**TOWN OF WEST POINT**
**DEPARTMENT OF COMMUNITY DEVELOPMENT**

CHECKLIST FOR CONSTRUCTION/CHANGE IN USE

The following contains a checklist of items required by the Director of Community Development to build a structure and/or change the use of a structure or lot located in the Town. The checklist contains only those items necessary to determine compliance with the Zoning and Erosion and Sediment Control Ordinances. Other federal, state, and local laws and regulations may apply depending on the types of activities to be conducted on the site. **This application will not be processed until all of the information requested is provided. Incomplete information will delay the permit process.**

**TO OBTAIN A ZONING PERMIT, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

1. A copy of the recorded plat or survey;

2. A sketch or residential site plan of the parcel to be built upon showing the dimensions and locations of (1) parcel(s) to be built upon, (2) existing primary and accessory buildings, (3) proposed new structures, accessory building, or addition/alterations, (4) existing or current driveway, and (5) front, rear, and side setback lines for all existing and proposed structures;

3. If connecting to public water/sewer, copies of the completed applications for service connections are attached to this application. The Town owns and operates the public water system; Hampton Roads Sanitation District owns and operates the public sewer system. **Applications for water and sewer connections can be obtained at Town Hall;**

4. If installing a private well and on-site septic system, a permit from the Virginia Department of Health (VDH) must be obtained, ID number provided, and shall be submitted with this application. **The application form for the permit can be obtained at the King William County Office of VDH;**

5. If performing work within the Virginia Department of Transportation's (VDOT's) right-of-way, including driveway entrances and culverts and public water/sewer

connections, a copy of the approved Land Use Permit issued by VDOT shall be submitted with this application. **The application form for the permit can be obtained from VDOT's Saluda Office;**

6. If any portion of a lot is located within a Resource Protection Area (RPA) or Resource Management Area (RMA) as indicated on the Chesapeake Bay Preservation Area (CPBA) District Map, a site plan, environmental site assessment, and water quality impact analysis, to include a delineation of sensitive environmental features by a qualified engineer, may be required;

7. A completed Zoning Permit Application;

8. If erecting one or more signs, a completed Zoning Permit Application for Sign(s), including detailed sketches showing (1) the dimensions and other characteristics (colors, materials, etc.) of the proposed sign(s), and (2) a plat showing the proposed sign(s) location on the building, or (for freestanding or monument signs) on the lot with respect to front, rear, and side yard set back lines; and

9. If constructing a fence greater than four (4) feet in height, a completed Zoning Permit Application, including detailed sketches of (1) the dimensions and characteristics of the proposed fence, and (2) a plat showing the proposed location of the fence on the property.

Following approval of Land Disturbance and Zoning Permits, applicants may apply for all necessary building permits. For information regarding the process for obtaining building permits, contact the Town Building Office at (804) 843-3426.

TOWN OF WEST POINT
COMMUNITY DEVELOPMENT DEPARTMENT
P.O. BOX 152
329 6th STREET
WEST POINT, VA 23181
(804) 843-3563 – phone (804) 843-4364 - fax
www.west-point.va.us

# *ZONING PERMIT APPLICATION*

Date Submitted: _____ Permit # _____

| APPLICANT INFORMATION | |
|---|---|
| Full Name of Property/Structure Owner | |
| Mailing Address of Owner | |
| City, State, Zip | |
| Phone Number/Home/Work/Cell | |
| Fax Number | |
| E-Mail Address | |
| Name of Applicant if Different from Property Owner | |

| PROPERTY/SITE INFORMATION | |
|---|---|
| Physical Address (If Known) | |
| General Location (Lot #, Subdivision, Street) | |

| State the specific construction or improvements for which the Zoning Permit is hereby requested. |
|---|
| |
| |
| |
| |
| |

| GENERAL INFORMATION | |
|---|---|
| Zoning District | |
| Tax Parcel Identification Number(s) | |
| Overlay District(s) | |

| | |
|---|---|
| Is the Lot Recorded? | □ Yes □ No |
| Date Lot Recorded | |
| Date Lot Surveyed (if applicable) | |
| Instrument Number | |
| Deed Book/Page Number | |
| Is the Lot a Corner Lot? | □ Yes □ No |
| Does the Owner of the Property Own any Adjacent Lots? | □ Yes □ No |

| **For construction of a new building, including additions, accessory structures, and fences greater than four (4) feet in height:** | **Submitted for Approval** | **Required by Code** |
|---|---|---|
| Lot Area (Sq. Ft.) | | |
| Lot Width (Feet) | | |
| Total Lot Coverage by Structures (Percentage %) | | |
| Front Yard Setback (Feet) | | |
| Rear Yard Setback (Feet) | | |
| Side Yard Setback (Feet) | | |
| Side Yard Setback (Feet) | | |
| Height of Structure from ground level to mid-point of peak (Feet) | | |
| Width of Structure (Feet) | | |
| Length (Depth) of Structure (Feet) | | |
| Approximate Land Disturbance (Sq. Ft.) | | |
| Public Water Service Available | □ Yes □ No □ Other _____ | |
| Public Sewer Service Available | □ Yes □ No □ Other _____ | |
| New or Additional Driveway Entrance Required | □ Yes □ No □ Other _____ | |
| **For a Change in Use to an Existing Structure or Property** | | |
| Current Use:_____ | Proposed Use:_____ | |

Provide details about type of business, machinery involved, hours of operation, and no. of employees, etc.:

_____

_____

_____

_____

**Attach a survey or plat showing the following:**
*(Note: construction of a primary building on any site will require a survey performed by a license professional)*

1. The dimensions and shape of parcel(s) to be built upon including the location of existing public and private streets;
2. The location and dimensions of existing primary and secondary buildings;
3. The location and dimensions of proposed structures, accessory buildings, or additions/alterations;*
4. Proposed front, rear, and side yard set back lines for all existing and proposed building or additions;

** Where applicable and depending on the type of facilities proposed, applicants will need to show the location of (1) existing public water and sewer facilities, including the point of connection to those facilities, or (2) proposed well and septic facilities, including the dimensions of primary and reserve drainfields.*

I hereby certify that the foregoing information and attachments are true and accurate to the best of my knowledge.

_____ _____
Applicant's Signature Date

_____ _____
Owner's Signature Date

**DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY**

**ZONING DISTRICT**_____ **ASSIGNED ADDRESS:** _____

**REQUIRED YARD(S):** **FRONT** _____ **SIDE** _____ **REAR** _____

| | | | |
|---|---|---|---|
| **CONFORMING:** | **LOT(S):** | **YES** | **NO** |
| | **EXISTING BUILDING:** | **YES** | **NO** |
| | **PROPOSED BUILDING:** | **YES** | **NO** |
| | **EXISTING USE:** | **YES** | **NO** |
| | **PROPOSED USE:** | **YES** | **NO** |

**IS PROPOSED DEVELOPMENT LOCATED WITHIN A CBPA?** ___ **RPA** ___ **RMA** ___

**COMMENTS** _____

_____

**APPROVED/DENIED BY DIRECTOR OF COMMUNITY DEVELOPMENT**

_____ _____
**SIGNATURE** **DATE**

**THIS PERMIT SHALL EXPIRE ON** _____**, Pursuant to Chapter 70, Zoning, Section 70-49 (e):** A zoning permit shall be valid for a period of 12 months from the date of approval by the zoning administrator and shall become null and void if, within such 12-month period, no building permit or certificate of occupancy pursuant thereto has been issued by the building official. In a case where no building permit or certificate of occupancy is required by applicable law, a zoning permit shall become null and void if, within 12 months from the date of its approval, the use, activity or feature authorized by such zoning permit has not been established.

# Application Process for New Residential Water Service

The application process for ANY water service shall correspond with ALL additional Zoning and Building Permit Applications. Please refer to those departments for further information.

The following steps provide general guidance to the approval and construction process for new residential water service:

## Step 1: Application for Water Service

The application shall be completed by either the Owner or an Authorized Representative. The application shall be completed in its entirety prior to submittal. Any questions regarding the application process shall be directed to the Public Works Department, Water Utility Representative.

Authorized Representative – Someone other than the property owner and applying on behalf of the property owner shall complete the accompanied *Owner Authorization Form*

## Step 2: Submittals

Obtain a site plan, parcel survey, or internet aerial map showing the parcel in question.

Plan shall show:

1. The lot or parcel layout.
2. The existing or proposed building footprint.
3. Existing and proposed water service.
4. Layout measurements showing distances of existing and proposed water service.

It may be necessary for an engineer or a land surveyor licensed in the Commonwealth of Virginia to create a site plan for a residential water service. For example, if the water service has to go through an easement on an adjacent property, a site plan by an engineer or a land surveyor would be required.

## Step 3: Review of Application

The completed application shall be submitted for review to the Public Works Department, Water Utility and will generate either an approval or comments. Reviews can take one to four weeks typically, based on the complexity of the connection and exiting workloads.

## Step 4: Approval or Comment Status

The application will generate either comments for further attention or approval. The applicant shall be notified once approval is complete and application package is available for pickup.

## Step 5: Payment of Fees

The applicant shall pick up the application package and pay all required fees as described within Section 62-3 of the Town Code. The contractor shall receive a copy of the approved application package as there are important instructions included.

## Step 6: Construction and Scheduling Inspections

The Town of West Point is not responsible for the physical connection of the water service. Construction of new water service shall only be performed by preapproved, licensed contractor capable of performing a water connection wet-tap.

All construction materials and methods shall be in accordance to the Town of West Points rules, regulations, policies and guidelines. Only approved, NEW materials will be accepted.

Inspections shall be scheduled 48-hours in advance of projects once approved and all fees paid.

## Step 7: Water Service Activated

Installation of water meter by Water Utility Crew shall only be scheduled after purchase of water meter by either the Applicant or Authorized Representative after construction and inspections are completed.

# Application Form

## Residential
Single Family Water Service

Copies: Customer_____ Zoning_____ Water Utility_____ Billing_____ Building Official_____

## 1. Applicant Information and Service Location:

**Applicant:** If applicant is not owner, please submit the Owner's Authorization Letter.

Print Name

Company Name

Office Phone Number  Cell Phone Number

Email Address

**Service Address:**

Address (location of water service)

Tax Parcel Identification Number

**Owner:** _____
Print Name

Phone Number

Billing Address

City, State  Zip

*The undersigned hereby makes application for water services from the Town of West Point, VA.at the herein named premises. The undersigned will assume all expenses of the tap, pipe and other appurtenances in accordance with rates and charges as adopted within the West Point Town Code.*

**Applicant's Signature:** **Date:**

- *It is the sole responsibility of the Applicant/Owner to ensure that all state and local plumbing, building and public health rules and regulations are satisfied.*
- *It is the sole responsibility of the Applicant/Owner to ensure that any work being performed within the Virginia Department of Transportation Right-of-Way has an approved Land Disturbance Permit. A copy of the approved VDOT permit shall be provided prior to approval of the Water Service Application.*
- *It is the sole responsibility of the Applicant/Owner to ensure that all existing utilities are protected from damage. Contact Miss Utility (1-800-552-7001) before you dig.*

## 2. Building Use: For buildings with 3 units or larger, use the Commercial/Industrial Application Form.

☐ Single family residence  ☐ Duplex (two units)

☐ Other_____

Total number of bedrooms in building _____ (typical single family home = 3 bedrooms)



Created 4-15-2016

# Application Form

## Residential
Single Family Water Service

3. Water Service: Check all that apply

New Construction: ☐ Single Family Residence ☐ Duplex – one water service per unit

☐ New Water Service, Historically served by a Non-Public Source

☐ Replacement of existing Water Service

☐ Water Service Discontinuance – Required if existing water service is being abandoned

Water Service Size: ☐ ¾" ☐ 1" ☐ 1-1/2" ☐ 2"

4. Water Tap to be performed by: It is the responsibility of the installer to secure all VDOT Land Disturbance Permits.
*****Call Miss Utility of Virginia BEFORE you dig.... 1-800-552-7001*****

Contractor Company Name

Billing Address

Company Contact Name (print)

City, State Zip

Office Phone Number Cell Phone Number

Email Address

## TO BE COMPLETED BY TOWN OFFICAL

Approvals:

**Zoning Requirements Approved:** ☐ YES ☐ NO

Signature Date

**Application for Water Service Approved:** ☐ YES ☐ NO

Signature Date

Fees:

Water Connection Fee: $

Water Facility Fees: $

Water Meter Fee: $

Other Fees: $

Totals Application Fees $

*Additional fees may be due in advance of work being scheduled and will be determined during review of application.

**Payment Received By:**

Signature Date

☐ Check ☐ Credit Card ☐ Money Order ☐ Cash Reference #



Created 4-15-2016

# Owner Authorization Form
Water Service Application

I, _____ the owner of the property located at
Print Owner Name

_____ in _____ VA,
Print Service Address City/Town

authorize _____ to sign on my behalf for the
Print Applicant Name

work to be performed within the Town of West Point for the purpose of a Water Utility Improvement.

I further acknowledge that I am responsible for all charges and fees related to this work, in accordance with the Code of the Town of West Point Virginia.

Service Address:

_____
Address (location of water service)

_____
Tax Parcel Identification Number

Owner: _____
Print Name

_____
Phone Number

**TO BE COMPLETED BY TOWN OFFICAL**

**Received By:** _____
Signature Date



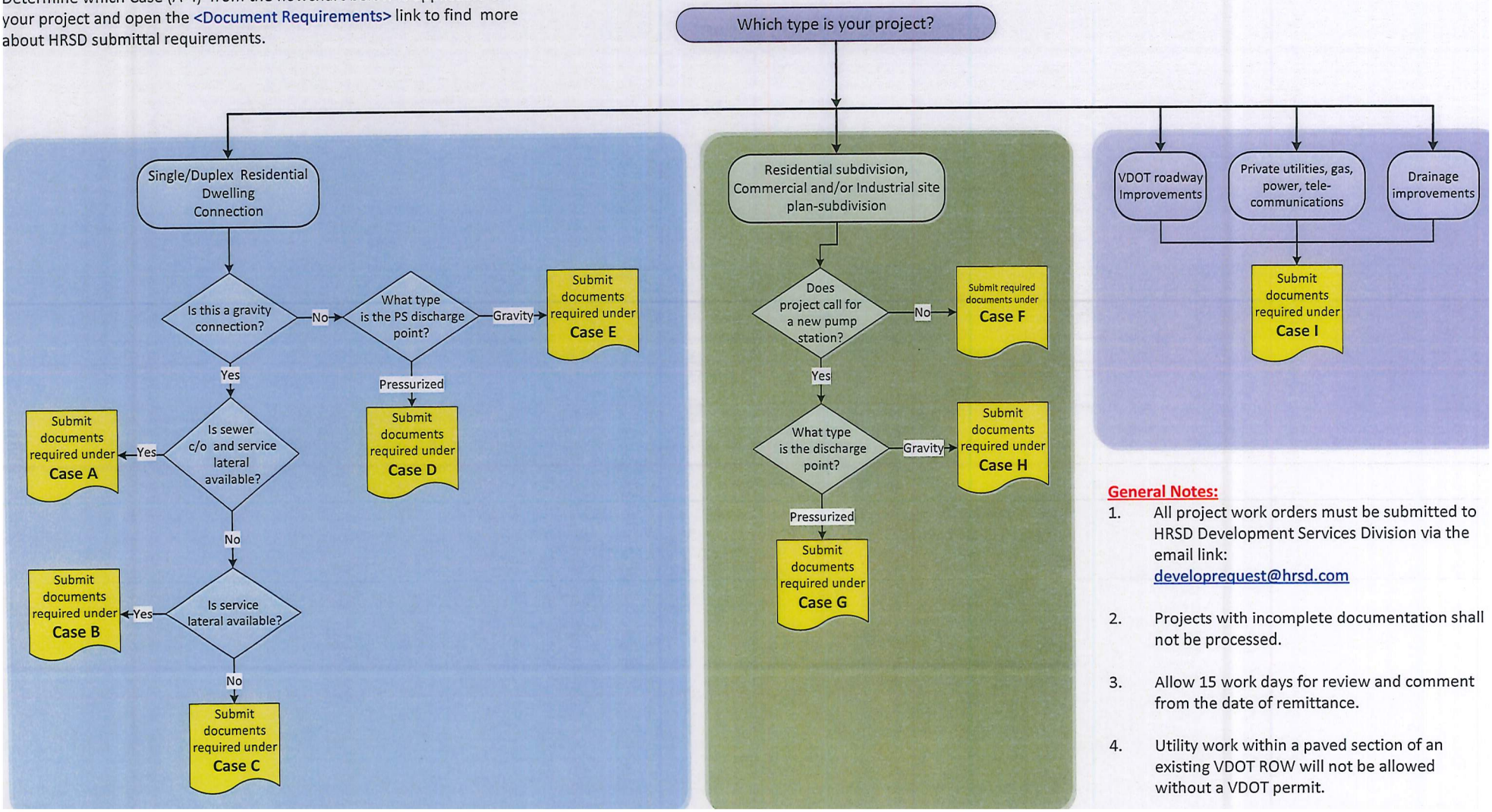
Created 4-15-2016

# HRSD Small Communities Development Review Document Requirements

(King William Co., King & Queen Co., Mathews Co., Middlesex Co., Town of Urbanna, Town of West Point)

**Attention:**

Determine which Case (A- I) from the flowchart below is applicable to your project and open the <Document Requirements> link to find more about HRSD submittal requirements.




**General Notes:**

1. All project work orders must be submitted to HRSD Development Services Division via the email link: developrequest@hrsd.com
2. Projects with incomplete documentation shall not be processed.
3. Allow 15 work days for review and comment from the date of remittance.
4. Utility work within a paved section of an existing VDOT ROW will not be allowed without a VDOT permit.

HRSD

*Small Communities Division*

# HRSD Small Communities Development Project Review Submittal Requirements

All applicants please ensure to use the HRSD SC Development Review flowchart to determine which CASE from the list below represents your project, and submit pertinent documents to developrequest@hrsd.com.

## Case A:

Submit the following:

1. Gravity Sanitary Sewer Connection Application for Single/Duplex Residential Dwelling
2. A property survey plat identifying:
   - location of existing sewer c/o.
   - alignment of the service line
   - ❖ *NOTE: If the existing c/o is located within property boundaries, a section of the sewer lateral shall be removed and the c/o shall be placed at the edge of the VDOT right-of-way (ROW) and outside the paved section or at the edge of an existing HRSD dedicated utility easement.*
3. A map with aerial view of the property under review. At minimum, the map should include a roadway, intersection, and/or other landmarks so that the location of the property in relation to the existing public sewer infrastructure can be determined by HRSD staff.

## Case B:

Submit the following:

1. Gravity Sanitary Sewer Connection Application for Single/Duplex Residential Dwelling
2. A property survey plat identifying:
   - location of the new sewer c/o per NOTE in CASE A above.
   - alignment of the service line.
3. A map as described in CASE A above.

## Case C:

Submit the following:

1. Gravity Sanitary Sewer Connection Application for Single/Duplex Residential Dwelling

   A property survey plat if the connection point is within an HRSD dedicated utility easement identifying the following:
   - location of connection point to the existing gravity sewer main
   - location of sewer c/o.
   - alignment of sewer lateral and service line.
3. A site plan if connection point to the existing public sewer system is within the paved section of a VDOT ROW, else submit a survey plat.
4. A map as described in CASE A above if a survey plat is submitted.

## Case D:

Submit the following:

1. Pressurized Sewer Connection Application for Single/Duplex Residential Dwelling
2. A site plan if connection point is in the paved section of an existing VDOT ROW identifying:
    - private pump station location
    - private force main alignment
    - locator box where the force main crosses into the ROW or HRSD utility easement
    - portion of force main within property boundaries remains private
    - 2nd locator box at the connection point with the existing public force main
    - isolation valve at the connection point

    ELSE
    - a property survey plat identifying same items as listed above, and
    - a map
3. Private Pump Station Information Form

## Case E:

Submit the following:

1. HRSD SC Sanitary Sewer Connection Application for Single/Duplex Residential Dwelling
2. A site plan if connection point is in the paved section of an existing VDOT ROW identifying:
    - private pump station location
    - private force main alignment
    - locator box where the force main crosses into the ROW or HRSD utility easement
    - portion of force main within property boundaries remains private
    - existing sewer manhole receiving the flow

    ELSE
    - a property survey plat identifying same items as listed above, and
    - a map
3. Private Pump Station Information Form

## Case G:

Submit the following:

1. HRSD SC Packet Application for Residential Subdivisions, Commercial, or Industrial site plan or subdivision
2. HRSD Sanitary Sewer Flow Calculations Worksheet
3. Private Pump Station Information Form; not required if pump station facility is public
4. Full set of site plans

## Case F:

Submit the following:

1. HRSD SC Packet Application for Residential Subdivisions, Commercial, or Industrial site plan or subdivision
2. HRSD Sanitary Sewer Flow Calculations Worksheet
3. Full set of site plans

## Case H:

Submit the following:

1. HRSD SC Packet Application for Residential Subdivisions, Commercial, or Industrial site plan or subdivision
2. HRSD Sanitary Sewer Flow Calculations Worksheet
3. Private Pump Station Information Form; not required if pump station facility is public

## Case I:

Submit the following:

1. Small Communities VDOT Roadway, Drainage, or Private Utility Improvements Form
2. Full set of plans

HRSD

*Small Communities Division*

# Sanitary Sewer Connection Application for Single-Duplex Residential Dwelling

**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: _____ 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 (new wye connection) |
| ☐ | 3 | Gravity service lateral to an existing HRSD sewer manhole (new sewer cleanout is required) |
| ☐ | 4 | Gravity service lateral to an existing HRSD vacuum pit |
| ☐ | 5 | Gravity service lateral and new HRSD vacuum pit |
| ☐ | 6 | Private pump station and force main to an existing HRSD sewer manhole |
| ☐ | 7 | Private pump station and force main to an existing HRSD interceptor force main branch valve |
| ☐ | 8 | Private pump station and force main to a new HRSD interceptor force main tap valve |
| ☐ | 9 | Septic tank effluent private pump station to an existing HRSD sewer manhole |
| ☐ | 10 | Septic tank effluent private pump station to an existing HRSD interceptor force main branch valve |
| ☐ | 11 | Septic tank effluent private pump station 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 - 10, please indicate force main diameter and material:

Force main diameter (in): _____ Material: _____

*For connection types 1-5, a survey plat with the cleanout location and the connection point to the HRSD sanitary sewer system is required.*

*For connection type 5, 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 6-10, a site plan is required.*

## Water Meter Information

Manufacturer: _____

Meter size for installation: _____ Meter Number: _____ (if known)

Meter size required for domestic demand (in): _____ (Based on 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:

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

For all development project work order requests, please use the following email link: 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.*

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

Applicant's Signature: _____ Date: _____

***For Jurisdiction Use ONLY:***

## Facility Charge Information

**See HRSD rate schedule link above for additional information**

*(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: _____

## Zoning Ordinance Approval

I, _____ , certify that this project is in accordance with the development plans and/or zoning requirements of this jurisdiction.

Name: _____ Position Title: _____

Signature: _____ Date: _____

Jurisdiction: _____

## 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:***

## Pre-Construction Meeting Verification

HRSD Inspector Name: _____ Date: _____

Comments: _____

_____

_____

_____

## 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.

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 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.***

## Notice to the Applicant:

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

Applicant's Name: _____ Date: _____

# HRSD Small Communities Sanitary Sewer Flow Calculations Worksheet

Applicants with projects generating sanitary sewer flow must use this worksheet to calculate flows and submit to HRSD Development Services using the email link: developrequest@hrsd.com

Project Name:

## Pump Station Replacement - Upgrade - Modification projects

HRSD shall certify a pump station based on metered data if available. In absence of metered data, water consumption data shall be used instead. If there is a future flow component in the calculations for the catchment, please use the worksheet below.

| PS No: | | | | |
|---|---|---|---|---|
| PS Name: | | | | |
| | Pump Station Catchment Basin | | | |
| | Avg. Dry Weather Flow | | Wet Weather Flow | |
| | gpd | gpm | gpd | gpm |
| Enter Metered → | | 0.00 | | 0.00 |
| OR Water Consumption Flow → | | 0.00 | 0 | 0.00 |
| Sub-totals: | 0 | 0.00 | 0 | 0.00 |

## Proposed Development

Please use the table below to calculate sanitary sewer flows for your project

| Land Use | Contributing Unit Type | Flow (gpd/Unit) | Flow Duration (hours) | Peak Factor | Enter No. of Units | Avg. Flow (gpd) | Avg. Flow (gpm) | Peak Flow (gpd) | Peak Flow (gpm) |
|---|---|---|---|---|---|---|---|---|---|
| **Residential** | | | | | | | | | |
| Single Family Homes, Trailers, Apartments, Condos, Townhomes, Duplexes | Residential Dwelling | 310 | 24 | 2.5 | | 0 | 0.00 | 0 | 0.00 |
| **Medical Facilities** | | | | | | | | | |
| Hospitals | Medical Bed | 300 | 24 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Nursing Homes & Assisted Living | | 160 | 24 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Funeral Homes | Gross SF | 0.25 | 12 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Medical Office Building | Gross SF | 0.25 | 12 | 3 | | 0 | 0.00 | 0 | 0.00 |
| **Tourism Facilities** | | | | | | | | | |
| Motels & Hotels | Room | 130 | 24 | 3 | | 0 | 0.00 | 0 | 0.00 |
| **Educational Facilities** | | | | | | | | | |
| High School (w/ showers) | Student / Faculty | 15 | 8 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Elementary & Middle School | | 10 | 8 | 3 | | 0 | 0.00 | 0 | 0.00 |
| College/University Campus & Day Care | | 10 | 12 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Boarding Schools | | 75 | 16 | 3 | | 0 | 0.00 | 0 | 0.00 |
| **Recreational Facilities** | | | | | | | | | |
| Picnic Areas, Parks & Amusement Parks | Person | 5 | 12 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Movie Theater | Seat | 2.5 | 12 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Religious Assembly | | 2.5 | 6 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Campground / Cabins | Camping site | 100 | 24 | 3 | | 0 | 0.00 | 0 | 0.00 |
| **Dining /Eatery Facilities** | | | | | | | | | |
| Restaurants | Seat | 30 | 16 | 3 | | 0 | 0.00 | 0 | 0.00 |
| **Service & Retail Facilities** | | | | | | | | | |
| Shopping Mall & Retail Shops | Gross SF | 0.2 | 12 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Convenient Store | | 0.3 | 24 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Office Building, Storage Units Office | | 0.1 | 12 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Fitness Center | | 0.1 | 16 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Service Stations | | 0.4 | 16 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Laundromats | Machine | 500 | 16 | 3 | | 0 | 0.00 | 0 | 0.00 |
| **Industrial Facilities** | | | | | | | | | |
| Heavy Industrial | Gross SF | 0.35 | 16 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Light Industrial | | 0.1 | 16 | 3 | | 0 | 0.00 | 0 | 0.00 |
| Warehouse | | 0.05 | 24 | 3 | | 0 | 0.00 | 0 | 0.00 |
| | | | | | Sub-Totals: | 0 | 0.00 | 0 | 0.00 |

## Future Growth Flow Calculations

| Land use | Contributing Unit Type | Enter Flow (gpd/Unit) | Flow Duration (hrs) | Peak Factor | Enter No. of Units | Avg. Flow (gpd) | Avg. Flow (gpm) | Peak Flow (gpd) | Peak Flow (gpm) |
|---|---|---|---|---|---|---|---|---|---|
| **Residential** | | | | | | | | | |
| Single Family Homes, Trailers, Apartments, Condos, Townhomes, Duplexes | Residential Dwelling | 310 | 24 | 2.5 | | 0 | 0.00 | 0 | 0.00 |
| **Commercial** | | | | | | | | | |
| Medical, Tourism, Educational, Recreational, Dining, Service & Retail Facilities | Acres | 1,000.00 | 24 | 3 | | 0 | 0.00 | 0 | 0.00 |
| **Industrial** | | | | | | | | | |
| Heavy & Light Industrial, Manufacturing, Warehouses | Acres | 1,000.00 | 24 | 3 | | 0 | 0.00 | 0 | 0.00 |
| | | | | | Sub-totals: | 0 | 0 | 0 | |
| | | | | | Grand Totals: | 0 | 0.00 | 0 | 0.00 |

**NOTE:** Enter the number of units as indicated in the appropriate land use to calculate project design flows.

Under the Future Growth Flow Calculations section, you may edit the default values for the flow factor (gpd/Unit) based on best engineering practices.

**Comments:**

Applicant's Name:

Phone No:

Email:

HRSD

*Small Communities Division*

# VDOT Roadway, Drainage, Private-Public Utility Improvements Project Information Form

**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 or intersection: _____

_____

***Note:*** *Please provide a general location map (no smaller than 1"-2000') showing the project location and limits of work.*

## Project Description

## 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: _____ E-mail: _____

## Notice to Applicant

The following HRSD resources are available by visiting HRSD's official web site at www.hrsd.com:

- HRSD Standards & Preferences (http://www.hrsd.com/standardsandpreferences.shtml)
- Development Services (http://www.hrsd.com/iec.shtml)
- HRSD GIS Public Viewer (http://www.hrsd.com/gis.shtml)
- Record Drawings and Valve Guides (http://www.hrsd.com/recorddrawingrequests.shtml)

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

*NOTE: Projects with work proposed within an existing VDOT right-of-way (ROW), must obtain required permit by VDOT prior to commencing construction work.*

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

Applicant's Signature: _____ Date: _____

***For HRSD Use ONLY:***

## Pre-Construction Meeting Verification

HRSD Inspector Name: _____ Date: _____

Comments: _____

_____

_____

_____

## HRSD Final Inspection Verification

Please notify HRSD Small Communities Division at least 48 hours prior to the date of final inspection.

Inspector Name: _____ Inspection Date: _____

Signature: _____

Comments: _____

_____

HRSD

*Small Communities Division*

# Private Pump Station Information Form

***Note:*** **Please complete this form and submit to HRSD if your project calls for:**

1. **a new private pump station facility,**
2. **upgrades and/or modifications to an existing private pump station facility, or**
3. **a replacement of an existing private pump station facility.**

Project Name: _____

Jurisdiction: _____

## Pump Station Facility Information

Pump station number: _____ As provided by locality

Name: _____ Pump station name

Ownership: _____ Is this a "Private" or "Public" pump station facility?

Number of pumps: _____ Number of pumps in the pump station

Design TDH: _____ Total Dynamic Head for the pumps (ft)

Firm capacity: _____ Design capacity with largest capacity pump out of service (gpm)

Total capacity: _____ Pump station design capacity with all pumps operating (gpm)

Configuration type: _____ WW/DW, Submersible, Vacuum, Suction lift, Dry pit

Force main outfall type: _____ Select force main outfall type (gravity, pressure)

Drive type: _____ Motor drive (Constant, VFD)

Vertical datum: _____ Vertical Datum - Year of Adjustment (ft)

Construction year: _____ Year the pump station was built

## Wet Well Information

Ground elev: _____ Existing or new ground elevation (ft)

Top slab elev: _____ Wet well top elevation inside wet well wall (ft)

Bottom slab elev: _____ Wet well bottom slab elevation (ft)

Influent invert elev: _____ Invert elevation of influent pipe into the pump station wet well (ft)

Lead pump ON elev: _____ Pump control setting elevation (ft)

Lag pump ON elev: _____ Pump control setting elevation (ft)

Lead pump OFF elev: _____ Pump control setting elevation (ft)

Lag pump OFF elev: _____ Pump control setting elevation (ft)

VFD Set Point elev: _____ Set point for VFD pumps (ft)

CL of pump volute elev: _____ Center line of pump volute elevation (ft)

High water alarm elev: _____ Alarm setting elevation (ft)

Cross-sectional area: _____ Cross-sectional area based on operational storage volume ($ft^2$)

Overflow elev: _____ Elevation at which SSO will first occur at PS or upstream SMH (ft)

Overflow point location: _____

***Note:*** *Provide location of known lowest manhole rim upstream of the pump station where an overflow would first occur. Please Include a map to indicate this location.*

## Pump Information

| Pumps | Pump Manufacturer | Model | Min. impeller dia. (in) | Max. impeller dia. (in) | Installed impeller dia. (in) |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

## Motor Information *(For constant speed pumps, use the "Max Speed" column to report motor speed)*

| Motors | Motor Manufacturer | HP | Min. Speed (rpm) | Max. Speed (rpm |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

***Note:*** *For constant speed pumps fill out the "Maximum Pump Curves" table ONLY.*

**Maximum Pump Curves** *(Units should be in **feet** for H and **gpm** for Q)*

| Pump Curve | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|
| Pump 1 | H | | | | | | | | | |
| | Q | | | | | | | | | |
| Pump 2 | H | | | | | | | | | |
| | Q | | | | | | | | | |
| Pump 3 | H | | | | | | | | | |
| | Q | | | | | | | | | |
| Pump 4 | H | | | | | | | | | |
| | Q | | | | | | | | | |

**Minimum Pump Curves** *(Units should be in **feet** for H and **gpm** for Q)*

| Pump Curve | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|
| Pump 1 | H | | | | | | | | | |
| | Q | | | | | | | | | |
| Pump 2 | H | | | | | | | | | |
| | Q | | | | | | | | | |
| Pump 3 | H | | | | | | | | | |
| | Q | | | | | | | | | |
| Pump 4 | H | | | | | | | | | |
| | Q | | | | | | | | | |

Applicant's Name: _____ Date: _____