

SW3 Form Checklist

Authorizations of Future Alterations to Storm Sewers, Ditches, or Culvertsⁱ

This Checklist must be completed for all applications submitted under the CLI-ECA #324-S701 program to ensure that Form SW1 can be signed by the Director of Engineering, or a delegate.

Project Title:

Yes	No	NA	324-S701 Conditions
			The design has been prepared by a Licensed Engineering Practitioner.
			The storm sewer, ditches and/or culvert design meets the requirements of Condition 9.0 Transition of Schedule D.
			The infrastructure does not collect or treat any sanitary sewage.
			The infrastructure has been designed to only collect, transmit, reuse and/or treat foundation drainage and groundwater. Collection of rooftop runoff will also be acceptable if providing wetland recharge.
			The design satisfies or exceeds the Design Criteria of the CLI-ECA.
			 The design is scoped so that the resulting sewage works are intended to Primarily function for the non-potable reuse, as deemed acceptable by the Owner and the local health unit, of foundation drainage and/or groundwater, and no discharge to a Storm Sewer or Separate Sewer if there is excess volume that cannot be reused; Provide wetland recharge, in which case, collection of rooftop runoff will also be acceptable.
			The alteration is not located on a contaminated site, or where natural occurring conditions result in contaminated discharge, or where the site receives contaminated groundwater or foundation drainage from another site, unless the discharge being received has been remediated or treated prior to acceptance by the Third Pipe Collection System
			The applicant has undertaken a site assessment for water quantity, water quality, and hydrogeological site conditions regarding the Alteration.
			The Alteration will not result in Adverse Effects.
			The Alteration is wholly located within the municipal boundary over which the Owner has jurisdiction or there is a written agreement in place with the adjacent property owner respecting the Alteration and resulting Sewage Works.

[Signature]

Date [YYYY/MM/DD]

ⁱ This includes approval for Condition 6.0 of Schedule D of the Town of Caledon CLI-ECA 324-S701 No.2