

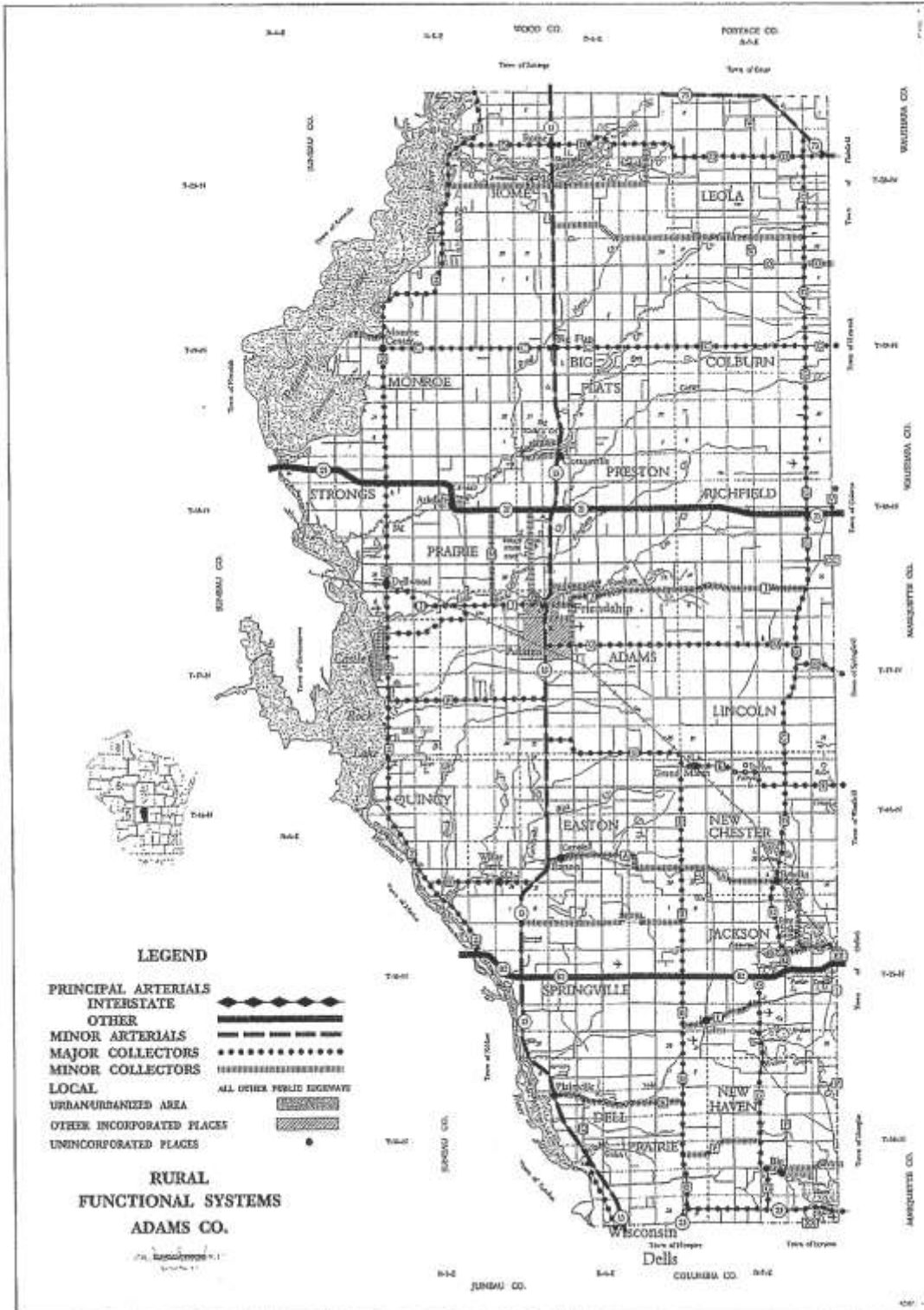
Adams County
Utility Accommodation Policy
Effective 3/12/2015

Effective: March 12, 2015

96.00 Utility Accommodation
96.90 Appendices
Section 96.91 County Map

Supersedes: October 8, 1998

By: County Highway Commissioner



Effective: March 12 , 2015	96.00 Utility Accommodation 96.90 Appendices
Supersedes: October 8, 1998	Section 96.92 County Contact Information
By: County Highway Commissioner	
Page 1 of 1	

ADAMS COUNTY STAFF		
CONTACT PERSON	TITLE	TELEPHONE NUMBER
*Patrick Pare	State Patrol Superintendent	608-339-3355
David Johnson	County Patrol Superintendent	608-339-3355
Patrick Kotlowski	Commissioner	608-339-3355

*Denotes Primary contact for Utility Permits

ADAMS COUNTY UTILITY POLICY**Policy 96.90**

Effective: March 12, 2015	96.00 Utility Accommodation 96.90 Appendices
Supersedes: October 8, 1998	Section 96.93 Permit Application Form
By: County Highway Commissioner	Page 1 of 1

Insert County Utility Permit

ADAMS COUNTY HIGHWAY DEPT

**APPLICATION/PERMIT to CONSTRUCT, OPERATE,
and MAINTAIN UTILITIES WITHIN HIGHWAY
RIGHT-OF-WAY**

Applicant/Company: _____

Address: _____

Office Phone: _____

Local Phone & Pager: _____

Plans Prepared By: _____

Preparer's Phone: _____

LOCATION INFORMATION	
Adams County Permit Number: _____	
Highway(s): _____	
Town/Village/City of: _____	
_____ ¼ of the _____ ¼ Sec _____ T N R E	
ADDITIONAL INFORMATION	
Utility Construction Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Service Construction Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Service Connection Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Work Order #	_____
Fee Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____

DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)

UTILITY TYPE: Electric Gas/petroleum Communications Water Sanitary sewer Private line
 Transmission Distribution Service *Facility Size/Capacity:* _____

(diameter, # fibers, psi, Kv, etc.)

ORIENTATION: Overhead Underground Parallel to hwy centerline Hwy crossing Bridge attachment Tunnel

WORK TYPE: New construction Improve/repair existing Maintenance Removal Abandon in place

CONSTRUCTION METHOD(S): Plow Trench Bore Suspend on poles/towers Open cut hwy Cased

Tree cutting/removal Chemical treatment of trees/brush *Erosion Control Designation:* Major Minor

Provide additional narrative if needed: _____

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE
RESPONSIBLE FOR CONSTRUCTION: _____

Estimated Starting Date: _____ Estimated Completion/Restoration Date: _____

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

By: _____ (Signature of Applicant/Company Authorized Representative) _____ (Title) _____ (Date)

(Typed/Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Applicant/Company Representative Telephone Number)

DO NOT WRITE BELOW THIS LINE

PERMIT APPROVAL BY PERMITTING AUTHORITY

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached: ___ Yes ___ No

By: _____ (Authorized Representative for County)

_____ (Title) _____ (Date)

FEE RECEIVED: \$ _____
CHECK NUMBER: _____
DATE ISSUED: _____

Annual Service Connection Permit (ASCP)	\$100.00	Open Cuts Across Paved Roadways	\$250.00
Permit Application & Review Fee	\$25.00	Open Cut Bond	\$5,000.00
Inspection Fee per Permit*	\$50.00	After the Fact Permit	\$500.00

Effective: March 12, 2015

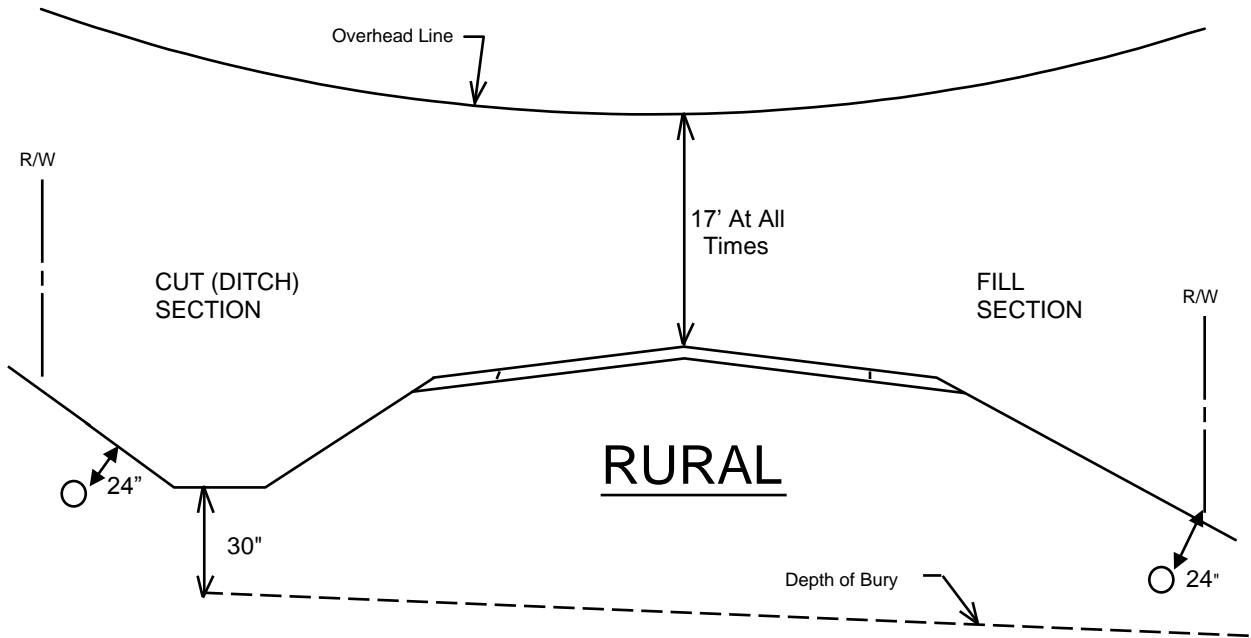
96.00 Utility Accommodation
96.90 Appendices

Supersedes: October 8, 1998

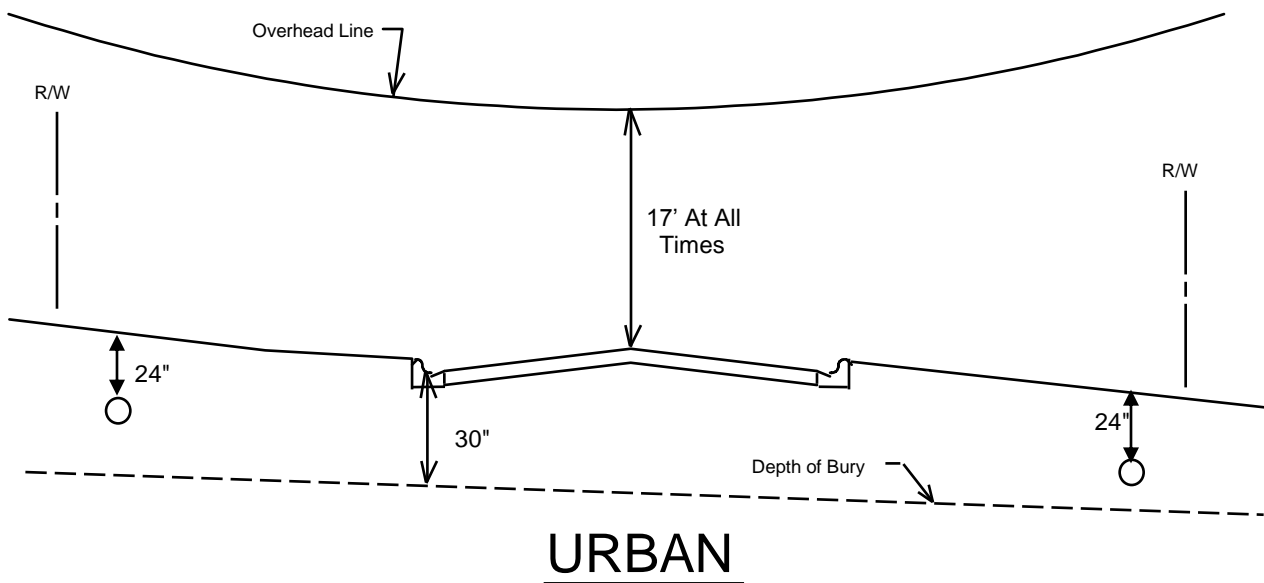
Section 96.94 Highway Clearance Diagram

By: County Highway Commissioner

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MINIMUM CLEARANCES



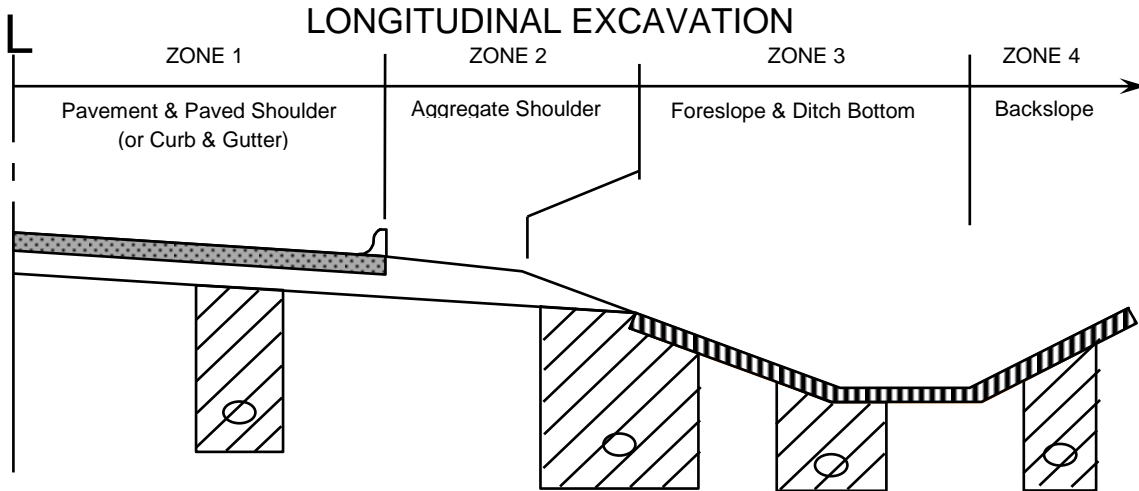
Effective: March 12, 2015

96.00 Utility Accommodation
96.90 Appendices
Section 96.95 Backfilling Details

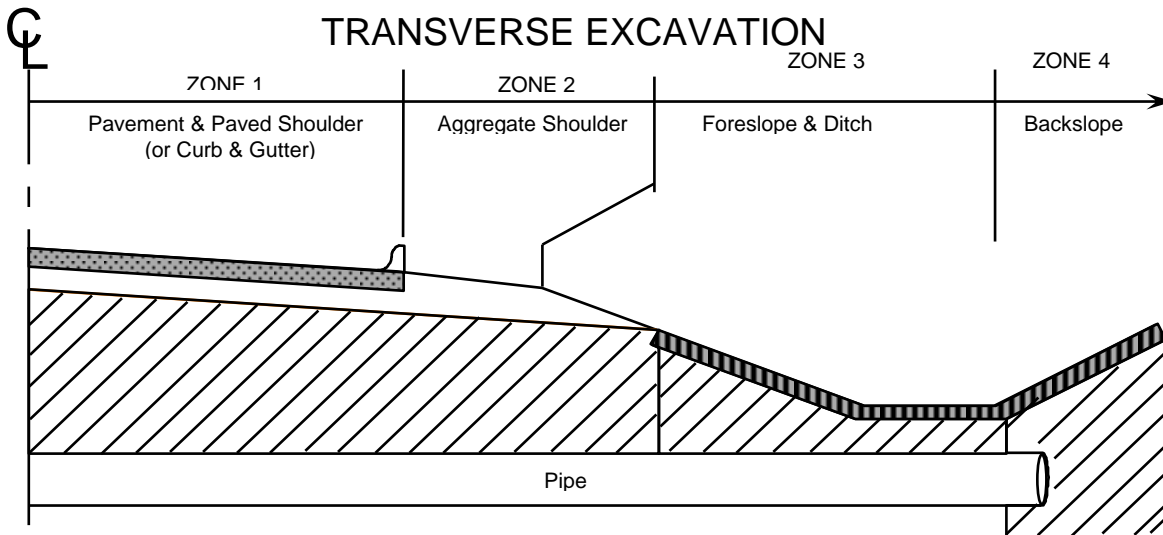
Supersedes: October 8, 1998

By: County Highway Commissioner

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BACKFILLING EXCAVATION DETAIL DRAWINGS



Effective: March 12, 2015	96.00 Utility Accommodation 96.90 Appendices
Supersedes: October 8, 1998	Section 96.96 DNR District Offices List
By: County Highway Commissioner	
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West Central Region (WCR)

Counties served: Adams, Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, Juneau, La Crosse, Marathon, Monroe, Pepin, Pierce, Portage, St. Croix, Trempealeau, Vernon, Wood.

EAU CLAIRE**DNR SERVICE CENTER**

1300 W CLAIREMONT

EAU CLAIRE WI 54701

715-839-3700-phone

715-839-6076-fax

Office Hours

Monday thru Friday

8:30 a.m. to 4:00 p.m. remaining open over the lunch hour

LA CROSSE**DNR SERVICE CENTER**

3550 MORMON COULEE RD

LA CROSSE WI 54601

608-785-9000-phone

608-785-9990-fax

Office Hours

Monday thru Friday

8:30 a.m. to 4:00 p.m. remaining open over the lunch hour

WAUSAU**DNR SERVICE CENTER**

5301 RIB MT RD

WAUSAU WI 54401

715-359-4522-phone

715-355-5253-fax

Office Hours

Monday thru Friday

8:30 a.m. to 4:00 p.m. remaining open over the lunch hour

Effective: March 12, 2015	96.00 Utility Accommodation 96.90 Appendices
Supersedes: October 8, 1998	Section 96.97 Environmental Conditions Discovery Checklist
By: County Highway Commissioner	
Page 1 of 2	

As soon as environmental conditions are discovered in the Department’s right-of-way,
STOP WORK IMMEDIATELY
and be prepared to report the following information to the contacts listed in 96.08(E):

SITE LOCATION:

Highway _____ If divided, please indicate direction NB SB EB WB
County _____ City Town Village of _____
Distance from nearest public roadway intersection or mile marker _____
Other landmarks? _____

ENVIRONMENTAL CONDITION:

1. Archaeological/Historical

What was found (burials, foundation, arrowheads)? _____

Is the location of the find marked? Yes No If yes, how is it marked? _____

Approximate area (dimensions) of the find? _____

2. Contaminated Sites, UST’s LUST’s

What was found? _____

Appearance of soils or liquid? _____

Odor of soils or liquid? _____

Approximate size of tank or area of contamination uncovered? _____

Is there an obvious liquid or product in the tank? Yes No

Is there an obvious smell? Yes No If yes, can you describe it (varnish, kerosene, gasoline, diesel, other, unknown)? _____

Soil type(s) encountered (sand, gravel, clay, till)? _____

Depth to groundwater (if known)? _____

Any previous land use knowledge (local history, memory of site as a business)? _____

Is the location of the find marked? Yes No If yes, how is it marked? _____

CONTACTS:

If arrowheads or buildings were discovered, has the State Historic Preservation Officer been notified? Yes No By whom? _____

Name of contact: _____ Phone: _____

If a burial was encountered, has the Burial Sites Preservation Office been notified?

Yes No By whom? _____

Name of contact: _____ Phone: _____

If a contaminated site, UST or LUST was discovered, has DNR been notified? Yes No By whom? _____

Name of contact: _____ Phone: _____

Has WisDOT been contacted? Yes No By whom? _____

Name of contact: _____ Phone: _____

Name of contact: _____ Phone: _____

Has the Bureau of Environment been notified (this is not a utility responsibility)?

Yes No By whom? _____

Name of contact: _____ Phone: _____

Name of contact: _____ Phone: _____

Other contacts: _____

STATUS OF PROJECT:

Has work stopped in the area? Yes No **IF NO, STOP WORK IMMEDIATELY!**

Has the area been secured (fenced, staked or marked, roped off or delineated by traffic control devices)? Yes No

Can project work continue in another area? Yes If yes, for how long? _____

Can the affected area be avoided (utility facility placed in another location)? Yes No

Has any completed utility work been clearly marked (staked, paint marked, or flagged)?

Yes No

Is any of the completed utility facility active, energized, etc.? Yes No

Is this utility being relocated to facilitate a highway project? Yes No

RESUMING WORK:

Did WisDOT indicate a timeframe in which someone would respond? Yes No

What is that timeframe? _____

Who will authorize resuming work? _____

When can the work be resumed? _____

Date authorization received? _____

Effective: March 12, 2015	96.00 Utility Accommodation 96.90 Appendices
Supersedes: October 8, 1998	Section 96.98 Completion Certificate
By: County Highway Commissioner	
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**RETURN THIS COMPLETION CERTIFICATE
TO THE ADAMS COUNTY HIGHWAY DEPARTMENT
WHEN SITE IS RESTORED**

**COMPLETION CERTIFICATE
(For Utility Permits)**

Mail or Fax to Address Listed Below

Date _____

To: ADAMS COUNTY HIGHWAY DEPARTMENT

ATTN: Patrick Pare
TELEPHONE: 608-339-3355
FAX: 608-339-4983
E-MAIL: patrick.pare@co.adams.wi.us

COMPANY: _____
ADDRESS: _____
CITY,STATE,ZIP: _____
CONTACT: _____
FAX: _____
TELEPHONE: _____
COUNTY PERMIT NO.: _____
UTILITY WORK ORDER # _____

The work requested under the above-mentioned highway permit has been completed. The Department can now review to insure proper restoration to the affected highway right-of-way has been made.

Signature: _____

Printed Name: _____

ADAMS COUNTY HIGHWAY DEPARTMENT
UTILITY ACCOMADATION FEE SCHEDULE

FEES

Annual Service Connection Permit (ASCP)	\$100.00
Permit Application & Review Fee	\$25.00
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