

REQUIREMENTS FOR PLACEMENT ON HCWA APPROVED CONTRACTORS LIST

NAME OF COMPANY:			
	CELL:		
		() PARTNERSHIP	
DATE ORGANIZED:			
		STALLATION () SEW	ERLINE INSTALLATION
PERSONNEL: Name, title and teleph	one number of key pers	sonnel and years of experie	nce in water and sewer:
REFERENCES: Include a minimum of three customer names and three inspecting municipalities (City, County, etc.). Include telephone numbers, addresses and recommendation letters from each of these references.			

PROJECTS COMPLETED WITHIN THE LAST THREE YEARS: (SEE ATTACHED PROJECT FORM)			
STATE LITH ITV CONTRACTOR LICENSE NUMBER.			
STATE UTILITY CONTRACTOR LICENSE NUMBER:			
STATE UTILITY MANAGER'S LICENSE NUMBER:			
COMPETENT PERSON (TRANCHING/EXCAVATION):			
NAME OF INSURANCE COMPANY:			
TYPES OF COVERAGE: _			
MAXIMUM COVERAGE: _			
**YOU MUST ATTACH A COPY OF CURRENT INSURANCE CEF	RTIFICATE AND UTILITY CONTRACTOR'S LICENSE. **		
CIONATURE OF REPRESENTATIVE	TITLE		
SIGNATURE OF REPRESENTATIVE	TITLE		

NOTE: Once the requirements mentioned in the Approved Contractor's application have been met, the contractor may be temporarily approved to install water distribution and sanitary sewer infrastructure that will become a part of the Henry County Water Authority's system. Upon completion of each of your first three jobs, you will be subject to re-evaluation. You will also be reviewed on an annual basis.

Updated information pertaining to insurance and Utility Contractor Licenses will be required upon expiration of each.

PROJECTS

Projects completed within the last three years.

Include detailed description of scope of work and type and size of pipe for water and/or sewer for each project.

Add additional sheets if necessary.

Project Name:		
Location:		
Original Contract Amount:		
Scope (Water/Sewer Infrastructure):		
Data Campulata		
Date Complete:		
Inspector (Include City, County & Phone):		
Project Manager:		
Owner:		
Project Name:		
Location		
Original Contract Amount:		
Scope (Water/Sewer Infrastructure):		
Date Complete:		
Inspector (Include City, County & Phone):		
Project Manager:		
Owner:		
Project Name:		
Location:		
Original Contract Amount:		
Scope (Water/Sewer Infrastructure):		
Date Complete:		
Inspector (Include City, County & Phone):		
Project Manager:		
Owner:		

PROJECTS Project Name: Location: **Original Contract Amount:** Scope (Water/Sewer Infrastructure): Date Complete: Inspector (Include City, County & Phone): Project Manager: Owner: **Project Name:** Location Original Contract Amount: Scope (Water/Sewer Infrastructure): Date Complete: Inspector (Include City, County & Phone): Project Manager: Owner: **Project Name:** Location: Original Contract Amount: Scope (Water/Sewer Infrastructure): Date Complete: Inspector (Include City, County & Phone): Project Manager: Owner:

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