



Pima County Regional Wastewater Reclamation Department

201 N. Stone Ave., 3rd Floor

Tucson, Arizona 85701

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

TYPE II - CAPACITY AVAILABILITY REQUEST

A Type II Capacity Availability Determination is issued to satisfy the submittal requirements for Development Plan, Tentative Plat or Site Plan approval.

DOCUMENTATION AS PDF REQUIRED WITH AVAILABILITY REQUEST:

1. **Preliminary Sewer Design Report** – *Show all calculations.*
2. **A Mechanical Plan Sheet(s) with Fixture Unit Schedule** – *If available.*
3. **8½" x 11" Location Map** - *Requests without location maps cannot be processed.*

It is preferred that completed requests with all attachments be transmitted electronically to:

RWRDCapacityResponse@pima.gov

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

PROJECT NAME AND LOCATION

Project Name: _____

Location: Township _____ S, Range _____ E, Section _____ Total No. of Acres _____

Assessor's Parcel Numbers for all parcels for which sewer service is requested: _____

PROJECTED AVERAGE DRY WEATHER FLOW (ADWF)

Number of proposed residential lots/units _____ x 230 gpd per lot or unit _____ gpd

Non-Residential – Attach Calculations using http://www.deq.pima.gov/water/PDF/R18-9_Table_1.pdf : _____ gpd

Total ADWF = _____ gpd

PROPOSED POINT OF CONNECTION TO THE PUBLIC SEWER SYSTEM: *Please use the Sanitary Sewers layers of Map guide (<http://www.dot.pima.gov/wwm/maps/mapguide/>) to identify where the project will connect to the public sewer system, using the construction plan numbers and IMS manhole numbers. If the proposed connection will be to a public sewer line that has not yet been built, please identify the proposed point of connection as shown on the approved construction plans.*

To Public Sewer Line # _____ Existing OR Proposed

At public sewer manhole: IMS # _____ OR Between existing public sewer manholes:
IMS MH# _____ and IMS MH# _____

Via a connection to a private sewer that discharges to the point described above. Please provide the details of such a connection in an attachment.

CONTACT INFORMATION: *Please print your contact information, and circle your preferred method of receiving the capacity availability determination letter (E-Mail or Fax).*

Contact's Name: _____ E-Mail Address: _____

Name of Contact's Firm: _____

Mailing Address for Firm: _____

Phone #: _____ Fax #: _____