



Drainage Site Inspection Form

Valparaiso Engineering Department
166 Lincolnway
Valparaiso, IN 46383
Phone: 219.462.1161
Email: engineering@valpo.us



Inspected by: _____ Inspection Date: _____ Flood Occurrence Date: _____

Property Representative

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

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Cell Phone: _____

City/Zip: _____ Email: _____

Site Information

Please select Property Type: Home Apartment Commercial Industrial

Street/General Location: _____

Nearest Municipal Drainage System: _____

General Description of the Problem

Description of Remedies Completed by the Resident/Owner

1	Location 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	Depth of flooding in inches (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 might be the main source(s) of the flooding (check all that apply)?				
	Sump pump failure/power failure				<input type="checkbox"/>
	Sanitary sewer service lateral 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	Are there photographs to share?				Yes <input type="checkbox"/> No <input type="checkbox"/>

Once filled out, please save the form and email it to engineering@valpo.us, or send a hard copy to Engineering Department at 166 Lincolnway, Valparaiso, IN 46383.