

DPW Project No. \_\_\_\_\_

Project Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Location: \_\_\_\_\_

State of Idaho  
Division of Public Works  
**UTILITY / SITE CHECKLIST**

Adequate review of existing site and utility conditions in conjunction with a review of project requirements is essential to proper planning and to avoid last minute problems. The following checklist shall be completed by the Architect/Engineer responsible for this project and shall be submitted to DPW along with other schematic design documents.

**DOMESTIC WATER SUPPLY**

1. Is existing water service adequate to serve the needs of the project?  Yes  No  N.A.

Date service checked: \_\_\_\_\_

Name & address of A/E who performed check:

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Domestic water source:  Public Utility  New or  Existing

Name and address of Public Utility

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Private Well:  New  Existing

Name and address(s) of Agencies who must approve/permit new well and/or domestic water system.

Department of Environmental Quality

Department of Water Resources

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Public Health District

\_\_\_\_\_  
\_\_\_\_\_

**FIRE PROTECTION WATER**

1. Is project or any portion required to have fire protection system?  Yes  No

2. Distance to nearest fire hydrant? \_\_\_\_\_ ft. Has fire flow been tested?  Yes  No  
 If yes, what is fire flow? \_\_\_\_\_ gpm. Is this adequate to meet project needs?  Yes  No
3. Has project been reviewed with the State Fire Marshal?  Yes  No. Date Reviewed \_\_\_\_\_  
 Names of those present at review \_\_\_\_\_
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**FIRE ALARM**

1. Does the facility have an existing fire alarm?  Yes  No
2. If yes, does it need to be upgraded/replaced?  Yes  No
3. If no, has this been confirmed by the State Fire Marshal?  Yes  No

**ELECTRICAL SERVICE**

1. Is electrical service adequate for project scope?  Yes  No  N.A.  
 Name of electrical engineer who checked service. \_\_\_\_\_  
 Date checked: \_\_\_\_\_
2. Is new electrical service required?  Yes  No  N.A.  
 If yes, approximate distance required to extend new service: \_\_\_\_\_ feet
3. Name of power company serving project: \_\_\_\_\_

**SEWER**

1. Is sewer system?  New  Existing If existing, does sewer system have capacity for the added load of this project?  Yes  No
2. If a private sewer system, how is sewage treated?  Septic tank w/ drain field  other if other describe system.

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Has system been reviewed/approved/permited?  Yes  No

Name and address(s) of approving agency:

Public Health District

Department of Environmental Quality

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**FUEL/HEAT**

1. Source?  Natural gas,  Electric,  Propane,  Coal,  Fuel oil,  Other If other explain \_\_\_\_\_
- Is system?  new  existing If existing, is it adequate for scope of project?  Yes  No
2. Has providing utility reviewed project scope and requirements?  Yes  No

**SITE ACCESS**

- 1. Have curb cut/entrance requirements been reviewed and approved by City/Highway District having oversight responsibility? [ ] Yes [ ] No

Comments: \_\_\_\_\_  
\_\_\_\_\_

- 2. Name and address of reviewing agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SITE DRAINAGE/FLOOD CONTROL**

- 1. Does site drainage need to be reviewed? [ ] Yes [ ] No

Name and address of reviewing agency(ies)  
Department of Environmental Quality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONDITIONAL USE PERMIT**

- 1. Will a conditional use permit be required for the project? [ ] Yes [ ] No. If so, why? \_\_\_\_\_  
\_\_\_\_\_

**MISCELLANEOUS**

- 1. Are there any reasons to think that the site may be environmentally contaminated? [ ] Yes [ ] No  
If yes, give reasons why environmental contamination is suspected. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. List any other concerns/issues related to utilities and or site. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_