

**PROPOSED HIGHWAY IMPROVEMENT NOTICE**

Wisconsin Department of Transportation

DT1077 10/2005 (Trans. 220 WI Admin. Code)

Pursuant to s.84.063 Wisconsin Statutes, this notice advises that the Wisconsin Department of Transportation is planning the improvement identified below.

To Dennis Dederling Kiel City Utilities-Electricity 621 Sixth St Kiel WI 53042	From – Name, Address, City, State, ZIP Code Ed Hoefflerle Division of Transportation System Development Northeast Region 944 Vanderperren Way Green Bay WI 54304-5390
Improvement Project ID 4085-48-71	County MANITOWOC
Highway Route Number or Name STH 32	
Improvement Limits HOWARDS GROVE-KIEL/STH 32/57 SOUTH JUNCTION-STH 67	
General Description of Work to be Done This project is located on STH 32 within the town of Schleswig and within the city of Kiel in Manitowoc County. This project will extend from the beginning of the divided highway to the north side of the roundabout at STH 67. The project length is approximately 4 miles. This project will be a resurface level improvement project. Anticipated work includes milling and HMA overlay, Beam guard and EAT replacement, concrete surface repair at the structures, culvert replacement (at least two locations), and signing and pavement marking.	
Utility Coordination Desired Completion Date 2021	Anticipated Year of Improvement Construction 2023

Transportation Region Name Northeast Region	<i>Ed Hoefflerle</i> May 1, 2017
Consultant Name	(Region or Consultant Representative Signature) (Date) (If Computer-filled, Brush Script Font)
	Utility Coordinator (Title)

**NOTICE ACKNOWLEDGEMENT**

**Return this form within 7 days of receipt to address shown above.**

Receipt of the above notice is acknowledged.

- ☐ We have no utility facilities in the vicinity of the improvement.
- ☐ We have utility facilities in the improvement vicinity and will provide a description and general location within 60 days of the above notification date as required by s.84.063(2)(b) Wis. Stats.
- ☒ We have utility facilities in the improvement vicinity; their description and general location are identified below. (Attach additional sheets if necessary.)

Utility Name Kiel City Utilities	<i>[Signature]</i> 5/17/2017
Utility Representative Name – Please Print <i>Kris August</i>	(Utility Representative Signature) (Date) <i>General Manager</i>
	(Title)