

**KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF ENVIRONMENTAL REMEDIATION**

UTILITY CLEARANCE CHECKLIST

This document must be completed in its entirety and submitted to the appropriate project manager before any intrusive event such as drilling, excavation or probing may be performed by any entity executing work orders generated by the Kansas Department of Health and Environment, Bureau of Environmental Remediation. Completion of this form is mandatory for each separate event if substantial distances separate subsurface activities.

Failure to complete and submit this document before work is performed will preclude agency approval of the work and will transfer all liability associated with damages to the contractor and/or subcontractors. If it is determined a specific utility is not in the area of the project, please indicate this in the company/contact person column. If there are additional utilities which require clearance in the area, please indicate all necessary information and/or comments on the back of this page.

This document will also be completed by any KDHE/BER personnel who undertake such activities using agency or contracted equipment.

I, _____, hereby attest that I have contacted the following companies/municipalities.

| | | |
|-------------------------------|------------------------------|-------------------|
| Purpose/Description of work: | Name of Facility | |
| | Address/Location of facility | |
| | Site ID# (if applicable) | |
| Dig Safe* (initial if called) | Date Called | Ticket Number(s): |

| <u>Utilities Uncovered</u> | Company/Contact | Were utilities cleared? | Did you observe utility clearance? | Initial |
|------------------------------|-----------------|--|--|---------|
| Natural Gas | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| Telephone | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| Cable TV | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| Electric | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| <u>Municipalities</u> | | | | |
| Sanitary Sewer | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| Public Water | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| Storm Sewer | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| <u>Other</u> | | | | |
| Fiber Optic Cable | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |
| Pipeline (Specify) | | No <input type="checkbox"/> Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> Date: | |

The information on this document is correct to the best of my knowledge:

Signed _____ Date: _____

* Dig Safe does not cover all utility companies. It is the responsibility of the on-site project manager to insure all companies with utilities in the area are contracted.