

UTILITY WORKSHEET Prepared by: **Potosi Gas & Electric Cooperative**

PLEASE RETURN THIS WORKSHEET BY **September 30, 2016** TO:

Project 5205-03-00
Potosi - Cassville Road
(Potosi - CTH N)
STH 133
Grant County

Wisconsin Department of Transportation
ATTN: Deborah Brucaya
2101 Wright Street
Madison, WI 53704-2583
(xxx)xxx-xxxx

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.

2. Conflicting utility facilities will need to be relocated prior to construction. If this is not feasible, I need an explanation and also an indication of what work will require coordination with the highway contractor during construction.

3. Anticipated Start Date: _____

4. Estimated construction time required (in **working** days): _____

5. List the approvals required and the expected time schedule to obtain those approvals. Related to this, please include a list of the DOT real estate parcels which the state must have acquired to enable your company to complete the necessary facility installations and relocations prior to construction.

6. 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'S VERY IMPORTANT THAT YOUR FACILITIES ARE SHOWN CORRECTLY SINCE ALL CONSTRUCTION FIELD PERSONNEL WILL USE THIS INFORMATION. UNCORRECTED LOCATION ERRORS COULD CREATE CONSTRUCTION DELAYS OR DAMAGE TO UTILITY FACILITIES.**

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

8. Please provide the name, address, and phone number of the field contact person for this project, so that we may place this information on the highway plan.

Name: _____
Address: _____
Office Phone/Mobile: _____

9. List any other relevant information that may bear on the ultimate goal of preventing construction delay due to uncertain scheduling of utility facility relocations.

10. Do you have any facilities that are no longer in use but have been left in place in the project area? **Yes** or **No**
If "yes", approximately where are the facilities located and what type and size of facility is involved?

(Name of Person Who Prepared This Worksheet)

(Date) _____ (Phone Number of Preparer, plus Ext.)

NOTE: I will be sending you a Trans 220 Work Plan Approval letter and a Start Work Notice after I complete my review of your Work Plan.