

APPROVED

UTILITY WORKSHEET

Wisconsin Department of Transportation

DT2236 6/2009 s.84.063 Wis. Stats.

Utility Company Name Frontier Communications of WI LLC - Communication Line	PLEASE RETURN THIS WORKSHEET BY October 9, 2020
Project Description Design Project ID: 4085-60-00 Construction Project ID: 4085-60-71 KIEL-NEW HOLSTEIN CTH AA-JORDAN AVENUE STH 32, Calumet County	RETURN TO Becky Reese Division of Transportation System Development Northeast Region 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.

FRONTIER DOES NOT ANTICIPATE ANY CONFLICTS

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.

FACILITIES ARE SHOWN CORRECTLY.

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	CAL KLADE
Address	521 4TH ST
City, State, ZIP Code	WAUSAU, WI 54401

Area Code - Telephone Number	715-573-2110	Area Code - Telephone Number (Mobile)	715-573-2110
E-mail Address	calvin.klade@ftr.com		

10. List any other relevant information that may impact the ultimate goal of preventing construction delay due to uncertain scheduling of utility facility relocations.

11.

Yes No

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you have any facilities that are no longer in use but have been left in place in the project area? If "Yes", approximately where are the facilities located and what type and size of facility is involved? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does the line have any remaining product? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does the line have any asbestos wrap or any other hazardous materials associated with it? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is there any reason the highway contractor cannot remove portions of the line left in place? |

If you answered "Yes" to any of the questions above, please attach additional pages.

Preparer Area Code - Telephone #, Ext.	Preparer E-Mail Address	
920-539-5612	rosness@mi-tech.us	
	<i>Ryan D. Rosness</i>	10-20-2020
	(Name of Person Who Prepared this Worksheet) (Completed electronically, 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.