# **TECHNICAL INFORMATION INQUIRY**

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| --- | --- |
| **Date:** |  |
| **To:** |  |
|  |  |
| **From:** |  |
| **Project Name:** | SCDOT Scour Critical Assessment & Management ProgramProject No. 244103 |
| **TII Number:** |  |
|  |  |  |  |  |  |  |
| Technical Information Inquiry: |

Signed by: Date:

Response:

Attachments:

Response From: To: Date Rec’d: Date Ret’d:

Signed by: Date:

Copies to: Tom Knight, P.E., Roberto Ruiz, P.E.