## UTILITY WORKSHEET

DT2236 6/2009 s.84.063 Wis. Stats.

Utility Company Name American Transmission Company	PLEASE RETURN THIS WORKSHEET BY November 20, 2018
Project Description - Include Project ID, Title, Limits, Highway, County	RETURN TO
Design Project ID: 6590-02-05	John Beckfield
Construction Project ID: 6590-02-75	CBS Squared, Inc.
WAUPACA - CLINTONVILLE	770 Technology Way
WCL RR BRIDGE - STH 110S	Chippewa Falls,WI 54729
STH 022, Waupaca County	jbeckfield@cbssquaredinc.com

 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.

ATC has transmission facilities within the project limits. There are no anticipated conflicts. Maintain a safe working clearance to the 138 kV conductors at all times based on the latest OSHA requirements.

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

- 3. Anticipated Start Date NA
- 4. 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

רסע	E DO:	T will be	s conding to you a T	(If completed e	on Who Prepared this Worksheet) electronically, Brush Script Font)	(Date)		
				Tony Marci	iniak	09/21/2018		
Prepa	arer Area C		ephone #, Ext. 62-506-6814	Preparer E-Mail Addre	tmarciniak@atcllc.com			
100				8//4	ttach additional pages.			
			Is there any reason the highway contractor cannot remove portions of the line left in place?  NA					
		X X X	Does the line have any asbestos wrap or any other hazardous materials associated with it?					
11.	Yes	No X	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?					
10	List any uncerta	other re in sched	elevant information th fuling of utility facility	at may impact the u relocations. NA	Itimate goal of preventing constru	ction delay due to		
	E-mail Ac	ddress d	vosberg@atcllc.com					
Area Code - Telephone Number 608-877-7650 Area Code - Telephone Num						e)		
	City, Stat	e, ZIP Coo	de Madison, Wiscons	sin 53718				
	Address							
Name Doug Vosberg								
9.			the name, address, twe may place this inf		nd e-mail address of the field contract	tact person for this		
	NA							
8.	Is this work dependent on work by other utilities? If so, which other utilities, and what time schedule has be coordinated with them?							
	Yes. S	ee attac	hed site plan.					
	locatio	location errors could create construction delays or damage to utility facilities.						
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							

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.

