

**Sanitary Sewer Connection Application for Residential Subdivisions,**

**Commercial-Industrial Site Plans**

***Small Communities Division***

**Applicant must complete this form and all applicable sections within this packet 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.**

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

**Project Location**

|  |  |
| --- | --- |
| Street address or intersection: |  |
| 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** *(include description of sanitary sewer infrastructure required for this project)*

**Property Owner Information**

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

**Engineering Firm Information**

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

**Project Estimated Design Flow**

For projects generating sewer flow, please use the **HRSD Sanitary Sewer Flow Calculations worksheet** and submit with this form to HRSD Development Services. The worksheet can be accessed from our web site at [www.hrsd.com](http://www.hrsd.com).

**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: |  |

***NOTE:*** *A site plan submittal is required for all connection types.*

*For connection types 5 and 10, the applicant 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.*

**Development Type** *(check only one)*

|  |  |
| --- | --- |
|  | Residential subdivision |
|  | Commercial – Industrial Park subdivision |
|  | Commercial – Industrial Site Plan |
|  | Government |

**Projects with Commercial and/or Industrial Flows**

For all processes found on the premises, indicate the North American Industrial Classification System ([NAICS](http://www.census.gov/eos/www/naics/)) Code Number, as found in the most recent Edition of the NAICS Manual prepared by the Executive Office of the President, Office of Management and Budget.  Copies of the manual are also available at most public libraries. DO NOT USE PREVIOUS EDITIONS OF THE MANUAL.  If more than one NAICS code applies, list in descending order of impact on wastewater generation.

|  |  |
| --- | --- |
| **NAICS Code** | **NAICS Description/Name** |
|  |  |
|  |  |
|  |  |

Give a brief description of all operations at this facility, including primary products and/or services (attach additional sheets if necessary).

**Water Meter Information\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Manufacturer: |  | | | | |
| Meter size |  | Meter Number: | |  | | | (if known) |
| Meter size required for domestic demand (in): | | |  | | (in compliance with AWWA M22 Guidelines) | | |
| \*For a Subdivision or Commercial-Industrial facilities without a public water meter, the HRSD facility charges for each facility will be assessed in compliance with AWWA M22 Guidelines. | | | | | | | |
| 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](https://www.hrsd.com/standards)
* [HRSD SC Sanitary Sewer Design Guidelines](https://www.hrsd.com/sites/default/files/assets/Documents/pdfs/DevelServ/SCSSG_Final_20190129.pdf)
* [Development Services](https://www.hrsd.com/development-services)
* [HRSD GIS Public Viewer](https://www.hrsd.com/gis)
* [Record Drawings and Valve Guides](https://www.hrsd.com/record-drawing-requests)
* [HRSD Rate Schedule](https://www.hrsd.com/sites/default/files/assets/Documents/pdfs/finance/FY2019RateScheduleFinal.pdf)
* [Commercial/Industrial Customer (P3)](https://www.hrsd.com/industrial-customer)

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 site plans attached to this application for the referenced project 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**

**NOTE:** For all subdivision plans with public sanitary sewer infrastructure, HRSD facility charges shall be collected at the time the actual connection is made for each parcel within the subdivision. A separate sewer connection application for each parcel must be submitted to the appropriate Jurisdictional Agency/Department for review and approval by HRSD.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | |
| 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. All sanitary sewer mains, manholes, service lines, clean-outs, and service lines 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 is applicable AND 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: |  | | |  | |  | |