

# UTILITY WORKSHEET

DT2236 6/2009 s.84.063 Wis. Stats.

Wisconsin Department of Transportation

Utility Company Name <b>WISCONSIN PUBLIC SERVICE</b>	<b>PLEASE RETURN THIS WORKSHEET BY</b> November 20, 2018
Project Description – Include Project ID, Title, Limits, Highway, County Design Project ID: 6590-02-05 Construction Project ID: 6590-02-75 Waupaca - Clintonville WCL RR Bridge - STH 110S STH 022, Waupaca County	<b>RETURN TO</b> John Beckfield CBS Squared, Inc. 770 Technology Way Chippewa Falls, WI 54729 jbeckfield@cbssquaredinc.com

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.

Wisconsin Public Service (WPS) has electric facilities along the northern right of way from the beginning of project to approximately station 260 along with some overhead crossings. There is one underground electric crossing near station 137. Based on the plans, WPS believes that there are no conflicts with the proposed work and no relocations are required.

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.  
N/A

3. 

Anticipated Start Date N/A
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4. 

Estimated construction time required (In <b>working</b> days) N/A
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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.**

The plan was reviewed and not all of the WPS utility facilities are shown throughout the project. In areas where proposed work is shown (per the 9/20/2018 1078 plan) utility locations are accurate and no facility conflicts are anticipated with the WPS utilities.

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, telephone number and e-mail address of the field contact person for this project, so that we may place this information on the highway plan.

Name

Dave Petersen

Address

3300 N. Main St.

City, State, ZIP Code

Oshkosh, WI 54901

Area Code - Telephone Number

(920) 236-5910

Area Code - Telephone Number (Mobile)

(920) 680-2036

E-mail Address

david.petersen@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.

N/A

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?

☐☐

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) 236-5910

Preparer E-Mail Address  
david.petersen@wisconsinpublicservice.com

*David T. Petersen*

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

9/26/18

(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.**