



**PUBLIC MEETING  
QUESTIONNAIRE**

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Project Name: Ogallala to Abernathy 345-kV Transmission Line Project

1. Which of the following applies to your situation?

- A potential route is near my home
- A potential route is near my business
- A potential route crosses my land
- Other (Please describe below; use back of questionnaire if necessary)

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2. Which of the following describes your land use? (check all that apply)

- Range Land/Native Pasture
- Conservation Reserve Program (CRP)
- Cultivated farmland
- Irrigated (Please specify row water, drip, or sprinkler irrigation)
- Non-irrigated farmland

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3. Routing a transmission line involves many considerations. Please rank the following factors in order of their importance to you. Indicate the most important factor with the number 1, second most important with the number 2 and so on, through the number 12, with the least important factor being number 12.

- Maximize paralleling existing right-of-way
- Maximize distance from residences
- Maximize distance from public parks
- Maximize paralleling property lines
- Minimize visibility of the lines
- Minimize impacts to agricultural lands
- Minimize costs
- Maintain reliable electric service
- Minimize impacts to floodplains and wetlands
- Minimize impact to historic and cultural resource sites
- Minimize impacts to wildlife
- Other (please specify) \_\_\_\_\_



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4. If you wish to comment on any of the above factors, or others not listed, please use the space below (or the back of this questionnaire) to help assist us.

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5. If there are any other features in the study area that you feel are important, please describe and/or mark their location on the attached study area map. Please indicate residences, barns, livestock pens, water wells, or other structures of which we should be aware.

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6. Which combination of links do you prefer? (See attached study area map.)

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Why?

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7. If you have a concern with a particular link shown, which one(s) is it and what are your concerns?

Link

Concern

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8. General Remarks (please use the back of the questionnaire if necessary)

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If you would like a follow-up contact, please provide your name and contact information below.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
(Optional) \_\_\_\_\_  
City \_\_\_\_\_  
(Optional) \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
(Home) \_\_\_\_\_ (Work / Cell) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Address \_\_\_\_\_

**THANK YOU FOR YOUR PARTICIPATION AND COMMENTS!**