# SUBSIDENCE INCIDENT REPORT FORM

Please type first, then print and then scan and email or fax the completed form.

Please complete all applicable blanks.

This form has been prepared to help the observer collect data on new subsidence incidents. These reports, in conjunction with information from other sources, will provide a comprehensive data source of subsidence events and occurrences.

**Contact Information of Person Reporting the Subsidence Incident:**

Name: _____

Address: _____

Email Address: _____ Do you want to be contacted? ☐ Yes ☐ No

Phone #: _____ May we contact you? ☐ Yes ☐ No

**DATE & TIME** Subsidence First Occurred: _____ ☐ AM ☐ PM

**LOCATION Information:** County: _____

Township: _____ Range: _____

Section: _____ _____1/4 of _____1/4

Latitude: Deg: _____ Min: _____ Sec: _____ N

Longitude: Deg: _____ Min: _____ Sec: _____ W

USGS Quad Name: _____

Address and/or physical description where the subsidence occurred:

_____

_____

Phone # at the location (if different than above): _____

**SUBSIDENCE Feature Data:** SHAPE: ☐ Circular OR ☐ Elongate

DIMENSIONS: ☐ Measured OR ☐ Estimated Length (FT.): _____ Width (FT.): _____

Depth (FT.): _____ Slope (degrees): _____ (degrees: 0 = flat land; 90 = vertical walls)

Is there WATER in the feature? ☐ Yes ☐ No Depth (FT.) to water below land surface: _____

Where do you think the water came from? ☐ Ground (water table/aquifer) ☐ Other

If you answered "Other" above, please describe where you think the water originated from.:

_____

Is there LIMESTONE visible in the walls of the feature? ☐ Yes ☐ No

Is there a CAVERN or CAVITY visible in the walls of the feature? ☐ Yes ☐ No

**CIRCUMSTANCES of Subsidence:** How long did it take for the subsidence feature to form? _____

Were there any possible TRIGGERING MECHANISMS, such as: ☐ heavy rainfall; ☐ well drilling nearby;

☐ groundwater pumping; ☐ heavy ground loading; ☐ construction nearby; ☐ blasting nearby; ☐ Other

If you answered "Other" above, please describe the observed of theorized triggering mechanism:

_____

Were there any PRE-SUBSIDENCE INDICATORS (check all that apply): ☐ ground cracks; ☐ ponding of water;

☐ tilting/leaning of posts/trees; ☐ cloudy/turbid well water; ☐ changes in vegetation (wilting or dying);

☐ small holes; ☐ Other

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**CIRCUMSTANCES of Subsidence (CONTINUED):**

If you answered "Other" above, please describe the observed or theorized pre-subsidence indicator:

Was there any property damage? ☐ Yes ☐ No

If you answered "Yes" above, please describe the resulting damage:

WAS the subsidence feature filled or repaired? ☐ Yes ☐ No WILL the feature be filled or repaired? ☐ Yes ☐ No

If you answered "Yes" to either of the above, please describe the nature of the repair:

**TERRAIN CHARACTERISTICS:**

What does the TOPOGRAPHY of the nearby area look like (check all that apply):

☐ flat; ☐ hilltop; ☐ slope; ☐ depression; ☐ valley bottom; ☐ Other

If you answered "Other" above, please describe the area's topography:

Please describe any drainage channels (natural) or structures (manmade) in the area:

What is the LAND USE/COVER of the nearby area look like (check all that apply): ☐ grove; ☐ forest;

☐ suburban (low density); ☐ urban (high density); ☐ industrial; ☐ wetland; ☐ cropland; ☐ pasture; ☐ Other

If you answered "Other" above, please describe the area's landuse/cover:

What is the SOIL TYPE at the site of the subsidence (e.g.: white clean sand, orange clayey sand, loam, paleosol, etc.)?

Is the subsidence feature in line or near other RECENT subsidence features? ☐ Yes ☐ No

Is the subsidence feature in line or near other OLDER subsidence features? ☐ Yes ☐ No

If you answered "Yes" to either of the above, please describe your observations:

**ADDITIONAL COMMENTS OR OBSERVATIONS:**

**We encourage you to include addtional pages with detailed notes, pictures, and sketches.**

Need help with or have questions about the form? Call 850.617.0301

**Scan and E-MAIL to:**

clint.kromhout@dep.state.fl.us

**OR**

**FAX or Mail to:**

Florida Geological Survey
Florida Department of Environmental Protection
3000 Commonwealth Boulevard, Suite 1
Tallahassee, FL. 32303-3157
Phone: (850) 617-0301
**FAX: (850) 617-0341**