

## PROJECT PLAN TRANSMITTAL

Wisconsin Department of Transportation

DT1078 4/2019 (Trans. 220 WI Admin. Code)

Pursuant to s.84.063 Wisconsin Statutes, the Wisconsin Department of Transportation is furnishing the number of sets specified below of the available plan showing all existing utility facilities known to the department where they will conflict with the improvement identified below.

|                                                                                                                                     |                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To<br>Lori Butry<br>Wisconsin Public Service Corporation-Gas/Petroleum<br>700 N Adams St<br>PO Box 19001<br>Green Bay WI 54307-9001 | 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>4085-60-71                                                                                                | County<br>CALUMET                                                                                                                                                             |
| Highway Route Number or Name<br>STH 32                                                                                              |                                                                                                                                                                               |
| Improvement Limits<br>KIEL-NEW HOLSTEIN/CTH AA-JORDAN AVENUE                                                                        |                                                                                                                                                                               |
| Number of Plan Set(s)<br>1                                                                                                          | Anticipated Year of Improvement Construction<br>2023                                                                                                                          |
| Project Classification<br>Resurfacing (Overlay < 2.5 Inches)                                                                        | Work Plan Due Date<br>October 9, 2020                                                                                                                                         |

For the purposes of Trans. 220.05(4), this improvement is classified as indicated above. Your work plan is required at the above address on or before the due date indicated.

|                                                |                                                                                          |
|------------------------------------------------|------------------------------------------------------------------------------------------|
| Transportation Region Name<br>Northeast Region | <i>Becky Reese</i> August 10, 2020                                                       |
| Consultant Name                                | (Region or Consultant Representative Signature) (Date)<br>Utility Coordinator<br>(Title) |

## PROJECT PLAN ACKNOWLEDGEMENT

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

Receipt of the above transmittal is acknowledged.

|                                                      |                                           |
|------------------------------------------------------|-------------------------------------------|
| Utility Name<br>Wisconsin Public Service Corporation |                                           |
| Utility Representative Name – Please Print           | (Utility Representative Signature) (Date) |
|                                                      | (Title)                                   |