# CLARK COUNTY DRAINAGE BOARD - DRAINAGE ISSUE REPORT FORM

CLARK COUNTY GOVERNMENT BUILDING
300 CORPORTE DRIVE, SUITE 206
JEFFERSONVILLE, INDIANA 47130
812-285-6281
ttaff@clarkcounty.in.gov

The Drainage Board has authority to correct drainage issues on:

- County owned / maintained property
- Blockage of a natural surface watercourse

The Drainage Board does NOT have authority to correct drainage issues on:

- Private property (unless it is blockage of a natural surface watercourse)

Drainage issues can sometimes be corrected by:

- Homeowners' association
- Other governmental bodies

A Drainage Board representative may visit the site prior to the meeting to determine if the Drainage Board has authority.
Please print all information as complete and detailed as possible. Attach additional pages as needed.
This form must be submitted to the Drainage Board at least ten calendar days prior to the next scheduled meeting.
The person submitting this report should be present at the scheduled meeting to answer questions from the Board.

DATE: _____

NAME: _____

ADDRESS: _____

CELL # _____ALT PHONE #_____EMAIL_____

IS THE ISSUE RELATED TO SOIL EROSION (THE BOARD MAY NOT HAVE AUTHORITY)? □ Yes □ No

IS THE ISSUE RELATED TO BLOCKAGE OF A WATERCOURSE/STREAM/DRAIN? □ Yes □ No

IF SO, WHAT DO YOU BELIEVE IS CAUSING THE BLOCKAGE? _____

DOES THE ISSUE INVOLVE ADJOINING PROPERTY/IES? □ Yes □ No

IF SO, PROVIDE NAME/S OF THOSE PROPERTY OWNER/S:_____

HAVE YOU CONTACTED THE ADJOINING PROPERTY OWNER/S? □ Yes □ No

IF SO, HOW WAS CONTACT MADE? □ Person to Person □ Telephone □ Mail □ Other

PROVIDE CONTACT INFORMATION OF THOSE ADJOINING PROPERTY OWNER/S:

_____

DESCRIPTION & LOCATION OF THE DRAINAGE ISSUE: _____

_____

_____

DESCRIPTION & LOCATION OF OTHER AFFECTED PROPERTIES:_____

_____

ACTIONS YOU HAVE TAKEN, IF ANY, TO ADDRESS THE ISSUE:_____

_____

THE BOARD'S AUTHORITY AND FUNDS ARE LIMITED. WHAT DO YOU BELIEVE SHOULD BE DONE TO ADDRESS THE ISSUE: _____

_____

**DRAINAGE BOARD/STAFF USE ONLY**

DATE SUBMITTED:_____

PRE-MEETING
ACTIONS/REFERRALS:_____
_____
_____
_____

DATE OF REFERRAL:_____

DATE OF MEETING:_____

WAS APPLICANT PRESENT AT THE MEETING? □ YES □ NO

ACTIONS/RESOLUTIONS:_____
_____
_____
_____
_____