

Utility Company Name Green Bay Water Utility - Water	PLEASE RETURN THIS WORKSHEET BY January 29, 2021
Project Description Design Project ID: 9210-19-00 Construction Project ID: 9210-19-71 W MASON ST, CITY OF GREEN BAY BEAVER DAM CREEK BRIDGE STH 32, Brown County	RETURN TO Becky Reese Division of Transportation System Development Northeast Region 944 Vanderperren Way 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.

GBWU does not intend to relocate any facilities; no conflicts appear to exist for the proposed concrete overlay, approach slab replacement and storm sewer work within the roadway.

- 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.

NA

- Anticipated Start Date

NA

- Estimated construction time required (In working days)

NA

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

NA

- 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.

NA

- 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.**

The existing water main shown south and east of structure B-05-0284 needs to be corrected. We have attached a facility drawing that clarifies the location. On the southwest abutment, the water main is approximately 8' from the above ground structure.

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

NA

- 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	
Kristin Romanowicz, Green Bay Water Utility	
Address	
631 S. Adams Street	
City, State, ZIP Code	
Green Bay, WI 54301	
Area Code - Telephone Number	Area Code - Telephone Number (Mobile)
920-448-3480 920-448-3483 (after hours emergency)	920-621-8071
E-mail Address	
Kristin.Romanowicz@greenbaywi.gov	

10. List any other relevant information that may impact the ultimate goal of preventing construction delay due to uncertain scheduling of utility facility relocations.

NA

11.

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does the line have any remaining product?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does the line have any asbestos wrap or any other hazardous materials associated with it?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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	
920-621.8071	Kristin.romanowicz@greenbaywi.gov	
	<i>Kristin Romanowicz</i>	1/15/2021
	(Name of Person Who Prepared this Worksheet) (If completed electronically, Brush Script Font)	(Date)

NOTE: DOT will be sending to you a Work Plan Approval letter and a Start Work Notice after we complete the review of your Work Plan.