



Town of Newton Grove
Flood and Stormwater Questionnaire

We need information from you to effectively address flood damage.

Flooding is a problem that many Newton Grove residents have experienced, whether at home, in their yard, in their neighborhood, at work, or on area roadways. Please help us gather information so we can better plan for corrective action in the future.

Please complete the questionnaire by October 1, 2020.

If you have any questions about this questionnaire, feel free to call
(910) 594-0827.

Thank you for your input!

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!