

Castle Rock Watershed Comment Form

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|---|-----------------|-------|
| Please provide the following information: | | DATE: |
| COUNTY NAME: | COMMUNITY NAME: | |
| NAME: | TITLE: | |
| ADDRESS: | | |
| DAYTIME PHONE: | E-MAIL: | |

Use the space below to explain your comment and attach any necessary supporting documents/materials. Mark the location of your comment on the map by circling the area and writing the comment form number near the circle. If you have more than one comment, please use multiple forms. If necessary, please ask staff for assistance with formulating your comment.

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|---|---|
| <input type="checkbox"/> Levee or Dam | <input type="checkbox"/> Approximate Study or No Study on a Stream Where Development is Occurring or Likely To Be |
| <input type="checkbox"/> At-Risk Essential Facilities | <input type="checkbox"/> Stream Flow Constriction (including ice jams) |
| <input type="checkbox"/> Areas with Clusters of Letters of Map Change (LOMC) | <input type="checkbox"/> Overtopped Road During Flood Events |
| <input type="checkbox"/> Significant Riverine Erosion | <input type="checkbox"/> Area in Need of Mitigation Action to Reduce Flooding |
| <input type="checkbox"/> Areas of Reoccurring Flooding Outside of Mapped Floodplain | <input type="checkbox"/> Areas of Mitigation Success |
| <input type="checkbox"/> Effective Study No Longer Reflects Existing Conditions | |
| <input type="checkbox"/> Other | |

Comment Marked On:

Discovery Map_____ **DFIRM Panel #**_____ **Other**_____

Please provide any additional information that might be helpful such as names of water bodies or addresses:

Continue on back side if necessary. Please return form to: Ruth Ann Fowler, Wisconsin DNR, P. O. Box 7921, 101 S. Webster St., WT/3, Madison, WI 53707-7921. Form may also be e-mailed to: ruth.fowler@wisconsin.gov.