

Des Plaines River Watershed Comment Form

Please, provide the following information:		Date:
Name:	Title:	
Community/County:		
E-mail:	Phone:	

Explain your comment below and attach any supporting documents/materials. Mark the location of your comment on the map by circling the area and writing the comment form number near the circle. If you have more than one comment, please use multiple forms.

Check Comment Subject:	
<input type="checkbox"/> Levee <input type="checkbox"/> Dam	<input type="checkbox"/> Development (past, current, or future within 5 yrs.)
<input type="checkbox"/> Basement Flooding	<input type="checkbox"/> Significant Riverine Erosion
<input type="checkbox"/> Stream Flow Constriction (including ice jams)	<input type="checkbox"/> Non-Levee Embankments
<input type="checkbox"/> Street Closure Due to Flooding	<input type="checkbox"/> Areas of Mitigation Success
<input type="checkbox"/> At-Risk Essential Facilities	<input type="checkbox"/> Other Flood Risk Area

Comment Marked on:		
Discovery Map # _____	DFIRM Panel # _____	Other _____

Mitigation Action - To enter the mitigation action please complete the back of this form.

Continue on back side if necessary. Please return form to: Pat Hubbartt, Illinois State Water Survey, 2204 Griffith Drive, MC-674 Champaign, IL 61820 or e-mailed to hubbartt@illinois.edu.

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1. Mitigation Activity Name - _____
2. Mitigation Action Status (Circle one) Identified Scoped In Progress Completed
3. Mitigation Activity Location - _____
4. Please indicate if this action arose or was identified during the Risk MAP process.
 - a. A Risk MAP product helped ID the action
 - b. Action was ID'd during a Risk MAP meeting.
 - c. Action was ID'd during a Risk MAP communication.
 - d. A Risk MAP resource helped drive the action.
5. Mitigation Action Source (Circle one or more)
 - a. Capital Improvement Plan
 - b. Comprehensive Land use Plan
 - c. HMA Database
 - d. Local Natural Hazard Mitigation Plan
 - e. Risk MAP Process
 - f. State Risk Management Team (Silver Jackets)
 - g. Other
6. Mitigation Plan Name
(Please enter the name of the Mitigation Plan that covers this mitigation activity.)

7. Contact Name /Title - _____
8. Responsible Agency - _____
9. Estimated Duration / Cost - _____
10. Primary Funding Source - _____
11. Additional Information - _____

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