UTILITY WORKSHEET

DT2236 6/2009 s.84.063 Wis. Stats.

Utility Company Name	PLEASE RETURN THIS WORKSHEET BY
CenturyLink	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

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.

After review no conflicts anticipated. With that said on the south side of STH. 22, STA 274+67 CenturyLink's cable is in close proximity of the culvert pipe and caution should be taken.

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.

3.	Anticipated Start Date
	N/A
4.	Estimated construction time required (In working days) 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 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.

YES

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

NO

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					
		MATT GUNDERSON				
	Address	2 CHURCH AVE.				
		z CHURCHAVE.				
CASCO,WI 54205						
	Area Code - Telephone Number		hone Number	Area Code - Telephone Number (Mobile)		
	(920)8		344	(920)896-2867		
	È-mail Ád					
	<u>matt.</u>	gunde	erson@centurylink.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.					
11.	Yes	No				
		X		nger in use but have been left in place in the project		
				e the facilities located and what type and size of facility is		
			involved?			
		X	Does the line have any remaining produ	ict?		
	 Does the line have any remaining product? Does the line have any asbestos wrap or any other hazardous materials associated with it? 					
		X		with the proposed highway project? If so, what		
			arrangements have been made to remo	ve those portions? This should be mentioned as part of		
			your work plan in question number 1 on	this form.		
		X	Is there any reason the highway contract	ctor cannot remove portions of the line left in place?		
lf yc	u answer	ed "Yes	" to any of the questions above, please at	tach additional pages.		

if you answered Tes to any of the questions above, please attach additional pages.				
Preparer Area Code – Telephone #, Ext.	Preparer E-Mail Address			
(920)837-2344	matt.gunderson@centurylink.com			

<u>nunderson</u> (Name of Person Who Prepared this Worksheet)

9/27/2018 (Date)

(If completed electronically, Brush Script Font)

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. :