

**Sanitary Sewer Connection Application**

**for**

**Single-Duplex Residential Dwelling**

***Small Communities Division***

**Applicant must complete this form and submit to the corresponding jurisdictional authorizing agency for signature(s) prior to HRSD submission. Applications with incomplete information and/or without authorized signature(s) will not be processed.**

|  |  |  |  |
| --- | --- | --- | --- |
| Jurisdiction: |  | Date: |  |

**Project Location**

|  |  |
| --- | --- |
| Street address: |  |
| Tax Map, Parcel ID, or GPIN: |  |

***Note:*** *Please provide a general location map (no smaller than 1”-2000’) showing the project location. General wastewater flow path to HRSD public sewer system, if applicable, should be indicated as well.*

**Project Description** *(please include a description of sanitary sewer infrastructure required for this connection)*

**Property Owner Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Owner Name: |  | | |
| Mailing Address: |  | | |
| Phone No: |  | E-mail: |  |

**Engineering Firm Information** *(if applicable)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Firm Name: |  | | | Main Office No: |  |
| Address: |  | | |  |  |
| Prj. Manager: |  | E-mail: |  | | |
| Prj. Engineer: Engineer |  | E-mail: |  | | |

**Connection Type Information**

Please check one of the following:

|  |  |  |
| --- | --- | --- |
|  | 1 | Gravity service lateral to an existing HRSD sewer cleanout |
|  | 2 | Gravity service lateral to an existing HRSD gravity sewer main |
|  | 3 | Gravity service lateral to an existing HRSD sewer manhole |
|  | 4 | Gravity service lateral to an existing HRSD vacuum pit |
|  | 5 | Gravity service lateral and new HRSD vacuum pit |
|  | 6 | Septic tank effluent private pump station to an existing HRSD sewer manhole |
|  | 7 | Septic tank effluent private pump station to an existing HRSD interceptor force main branch valve |
|  | 8 | Septic tank effluent private pump station to a new HRSD interceptor force main tap valve |
|  | 9 | Septic tank effluent private pump station to an existing HRSD vacuum pit |
|  | 10 | Septic tank effluent private pump station to a new HRSD vacuum pit |
|  | 11 | Private pump station and force main to an existing HRSD sewer manhole |
|  | 12 | Private pump station and force main to an existing HRSD interceptor force main branch valve |
|  | 13 | Private pump station and force main to a new HRSD interceptor force main tap valve |

|  |  |  |  |
| --- | --- | --- | --- |
| For connection types 1 - 5, please indicate lateral diameter and material: | | | |
| Lateral diameter (in): |  | Material: |  |
| For connection types 6 - 13, please indicate force main diameter and material: | | | |
| Force main diameter (in): |  | Material: |  |

*For connection types 1-10, a survey plat with the cleanout location and the connection point to the HRSD sanitary sewer system is required.*

*For connection types 5 and 10, the owner shall be responsible to install the valve pit and associated appurtenances per HRSD standard design guidelines prior to connecting to the public vacuum sewer system. The valve assembly will be installed by HRSD personnel.*

*For connection types 11-13, a site plan is required.*

**Water Meter Information\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Manufacturer: |  | | | |
| Meter size installed: | |  | Meter Number: |  | | (if known) |
|  | | | | | | |
| **\***For a Single-Duplex Residential Dwelling without a public water meter, the HRSD facility charges for each single residential unit will be assessed based on 5/8” water meter (visit [www.hrsd.com](http://www.hrsd.com) to find more about HRSD’s Rate Schedule). | | | | | | |
|  | | | | | | |
| If metering will be used for anything other than domestic demand, please describe additional uses below: | | | | | | |

**Notice to Applicant**

The following HRSD resources are available by visiting HRSD’s official web site at [www.hrsd.com](http://www.hrsd.com):

* [HRSD Standards & Preferences](http://www.hrsd.com/standardsandpreferences.shtml) (http://www.hrsd.com/standardsandpreferences.shtml)
* [Development Services](http://www.hrsd.com/iec.shtml) (http://www.hrsd.com/iec.shtml)
* [HRSD GIS Public Viewer](http://www.hrsd.com/gis.shtml) (http://www.hrsd.com/gis.shtml)
* [Record Drawings and Valve Guides](http://www.hrsd.com/recorddrawingrequests.shtml) (http://www.hrsd.com/recorddrawingrequests.shtml)
* [HRSD Rate Schedule](http://www.hrsd.com/rateschedule.shtml) (http://www.hrsd.com/rateschedule.shtml)
* [Commercial/Industrial Customer (P3)](http://www.hrsd.com/industrialcustomer.shtml) (http://www.hrsd.com/industrialcustomer.shtml)

For all development project work order requests, please use the following email link: [developrequest@hrsd.com](mailto:developrequest@hrsd.com)

*NOTE: Projects calling for sanitary sewer infrastructure within an existing VDOT right-of-way (ROW), must obtain a permit prior to commencing construction work. HRSD will not approve connection to the public sewer system without a VDOT permit.*

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name (print): |  | Date: |  |
| Applicant Signature: |  |  |  |

***For Jurisdiction Use ONLY:***

**Facility Charge Information**

See HRSD rate schedule link above for additional information on applicable facility charges.

**Project Submittal Application**

I, , certify that this office has received the survey plat and/or site plans attached to this application for the referenced property and they are currently under review.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position Title: |  |
| Signature: |  | Date: |  |
| Jurisdiction: |  | Department: |  |

**Occupancy Statement of Intent**

I, , certify that a Certificate to Occupy the Premises of this project shall be issued to the applicant only when the HRSD Inspector has completed the inspection and signed the form as indicated in the “HRSD Final Inspection Verification” section of this form.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position Title: |  |
| Signature: |  | Date: |  |
| Jurisdiction: |  |

***For HRSD Use ONLY:***

**HRSD Facility Charges Remittance**

*(HRSD will complete this section for Mathews County and Town of West Point)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Facility charges are not applicable for this property since it is a septic tank system conversion to public sewer | | | | | |
|  |  | | | | | |
| Facility Charge Paid: | |  | Payment Date: |  | Check #: |  |
| Received by: | |  | | Division: | |  |
| Signature: | |  | | Date: | |  |

**HRSD Final Inspection Verification**

Please notify HRSD Small Communities Division at least 48 hours prior to the date of final inspection. Connection must remain uncovered until final inspection has occurred.

Note: Requests for final inspection will be processed only after all applicable HRSD facility charges have been paid in full.

|  |  |
| --- | --- |
|  | Check box if a VDOT permit has been issued for this project |

|  |  |  |  |
| --- | --- | --- | --- |
| Inspector Name: |  | Inspection Date: |  |
| Signature: |  |
| Comments: |  | | |
|  |  | | |

**Appurtenances Purchase for Vacuum System Connection**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Equipment Charge Paid: |  | Payment Date: |  | | Check #: | |  |
| Received by: |  | | | Date: | | |  |
| Payee Name: |  | | |  | |  | |



**Pressure Analysis Request Form**

|  |  |  |
| --- | --- | --- |
| Project Name: |  | |
| Jurisdiction: |  |

**Proposed Connection Location**

Please use the[HRSD GIS Public Viewer](http://www.hrsd.com/gis.shtml) to identify the project’s flow point of entry into the HRSD interceptor system and provide the information requested below:

|  |  |
| --- | --- |
| Address: |  |
| Intersection: |  |

**Supporting Documentation**

* *In addition to the information above, please include a map illustrating the flow path from the project site to HRSD’s interceptor system connection point.*
* *If this is a pressure analysis request for an existing jurisdictional pump station facility, please provide the pump station name and number as requested below:*

|  |  |
| --- | --- |
| Pump station number: |  |
| Pump station name: |  | |

* ***This form must be submitted to HRSD along with the Project Information Form in order to process your request in a timely manner.***

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[developrequest@hrsd.com](mailto:developrequest@hrsd.com)

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name: |  | Date: |  |