

# 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 - <i>R/W to be verified by designer</i>
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 - <i>Please specify data required for bridge(s) below</i>
Appropriate bridge data form should be included for the following that apply.
Comments:

Other Information
Comments:

Subsurface Utility Engineering (SUE)	Railroad Involvement
_____ Yes <i>If Subsurface Utility Mapping Information is required then complete page 2, "SUE Detailed Request Form."</i>	Yes No <i>PM will provide VAL map to Survey Department within 30 days of Survey Request.</i>
_____ No <i>Justification of <u>NO</u> SUE Mapping is required in the space provided below.</i>	

 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**