

**PROPOSED HIGHWAY IMPROVEMENT NOTICE**

Wisconsin Department of Transportation

DT1077 10/2005 (Trans. 220 WI Admin. Code)

Pursuant to s.84.063 Wisconsin Statutes, this notice advises that the Wisconsin Department of Transportation is planning the improvement identified below.

|                                                                                                                                                                                                                                                      |                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To<br>Georgene Lubach<br>Town of Wilson Sanitary District No.1-Sewer<br>5935 South Business Dr<br>Sheboygan WI 53081                                                                                                                                 | From – Name, Address, City, State, ZIP Code<br>Becky Reese<br>Division of Transportation System Development<br>Northeast Region<br>944 Vanderperren Way<br>Green Bay WI 54304 |
| Improvement Project ID<br>1221-18-71                                                                                                                                                                                                                 | County<br>SHEBOYGAN                                                                                                                                                           |
| Highway Route Number or Name<br>IH 43                                                                                                                                                                                                                |                                                                                                                                                                               |
| Improvement Limits<br>PORT WASHINGTON - SHEBOYGAN/CTH V - CTH EE                                                                                                                                                                                     |                                                                                                                                                                               |
| General Description of Work to be Done<br>Median cable guard will be installed from the first crossover just south of the IH 43 & CHT V/OK interchange and extend northerly to the overpass of CTH EE. Possible minor grading and inlet adjustments. |                                                                                                                                                                               |
| Utility Coordination Desired Completion Date<br>2019                                                                                                                                                                                                 | Anticipated Year of Improvement Construction<br>2021                                                                                                                          |

|                                                |                                                                                                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Transportation Region Name<br>Northeast Region | <i>Becky Reese</i> April 18, 2018                                                                 |
| Consultant Name                                | (Region or Consultant Representative Signature) (Date)<br>(If Computer-filled, Brush Script Font) |
|                                                | Utility Coordinator                                                                               |
|                                                | (Title)                                                                                           |

**NOTICE ACKNOWLEDGEMENT**

**Return this form within 7 days of receipt to address shown above.**

Receipt of the above notice is acknowledged.

- ☐ We have no utility facilities in the vicinity of the improvement.
- ☐ We have utility facilities in the improvement vicinity and will provide a description and general location within 60 days of the above notification date as required by s.84.063(2)(b) Wis. Stats.
- ☐ We have utility facilities in the improvement vicinity; their description and general location are identified below. (Attach additional sheets if necessary.)

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| Utility Name<br>Town of Wilson Sanitary District No.1 |                                           |
| Utility Representative Name – Please Print            | (Utility Representative Signature) (Date) |
|                                                       | (Title)                                   |