



JC Lan
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 Gwinnett County Water Resources
 By Appointment Only
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GWINNETT COUNTY
 Submit to: Water & Sewer Plan Review Section
 Department of Planning and Development
 446 West Crogan Street Suite 150
 Lawrenceville, Ga 30046 **Phone:** 678-518-6175
Fax 678-518-6240

**Application For
 Gwinnett County Department of Water Resources
 Approved Contractor's List for Developer Constructed Facilities**

Check Appropriate Areas
 Water _____ Sewer _____
 Backflow Preventer _____
 Large Mains _____
 Force Mains _____

Date: _____

1. Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____ Cell Phone #: _____
 Email address: _____

2. Company is: Sole Proprietorship _____ Corporation _____ Partnership: _____

3. Information on Principals:

<u>Name:</u>	<u>Title:</u>
_____	_____
_____	_____
_____	_____

4. Supervisory / Foreman Information:

<u>Name:</u>	<u>Title:</u>	<u>Years w/ Company</u>	<u>Experience/Years Water</u>	<u>Sewer</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GWINNETT COUNTY DEPARTMENT OF WATER RESOURCES USE ONLY

Water _____ BFP: _____ Sewer _____ Large Mains _____ Force Mains _____

APPROVED BY: _____ DATED _____

5. Regular/After Hours Contact Persons:

<u>Name:</u>	<u>Title:</u>	<u>Regular Phone #</u>	<u>After Hours #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Major Equipment Available for Water Main and/or Sewer Construction
(Attach computer inventory listing if available):

<u>Type of Equipment</u>	<u>Manufacture / Model</u>	<u>Number of Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Specialized Equipment/Services (attach computer inventory if available):

<u>Item</u>	<u>Manufacture / Model</u>	<u>Subcontractor if Co. does not have</u>
A. Tapping Machine 3/4"-2"	_____	_____
B. Tapping Machine 3"-16"	_____	_____
C. Boring Machine 3/4"-2"	_____	_____
D. Boring Machine 6"-24"	_____	_____
E. Compaction Equipment	1) _____	_____
	2) _____	_____
F. Pressure Test Pump	_____	_____

<u>Item</u>	<u>Manufacture / Model</u>	<u>Subcontractor if Co. does not have</u>
G. Chlorinator	_____	_____
H. Coring Machine	_____	_____
I. Laser	_____	_____
J. Trench Box	_____	_____
K. Trench Jacks	_____	_____
8. Bonding Capabilities: \$ _____		(maximum)
Bonding Company:	_____	
Contact Person:	_____	Phone#: _____

9. Additional **REQUIRED INFORMATION** to be attached to completed application:

****IMPORTANT****

- A. Letter of recommendation from Engineer, City or County for which **three of the Below listed jobs (water, backflow preventer and/or sewer) were completed.**
- B. Biographical / Experience summary for each of company's principals, supervisors, and foremen.
- C. Current "**Certificate of Insurance**" showing coverage limits for **General Liability and Worker's Compensation Insurance.**
- D. Copy of Current **Business License.**
- E. Complete the following list for each sub-contractor normally used for the specialty work of blasting (furnish copy of blasting certificates), large tapping (indicate sizes), bores (indicate sizes), and boring with jacked casing (indicate sizes)—use additional pages if necessary:

<u>Sub-Contractor</u>	<u>Type of Work</u>	<u>Sizes</u>
_____	_____	_____

SECTION 10 IS FOR WATER ONLY

10. List *three (3)* water main construction projects, including 6” and larger water mains, completed by your company in the last *two (2)* years.

A. **Project No. 1:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____
(List different sizes and associated footages separately)

Total Fire Hydrants: _____ Total Gate Valves: _____

Total Butterfly Valves: _____

Date Completed: _____ Pressure Tested: Yes _____ No _____

Sterilization by: _____ Lab Tested by: _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

WATER

B. **Project No. 2:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____
(List different sizes and associated footages separately)

Total Fire Hydrants: _____ Total Gate Valves: _____

Total Butterfly Valves: _____

Date Completed: _____ Pressure Tested: Yes _____ No _____

Sterilization by: _____ Lab Tested by: _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

WATER

C. **Project No. 3:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____
(List different sizes and associated footages separately)

Total Fire Hydrants: _____ Total Gate Valves: _____

Total Butterfly Valves: _____

Date Completed: _____ Pressure Tested: Yes _____ No _____

Sterilization by: _____ Lab Tested by: _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

SECTION 11 FOR BACKFLOW ONLY

11. List *three (3)* Backflow device projects and or master meters installed at least *3" or larger*.

A. **Project No. 1:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Backflow Device Size _____

Was vault included? Yes _____ No _____

Tap Size on Main: _____

Was Tap performed by Sub-Contractor? Yes _____ No _____

If Yes, who _____

Date Completed _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

BACKFLOW

B. **Project No. 2:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Backflow Device Size _____

Was vault included? Yes _____ No _____

Tap Size on Main: _____

Was Tap performed by Sub-Contractor? Yes _____ No _____

If Yes, who _____

Date Completed _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

BACKFLOW

C. **Project No. 3:** _____

Location: _____

Owner: _____

Contact Person: _____ Phone: _____

Backflow Device Size _____

Was vault included? Yes _____ No _____

Tap Size on Main: _____

Was Tap performed by Sub-Contractor? Yes _____ No _____

If Yes, who _____

Date Completed _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

SECTION 12 IS FOR SEWER ONLY

12. List **three (3)** sewer main construction projects, including 6” and larger force main, 8” and larger gravity main completed by your company in the last **two (2)** years.

A. **Project No. 1:** _____

Location: _____

Type: Gravity _____ Force Main _____

Owner: _____

Contact Person: _____ Phone: _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____
(List different sizes and associated footages separately)

Date completed: _____ Air Tested: Yes _____ No _____

T.V. Inspection: Yes _____ No _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

SEWER

B. **Project No. 2:** _____

Location: _____

Type: Gravity _____ Force Main _____

Owner: _____

Contact Person: _____ Phone: _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____
(List different sizes and associated footages separately)

Date completed: _____ Air Tested: Yes _____ No _____

T.V. Inspection: Yes _____ No _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

SEWER

C. **Project No. 3:** _____

Location: _____

Type: Gravity _____ Force Main _____

Owner: _____

Contact Person: _____ Phone: _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____

Pipe Size/Footage: _____ / _____ Pipe Size/Footage: _____ / _____
(List different sizes and associated footages separately)

Date completed: _____ Air Tested: Yes _____ No _____

T.V. Inspection: Yes _____ No _____

Project Engineer: _____ Phone: _____

Contact Person: _____ Phone: _____

Contract Bid Amount: \$ _____

Final Contract Amount \$ _____

Contract Completion Days: _____ Actual Completion Days: _____

Comments: _____

13. List any other information, which you feel is pertinent to this application but which was not requested above:

PLEASE PROVIDE NAME(S) OF PERSONS AUTHORIZED TO PICK UP PERMITS FOR YOUR COMPANY!!!!

**REMINDER: BRING CONTRACTOR STAMPED
PLANS TO OBTAIN PERMITS!!!!!!!!!!!!!!!!!!!!!!!!!!!!**

I hereby certify that the above information is true. I also hereby certify that I have purchased the latest edition of the Gwinnett County Department of Water Resources Specifications for the Construction of Water Mains and/or Gwinnett County Department of Water Resources Sanitary Sewer Standards, or will purchase said Specifications prior to obtaining a construction permit for first project.

I agree to fully comply with the Gwinnett County Department of Water Resources applicable policies, regulations, and requirements together with its approved plans and current installation specifications in the construction of water and/or sewer mains for all projects.

I understand and agree that failure to comply with any of the above requirements can result in suspension from the Approved Contractor's List, and/or revocation of any or all current construction permits.

Signature of Applicant

Title

Date

******All applicants, if approved, shall be on a "PROBATIONARY STATUS" until completion and approval of first project. Any failure to comply with any of the above requirements**

during probation will result in immediate suspension from the Approved Contractor's List.****