

**FORM (RW-U)**  
**UTILITIES – PAGE 1 OF 3**  
(except communication lines)  
**SUPPLEMENTAL INFORMATION REQUEST**

<b>APPLICANT NAME:</b>		<b>APPLICATION NUMBER:</b>
------------------------	--	----------------------------

**1. TYPE OF UTILITIES**

<b>What type of utilities are proposed within the easement area? (please mark appropriate items)</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> <b>Water Line</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Water Reservoir</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Water Treatment Plant</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Water Lift Station</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Sewer Line</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Sewer Treatment Plant</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Sewer Lift Station</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Electrical Line</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Electrical Substation</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Petroleum Line</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Natural Gas Line</b></td><td><b>Provider</b> _____</td></tr> <tr><td><input type="checkbox"/> <b>Other</b></td><td></td></tr> <tr><td>_____</td><td><b>Provider</b> _____</td></tr> <tr><td>_____</td><td><b>Provider</b> _____</td></tr> </table>	<input type="checkbox"/> <b>Water Line</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Water Reservoir</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Water Treatment Plant</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Water Lift Station</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Sewer Line</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Sewer Treatment Plant</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Sewer Lift Station</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Electrical Line</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Electrical Substation</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Petroleum Line</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Natural Gas Line</b>	<b>Provider</b> _____	<input type="checkbox"/> <b>Other</b>		_____	<b>Provider</b> _____	_____	<b>Provider</b> _____
<input type="checkbox"/> <b>Water Line</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Water Reservoir</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Water Treatment Plant</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Water Lift Station</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Sewer Line</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Sewer Treatment Plant</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Sewer Lift Station</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Electrical Line</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Electrical Substation</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Petroleum Line</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Natural Gas Line</b>	<b>Provider</b> _____																												
<input type="checkbox"/> <b>Other</b>																													
_____	<b>Provider</b> _____																												
_____	<b>Provider</b> _____																												

**2. WATER FACILITIES (Complete if Water Facilities are Proposed)**

<b>Number of proposed water lines:</b>		<b>Size of proposed lines:</b>	<input type="checkbox"/> <b>Inches</b> <input type="checkbox"/> <b>Inches</b> <input type="checkbox"/> <b>Inches</b>
<b>Are lines sized properly to accommodate adjacent State Trust Lands?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>If yes, please describe location of Trust Land to be served and approximately how many units can be accommodated:</b>	<b>Location</b> _____ _____ _____  <b># of Units</b> _____
<b>Will the utility provider provide the State Trust with a "Will Serve Letter"?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>If no, why not?</b>	
<b>Type of water?</b>	<input type="checkbox"/> <b>Potable</b> <input type="checkbox"/> <b>Treated</b> <input type="checkbox"/> <b>Well</b> <input type="checkbox"/> <b>Other</b>	<b>If treated or other, please describe:</b>	

**FORM (RW-U)  
UTILITIES – PAGE 2 OF 3  
SUPPLEMENTAL INFORMATION REQUEST**

**3. SEWER FACILITIES (Complete if Sewer Facilities are Proposed)**

<b>Number of proposed sewer lines:</b>		<b>Size of proposed lines:</b>	<input type="text"/> Inches <input type="text"/> Inches <input type="text"/> Inches
<b>Are lines sized properly to accommodate adjacent State Trust Lands?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please describe location of Trust Land to be served and approximately how many units can be accommodated:</b>	<b>Location</b> _____ _____ _____ <b># of Units</b> _____
<b>Type of proposed sewer line?</b>	<input type="checkbox"/> Gravity <input type="checkbox"/> Force <input type="checkbox"/> Main	<b>What is the size of the existing line to which the proposed line will connect?</b>	<input type="text"/> Inches

**4. ELECTRICAL FACILITIES (Complete if Electrical Facilities are Proposed)**

<b>Number of proposed electrical lines:</b>		<b>Size of proposed lines &amp; number of circuits of each kV:</b>	<input type="text"/> kV <input type="text"/> Circuits <input type="text"/> kV <input type="text"/> Circuits <input type="text"/> kV <input type="text"/> Circuits
<b>Placement of lines and/or pole type: (please mark all that apply)</b>	<input type="checkbox"/> Underground <input type="checkbox"/> Underhung on existing Poles <input type="checkbox"/> Metal Monopoles <input type="checkbox"/> Wood Monopoles <input type="checkbox"/> Lattice Towers <input type="checkbox"/> Other: _____ _____	<b>Substation description:</b>	<input type="text"/> kV to <input type="text"/> kV <input type="text"/> acres utilized for Substation <input type="text"/> acres of Buffer <b>Other Info:</b> _____ _____ _____
<b>Are lines/substation sized properly to accommodate adjacent State Trust Lands?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please describe location of Trust Land to be served and approximately how many units can be accommodated:</b>	<b>Location</b> _____ _____ _____ <b># of Units</b> _____

**5. NATURAL GAS FACILITIES (Complete if Natural Gas Facilities are Proposed)**

<b>Number of proposed gas lines:</b>		<b>Size of proposed lines:</b>	<input type="text"/> Inches <input type="text"/> Inches <input type="text"/> Inches
<b>Are lines sized properly to accommodate adjacent State Trust Lands?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please describe location of Trust Land to be served and approximately how many units can be accommodated:</b>	<b>Location</b> _____ _____ _____ <b># of Units</b> _____

**FORM (RW-U)  
UTILITIES – PAGE 3 OF 3  
SUPPLEMENTAL INFORMATION REQUEST**

**6. FUNDING**

<b>How will proposed acquisition &amp; construction be funded? (please mark appropriate items)</b>	<input type="checkbox"/> Private Developer <input type="checkbox"/> City Funds <input type="checkbox"/> County Funds <input type="checkbox"/> State Funds <input type="checkbox"/> Federal Funds <input type="checkbox"/> Other, describe <hr/>	<b>Additional Funding Considerations (please mark appropriate items &amp; provide copies)</b>	<input type="checkbox"/> Impact Fee/Credit <input type="checkbox"/> Development Agr. <input type="checkbox"/> Payback Agr. <input type="checkbox"/> Grant/Bond <input type="checkbox"/> Other, describe <hr/> <hr/>
--	---	---	--

**7. MAINTENANCE & OPERATION**

<b>Who will maintain &amp; operate the easement?</b>		<b>Will the easement be assigned:</b>	<input type="checkbox"/> Yes, to <hr/> <hr/> <input type="checkbox"/> No
--	--	---------------------------------------	---

**8. PERMITS**

<b>Have all of the required permits been obtained?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>List all permits that have been obtained:</b>	
<b>List all permits that still must be obtained:</b>	