



SUMMIT COUNTY
SURFACE WATER MANAGEMENT DISTRICT
PO BOX 1417
AKRON, OH 44309-1417

DRAINAGE CONCERN FORM

Owner Name _____
Perm. Parcel No. _____
Parcel Address _____
City, State, ZIP _____
Mailing Address _____
City, State, ZIP _____
Contact Name _____
Phone Number _____
Email Address _____

Nature of Problem:

Flooding Erosion Landslide
 Sinkholes Water Quality Stormwater Facility

Date(s) of Problem: _____

Description: _____

Signature _____ Date _____

Phone: 330-643-8010
Email: SWMD@summitengineer.net
Web: www.summitengineer.net
Office Hours: 7:30 AM to 4:00 PM Monday through Friday, excl Holidays
Office Location: 538 East South St., Akron, OH 44311