

DPW Project No. _____
 Project Name: _____
 Agency: _____
 Design Professional: _____
 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: _____

TELECOMMUNICATIONS

- 1. Is access to telecommunications services available? Yes No
If yes, identify location of the source. _____
- 2. Name of the service provider for the area: _____
- 3. If no, how will services be secured? _____

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.

_____ Has system been reviewed/approved/permitted? Yes No

Name and address(s) of approving agency:

Public Health District

Department of Environmental Quality

IRRIGATION WATER

- 1. Will irrigation water be needed? Yes No
- 2. Is there an available source? Yes No

Location: _____

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 FLOODPLAIN

Check if site is located within a floodplain. See floodplain locations at:

<https://maps.idwr.idaho.gov/agol/IdahoFloodHazard/>

- 1. Is site located in the floodplain? Yes No
- 2. Is site located in the flood way? Yes No
(If yes, a Hydrologic & Hydraulic Analysis & No-Rise Certification is required.)
- 3. If item 1 or 2 is yes, contact the city/county where the site is located. Is a Floodplain Development Permit needed? Yes No

If no, explain why.

- 4. Consult with State Floodplain Coordinator (as needed) (IDWR) 208-287-4928

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

PLANNING AND ZONING ENTITLEMENTS

1. Will a conditional use or design review permit be required for the project? [] Yes [] No.

If yes, why? _____

2. Are there any easements that need to be considered? [] Yes [] No.

If yes, who are the entities that require review? _____

EXISTING STRUCTURES

1. Are there any existing structures on the site that need to be considered? [] Yes [] No

If yes, will the existing structure require demolition? [] Yes [] No

If yes, are there any hazardous materials suspected that would require mitigation or abatement? [] Yes [] No

2. Are there any existing structures on the site with significant historical value? [] Yes [] No

If yes, contact the State Historic Preservation Office (SHPO) for consultation and documentation.

Name and address of reviewer:

Comments: _____

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. _

