

UTILITY WORKSHEET

DT2236 6/2009 s.84.063 Wis. Stats.

Wisconsin Department of Transportation

Utility Company Name Net Lec LLC - Communication Line	PLEASE RETURN THIS WORKSHEET BY December 15, 2021
Project Description Design Project ID: 4130-11-00 Construction Project ID: 4130-11-71 LUXEMBURG - ALGOMA VALLEY ROAD - SUNSET AVENUE STH 54, Kewaunee 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.

We do not anticipate any conflicts based upon the prints we received on 9/17/21. However, there are two locations where the culvert installation may not have been complete. At station 857-89 and 882-55 there is room from the end of the culvert to our facilities. But there is nothing in these prints regarding any rip rap etc. being placed beyond the pipe. This could potentially cause a conflict with our facilities.

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.

We cannot determine if there is a conflict without additional information regarding the culvert installation. We will need 3-4 weeks prior notice from the contractor regarding any possible conflicts based on the information above for stations 857-89 and station 882-55.

3. Anticipated Start Date

N/A

4. Estimated construction time required (In working days)

We would need 3 day per location.

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

N/A

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.

N/A

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.**

Unknown. Facilities on the prints are labeled as TELCO?

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

No

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	
Rick Vincent	
Address	
470 Security BLVD	
City, State, ZIP Code	
Green Bay WIS 54313	
Area Code - Telephone Number	Area Code - Telephone Number (Mobile)
920-617-7316	
E-mail Address	
Rick.vincent@nsight.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.

N/A

11.

Yes No

☐ ☒ 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?

☐ ☒ Does the line have any remaining product?

☐ ☒ Does the line have any asbestos wrap or any other hazardous materials associated with it?

☐ ☒ 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 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	
920-617-7316	Rick.vincent@nsight.com	
	<i>Rick Vincent</i>	09/20/21
	(Name of Person Who Prepared this Worksheet) (If 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.