



# 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 |
| <input type="radio"/> Horizontal  | <input type="radio"/> Pull          | <input type="radio"/> Pushing   | involve Bridge                |
| <input type="radio"/> Directional | <input type="radio"/> Retention     | <input type="radio"/> Open Cut  | Only                          |
| <input type="radio"/> Drilling    | <input type="radio"/> Micro         | <input type="radio"/> Insertion | <input type="radio"/> Manhole |
| <input type="radio"/> Jack & Bore | <input type="radio"/> Tunneling     |                                 | Work Only                     |
| <input type="radio"/> Trench      | <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 | <input type="radio"/> None |
| <input type="radio"/> Crossing     |                                   | Window                       |                            |

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:

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### 10. Please Specify if the work involves blasting:

- Yes
- No