



# Manhole Assessment Request Form

WASTEWATER RECLAMATION

**Date Issued:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **PCRWRD & PDOT Reference Numbers:** \_\_\_\_\_

**Firm/Agency:** \_\_\_\_\_ **Percent Design Completion:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Type of Improvement Project:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Requested Date of Completion:** \_\_\_\_\_ (ASAP is NOT an acceptable response)

**Email:** \_\_\_\_\_

**NOTE:** PCRWRD Manhole Assessment services are currently available for PDOT Public Improvement Projects only. Please complete this form and submit in person to the PCRWRD Construction Permitting Section, 201 N. Stone Ave., 1<sup>st</sup> Floor, Tucson, AZ 85701. Please also attach a copy of the plan sheets (11"x17") or plan from Mapguide showing the MH location and IMS numbers.

For PCRWRD use ONLY									
Permit Date:									
Date Received by F.E.									
Date Completed by F.E.									
Item No.	PCRWRD MH ID No.	Location Description or Station/Offset	Existing Rim Elevation	Proposed Rim Elevation	Elevation Difference (Cut-/Fill+)	Adjust, Reconstruct or Rebuild? (ADJ/RCN/RBL)	Brick? (Y/N)	Lining? (Y/N)	Additional Notes (e.g. RCN depth, lining type, inaccessible, etc.)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									

Inconsistencies or revisions to the final MH design drawings will nullify and void the recommendations provided by PCRWRD on this form. Field conditions such as linings and coatings may prevent PCRWRD's ability to complete an assessment.