

APPROVED

UTILITY WORKSHEET

DT2236 6/2009 s.84.063 Wis. Stats.

Utility Company Name ATC Management, Inc Electricity-transmission	PLEASE RETURN THIS WORKSHEET BY February 18, 2020
Project Description Design Project ID: 3360-16-30 Construction Project ID: 3360-16-60 LOMIRA-FOND DU LAC	RETURN TO Becky Reese Division of Transportation System Development Northeast Region
SCL-USH 151 STH 175, Fond Du Lac County	944 Vanderperren Way Green Bay WI 54304

1. Describe your proposed relocation plan for the above project, as requested in the enclosed letter, using highway stationing whenever possible. Attach extra sheets if needed.

ATC has transmission facilities within the project. There are no anticipated conflicts. Maintain a safe working clearance to the 138 kV and 345 kV conductors at all times based on the latest OSHA requirements.

2. Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, provide an explanation and an indication of what work will require coordination with the highway contractor during construction.

NA

3. Anticipated Start Date

NA

4. Estimated construction time required (In working days)

NA

5. List the approvals required and the expected time schedule to obtain those approvals.

NA

6. Include a list of the real estate parcels that the Wisconsin Department of Transportation (DOT) must have acquired to enable your company to complete the necessary facility installations and relocations prior to construction.

NA

7. Review the enclosed plans for the above project. Are your facilities correct as shown? If not, list the errors. In some cases, it may be easier to return a marked up copy of the plan. It is very important that your facilities are shown correctly because all construction field personnel will use this information. Uncorrected location errors could create construction delays or damage to utility facilities.

Yes. See attached site plan.

8. Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has been coordinated with them?

NA

9. Please provide the name, address, and telephone number of the field contact person for this project, so that we may place this information on the highway plan

Name Doug Vosberg					
Address 2489 Rinden Ro	ad				
City, State, ZIP Code Cot	tage Grove, Wisconsin 53527				
Area Code - Telephone Number 608-877-7650		Area Code - Telephone Number (Mobile)			
E-mail Address dvosberg	@atcllc.com	J			
40. 11.4		ultimate and of prove	nting construction delay due to		
10. List any other relevant information that may impact the ultimate goal of preventing construction delay due to uncertain scheduling of utility facility relocations.NA					
11. Yes No					
	you have any facilities that are no longe s", approximately where are the facilities				
X Do∈	Does the line have any remaining product?				
Doe	Does the line have any asbestos wrap or any other hazardous materials associated with it?				
hav	Does any part of the line conflict directly with the proposed highway project? If so, what arrangements have been made to remove those portions? This should be mentioned as part of your work plan in question number 1 on this form.				
☐ ☐ Is ti	Is there any reason the highway contractor cannot remove portions of the line left in place?				
NA					
If you answered "Yes" to any of the questions above, please attach additional pages.					
Preparer Area Code - To	Preparer Area Code – Telephone #, Ext. Preparer E-Mail Address				
262-506-6814 tmarciniak@atcllc.com					
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		Prepared this Worksheet) lically, Brush Script Font)	(Date)		

NOTE: DOT will be sending to you a Trans 220 Work Plan Approval letter and a Start Work Notice after we complete the review of your Work Plan.





