

Data Collection Questionnaire

City of West Chicago  
Flooding - July 23-24, 2010

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Day: \_\_\_\_\_  
Evening: \_\_\_\_\_  
Length of time at this address: \_\_\_\_\_  
Email: \_\_\_\_\_

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Did you have water in your house (Date): Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If so, was it:  
Sewer backup from basement floor drain: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Ground water from sump pump pit: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If so: Did your sump pump fail: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
**OR** Was your sump pump able to keep up with the flow: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did you get surface water from flooding in yard: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes:  
How did it get in the house:  
Window Well \_\_\_\_\_ Basement Door \_\_\_\_\_  
1st Floor Door \_\_\_\_\_ Garage Door \_\_\_\_\_  
Patio Door \_\_\_\_\_  
Other - please specify \_\_\_\_\_

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Was your yard flooded: North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

Was your street flooded: Yes \_\_\_\_\_ No \_\_\_\_\_  
If corner house, which street: Front \_\_\_\_\_ Side \_\_\_\_\_

Have you ever had floodwater in your home before: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please explain:  
Date: \_\_\_\_\_  
What occurred: \_\_\_\_\_

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What floor(s) were flooded:

Basement	_____	Depth of Water	_____
Garage	_____	Depth of Water	_____
First Floor	_____	Depth of Water	_____

Do you have (check all that apply):

Homeowners insurance:	_____
Renters insurance:	_____
Sewer backup insurance:	_____
Sump pump insurance	_____
Flood insurance:	_____

Do you have pictures of other documentation of the flooding:	Yes: _____	No: _____
If yes, may we contact you to get copies:	Yes: _____	No: _____

Residence Information:	Own_____	Rent_____			
Single-Family_____	Multi-Family_____	Apartment_____	Duplex_____	2-Flat_____	

Type of home:		Basement(Y/N)
Single story	_____	_____
Bi-Level	_____	_____
Tri-Level	_____	_____
Other (describe)	_____	

Did the residence sustain obvious/visible structural damage:	Yes: _____	No: _____
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If yes, briefly describe the damage:

\_\_\_\_\_

Comments:

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