

**Adams County**  
**Utility Accommodation Policy**  
**Effective 3/12/2015**

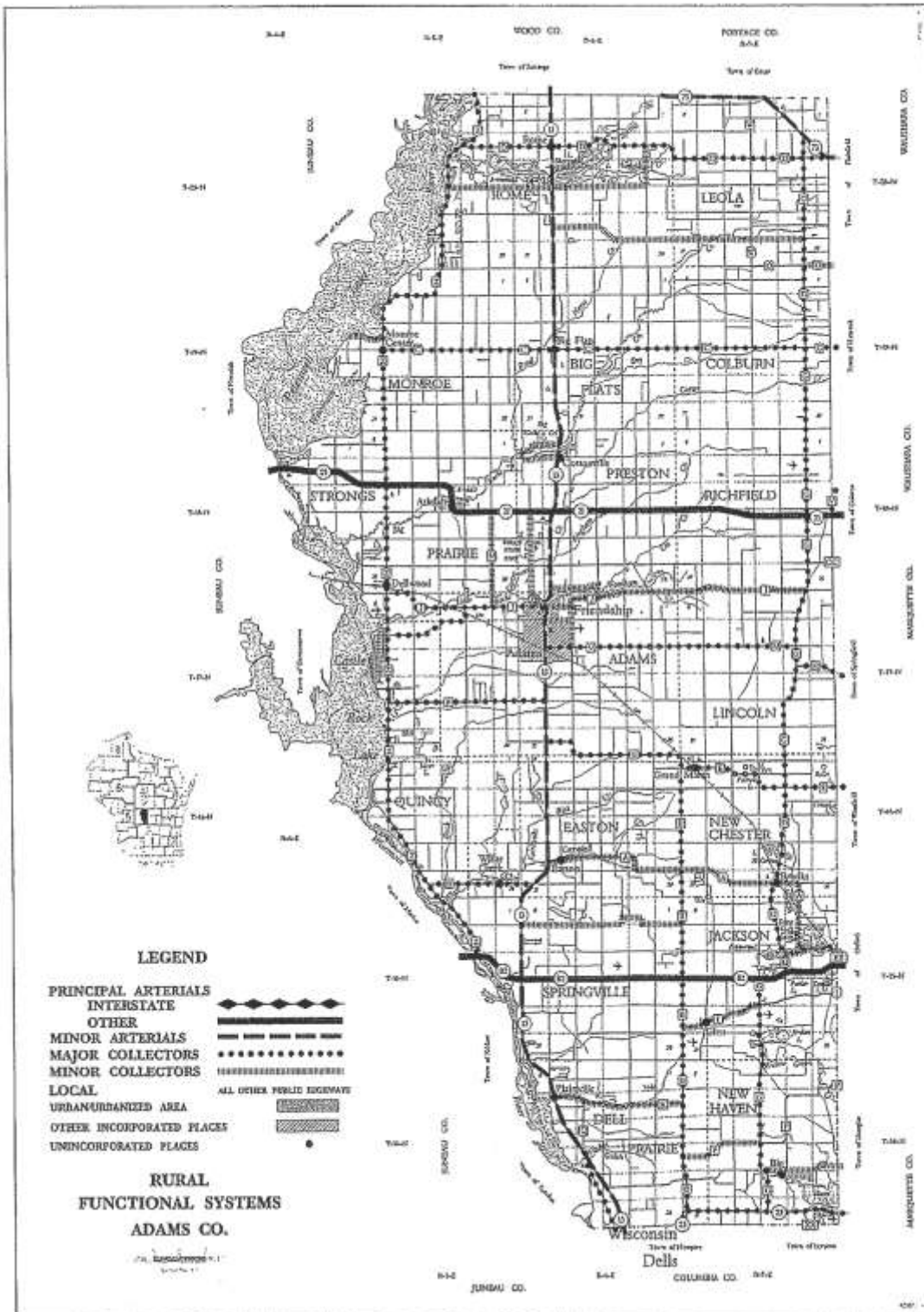
Effective: March 12, 2015

96.00 Utility Accommodation  
96.90 Appendices  
Section 96.91 County Map

Supersedes: October 8, 1998

By: County Highway Commissioner

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**ADAMS COUNTY UTILITY POLICY****Policy 96.90**

<b>Effective:</b> March 12 , 2015	96.00 Utility Accommodation 96.90 Appendices
<b>Supersedes:</b> October 8, 1998	Section 96.92 County Contact Information
By: County Highway Commissioner	
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<b>ADAMS COUNTY STAFF</b>		
<b>CONTACT PERSON</b>	<b>TITLE</b>	<b>TELEPHONE NUMBER</b>
*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**

<b>Effective:</b> March 12, 2015	96.00 Utility Accommodation 96.90 Appendices
<b>Supersedes:</b> 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)

<b>FEE RECEIVED:</b> \$ _____
<b>CHECK NUMBER:</b> _____
<b>DATE ISSUED:</b> _____

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

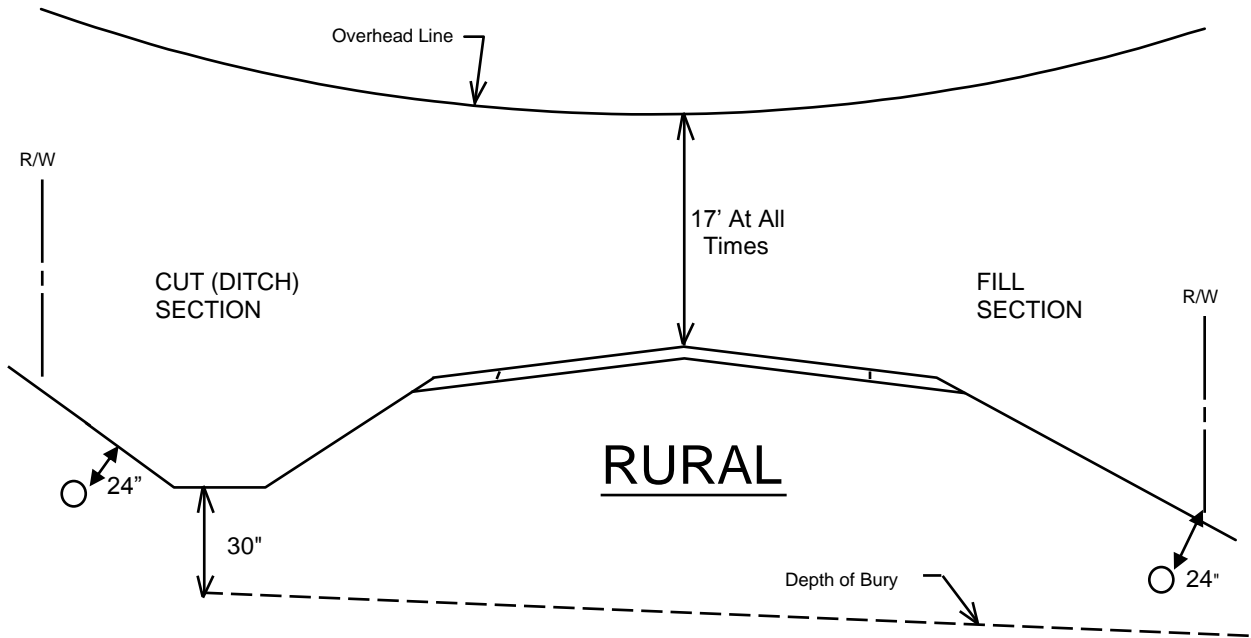
96.00 Utility Accommodation  
96.90 Appendices

Supersedes: October 8, 1998

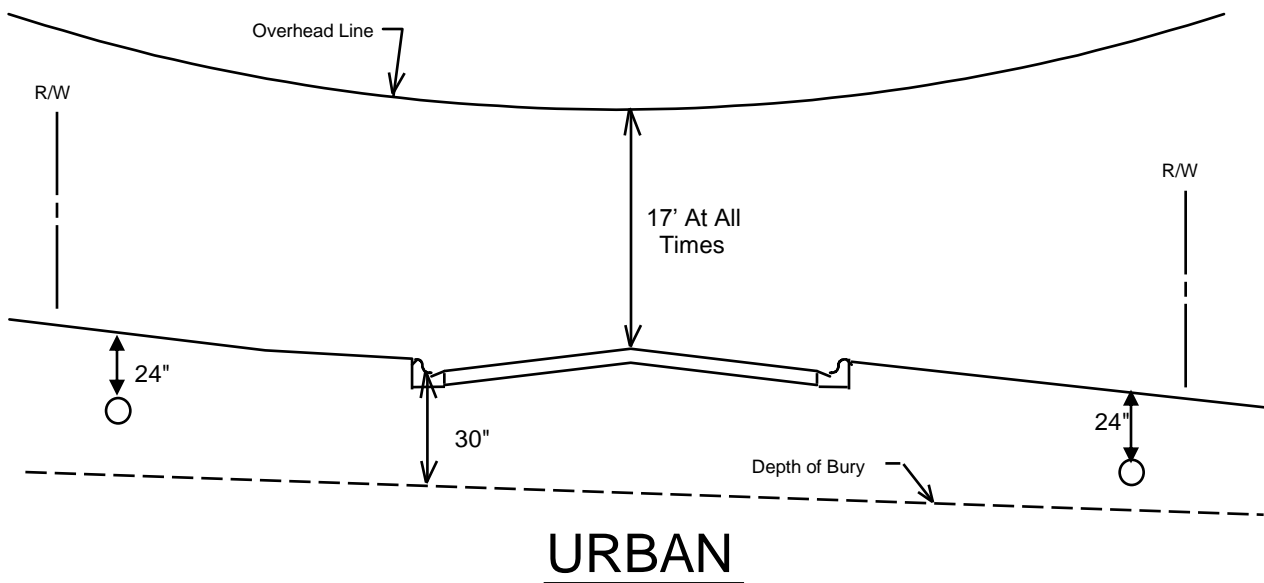
Section 96.94 Highway Clearance Diagram

By: County Highway Commissioner

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**MINIMUM CLEARANCES**



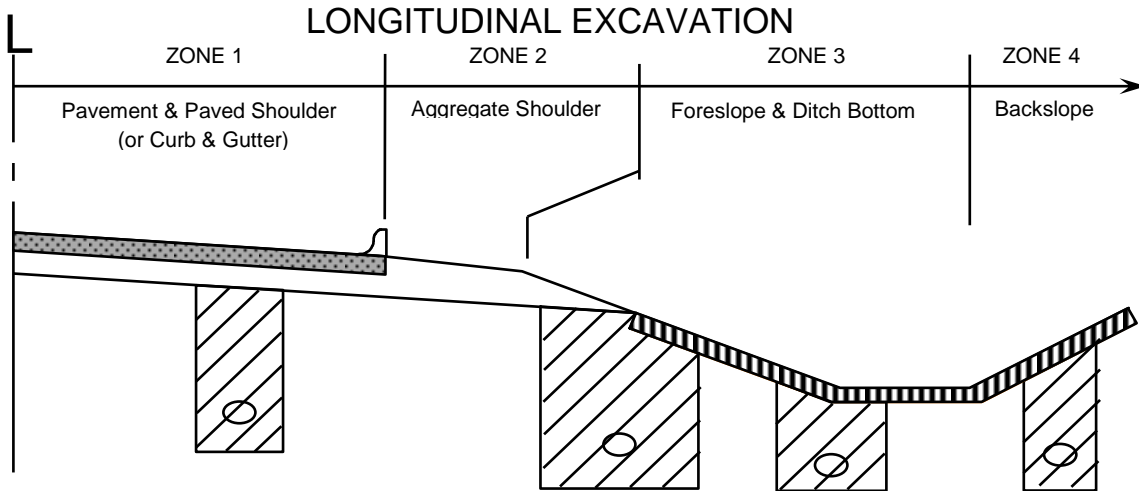
Effective: March 12, 2015

96.00 Utility Accommodation  
96.90 Appendices  
Section 96.95 Backfilling Details

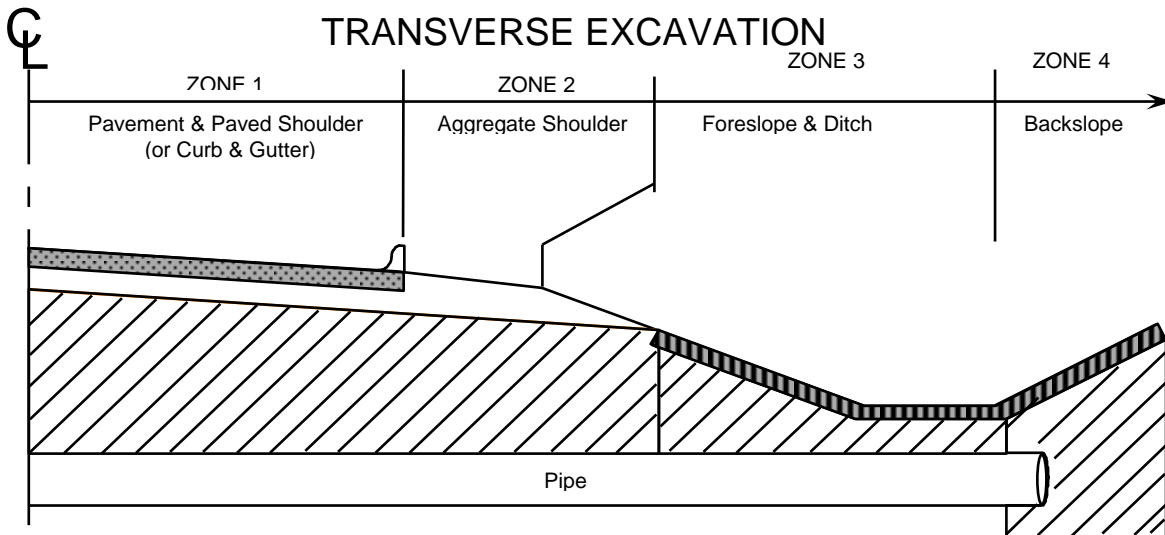
Supersedes: October 8, 1998

By: County Highway Commissioner

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**BACKFILLING EXCAVATION DETAIL DRAWINGS**



<b>Effective:</b> March 12, 2015	96.00 Utility Accommodation 96.90 Appendices
<b>Supersedes:</b> October 8, 1998	Section 96.96 DNR District Offices List
<b>By:</b> 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



<b>Effective:</b> March 12, 2015	96.00 Utility Accommodation 96.90 Appendices
<b>Supersedes:</b> October 8, 1998	Section 96.97 Environmental Conditions Discovery Checklist
By: County Highway Commissioner	
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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? \_\_\_\_\_

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<b>Supersedes:</b> 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
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