



Address:

Owner Name:

Resident Name:

Contact Information (Email/Phone Number):

Do you consent to the Town providing your information to a third-party Plumber for an inspection?

Yes No

Time Flooding noticed:

Is there any damages or loss as a result of the rain event (drywall, carpet...etc.)? Please describe:

Is the water coming up through drains (sewage backup) or through foundation/windows (overland flooding)?

Has there been any issues as a result of rain events at the residence before?

Is there a weeping tile and sump pump at the residence?

If Yes, was it functioning properly?

Is there a backwater device on the sewer connection? (Yes/no/unclear)

Are you aware of if it has been tested or maintained?

Have you contacted your insurance provider regarding this matter? (Yes/no)

Please submit this form to engineeringandplanning@edson.ca