



## 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 I - CAPACITY INVESTIGATION REQUEST

A Type I Capacity Investigation Determination is issued to satisfy the submittal requirements for new Rezoning and Site Analysis.

### DOCUMENTATION AS PDF REQUIRED WITH AVAILABILITY REQUEST:

1. 8½" x 11" **Location Map** - *Requests without location maps cannot be processed.*
2. **All Calculation Used to Determine Flow Volumes.**

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

[RWRDCapacityResponse@pima.gov](mailto:RWRDCapacityResponse@pima.gov)

If a capacity investigation 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 (show calculation method): \_\_\_\_\_ 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 #: \_\_\_\_\_

Completed requests with all attachments may be faxed to (520) 740-6360