



# Pima County Regional Wastewater Reclamation Department

201 N. Stone Ave., 3<sup>rd</sup> Floor

Tucson, Arizona 85701

(520) 740-6500 FAX: (520) 740-6360

## TYPE III – CAPACITY ALLOCATION REQUEST

A Type III Capacity Response, when issued, is valid for 120 days to authorize the purchase of a construction permit(s) or, when necessary, to obtain Construction Authorization from the Pima County Department of Environmental Quality.

### DOCUMENTATION AS PDF REQUIRED WITH REQUEST:

1. Sewer Design Report as submitted to Pima County Department of Environmental Quality (PCDEQ).
2. A Sealed Mechanical Plan sheet(s) with fixture unit schedule. *If available*
3. Electronic Shape file or CADD drawing of platted land attached – *Requests without electronic maps cannot be processed.*

Completed requests must be transmitted electronically to: [RWRDCapacityResponse@pima.gov](mailto:RWRDCapacityResponse@pima.gov)

\*\* Incomplete forms shall not be processed \*\*

IF A SEWER SERVICE AGREEMENT IS REQUIRED, THAT AGREEMENT MUST SIGNED BY THE OWNER/DEVELOPER BEFORE A TYPE III CAPACITY RESPONSE WILL BE ISSUED.

If capacity availability has been previously prepared for this property, please provide the previous response #

PROJECT NAME AND LOCATION	
Project Name:	
Township _____ S, Range _____ E, Section _____	Total No. of Acres _____
Assessor's Parcel Numbers for <u>all</u> parcels for which sewer service is requested:	
List all assigned plan numbers for this project:	

PROJECTED AVERAGE DRY WEATHER FLOW – FROM SEWER DESIGN REPORT	
Number of proposed residential lots/units _____ x 230 gpd per lot or unit	_____ gpd
Non-Residential – Attach Calculations using <a href="http://www.deq.pima.gov/water/PDF/R18-9_Table_1.pdf">http://www.deq.pima.gov/water/PDF/R18-9_Table_1.pdf</a>	_____ gpd
Total ADWF = _____ gpd	

PROPOSED POINT OF CONNECTION TO THE PUBLIC SEWER SYSTEM	
To Public Sewer Line # _____	<input type="checkbox"/> Existing OR <input type="checkbox"/> Proposed
<input type="checkbox"/> At public sewer manhole: IMS # _____	OR <input type="checkbox"/> Between manholes IMS MH# _____ and IMS MH# _____
<input type="checkbox"/> Via a connection to a private sewer that discharges to the point described above.	

INDICATE PUBLIC OR PRIVATE SEWER	
<input type="checkbox"/> Type III: Capacity Assurance required by PCDEQ/ADEQ for Approval of New <b>PUBLIC</b> Sewer Construction Plans: Development Services File G- _____ - _____.	
<input type="checkbox"/> Type III: Capacity Assurance required by PCDEQ/ADEQ for Approval of New <b>PRIVATE</b> Sewer Construction Plans: Plan # _____	

CONTACT INFORMATION:
Contact's Name:
Name of Contact's Firm:
Mailing Address for Firm:
E-Mail Address:
Phone #:
Fax #:



**Per ARS32-142, I hereby certify that this estimate of sewer flows is Consistent with AAC R18-9-Table 1 Unit Design Flows.**

\_\_\_\_\_  
Engineer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Engineer's Seal