/>	6-24 hours <input type="checkbox"/>	24-48 hours <input type="checkbox"/>	> 48 hours <input type="checkbox"/>
4	How often does the flooding occur?				
	< 1x/5 years <input type="checkbox"/>	< 1x/year <input type="checkbox"/>	1x/year <input type="checkbox"/>	2x-5x/year <input type="checkbox"/>	> 5x/year <input type="checkbox"/>
5	What do you believe to be the main source(s) of the flooding (check all that apply)?				
	Sump pump failure/power failure				<input type="checkbox"/>
	Sanitary sewer/septic system backup				<input type="checkbox"/>
	Overland flow from this property (e.g., yard, rooftop, driveway)				<input type="checkbox"/>
	Overland flow from adjacent property or public right-of-way (e.g., street)				<input type="checkbox"/>
	Overland flow from nearby ditch, stream, or lake				<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"/>	
6	Do you have photographs to share?				Yes <input type="checkbox"/> No <input type="checkbox"/>