



PE/Manager			Org. Number		Date Requested		Date Needed	
Team Leader/Contact Name				Contact Phone		Traffic Control Required Yes No		Traffic Control Plan #
Work Order	Group	Work Op	Ctrl. Section	Project Name				
State Route		Project Limits MP to MP			Has a Project Folder Been Created? Location:		Yes No	
Type of Survey								
Location		Construction			Alignment			
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 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