

HYDROLOGIC CRITERIA AND DRAINAGE MANUAL
DRAINAGE STUDY INFORMATION FORM

Name of Development: _____ Date: _____

Location of Development: a) Descriptive (Cross Streets) North/South: _____

East/West: _____

b) Section: _____ Township: _____ Range: _____

c) APN : _____

Name of Owner: _____

Telephone No.: _____ Fax No.: _____ E-Mail Address: _____

Address: _____

Contact Person-Name: _____ Telephone No.: _____

* E-Mail Address: _____ Fax No.: _____

Firm: _____

Address: _____

Type of Land Development/Land Disturbance Process:

<input type="checkbox"/>	Rezoning	<input type="checkbox"/>	Subdivision Map	<input type="checkbox"/>	Clearing and Grading Only
<input type="checkbox"/>	Parcel Map	<input type="checkbox"/>	Planned Unit Development	<input type="checkbox"/>	Other (Please specify below)
<input type="checkbox"/>	Large Parcel Map	<input type="checkbox"/>	Building Permit		

1. Total Owned Land Area: At Site: _____ Being Developed/Disturbed: _____

2. Is a portion or all of the subject property located in a designated FEMA Flood Hazard Area? **Yes**** **No**

3. Is the property bordered or crossed by an existing or proposed Clark County Regional Flood Control District Master Planned Facility? **Yes**** **No**

4. Proposed type of development (Residential, Commercial, Etc.): _____

5. Approximate upstream land area which drains to the subject site: _____

6. Has the site drainage been evaluated in the past? **YES** **NO** If yes, please identify documentation: _____

7. If known, please briefly identify the proposed discharge point(s) of runoff from the site: _____

8. Briefly describe your proposed schedule for the subject project: _____



11-19-2021

Engineer's Seal

Submit this form as part of the required drainage study to the local entity which has jurisdiction over the subject property. This form may provide sufficient information to serve as the Conceptual Drainage Study.

***New Required Field**

****Review and concurrence of the Clark County Regional Flood Control District is required.**

	Revision	Date

Local Entity File No.

REFERENCE:

STANDARD FORM 1