

If you have facilities in the vicinity of this project, I'll be contacting you again with the DT1078, *Project Plan Transmittal*, which will be accompanied by plans approved for use in designing your facility locations. Months, or even a few years, may elapse before these final plans are sent.

I would like to thank you in advance for your cooperation and assistance in our project development efforts. If you have any questions about this project, please contact me.

Ed Hoefflerle  
Utility Coordinator  
Northeast Region  
(920) 492-7702  
edward.hoefflerle@dot.wi.gov

Enclosures: As stated

blennie@Tcei.com  
IS INCORRECT

**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 Brian Lennie Schleswig Sanitary District #2-Sewer 10618 Sunny Vista Ln Kiel WI 53042-4649	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	Ed Hoefflerle 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 own ZERO  
UTILITIES

- ☐ 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 Schleswig Sanitary District #2
Utility Representative Name - Please Print

(Utility Representative Signature)

(Date)

(Title)

B.A. LENNIE

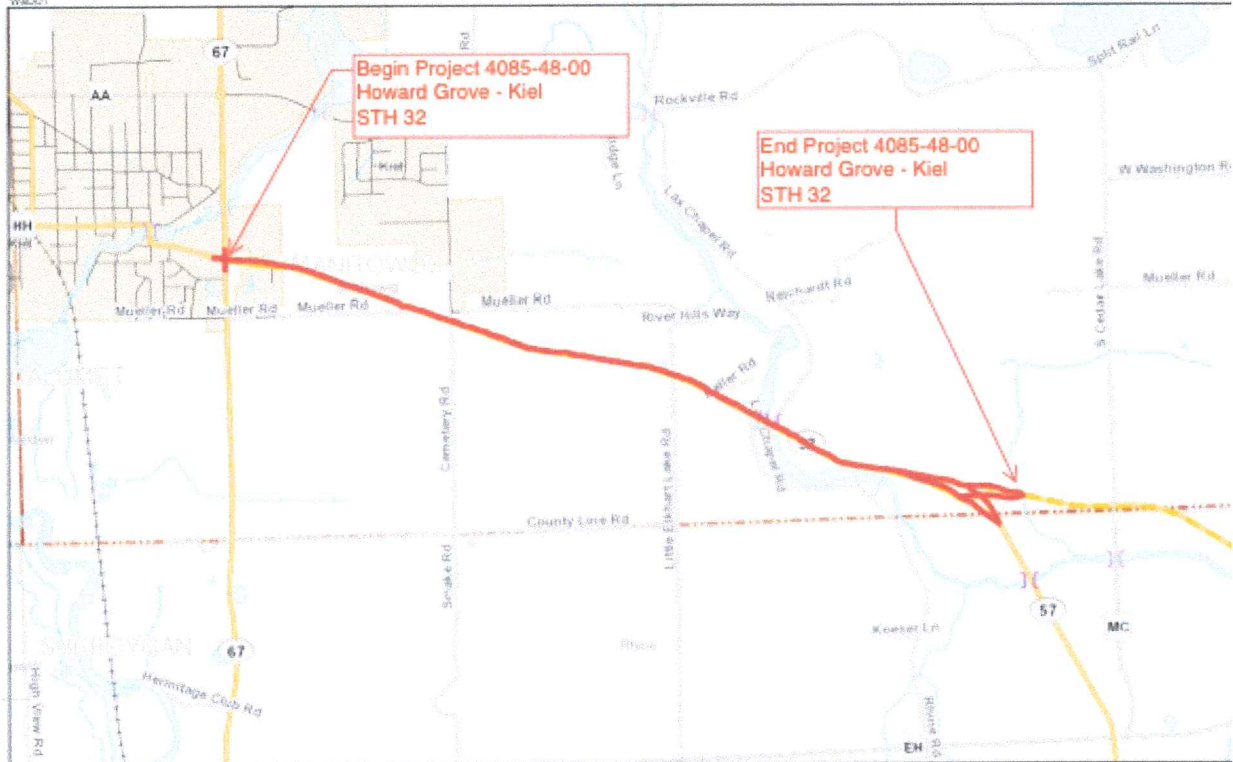
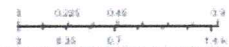
B.A. Lennie

5/1/17

UTILITYLIST.do  
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April 24, 2017  
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WADOT

# DOTView Map



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|-------------------------|---------------------|-----------------|------------------------|
| Project Info on Bridges | State Highways      | Rural Roads     | Village                |
| Railroads               | Off-Mainline Routes | Rivers/Streams  | Township               |
| Interstate Highways     | Urban Streets       | Bodies of Water | Counties               |
| US Highways             | County Trunks       | City            | Transportation Regions |