



Date: 12/17/20

Subject:

Utility Relocation Work Plan for:	US Signal
Facility Type:	Underground Fiber Optic Line

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. Date Work Plan Needed	01/15/2021
5. Bid Date	January 2021

B. Utility Designated Contact – Information

1. Designated Contact Name:	Len Coyne
2. Office telephone:	616-307-8724
3. Mobile telephone:	616-307-8724
4. Email address:	lcoyne@tkns.net
5. Agency name	Turnkey Network Solutions
6. Address:	7020 Southbelt Dr SE
7. City, State, Zip Code:	Caledonia Mi 49316
8. Construction Emergency Contact:	
Name:	Henry Graffenius
Number:	616-988-5309

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:	utilitycoordination@structurepoint.com
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.

US Signal has an active 48ct and 24ct Fiber Optic Line. The 48ct Fiber is in AT&T conduit and the 24ct Fiber is in US Signal’s owned conduit

B. Describe the location of existing active and inactive facilities.

On the north side of W 7th St between Walnut St & Washington St crossing 7th St at alleyway between w Walnut & Washington

C. Describe what will be done with existing active and inactive facilities.

Stay 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 **<Enter Date Received Plans>**

Len Coyne

Len Coyne

12/17/20

Signature of Utility Representative

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.



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 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")

Submitter Signature

Date

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 checked="" type="checkbox"/>	<input 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

1/27/21

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.

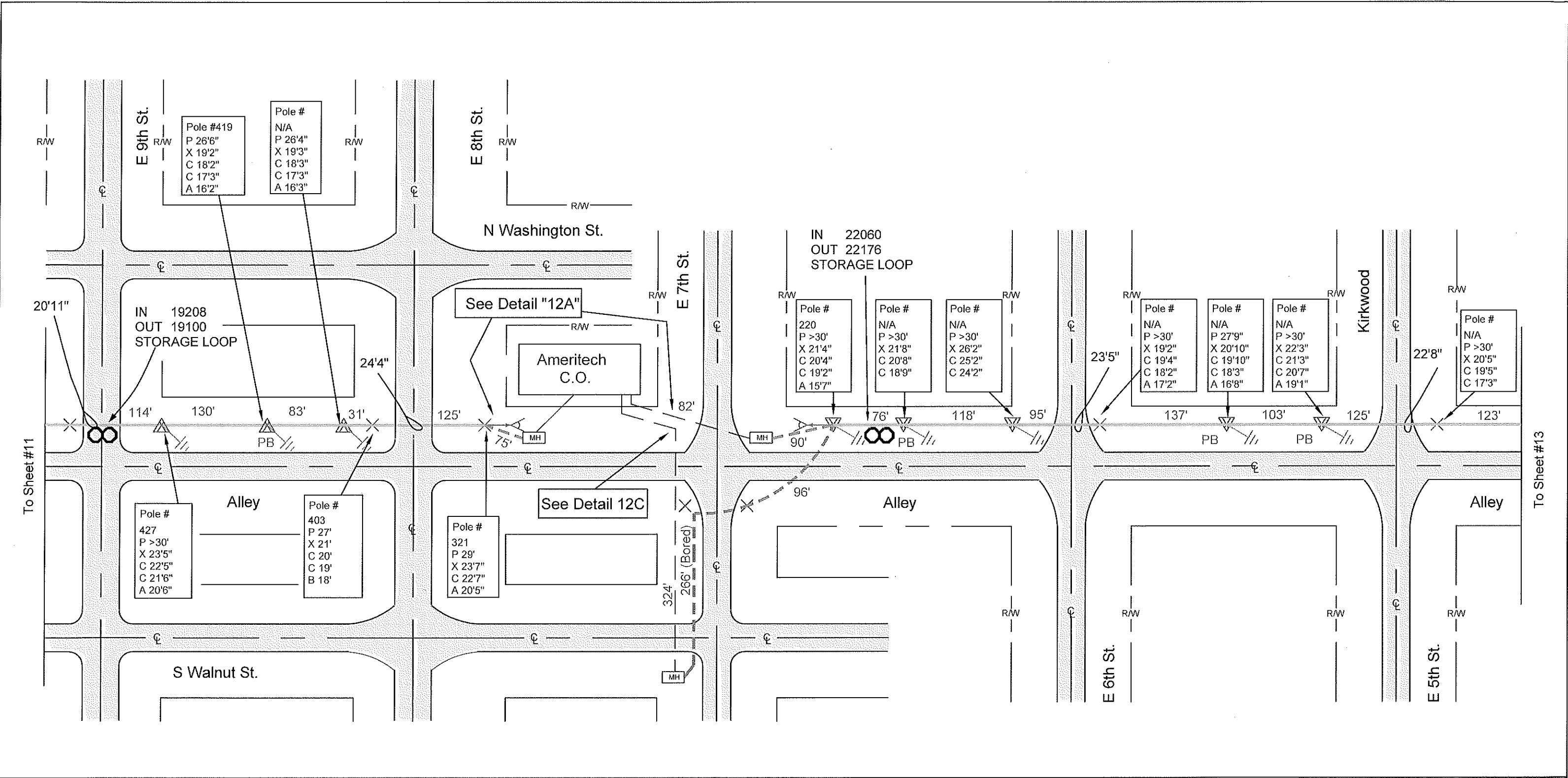
Project Manager Signature (LPA Project – ERC Signature)

3/25/21

Date

Kenneth R. Olson

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



Footage this sheet:

County: _____ Township: _____

Notes:

City: _____ Section: _____ Town: _____ Range: _____

BLOOMINGTON AS-BUILT

USXchange

44 Grandville Ave. NW, Ste. 400
Grand Rapids, MI 49503
616-493-7100 or 888-493-7100 fax: 616-493-7150

DATE: 5/25/99 DRAWN BY: VAB SCALE: NONE

PROJECT NUMBER: JAS-006-BLIN FILE VIEW: bloomington 12

DRAWING NUMBER: 12 SHEET NUMBER: 12 OF 28