



Questionnaire for EGRP Applications
& Request for Layout Form

PROJECT NAME: Markowitz building

Site Location & Information:

Questionnaire Date:

Customer Name: Wright Way Environmental Technologies

Site Address: 24767 Southfield Rd

City: Southfield State: MI Zip: 48975

Phone: E-Mail:

Billing Information (if different from above):

Contact: Terry Wright

Billing Address: 56692 Mound Rd

City: Shelby Twp. State: MI Zip: 48316

Phone: 800-234-6399 E-Mail: trw@pureairpurewater.com

Sales Person: Aqua-Channel

SELLER CONTACT NUMBER: 734-332-1500 Submission Date: 3 | 3 | 13

Installer: Aqua-Channel

INSTALLER CONTACT NUMBER: Layout Needed By:

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?



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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:

Dentist office and restaurant

DRAINING OBJECTIVE:

☐

- STANDING WATER

☐

- WATERPROOFING

☐

- OTHER:

Keep ductwork in floors dry, prevent future pavement damage in parking lot

EXPECTED TIME FOR INFILTRATION / DISSIPATION:

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 below grade around entire structure:

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):

Ductwork in floor is half-filled with water

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)

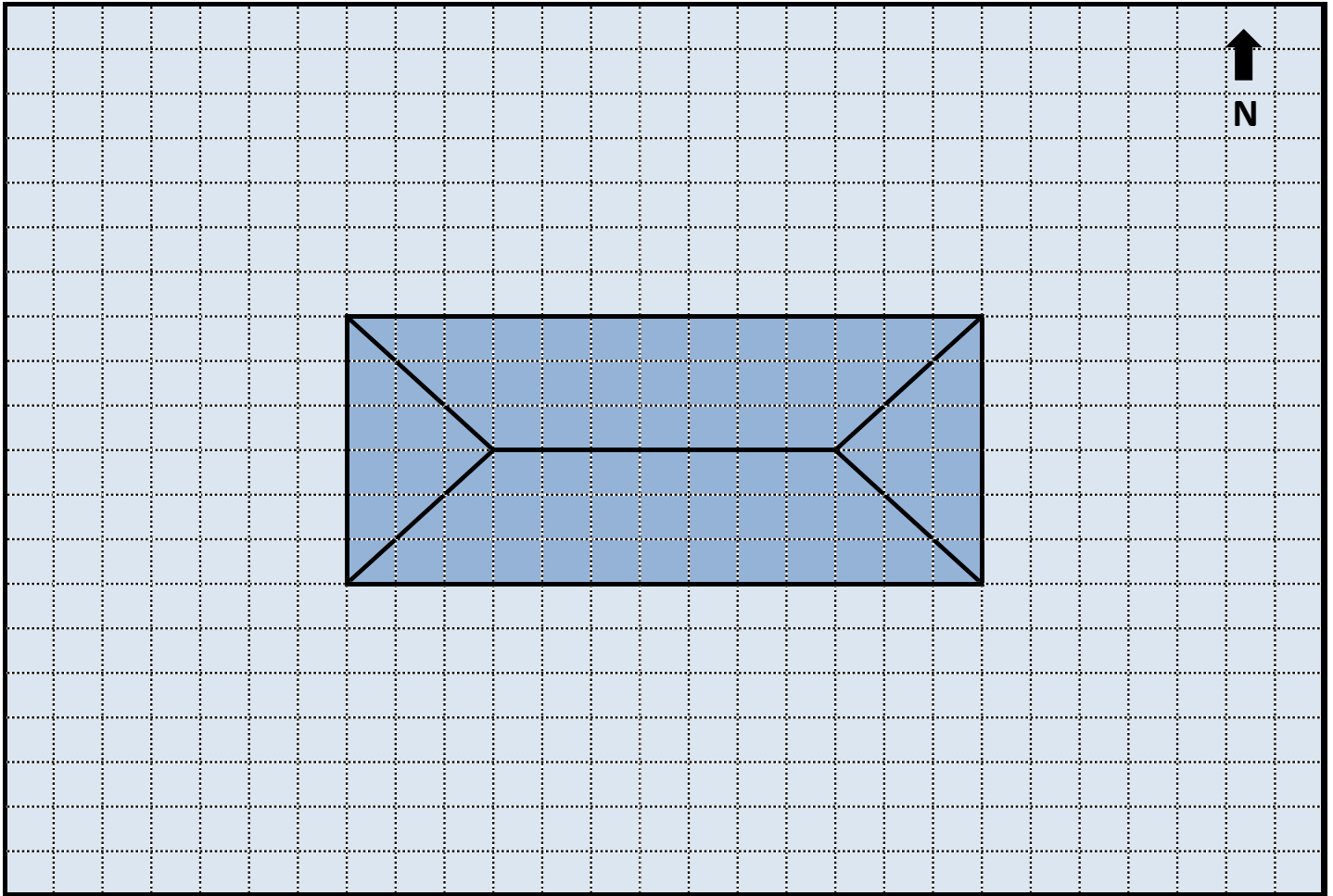
- ☐ - Accessibility (decks, paver patios, wires, landscaping, narrow gates, steep inclines/declines) - Please Describe:

Site is nearly all paved

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

DEPICT WATER ISSUE ON DRAWING. 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.

Dr. Markowitz (dentist) owns the building, Wright Way Environmental is improving water and air quality - they are hiring us as part of their scope of work.



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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)