



South Carolina Department of Transportation

# PROJECT SURVEY REQUEST FORM

**Submit via Email**

Request By: **Randy King**  
 Route to: **Herbert "Bud" Shurtport** (Surveys Manager)  
 cc: **Brad Reynolds** (Program Manager)

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

## General Project Information

County: **Union**  
 City/Town:   
 Road/Route: **S-87 (Delta Road)**  
 From: **1000' South of existing bridge**  
 To: **500' North of existing bridge**  
 Right of Way: **100' along road & 200' at bridge**

## Accounting/Tracking Information

Project ID:   
 Charge Code:

## Request Information

- ☐ This is a request for additional survey on a previously surveyed project  
☐ Please provide 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**