



# Attachment A - DWWP (Drinking Water Works Permit)

## City of Markham – Municipal Drinking Water System (to be reviewed in conjunction with DWWP Form 1 and Approval 021-201)

**Part 1 - Drinking Water Works Permit (DWWP) Number:     021-201**

**Include attachments with the application if the information does not fit in the form.**

### **Part 2 - General Project Information**

<b>Project Type (Check that applies)</b>	<b>Subdivision</b>	<input type="checkbox"/>
	Site Plan / MSA	<input type="checkbox"/>
	Construction / Development	<input type="checkbox"/>
	<b>City's Capital Projects</b>	
	Engineering	<input type="checkbox"/>
	Environmental Services	<input type="checkbox"/>
	Operations	<input type="checkbox"/>
	Other Projects (Operations, Asset Management, Parks, etc.)	<input type="checkbox"/>
Project's Name		
Project's Address		
Applicant's Name		
Amanda / Project Number		
Consulting Firm's Name		
Consulting Engineer's Name		
City's Staff Name		

### **2.1 Description of Watermain addition, modification, replacement, or extension**



**2.2 Regulatory Requirements**

2.2.1 Choose applicable Municipal Class EA Schedule

Schedule A <b>EXEMPTED</b>	Schedule A+ <b>EXEMPTED</b>	Schedule B <input type="checkbox"/>	Schedule C <input type="checkbox"/>	Not Required <input type="checkbox"/>
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If “Not Required”, go to Section 2.3.

2.2.2 (a) Has a Notice of Completion been submitted along with this application?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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(b) Were any Part II Orders (i.e., ‘Bump-up’ requests) received for this project?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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*If ‘YES’, please provide details:*

(c) Has an Environmental Study Report (ESR) been completed?

YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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*If ‘YES’, please include the ESR Cover page with this submission.*

**2.3 Technical Submissions**

1) Engineering Reports

Name of the Report	Prepared by (Consulting firm)	Date (mm/dd/yyyy)	Stamped (mm/dd/yyyy)



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2) Engineering Drawings  
(General Plans and Plans & Profiles)

Name and number of Engineering Drawings	Prepared by (Consulting firm)	Date (mm/dd/yyyy)	Stamped (mm/dd/yyyy)

### 3.0 Design Certification By Licensed Engineering Practitioner

I certify that the design complies with the following conditions/criteria:

- a) Satisfies the design criteria set out in the Ministry publication “Watermain Design Criteria for Future Alterations Authorized under a Drinking Water Works Permit - June 2012”, as amended from time to time;
- b) Is consistent with or otherwise addresses the design objectives contained within the Ministry publication “Design Guidelines for Drinking Water Systems – May 2023”, as amended from time to time;
- c) Watermains are designed below the frost penetration depth for the area at all points;
- d) Watermains are designed with a minimum 0.5 m clear vertical separation for all existing and proposed sewers and storm water conveyance systems (e.g., ditches);
- e) Watermains are designed with a minimum of 2.5 m of clear horizontal separation for all existing and proposed sewers and storm water conveyance systems (e.g., ditches);
- f) Watermains are designed with diameters between 150 mm and 750mm;
- g) Expected operating pressure range for this watermain under maximum day demand                      to  
(Please indicate units);
- h) Watermains pressure does not drop below 275 kPa (40 psi);
- i) There is sufficient pressure (138 kPa or 20 psi) reserved for fire flow/protection;



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Hydraulic transients have been considered for the watermain when it is designed to transport potable water only (i.e., having no service connections);

- j) At least two (2) shut-off valves at each tee-connection, and at least three (3) shut-off valves at each cross-connection have been designed; and

Name of Licensed Engineering Practitioner (First and Last name)	Company Name & Address
Signature	Date (mm/dd/yyyy)

Name of Licensed Engineering Practitioner (Sub-consultant, if applicable) (First and Last name)	Company Name & Address
Signature	Date (mm/dd/yyyy)
Please indicate the names of the Technical Reports and/or Engineering Drawings that are prepared under your professional supervision	

### 4.0 Statement of Applicant / Developer

I hereby declare that, to the best of my knowledge, the information contained herein, and the information submitted in support of this application is complete and accurate for the purpose of obtaining the Drinking Water Works Permit.

Name (First and Last name)	Title
Signature	Date (mm/dd/yyyy)



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### 5.0 Documents to be Submitted by the Consulting Engineering

- 1) This Attachment A, duly signed and dated by the Consulting Engineer and the Applicant.
- 2) Proof of legal name (*Articles of Incorporation or other applicable documents if the Applicant is a Corporation; or birth certificate or passport if the Applicant is a person*).
- 3) If applicable, Permit / Approval from the local Conservation Authority and/or MNRF.
- 4) If applicable, a Proof of Consent letter from the landowner is to be provided if the works are to be constructed on lands not owned by the Applicant.

### 6.0 Review by the City of Markham Department

The above information (including all Technical Reports and Engineering Drawings) has been reviewed and/or peer-reviewed by the appropriate City's Department and meets the City's requirements. Acceptance of this project is in reliance on the professional skill and judgement of the Licensed Engineering Practitioner certified in Section 3.0.

Name of the City's Reviewing Department	
Development Engineering	<input type="checkbox"/>
Environmental Engineering	<input type="checkbox"/>
Capital Engineering	<input type="checkbox"/>
Environmental Services	<input type="checkbox"/>
Operations	<input type="checkbox"/>
Others	<input type="checkbox"/>
Name of Review Staff (First and Last name)	Title
Signature	Date (mm/dd/yyyy)