

# TUCSON WATER-NEW DEVELOPMENT (Effective Date:3/27/2019)

## MASTER PLAN CHECKLIST

**(INCOMPLETE SUBMITTALS WILL NOT BE ACCEPTED)**

**PROJECT NAME:** \_\_\_\_\_ Sec. \_\_\_\_\_, T \_\_\_\_\_ S, R \_\_\_\_\_ E  
 (Including PHASE#, If applicable)

**WATER AVAILABILITY:** Letter was issued by Tucson Water on \_\_\_\_\_  
 Fill in date prior to Master Plan submittal

**OVERALL MASTER PLAN NAME:** (If applicable) \_\_\_\_\_

### FIRE DEPARTMENT REQUIREMENTS

VERIFIED	ITEM	DETAIL
	1. FIRE DEPARTMENT SIGNATURE	FIRE MARSHAL( <b>PRINT NAME</b> ): _____
	2. HYDRANT LOCATIONS	NUMBER OF HYDRANTS = _____
	3. ASSIGNED FIRE FLOW	FIRE FLOW _____ GPM; DURATION _____ HR

### DRAFTING REQUIREMENTS (COMMERCIAL AND RESIDENTIAL)

VERIFIED ( <input checked="" type="checkbox"/> or Initial)	ITEM
	1. PLAN SIZE <b>MUST BE</b> 24" X 36" ( <i>SUBMIT ONE COPY</i> )
	2. LABEL ENGINEERING SCALE (1"=200' MAX) DO NOT USE BAR SCALE.
(IF NOT APPLICABLE, INITIAL)	3. OVERALL MASTER PLAN WITH INDIVIDUAL PHASES ( <i>SUBMIT ONE COPY</i> )
	4. ALL TEXT 1/8" MIN AND <b>LEGIBLE</b>
	5. NORTH ARROW PER TUCSON WATER STANDARD
	6. <b>LOCATION PLAN</b> PER TUCSON WATER STANDARD
	7. PROJECT NAME AND PROJECT ACREAGE
	8. OWNER/DEVELOPER NAME & ADDRESS
	9. ANY SYMBOL ON PLAN NEEDS TO CORRESPOND TO LEGEND.
	10. LABEL & SHOW PARCEL/ LOT LINES -ALL PARTICIPATING PROPERTIES -OWNERSHIP OF ADJACENT LANDS TO PROJECT -CITY OR TOWN LIMITS - WATER COMPANIES -STATE LAND, ETC.
	11. SHOW AND LABEL -EXISTING AND PROPOSED RIGHT-OF-WAY, -COMMON AREAS, -EASEMENTS AND WASHES.

### DESIGN REQUIREMENTS (COMMERCIAL AND RESIDENTIAL)

VERIFIED ( <input checked="" type="checkbox"/> or Initial)	ITEM
	1. SHOW PROPOSED MAIN EXTENTIONS -INCLUDING <b>LOOPS</b> INCLUDING <b>CONNECTIONS</b> TO EXISTING SYSTEMS -ALIGNMENTS, STUBS, DVA'S ETC.
(IF NOT APPLICABLE, INITIAL)	2. SHOW AND LABEL PHASE LINES. (OVERALL MASTER PLAN ONLY)
	3. SHOW PROPOSED SPOT GRADES <sup>1</sup> AT ALL TIE IN POINTS, TEES, CROSSES, HYDRANTS, DVA AND ALL COMMERCIAL AND IRRIGATION WATER SERVICES.
	4. DOMESTIC SERVICES ( <b>RESIDENTIAL</b> ) -SIZE AND NUMBER OF SERVICES
	5. COMMERCIAL SERVICES ( <b>COMMERCIAL</b> ) -SIZE, NUMBER OF SERVICES, SERVICE LOCATIONS (METERS MAY NOT BE MANIFOLDED)
	6A. IRRIGATION SERVICES -SIZE AND LOCATION -IF UNKNOWN, T.W. WILL APPLY DSM DEFAULT DEMAND _____ # OF ACRES UNDER IRRIGATION.
(INITIAL)	6B. NO IRRIGATION SERVICE FOR THIS PROJECT..
	7. LABEL PIPES LENGTHS (LINEAR FOOTAGE) BETWEEN <b>ALL</b> FITTINGS OR SHOW STATIONING.
	8. SHOW PROPOSED AND EX. <b>PROTECTED</b> MAINS
(IF NOT APPLICABLE, INITIAL)	9. SHOW LOCATION OF ALL EXISTING WELLS WITHIN PROJECT BOUNDARIES.
	10. LABEL WELLS WITH ADWR REGISTRY NUMBER AND WELL USE CODE.
	11. SHOW AND LABEL EXISTING ADJACENT SYSTEMS AND STUB OUTS. (PIPE SIZE, PLAN NUMBER (PN), AND PRESSURE ZONE)
(INITIAL)	12. <i>Understand Water plans with inadequate pipe sizes or system loops may be returned for re-engineering.</i> LOOPS SHOULD BE PRESENT WHEN FEASIBLE. IF NON-FEASIBLE, EXPLAIN REASONING, WITH FINAL ACCEPTANCE TO BE DETERMINED BY TUCSON WATER. (ADD COMMENTS ON PG. 2)

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*(Including PHASE#, If applicable)*

<b>ADDITIONAL COMMERCIAL REQUIREMENTS</b>			
<b>VERIFIED</b> (✓)	<b>ITEM</b>		
	<b>1. FIXTURE UNIT COUNT</b>		
	BUILDING # _____	_____ #OF FIXTURE UNIT	_____ GPM
	BUILDING # _____	_____ #OF FIXTURE UNIT	_____ GPM
	BUILDING # _____	_____ #OF FIXTURE UNIT	_____ GPM
	BUILDING # _____	_____ #OF FIXTURE UNIT	_____ GPM
	BUILDING # _____	_____ #OF FIXTURE UNIT	_____ GPM
	BUILDING # _____	_____ #OF FIXTURE UNIT	_____ GPM
	2. FIXTURE UNIT TABULATION IS FOR COMMERCIAL METER APPLICATION AND SIZE VERIFICATION.		
	3. PROVIDE PLUMBING SCHEDULE, IF AVAILABLE.		

\_\_\_\_\_ Designer's Signature

\_\_\_\_\_ Date

### DO NOT FORGET

--Investigate possible street cut moratorium with COT Dept. of Transportation, or Pima County Bluestake Section.

### COMMENTS / QUESTIONS / SPECIAL NOTES

OWNER/DEVELOPER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_  
 \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESIGN FIRM / CONSULTANT

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_

DESIGNER/  
ENGINEER: \_\_\_\_\_  
 \_\_\_\_\_

EMAIL: \_\_\_\_\_

FILE: \\central\data\Water\Newarea\Documents\FORMS\Master Plan\MASTER PLAN CHECKLIST.DOC

<sup>i</sup> SUPPLY BASIS OF ELEVATION (NAVD 88)