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| A picture containing text, clipart  Description automatically generated | **Division of Water Infrastructure**  **Categorical Exclusion by Project Type (CET)**  (Last updated: May 2021) | | | | Logo, company name  Description automatically generated |
| **Owner Name:** | | | | | |
| **Project Title:** | | | | | |
| **Project Number:** | | | | | |
| **Project Description** | | | | | |
| Provide a brief description of all portion of the project. | | | | | |
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| Projects may be excluded by project type. Review the various types of project types below under the appropriate column. Check the appropriate box(es) that best describe your project. *Note: The entire project must fit within these categories to claim a CET. If any portion of the project does not fit these project types, then you will need to complete a Categorical Exclusion by Review (CER).* | | | | | |
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| **CWSRF Project Type** | | | **DWSRF Project Type** | | |
| Electrical equipment replacement at pump station(s) / WWTP  SCADA replacement / upgrade | | | Electrical equipment replacement at booster station(s) and rechlorination stations or WTP  SCADA replacement / upgrade  Water meter installation / replacement | | |
| *For the project type(s) below, include a map that shows the project and the existing property boundaries and / or right-of-way (ROW).* | | | | | |
| Rehabilitation or replacement of pump station(s) or lift station(s) ***entirely within*** existing property boundaries with ***no capacity expansion***  Rehabilitation of WWTP ***entirely within*** existing property boundaries with ***no capacity expansion***  Find-and-fix, line replacement, or line rehabilitation with line ***entirely within*** existing ROW  Line rehabilitation or replacement crossing streams and / or wetlands using ***only*** directional drill | | | Rehabilitation or replacement of booster pump and rechlorination station(s) ***entirely within*** existing property boundaries  Water tank or well replacement or rehabilitation ***entirely within*** existing property boundaries  Rehabilitation of WTP ***entirely within*** existing property boundaries with ***no capacity expansion***  Line replacement with line ***entirely within*** existing ROW  Line rehabilitation or replacement crossing streams and / or wetlands using ***only*** directional drill | | |
| ***Note: The Division of Water Infrastructure may revoke the CET at any time information showing a project type not listed above is made available and reserves the right to request either a CER or a Finding of No Significant Impact.*** | | | | | |
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| I certify that, to the best of my knowledge, the entire project meets the project type(s) listed above. Where required, I have attached a map showing the project and existing property boundaries and / or ROW. | | | | | |
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| Project Preparer | |  | | Date | |