

# Prequalifying Questionnaire

## Site Location & Information:

Name of Contact: Maureen Hughes

Site Address: 465 FOREST 5

City: WYANDOTTE

State: MI

Zip:

County: WAYNE

Phone: 734 558-0203

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 Type I or Type IIA water supply well?

Yes ☐

No ☒

(Type I = any community well, Type IIA = Any well supplying > 20,000 gal/day)

Is the property within 75 ft. from a Type IIB or Type III 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 Distribution, LLC has asked the above prequalification questions to its client. The client has truthfully and completely disclosed this information to the best of his or her knowledge. Parjana Distribution will verify that all prequalification questions are accurate for the site before any installation takes place.

# Questionnaire

## Site Location & Information:

Date of Contact:

Name of Contact:

Site Address:

City:

State:

Zip:

Phone:

Email:

## 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 ☐

**Basement Ceiling**

**Basement Floor**

**Footer**

**Sump Pump**

**Depth of basement:**  
(measurement from ground level to basement floor)

6'

**Sump pump depth:**  
(measurement from basement floor to bottom of pit)

34"

**Ground level slope:**  
(Positive or negative grade?)

Positive

**Sump pump:** Yes ☒ No ☐

**Number of pumps:** 1

**Frequency:** 2-3 / hour

**Location of each pump:**

Note: If any grade, indicate on the map/drawing where along the building the grade occurs.

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 engineer to provide additional explanation/details.