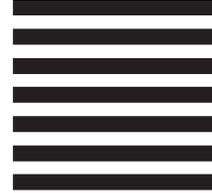


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 4112 CHARLOTTE NC

POSTAGE WILL BE PAID BY ADDRESSEE



Corky Botkin
CITY OF CHARLOTTE
ENGINEERING & PROPERTY MANAGEMENT
STORM WATER SERVICES
600 E FOURTH ST
CHARLOTTE NC 28254-3513



To request Storm Water Service call 311
We want your input!

CHARLOTTE



Charlotte-Mecklenburg Storm Water Services would like your input on existing storm water issues located within the Gaynor project area (map included in attached letter). Please take a few minutes to check the appropriate answer and write comments where needed. Then drop this survey in the nearest mail box by **May 25, 2009**. Postage is paid; no stamp is necessary. Thank you in advance for your input. *Your personal information is for work purposes only and will not be shared.*

Name: _____

Property Address: _____

Owner Address: (if different from above)

Phone #: _____

E-mail: _____

1. How long have you owned or lived at this location? _____
2. Have you ever had any storm drainage work done by the City of Charlotte?
 Yes No
3. Are there any soil erosion problems from a stream or storm drainage system (i.e. pipes, drains, streams or ditches) on your property or in your neighborhood?
 Yes No

If there are soil erosion problems, please indicate location and severity of problem.

Location _____

Minor Moderate Severe

Location _____

Minor Moderate Severe

Location _____

Minor Moderate Severe

4. Have you ever noticed water in your storage building?
 Never experienced
 Once per year
 More than once a year
5. Have you ever noticed water in or up to your air conditioning units?
 Never experienced
 Once per year
 More than once a year
6. Have you ever noticed water in your crawl space?
 Never experienced
 Once per year
 More than once a year
7. Have you ever noticed water in or up to your living space?
 Never experienced
 Once per year
 More than once a year
8. If flooding occurred, please list the approximate date(s), location, and indicate depth of flooding.
Date _____
Location _____
Depth of water _____
Date _____
Location _____
Depth of water _____
9. Have you ever noticed flooded streets in your neighborhood?
 Yes No
If you noticed flooded streets, please provide the approximate date(s), location, and depth of flooding.
Date _____
Location _____
Depth of water _____
Date _____
Location _____
Depth of water _____

10. Are there any other problems with the storm drainage system (i.e. pipes, drains, streams, or ditches) on your property or in your neighborhood?
 Yes No
If yes, check all situations that apply.
 Corroded pipes
 Sink holes
 Pipe blockage
 Stream or ditch blockage
 Drains in need of repair
 Other _____
11. Do you have any photographs, videotape, or other records of erosion or flooding problems that occurred on your property or in your neighborhood?
 No Photos Video
 Written Other _____
If yes, can we contact you?
 Yes No
12. Are you in favor of Storm Water making stream improvements on your property?
 Yes No Undecided
If you checked No, staff will work with you, but sometimes improvements need to be made to benefit the area.
13. Have you seen the stream actively shifting or eroding during recent storm events?
 Yes No
If yes, explain. _____

Other comments or questions: _____

