

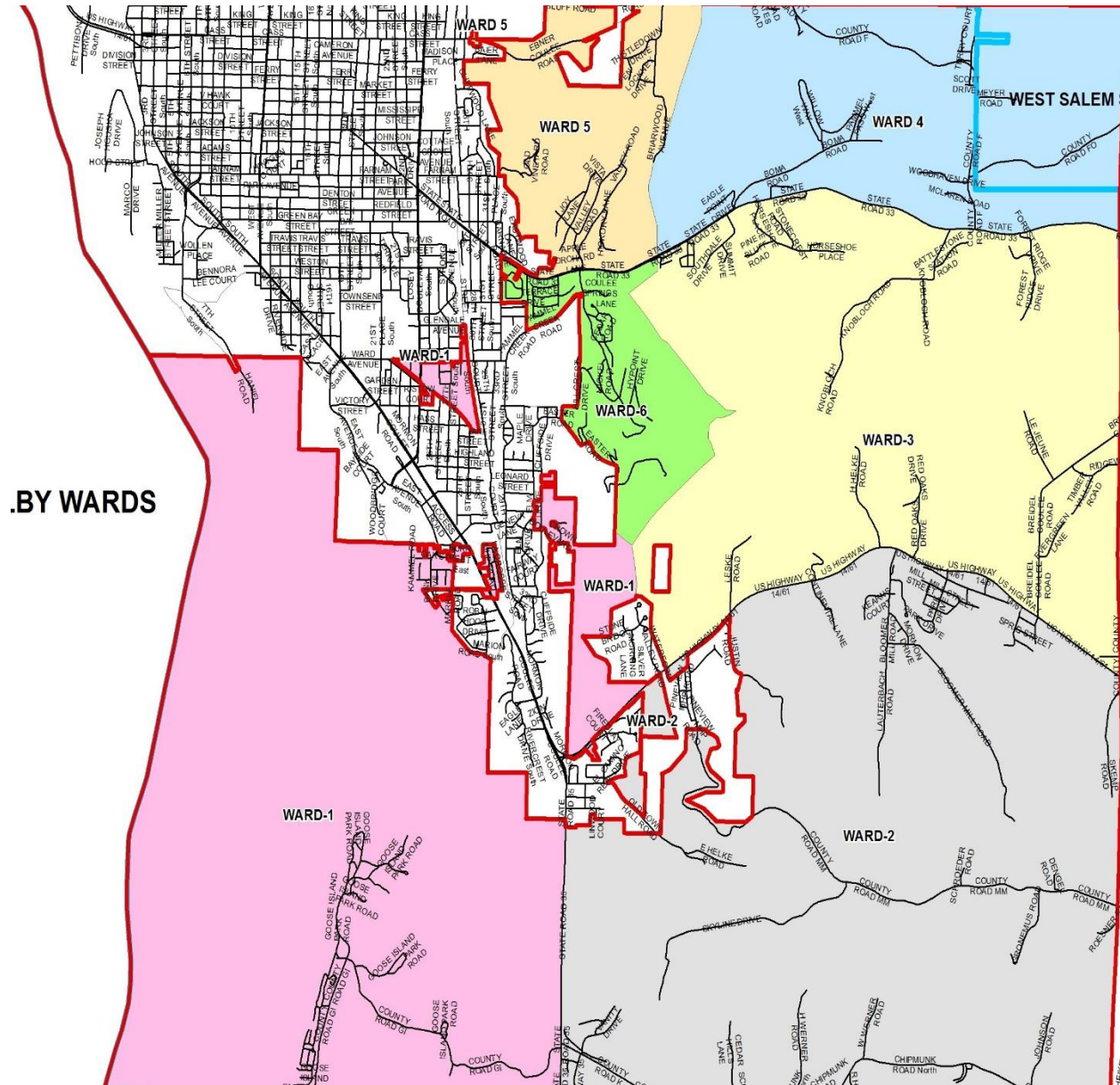
## **UAP Appendices**

These Utility Accommodation Policy (UAP) Appendices are made effective \_\_\_\_\_ 2025, attached, and hereby made a part of the Town of Shelby Utility Accommodation Policy with the following additions and/or amendments:

### **APPENDICES**

- 100.** Town Map.....
- 101.** Town Contact Information.....
- 102.** Fees.....
- 103.** Highway Clearance Diagram.....
- 104.** Trench Location Details.....
- 105.** Open Trench & Surface Restoration.....
- 106.** Private Signage Requirements.....
- 107.** WDNR Regional Service Centers.....
- 108.** Stop Work Notice.....
- 109.** Environmental Discovery Checklist.....
- 110.** Completion Form.....
- 111.** Maintenance Responsibility Memo.....

## SECTION 100 – TOWN MAP



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**SECTION 101 – TOWN CONTACT INFORMATION**

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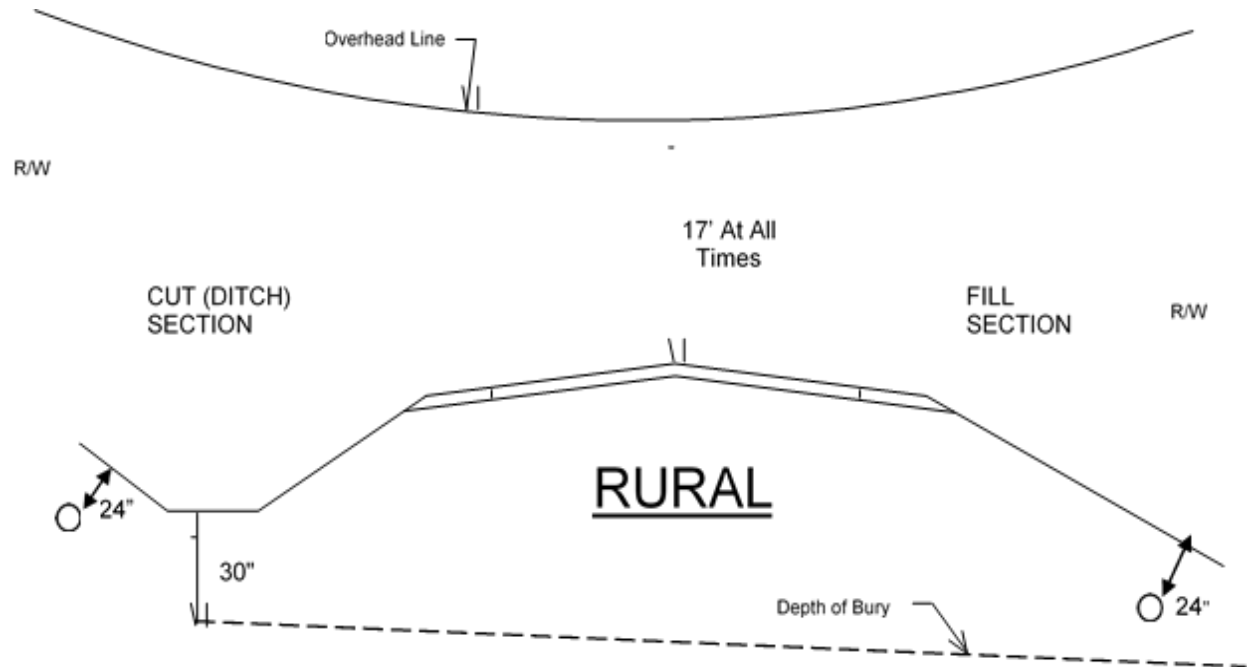
<b>TITLE</b>	<b>NAME</b>	<b>PHONE</b>	<b>EMAIL</b>
Chairperson	Tim Candahl	608-780-3564	<a href="mailto:tcandahl@townofshelbywi.gov">tcandahl@townofshelbywi.gov</a>
Supervisor	Renee Knutson	608-461-2107	<a href="mailto:rknutson@townofshelbywi.gov">rknutson@townofshelbywi.gov</a>
Supervisor	Tim Padesky	608-780-1322	<a href="mailto:tpadesky@townofshelbywi.gov">tpadesky@townofshelbywi.gov</a>
Supervisor	Tim Ehler	608-792-6955	<a href="mailto:tehler@townofshelbywi.gov">tehler@townofshelbywi.gov</a>
Supervisor	Marlene Heal	608-790-6543	<a href="mailto:mheal@townofshelbywi.gov">mheal@townofshelbywi.gov</a>
Administrator	Christina Peterson	608-792-1926	<a href="mailto:cpeterson@townofshelbywi.gov">cpeterson@townofshelbywi.gov</a>
Public Works	Terry Wright	608-317-1287	<a href="mailto:twright@townofshelbywi.gov">twright@townofshelbywi.gov</a>
Water Operator	Dan Odeen	608-792-0938	<a href="mailto:dodeen@townofshelbywi.gov">dodeen@townofshelbywi.gov</a>
Clerk	Fortune Berg	608-788-1032 x2	<a href="mailto:fberg@townofshelbywi.gov">fberg@townofshelbywi.gov</a>
Fire Chief	Tony Holinka	608-317-7356	<a href="mailto:tholinka@townofshelbywi.gov">tholinka@townofshelbywi.gov</a>
Dispatch	La Crosse County	608-785-5944	-
Non-Emergency	La Crosse County	608-785-9629	-

## **SECTION 102 – FEES**

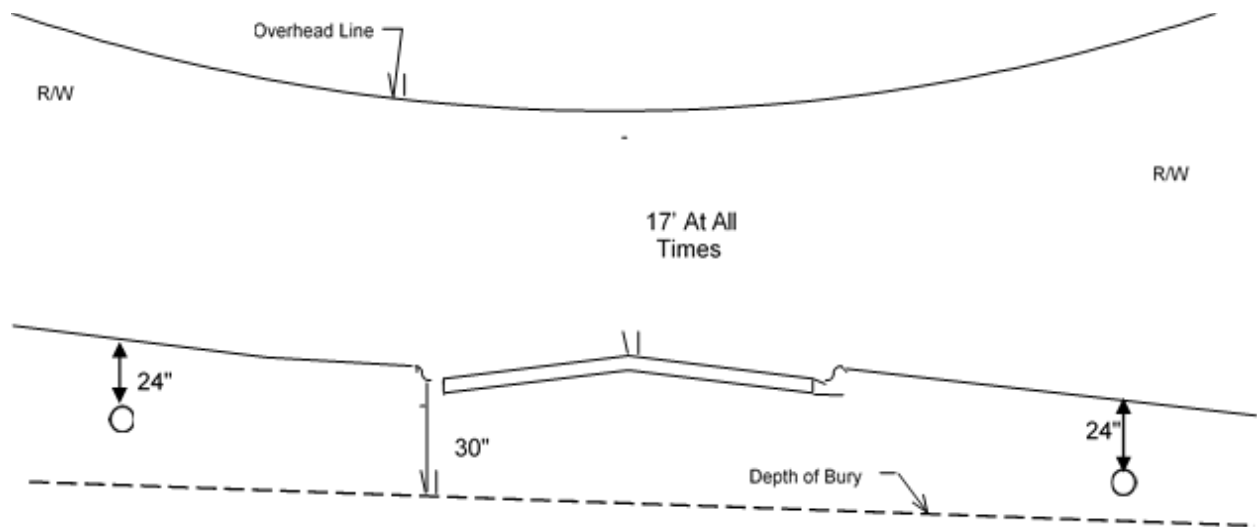
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The Fee Schedule will be determined annually by the Town Board at a Public Meeting.

## SECTION 103 – HIGHWAY CLEARANCE DIAGRAM

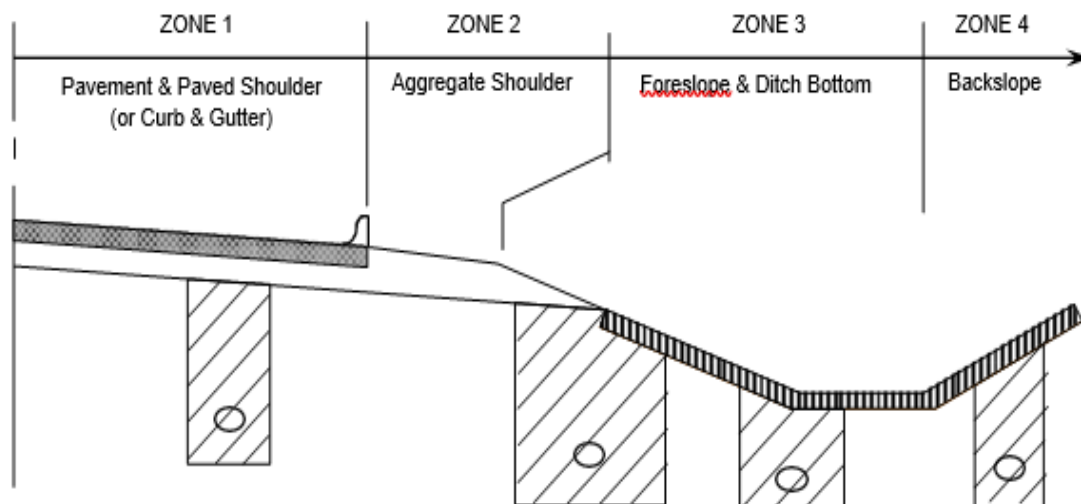


## URBAN



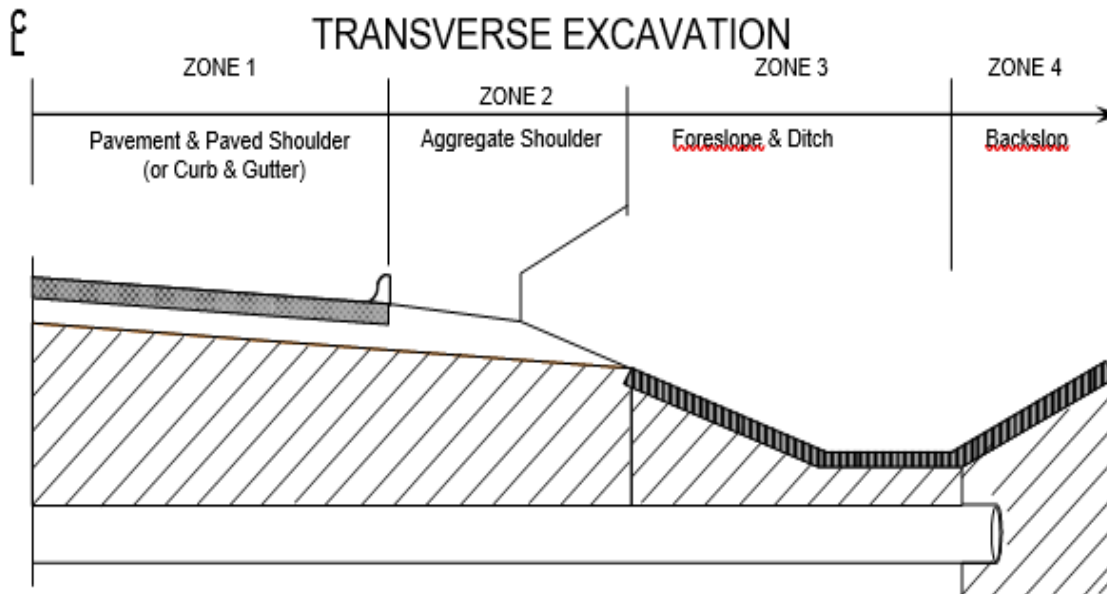
**URBAN**

**LONGITUDINAL EXCAVATION**



***BACKFILLING EXCAVATION DETAIL DRAWINGS***

**TRANSVERSE EXCAVATION**



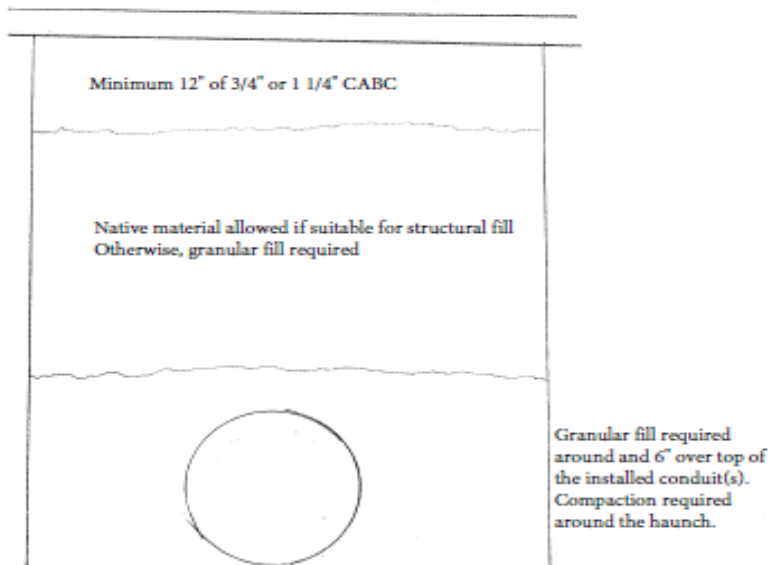
## SECTION 105 – OPEN TRENCH POLICY AND SURFACE RESTORATION DETAIL

Open trench methods may be allowed, provided the following requirements are met;

- Pavement condition is a PASER rating of 5 or less;
- Applicant/Owner shall own the property on both sides abutting the right-of-way if the facility is capable of conveying surface water from one side of the highway to the other, or if the area is enrolled in an established drainage district, or the abutting property owner(s) have signed a right of easement or access agreement to allow free access across the parcel(s) for the utility.
- Applicant/Owner agrees to own the facility, pipe, casing, or structure being installed and accepts the perpetual maintenance responsibility of the facility and the excavation in accordance with this Utility Accommodation Policy;
- Inspection of the installation shall be at the Applicant/Owner's expense;
- Slurry backfill may be required if native soils are deemed unacceptable to Town (WisDOT slurry backfill formula from Highway Maintenance Manual 09-15-45 or equal);
  - Place material in clean concrete mixer truck and mix following (water amount as provided).
  - Run at mixing speed for 1 full minute to ensure even mixture prior to placement.
  - More Flowable (for each cubic yard): Sand = 1,600 pounds; #1 Stone = 1,400 pounds; #2 Stone = 1,000 pounds; Water = 25 gallons
  - More Rigid: subtract 400 pounds of #1 Stone and add 400 pounds of #2 Stone to Flowable formula.
- Surface restoration and backfill activities shall meet the conditions of the UAP.

Saw cut match joint:  
clean, even cut  
minimum 1 ft back from edge of excavation.

Replace surface asphalt with minimum 4" HMA:  
2" Binder = 3LT 5828S  
2" Surface = 4LT 5828S



All backfill materials to be free of rocks, large stones, roots, stumps, or any other deleterious materials.  
Place and compact in minimum lift heights of 12"; provide suitable mechanical methods.  
Compact soils to minimum 95% standard proctor or 90% modified proctor criteria per ASTM.

## **SECTION 106 – PRIVATE SINAGE REQUIREMENTS**

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For private facilities placed in accordance with this policy that are not incorporated within the Digger's Hotline service system, the installation shall be marked and identified at the right-of-way line nearest the utility location with a sign. Signs shall be provided by the Town at the Applicant/Owner's expense. Signs shall provide warning that a private utility is in the vicinity with a current contact phone number and the Town permit number reference as well. Applicant/Owner shall be responsible for maintenance of this sign until the facility is either removed or properly abandoned

### **SAMPLE:**





## **SECTION 107 - WDNR DISTRICT OFFICES LIST**

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La Crosse  
3550 MORMON COULEE RD  
LA CROSSE WI 54601  
608-785-9000  
608-785-9990 fax

## SECTION 108 – STOP WORK NOTICE

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### **STOP WORK ORDER**

In accordance with the requirements of the Town of Shelby Utility Accommodation Policy (UAP), you are hereby ordered to immediately cease and desist with all work associated with permit # \_\_\_\_\_.

Stop Work instruction is being ordered on behalf of the Town of Shelby Chair or his/her designee in accordance with section \_\_\_\_\_ of the Town of Shelby UAP.

#### **SITE LOCATION:**

Road Name: \_\_\_\_\_ If divided, please indicate direction NB SB EB WB

Town of Shelby, La Crosse County.

Distance from nearest public roadway intersection or mile marker \_\_\_\_\_

Other landmarks? \_\_\_\_\_

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#### **CONDITION RESULTING IN STOP WORK ORDER:**

The following situation has occurred, which is resulting in the Stop Work Order:

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The following corrective action is required:

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**Only work to correct the defect as described herein may commence. No other Work on this project shall commence until such time as the defect is corrected to the satisfaction of the Town and the UAP.**

**Signed,**

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Town Chairperson or Designee

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Date

## **SECTION 109 – ENVIRONMENTAL DISCOVERY CHECKLIST**

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As soon as environmental conditions are discovered in the Towns's right-of-way, **STOP WORK IMMEDIATELY** and be prepared to report the following information to the contacts listed in Section 8(E): **SITE LOCATION:**

Road Name: \_\_\_\_\_ If divided, please indicate direction    NB    SB    EB    WB

Town of Shelby , La Crosse County.

Distance from the 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? Circle: Yes or 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? Circle:    Yes    or    No

Is there an obvious smell? Circle:    Yes    or    No    If yes, can you describe it (varnish, kerosene, gasoline, diesel, other, unknown)? \_\_\_\_\_

## SECTION 109 – ENVIRONMENTAL DISCOVERY CHECKLIST

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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? Circle: Yes or No

If yes, how is it marked? \_\_\_\_\_

If arrowheads or buildings were discovered, has the State Historic Preservation Officer been notified? Circle: Yes or No If yes, by whom? \_\_\_\_\_  
\_\_\_\_\_

### STATUS OF PROJECT:

Has work stopped in the area? Circle: Yes or No **IF NO. STOP WORK IMMEDIATELY!**

Has the area been secured (fenced, staked or marked, roped off or delineated by traffic control devices)? Circle: Yes or No

Can project work continue in another area? Circle: Yes or No

If yes, for how long? \_\_\_\_\_

Can the affected area be avoided (utility facility placed in another location)? Yes or No

Has any completed utility work been clearly marked (staked, paint marked, or flagged)? Yes or No

Is any of the completed utility facility active, energized, etc.? Yes or No

Is this utility being relocated to facilitate a highway project? Yes or No

### RESUMING WORK:

Did WisDOT indicate a timeframe in which someone would respond? Circle Yes or No

What is that timeframe? \_\_\_\_\_ Who will authorize resuming work? \_\_\_\_\_

When can the work be resumed? \_\_\_\_\_ Date authorization received \_\_\_\_\_

**SECTION 110 – COMPLETION FORM**

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**RETURN THIS COMPLETION CERTIFICATE  
TO THE TOWN BOARD  
WHEN SITE IS RESTORED**

(For Utility Permits)

E-Mail or Fax to Address Listed Below:

Date \_\_\_\_\_

**To: TOWN BOARD**

**ATTN:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**PERMIT NO.:** \_\_\_\_\_

**UTILITY WORK ORDER#** \_\_\_\_\_

**The work requested under the above-mentioned permit has been completed. The Town can now review to ensure proper restoration to the affected highway right-of-way has been made.**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

## SECTION III – MAINTENANCE RESPONSIBILITY MEMO

### Utility Policy Memorandum

To: All Utility Companies with Facilities on Roads within the Town  
From: \_\_\_\_\_, Town Chair  
Re: Utility Marker Installation Policy

#### Utility Marker Installation Effective Dates:

**All New Equipment/Line Service: Upon Installation of Device**

**All Upgrading/Repairing Equipment/Line Service: Upon Installation of Upgrade/Repair**

**Any Existing Equipment/Line Service: as of January 1, 20\_\_**

#### High Visibility Pedestals/Cabinets Utility Markers

As per the Utility Accommodation Policy and to reduce accidental damage to telecommunications pedestals or any other utility fixtures, a highly visible utility marker shall be installed on each pedestal/fixture in all right of way areas that will have a tall grass, snow covered and vegetation/brush overgrowth areas. The markers shall be installed and maintained by the utility to be visible to vegetation mowers, brush cutters, snowplows and other right-of-way maintenance equipment. Utility markers are available to fit all varieties of topography and the type (height) of pedestal/fixture being installed, which generally would be 4' to 6' in length. The utility markers shall have a bright reflective tape placed on the top 12" of the utility marker. The reflective material may have orange and/or white striping material. The maintaining utility company shall also maintain a 5' vision clear zone (180 degrees in the right of way area) in the pedestal/fixture area of any/all brush and/or trees (See diagram below).

