UTILITY WORKSHEET

DT2236 6/2009 s.84.063 Wis. Stats.

Utility Company Name	PLEASE RETURN THIS WORKSHEET BY
Wisconsin Public Service Corporation - Gas/Petroleum	December 15, 2021
Project Description – Include Project ID, Title, Limits, Highway, County	RETURN TO
Design Project ID: 4130-11-00	Becky Reese
Construction Project ID: 4130-11-71	Division of Transportation System Development
LUXEMBURG - ALGOMA	Northeast Region
VALLEY ROAD - SUNSET AVENUE	944 Vanderperren Way
STH 54, Kewaunee County	Green Bay WI 54304

 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.
 Install new 4" plastic main on the south side of STH 54 (east of Birch Rd) under proposed culvert replacement (CP-9). Sketch of proposed relocation is attached.

Contractors should take extra caution to avoid unnecessary disturbances to the existing gas facilities. Please call Digger's Hotline (811 or 1-800-242-8511) three business days before you dig to obtain locates and standby. If there is any unusual situation that requires assistance or relocation, please contact the 24-hr Customer Service number, 1-800-450-7260. In the event of a gas emergency (e.g., damage to gas carrying facilities, including nicks, dents, scratches, gas blowing, etc.), please contact the WPS 24-hr Emergency Gas number, 1-800-450-7280.

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.
N/A

3. Anticipated Start Date August 2022

***Due to a supply chain shortage that is currently impacting the industry, Wisconsin Public Service Corporation start date may have to be adjusted pending material availability. We are monitoring our inventory, working with our suppliers & addressing concerns. We will continue to update on the status of this job if we run into any delays due to material shortages. ***

4. Estimated construction time required (In **working** days)

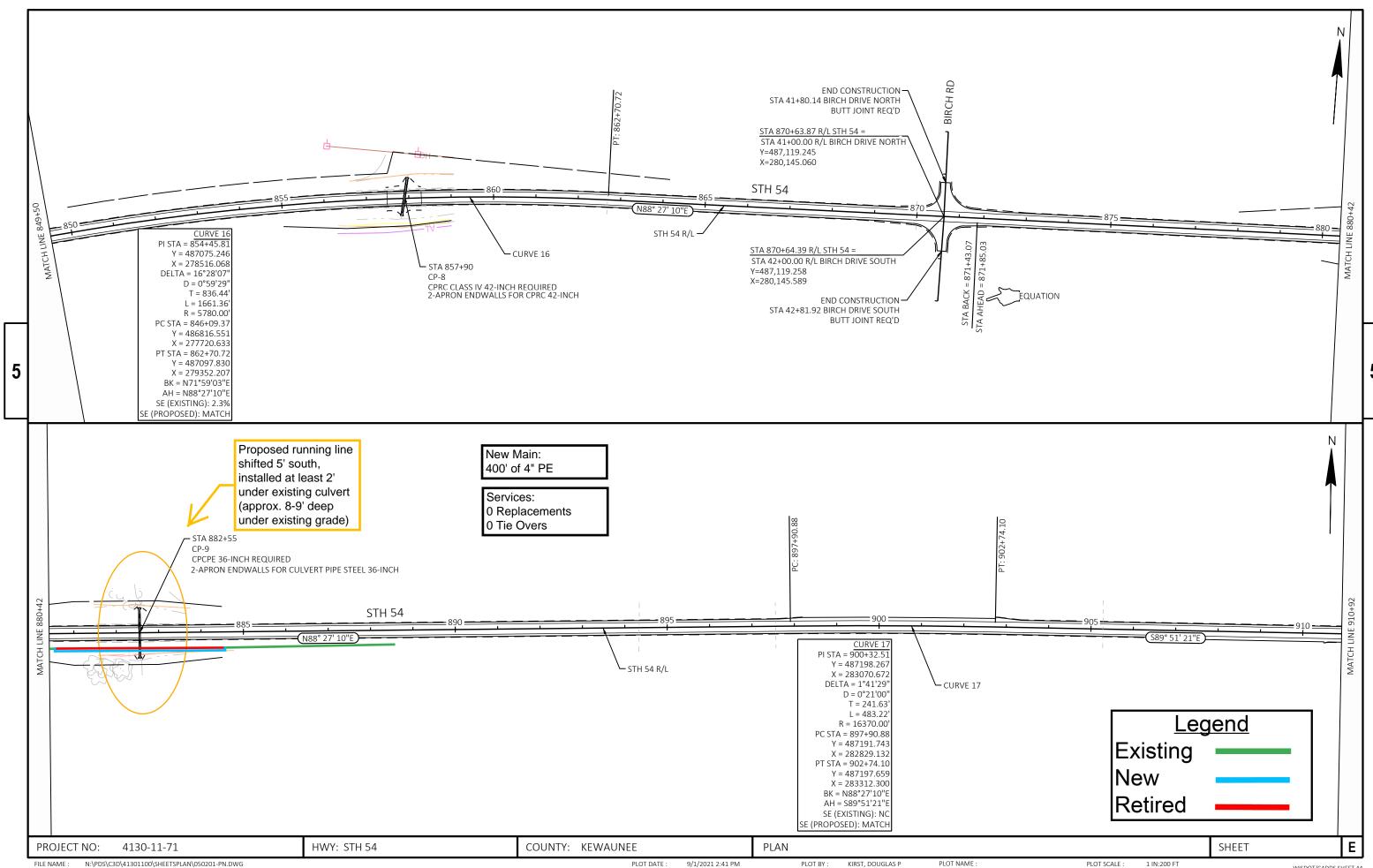
5. List the approvals required and the expected time schedule to obtain those approvals. State, County and local municipal permits prior to construction

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.	some ca	ases, it i	closed plans for the above project. Are your facilities correct as shown? If not, list the errors. In may be easier to return a marked up copy of the plan. It is very important that your facilities rectly because all construction field personnel will use this information. Uncorrected s could create construction delays or damage to utility facilities.					
0	lo thio v	مر مار ما مرس		or utilities? If so u				
8. Is this work dependent on work by other utilities? If so, which other utilities, and what coordinated with them?						s schedule has been		
	corridor	specifie	ed in the WPS gas relo	cation plan. Sched	Inderground facilities if other utiliting the will be determined after the Estate with the other utilities.			
9.	Please provide the name, address, telephone number and e-mail address of the field contact person for this project, so that we may place this information on the highway plan.							
	Name Joel Sawicki							
	Address Wiscons	sin Publ	lic Service Corp., 800 (Columbus Street, P	.O. Box 236			
		ers, WI	54241-0236					
_	Area Code - Telephone Number 920-657-1862				Area Code - Telephone Number (Mobil 920-680-3181	e)		
	E-mail Address joel.sawicki@wisconsinpublicservice.com							
10.			relevant information that may impact the ultimate goal of preventing construction delay due to eduling of utility facility relocations.					
11.	Yes	No	area? If "Yes", approinvolved?	oximately where are	nger in use but have been left in e the facilities located and what ty I 54 from Sunset Ave to approx. 1	/pe and size of facility is		
		\boxtimes	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 yo	u answer	ed "Yes	" to any of the question	ns above, please at	tach additional pages.			
·			ephone #, Ext.	Preparer E-Mail Addre martin.schaub@w	ess visconsinpublicservice.com			
					rty 7 Schaub	11/29/2021		
NOT	·F. DO:			(If completed e	on Who Prepared this Worksheet) 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.



LAYOUT NAME - 050211-pn

WISDOT/CADDS SHEET 44

