

CUSTOMER PRE-QUALIFYING QUESTIONNAIRE

& PARJA	NA Distribution		Date of Conta	ct:
PROJECT NAME:				
Sales Person:				
SELLER CONTACT NUMBER	:	E-Mail:		
Installer: (if different from sales personal INSTALLER CONTACT NUMBER CONTACT NUM		E-Mail:		
Does the Property Cor	et from a Type-I or Type-IIA water S	- NO	Septic? - YES	- NO
	irge lake or in a flood plain?		- YES	- NO
	questions above, continue on:	:		
Note: If the Property is within 500 Feet of a protected wetland, see Request for Layout form for specific restrictions.				
Customer Information:				
Customer Name:				
Address:				
City:			State: Z	ip:
Phone:		E-Mail:		
Type and Extent of Water	Issue:			
	1 1			
Required Install Date	e: Referred by	:		
Initial Plan of Action:				
DEPOSIT FOR ENGINEERIN	<u>G:</u>			
Commercial Dra	awings (T	ypically \$1,000 per project)	Date Received:	
Residential Dra	awings (T	ypically \$250 per project)	Check Number:	