



June 12, 2017

City of La Crosse
Attn: Rebecka Martin
Legal Department
400 La Crosse Street
La Crosse, WI 54601

**RE: WIN (Wisconsin Independent Network)
2017 Construction
01-500 La Crosse**

Dear Ms. Martin,

Enclosed is a permit application on behalf of WIN (Wisconsin Independent Network) for the placement of fiber optic cable along State Street.

The cable will be placed by directional bore, within city street right-of-way. Some sections of sidewalk will need to be removed at the bore pit locations. These sections of sidewalk will be restored. A few hand holes will be placed which will allow access to the buried fiber. Please see the construction work prints and route map for further details.

Should you have any questions, you may contact me at (920) 872-2902 or sfox@mscon.com. Your attention in this matter is greatly appreciated.

Sincerely,

A handwritten signature in blue ink that reads "Sean Fox".

Sean Fox
Mid-State Consultants

PROVIDING COMMUNICATION
SYSTEMS ENGINEERING

CORPORATE OFFICE
1475 NORTH 200 WEST
POST OFFICE BOX 311
NEPHI, UT 84648
TEL: (435) 623-8601
FAX: (435) 623-8610

REGIONAL OFFICE
1222 N. SUPERIOR
PO BOX 566
TOMAH, WI 54660
TEL: (608) 372-4127
FAX: (608) 372-4934



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/6/2017

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 UNITEL 1128 Lincoln Mall Suite 200 Lincoln NE 68508	CONTACT NAME: Michelle Bivens PHONE (A/C, No, Ext): (402) 434-7202 E-MAIL ADDRESS: mbivens@unicogroup.com	FAX (A/C, No): (402) 434-7272
	INSURER(S) AFFORDING COVERAGE	
INSURED Communications Management Group, LLC Wisconsin Independent Network, LLC 800 Wisconsin Street, Suite 219, Mailbox 107 Eau Claire WI 54703	INSURER A Acadia Insurance Company NAIC # 31325	
	INSURER B Twin City Fire Insurance Co 29459	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES**CERTIFICATE NUMBER:****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	ADOL (SUBR) INSD (W/O)	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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	RUP3125966	6/1/2017	6/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		RUP3125966	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$		RUP3125966	6/1/2017	6/1/2018	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	91WBCD7711	4/1/2017	4/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

City of LaCrosse is additional insured under the General Liability per written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of LaCrosse
 400 LaCrosse Street, 5th Floor
 LaCrosse, WI 54601

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

Chris Danielson/MB

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COUNTY:	LA CROSSE
TOWNSHIP:	LA CROSSE
TOWN:	T 16 N
RANGE:	R 7 E
SECTION:	32
MUNICIPALITY:	LA CROSSE
ROAD NAME:	STATE ST.



WISCONSIN INDEPENDENT NETWORK

PROJECT ID # 01-500

PROJECT DESCRIPTION:
SERVICE TO MAYO CLINIC

ENGINEERING	05/2017
COMPLETED	7/2017
REVISIONS	
REV 1	
REV 2	

W.I.N. PROJECT ENGINEER	JOHN LOUIS
	O: 715-838-4012 C: 715-864-2918
	jlouis@wins.net
REDLINE	
AS BUILT	
SCALE	1" = 50'

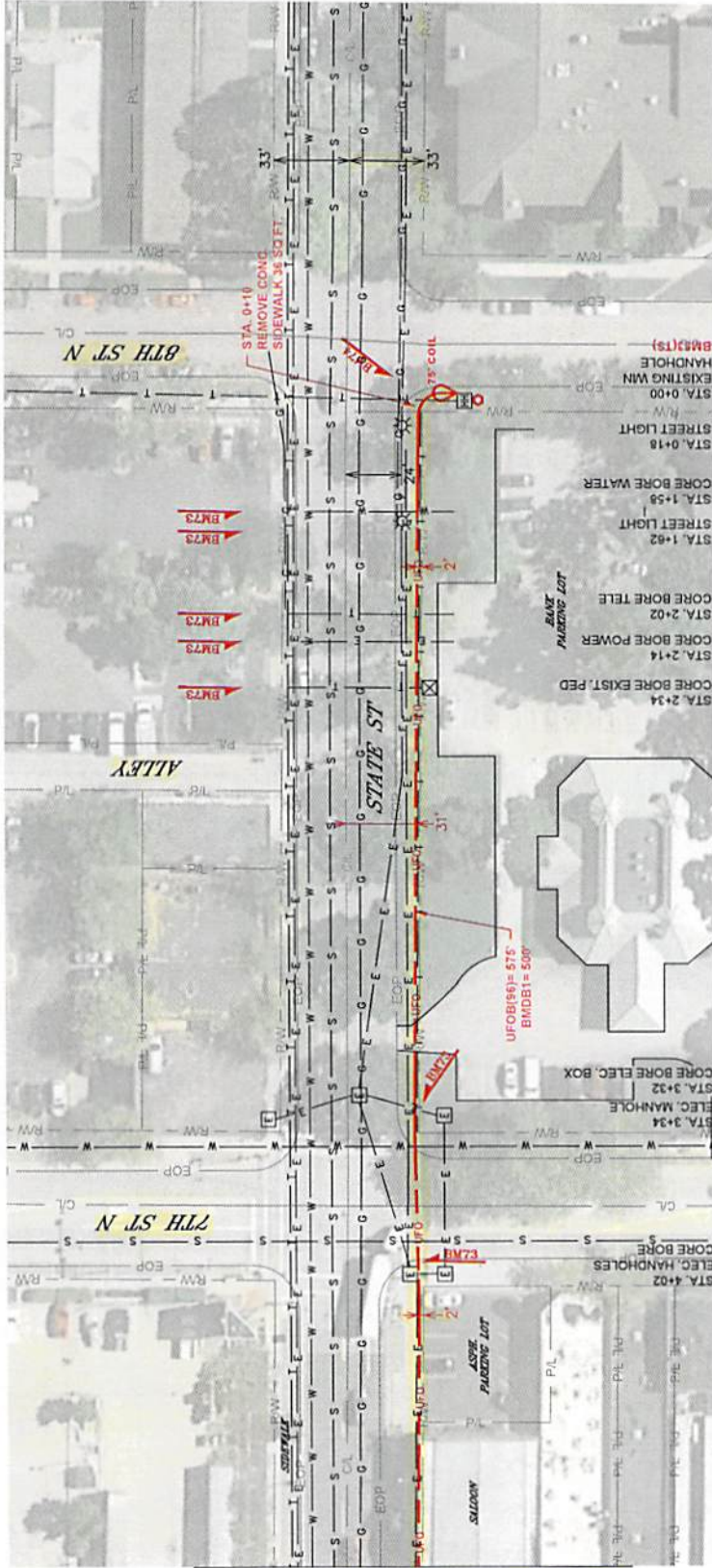
NOTICE
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NOTES:

ALL UNDERGROUND UTILITY LOCATIONS SHOWN HEREON ARE APPROXIMATE. CONSTRUCTION CONTRACTOR IS RESPONSIBLE FOR THE EXACT LOCATION OF MUNICIPAL 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 STATE AND COUNTY RECORDS AVAILABLE. IF FURTHER ACCURACY IS REQUIRED, LAND SURVEYS WILL BE NECESSARY.

- PERMITS THIS SHEET:
- WISCONSIN DEPARTMENT OF TRANSPORTATION
- CITY OF LA CROSSE



MATCH LINE STA. 5+00 SHEET 2



WISCONSIN STATUTE 182.0175 (1974) REQUIRES CONTRACTORS TO NOTIFY DIGGERS HOTLINE A MINIMUM OF THREE BUSINESS DAYS PRIOR TO EXCAVATION AT 811 OR (800) 242-8511 OR (262) 432-7910. EMAIL-A-LOCATE IS AVAILABLE AT: WWW.DIGGERSHOTLINE.COM

- CONSTRUCTION ASSEMBLY UNITS
- THIS SHEET
- BM73 = 15.90 FT
- BM74 = 36.50 FT
- BMDB1 = 500'
- UF0B = 575'
- WUM = 1'
- "BORE ENTIRE PRINT"



COUNTY:	LA CROSSE
TOWNSHIP:	LA CROSSE
TOWNE:	T 16 N
RANGE:	R 7 E
SECTION:	32, 31
MUNICIPALITY:	LA CROSSE
ROAD NAME:	STATE ST.



WISCONSIN INDEPENDENT NETWORK
PROJECT ID # 01-500

PROJECT DESCRIPTION:
SERVICE TO MAYO CLINIC

ENGINEERING	05/2017
COMPLETED	/2017
REVISIONS	
REV 1	
REV 2	

W.I.N. PROJECT ENGINEER
JOHN LOUIS
O: 715-838-4012 | C: 715-864-2918
jlouis@wins.net

REDLINE
AS BUILT
SCALE 1" = 50'

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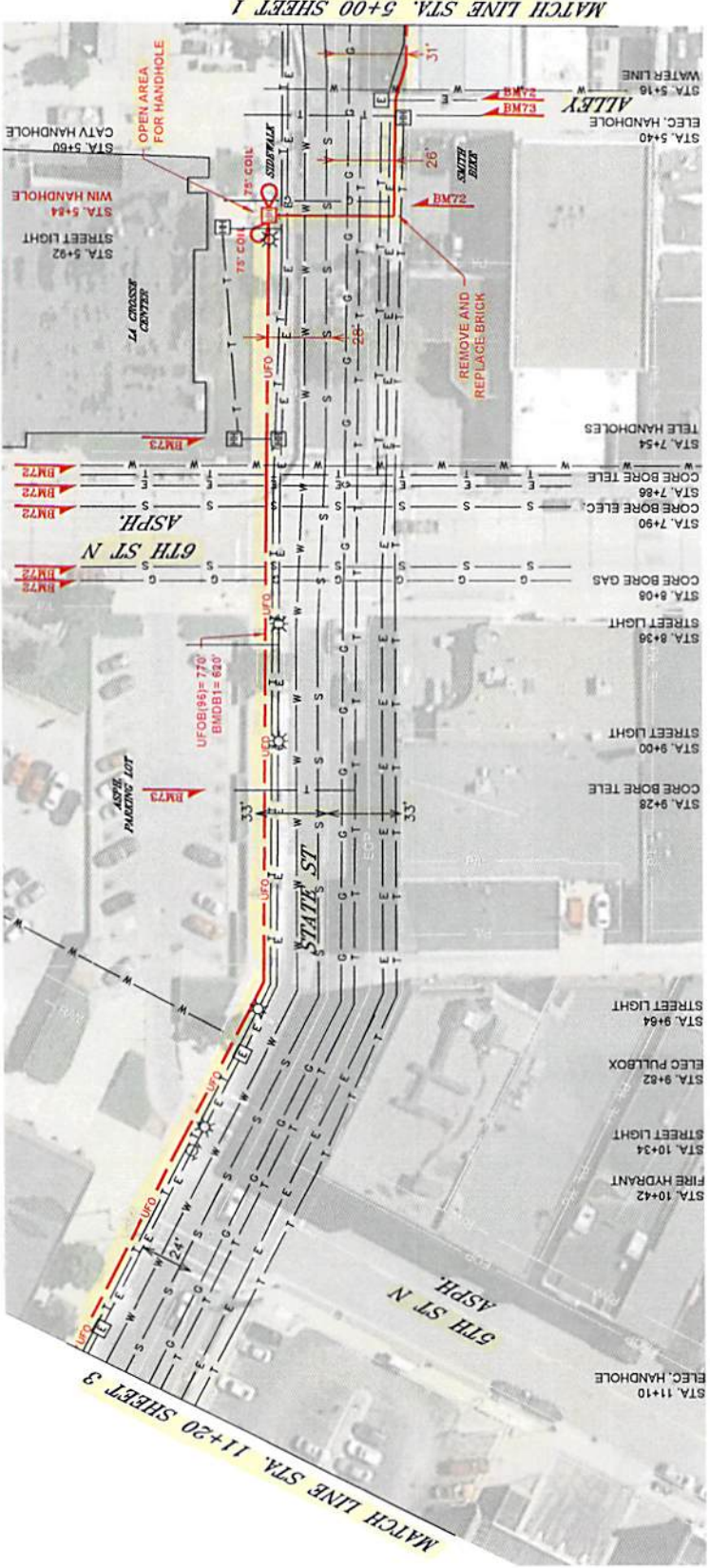
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• CITY OF LA CROSSE

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PLACE UH36 WIN HH - STA 5+84
LATITUDE:
LONGITUDE:
CABLE SEQ IN:
CABLE SEQ OUT:



WISCONSIN STATUTE 182.0175 (1974) REQUIRES CONTRACTORS TO NOTIFY DIGGERS HOTLINE A MINIMUM OF THREE BUSINESS DAYS PRIOR TO EXCAVATION AT 811 OR (800) 242-8511 OR (262) 432-7910. EMAIL-A-LOCATE IS AVAILABLE AT: WWW.DIGGERSHOTLINE.COM

- CONSTRUCTION ASSEMBLY UNITS
- BM72 = 5' SOFT
 - BM73 = 5' SOFT
 - BMDB1 = 620'
 - UFOB = 770'
 - UH36 = 1
- "BORE ENTIRE PRINT"



COUNTY:	LA CROSSE
TOWNSHIP:	LA CROSSE
TOWN:	T 16 N
RANGE:	R 7 E
SECTION:	31
MUNICIPALITY:	LA CROSSE
ROAD NAME:	STATE ST
	
PROJECT ID:	# 01-500
PROJECT DESCRIPTION:	SERVICE TO MAYO CLINIC
ENGINEERING:	05/2017
COMPLETED:	/2017
REVISIONS:	
REV 1:	
REV 2:	
W.I.N. PROJECT ENGINEER:	JOHN LOUIS O: 715-838-4012 C: 715-864-2918 jlouis@wins.net
REDLINE:	
AS BUILT:	
SCALE:	1" = 50'

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NOTES:

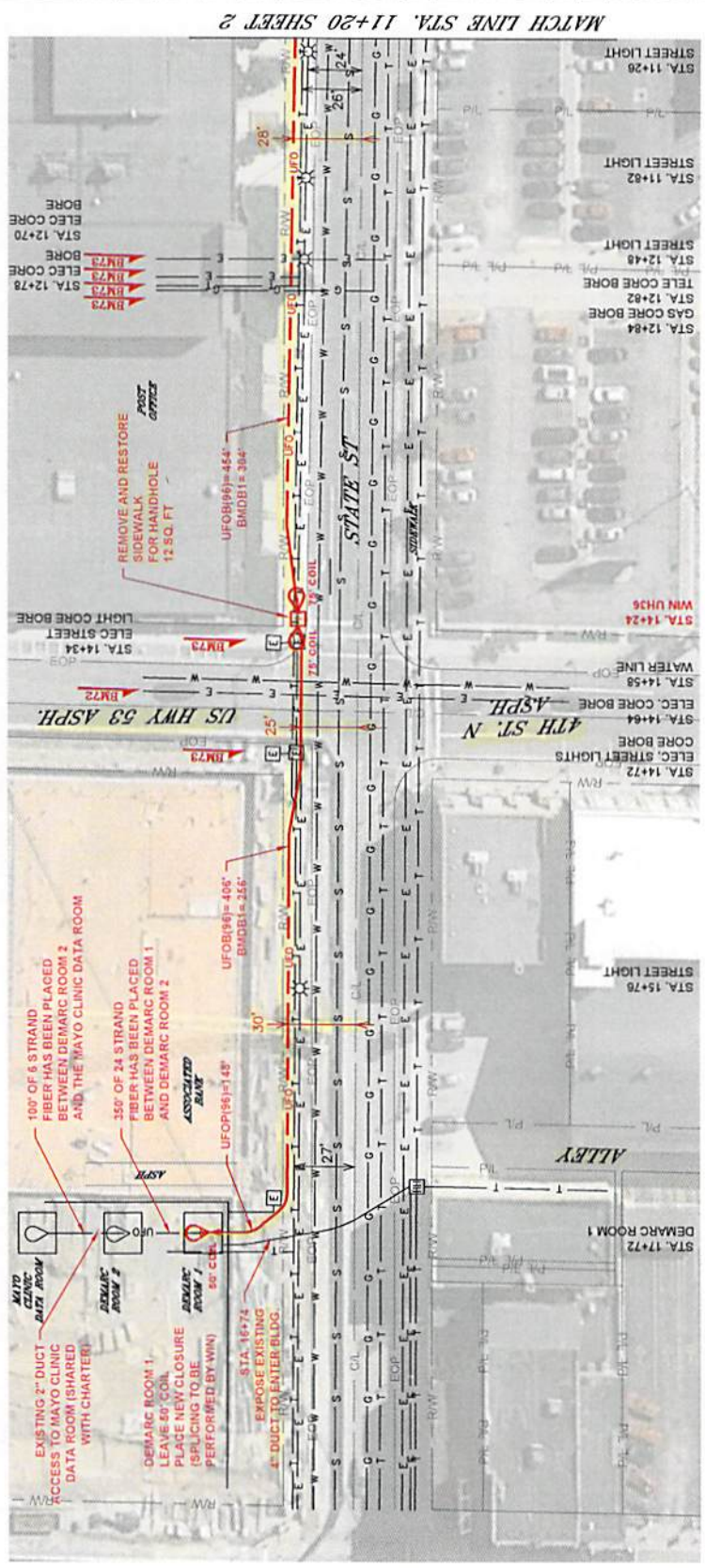
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PLACE UN36 WIN HH - STA 14+24
 LATITUDE: _____
 LONGITUDE: _____
 CABLE SEQ IN: _____
 CABLE SEQ OUT: _____

PERMITS THIS SHEET:

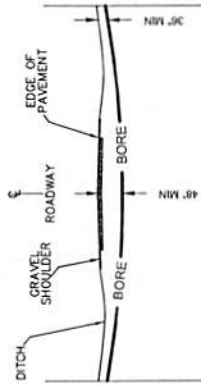
- WISCONSIN DEPARTMENT OF TRANSPORTATION
- CITY OF LA CROSSE



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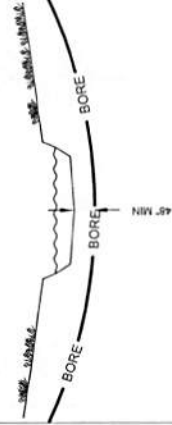
TYPICAL DETAIL DRAWINGS

TYPICAL ROADWAY CROSSING



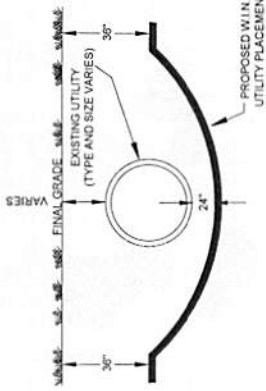
ALL DIMENSIONS SHOWN ARE MINIMUM DEPTHS
 PROPOSED FACILITIES PLACEMENT SHALL CROSS ALL EXISTING
 STREETS AT 48" MINIMUM DEPTH
 PERMITTING AUTHORITIES MAY REQUIRE GREATER
 THAN 48" MINIMUM DEPTH ROAD CROSSINGS

TYPICAL WATERWAY CROSSING



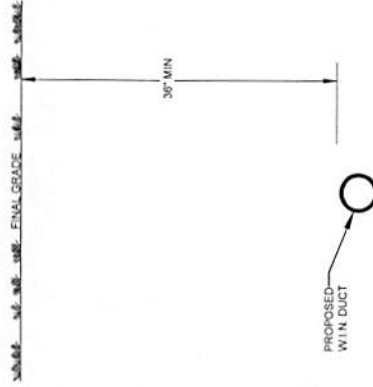
ALL DIMENSIONS SHOWN ARE MINIMUM DEPTHS
 PROPOSED FACILITIES PLACEMENT SHALL CROSS ALL WATERWAYS
 AT 48" MINIMUM DEPTH FROM BASE OF WATERWAY
 PERMITTING AUTHORITIES MAY REQUIRE GREATER
 THAN 48" MINIMUM DEPTH

TYPICAL UTILITY CROSSING



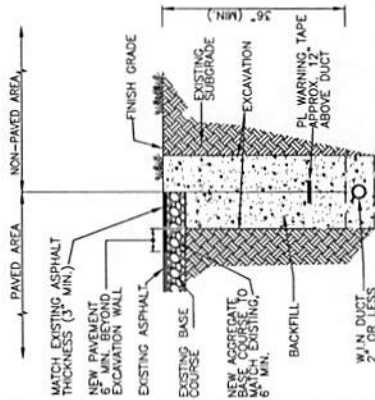
ALL DIMENSIONS SHOWN ARE MINIMUM DISTANCES
 PROPOSED FACILITIES PLACEMENT SHALL CROSS ALL EXISTING UTILITIES
 WITH A 24" MINIMUM VERTICAL AND HORIZONTAL SEPARATION
 FOREIGN UTILITY OWNERS AND/OR PERMITTING AUTHORITIES MAY
 REQUIRE GREATER THAN 24" SEPARATIONS

TYPICAL BORE DETAIL



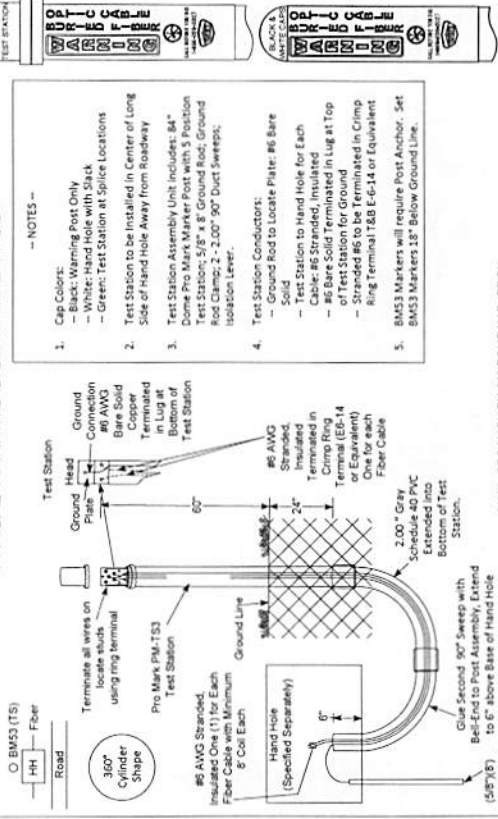
MAINTAIN MINIMUM HORIZONTAL AND VERTICAL SEPARATION
 OF EXISTING UTILITIES. REVIEW PERMITTING AUTHORITIES
 SPECIFICATIONS AND DETAILS FOR SEPARATION REQUIREMENTS
 NOT TO SCALE

TYPICAL TRENCH DETAIL
 BMT1 (ONE DUCT - 2" OR LESS)
 1 DUCT HORIZONTALLY BY 1 DUCT VERTICALLY



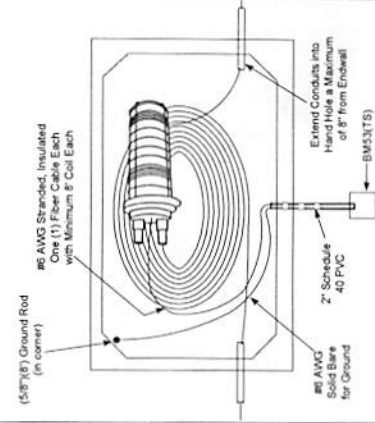
MAINTAIN MINIMUM HORIZONTAL AND VERTICAL SEPARATION
 OF EXISTING UTILITIES. REVIEW PERMITTING AUTHORITIES
 SPECIFICATIONS AND DETAILS FOR SEPARATION REQUIREMENTS
 NOT TO SCALE

TYPICAL WARNING SIGN MARKER POST

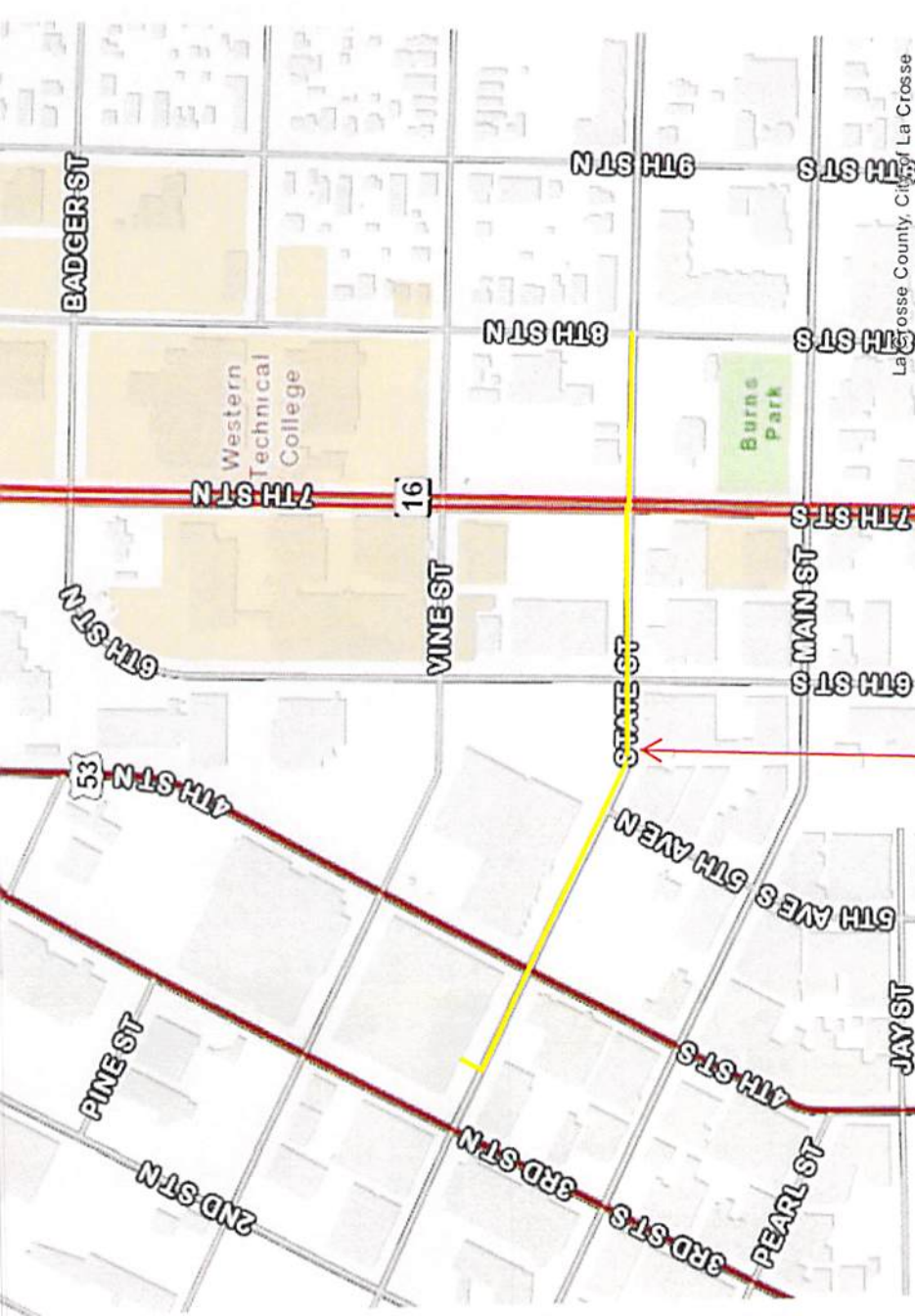


- NOTES -
- Cap Colors:
 - Black: Warning Post Only
 - White: Hand Hole with Slack
 - Green: Test Station at Spike Locations
 - Test Station to be installed in Center of Long Side of Hand Hole Away from Roadway
 - Test Station Assembly Unit includes: 84" Dome Pro Mark Marker Post with 5 Position Test Station; 5/8" x 8" Ground Rod; Ground Rod Clamp; 2 - 2.00" 90° Duct Sweep; Isolation Level.
 - Test Station Conductors:
 - Ground Rod to locate Pile: #6 Bare Solid
 - Test Station to Hand Hole for Each Cable: #6 Stranded, Insulated
 - #6 Bare Solid Terminated in Lug at Top of Test Station for Ground
 - Stranded #6 to be terminated in Clamp Ring Terminal 188 E-14 or Equivalent
 - BMS3 Markers will require Post Anchor. Set BMS3(T)S - PRO MARK PM-TS384" (3" TEST STATION WITH STANDARD 3 STAINLESS STEEL TERMINALS)

TYPICAL HANDHOLE DETAIL
 VIEW FROM TOP



6" COMPACTED #1 Washed Stone (not shown)
 1/4" SCREEN MESH (not shown)
 NOT TO SCALE



La Crosse County, City of La Crosse

Fiber Route