

HAMPTON ROADS SANITATION DISTRICT  
SMALL COMMUNITIES DIVISION  
CONNECTION AND FACILITIES CHARGE CERTIFICATION

**FINAL Inspection of connection – Must be scheduled 48 hrs in advance by Home Owner/Contractor with HRSD Middle Peninsula Office. Call 804-843-2582 to schedule.**

Locality: King William County Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Classification:**

Single Family Residence \_\_\_\_\_ Multiple Family Residence \_\_\_\_\_

Business (specify) \_\_\_\_\_

Industry (specify) \_\_\_\_\_

Government (specify) \_\_\_\_\_

**Water Meter Information:**

Manufacturer: Master Meter Size: \_\_\_\_\_

**Connection Information:**

Connection Type: Gravity \_\_\_\_\_ Raw Sewage Pump \_\_\_\_\_ STEP \_\_\_\_\_

Vacuum \_\_\_\_\_

Lateral Size: \_\_\_\_\_ Pipe Material: \_\_\_\_\_

Connection Point: (Attach site plan or sketch including cleanout location and location of the connection to the sewer main – **Drawing must be survey or GIS accurate and verified by King William County Planning Department**)

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**For HRSD Use – Pre-Inspection**

Pre-Inspection Inspected By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

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Inspected By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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**Facility Charge Information**

**FC Receipt #** \_\_\_\_\_

Facility Charge Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Ck # \_\_\_\_\_

Received By: \_\_\_\_\_ Title: \_\_\_\_\_

Check Mailed to: \_\_\_\_\_ Date: \_\_\_\_\_

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**For HRSD Use – Billing Information**

Account Information transmitted to CIS By: \_\_\_\_\_

**Comments:**