

HRSD Interceptor Force Main Tapping Application

Qualification Notes:

Thank you for your interest in becoming an approved HRSD tapping contractor. An application form is attached that will be used to evaluate your firm's qualifications to perform taps to HRSD interceptors. Copies of the latest HRSD standard tapping notes and details can be found on the HRSD official public website at www.hrsd.com.

This application must be signed by a principal in your firm. Submission of this application confirms that your company understands and agrees to maintain HRSD tapping standards. If approved, your Approval status is valid for a period of two (2) years, commencing on the date the Approval Letter is signed by HRSD. After a period of two (2) years you must submit an updated application for review and approval.

If approved, your company also agrees to secure and maintain the minimum required insurance for Contractors tapping HRSD force mains for the entire duration of the 2-year approval period. A list of insurance requirements is included at the bottom of this document. It is strongly recommended that you confirm technical approval for tapping before purchasing additional insurance, if your company does not already meet the insurance requirements.

Contractors may be limited by HRSD to certain sizes and/or types of taps based upon employee experience and training. The specified names on the application form are to be your qualified tapping supervisors, who are familiar with conditions described in this letter and with current HRSD standards and requirements. At least one of the supervisors specified on the application must be on site during a tap or connection. Failure to maintain an approved supervisor onsite during the tap is grounds for stopping work at no cost to HRSD and an immediate revocation of your Approval status.

HRSD understands that manpower and employee information will change as your requirements change. If you wish to revise the names and/or scope of your approval at some later date, please resubmit an application form with the additional relevant information, a minimum of two weeks prior to performing work. Work on the tap may not be scheduled until an Approval Letter is issued and the Certificate of Insurance has been received by HRSD. Please return your signed application to my attention and allow two weeks for review.

Insurance Requirements:

A. Workers Compensation:

Workers Compensation insurance must be provided in accordance with the laws of the state or states in which work is performed, with **Employers Liability** limits of not less than **\$500,000 for bodily injury per accident** and limits for **bodily injury by disease of \$500,000 per employee.**

B. Commercial General Liability:

Commercial General Liability (CGL) Insurance must be provided with limits of not less than **\$1,000,000 combined bodily injury and property damage (BIPD)** for any one occurrence and **\$2,000,000 general aggregate**. CGL Insurance must provide coverage for the following risks:

- Broad Form Property Damage including completed operations, with no exclusions for water damage or XCU hazards (explosion, collapse and underground damage)
- Liability form provides coverage for “Insured Contracts”
- Products and Completed Operations must remain a part of the contractor’s liability insurance program for at least 5 years following completion of the work.

Contractor’s liability insurance shall be endorsed to name Hampton Roads Sanitation District as **additional insured** and must include endorsement CG2010 (11/85) or CG2010 (07/04) and CG2037 (07/04) combined; the coverage afforded such additional insureds thereunder to be primary and their own coverage to be non-contributory.

C. Comprehensive Automobile Liability:

Comprehensive Automobile Liability must be provided with limits of not less than **\$1,000,000 combined bodily injury and property damage for any one occurrence** with coverage for the following risks: Owned, non-owned, leased, borrowed, used and hired motor vehicles.

D. Excess Liability/Umbrella:

Limits with not less than **\$5,000,000 in excess** of items A,B & C.

E. Sub-contractors:

Contractor shall ensure that any sub-contractors utilized for the work adhere to the same insurance requirements outlined above

F. A.M Rating Required:

A or better

Please complete and sign the form provided herein and mail to the appropriate Interceptor Engineer by mail.

South Shore:

If proposed tapping work is within the cities of Chesapeake or Virginia Beach, please mail the application to:

Sam McAdoo Office: (757) 460-7093
Interceptor System Manager (East) Cell: (757) 284-6315

If proposed tapping work is within the cities of Norfolk, Portsmouth, Suffolk, South Chesapeake, and Isle of Wight County, please mail your application to:

Lee Heath Office: (757) 460-7018
Interceptor System Manager (West) Cell: (757) 353-2857

Mailing Address:

P.O. Box 5911, Virginia Beach, VA 23471-0911

Office Address:

1436 Air Rail Avenue, Virginia Beach, VA 23455-7015

North Shore (Peninsula):

If proposed tapping work is within the cities of Hampton, Newport News, Williamsburg, Poquoson, James City Co., York Co., and Gloucester Co., please mail your application to:

Ryan J. S. Brewster, P.E. Office: (757) 833-1729
North Shore Interceptor Engineer Cell: (757) 284-5771

Mailing Address:

P.O. Box 5911, Virginia Beach, VA 23471-0911

Office Address:

2401 G Avenue, Newport News, VA 23602

TAPPING CONTRACTORS APPLICATION FORM

Firm Name:

Street Address:

City, State, Zip:

Phone No:

Fax Number:

Total Firm Years of Tapping Experience:

Please list below the names of your firm's qualified tapping supervisors/employees:

Name	Years of experience	Mobile No

Please indicate the type (material) of pipes and the corresponding maximum pipe diameter your firm and current employees have experience in tapping:

	DI	CI	Steel	PCCP	RCP	ACP	PVC	VCP	Other
	<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"/>
Max. Pipe Di.									

Please list a minimum of three references whom they can attest to your firm's employees (listed above) pertinent tapping experience:

Reference Name	Organization/Firm Name	Phone No	Pipe Material Tapped (List)	Size of Tap(s) Performed	Size of Host Pipe

I, the undersigned, an authorized signatory for and on behalf of the above firm, do acknowledge the standards presented in the Hampton Roads Sanitation District Standard Details, as provided, for connections to and the tapping of HRSD facilities. Further this firm does acknowledge the HRSD requirement for two copies of a tapping saddle and valve catalog cut two weeks in advance of the tap. Further, we agree to provide two working days advance notice for the scheduling of an HRSD inspector to be present during all taps and the inspection of all connections prior to back-fill.

Signature: _____
 Name: _____

Date: _____
 Position/Title: _____

The following section is for HRSD use only

HRSD Interceptor System Manager: _____

Approved Disapproved (see comments below)

Approval Date: _____ Approval Date Expiration: _____

Maximum tap size Approved (in):

Maximum interceptor pipe diameter

Approved pipe types to tap:

DI	CI	Steel	PCCP	RCP	ACP	PVC	VCP	Other
<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"/>

Disapproval Comments:

Signature: _____
