



|   |       |   |                        |                         |   |   |                      |                        |
|---|-------|---|------------------------|-------------------------|---|---|----------------------|------------------------|
| PE/Manager  |       |   | Org. Number            |                         | Date Requested                                  |   | Date Needed          |                        |
| Team Leader/Contact Name                                      |       |   |                        | Contact Phone           |   | Traffic Control Required<br>Yes      No |                      | Traffic Control Plan # |
| Work Order  | Group | Work Op   | Ctrl. Section          | Project Name            |   |   |                      |                        |
| State Route   |       | Project Limits<br>MP                      to MP |                        |                         | Has a Project Folder Been Created?<br>Location: |   | Yes      No          |                        |
| Type of Survey  |       |   |                        |                         |   |   |                      |                        |
| <b>Location</b>   |       | <b>Construction</b>                             |                        |                         | <b>Alignment</b>                                |   |                      |                        |
| General Topo  |       | Construction Layout                             |                        |                         | Right of Way Limits                             |   | Ferry Terminal       |                        |
| Control Network   |       | Restaking                                       |                        |                         | Sundry Site Plan                                |   | Utilities            |                        |
| Alignment   |       | As-Built  |                        |                         | Land Plat                                       |   | Other, explain below |                        |
| Purpose/Scope of Survey Request                               |       |   |                        |                         |   |   |                      |                        |
|   |       |   |                        |                         |   |   |                      |                        |
| See Supplement for Additional Purpose/Scope of Survey Request |       |   |                        |                         | Yes   |   | No                   |                        |
| Datum: Horizontal Datum _____                                 |       |   |                        | Project Combined Factor |   |   |                      |                        |
| Vertical Datum _____  |       |   |                        | CF: _____               |   |   |                      |                        |
| Explain _____   |       |   |                        | DELTA Shift             |   |   |                      |                        |
|   |       |   |                        | N _____ E _____         |   |   |                      |                        |
| Project's Survey Document Location                            |       |   |                        |                         |   |   |                      |                        |
| Project Control File Location                                 |       |   |                        |                         |   |   |                      |                        |
| Project Datum Calculation Report Location                     |       |   |                        |                         |   | Is Report Attached<br>Yes      No       |                      |                        |
| Research on Hand  |       |   |                        |                         |   |   |                      |                        |
| Existing R/W Plans  |       |   | Utility Plans          |                         | Records of Surveys                              |   | Other                |                        |
| Previous Construction Alignment Plans                         |       |   | Assessor's Map         |                         | Monumentation Maps                              |   |                      |                        |
| Rail Road Plans   |       |   | Report of Survey Marks |                         | Bench Mark Locations                            |   | (See Attached)       |                        |

**Survey Crew** (to be filled out by survey crew only)

|  |  |                            |                                  |                |
|--|--|----------------------------|----------------------------------|----------------|
| Survey Crew  |  | Org. Number/Company        | Date Received                    | Date Completed |
| Contact Phone  | Equipment Used:  |                            |                                  |                |
| Existing Control On Site   | RTK-GPS  | Compass/Pocket Tape        |                                  |                |
| Additional Control Required  | Static/Fast Static   | Digital Level              |                                  |                |
|  | Total Station  | Auto Level                 |                                  |                |
|  | Scanner  | Other, explain below _____ |                                  |                |
| Control Network  | Survey Files Location (CD, floppy disk, or network/web location) |                            | Electronic Fieldbook (File Name) |                |
| Non Standard Field Codes Used  |  |                            |                                  |                |
| ALPHA Code   | Description  |                            |                                  |                |
|  |  |                            |                                  |                |
|  |  |                            |                                  |                |
|  |  |                            |                                  |                |
|  |  |                            |                                  |                |
| See Supplement for Additional Purpose/Scope of Survey Request      Yes      No |  |                            |                                  |                |
| Survey Party Chief Comments:   |  |                            |                                  |                |
|  |  |                            |                                  |                |
| See Supplement for Additional Purpose/Scope of Survey Request      Yes      No |  |                            |                                  |                |
| Name, Printed  |  | Signature                  |                                  | Date Signed    |