



Bridge Data Form (A5.1-C1)  
Data Correction (BrM Admin)

CONTACT INFORMATION	
Name of Person Requesting Correction:	
Requester's Email:	
Requester's Phone:	
Requester's Company: <i>(enter SCDOT if in-house)</i>	
Date of Request:	

DATA CORRECTION (Structure ID or Asset ID Required)				
District:	County:	Asset ID:	Structure ID Number <i>(if known)</i> :	
NBI ITEM NEEDING CORRECTION <i>See notes in Instructions.</i>	INCORRECT DATA <i>Enter how the data appears currently.</i>	CORRECT DATA <i>Enter recommended correction to existing data.</i>	SCDOT RESPONSE	
(021) Maint. Responsibility				
(022) Bridge Owner				
(437) County Responsibility				
(438) District Responsible				
(439) Asset Mgmt Bridge				
Inspection Consultant Resp.				
(543) Topside Inspection Cat.				
(548) UW Inspection Category				
(522) NSTM Inspection Cat.				
(103) Temporary Structure				
(422) Date of Temp. Structure				
(457) Island Mobility Bridge				
(075A) Type of Work Prop.				
(075B) Work Completed By				
(076) Length of Str. Improve.				
(094) Bridge Improve. Cost				
(095) Roadway Improve. Cost				
(096) Total Project Cost				
(097) Year of Cost Estimate				
(453) Bridge w/ Comp Feat				
(553) FHWA Comp. Bridge				
(554) LSS Bridge				
(555) LSC Bridge				
(556) MSM Bridge				
(557) MSA Bridge				

REQUESTER'S NOTES

BMO RESPONSE <i>(will contact requester for additional info, if needed)</i>