

Effective: August 21, 2012	96.00 Utility Accommodation 96.90 Appendices
Supersedes: January 1, 2000	
By: County Highway Commissioner	
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The following sections have been included with this policy to provide the user with additional information:

Section 96.91 County Map.

Section 96.92 County Contact Information.

Section 96.93 Sample Permit Application Form.

Section 96.94 Highway Clearance Diagram.

Section 96.95 Backfilling Detail.

Section 96.96 DNR Region Service Centers.

Section 96.97 Environmental Conditions Discovery Checklist.

Section 96.98 Completion Form.

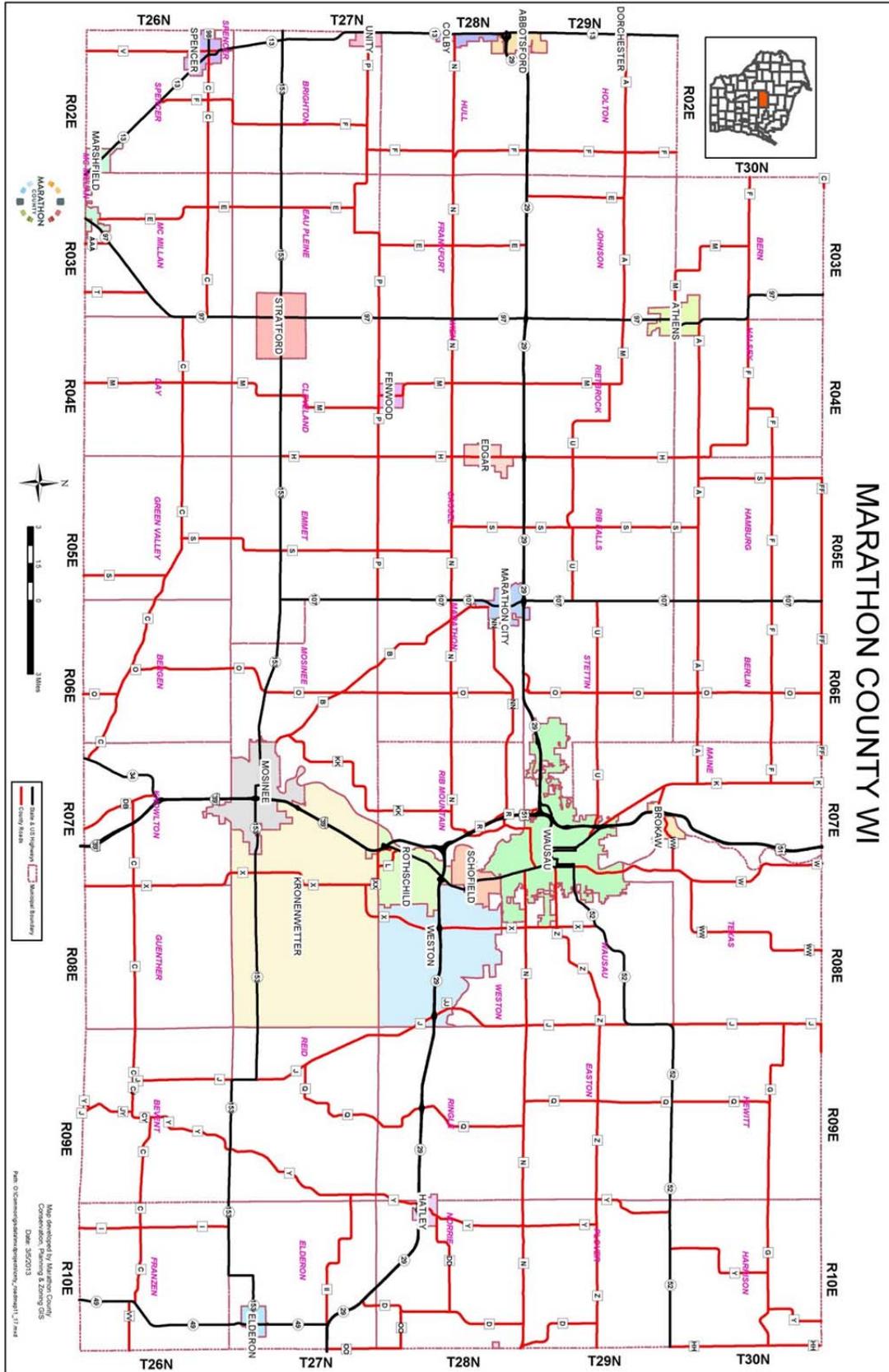
Section 96.99 Fees

Effective: August 21, 2012

96.00 Utility Accommodation
96.90 Appendices
Section 96.91 County Map

Supersedes: January 1, 2000

By: County Highway Commissioner



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By: County Highway Commissioner	Page 1 of 1

Marathon County Highway Department

1430 West Street
Wausau, WI 54401
715.261.1800 phone
715.261.1810 fax

Utility Permit Contacts:

Russ Graveen, Operations Supervisor*

Russell.graveen@co.marathon.wi.us

715.261.1814

Kevin Lang, Project Superintendent**

Kevin.lang@co.marathon.wi.us

715.261.1809

James Griesbach, Highway Commissioner**

James.griesbach@co.marathon.wi.us

715.261.1801

* Primary contact for utility permits

** Secondary contacts for utility permits

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Supersedes: January 1, 2000	Section 96.93 Sample Permit Application Form
By: County Highway Commissioner	Page 1 of 1

[Click on document to access form](#)



Marathon County Highway Department
Application/Permit to CONSTRUCT,
OPERATE, & MAINTAIN UTILITIES WITHIN
HIGHWAY RIGHT-OF-WAY

Applicant/Company: _____
Address Line 1: _____
Address Line 2: _____
Phone: _____
Email: _____
Plans Prepared By: _____
Preparer's Phone: _____
Preparer's Email: _____

Location Information
Highway(s): _____
Town/Village/City of: _____
_____ 1/4 of the _____ 1/4 Sec _____
T _____ N _____ R _____ E _____
Additional Information
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: \$ _____
Permit Fees are NON-REFUNDABLE

Description of Proposed Work (Check and fill out all that apply)

Utility Type		Orientation	Work Type	Construction Method(s)	
<input type="checkbox"/> Transmission	<input type="checkbox"/> Private Line	<input type="checkbox"/> Overhead	<input type="checkbox"/> New Construction	<input type="checkbox"/> Plow	<input type="checkbox"/> Suspend on poles/towers
<input type="checkbox"/> Gas/Petroleum	<input type="checkbox"/> Electric	<input type="checkbox"/> Underground	<input type="checkbox"/> Improve/Repair Existing	<input type="checkbox"/> Trench	<input type="checkbox"/> Tree Cutting/Removal
<input type="checkbox"/> Communications	<input type="checkbox"/> Distribution	<input type="checkbox"/> Parallel to hwy centerline	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Bore	<input type="checkbox"/> Chemical treatment of tree/brush
<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Service	<input type="checkbox"/> Hwy Crossing	<input type="checkbox"/> Removal	<input type="checkbox"/> Cased	<input type="checkbox"/> Open cut hwy
	<input type="checkbox"/> Water	<input type="checkbox"/> Bridge attachment	<input type="checkbox"/> Abandon in place	Erosion Control Designation	<input type="checkbox"/> Major
		<input type="checkbox"/> Tunnel			<input type="checkbox"/> Minor

Facility Size/Capacity: _____ (Diameter, # of Fibers, psi, Kv, etc.)

Provide additional narrative if needed: _____

Utility Representative Responsible for Construction:

Name: _____ Telephone: (_____) _____ -- _____

Estimated Starting Date: _____ Estimated Completion/Restoration Date: _____

****NOTICE- COMPLETION CERTIFICATE NEEDS TO BE SENT WITHIN 2 WEEKS OF PROJECT COMPLETION****

The applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of Marathon County in effect at the time of the 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)

(Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Personnel Telephone Number)

Email of Authorized Personnel: _____

****Office Use Only****

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 Marathon County including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of the application.

Supplemental Provisions Attached: Yes No

By: _____
(Authorized Representative for County)

(Title) (Date)

Fee Received: \$ _____
Check Number: _____
Date Issued: _____
Hwy Project #: _____
Permit #: _____

Effective: August 21, 2012

96.00 Utility Accommodation

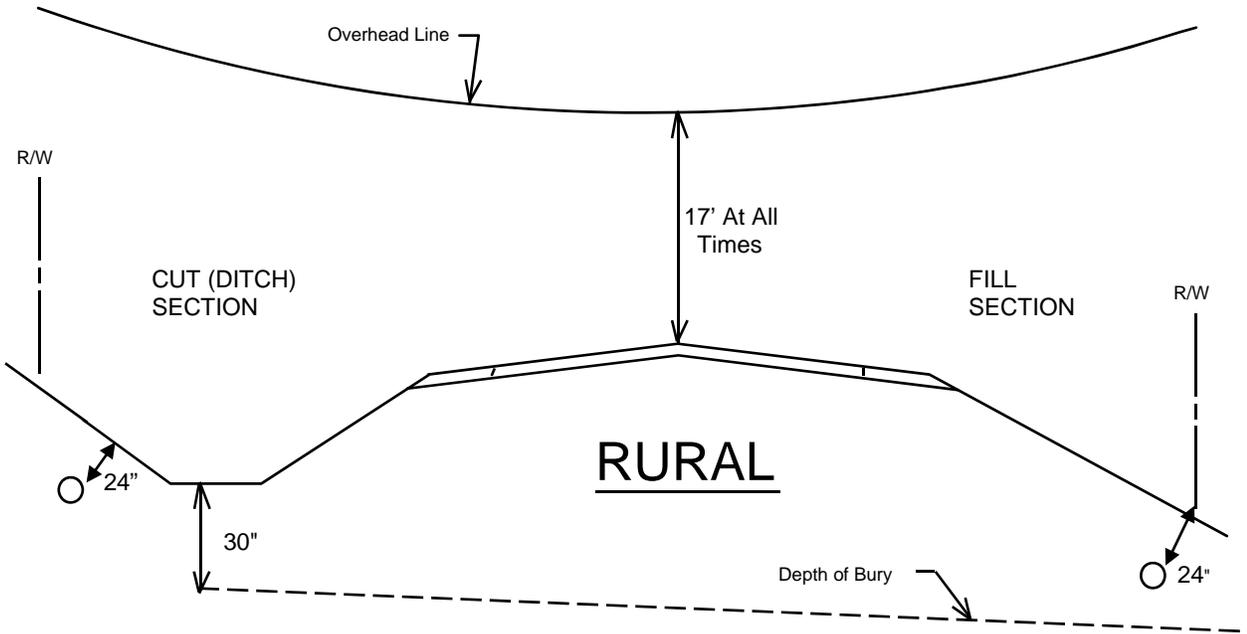
96.90 Appendices

Supersedes: January 1, 2000

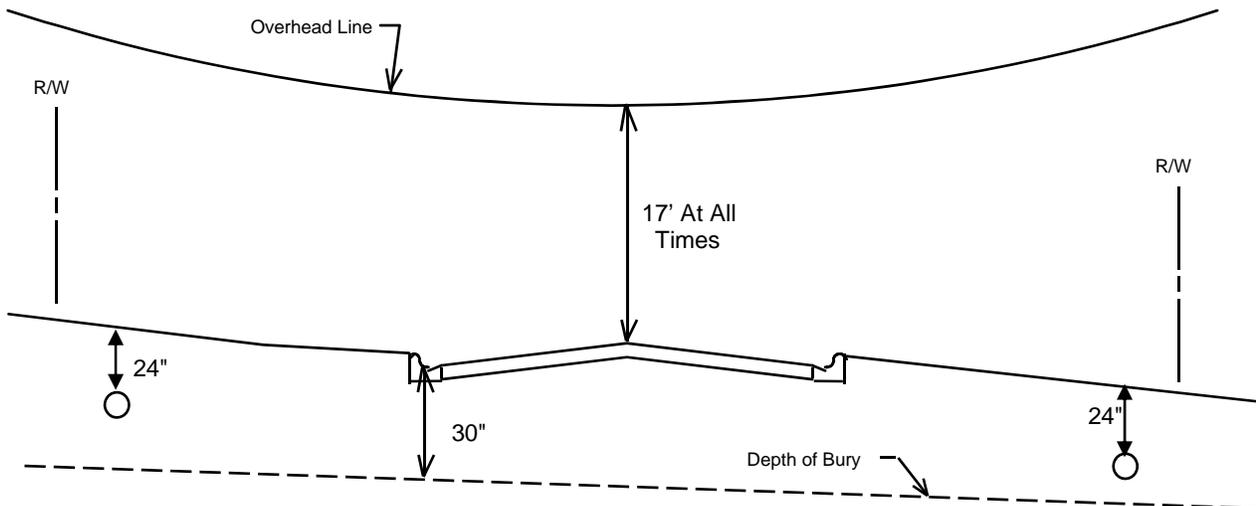
Section 96.94 Highway Clearance Diagram

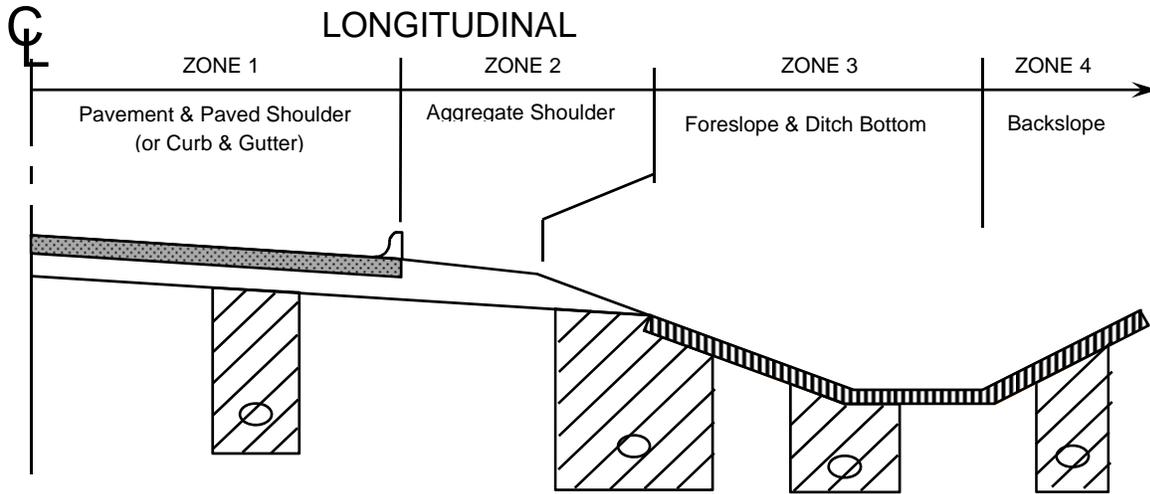
By: County Highway Commissioner

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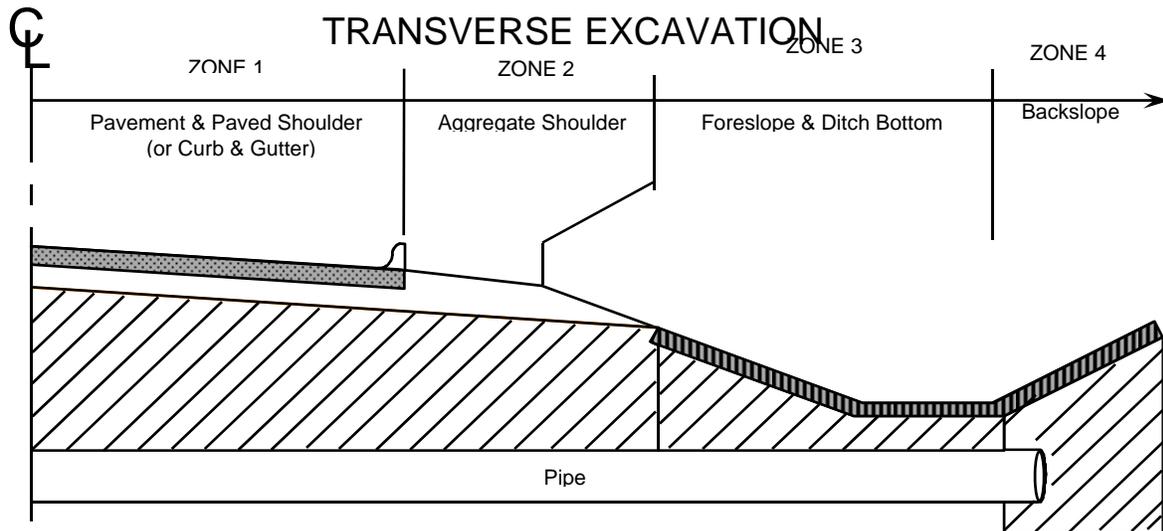


MINIMUM CLEARANCES





BACKFILLING EXCAVATION DETAIL DRAWINGS



Supersedes: January 1, 2000

Section 96.96 DNR District Offices List

By: County Highway Commissioner

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WAUSAU DNR SATELLITE CENTER
5301 RIB MT RD
WAUSAU WI 54401

715-359-4522-phone
715-355-5253-fax

Office Hours
Monday thru Friday
11:00 a.m. to 2:00 p.m.

<http://dnr.wi.gov/Contact/SSbyRegion.html>

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Supersedes: January 1, 2000	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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96.00 Utility Accommodation

96.90 Appendices

Supersedes: January 1, 2000

Section 96.98 Completion Certificate

By: County Highway Commissioner

Page 1 of 1

**Return this Completion Certificate to the
Marathon County Highway Department when site is restored**

Completion Certificate

(For Utility Permits)

Mail or Fax to Address Listed Below

Date _____

**To: Marathon County Highway Department
1430 West Street
Wausau, WI 54401**

**ATTN: Russ Graveen
TELEPHONE: 715.261.1814
FAX: 715.261.1810
E-MAIL: Russell.Graveen@co.marathon.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: _____

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Fee Schedule

Type of Work	Fee
Standard Utility Installation and/or maintenance ^{1 3}	\$75
Utility work requiring open cut of Highway pavement ²	See figure below, based on most recent Pavement Rating
Utility work requiring open cut of multi-use trail pavement ²	\$500 for pavement installed in past two years \$250 for pavement installed more than two years ago

Notes:

1. \$75 fee due upon application and is non-refundable
2. Not all open cut applications will be approved, particularly if alternate construction is feasible.
3. Open cut fee may be charged if unplanned open cuts are required during construction.

Current Pavement Rating	General Description of Pavement	Open Cut Permit Fee	Additional Comments and Requirements
↓ 10 9 8	↓ New or Nearly New Pavement.	↓ \$1,000	↓ The Marathon County Highway Department discourages open cut utility accommodation on new or nearly new roadways. Additional repairs, above and beyond standard open cut repair requirements, may be requested by the Highway Department to adequately accommodate open cut repairs that are allowed on new or nearly new roadways. These measures will be determined on a case-by-case basis by the Highway Department.
7 6	Generally Good Condition.	\$500	Additional repairs, above and beyond standard open cut repair requirements, may be requested by the Highway Department to adequately accommodate open cut repairs that are allowed on roadways in good condition. These measures will be determined on a case-by-case basis by the Highway Department.
5 4 3	In Need of Repair.	\$250	The standard utility accommodation permit fee applies.
2 1	Poor or Very Poor.	\$250	The standard utility accommodation permit fee applies. Utility company or contractor should check with the Highway Department as a roadway rated as 1 or 2 may be programmed for reconstruction. If possible, the utility work should be coordinated with planned roadway improvements.



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 OPERATE, & MAINTAIN UTILITIES WITHIN
 HIGHWAY RIGHT-OF-WAY

Applicant/Company: _____
 Address Line 1: _____
 Address Line 2: _____
 Phone: _____
 Email: _____
 Plans Prepared By: _____
 Preparer's Phone: _____
 Preparer's Email: _____

Location Information
Highway(s): _____
Town/Village/City of: _____
_____ 1/4 of the _____ 1/4 Sec _____
T____N R____E
Additional Information
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: \$ _____
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<input type="checkbox"/> Communications <input type="checkbox"/> Distribution	<input type="checkbox"/> Parallel to hwy centerline	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Bore	<input type="checkbox"/> Chemical treatment of tree/brush
<input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Service	<input type="checkbox"/> Hwy Crossing	<input type="checkbox"/> Removal	<input type="checkbox"/> Cased	<input type="checkbox"/> Open cut hwy
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Facility Size/Capacity: _____ (Diameter, # of Fibers, psi, Kv, etc.)
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By: _____
 (Signature of Applicant/Company Authorized Representative) (Title) (Date)

 (Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Personnel Telephone Number)
 Email of Authorized Personnel: _____

****Office Use Only****

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Hwy Project #: _____
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