



South Carolina Department of Transportation

PROJECT SURVEY REQUEST FORM

Submit via Email

Request By: **Randy King**
Route to: Henry A. "Bert" Shumpert (Surveys Manager)
cc: **Brad Reynolds** (Program Manager)

Request Date: **06/29/2020**
Phone: **(803) 737-1114**

General Project Information

County: **Cherokee**
City/Town: _____
Road/Route: **S-97 (Oak Ridge Road)**
From: **1200' South of existing bridge**
To: **500' North of existing bridge**
Corridor Width: **100' along road & 200' at bridge**

Accounting/Tracking Information

Project ID: _____
Charge Code: _____

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: **Randy King** Phone: **(803) 737-1114**

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 **50** feet upstream and **50** feet downstream.

Comments: **At a minimum, provide 5 cross sections at 100 ft increments up and down stream from the bridge**

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: **Obtain time-of-survey water elevation below existing bridge. Survey existing pile type and location.**

Other Information

Comments: **Design-Build Closed and Load Restricted Bridge Package 2021-1**

Subsurface Utility Engineering (SUE)

- ☒ 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.

Railroad Involvement

- ☐ 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
<input type="checkbox"/> Environmental	_____	_____
<input type="checkbox"/> Hydraulic Engineering	_____	_____
<input type="checkbox"/> Right of Way	_____	_____
<input type="checkbox"/> Road Design	_____	_____
<input type="checkbox"/> Structural Design	_____	_____
<input type="checkbox"/> Traffic Engineering	_____	_____

For additional information contact: _____

Design Manager: **Ben McKinney** phone: **(803) 737-1376**
Program Manager: **Brad Reynolds** phone: **(803) 737-1440**
Asst. Program Manager: **Michael Pitts** phone: **(803) 737-2566**