

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. Within this period of two (2) years, proof of minimum required insurance must be submitted prior to each tap. 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 pipe material 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 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:

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**. **Waiver of Subrogation in favor of HRSD to be included.**

A. 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. **A Waiver of Subrogation will be included in favor of Hampton Roads Sanitation District.**

B. 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. **Hampton Roads Sanitation District will be additional insured.**

C. 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

D. A.M Rating Required: A or better

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Please complete and sign the form provided herein and send to the appropriate Operations Manager by email.

[South Shore:](#)

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

Lyndsey Davis
Operations Manager

Office: (757)-460-4246
Cell: (757)-796-0364

Email Address:
Ldavis@hrsd.com

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

Office Address:
1436 Air Rail Avenue, Virginia Beach, VA 23455-7015

North Shore:

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

Michael Johnson
Operations Manager

Office: (757)-833-7462

Email Address:
Mvjohnson@hrsd.com

Mailing Address:
2389 G Ave Newport News, VA 23602

Office Address:
2389 G Ave Newport News, VA 23602

Small Communities:

If proposed tapping work is within the cities of Mathews, Surry, Middlesex, King William, West Point Onancock, Accomac, Nassawadox, Exmore, Wachapreague, Gloucester Co., please mail your application to:

Jeremiah Burford
Operations Manager

Cell: (757) 803-5641

Email Address:
Jburford@hrsd.com

Mailing Address:
310 Industrial Parkway, West Point, VA 23181

Office Address:
310 Industrial Parkway, West Point, VA 23181

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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
Max. Pipe Di.	<input type="checkbox"/>								

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 Operations Manager: _____

Approved Disapproved (see comments below)

Approval Date: _____ Approval Date Expiration: _____

Maximum tap size Approved (in):

Maximum interceptor pipe diameter (in):

Approved pipe types to tap:

DI	CI	Steel	PCCP	RCP	ACP	PVC	VCP	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Disapproval Comments:

Signature:
