

R/W MANUAL CHANGE

RWMC- 236

PROCEDURAL HANDBOOK
 (1984 Edition)

RWPH-____-____-____
 TRANSMITTAL#____

TITLE:
 UTILITY RELOCATIONS

APPROVED BY:
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 SUZETTE SHELLOOE

DATE ISSUED:
JAN 29 2014

Page 1 of 2

SUBJECT AREA:
 CHAPTER 13 – UTILITY RELOCATIONS

ISSUING UNIT:
 OFFICE OF UTILITIES AND RAILROADS

SUMMARY OF CHANGES: Updates Exhibits 13-EX-2, 13-EX-6, 13-EX-8, 13-EX-9, 13-EX-10, 13-EX-11, 13-EX-12, 13-EX-13, 13-EX-14, 13-EX-21, 13-EX-23, 13-EX-24, 13-EX-25, 13-EX-26, 13-EX-29, and 13-EX-30.

PURPOSE

This manual change updates 16 exhibits in Chapter 13, "Utility Relocations." A new field - "Project ID No." was added. An existing field - "Expense Authorization" was shortened to "EA." The 16 exhibits are listed below:

<u>Exhibit No.</u>	<u>Title</u>
13-EX-2	Right of Way Utility File Diary
13-EX-6	R/W Utility Estimate Worksheet and R/W Data Sheet Instructions
13-EX-8	Utilities on Structures Information Letter to Owner
13-EX-9	Relocation Claim Letter to Owner
13-EX-10	Verification Letter to Owner
13-EX-11	"No Conflicts" Letter to Owner
13-EX-12	Letter to Owner Requesting Positive Location
13-EX-13	Notice to Owner Transmittal Letter
13-EX-14	R/W Data Sheet Update Memo
13-EX-21	Standard Estimate/Lump-Sum Estimate Format
13-EX-23	Executed Utility Agreement Transmittal Letter
13-EX-24	Amendment to Utility Agreement Example
13-EX-25	Special Agreement Example
13-EX-26	R/W Utility Certification
13-EX-29	Phase 4 Construction Utility Agreement – Billing Memo to Accounting (Estimate)
13-EX-30	Cooperative Agreement Billing/Refund Memo to Accounting

EFFECTIVE DATE

January, 2014

MANUAL IMPACT

- Remove the superseded pages and insert the attached pages in the Manual.
- Record the action on the Revision Record.

REVISION SUMMARY

<u>Chapter</u>	<u>Remove Old Pages</u>	<u>Insert New/Revised Pages</u>
	Remove the following in its entirety:	Replace with the following in its entirety:
13 - Exhibits	13-EX-2 (REV 4/2009) 13-EX-6 (REV 4/2009) 13-EX-8 (REV 4/2009) 13-EX-9 (REV 4/2009) 13-EX-10 (REV 4/2009) 13-EX-11 (REV 4/2009) 13-EX-12 (REV 4/2009) 13-EX-13 (REV 4/2009) 13-EX-14 (REV 4/2009) 13-EX-21 (REV 9/2007) 13-EX-23 (REV 4/2009) 13-EX-24 (REV 4/2009) 13-EX-25 (REV 4/2009) 13-EX-26 (REV 8/2009) 13-EX-29 (REV 4/2009) 13-EX-30 (REV 4/2009)	13-EX-2 (REV 1/2014) 13-EX-6 (REV 1/2014) 13-EX-8 (REV 1/2014) 13-EX-9 (REV 1/2014) 13-EX-10 (REV 1/2014) 13-EX-11 (REV 1/2014) 13-EX-12 (REV 1/2014) 13-EX-13 (REV 1/2014) 13-EX-14 (REV 1/2014) 13-EX-21 (REV 1/2014) 13-EX-23 (REV 1/2014) 13-EX-24 (REV 1/2014) 13-EX-25 (REV 1/2014) 13-EX-26 (REV 1/2014) 13-EX-29 (REV 1/2014) 13-EX-30 (REV 1/2014)

RIGHT OF WAY UTILITY FILE DIARY

(Form #)

Right of Way Utility File Diary

PROJECT AND CONTACT INFORMATION			
District-County-Route-Post Mile:	Project ID No.	EA	Ut. File No.
Project Description:			
Utility Coordinator:		Date File Opened:	
Project Manager:		Telephone:	
Project Engineer:		Telephone:	
Utility Company:		Contact:	Telephone:
FEDERAL E-76 AND MILESTONE DATES			
E-76 No.		Alternate Procedure Approval Date:	
13-15 Specific Authorization Date:		13-15 Approval of UA Date:	
PID Date:	PA-ED Date:	P&E Date:	
RW Cert. Date:	RTL Date:	CCA Date:	
LIABILITY INFORMATION			
Verification Sent:		Verification Received:	
Claim Letter/Conflict Map Sent:		Relocation Plans Received:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approval Date:	By PE:	Liability % State/Owner ____ / ____	
ROI Liability Approved - Date:		NTO Sent:	Revised NTO:
Utility Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No - Date:		Amended Agreement:	
Billing Received:	13-6 Submitted:	Partial OR Final	
Partial \$ _____	Partial \$ _____	Partial \$ _____	Partial \$ _____
Partial \$ _____	Partial \$ _____	Partial \$ _____	Final \$ _____
Audit Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Waived: <input type="checkbox"/> Yes <input type="checkbox"/> No
ENCROACHMENT PERMIT AND PROPERTY RIGHTS			
NUR EP Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	By State via NTO: <input type="checkbox"/> Yes <input type="checkbox"/> No	By Utility Company: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Issued:	Date Sent to Owner:	Rider:	
Date Relocation Began:		Date Completed:	
Easement Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No		JUA: <input type="checkbox"/> Yes <input type="checkbox"/> No	CCUA: <input type="checkbox"/> Yes <input type="checkbox"/> No
County Recorded:		Date Recorded:	Date File Closed:
POTHOLING			
Potholing Request/Maps Received Date:		Task Order No.	
Name of Potholing Contractor:		Telephone:	
Task Order Sent:	No. of Holes Ordered:	NTO Sent:	
Traffic Control Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lane Closure: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Potholing Started:		Date Completed:	
Billing Received and Processed Date:		Amount:	Date Paid:

**R/W UTILITY ESTIMATE WORKSHEET AND
R/W DATA SHEET INSTRUCTIONS**

(Form #)

Date _____
 Post Mile _____
 Project ID No. _____
 EA _____

Description of Project:

Estimate for: Preliminary Route Estimate (Alternate No. _____)
 R/W Data Sheet (Preferred Alternate)

Evidence of Utilities:

Gas Electric Telephone Cable TV Water Public Drainage/Irrigation
 Sewer Fiber Optics Other (Explain in "Remarks")

Anticipated Utility Relocations:

Gas Electric Telephone Cable TV Water Public Drainage/Irrigation
 Sewer Fiber Optics Other (Explain in "Remarks")

Estimated Cost of Utility Relocations:

_____ L.F. of Gas Line	@ \$ _____/L.F.	= \$ _____
_____ L.F. of UG Electric Line	@ \$ _____/L.F.	= \$ _____
_____ L.F. of UG Telephone Line	@ \$ _____/L.F.	= \$ _____
_____ Wood Poles (Telephone)	@ \$ _____/Pole	= \$ _____
_____ Wood Poles (Electric)	@ \$ _____/Pole	= \$ _____
_____ Joint Poles	@ \$ _____/Pole	= \$ _____
_____ Steel Poles	@ \$ _____/Pole	= \$ _____
_____ Steel Towers	@ \$ _____/Tower	= \$ _____
_____ L.F. of Water Line	@ \$ _____/L.F.	= \$ _____
_____ Fire Hydrants	@ \$ _____/F.H.	= \$ _____
_____ L.F. of Sewer Line	@ \$ _____/L.F.	= \$ _____
_____ L.F. of Fiber Optics Line	@ \$ _____/L.F.	= \$ _____
_____ Other (Explain)	@ \$ _____/	= \$ _____

TOTAL ESTIMATE (State's Share) = \$ _____

Remarks:

INSTRUCTIONS FOR PREPARING THE UTILITIES PORTION OF THE
RIGHT OF WAY DATA SHEET

(Fill in all blank spaces and explain where necessary.)

The Right of Way Data Sheet (R/W Data Sheet) is prepared by R/W P&M with assistance from the District Utility Coordinator. The District Utility Coordinator must provide the following information to R/W P&M:

Item 1. Right of Way Cost Estimate: (Capital)

B. Utility Relocation (State Share)

Current Value (Future Use)	Escalation Rate	Escalated Value
\$(2a.)	(2b.)%	\$(2c.)

- 2a. Enter the total estimated dollar amount which the State will need to pay the affected utility owners for relocation of their facilities. Estimates can be obtained from the owners or the Utility Coordinator's best guess. The estimate must be as accurate as possible, but should always be based on the most probable "worst case" and "highest cost" assumptions.
- 2b. Enter the escalation rate as a percentage. The escalation rate is the expected yearly average increase in utility relocation costs to the year of utility construction completion. Escalation rates can be obtained from construction and building cost indices, past trends in utility relocation projects, etc.
- 2c. Enter the total dollar amount using 2a. escalated to the year of utility construction completion by 2b., i.e.:

$$\begin{array}{r}
 \$100,000.00 \quad (\text{Current relocation costs--2a.}) \\
 \times \quad 1.05 \quad (\text{Escalation rate of 5%--2b.}) \\
 \hline
 \$105,000.00 \quad (\text{Escalated Value--2c.})
 \end{array}$$

Item 3. Parcel Data: (Support)

Utilities

- U4-1 _____ = The total number of expected owner expense involvements.
- 2 _____ = The total number of expected State expense involvements; conventional highway (no access control) and no Federal aid for the project.
- 3 _____ = The total number of expected State expense involvements; freeway (access control) and no Federal aid for the project.
- 4 _____ = The total number of expected State expense involvements; conventional highway or freeway and Federal aid for the project.
- U5-7 _____ = The total number of expected utility verifications, which will not result in involvements.
- 8 _____ = The total number of expected utility verifications, anticipating 50% of the verifications will have involvements and 50% will not.
- 9 _____ = The total number of expected utility verifications, which will result in involvements.

NOTE: The sum of the U4s must equal the sum of 1/2 of the U5-8s and all of the U5-9s.

Item 7. Are utility facilities or rights of way affected?
 Yes No (If “Yes,” explain.)

Use this section to explain all known or possible utility conflicts, any easements that may be required for utility relocations, field meeting comments, etc. If there are no utility facilities anticipated, mention: “Utility relocations are not anticipated. However, utility verifications will be required.” (Check “Yes” above in this instance.)

NOTE: The comments mentioned above must be reflected in the number of involvements in U4s and U5s in “Item 3., Parcel Data.”

Item 14. Indicate the anticipated Right of Way schedule and lead time requirements. (Discuss if the District proposes less than formula lead time and/or if significant pressures for project advancement are anticipated.)

This section is used to discuss the total amount of months you need to complete your work (lead time). A minimum of 6 months is required for all projects where verifications are needed. If relocations are involved, it is best to request at least 9 months; for tower or other complex relocations, 18 months are needed. (Utility owners can tell you long lead time materials.)

NOTE: It is always a good idea to remind the project engineer that lead time starts for relocation of utilities when they supply adequate plans for requesting relocation plans from utility owners.

Item 15. Is it anticipated that all Right of Way work will be performed by CALTRANS staff?
 Yes No (If “No,” discuss.)

*Evaluations prepared by:

Utilities: Name _____ Date _____

*The Utility Coordinator must sign and date the R/W Data Sheet.

NOTE: Return the R/W Data Sheet to R/W P&M via the District Utility Coordinator for input into PMCS and forwarding to the project engineer.

**UTILITIES ON STRUCTURES INFORMATION LETTER
TO OWNER**

(Form #)

Date	_____
Utility Number	_____
Post Mile	_____
Project ID No.	_____
EA	_____

The State is developing plans for [constructing a] [improving the existing] [freeway] [conventional highway] on Route _____. Proposed construction will include [DESCRIBE THE PROJECT]

You have previously indicated that you propose to include some of your facilities within/on planned structures. Our Project Development staff needs information concerning your facilities and your planned relocation so it may be considered during our design and if acceptable will be included in the construction contract plans. Please fill out the attached Structure Information Sheet and delineate on the State's preliminary plan your desired location of your facilities and return to me, along with the above-mentioned information, prior to _____.

The following guidelines limit utility placement in or on structures. These guidelines apply to normal installations whereby utilities are installed in a box girder cell, suspended between girders (I- or T-girder structure types), or in the sidewalk slab.

1. The maximum allowable utility size depends on structural constraints of the structure. Any utility or its casing with a diameter exceeding 19.69 inches may not be acceptable. Utilities of this size must be analyzed by Caltrans on a case-by-case basis.
2. The maximum diameter conduit allowed in sidewalks is 3.94 inches.
3. The maximum voltage allowed in an electrical line is 69 kV.
4. The maximum operating water pressure of a 19.69-inch diameter carrier line is 690 kPa.
5. The maximum diameter volatile gas carrier line allowed is 15.75 inches.
6. Volatile fluids, gases, and high voltage lines shall not occupy the same cell or area between girders with any other utilities or with each other.

Please keep in mind that the following options are available when designing facilities for expected seismic movement through the structure:

1. Design for an expected minimum horizontal or vertical displacement of 2.4 inches on existing structures. For new structures, design the facilities for an expected movement of 23.62 inches.
2. Provide an event actuated device that will automatically shut off the utility line.
3. Provide a device that will detect a break in the utility line (and casing) and automatically shut off the utility line.
4. Locate the utility line off the structure.

**UTILITIES ON STRUCTURES INFORMATION LETTER
TO OWNER (Cont.)**

(Form #)

EXHIBIT

13-EX-8 (REV 1/2014)

Page 2 of 2

This project is currently scheduled for construction about _____. If you have any questions, please call me at () _____. Your cooperation is appreciated.

Sincerely,

Utility Coordinator
Right of Way Utilities

c: _____, Project Development

[Attachment]

County Route _____
Utility Number _____
Post Mile _____
Project ID No. _____
EA _____

Date

Address

Dear _____:

Enclosed are two sets of the State's preliminary plans covering the proposed [freeway] [conventional highway] construction project on Route _____. Proposed construction will include [DESCRIBE THE PROJECT]

Your [Company's] [City's] [County's] [District's] [Authority's] _____ facilities are within the project and may be affected by planned construction. These plans are for your use in (1) verifying your existing facilities as shown on the plans, (2) completing your relocation plans, (3) identifying related easement requirements, (4) developing your claim of liability, and (5) preparing your estimate of cost for the project.

[This is a freeway and all rights of access will be restricted. If the State is liable for any portion of your relocation costs, and if any of your plans will be prepared by a consulting engineer, a copy of the proposed agreement with your consultant must be forwarded to this office as soon as possible. Employment of a consultant for a fee based on a percentage of the relocation cost is not acceptable. If desired, an example of a typical consultant agreement, along with the Certification of Consultant, will be furnished upon your request.]

If easements are required to relocate your facilities, please delineate your needs on the plans. This information is needed as soon as possible so your replacement easements can be acquired by the State along with other lands required for this project. You may submit your easement requirements ahead of your overall relocation plans.

Please submit the following information for review prior to _____ so a Notice to Owner, Encroachment Permit, and if necessary, a Utility Agreement can be prepared:

1. Six sets of your relocation plans with related easement requirements, and any changes to the existing facilities as shown on the State's preliminary plans.
2. The approximate number of working days you need to complete your relocation work per your plans, including any construction windows you may need.
3. The date your existing facilities were installed.
4. Your occupancy rights for installation:
 - A. Fee-owned land
 - B. Easement (recorded)
 - C. Easement (unrecorded)
 - D. Prescriptive right
 - E. JUA or CUA
 - F. Franchise
 - G. State Permit
 - H. County Permit
 - I. City Permit
 - J. Other (Explain)

Please provide a copy of your documentation to support your occupancy rights claim for A, B, C, D, or E above.

RELOCATION CLAIM LETTER TO OWNER (Cont.)

(Form #)

EXHIBIT

13-EX-9 (REV 1/2014)

Page 2 of 2

5. An itemized estimate of cost which includes a breakout for labor, material, transportation, equipment, and administrative overhead. If you will be requesting a lump-sum Utility Agreement, provide an itemized estimate which includes a detailed breakdown of the above-mentioned items.

6. Your work will be performed by:

- A. Own forces
- B. Continuing contractor
- C. Competitive bid contract

7. Your liability claim:

State ____% Owner ____%

This project is currently scheduled for construction _____. Based on the same schedule, the Notice to Owner to relocate your facilities will be issued on or before _____.

If technical design information is needed, you may call our Project Engineer, _____, telephone () _____. Should you have any other questions, please call me at () _____. Your cooperation is appreciated.

Sincerely,

Utility Coordinator
Right of Way Utilities

c: _____, Project Development

Enclosures

VERIFICATION LETTER TO OWNER

(Form #)

Date	_____
Utility Number	_____
Post Mile	_____
Project ID No.	_____
EA	_____

The State is developing plans for [constructing a] [improving the existing] [freeway] [conventional highway] on Route _____. Proposed construction will include [DESCRIBE THE PROJECT]

Our Project Development staff needs information regarding your existing utility facilities. The facilities will be considered in design and will be brought to the attention of our contractor through inclusion in the construction contract plans.

[Attached] [Enclosed] are two sets of the State’s geometric base maps (base maps) showing the limits of the project. Please verify your existing facilities, deleting any that have been removed or abandoned and delineating any not shown. Please list what is carried by the facility (gas, electricity, water, etc.) and give ties, depth of cover, size, [voltage] [pressure], and any other information that might affect the design of the [freeway] [conventional highway]. Return a set of base maps to me prior to _____. A print of your construction plans, if available for the area, will be satisfactory in lieu of plotting facilities on our base maps. If necessary, at a later date plans will be sent to you for preparing your relocation plans.

[This is a freeway and rights of ingress and egress will be restricted. If any of your plans will be prepared by a consulting engineer, a copy of the proposed Agreement with the consultant must be forwarded to this office as soon as possible for transmittal to the Federal Highway Administration (FHWA) for approval. Employment of a consultant for a fee based on a percentage of the relocation cost will not be approved by the FHWA. If desired, an example of a typical Agreement, along with the Certification of Consultant, can be furnished upon request.]

If easements are required to relocate your facilities, please delineate on your base maps. This information is needed as soon as possible so your easements can be acquired by the State along with other lands required for this project. If possible, provide us with your easement requirements prior to submitting your plans to us.

[Since there is a bridge structure involved, we need to know if you plan to go through the structure. If you do, please fill out the attached Structure Information Sheet and delineate on the State’s preliminary plan your desired location of your facilities and return to me, along with the above-mentioned information, prior to _____.]

The following guidelines limit utility placement in or on our bridges. These guidelines apply to normal installations whereby utilities are installed in a box girder cell, suspended between girders (I- or T-girder structure types), or in the sidewalk slab.

1. The maximum allowable utility size depends on structural constraints of the bridge. Any utility or its casing with a diameter exceeding 19.69 inches may not be acceptable. Utilities of this size must be analyzed by Structures on a case-by-case basis.
2. The maximum diameter conduit allowed in sidewalks is 3.94 inches.
3. The maximum voltage allowed in an electrical line is 69 kV.
4. The maximum operating water pressure of a 19.69-inch diameter carrier line is 690 kPa.

VERIFICATION LETTER TO OWNER (Cont.)

(Form #)

EXHIBIT

13-EX-10 (REV 1/2014)

Page 2 of 2

5. The maximum volatile gas carrier line allowed is 15.75 inches.
6. Volatile fluids, gases, and high voltage lines shall not occupy the same cell or area between girders with any other utilities or with each other.

Please keep in mind that the following options are available when designing your facilities for expected seismic movement through the structure:

1. For existing structures, design for an expected minimum horizontal or vertical displacement of 2.4 inches. For new structures, design the facilities for an expected movement of 23.62 inches.
2. Provide an event-actuated device that will automatically shut off the utility line.
3. Provide a device that will detect a break in the utility line (and casing) and automatically shut off the utility line.
4. Locate the utility line off the bridge.

This project is currently scheduled for construction about _____. If you have any questions, please call me at () _____. Your cooperation is appreciated.

Sincerely,

Utility Coordinator
Right of Way Utilities

c: _____, Project Development

[Attachments] [Enclosures]

“NO CONFLICTS” LETTER TO OWNER

(Form #)

Date _____

Utility Number _____

Post Mile _____

Project ID No. _____

EA _____

The State has completed the development of plans for [constructing a] [improving the existing] [freeway] [conventional highway] on State Route _____. The State’s planned construction will include [DESCRIBE THE PROJECT]

Our Project Development staff has determined there are no identified conflicts at this time between your facilities and the State’s proposed construction project. Unless this changes, you will not be contacted again regarding this project. The project is currently scheduled for construction about _____.

If you would like to go over our plans or discuss the project with our Project Engineer, please contact me at () _____. Your cooperation is appreciated.

Sincerely,

Utility Coordinator
Right of Way Utilities

c: _____, Project Development

LETTER TO OWNER REQUESTING POSITIVE LOCATION

(Form #)

Date _____
 Utility Number _____
 Post Mile _____
 Project ID No. _____
 EA _____

Enclosed are two sets of the State's preliminary plans covering the proposed [freeway] [conventional highway] construction project on State Route _____. The State's planned construction will include [DESCRIBE THE PROJECT]

Your [Company's] [City's] [County's] [District's] [Authority's] _____ facilities are within the project's area and may be affected by planned construction. These plans are for your use in determining your claim of liability and estimate of cost for positive location of your facilities, at the location(s) shown highlighted on the plans.

Please submit the following information to me prior to _____ so a Notice to Owner, Encroachment Permit, and if necessary, a Utility Agreement can be prepared:

1. The date your existing facilities were installed.
2. Your occupancy rights for installation:

A. Fee-owned land	F. Franchise
B. Easement (recorded)	G. State Permit
C. Easement (unrecorded)	H. County Permit
D. Prescriptive right	I. City Permit
E. JUA or CUA	J. Other (Explain)

Provide a copy of your documentation to support your occupancy rights claim for A., B., C., D., or E. above.

3. Your itemized estimate of cost which should include a breakout for labor, material, transportation, equipment, and administrative overhead. If you will be requesting a lump-sum Utility Agreement, provide an itemized estimate which includes a detailed breakdown of the above-mentioned items.
4. Your work will be performed by:
 - A. Own forces
 - B. Continuing contractor
 - C. Competitive bid contract
5. Your liability claim:

State ____% Owner ____%

LETTER TO OWNER REQUESTING POSITIVE LOCATION (Cont.)

(Form #)

EXHIBIT

13-EX-12 (REV 1/2014)

Page 2 of 2

This project is currently scheduled for construction _____. If you have any questions, please call me at () _____. Your cooperation is appreciated.

Sincerely,

Utility Coordinator
Right of Way Utilities

c: _____, Project Development

Enclosures

NOTICE TO OWNER TRANSMITTAL LETTER

(Form #)

Date _____
 Utility Number _____
 Post Mile _____
 Project ID No. _____
 EA _____

The enclosed Notice to Owner No. _____ dated _____ covers the [positive location] [relocation] [removal] [abandonment] of your facilities in order to accommodate the State's [freeway] [conventional highway] construction project on State Route _____. The State's proposed construction will include [DESCRIBE THE PROJECT]

 _____.

The requirements of this Notice to Owner are based on [State's] [your] Plan No. _____ dated _____ (attached as revised in red by this office), which have been previously discussed with you. (Also enclosed are three originals of a Utility Agreement covering the work to be done at State's expense. If the Agreement is satisfactory, please date and have the originals signed by the proper officials and return two to this office for execution. Keep the third copy for your file. A jointly executed Agreement will be returned to you.)

The State's Encroachment Permit is also attached, allowing your [Company] [County] [City] [District] [Authority] to work within the State's project limits.

This project is currently scheduled for construction _____. Please schedule your work to have it completed as specified in the Notice to Owner. Please advise _____, telephone () _____, two days in advance of your commencement of work within the State Highway rights of way.

If you have any questions, please call me at () _____. Your cooperation is appreciated.

Sincerely,

District Utility Coordinator
 Right of Way Utilities

Enclosures

c: _____, Project Development
 _____, Construction

R/W DATA SHEET UPDATE MEMO

(Form #)

To: 1. R/W Planning and Management
2. R/W Utilities

Date: _____
_____-_____-____ PM ____ / ____
Project ID No.: _____
EA: _____

From: (NAME) _____
District Utility Coordinator
Right of Way Utilities

Subject: R/W Utilities Budget Update

Please update Utilities budget information for the above-mentioned project as follows:

1. Workloads:

U4: 1 _____	U5: 7 _____
2 _____	8 _____
3 _____	9 _____
4 _____	

2. R/W Utility Capital Funding (total amount):

FY _____	\$ _____
FY _____	\$ _____
FY _____	\$ _____

3. Schedules:

Early Design before PA&ED _____

Utility Maps to Right of Way ___ / ___ / _____

Recommended R/W Utility Lead Time: _____ months

4. Remarks:

STANDARD ESTIMATE/LUMP-SUM ESTIMATE FORMAT

(Form #)

COMPANY NAME

Company Address
City, ST 00000

To: State of California
Department of Transportation
District XX

Project ID No. _____
EA _____
Contact _____
Phone _____
Plan No. _____

Under UTILITY AGREEMENT No. _____, the following is an estimate of costs to remove and relocate utilities at _____.

Estimated Cost - Summary

Estimated Work (from page 2)		
Engineering		
Construction		
Material		
Transportation and Equipment		
Estimated Work Total		
Contracted Out (from page 3)		
Engineering		
Construction		
Material		
Transportation and Equipment		
Contracted Out Total		
Credits		
Betterment	-	
Depreciation	-	
Salvage	-	
Total Credits		-
Indirect Overhead (Explain basis on a separate sheet)		
Estimated Total Cost		
Bill to State [Total Estimated Cost x _____ %]		

NOTES:

- (1) The cost categories are not limited to those shown and may vary according to the nature of the relocation project.
- (2) Cost breakdown of plant betterment should be noted on Page 2 or detailed on a separate work sheet.
- (3) 23 CFR 645.113 requires an estimate to be sufficiently informative to provide a clear description of the work.

STANDARD ESTIMATE/LUMP-SUM ESTIMATE FORMAT (Cont.)

(Form #)

EXHIBIT

13-EX-21 (REV 1/2014)

Page 2 of 3

COMPANY NAME

Company Address

City, ST 00000

To: State of California
 Department of Transportation
 District XX

Project ID No. _____
 EA _____
 Contact _____
 Phone _____
 Plan No. _____

Estimated Cost - Labor

Labor Description	Hours	Rate/Hour	Amount	Total
Engineering				
Total: Engineering				
Construction				
Total: Construction				
Other				
Total Estimated Labor Cost				

Estimated Cost - Materials Breakdown

Item Description	Quantity & Unit	Cost/Unit	Total
(a) Subtotal: Materials			
(b) Supply Expense			
(c) Subtotal: [(a) + (b)]			
(d) Joint Pole (+/-)			
(e) Other			
Total Estimated Materials Cost [(c) + (d) + (e)]			

Estimated Cost - Transportation and Equipment

Item Description	Quantity & Unit	Cost/Unit	Total
Total Estimated Transportation and Equipment Cost			

STANDARD ESTIMATE/LUMP-SUM ESTIMATE FORMAT (Cont.)

(Form #)

EXHIBIT

13-EX-21 (REV 1/2014)

Page 3 of 3

COMPANY NAME

Company Address

City, ST 00000

To: State of California
 Department of Transportation
 District XX

Project ID No. _____

EA _____

Contact _____

Phone _____

Plan No. _____

Estimated Cost – Contracted Out Labor

Labor Description	Hours	Rate/Hour	Amount	Total
Engineering				
Total: Engineering				
Construction				
Total: Construction				
Other				
Total Estimated Labor Cost				

Estimated Cost – Contracted Out Materials Breakdown

Item Description	Quantity & Unit	Cost/Unit	Total
(a) Subtotal: Materials			
(b) Supply Expense			
(c) Subtotal: [(a) + (b)]			
(d) Joint Pole (+/-)			
(e) Other			
Total Estimated Materials Cost [(c) + (d) + (e)]			

Estimated Cost – Contracted Out Transportation and Equipment

Item Description	Quantity & Unit	Cost/Unit	Total
Total Estimated Transportation and Equipment Cost			

EXECUTED UTILITY AGREEMENT TRANSMITTAL LETTER

(Form #)

Date: _____
 _____ - _____ - _____ PM _____ / _____
 Project ID No.: _____
 EA: _____
 Federal Aid No.: _____

Attached is your copy of the jointly executed (Amended) Utility Agreement No. _____ dated _____, which provides that your [Company] [City] [County] [District] will be reimbursed for (a portion of) the cost incurred for the [positive location] [relocation] [removal] [abandonment] of your facilities to accommodate the State's [freeway] [conventional highway] construction project on Route _____.

[Within 180 days of the completion of your work, please submit six copies of your detailed and itemized bill on your letterhead, being sure to include the following:

1. Starting and completion dates of your work.
2. Credits for salvage, betterment, and depreciation.
3. Credits for any progress payments already made.]

This Agreement was transmitted to this office with your letter dated _____, your File No. _____.

Your construction work within the limits of the State's project should be completed by _____. If you have any questions, call me at () _____. Your cooperation is appreciated.

Sincerely,

Utility Coordinator

Attachment

AMENDMENT TO UTILITY AGREEMENT EXAMPLE

(Form #)

<u>District</u>	<u>County</u>	<u>Route</u>	<u>Post Mile</u>	<u>Project ID No.</u>	<u>EA</u>
Federal Aid No.: _____					
Owner's File: _____					
FEDERAL PARTICIPATION: On the Project <input type="checkbox"/> Yes <input type="checkbox"/> No					
On the Utilities <input type="checkbox"/> Yes <input type="checkbox"/> No					

FIRST (SECOND, ETC.) AMENDMENT TO UTILITY AGREEMENT NO. _____

WHEREAS, the State of California, acting by and through its Department of Transportation, hereinafter called STATE, and _____, hereinafter called OWNER, have entered into that certain Utility Agreement No. _____, dated _____, which Agreement sets forth the terms and conditions pursuant to which OWNER has _____ (describe what the Owner has done to the type of facility affected) _____ to accommodate STATE's construction on Route _____, Project No. _____; and,

WHEREAS, in the performance of said work, increased costs over and above those estimated at the time of the execution of said Agreement were incurred due to the fact that _____ (describe why costs were more than originally estimated) _____; and,

WHEREAS, it has been determined that, since final costs have overrun the amount shown in said Agreement by _____%, and when the increased cost exceeds by 25% the estimated amount set forth in said Agreement, said Agreement shall be amended to show the increased cost of the work to the STATE; and,

WHEREAS, the estimated cost to the STATE of the work to be performed under said Agreement was \$_____, and by reason of the increased costs referred to above, the amended estimated cost to the STATE is \$_____.

NOW, THEREFORE, it is agreed between the parties as follows:

1. The estimated cost to the STATE of \$_____ as set forth in said Agreement is hereby amended to read \$_____.
2. All other terms and conditions of said Agreement remain unchanged.

AMENDMENT TO UTILITY AGREEMENT EXAMPLE (Cont.)

(Form #)

EXHIBIT

13-EX-24 (REV 1/2014)

Page 2 of 2

IN WITNESS WHEREOF, the parties hereto have executed this _____ (First, Second, etc.) Amendment to Utility Agreement No. _____ this _____ day of _____, _____.

STATE

OWNER

By _____
Senior Right of Way Agent Date

By _____
Name/Title Date

APPROVAL RECOMMENDED:

By _____
Utility Coordinator Date

By _____
Utility Coordinator Date

DO NOT WRITE BELOW - FOR ACCOUNTING PURPOSES ONLY

PLANNING AND MANAGEMENT TO COMPLETE UNSHADED FIELDS:

UTILITY COMPLETES:

T CODE	DOCUMENT NUMBER	SUF FIX	DIST	UNIT	CHG DIST	PROJ ID/EA	SUB JOB	SPECIAL DESIGNATION	FFY	FA	OBJ CODE	DOLLAR AMOUNT
	UA											
	UA											

PROJECT ID/EA FUNDING VERIFIED:	
Sign> _____	
Print> _____	
R/W Planning and Management	Date

REVIEW/REQUEST FUNDING:	
Sign> _____	
Print> _____	
Utility Coordinator	Date

Distribution: 2 originals to R/W Accounting
1 original to Utility Owner
1 original to File

SPECIAL AGREEMENT EXAMPLE

(Form #)

Date: _____
_____ - _____ - _____ PM _____ / _____
Project ID No.: _____
EA: _____
Federal Aid No.: _____

SPECIAL AGREEMENT NO. _____

WHEREAS, the State of California, acting by and through its Department of Transportation, hereinafter called STATE, requested _____, hereinafter called OWNER, to prepare plans for the relocation of _____ (describe facility) _____ to accommodate the proposed construction project of _____ (describe the project) _____; and,

WHEREAS, the cost of relocating said facilities was to be _____ (describe what the liability was) _____; and,

WHEREAS, the STATE's proposed construction project has been indefinitely deferred and OWNER was requested to cease work on the relocation plans; and,

WHEREAS, the OWNER has incurred engineering costs in the estimated amount of \$_____ and the STATE wishes to reimburse the OWNER for said costs.

NOW, THEREFORE, it is agreed as follows:

1. The STATE will reimburse the OWNER for the actual cost of the herein described work within 90 days after receipt of OWNER's itemized bill in quintuplicate, signed by a responsible official of OWNER's organization, compiled on the basis of the actual cost and expense _____ (finish the paragraph with the appropriate clause as follows) _____ [incurred and charged or allocated to said work in accordance with the uniform system of accounts prescribed for OWNER by the California Public Utilities Commission or Federal Communications Commission, whichever is applicable]. [The OWNER shall maintain records of the actual costs incurred and charged or allocated to the project in accordance with recognized accounting principles.]
2. Detailed records from which the billing is compiled shall be retained by the OWNER for a period of four years from the date of the final bill and will be available for verification by STATE and Federal auditors.

SPECIAL AGREEMENT EXAMPLE (Cont.)

(Form #)

EXHIBIT

13-EX-25 (REV 1/2014)

Page 2 of 2

3. [In the event the Owner would have had any liability, use the following clause.] In the event the proposed construction project is reactivated, the OWNER shall credit the STATE its (pro rata) share, as determined in accordance with _____ (describe the liability) _____, of the cost of that portion of the preliminary engineering work that can be utilized for the proposed construction project.

4. The estimated cost to the STATE is \$ _____.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement this _____ day of _____, _____.

STATE

OWNER

By _____
Senior Right of Way Agent Date

By _____
Name/Title Date

APPROVAL RECOMMENDED:

By _____
Utility Coordinator Date

By _____
Utility Coordinator Date

R/W UTILITY CERTIFICATION

(Form #)

Date	_____
County	_____
Route	_____
Post Mile	_____
Project ID No.	_____
EA	_____
Federal Aid No.	_____

Subject: R/W Utilities Certification

Project Description:

SECTION I - STATUS OF REQUIRED UTILITY RELOCATION(S):

A. None Required

(or)

B. All utility work has been completed. Arrangements have been made with the owners of facilities listed in Section II (on next page) that will remain within the right of way of the project, so that adequate control of the right of way will be achieved.

(or)

C. All utility work will be completed by a stated date prior to award of the contract. Arrangements have been made with the owners of facilities as listed in Section II (on next page) that remain within the right of way of the project, so that adequate control of the right of way will be achieved.

(or)

D. All necessary arrangements have been made for the completion of remaining utility work required to be coordinated with project construction as listed in Section II (on next page). Arrangements have also been made with the owners of facilities shown in Section II (on next page), which are not impacted by the project and which will remain within the right of way of the project, so that adequate control of the right of way will be achieved. Our contract special provisions provide for their coordination.

(or)

E. Utility facilities which are not in physical conflict with the proposed project construction, but have been determined to be a fixed object in conflict with CURE requirements, are identified by an asterisk in "CURE Conflict" column in Section II (on next page). (See Section 13.03.04.02.)

**PHASE 4 CONSTRUCTION UTILITY AGREEMENT -
BILLING MEMO TO ACCOUNTING (ESTIMATE)**

(Form #)

To: ACCOUNTS RECEIVABLE, MS 33
1820 Alhambra Boulevard
Sacramento, CA 95816

Date: _____
_____-_____-_____ PM ____ / ____
Project ID No.: _____
EA: _____
Federal Aid No.: _____

From: (NAME) _____
Utility Coordinator
Right of Way Utilities

Subject: (Progress) (Final) Billing Pursuant to Utility Agreement No. _____

Pursuant to the above-mentioned Utility Agreement, the agency is obligated to pay for their share of utility relocation costs. Please bill them for an advance deposit to cover their estimated utility cost of \$_____.

Please send a copy of the bill for our file and advise us the date when the bill was paid.

COOPERATIVE AGREEMENT BILLING/REFUND

MEMO TO ACCOUNTING

(Form #)

To:

Date: _____

_____-_____-____ PM ____ / ____

Project ID No.: _____

EA: _____

Federal Aid No.: _____

From: (NAME) _____

Utility Coordinator
Right of Way Utilities

Subject: Final (Billing) (Refund) Pursuant to Cooperative Agreement No. _____

Pursuant to the above-mentioned Cooperative Agreement, the (local agency) (is) (are) obligated to pay for their share of utility relocation costs. (Please bill them for the final cost of \$_____) (Please refund them \$_____) based on the following:

<u>UT No.</u>	<u>Utility Owner</u>	<u>Amount Previously Received</u>	<u>Amount Due</u>
		\$	\$

Total Amount Due (State) (Local Agency): \$_____

(Please send a copy of the bill for our file and advise us the date when the bill was paid.) (Please advise us when the refund was made.)