



**PARJANA**  
& PARJANA Distribution

CUSTOMER PRE-QUALIFYING QUESTIONNAIRE

Date of Contact: 11/11/11

PROJECT NAME:

100 Bloomfield Hills Parkway Parking Structure

Sales Person:

Carole Rich ~~Rich~~

SELLER CONTACT NUMBER:

248 219 6134

E-Mail:

carolrich@parjanadistribution.com

Installer:

(if different from sales person)

TBD

INSTALLER CONTACT NUMBER:

E-Mail:

Does the Property Contain a Well?

☐

- YES

☒

- NO

Septic?

☐

- YES

☒

- NO

Is the Property 200 Feet from a Type-I or Type-IIA water Supply well?

☐

- YES

☒

- NO

Is the property on a large lake or in a flood plain?

☐

- YES

☒

- NO

If **NO** to all of the questions above, continue on:

Customer Information:

Customer Name:

Kojanian ~~Rich~~

Address:

39460 Woodward Ave S 250

City:

Bloomfield Hills

State:

Zip:

Phone:

E-Mail:

Type and Extent of Water Issue:

Fix water entering parking structure

Required Install Date:

11/11/11

Referred by:

Initial Plan of Action:

DEPOSIT FOR ENGINEERING:

Commercial Drawings

(Typically \$1,000 per project)

Date Received:

11/11/11

Residential Drawings

(Typically \$250 per project)

Check Number:



**PARJANA**  
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**Questionnaire for EGRP Applications  
& Request for Layout Form**

**PROJECT NAME:**

Bloomfield  
100 Parkway, Bloomfield Hills

**Site Location & Information:**

Questionnaire Date: 11/11

Customer Name:

Kojanian Corp

Site Address:

100 Bloomfield Parkway Parking deck

City:

Bloomfield Hills

State:

MI

Zip:

Phone:

248 644 7600

E-Mail:

**Billing Information (if different from above):**

Contact:

David Haborian

Billing Address:

Kojanian Corp 39400 Suite 250

City:

Bloomfield Hills

State:

MI

Zip:

48304

Phone:

248-644-7600

E-Mail:

Dhaborian@kojanian.com

**Sales Person:**

Carole Rich

**SELLER CONTACT NUMBER:**

248-219-6138

Submission Date:

11/17/14

**Installer:**

**INSTALLER CONTACT NUMBER:**

Layout Needed By:

11/11

**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 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:

parking deck

**DRAINING OBJECTIVE:**

☒

- STANDING WATER

☒

- WATERPROOFING

☐

- OTHER:

prevent water from entering parking deck thru retaining wall

**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?

all the time - industrial sump

Depth of Foundation below grade around entire structure:

?

Comments:



**ISSUES:** (check all the apply)

- |   |  |  |                          |              |             |             |                          |                          |                          |                          |                          |                          |                          |                          |
|---|--|--|--------------------------|--------------|-------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" 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?   | <input type="checkbox"/> - YES | <input checked="" type="checkbox"/> - NO |
| Was the site previously contaminated? | <input type="checkbox"/> - YES | <input checked="" type="checkbox"/> - NO |
| Was the site previously refilled?     | <input type="checkbox"/> - YES | <input type="checkbox"/> - NO ?          |

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

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

must approach from neighboring parking lot

- |  |  |  |
|--|--|--|
| <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 |
- ☐ - 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 (explain): |                                 |                                |                                     |



IS THERE A POSITIVE GRADE? (If so, please draw and explain below)

If you have any further information or comments on a section that was not covered, please explain in detail below.

See Joe for description



**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

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**Engineering Notes**

**(be specific and detailed)**



**PARJANA**  
& PARJANA DISTRIBUTION

## BILLING PROCESSING FORM

Billing Request Date:   /  /  

PROJECT NAME: \_\_\_\_\_

SALES PERSON: \_\_\_\_\_

SELLER CONTACT NUMBER: \_\_\_\_\_ Commission Rate: \_\_\_\_\_

INSTALLER: \_\_\_\_\_

INSTALLER CONTACT NUMBER: \_\_\_\_\_ Commission Rate: \_\_\_\_\_

Seller Commission: \_\_\_\_\_

Installer Commission: \_\_\_\_\_

- ☐ Pre-Qualifying Form Completed
- ☐ Questionnaire/Request for Layout Form Completed
- ☐ Engineering to Generate Drawings and Estimate Figures
- ☐ Drawings Approved by Management

	<u>EGRP QTY.</u>	<u>LINEAR FEET</u>	<u>UNIT COST</u>	<u>EXTENSION</u>
Number of 5-Footers	_____	<u>0</u>	_____	_____
Number of 10-Footers	_____	<u>0</u>	_____	_____
Number of 20-Footers	_____	<u>0</u>	_____	_____
Number of 40-Footers	_____	<u>0</u>	_____	_____
<b>EGRP TOTALS</b>	_____	<u>0</u>	_____	_____
Number of Caps	_____	@	_____	_____

Other: \_\_\_\_\_ Amount: \_\_\_\_\_

INVOICE TOTAL: \$0.00

Pre-Paid Commercial Engineering Fees: \_\_\_\_\_

Pre-Paid Residential Engineering Fees: \_\_\_\_\_

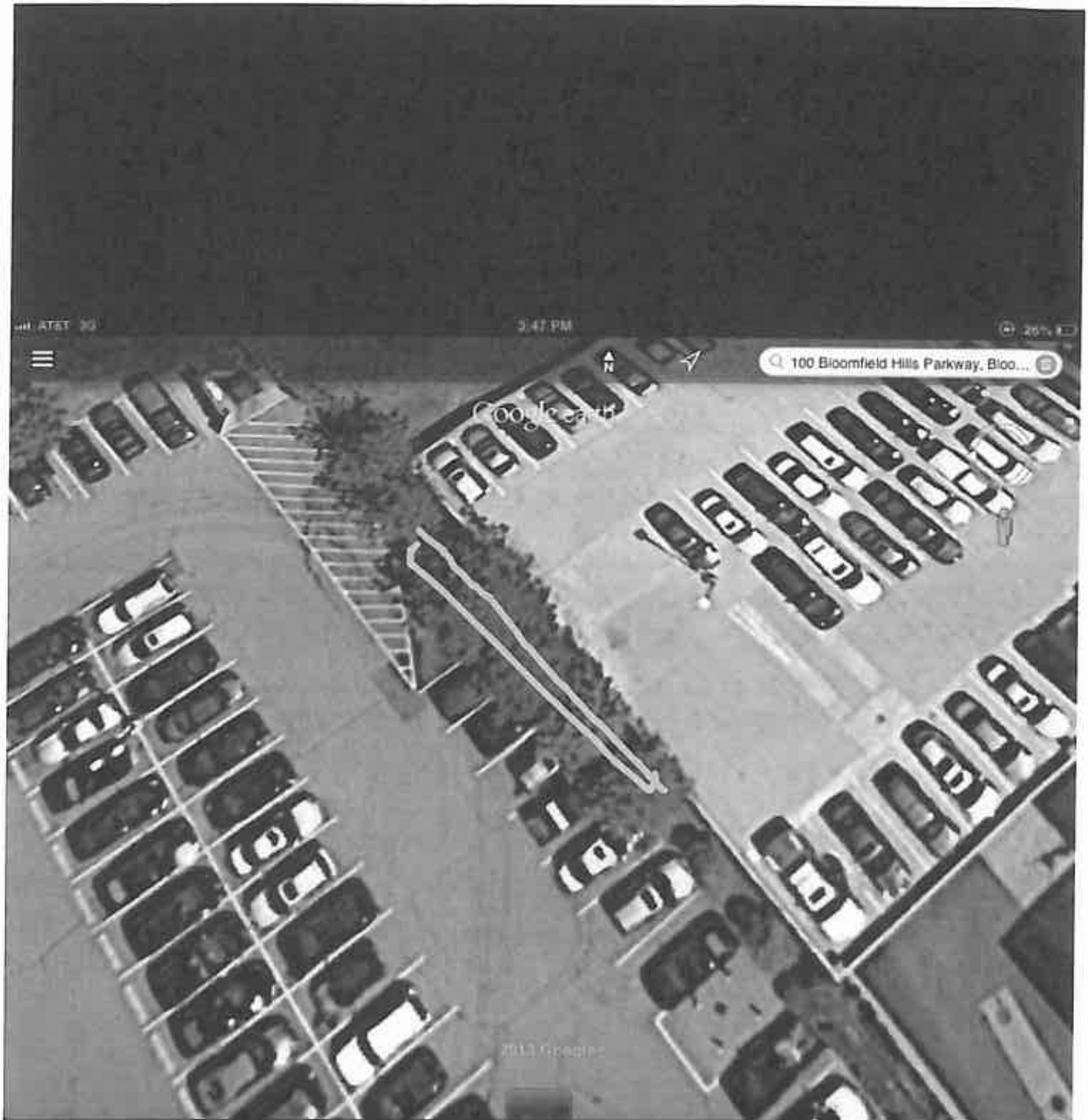
---

Invoice To: \_\_\_\_\_

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

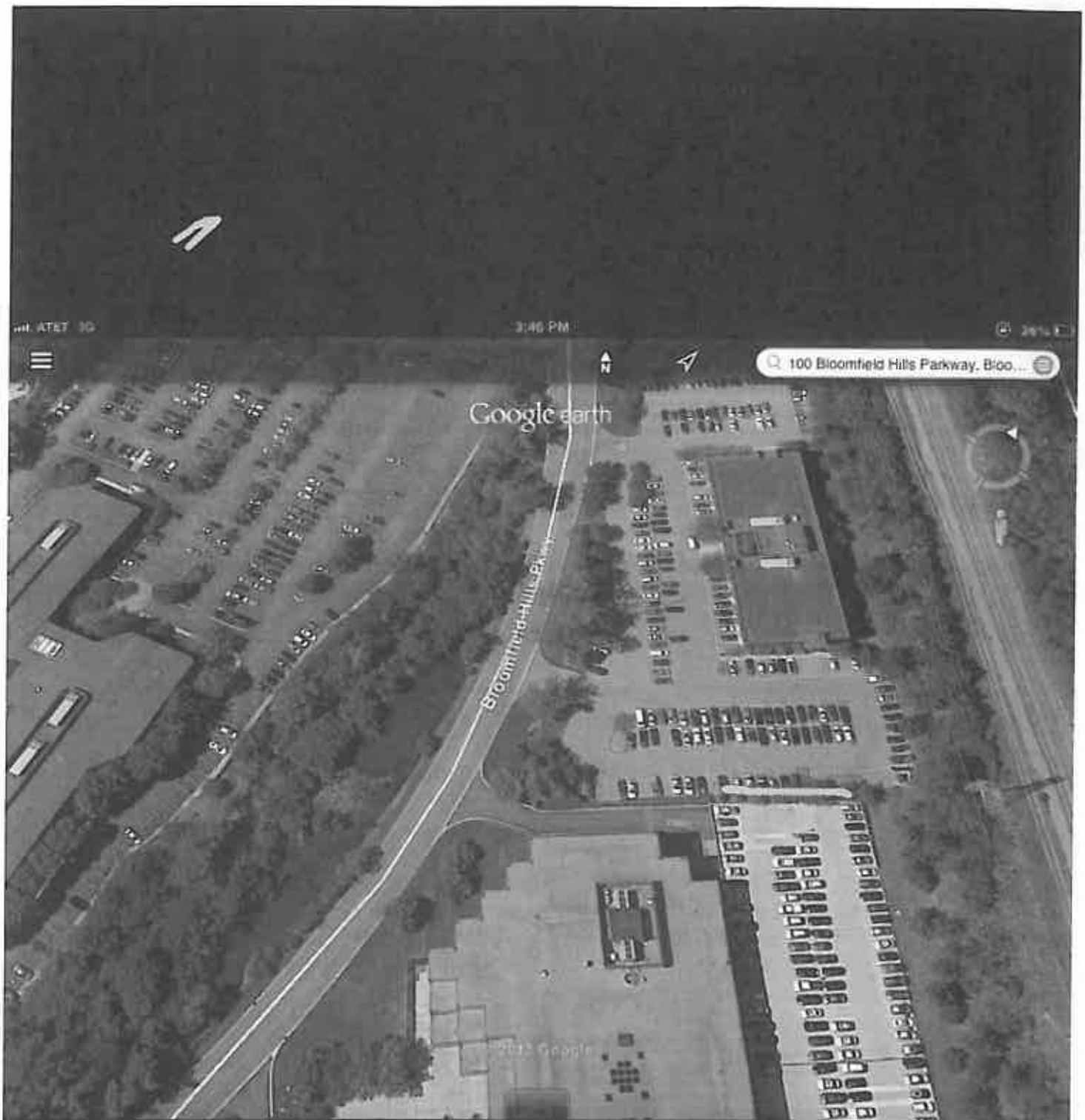
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



another view of parking  
~~deck~~ deck





yellow stripe water coming  
into parking deck



