

On State Highway?
 Yes No

**REVOCABLE OCCUPANCY/
STREET PRIVILEGE PERMIT APPLICATION**
 City of La Crosse Legal Department - Phone: (608)789-7511
 http://www.cityoflacrosse.org

Permit Number:
#

APPLICANT
 Name: John Louis Company Name: Wisconsin Independent Network
 Address: 800 Wisconsin St, Bldg 2D, Ste 219 City: Eau Claire State: Wisconsin Zip: 54703
 Phone #: (715) 838-4012 Cell #: (715) 864-2918 Fax #: (715) 832-3755
 Email: jlouis@wins.net

PROPERTY OWNER *If different from applicant
 Name: _____ Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: () _____ Cell #: () _____ Fax #: () _____
 Email: _____

ENCROACHMENT TYPE (Check one):

<input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY	<input type="checkbox"/> OUTDOOR DINING AREA
<input type="checkbox"/> FIRE ESCAPE/ RESCUE PLATFORM/BALCONY	<input type="checkbox"/> AESTHETIC APPURTENANCE
<input type="checkbox"/> VENDING MACHINE/NEWSBOX	<input type="checkbox"/> GROUNDWATER MONITORING WELL
<input checked="" type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES	<input type="checkbox"/> BOATHOUSE/HOUSEBOAT
<input type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT	<input type="checkbox"/> OFF-PREMISE SIGN
<input type="checkbox"/> OTHER: _____	

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
Placement on inner duct and fiber optic cable along Winnebago Street and 16th Street S.
 Please see transmittal letter and engineering drawings within permitting packet.

Desired Start Date: 4 May 2015
 Est. Completion Date: 30 October 2015

CONTRACTOR/SIGN CO.: To be determined by bid process **PERSON IN CHARGE:** _____
 Phone #: () _____ Cell #: () _____ Fax #: () _____

For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary permits from other City Departments must also be obtained before the encroachment can be installed/erected.

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse.

STATE OF WISCONSIN)
)SS.
 COUNTY OF LA CROSSE)
 Personally came before me this ____ day of _____, 20____, the above named _____ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: _____
 A signed letter from the property owner or management company may be used in lieu of this signature **
 Signature of Property Owner **must** be notarized **

Tax Parcel ID #: _____ Notary Public, _____ County, _____
 My commission expires: _____

I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed shall comply with all the laws of the State of Wisconsin, and all ordinances, rules, regulations, policies, and special conditions of the City of La Crosse. The applicant agrees to perform the work or use covered by an approved permit with diligence and convenience to the public. After approval, applicant shall be responsible for obtaining any final documents and follow all procedures as defined in the City Municipal Code. Approval of this application is subject to the conditions that appear in the actual permit to be signed after approval is obtained.

Signature of Applicant: [Signature] Date: 20 April 2015

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when your request will be on the Board of Public Works agenda.

Approved By: _____ Approval Date: _____	Required items to be provided by Applicant	Gray Shaded Areas to be Completed by City Staff
	Scale drawing of encroachment <input type="checkbox"/> Legal Description <u>NA</u> <input type="checkbox"/> Certificate of Insurance <input checked="" type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>50</u> <input checked="" type="checkbox"/>	<input type="checkbox"/> Special Conditions of Approval Attached
All items due prior to approval		NON-REFUNDABLE ANNUAL PERMIT FEE
		\$ _____ Payable to City Treasurer (See fee schedule)
		Check # _____ Date Received: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/22/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Telcom Insurance Services Corp. 6301 Ivy Lane, Suite 506 Greenbelt, MD 20770 www.TelcomInsGrp.com	CONTACT NAME:	
	PHONE (A/C, No, Ext): 800.222.4664	FAX (A/C, No): 301.474.6196
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Communications Management Group, LLC 800 Wisconsin Street Bldg. D02, Suite 219, Mailbox 107 Eau Claire WI 54703		
INSURER A: Great American Insurance Company		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 24336769 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		PAC 0-73-91-24	6/1/2014	6/1/2015	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAP 0-73-91-25	6/1/2014	6/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured as required per written contract or agreement. Wisconsin Independent Network, LLC is a named insured on these policies.

CERTIFICATE HOLDER

Permit
City of La Crosse
400 La Crosse St
La Crosse WI 54601

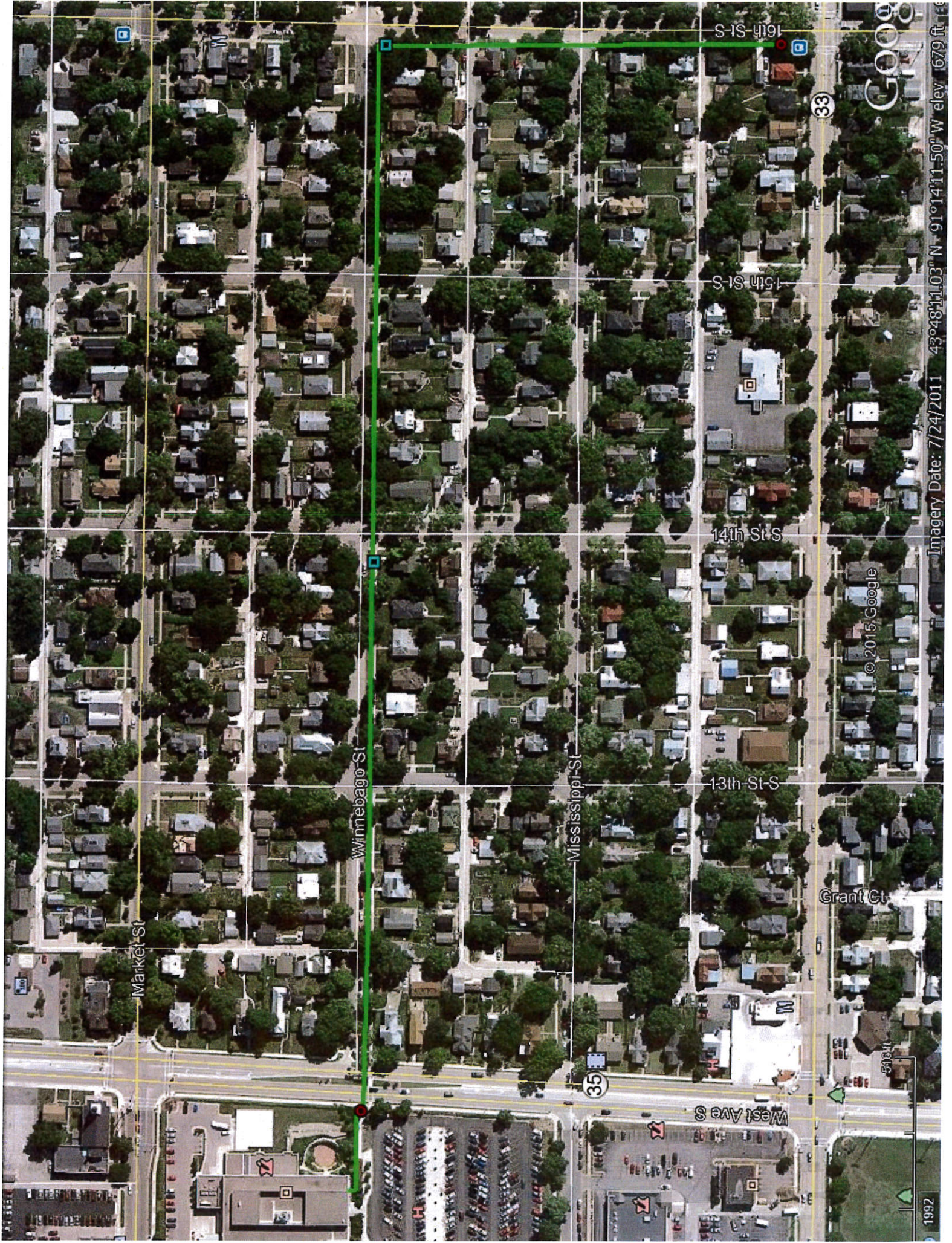
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Peter J. Elliott

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Market St

Winnebago St

Mississippi St

West Ave S

13th St S

14th St S

15th St S

16th St S

35

33

Grant Ct

© 2015 Google

GOOGLE

1992

Imagery Date: 7/24/2011 43°48'11.03" N 91°14'11.50" W elev 679 ft



WISCONSIN INDEPENDENT NETWORK
PROJECT ID # 01-175
MAYO CLINIC HEALTH SYSTEM - 700 WEST AVENUE S / LA CROSSE, WISCONSIN

UNIT SUMMARY
CONTRACTOR TO COMPLETE

<u>DESCRIPTION</u>	<u>UNIT</u>	<u>QUANTITY</u>
PLACE (1) 48" x 30" x 36" COMPOSITE HAND HOLE	UH48	1
PLACE (1) 24" x 36" x 36" COMPOSITE HAND HOLE	UH36	2
DIRECTIONAL BORE TO PLACE ONE (1) 2" DUCT	BMDBI	2425'
WARNING SIGN (MARKER POST) WITH TEST STATION	BMS3(7S)	2
BLOWING FIBER OPTIC CABLE - 24 STRAND	UFOR(24)	2875'
PULLING FIBER OPTIC CABLE - 6 STRAND	UFOR(6)	292'
ENTER EXISTING HAND HOLE WITH DUCT	WUH	2

WIN Project Engineer:
 John Louis
 Outside Plant Engineer
 Office: 715-838-4012
 Cell: 715-864-2918

Contract Engineer
 Ken Whiting
 Network Design Associates, LLC
 Office: (920) 279-9251
 kwhiting@netdesignassoc.com

Construction Contractor Information

Name: _____
 Phone: _____
 Foreman: _____
 Cell: _____
 Address: _____

PERMITS:
 CITY OF LA CROSSE
 WISCONSIN DEPARTMENT OF TRANSPORTATION

AS STAKED

AS BUILT DATE:

SOC CODE _____

GENERAL CONSTRUCTION NOTES

- 1) Wisconsin State Law requires excavators to notify Diggers Hotline a minimum of three (3) business days prior to all excavations (excluding Saturdays, Sundays, and legal Holidays). Hand dig with care within the 18" safety zone when exposing underground utilities. Caution - Diggers Hotline does not mark all private lines.
 - 2) Underground utilities have been plotted from available records and field observations but are not necessarily exact. It is the contractor's responsibility to field locate all underground obstructions and utilities prior to construction. Complete repair of any and all damages incurred shall be at the expense of the construction contractor. Fiber placement subject to change upon field locate completion.
 - 3) Coordinate all construction activities with W/M Project Engineer prior to construction.
 - 4) Contractor is responsible for any erosion control, which includes submitting erosion plans, related to this project, should it become necessary.
 - 5) Construction contractor shall provide all information for as-built drawings, including but not limited to: Fiber sequential's at hand hole walls and end of fiber; Depths of fiber at a minimum of 200' intervals along with centerline of all hard surface crossings, ie: roads, alleys, drives, waterways pipelines, railroads; Actual GPS location of hand holes; Actual running line from right-of-way, back of curb, edge of pavement or other known landmarks shown on sheets; Actual location of warning markers; and any other information required to produce an accurate and permanent record of the project.
 - 6) The top of all hand holes set shall match final grade.
 - 7) The contractor shall comply with all Wisconsin Independent Network policies and procedures and all requirements from local permitting authorities. The various permits obtained for the project are on file in the office of the Wisconsin Independent Network engineer.
 - 8) Miscellaneous structures and obstructions such as sign posts; mail boxes; meter boxes; or other obstructions shall be avoided or removed and reinstalled to original or better condition.
 - 9) The contractor shall be responsible, at all times; for the maintenance of streets and other utilities affected by construction operations - debris shall not be permitted to accumulate and all premises shall be maintained in a neat and workmanlike condition.
 - 10) The contractor shall take adequate precautions to protect existing facilities, sidewalks, curbs, pavements, utilities, foliage, and adjoining property and structures outside of right-of-way, and to avoid damage thereto.
- 11) The following special provisions shall apply to traffic regulation during the extent of this project:
 - a. There shall be, at all times, adequate vehicle and pedestrian access for ingress and egress for the properties adjacent to the project.
 - b. During non-working hours, the contractor shall keep the existing traffic lanes clear from interference including all approaches and intersections.
 - c. If lane blockage is unavoidable, the contractor shall notify the traffic engineering department, police department, fire department, ambulance services, school bus garages, and other agency operations as appropriate so these agencies may re-route their vehicles around the construction zone(s).
 - d. Contractor is responsible to adhere to the Wis DOT manual on traffic control along with submitting traffic plans if required by permitting authority.
 - 12) If required, trenches in paved areas shall be saw-cut to the full depth of surfacing or as required by the permitting authority. Paved surfaces shall be repaired in accordance with the permitting authority's specifications.
 - 13) The contractor shall comply with all current and applicable Occupational Safety and Health Administration (OSHA), federal, state, and local rules and regulations governing the safety of employees and material during excavation, trenching, ditching, and installation and backfilling operations on this project.
 - 14) No trench or excavation site shall be left open overnight or unattended.
 - 15) Right-of-way restoration and street and sidewalk repair/replacement shall be in compliance with the local permitting authority.
 - 16) All fiber cable minimum depth must be 36" . 48" minimum depth under roadways and waterways. See typical roadway and waterway crossing details.
 - 17) Inner ducts occupied by cable shall be sealed at termination points using rubber plugs and compression bands. Foam sealant will not be used.
 - 18) Brushing and trimming as-required. Brush, branches, and refuse from clearing operations shall, without delay, be removed from the vicinity of the right-of-way.
 - 19) Construction contractor(s) shall have a copy of the permit(s) on-site and shall be available for inspection immediately upon request by the permitting authority or permitting authority representative.
 - 20) No excavation, digging, tunneling, trenching, boring, plowing, installation of facilities, equipment or improvements above, on or beneath the surface of any right-of-way may begin without a signed permit from the governing permitting authority.

PROJECT CONTACTS / PROJECT LOCATION MAP

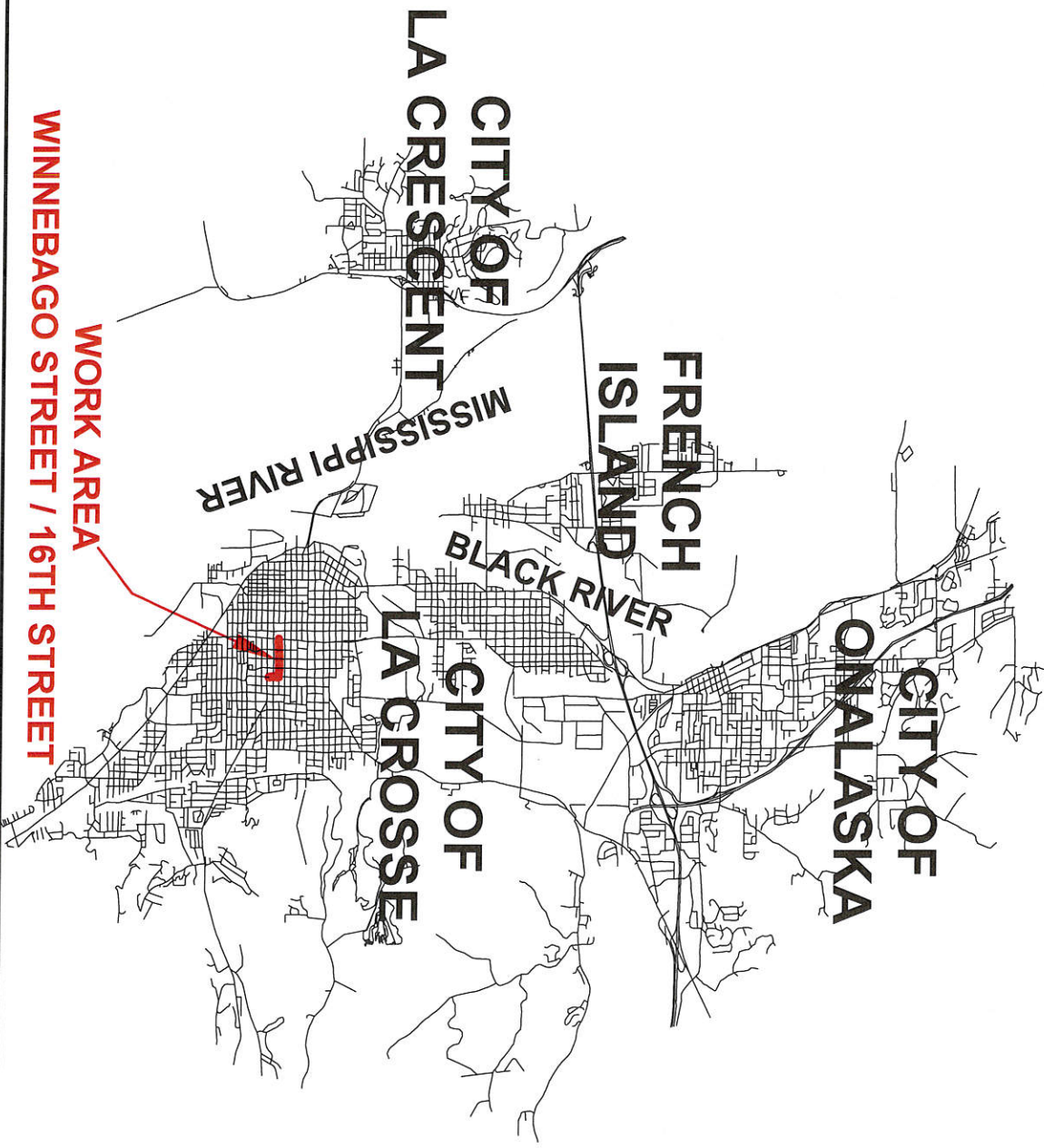
ENGINEERING
Network Design Associates
Ken Whiting
Engineering Consultant
PO Box 57
Winneconne, WI 54986
Cell: (920) 279-9251
kwhiting@netdesignassoc.com

OWNER
Wisconsin Independent Network
Dick Hammer
Director OSP Engineering
Cell: (414) 406-0722

John Louis
OSP Design Engineer
Cell: (715) 864-2918

CITY
City of La Crosse
Engineering Department
400 La Crosse Street
La Crosse, WI 54601
Office: (608) 789-7505
engineering@cityoflacrosse.org

CUSTOMER
Mayo Clinic Health System (CAMHS)
Scott Gooden
Network Engineer - Information Management
700 West Avenue South
La Crosse, WI 54601
Office: (608) 392-4993
gooden.scott@mayo.edu



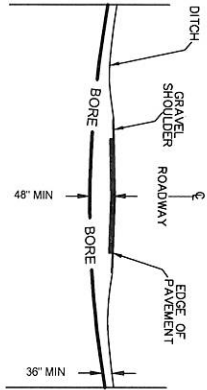
**WISCONSIN INDEPENDENT NETWORK ~ MAYO CLINIC HEALTH SYSTEM - 700 WEST AVENUE S, LA CROSSE WI ~
PROJECT #01-175 ASSEMBLY UNIT TAB SHEET**

Sheet								Township	Municipality	County	Fiber (24)		Fiber (6)	
CONSTRUCTION SHEET											FIBER REEL Cumulative	FIBER REEL Order Total	FIBER REEL Cumulative	FIBER REEL Order Total
1	1						287	287	287	287			292	
2							651	651	651	651	938		292	
3		1					801	801	801	801	1739		292	
4		1					743	743	743	743	2482		292	
5							393	393	393	393	2875		292	
TOTALS	1	2	2425	2	2875	292	2875	2875	2875	3,400'	700	292	500'	

NOTE - STORAGE COIL FOOTAGE IS INCLUDED IN UFOP AND UFOB ASSEMBLY UNITS

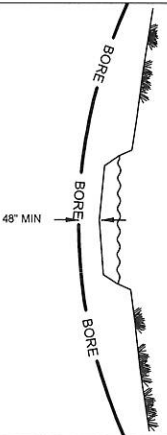
TYPICAL DETAIL DRAWINGS

TYPICAL ROADWAY CROSSING



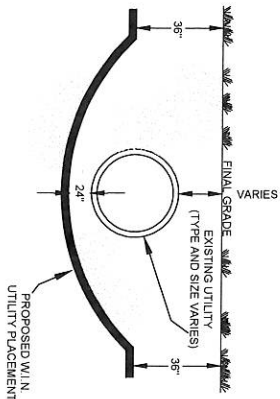
ALL DIMENSIONS SHOWN ARE MINIMUM DEPTHS
 PROPOSED FACILITIES PLACEMENT SHALL CROSS ALL EXISTING
 STREETS AT 48" MINIMUM DEPTH
 PERMITTING AUTHORITIES MAY REQUIRE GREATER
 THAN 48" MINIMUM DEPTH ROAD CROSSINGS

TYPICAL WATERWAY CROSSING



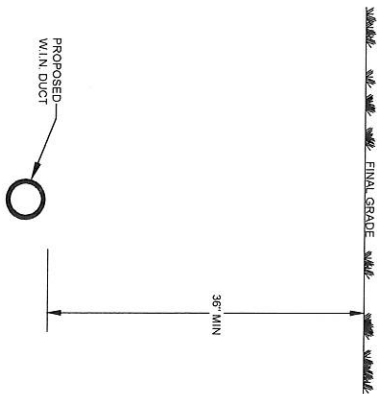
ALL DIMENSIONS SHOWN ARE MINIMUM DEPTHS
 PROPOSED FACILITIES PLACEMENT SHALL CROSS ALL WATERWAYS
 AT 48" MINIMUM DEPTH FROM BASE OF WATERWAY
 PERMITTING AUTHORITIES MAY REQUIRE GREATER
 THAN 48" MINIMUM DEPTH

TYPICAL UTILITY CROSSING



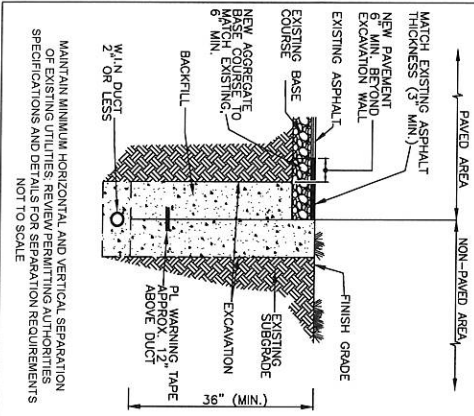
ALL DIMENSIONS SHOWN ARE MINIMUM DISTANCES
 PROPOSED FACILITIES PLACEMENT SHALL CROSS ALL EXISTING UTILITIES
 WITH A 24" MINIMUM VERTICAL AND HORIZONTAL SEPARATION
 FOREIGN UTILITY OWNERS AND/OR PERMITTING AUTHORITIES MAY
 REQUIRE GREATER THAN 24" SEPARATIONS

TYPICAL BORE DETAIL



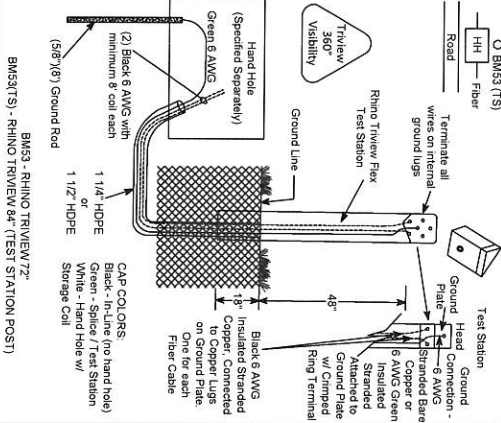
MAINTAIN MINIMUM HORIZONTAL AND VERTICAL SEPARATION
 OF EXISTING UTILITIES. REVIEW PERMITTING AUTHORITIES
 SPECIFICATIONS AND DETAILS FOR SEPARATION REQUIREMENTS
 NOT TO SCALE

TYPICAL TRENCH DETAIL
 1 DUCT HORIZONTALLY BY 1 DUCT VERTICALLY



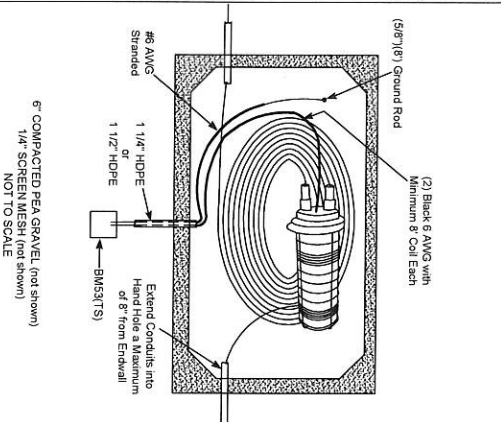
MAINTAIN MINIMUM HORIZONTAL AND VERTICAL SEPARATION
 OF EXISTING UTILITIES. REVIEW PERMITTING AUTHORITIES
 SPECIFICATIONS AND DETAILS FOR SEPARATION REQUIREMENTS
 NOT TO SCALE

TYPICAL WARNING SIGN MARKER POST



BM53(TS) - RHINO TRIVIEW 360°
 BM53 - RHINO TRIVIEW 72°
 BM53(TS) - RHINO TRIVIEW 84° (TEST STATION POST)

TYPICAL HANDHOLE DETAIL
 VIEW FROM TOP

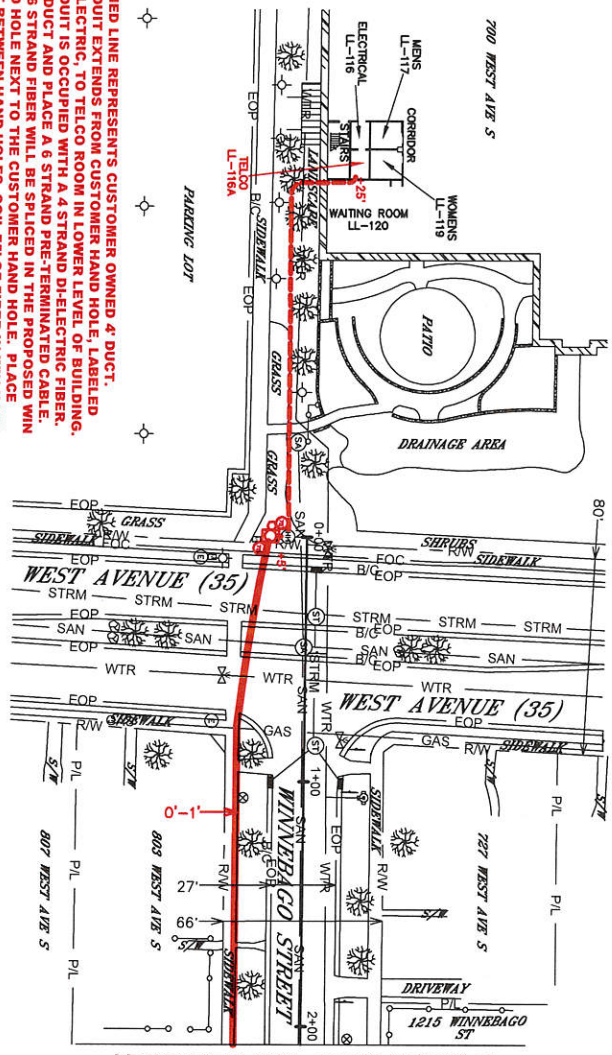


6" COMPACTED FEA GRAVEL (not shown)
 1/4" SCREEN MESH (not shown)
 NOT TO SCALE

PLACE FACILITIES VIA DIRECTIONAL BORE FROM A RANGE OF 1' UNDER FRONT EDGE OF SIDEWALK TO FRONT EDGE OF SIDEWALK. POTHOLES AND BORE PITS TO BE ADJACENT TO SIDEWALK TO AVOID DAMAGE TO CONCRETE.

PLACE ONE (1) UH48 HAND HOLE 0+00
 LATITUDE: _____
 LONGITUDE: _____
 CABLE SEQ COIL 24 STRAND: _____
 CABLE SEQ OUT 24 STRAND: _____
 CABLE SEQ COIL 6 STRAND: _____
 CABLE SEQ OUT 6 STRAND: _____
 COIL AND STORE 75' OF 24 FIBER AND 75' 6 FIBER

STA. 0+00
 PL UH48 HH
 PL BM53(TS)
 COIL 75' 24 STRAND
 COIL 75' 6 STRAND
 WUH - CUSTOMER HH



DASHED LINE REPRESENTS CUSTOMER OWNED 4" DUCT. CONDUIT EXTENDS FROM CUSTOMER HAND HOLE, LABELED AS ELECTRIC, TO TELCO ROOM IN LOWER LEVEL OF BUILDING. ROD DUCT IS OCCUPIED WITH A 4 STRAND DE-ELECTRIC FIBER. THE 6 STRAND FIBER WILL BE SPLICED IN THE PROPOSED WIN HAND HOLE NEXT TO THE CUSTOMER HAND HOLE. PLACE DUCT BETWEEN HAND HOLES. COIL 75' OF FIBER IN WIN HAND HOLE AND PULL 6 STRAND FROM WIN HAND HOLE, THROUGH CUSTOMER HAND HOLE, AND THROUGH CUSTOMER 4" DUCT TO TELCO ROOM. FIBER WILL TERMINATE ON EXISTING RACK SPACE. PLACE A PULL ROPE WITH THE 6 STRAND FOR CUSTOMER FUTURE USE.

- PERMITS THIS SHEET:
 - WISCONSIN DEPARTMENT OF TRANSPORTATION
 - CITY OF LA CROSSE
- EASEMENTS THIS SHEET:
 - NONE

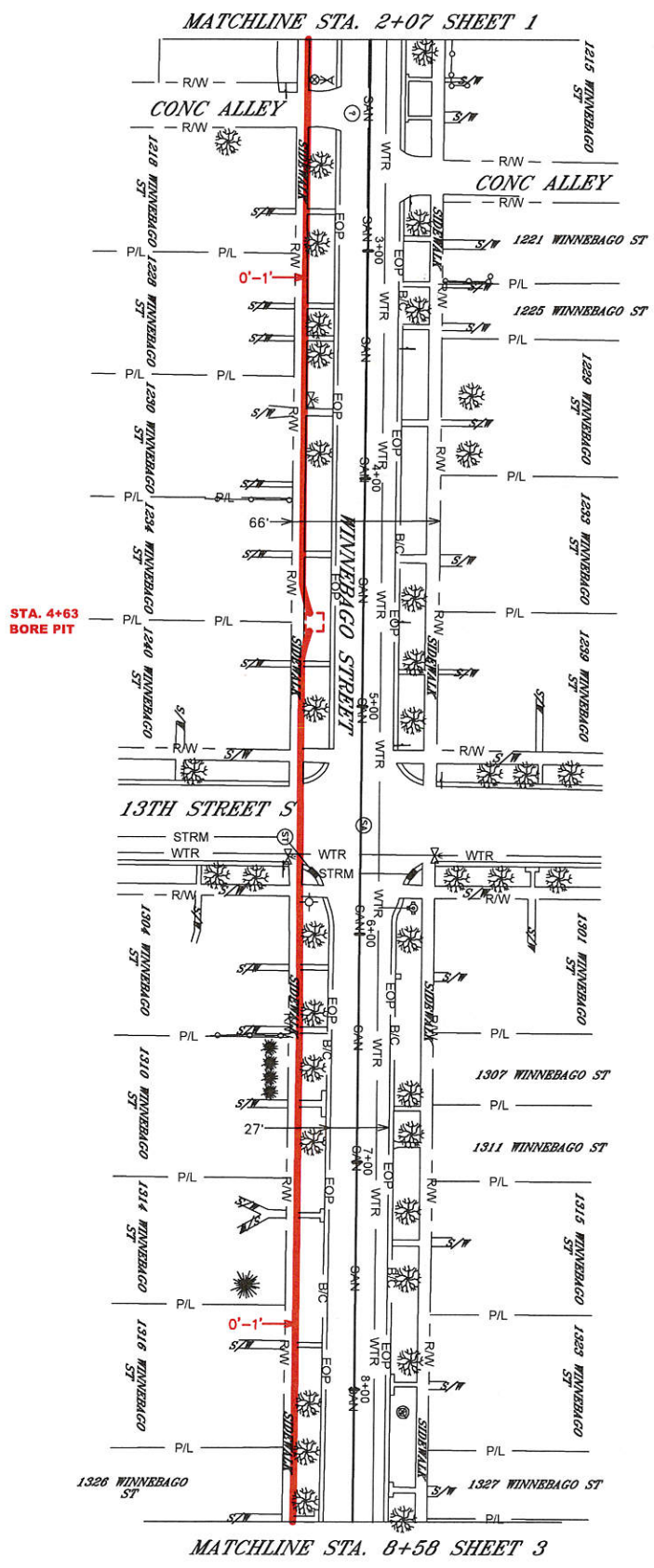
CONSTRUCTION ASSEMBLY UNITS THIS SHEET
 WUH = 1
 BM53(TS) = 1
 UH48 = 1
 UH48(GA) = 287 (COIL = 75)
 UH48(B) = 292 (COIL = 100)

NOTES:
 ALL UNDERGROUND UTILITY LOCATIONS SHOWN HEREON ARE APPROXIMATE. CONSTRUCTION CONTRACTOR IS RESPONSIBLE FOR THE FIELD LOCATION OF ALL UTILITIES AND PRIVATE UTILITIES. COMPLETE REPAIR OF ANY AND ALL DAMAGES INCURRED BE AT THE EXPENSE OF THE CONTRACTOR. FACILITY PLACEMENT SUBJECT TO CHANGE UPON FIELD LOCATE COMPLETION.
 RIGHTS-OF-WAY ARE DERIVED BASED ON FIELD OBSERVATIONS AND THE LATEST RECORDS AVAILABLE. IF FURTHER ACCURACY IS REQUIRED, LAND SURVEYS WILL BE NECESSARY.
 NO SPLICING UNITS ON THIS PROJECT - TO BE COMPLETED UNDER A SEPARATE PROJECT

MEMBER
 ONE CALL SYSTEMS INTERNATIONAL
 WISCONSIN STATUTE 18.075 (1974) REQUIRES CONTRACTORS TO NOTIFY DIGGERS HOTLINE PRIOR TO EXCAVATION AT 811 OR (800) 242-8585. EMAIL-ALOCATE IS AVAILABLE AT WWW.DIGGERSHOTLINE.COM

SHEET 1 OF 5	
COUNTY:	LA CROSSE
TOWNSHIP:	LA CROSSE
TOWN:	15N
RANGE:	7W
SECTION:	5
MUNICIPALITY:	CITY OF LA CROSSE
ROAD NAME:	WINNEBAGO STREET
WISCONSIN INDEPENDENT NETWORK	
PROJECT ID #	01-175
PROJECT DESCRIPTION:	EXTEND LATERAL FIBER ROUTE TO MAYO CLINIC HEALTH SYSTEM LA CROSSE
ENGINEERING DATE	4/2015
COMPLETED:	4/2015
REVISIONS:	
REV 1:	
REV 2:	
W.I.N. PROJECT ENGINEER	JOHN LOUIS OUTSIDE PLANT ENGINEER 715-864-2918
REDLINE:	
AS BUILT:	
SCALE:	1" = 50'
DESIGNED BY ERN WITTING Network Design Associates, LLC 2000 W. Wisconsin Ave., Suite 100 La Crosse, WI 54601 Phone: (608) 785-1200 Fax: (608) 785-1299 www.networkdesign.com	

PLACE FACILITIES VIA DIRECTIONAL BORE FROM A RANGE OF 1' UNDER FRONT EDGE OF SIDEWALK TO FRONT EDGE OF SIDEWALK. POTHOLES AND BORE PITS TO BE ADJACENT TO SIDEWALK TO AVOID DAMAGE TO CONCRETE.



NOTES:
 ALL UNDERGROUND UTILITY LOCATIONS SHOWN HEREON ARE APPROXIMATE. CONSTRUCTION CONTRACTOR IS RESPONSIBLE FOR THE EXACT LOCATION OF ALL UTILITIES AND PRIVATE UTILITIES. COMPLETE REPAIR OF ANY AND ALL DAMAGES INCURRED SHALL BE AT THE EXPENSE OF THE CONTRACTOR. FACILITY PLACEMENT SUBJECT TO CHANGE UPON FIELD LOCATE COMPLETION.
 RIGHTS-OF-WAY ARE DERIVED BASED ON FIELD OBSERVATIONS AND THE LATEST RECORDS AVAILABLE. IF FURTHER ACCURACY IS REQUIRED, LAND SURVEYS WILL BE NECESSARY.
 NO SPLICING UNITS ON THIS PROJECT - TO BE COMPLETED UNDER A SEPARATE PROJECT

- PERMITS THIS SHEET:
- CITY OF LA CROSSE
- EASEMENTS THIS SHEET
- NONE

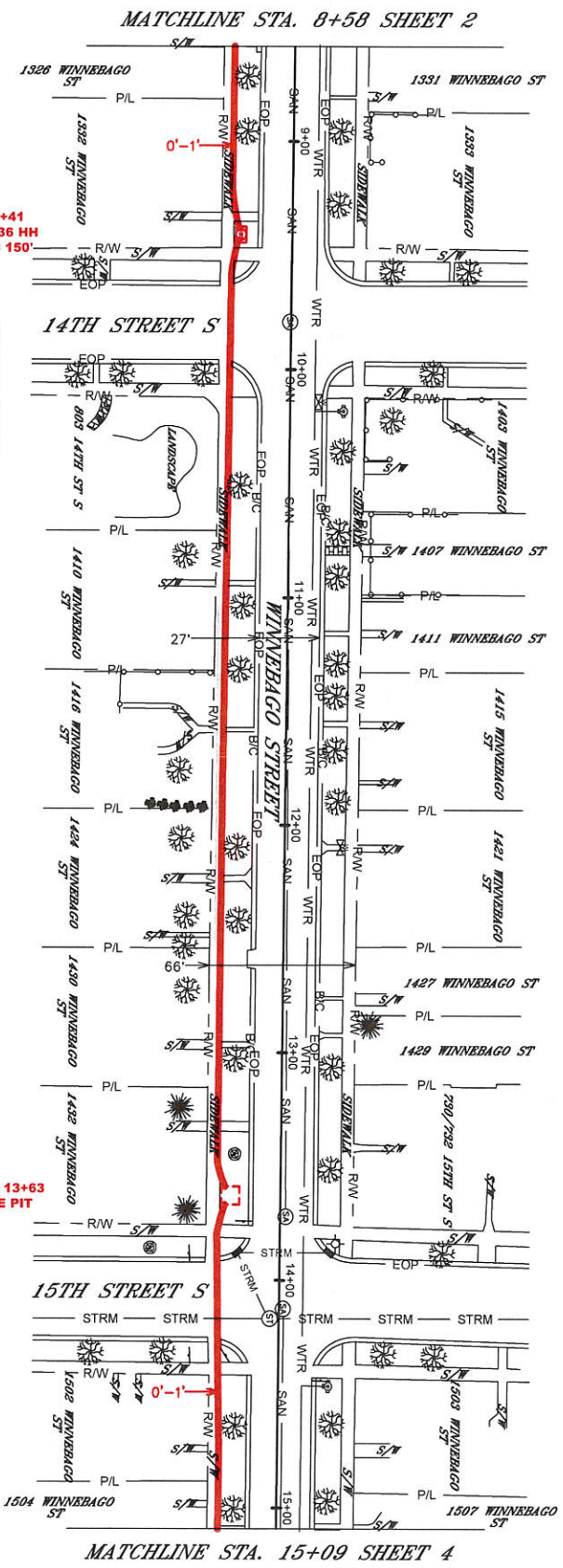
2 CONSTRUCTION ASSEMBLY UNITS THIS SHEET
 BINDRT = 651'
 UF08(24) = 651'



WISCONSIN STATUTE 182.075 (1974) REQUIRES CONTRACTORS TO NOTIFY DIGGERS AND OTHERS BEFORE BUSINESS DAYS PRIOR TO EXCAVATION AT 811 OR (800) 242-8818. EMAIL-ALOCATE IS AVAILABLE AT WWW.DIGGERSHOTLINE.COM

SHEET 2 OF 5	
COUNTY:	LA CROSSE
TOWNSHIP:	LA CROSSE
TOWN:	LA CROSSE
RANGE:	15N
SECTION:	7W
MUNICIPALITY:	CITY OF LA CROSSE
ROAD NAME:	WINNEBAGO STREET
PROJECT ID #:	01-175
PROJECT DESCRIPTION:	EXTEND LATERAL FIBER ROUTE TO MAYO CLINIC HEALTH SYSTEM LA CROSSE
ENGINEERING:	DATE
COMPLETED:	4/2015
REVISIONS:	
REV 1:	
REV 2:	
W.I.N. PROJECT ENGINEER	JOHN LOUIS
OUTSIDE PLANT ENGINEER	715-864-2918
REDLINE	
AS BUILT:	
SCALE:	1" = 50'
DESIGNED BY ERN WERTING Network Design Associates, LLC <small>1000 W. Main St., La Crosse, WI 54601 Phone: (608) 785-2200 Fax: (608) 785-2205 Email: info@networkdesign.com</small>	

PLACE FACILITIES VIA DIRECTIONAL BORE FROM A RANGE OF 1' UNDER FRONT EDGE OF SIDEWALK TO FRONT EDGE OF SIDEWALK. POTHOLES AND BORE PITS TO BE ADJACENT TO SIDEWALK TO AVOID DAMAGE TO CONCRETE.



STA. 9+41
PL UH36 HH
COIL = 150'

PLACE ONE (1) UH36 HAND HOLE 9+41
LATITUDE: _____
LONGITUDE: _____
CABLE SEQ IN: _____
CABLE SEQ OUT: _____
COIL AND STORE 150' OF 24 FIBER

STA. 13+63
BORE PIT

- PERMITS THIS SHEET:
- CITY OF LA CROSSE
- EASEMENTS THIS SHEET
- NONE

3 CONSTRUCTION ASSEMBLY UNITS THIS SHEET

UH36 = 1
BMD81 = 651'
UFOR(24) = 801' (COIL = 150')

NOTES:

ALL UNDERGROUND UTILITY LOCATIONS SHOWN HEREON ARE APPROXIMATE. CONSTRUCTION CONTRACTOR IS RESPONSIBLE FOR THE EXCAVATION, IDENTIFICATION AND PRIVATE UTILITIES. COMPLETE REPAIR OF ANY AND ALL DAMAGES INCURRED BE AT THE EXPENSE OF THE CONTRACTOR. FACILITY PLACEMENT SUBJECT TO CHANGE UPON FIELD LOCATE COMPLETION.

RIGHT-OF-WAY ARE DERIVED BASED ON FIELD OBSERVATIONS AND THE LATEST RECORDS AVAILABLE. IF FURTHER ACCURACY IS REQUIRED, LAND SURVEYS WILL BE NECESSARY.

NO SPLICING UNITS ON THIS PROJECT - TO BE COMPLETED UNDER A SEPARATE PROJECT

WISCONSIN STATUTE 182.075 (1973) REQUIRES CONTRACTORS TO NOTIFY DIGGERS HELD AT 48 HOURS (800) 242-THREE BUSINESS DAYS PRIOR TO EXCAVATION AT 817 OR (608) 242-THREE BUSINESS DAYS. EMAIL ADDRESS IS AVAILABLE AT WWW.DIGGERSHOLD.COM



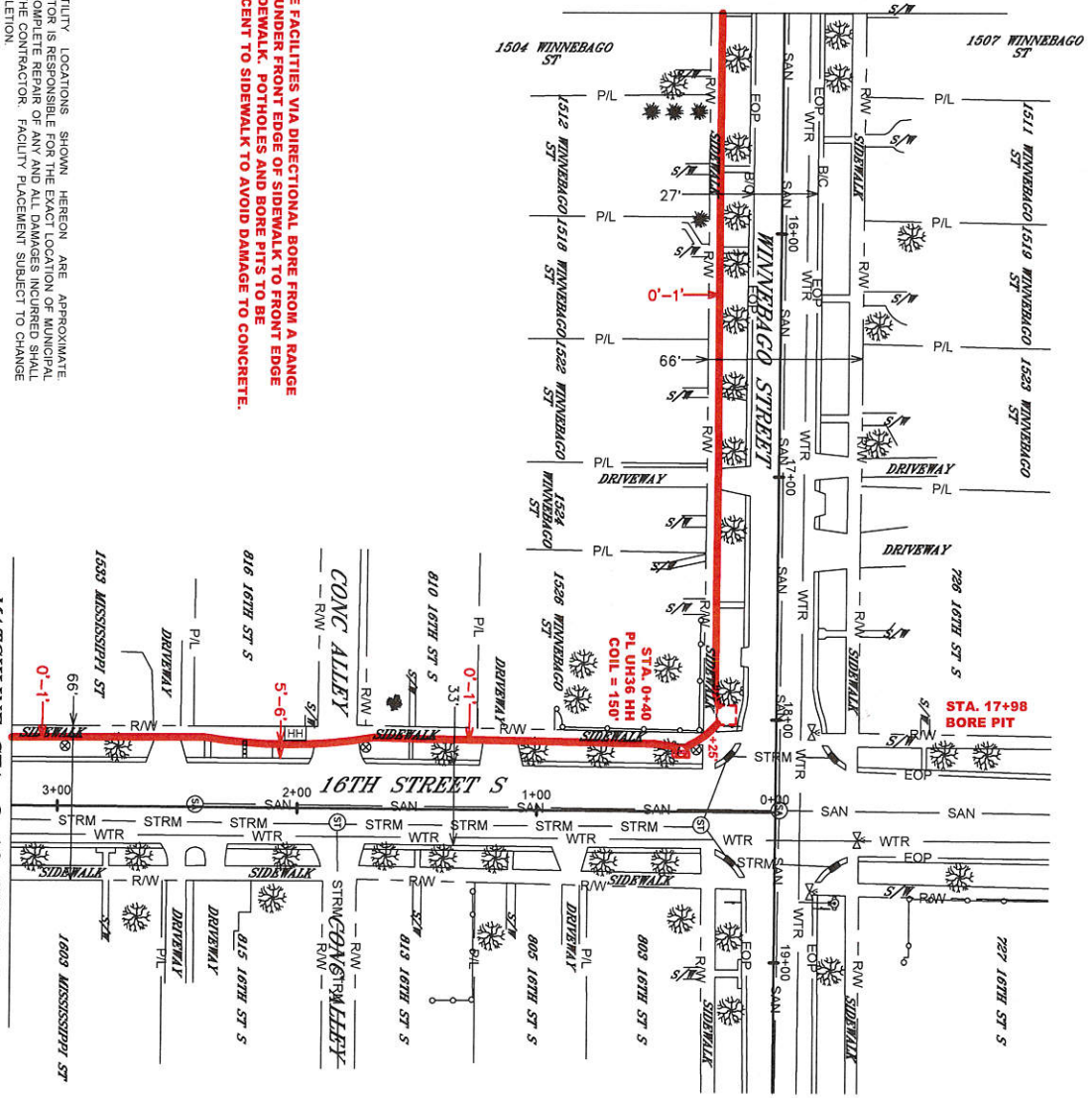
MATCHLINE STA. 15+09 SHEET 4

SHEET 3 OF 5



COUNTY:	LA CROSSE
TOWNSHIP:	LA CROSSE
TOWN:	15N
RANGE:	7W
SECTION:	5
MUNICIPALITY:	CITY OF LA CROSSE
ROAD NAME:	WINNEBAGO STREET
PROJECT ID:	# 01-175
PROJECT DESCRIPTION:	EXTEND LATERAL FIBER ROUTE TO MAYO CLINIC HEALTH SYSTEM LA CROSSE
ENGINEERING DATE:	4/2015
COMPLETED:	4/2015
REVISIONS:	
REV 1:	
REV 2:	
W.I.N. PROJECT ENGINEER:	JOHN LOUIS OUTSIDE PLANT ENGINEER 715-864-2918
REDBLINE:	
AS BUILT:	
SCALE:	1" = 50'
DESIGNED BY:	ERN WATTING
Network Design Associates, LLC	
1000 27th St., La Crosse, WI 54601	
Phone: (608) 785-1234 Fax: (608) 785-1234 Email: info@ndaworks.com	

MATCHLINE STA. 15+09 SHEET 3



PLACE FACILITIES VIA DIRECTIONAL BORE FROM A RANGE OF 1' UNDER FRONT EDGE OF SIDEWALK TO FRONT EDGE ADJACENT TO SIDEWALK TO AVOID DAMAGE TO CONCRETE.

NOTES
 ALL UNDERGROUND UTILITY LOCATIONS SHOWN HEREON ARE APPROXIMATE. THE CONSTRUCTION CONTRACTOR IS RESPONSIBLE FOR THE LOCATION OF MUNICIPAL AND PRIVATE UTILITIES. COMPLETE REPAIR OF ANY AND ALL DAMAGE SHALL BE AT THE EXPENSE OF THE CONTRACTOR. FACILITY PLACEMENT SUBJECT TO CHANGE UPON FIELD LOCATE COMPLETION.
 RIGHTS-OF-WAY ARE DEPICTED BASED ON FIELD OBSERVATIONS AND THE LATEST RECORDS AVAILABLE. IF FURTHER ACCURACY IS REQUIRED, LAND SURVEYS WILL BE NECESSARY.
 NO SPLICING UNITS ON THIS PROJECT - TO BE COMPLETED UNDER A SEPARATE PROJECT

MATCHLINE STA. 3+19 SHEET 5

PERMITS THIS SHEET:
 • CITY OF LA CROSSE
 EASEMENTS THIS SHEET
 • NONE

PLACE ONE (1) UH36 HAND HOLE 0+40
 LATITUDE: _____
 LONGITUDE: _____
 CABLE SEQ N: _____
 CABLE SEQ T: _____
 COIL AND STONE 150' OF 24 FIBER

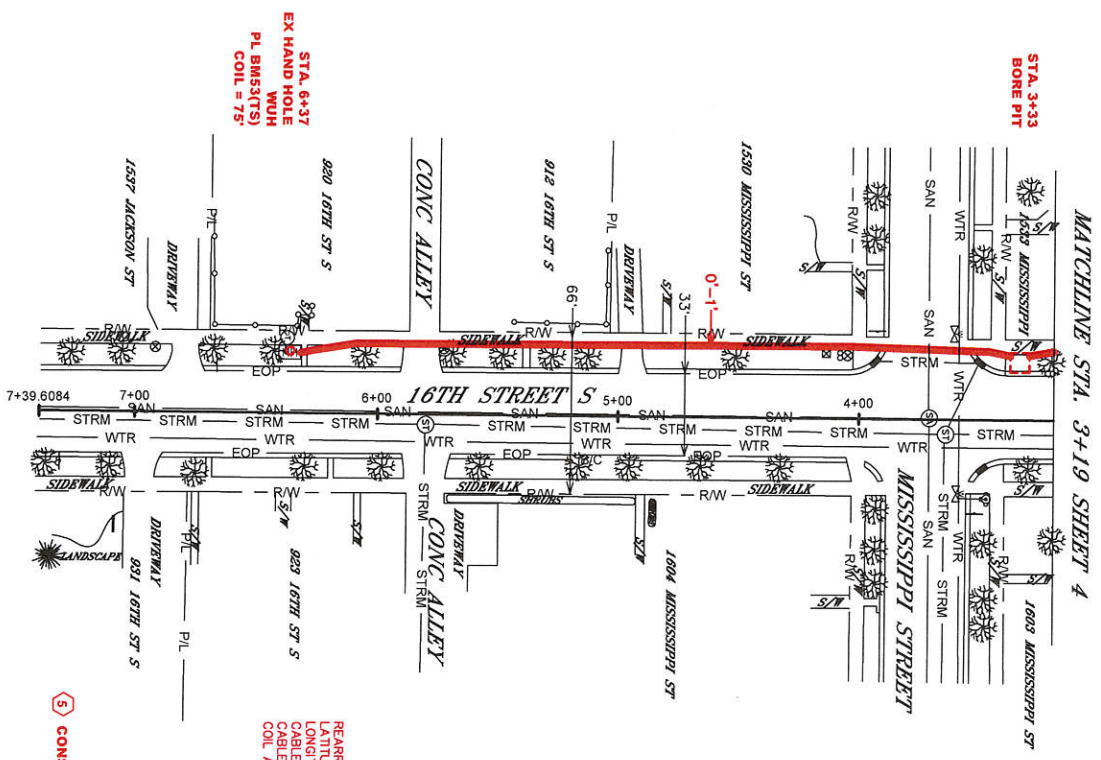
CONSTRUCTION ASSEMBLY UNITS THIS SHEET
 UFOR(24) = 743' (COIL = 150')
 BMD1 = 593'
 UH36 = 1'



WISCONSIN STATUTE 182.0735 (187A) REQUIRES CONTRACTORS TO NOTIFY DIGGERS HOTLINE 1-800-487-3829 PRIOR TO EXCAVATION AT 811 OR (608) 242-8510. EMAIL-A-LOCATE IS AVAILABLE AT WWW.DIGGERSHOTLINE.COM

SHEET 4 OF 5	
COUNTY:	LA CROSSE
TOWNSHIP:	LA CROSSE
TOWN:	15N
RANGE:	7W
SECTION:	5
MUNICIPALITY:	CITY OF LA CROSSE
ROAD NAME:	WINNEBAGO ST / 16TH ST S
WISCONSIN INDEPENDENT NETWORK	
PROJECT ID #	01-175
PROJECT DESCRIPTION:	EXTEND LATERAL FIBER ROUTE TO MAYO CLINIC HEALTH SYSTEM LA CROSSE
ENGINEERING DATE	
COMPLETED:	4/2015
REVISIONS	
REV 1:	
REV 2	
W.I.N. PROJECT ENGINEER	JOHN LOUIS
OUTSIDE PLANT ENGINEER	715-864-2918
REBDLINE	
AS BUILT:	
SCALE	1" = 50'
DESIGNED BY KEN WARTING Network Design Associates, LLC 1000 W. Main St., Suite 200, Watertown, WI 53098 Phone: (920) 721-1111 Fax: (920) 721-1112	

- PERMITS THIS SHEET:
- CITY OF LA CROSSE
- EASEMENTS THIS SHEET:
- NONE



NOTES:

ALL UNDERGROUND UTILITY LOCATIONS SHOWN HEREON ARE APPROXIMATE CONSTRUCTION CONTRACTOR IS RESPONSIBLE FOR THE EXACT LOCATION, DEPTH AND PRIVATE UTILITIES. COMPLETE REPAIR OF ANY AND ALL DAMAGES INCURRED SHALL BE AT THE EXPENSE OF THE CONTRACTOR. FACILITY PLACEMENT SUBJECT TO CHANGE UPON FIELD LOCATE COMPLETION.

RIGHTS-OF-WAY ARE DEPICTED BASED ON FIELD OBSERVATIONS AND THE LATEST RECORDS AVAILABLE. IF FURTHER ACCURACY IS REQUIRED, LAND SURVEYS WILL BE NECESSARY.

NO SPLICING UNITS ON THIS PROJECT - TO BE COMPLETED UNDER A SEPARATE PROJECT

PLACE FACILITIES VIA DIRECTIONAL BORE FROM A RANGE OF 1' UNDER FRONT EDGE OF SIDEWALK TO FRONT EDGE OF SIDEWALK. POTHOLES AND BORE PITS TO BE ADJACENT TO SIDEWALK TO AVOID DAMAGE TO CONCRETE.

REARRANGE ONE (1) EX HAND HOLE 6+37
 LATITUDE: _____
 LONGITUDE: _____
 CABLE SEQ IN: _____
 CABLE SEQ OUT: _____
 COIL AND STORE 75' OF 24 FIBER

CONSTRUCTION ASSEMBLY UNITS THIS SHEET

WIDTH = 1'
 BMDST = 318'
 UJOB(24) = 393' (COIL = 75')

MEMBER
 ONE CALL SYSTEMS INTERNATIONAL

WISCONSIN STATUTE 192.075 (1974) REQUIRES CONTRACTORS TO NOTIFY DIGGERS HOTLINE AT 811 OR (800) 242-8513 PRIOR TO EXCAVATION AT 811 OR (800) 242-8513. EMAIL: A-LOCATE IS AVAILABLE AT WWW.DIGGERSHOTLINE.COM



SHEET 5 OF 5

COUNTY:	LA CROSSE
TOWNSHIP:	LA CROSSE
TOWN:	15N
RANGE:	7W
SECTION:	5
MUNICIPALITY:	CITY OF LA CROSSE
ROAD NAME:	16TH STREET SOUTH
PROJECT ID #:	01-175
PROJECT DESCRIPTION:	EXTEND LATERAL FIBER ROUTE TO MAYO CLINIC HEALTH SYSTEM LA CROSSE
ENGINEERING DATE:	4/2015
COMPLETED:	4/2015
REVISIONS:	
REV 1:	
REV 2:	
W.I.N PROJECT ENGINEER:	JOHN LOUIS OUTSIDE PLANT ENGINEER 715-864-2918
REDLINE:	
AS BUILT:	
SCALE:	1" = 50'

DESIGNED BY KEN WITTING
 Network Design Associates, LLC
 1000 1st Ave S, Crosslake, WI 54601
 Phone: 715-774-7474 Fax: 715-774-7474
 www.NetworkDesignAssociates.com