

## PROJECT PLAN TRANSMITTAL

Wisconsin Department of Transportation

DT1078 11/2005 (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>9180-31-60                                                                                                | County<br>OCONTO                                                                                                                                                              |
| Highway Route Number or Name<br>STH 22                                                                                              |                                                                                                                                                                               |
| Improvement Limits<br>OCONTO FALLS-OCONTO/USH 141-USH 41                                                                            |                                                                                                                                                                               |
| Number of Plan Set(s)<br>1                                                                                                          | Anticipated Year of Improvement Construction<br>2020                                                                                                                          |
| Project Classification<br>Short Term Overlay (Mill And Overlay)                                                                     | Work Plan Due Date<br>August 28, 2018                                                                                                                                         |

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> June 29, 2018                                                         |
| 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)                                   |