Utility Company Name	PLEASE RETURN THIS WORKSHEET BY	
Wisconsin Public Service Corp - Electric	December 6, 2022	
Project Description	<b>RETURN TO</b>	
Design Project ID: 6190-26-00	Becky Reese	
Construction Project ID: 6190-26-71	Division of Transportation System Development	
WINNECONNE-USH 45	Northeast Region	
EAST VILLAGE LIMITS-USH 45	944 Vanderperren Way	
STH 116, Winnebago County	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.

No electric conflicts anticipated.

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.

No electric relocations needed

3. Anticipated Start Date

N/A

4. Estimated construction time required (In working days)

N/A

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.

Yes, electric facilities are correct.

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					
Linda Trebiatowski					
Address					
2850 S. Ashland St					
City, State, ZIP Code					
Green Bay, WI 54304					
Area Code - Telephone Number	Area Code - Telephone Number (Mobile)				
920 236-5904	920 660-3266				
E-mail Address					
Linda.trebiatowski@wisconsinpublicservice.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.

None

11.		
Yes	No	
	$\otimes$	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?

$\otimes$	Does the line have any remaining product?
$\otimes$	Does the line have any asbestos wrap or any other hazardous materials associated with it?
0	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.

S 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		
920 660-3266	Linda.trebiatowski@wisconsinpublicservice.com		
	Linda A. Trebiatowski	10/26/2022	
	(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.