



Pima County Regional Wastewater Reclamation Department

201 N. Stone Ave., 3rd 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 (PDEQ).

Completed requests must be transmitted electronically to: RWRDCapacityResponse@pima.gov

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

DOCUMENTATION THAT MUST BE SUBMITTED WITH REQUEST:

SUBMITTED	NOT APPLICABLE	
<input type="checkbox"/>	<input type="checkbox"/>	<u>Sewer Design Report</u> as submitted to (PCDEQ). PDF format.
<input type="checkbox"/>	<input type="checkbox"/>	If permitting Building Plans, the <u>Sealed Plumbing Plan sheet(s) with fixture unit schedule</u> . PDF format.
<input type="checkbox"/>	<input type="checkbox"/>	Completed Sewer Service Agreement by Owner / Developer. PDF Format
<input type="checkbox"/>	<input type="checkbox"/>	If <u>capacity availability has been previously prepared</u> 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 all 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 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

To Public Sewer Line # _____ ☐ Existing OR ☐ Proposed

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

☐ Via a connection to a private sewer that discharges to the point described above.

INDICATE PUBLIC OR PRIVATE SEWER

☐ Type III: Capacity Assurance required by PCDEQ/ADEQ for Approval of New **PUBLIC** Sewer Construction Plans: Development Services File G- _____ - _____.

☐ Type III: Capacity Assurance required by PCDEQ/ADEQ for Approval of New **PRIVATE** Sewer Construction Plans: Plan # _____

CONTACT INFORMATION:

Contact's Name:

Name of Contact's Firm:

Mailing Address for Firm: Street _____
State _____ Zip Code _____

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