

RFR-RFL QUESTIONNAIRE

Page 1 of 3

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? Yes ☐ No ☐
(TypeI = any community well, TypeIIA = Any well supplying > 20,000 gal/day)

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? Yes ☐ No ☐
(i.e. - septic, fuel, gas, chemical)

_____ **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:
(measurement 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.