



South Carolina Department of Transportation

## PROJECT SURVEY REQUEST FORM

Request By:

Route to: Henry A. "Bert" Shumpert (Surveys Manager)

cc: (Program Manager)

Request Date:

Phone:

### General Project Information

### Accounting/Tracking Information

County:

Project ID:

City/Town:

Road/Route:

Charge Code:

From:

Eminent Domain Advertisement Date:

To:

Corridor Width:

### Request Information

This request is for additional survey on a previously surveyed project  
Plans or other drawings with specific instructions identifying scope of work included  
Location map is included with this request

Prepared By:

Phone:

### Right of Way Information - *R/W to be verified by designer*

Existing Right of Way data is required for the entire project  
Existing Right of Way data is required for areas shown on enclosed instructions

Comments:

### Outfall Information

Survey all outfall ditches a minimum feet upstream and feet downstream.

Comments:

### Intersecting Alignments Information

Survey intersecting roads at least feet from the main survey alignment  
Survey all intersecting roads as per enclosed instructions

Comments:

### Bridge Information - *Please specify data required for bridge(s) below*

Appropriate bridge data form should be included for the following that apply.

Comments:

### Other Information

Comments:

### Subsurface Utility Engineering (SUE)

### Railroad Involvement

☐ Yes If Subsurface Utility Mapping Information is required then complete page 2, "SUE Detailed Request Form."

☐ No Justification of NO SUE Mapping is required in the space provided below.

☐ Yes ☐ No  
PM will provide VAL map to Survey Department  
within 30 days of Survey Request.



Justification:

### Request Coordination

Please coordinate this request with other sections to address any other applicable surveying requirements as necessary.

Section

Date

Reviewed by

Environmental  
Hydraulic Engineering  
Right of Way  
Road Design  
Structural Design  
Traffic Engineering

For additional information contact:

Design Manager:

phone:

Program Manager:

phone:

Asst. Program Manager:

phone:

SUE Consultant Contract Method

SUE On-Call Work Order.  
Turn-Key Project Consultant Task Order.  
Not Determined at this time.

**Project ID:**

**Request Date:**

**B**  
**QUALITY LEVEL**

**C**  
**QUALITY LEVEL**

**D**  
**QUALITY LEVEL**

**A**  
**QUALITY LEVEL**

**GRAVITY SEWER MANHOLE**

**AERIAL UTILITIES**