

Brunswick-Glynn County Joint Water and Sewer Commission

Form for Submittal of DOT GUPS Application

7. Please specify the following details for pipe permit application:

Pipe Size: _____ inches

Operational Pressure: _____ psi (if applicable)

Pipe Material: _____

Valves Quantity: _____

Casing Size: _____ inches

Main Type:

Casing Material: _____

- Gravity
- Pressure

8. Please specify the Underground Construction Information:

No. Manholes: _____

Maximum Depth of Facility: _____ feet

No. Valve boxes: _____

No. of Test Holes: _____

Minimum Depth of Facility: _____ feet

Underground Construction Type:

- | | | | |
|---|---------------------------------------|---------------------------------|--|
| <input type="radio"/> Auger | <input type="radio"/> Tunneling | <input type="radio"/> Plow | <input type="radio"/> Work to involve Bridge |
| <input type="radio"/> Horizontal Directional Drilling | <input type="radio"/> Pull | <input type="radio"/> Pushing | <input type="radio"/> Only |
| <input type="radio"/> Jack & Bore | <input type="radio"/> Retention | <input type="radio"/> Open Cut | <input type="radio"/> Manhole Work Only |
| <input type="radio"/> Trench | <input type="radio"/> Micro Tunneling | <input type="radio"/> Insertion | |
| | <input type="radio"/> Pipe Bursting | | |

Pavement Cutting:

- Yes
- No

If Yes:

No. Lanes affected: _____

Area of Pavement Cut: _____ square feet

Type of Pavement Cut:

- | | | | |
|------------------------------------|-----------------------------------|-------------------------------------|----------------------------|
| <input type="radio"/> Longitudinal | <input type="radio"/> Service Tap | <input type="radio"/> Repair Window | <input type="radio"/> None |
| <input type="radio"/> Crossing | | | |

Soil Core Survey Include:

- Yes
- No

Joint Trench:

- Yes
- No

If Yes:

Other Company in Trench: _____

NJUNS Ticket Number: _____

9. Please specify the files to be uploaded: (Provide CD of electronic files – Location Map and Plan Set)

List provided files to be attached to permit:

10. Please Specify if the work involves blasting:

- Yes
- No