DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

RIVERINE HYDROLOGY & HYDRAULICS FORM (FORM 2)

OMB Control Number: 1660-0016 Expiration: 1/31/2024

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 3.5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0016). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

PRIVACY ACT STATEMENT

AUTHORITY: The National Flood Insurance Act of 1968, Public Law 90-448, as amended by the Flood Disaster Protection Act of 1973, Public Law 93-234.

PRINCIPAL PURPOSE(S): This information is being collected for the purpose of determining an applicant's eligibility to request changes to National Flood Insurance Program (NFIP) Flood Insurance Rate Maps (FIRM).

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA/NFIP/LOMA-1 National Flood Insurance Program (NFIP); Letter of Map Amendment (LOMA) February 15, 2006, 71 FR 7990.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent FEMA from processing a determination regarding a requested change to a (NFIP) Flood Insurance Rate Maps (FIRM).					
Flooding Source:					
Note: Fill out one form for each flooding source studied					
A. HYDROLOGY					
Reason for New Hydrologic Analysis (check all that apply):					
☐ Not revised (skip to section B) ☐ No existing analysis ☐ Improved data					
Alternative methodology Proposed Conditions (CLOMR) Changed physical condition of watershed					
2. Comparison of Representative 1%-Annual-Chance Discharges					
Location Drainage Area (Sq. Mi.) Effective/FIS (cfs) Revised (cfs)					
Methodology for New Hydrologic Analysis (check all that apply)					
Precipitation/Runoff Model → Specify Model: Duration: Rainfall Amount:					
Statistical Analysis of Gage Records					
Regional Regression Equations Other (please attach description)					
Please enclose all relevant models in digital format, maps, computations (including computation of parameters), and documentation to support the new analysis.					
4. Review/Approval of Analysis					
If your community requires a regional, state, or federal agency to review the hydrologic analysis, please attach evidence of approval/review. 4. HEC-RAS File Description**:					
5. Impacts of Sediment Transport on Hydrology					
Is the hydrology for the revised flooding source(s) affected by sediment transport?					
If yes, then fill out Section F (Sediment Transport) of Form 3. If No, then attach your explanation.					

			B. HYDR	AULICS				
1	. Reach to be Revised							
	<u>rtodori to bo rtoviood</u>	Description	Cross	Section	Water-Surface Elevation (ft.)			
		·			Effective	Proposed/Revised		
	Downstream Limit*							
	Upstream Limit*							
	roposed/Revised elevations <u>Hydraulic Method/Model L</u>		ctive elevations with	nin 0.5 foot at the dow	nstream and upstream	limits of revision.		
	Steady State	Unsteady State	One-Dim	nensional	wo-Dimentional			
3	3. Pre-Submittal Review of Hydraulic Models*							
	HS-FEMA has developed two odels, respectively. We reco							
4	. HEC-RAS File Description	n**:						
Models Submitted		Natura	ıl Run	Floodway Run		Datum		
	Duplicate Effective Model*	File Name:	Plan Name:	File Name:	Plan Name:			
	Corrected Effective Model*	File Name:	Plan Name:	File Name:	Plan Name:			
	5							
	Existing or Pre-Project Conditions Model	File Name:	Plan Name:	File Name:	Plan Name:			
	Revised or Post-Project Conditions Model	File Name:	Plan Name:	File Name:	Plan Name:			
	Other - (attach description)	File Name:	Plan Name:	File Name:	Plan Name:			
* F	For details, refer to the corres See instructions for informati	sponding section of th	e instructions.	District Mandala	0			
	See instructions for informati	on about modeling ou			Submitted? (Required	1)		
			C. MAPPING RE					
exi ani wit	certified topographic work sting, and proposed condition nual-chance floodplains and histationing control indicated undaries of the requester's scription of reference marks;	ons 1%-annual-chance regulatory floodway (d; stream, road, and of property; certification and the referenced v	e floodplain (for ap for detailed Zone A ther alignments (e. n of a registered ertical datum (NGV	proximate Zone A rev E, AO, and AH revision g., dams, levees, etc.) professional enginee D, NAVD, etc.).	visions) or the bounda ons); location and alig); current community e r registered in the si	aries of the 1%- and 0.2%- nment of all cross sections asements and boundaries;		
<u>T</u>	opographic Information:		wapping (GIS/CAL	DD) Data Submitted (p	reletteu)			
So	ource:			Date	e:			
Vertical Datum:				Spatial Projection:				
Ac	curacy:							
FBI at t	te that the boundaries of the FM must tie-in with the effect he same scale as the original way that tie-in with the boundary that tie-in with the soundaries.	tive floodplain and req nal, annotated to sho undaries of the effect	gulatory floodway b w the boundaries o	oundaries. Please atta of the revised 1%-and	ach a copy of the effe 0.2%-annual-chance	ective FIRM and/or FBFM floodplains and regulatory		
		Ar	nnotated FIRM and/	or FBFM (Required)				

	D. COMMON REGULATORY REQUIREMENTS*			
1.	For LOMR/CLOMR requests, do Base Flood Elevations (BFEs) or Special Flood Hazard Areas (SFHAs) increase compared to the effective BFEs?			
	If Yes, please attach proof of property owner notification . Examples of property owner notifications can be found in the MT-2 Form 2 Instructions.			
2.	For CLOMR requests, if either of the following is true, please submit evidence of compliance with Section 65.12 of the NFIP regulations:			
	 The proposed project encroaches upon a regulatory floodway and would result in increases above 0.00 foot compared to pre-project conditions. 			
	 The proposed project encroaches upon a SFHA with or without BFEs established and would result in increases above 1.00 foot compared to pre-project conditions. 			
3.	Does the request involve the placement or proposed placement of fill?			
	If Yes, the community must be able to certify that the area to be removed from the special flood hazard area, to include any structures or proposed structures, meets all of the standards of the local floodplain ordinances, and is reasonably safe from flooding in accordance with the NFIP regulations set forth at 44 CFR 60.3(A)(3), 65.5(a)(4), and 65.6(a)(14). Please see the MT-2 instructions for more information.			
4.	Does the request involve the placement or proposed placement of fill?			
	If Yes, attach evidence of regulatory floodway revision notification . As per Paragraph 65.7(b)(1) of the NFIP Regulations, notification is required for requests involving revisions to the regulatory floodway Elements and examples of regulatory floodway revision notification can be found in the MT-2 Form 2 Instructions.			
5.	For CLOMR requests, please submit documentation to FEMA and the community to show that you have complied with Sections 9 and 10 of the Endangered Species Act (ESA). For actions authorized, funded, or being carried out by Federal or State agencies, please submit documentation from the agency showing its compliance with Section 7(a)(2) of the ESA. Please see the MT-2 instructions for more detail.			