



Date: 1/31/21

**Subject:**

Utility Relocation Work Plan for:	Smithville Communications, Inc.
Facility Type:	Communications

Section 1: General Information

A. Project Information

1	Project Name	7th Street Protected Bike Lane
2	Route Number:	From B-Line Trail to Woodlawn Avenue
3	Work Type:	Add protected bike lane to the existing roadway
4	<b>Date Work Plan Needed</b>	<b>01/15/2021</b>
5	Bid Date	January 2021

B. Utility Designated Contact – Information

1.	Designated Contact Name:	Joe Bryniarski
2.	Office telephone:	812-320-9317
3.	Mobile telephone:	812-320-9317
4.	Email address:	<a href="mailto:joe.bryniarski@smithville.com">joe.bryniarski@smithville.com</a>
5.	Agency name	Smithville Communications
6.	Address:	1600 W. Temperance
7.	City, State, Zip Code:	Ellettsville, IN 47429
8.	Construction Emergency Contact:	
	Name:	John Sexton
	Number:	O: 812-935-2306 M: 812-327-1405

- C. By signing here, the Utility has determined to the best of their ability that they do not have facilities within the project area:

\_\_\_\_\_  
Signature of Utility Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Note:** A signature by the utility representative at item “(C)” fulfills the requirement to complete the rest of this form and affirms their contact information above is correct



D. Utility Coordinator Contact Information

1.	Utility Coordinator Name:	Jeremy Ross
2.	Office Telephone:	317.547.5580
3.	Mobile Telephone:	317.493.6488
4.	Email Address:	<a href="mailto:utilitycoordination@structurepoint.com">utilitycoordination@structurepoint.com</a>
5.	Agency Name:	American Structurepoint, Inc.
6.	Address:	9025 River Road, Suite 200
7.	City, State, Zip Code	Indianapolis, Indiana 46240

Section 2: A narrative description of the facility relocation that will be required.

- A. Describe what types of existing active and inactive facilities are present.  
**Existing active facilities consist of buried fiber optic cable in duct, buried vacant duct, aerial fiber optic cable and hand holes.**
- B. Describe the location of existing active and inactive facilities.  
**Existing active facilities are shown accurately on the preliminary plans obtained from the American Structurepoint sharefile site.**
- C. Describe what will be done with existing active and inactive facilities.  
**Smithville facilities are not anticipated to present any conflict with the improvement project and will be left in place.**
- D. Describe the details of the proposed new facilities.  
**n/a**
- E. Describe the proposed location of the new facilities.  
**n/a**
- F. By signing here, the Utility has determined to the best of their ability that they have facilities within the project area and the facilities are not in conflict with the project based upon the plans received on  
**<9/12/2019>**

Signature of Utility Representative

Joseph Bryniarski  
2021.01.31 17:01:29  
-05'00'

Print Name

Date

**Note:** A signature by the utility representative at item "(F)" fulfills the requirement to complete the rest of this form and affirms their contact information above is correct.



Section 3: A statement whether the facility relocation is or is not dependent on the acquisition of additional property interests with a description of that work.

Section 4: A statement whether the utility is or is not willing to allow the City contractor to do the required work as part of the construction contract.

Section 5: From the date the work plan is approved by both parties; please provide the Utility's pre-construction scheduling information.

A.	The expected lead time in calendar days to obtain required permits:	Enter Total Days
B.	The expected lead time in calendar days to obtain materials:	Enter Total Days
C.	The expected lead time in calendar days to schedule work crews:	Enter Total Days
D.	If the contractor is being selected by competitive bid what is the date of selection?	Enter Bid Date
E.	The expected lead time in calendar days to obtain new property interests:	Enter Days
F.	The earliest date when the utility could begin to implement the pre-construction activities of the work plan:	Enter Date
G.	The total number of calendar days for pre-construction activities: (accounting for concurrent activities)	Enter Total Days

Section 6: The Utility Construction Scheduling Information.

- A. A statement whether the facility relocation is or is not dependent on work to be done by another utility with a description of that work.
  - 1. Utility A, with a description of the required work.
  - 2. Utility B, with a description of the required work.



3. Utility C, with a description of the required work.
- 
- B. A statement whether the facility relocation is or is not dependent on work to be done by the City or the City's contractor with a description of that work.
    1. Work item A
    2. Work item B
    3. Work item C
  - C. How many calendar days after the events identified in Sec 6 A and B are completed can the utility begin construction:
  - D. The number of calendar days to complete the relocation work:

Section 7: A drawing of sufficient detail with station, offset, elevations, and scale to show the proposed location of the facility relocation, which takes precedence over the narrative description of the work, needs to be on Project Construction drawings. ***Plans must be attached to this Work Plan Document.***

Section 8: For each work plan the utility shall include a cost estimate for the facility relocation. For reimbursable work the estimate will identify betterment and salvage which is not reimbursable.

Section 9: For work the utility is entitled to be compensated by the City of Bloomington, the work plan shall include documentation of property interests and compensable land rights.





Section 10: The implementation of this approved work plan is dependent upon the issuance of: (a notice to proceed will be provided when items in Section 6 are accomplished)

Items Completed	Yes	Not Applicable
An executed reimbursement agreement with INDOT/LPA:	<input type="checkbox"/>	<input type="checkbox"/>
A relocation permit from City of Bloomington:	<input type="checkbox"/>	<input type="checkbox"/>

(Note: Double-click on box in Yes or NA to mark it with an "X")

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Submitter Signature

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Date

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Submitter Name Printed



**DESIGN TEAM use only below this point ----- DESIGN TEAM use only below this point**

The following sections are to be used by INDOT personnel to review the utility relocation work plan.

Section 11: The Department shall review the work plan to ensure that it: [IAC 13-3-3(e)]

Description	Yes	N/A	Utility Coordinator Initials
(1.a) is compatible with department permit requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JP
(1.b) is compatible with the project plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JP
(1.c) is compatible with the construction schedule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	JP
(1.d) is compatible with other utility relocation work plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JP
(2.a) has reasonable relocation scheme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	JP
(2.b) has a reasonable cost for compensable work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	JP

(Note: Double-click on box under Yes or N/A to mark it with an "X")

Utility Coordinator Signature

2/1/2021

Date

Josshe' Palm

Utility Coordinator Name Printed

Section 12: Approved Work Plan. [IAC 13-3-3(f)]

I have reviewed the work plan and have been made aware of the schedule and budget.

Project Manager Signature (LPA Project – ERC Signature)

3/25/21

Date

Kenneth R. Olson

Project Manager Name Printed (LPA Project – ERC Name Printed)