



Questionnaire for EGRP Applications & Request for Layout Form

PROJECT NAME: _____

Site Location & Information:

Questionnaire Date:

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Customer Name: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Billing Information *(if different from above):*

Contact:

Billing Address:

City:

 State:

 Zip:

Phone:

 E-Mail:

Sales Person: _____

SELLER CONTACT NUMBER: _____

Submission Date:

--	--	--

Installer: _____

INSTALLER CONTACT NUMBER: _____

Layout Needed By:

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SITE INFORMATION AND LAYOUT REQUEST DATA:

What type of water supply is currently used? (Check one):

☐

- Well Water

☐

- City Water & City Sewer

If a **well** was selected above: what is the type of well and depth of the well in use?

IMPORTANT REMINDERS:

> Installation shall NOT occur within:

- 1) 200 feet from a Type-I or Type-IIA water supply well
- 2) 75 feet from a type IIB or type III water supply well
- 3) 50 feet for any domestic well

> Installation shall NOT occur within 500 feet of a wetland regulated Part 303, Wetlands Protection of the NPEPA, or inland lake or stream regulated under Part 301, Inland Lakes and Streams, of the NRPEA

- Parjana shall verify that there are **NO** underground fuel oil storage tanks on the property
- Parjana shall verify that t West
- Parjana shall maintain a list of all locations where EGRPs are installed. The list shall be retained by Parjana and provided to the DEQ upon request

TYPE OF PROPERTY:

- ☐ - COMMERCIAL ☐ - RESIDENTIAL ☐ - RECREATIONAL
☐ - AGRICULTURAL ☐ - MUNICIPAL

Brief Description:

DRAINING OBJECTIVE:

- ☐ - STANDING WATER ☐ - WATERPROOFING

☐ - OTHER:

FOUNDATION TYPE/DETAILS:

- ☐ - BLOCK WALL ☐ - CONCRETE WALL ☐ - BRICK WALL

- Circle option that applies:

- ☐ - TILE ☐ - CARPET ☐ - OTHER:

- Crawl space:

- ☐ - YES ☐ - NO

- Sump Pump

- ☐ - YES ☐ - NO

If yes to Sump Pump: What is the frequency of activation?

Depth of Foundation:

Comments:

ISSUES: *(check all the apply)*

- | | | | | | | | | | | | | | | |
|--|--|--|--------------------------|--------------|-------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> - WATER IN THE WALL | <input type="checkbox"/> - WATER OVER/UNDER FOOTER | <input type="checkbox"/> - WINDOW CAP/FLOOR CRACK | | | | | | | | | | | | |
| <input type="checkbox"/> - SEWER BACK UPS | <input type="checkbox"/> - CHIMNEY DOOR/PIPE | | | | | | | | | | | | | |
| <input type="checkbox"/> - ROD HOLES | | | | | | | | | | | | | | |
| <input type="checkbox"/> - I-BEAM LEAK | <input type="checkbox"/> - WALLS BOWED - circle problem wall(s): | <table border="0"> <tr> <td><u>North</u></td> <td><u>South</u></td> <td><u>East</u></td> <td><u>West</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <u>North</u> | <u>South</u> | <u>East</u> | <u>West</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>North</u> | <u>South</u> | <u>East</u> | <u>West</u> | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| | <input type="checkbox"/> - WALLS CRACKED - circle problem wall(s): | | | | | | | | | | | | | |

Severity of Issue(s):

SITE HISTORY: *(circle one)*

Was the site previously industrial?

☐ - YES ☐ - NO

Was the site previously contaminated?

☐ - YES ☐ - NO

Was the site previously refilled?

☐ - YES ☐ - NO

POTENTIAL BARRIERS / CONCERNS: *(check all that apply)*

- ☐ - Accessibility (decks, paver patios, wires, landscaping, narrow gates, steep inclines/declines) - Please Describe:

- | | | |
|--|--|--|
| <input type="checkbox"/> - Wells for drinking water | <input type="checkbox"/> - MISS DIG Findings | <input type="checkbox"/> - Manure Pile |
| <input type="checkbox"/> - High and Low Water Tables | <input type="checkbox"/> - Sprinkler System(s) | <input type="checkbox"/> - Road Run-Off |
| <input type="checkbox"/> - Wetlands | <input type="checkbox"/> - Fertilizer Storage | <input type="checkbox"/> - Contaminated Ground |
| <input type="checkbox"/> - Underground Tank(s): Please denote all tanks; if there are any buried storage tanks or non-working tanks, classify them below and record the non-working tanks in the comments: | | |

- | | | | |
|---|---------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> - Septic | <input type="checkbox"/> - Fuel | <input type="checkbox"/> - Gas | <input type="checkbox"/> - Chemical |
| <input type="checkbox"/> - Other <i>(explain)</i> : | | | |





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ATTACHMENTS

ATTACH SCREEN SHOT OF PROPERTY TO THIS REPORT: *(circle source)*

☐ - Google Maps ☐ - CAD ☐ - Blue Print ☐ - Drawing ☐ - Other:

IS THERE MORE THAN ONE LAYOUT REQUIRED FOR THIS PROPERTY:

☐ - YES ☐ - NO

If Yes, please provide additional screen shots containing the property information and the following information for each screen shot provided:

SCREEN SHOT CHECK-LIST: *(be sure to address all questions below)*

- ☐ - IDENTIFY EXACT LOCATION ON ARIAL VIEW
- ☐ - HIGHLIGHT SPECIFIC AREA(S) OF PROPERTY TO BE ADDRESSED
- ☐ - INDICATE AREAS WHERE DRILLING **CANNOT** BE ACCOMPLISHED
- ☐ - HIGHLIGHT SPECIFIC AREA(S) THAT **CANNOT** BE ACCESSED BY DRILL

Engineering Notes

(be specific and detailed)