

# RFR-RFL QUESTIONNAIRE

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## Site Location & Information:

Name of Contact: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Building Type:**    Commercial ☐    Residential ☐    Industrial ☐    Agricultural ☐    Governmental ☐

**Type of Commercial Service:** \_\_\_\_\_ (Examples: Golf course, office, gas station)

**Type of Residency:** \_\_\_\_\_ (Examples: Home, condo, apartment)

**Type of Industrial Service:** \_\_\_\_\_ (Examples: Warehouse, factory, mill)

**Type of Agricultural Property:** \_\_\_\_\_ (Examples: Farm, vineyard, field)

**Type of Governmental Property:** \_\_\_\_\_ (Examples: Road, park, suite)

## Prequalifications for all sites:

Does the property contain a well? Yes ☐ No ☐

Is the property within 200 ft. from a TypeI or TypeIIA water supply well?  
(TypeI = any community well, TypeIIA = Any well supplying > 20,000 gal/day) Yes ☐ No ☐

Is the property within 75 ft. from a Type IIB or TypeIII water supply well? Yes ☐ No ☐

Is the property within 50 ft. of a domestic well? Yes ☐ No ☐

Is the property on a large lake or in a flood plain? Yes ☐ No ☐

Is the property 500 ft. within a wetland or an inland lake or stream? Yes ☐ No ☐

Currently are there or has there ever been any underground tank(s) on the property?  
(i.e. - septic, fuel, gas, chemical) Yes ☐ No ☐

\_\_\_\_\_ **If NO was answered to the questions above, continue on.** \_\_\_\_\_

## Site History:

Was the site previously industrial? Yes ☐ No ☐

Was the site refilled? Yes ☐ No ☐

Was the site contaminated? Yes ☐ No ☐

If yes to the questions above, provide explanation such as when, where, why.

Does the property have a septic tank or septic field? Yes ☐ No ☐

If yes, check all that apply:

Existing septic tank ☐    Removed septic tank ☐    Existing septic field ☐    Removed septic field ☐

**Parjana Representative Contact Information:**

Date of Request: \_\_\_\_\_

Name : \_\_\_\_\_ Company : \_\_\_\_\_

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

**Client's Budget expectation:** \_\_\_\_\_**Draining Objective:**Standing water ☐Waterproofing (foundation) ☐

Please indicate specific problem area(s) for standing water or waterproofing on drawing/picture.

Comments and/or additional explanation if needed:

**Water Supply:**Well Water ☐City Water & City Sewer ☐

What is the type and depth of the well?

**Have you experienced any of the following issues?**

			<i>North</i>	<i>South</i>	<i>East</i>	<i>West</i>
Water in walls <input type="checkbox"/>	Chimney door/pipe <input type="checkbox"/>	Bowed walls <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water over/under footer <input type="checkbox"/>	Rod Holes <input type="checkbox"/>	Cracked walls <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window cap crack <input type="checkbox"/>	I-Beam Leak <input type="checkbox"/>	Leaking gutters <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor crack <input type="checkbox"/>	Sewer backups <input type="checkbox"/>					

Discuss the severity of each checked issue.

**Potential Barriers/ Concerns:**Underground obstacles ☐Sprinkler system ☐Lakes, ponds, surrounding bodies of water ☐Fertilizer storage ☐Underground pool ☐Surrounding environment inclines/declines ☐Accessibility Barriers (decks, paver patios, wires, landscaping, narrow gates, steep inclines/declines) ☐

If accessibility barriers checked, please describe: Note: Describe the type of patio/deck and whether it is removable.

**Foundation Description:**Basement ☐Crawl Space ☐Slab ☐Partial ☐

Please indicate slab area(s) on map/drawing.

**Foundation Type:**Block wall ☐Concrete wall ☐Brick wall ☐Stone wall ☐

**Depth of basement:**  
(measurement from ground level to basement floor)

**Sump pump depth:**  
(measurent from basement floor to bottom of pit)

**Ground level slope:**  
(Postive or negative grade?)

Note: If any grade, indicate on the map/drawing where along the building the grade occurs.

**Sump pump:** Yes ☐ No ☐

Number of pumps:

Frequency:

**Location of each pump:** Note: If any, indicate on the map/drawing location of each and every one with the sump pump symbol.

Additional comments:

**Attachments:**Map ☐CAD ☐Blue Print ☐Drawing ☐Other ☐**Screenshot Checklist:**

- ☐ Identify exact location on aerial view
- ☐ Highlight specific problem area(s) on property to be addressed
- ☐ If not a full basement, indicate slab and/or crawl space areas
- ☐ Note where issues/potential barriers/concerns are on the property
- ☐ Highlight specific area(s) that cannot be accessed by drill
- ☐ Draw on map/drawing property lines
- ☐ Provide additional photos of property, problem area(s) and surrounding area
- ☐ If problem is complex, follow-up with layout enginner to provide additional explanation/details.