

WATER

Plumbing Fixture Plan Review

System Development Charge Calculation Sheet Based on Fixture Unit Weight (FUW)

All water systems shall have water hammer arrestors and shall be accessible - Sec: 609.10 UPC

| Appliances, Appurtenances or Fixtures | No Change to Existing Fixture | Existing Fixture Relocated or Replaced | Existing Fixture Removed Not Replaced | New Fixture Added Not a Replacement | FUW Count For Each Item | Total FUWs City to complete |
|--|-------------------------------|--|---------------------------------------|-------------------------------------|-------------------------|-----------------------------|
| Bathtub or combination bath/shower | | | | | 4 | |
| Bidet - Private | | | | | 1 | |
| Clothes washer | | | | | 4 | |
| Dental unit, cuspidor | | | | | 1 | |
| Dishwasher, domestic | 1 | | | 1 | 1.5 | 1.5 |
| Drinking fountain or water cooler - Private/Public | 1 | | | 1 2 | 0.5 | 1 |
| Drinking fountain or water cooler - Assembly | | | | | 0.75 | |
| Hose bib | | | | | 2.5 | |
| Hose bib, each additional | | | | | 1 | |
| Lavatory (bathroom sink) | 8 | | | 8 | 1 | 8 |
| Pedicure basin | | | | | 1 | |
| Shower, per head | | | | | 2 | |
| SINKS | | | | | | |
| Bar sink - Private | | | | | 1 | |
| Bar sink - Public | | | | | 2 | |
| Clinic Faucet - Public | | | | | 3 | |
| Clinic flushometer valve with/without faucet - Public | | | | | 8 | |
| Kitchen, domestic | 2 | | | 5 | 1.5 | 7.5 |
| Laundry | | | | | 1.5 | |
| Service or mop basin - Private | 1 | | | | 1.5 | |
| Service or mop basin - Public | | | | | 3 | |
| Wash-up, each set of faucets - Public | | | | | 2 | |
| Wash fountain, circular spray - Public | | | | | 4 | |
| URINALS | | | | | | |
| Urinal, 1.0 GPF Flushometer valve - Public | 1 | | | 2 | 4 | 8 |
| Urinal, 1.0 GPF Flushometer valve - Assembly | | | | | 5 | |
| Urinal, greater than 1.0 GPF Flushometer valve - Public | | | | | 5 | |
| Urinal, greater than 1.0 GPF Flushometer valve - Assembly | | | | | 6 | |
| Urinal, flush tank – Private or Public | | | | | 2 | |
| Urinal, flush tank - Assembly | | | | | 3 | |
| WATER CLOSETS | | | | | | |
| Water closet, 1.6 GPF Gravity tank/Flushometer tank – Private/Public | | | | | 2.5 | |
| Water closet, 1.6 GPF Gravity tank/Flushometer tank – Assembly | | | | | 3.5 | |
| Water closet, 1.6 GPF Flushometer valve – Private/Public | 7 | | | 10 | 2.5 | 25 |
| Water closet, 1.6 GPF Flushometer valve – Assembly | | | | | 3.5 | |
| Water closet, greater than 1.6 GPF Gravity tank – Private | | | | | 3 | |
| Water closet, greater than 1.6 GPF Gravity tank – Public | | | | | 5.5 | |
| Water closet, greater than 1.6 GPF Gravity tank – Assembly | | | | | 7 | |
| Water closet, greater than 1.6 GPF - Flushometer valve - Private | | | | | 7 | |
| Water closet, greater than 1.6 GPF - Flushometer valve - Public | | | | | 8 | |
| Water closet, greater than 1.6 GPF - Flushometer valve - Assembly | | | | | 10 | |
| TOTALS | 21 | | | 27 | | 51 |

Contact Engineering Services for current System Development fee information

FORM PREPARED BY: Mark Evans

DATE: June 3, 2020

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**City of Puyallup
Development
Engineering
APPROVED**

See permit conditions.

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01/11/2023
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SANITARY SEWER

Plumbing Fixture Plan Review

System Development Charge Calculation Sheet Based on Fixture Unit Weight (FUW)

| Appliances, Appurtenances or Fixtures | No Change to Existing Fixture | Existing Fixture Relocated or Replaced | Existing Fixture Removed Not Replaced | New Fixture Added Not a Replacement | FUW Count For Each Item | Total FUWs |
|---|-------------------------------|--|---------------------------------------|-------------------------------------|-------------------------|------------|
| Bath tub or combination bath/shower | | | | | 2 | |
| Bidet – 1 ¼” | | | | | 1 | |
| Bidet – 1 ½” | | | | | 2 | |
| Clothes washer, domestic, 2” standpipe | | | | | 3 | |
| Dental unit, cuspidor | | | | | 1 | |
| Dishwasher, domestic with independent drain | 1 | | | 1 | 2 | 2 |
| Drinking fountain or water cooler – Private/Public | 1 | | | 2 | 0.5 | 1 |
| Drinking fountain or water cooler – Assembly | | | | | 1 | |
| Floor drain | | | | | 2 | |
| Food waste grinder – commercial | | | | | 3 | |
| Lavatory, (bathroom sink) | 8 | | | 8 | 1 | 8 |
| Lavatory, (bathroom sink) sets of 2 or 3 | | | | | 2 | |
| Pedicure basin | | | | | 1 | |
| Shower, single head | | | | | 2 | |
| Shower, multi-head each additional | | | | | 1 | |
| Wash fountain, 1 ½” | | | | | 2 | |
| Wash fountain, 2” | | | | | 3 | |
| SINKS | | | | | | |
| Bar sink - Private | | | | | 1 | |
| Bar sink – Public/Assembly | | | | | 2 | |
| Clinic, 3” Public/Assembly | | | | | 6 | |
| Commercial, 1 ½” with food waste | | | | | 3 | |
| Kitchen, domestic 1 ½” (with/without food waste grinder/dishwasher – Private/Public | 2 | | | 5 | 2 | 10 |
| Laundry, 1 ½” | | | | | 2 | |
| Service sink /Mop basin, 2”/3” | 1 | | | | 3 | |
| Service sink, flushing rim 3” | | | | | 6 | |
| Wash, each set of faucets – Public/Assembly | | | | | 2 | |
| URINALS | | | | | | |
| Urinal, 2” integral trap 1.0 GPF – Private/Public | 1 | | | 2 | 2 | 4 |
| Urinal, 2” integral trap 1.0 GPF – Assembly | | | | | 5 | |
| Urinal, 2” integral trap greater than 1.0 GPF – Private/Public | | | | | 2 | |
| Urinal, 2” integral trap greater than 1.0 GPF – Assembly | | | | | 6 | |
| Urinal, 1 ½” exposed trap – Private/Public | | | | | 2 | |
| Urinal, 1 ½” exposed trap – Assembly | | | | | 5 | |
| WATER CLOSETS | | | | | | |
| Water closet, 1.6 GPF Gravity tank / flushometer tank / flushometer valve – Private | 7 | | | 10 | 3 | 30 |
| Water closet, 1.6 GPF Gravity tank / flushometer tank / flushometer valve – Public | | | | | 4 | |
| Water closet, 1.6 GPF Gravity tank / flushometer tank / flushometer valve – Assembly | | | | | 6 | |
| Water closet, <i>greater</i> than 1.6 GPF Gravity tank / flushometer valve – Private | | | | | 4 | |
| Water closet, <i>greater</i> than 1.6 GPF Gravity tank / flushometer valve – Public | | | | | 6 | |
| Water closet, <i>greater</i> than 1.6 GPF Gravity tank / flushometer valve – Assembly | | | | | 8 | |
| TOTALS | 21 | | | 27 | | 55 |

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FORM PREPARED BY: _____

DATE: _____

TEL: _____

EMAIL: _____

**City of Puyallup
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