



GUILDERLAND

Town of Guilderland Highway Department
 P.O. Box 162 French's Mill Road
 Guilderland Center, New York 12085
 Phone: 861-5108 - Fax: 861-5840

August 5, 2008

Dear McKownville Residents,

The Town of Guilderland Highway Department in conjunction with the Supervisor's office is seeking your assistance to help us identify drainage and sidewalk problems in the McKownville area. The information gathered will be used to help evaluate the existing stormwater system, sidewalks and to develop ideas for future improvements. Please return the completed questionnaire in the return envelope by September 3, 2008. Thank you for taking the time to complete this questionnaire.

Please be as specific as possible and if you have questions, please contact Todd Gifford, Superintendent of Highways at 861-5108. Please respond even if you have had no problems.

Property Address: _____

Phone: _____

Name: _____

Email: _____

<p>1 How long have you lived at this location? _____ years.</p>	<p>2 How often have you been affected by drainage problems at this residence during the last 10 years? _____ never _____ once _____ 2 to 3 times _____ 5 or more times</p>
<p>3 Total number of roof downspouts: _____ Enter the number of downspouts that discharge into the following locations: _____ Into drain pipe _____ To creek _____ Splash onto ground _____ To ditch _____ To curb outlet _____ Don't know</p>	<p>4 Do you experience any type of flooding on your property outside of building(s)? ___ Yes ___ No. If yes, check all that apply and indicate depth: ___ Driveway: _____ inches deep ___ Front Yard: _____ inches deep ___ Backyard: _____ inches deep ___ Other _____ : _____ inches deep</p>
<p>5 Do you experience any type of flooding in your building(s)? ___ Yes ___ No. If yes, how does water enter your building? Indicate accumulated depth on basement floor. ___ From basement floor drains: _____ inches deep ___ Through basement walls _____ inches deep ___ Through other openings (windows, doors) ___ Don't know _____ inches deep ___ Other _____ : _____ inches deep</p>	<p>6 What do you feel is the cause of the flooding at your residence? Check all that apply to your building: ___ Storm sewer backup ___ Sanitary sewer backup ___ Location (favorable topography) ___ Standing water next to house ___ From my neighbors yard ___ Saturated ground/leaks in basement walls ___ Overland flow from _____ Street/alley ___ Other _____</p>

7	<p>If you experience flooding, when does it occur?</p> <p><input type="checkbox"/> During a rain storm</p> <p><input type="checkbox"/> Immediately after a rain storm</p> <p><input type="checkbox"/> Rain storms are not a factor</p> <p><input type="checkbox"/> Have not noticed</p> <p><input type="checkbox"/> Other _____</p>	8	<p>In your opinion, flooding in the McKownville area is caused by:</p> <p><input type="checkbox"/> Standing water in the street/alley</p> <p><input type="checkbox"/> Storm sewers are too small</p> <p><input type="checkbox"/> No flooding problem</p> <p><input type="checkbox"/> Standing water in yards</p> <p><input type="checkbox"/> Not enough storm sewers</p> <p><input type="checkbox"/> Other</p>
9	<p>Have you ever seen standing water in the street in front of your home after a rain storm?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How deep (inches) _____</p> <p>How long did the water stand (hours)? _____</p>	10	<p>Do you have any photographs, videotape, or other records of flooding problems that occurred on your property or in your neighborhood?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, check all documents that apply.</p> <p><input type="checkbox"/> Photos</p> <p><input type="checkbox"/> Video</p> <p><input type="checkbox"/> Written</p> <p><input type="checkbox"/> Other</p> <p>Are you willing to share these documents with the town? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
11	<p>Have you done anything to fix drainage problems on your property?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please check measures you have taken:</p> <p><input type="checkbox"/> Installed sump pump; where is pumped water directed to? _____</p> <p><input type="checkbox"/> Installed backup power generator</p> <p><input type="checkbox"/> Waterproofed basement walls</p> <p><input type="checkbox"/> Moved things out of the basement</p> <p><input type="checkbox"/> Regraded property to keep water away from building</p> <p><input type="checkbox"/> Sandbagging</p> <p><input type="checkbox"/> Built an outside drainage system. Please indicate type of drainage system provided:</p> <p>_____</p> <p>Other _____</p>	12	<p>In your opinion, what should be the top 3 priorities for stormwater improvements in the McKownville neighborhood? From the list below, indicate them by marking 1, 2 & 3.</p> <p><input type="checkbox"/> Minimize temporary ponding on property</p> <p><input type="checkbox"/> Minimize street flooding</p> <p><input type="checkbox"/> Minimize damage from erosion</p> <p><input type="checkbox"/> Minimize drainage from adjacent properties that impacts other property</p> <p><input type="checkbox"/> Maintain natural drainage systems</p>
13	<p>If the Town were to install or improve the storm water drainage system, would you be willing to pay additional taxes to support the project? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes please indicate the maximum yearly increase in your taxes you would support. \$ _____</p>	14	<p>Please provide additional comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
15	<p>Do you currently have sidewalks installed in front of your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes check the type of sidewalk:</p> <p><input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Asphalt</p> <p><input type="checkbox"/> Flag stone</p> <p><input type="checkbox"/> Other: _____</p>	16	<p>If the Town were to install or improve sidewalks on your street would you be willing to pay additional taxes to support the project? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes please indicate below the maximum yearly increase in taxes you would support.</p> <p><input type="checkbox"/> Less than \$ 25</p> <p><input type="checkbox"/> \$ 25 - \$ 50</p> <p><input type="checkbox"/> \$ 50 - \$ 100</p> <p><input type="checkbox"/> \$ 100 - \$ 250</p>