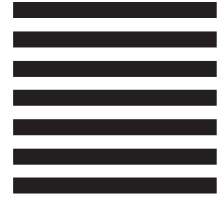




NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE



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



To request Storm Water Service call 704-336-RAIN

We want your input!



Charlotte Storm Water Services would like your input on the _____ Drainage Area. Our purpose is to obtain information about the drainage problems. 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 17, 2006**. Postage is paid; no stamp is necessary. Thank you in advance for your input.

Name: _____

Property Address: _____

Owner Address: (if different from above)

Phone #: _____

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 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
Location _____
 Minor Moderate Severe

4. Have you ever noticed water in the storage building?
 Never experienced
 Once per year
 More than once a year
5. Have you ever noticed water in or up to the air conditioning units?
 Never experienced
 Once per year
 More than once a year
6. Have you ever noticed water in the crawl space?
 Never experienced
 Once per year
 More than once a year
7. Have you ever noticed water in or up to the 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 flooding problems that occurred on your property or in your neighborhood?
 No Photos Video
 Written Other _____
12. Are you in favor of CSWS making storm drainage improvements in your neighborhood?
 Yes No Undecided
13. Are you in favor of CSWS making storm drainage improvements on your property?
 Yes No Undecided

Other comments: _____

