DPA 5 – West Howe Sound Aquifer Protection and Stormwater Management



This statement is provided in conjunction with the hydrological assessment report completed herein to demonstrate that the assessment has addressed relevant policies of the Sunshine Coast Regional District Official Community Plan Development Permit Areas. This statement and accompanying hydrological assessment report will be submitted by the client/applicant to the SCRD Planning Department as part of a complete Development Permit application. For details on this Development Permit Area, please refer to the <u>Official Community Plan</u> for the Electoral Area where the proposed development will occur.

To the Approving Authority:

Jurisdiction: Sunshine Coast Regional District

With reference to: Local Government Act (Part 14, Division 7 - Development Permits)

Civic address

Legal description

Parcel ID

Official Community Plan

Hydrological Report Checklist

This section confirms whether the geotechnical report addresses critical risks and risk mitigation measures as per the Official Community Plan. Please ensure that all items are responded to, and include the relevant sections and page numbers.

1. Consideration for preservation of natural riparian channels.

□ Yes □ No □ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): _____

2. Direction on the retention or implementation of soft infrastructure including, but not limited to, drainage detention or retention ponds, wetlands, swales, and drainage infiltration trenches and areas.

□ Yes □ No □ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): _____

3. Prescriptions relating to impervious surfaces.

□ Yes □ No □ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): ______

4. Revegetation plan requirements and details.

□ Yes □ No □ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): ______

5. Required control mechanisms to minimize erosion and siltation.

□ Yes □ No □ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): _____

6. A drainage management plan to ensure that the drainage discharge of any treated effluent and rainwater shall not negatively impact surface or ground water quality.

□ Yes □ No □ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): ______

7. Direction in terms of treated effluent and diverted rain water collection and discharge systems, and/or the provision for grease, oil, and sedimentation removal facilities along with on-going maintenance regimens of these facilities. Such requirements may arise for commercial, industrial, and other developments where there is potential for silt and petroleum-based contaminants to enter a stream or infiltrate into the ground.

□ Yes □ No □ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): _____

- 8. Site plan to scale of the subject property clearly showing surveyed characteristics of concern including:
 - Safe building area (required for building construction and subdivision applications)
 - Location of existing natural features that must be retained or altered, including, but not limited to, streams, trees, and other landforms
 - Location of required soft or hard infrastructure, including, but not limited to, swales, drainage lines,
 - Grades

Indicate the section and page number that contains the site plan: ______

Additional Comments

Statement of Conformance

The undersigned hereby gives assurance that he/she is a Professional Engineer or Professional Hydrologist, and certifies that the assessment report for the Property to which this Statement attaches, has been completed in accordance with the relevant criteria of the SCRD Development Permit Areas and SCRD Board Policy for Geohazard Acceptability in Development Approval.

Name of Hydrological Professional:

Signature: ______

Date: _____

To be accepted, Development Permit applications must include a Geotechnical Report sufficiently addressing Development Permit Area requirements and a site plan addressing #8, above.

SCRD Office Use

Intake Check

Correct DPA assessed
Yes
No Comments: _____

Other applications or enforcement associated with this file: _____

Receiving Planner Initials: _____ SCRD File Number: _____

Notes

Review Check

Assessment Reviewed By: _____

Notes:

Review Date: _____