

Des Plaines River Watershed Cook County Comment Form

Please, provide the following information:		Date:
Name:		
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.

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. 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

5. Mitigation Plan Name

(Please enter the name of the Mitigation Plan that covers this mitigation activity.)

6. Responsible Agency - _____

7. Estimated Duration - _____

8. Estimated Cost - _____

9. Primary Funding Source - _____

10. Additional Information - _____

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