

UTILITY WORKSHEET

Utility Company Name PAPER CONVERTING MACHINE CO.	PLEASE RETURN THIS WORKSHEET BY June 15, 2018
Project Description – Include Project ID, Title, Subtitle, Highway, County 9266-11-01 V Ashwaubenon, Cormier Rd Oneida St to Ashland Avenue Local Street Brown County	RETURN TO Ayres Associates 3376 Packerland Dr. Ashwaubenon, WI 54115 Attn: Andy Dana

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 RELOCATION NEEDED

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 CONFLICTING FACILITIES TO BE MOVED.

3. Anticipated Start Date N/A

4. Completion Date 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 must be 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.**

ALL FACILITIES SHOWN CORRECTLY.

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

N/A

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

TOM NELSON

Address

2300 SOUTH ASHLAND AVE

City, State, ZIP Code

GREEN BAY, WI. 54304

Area Code - Telephone Number

920-494-5601

Area Code - Telephone Number (Mobile)

920-491-3015

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

☐☒

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?

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Does the line have any remaining product?

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

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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.

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Is there any reason the highway contractor cannot remove portions of the line left in place?

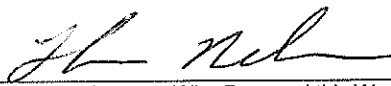
If you answered "Yes" to any of the questions above, please attach additional pages.

Preparer Area Code - Telephone #, Ext.

920-491-6884

Preparer E-Mail Address

Tom.nelson@pcmc.com


(Name of Person Who Prepared this Worksheet)
(If completed electronically, Brush Script Font)


(Date)