



Questionnaire for EGRP Applications & Request for Layout Form

PROJECT NAME: _____

Site Location & Information:

Questionnaire Date:

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:

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> - COMMERCIAL | <input type="checkbox"/> - RESIDENTIAL | <input type="checkbox"/> - RECREATIONAL |
| <input type="checkbox"/> - AGRICULTURAL | <input type="checkbox"/> - MUNICIPAL | |

Brief Description:

DRAINING OBJECTIVE:

- | | |
|---|--|
| <input type="checkbox"/> - STANDING WATER | <input type="checkbox"/> - WATERPROOFING |
| <input type="checkbox"/> - OTHER: | <input type="text"/> |

FOUNDATION TYPE/DETAILS:

- | | | | |
|---------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> - BLOCK WALL | <input type="checkbox"/> - CONCRETE WALL | <input type="checkbox"/> - BRICK WALL | |
| - Circle option that applies: | <input type="checkbox"/> - TILE | <input type="checkbox"/> - CARPET | <input type="checkbox"/> - OTHER: <input type="text"/> |
| - Crawl space: | <input type="checkbox"/> - YES | <input type="checkbox"/> - NO | |
| - Sump Pump | <input type="checkbox"/> - YES | <input type="checkbox"/> - 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):

SITE HISTORY: (circle one)

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

- | | | |
|--|--|--|
| <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): | | | |

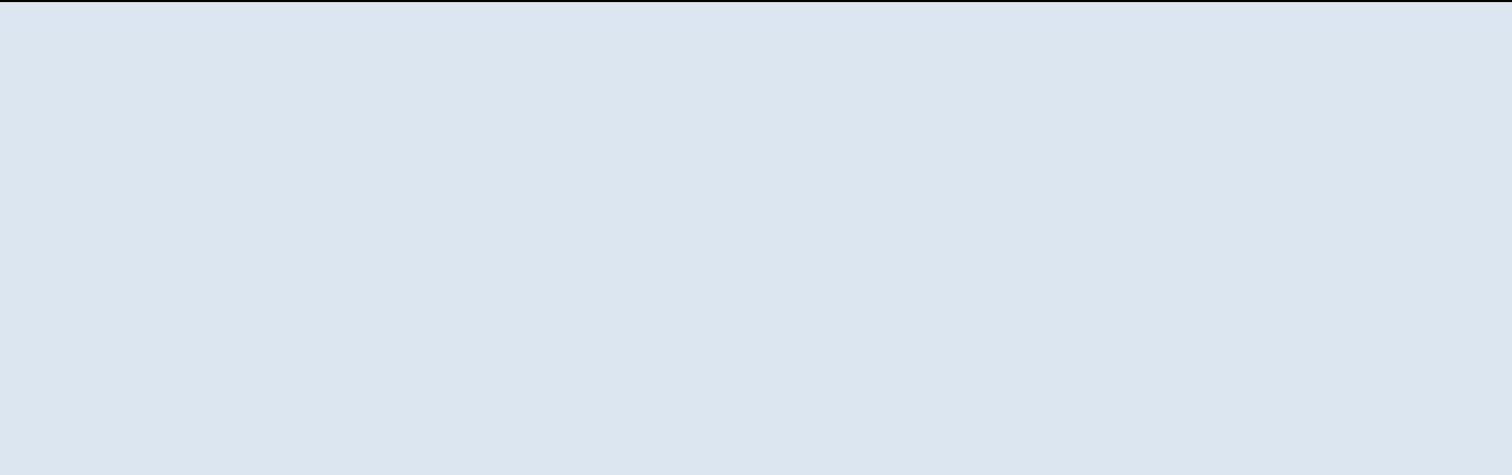


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IS THERE A POSITIVE GRADE? (If so, please draw and explain below)

This image shows a full page of graph paper. The background is a solid light blue color. Overlaid on this background is a uniform grid of thin black lines. These lines intersect to form a series of small, identical squares that cover the entire area of the page. There are no margins, text, or other markings present.

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





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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)