

SURVEY/PHOTOGRAMMETRY ACTION REQUEST

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|---------------------------------------|---|---|---|---|
| ROUTE NO. | CONTROL SECTION | JOB NO. | PCA CODE | DATE OF REQUEST |
| PROJECT MANAGER | | PHONE NO. | | PLAN COMPLETION DATE |
| CONTACT PERSON | | PHONE NO. | | OFFICE/TSC LOCATION |
| SURVEY PRODUCTS NEEDED BY | | PHOTOGRAMMETRIC PRODUCTS NEEDED BY | | PPMS _____ Scheduled START DATE _____ Approved |
| REQUESTED MAP SCALE | | TRAFFIC AND SAFETY ENGINEER | | PHONE NO. |
| PROJECT TYPE | Road Design Right of Way | EPE Study Environmental | New Route Location Other _____ | Bridge Design |
| DESCRIPTION OF GENERAL PROJECT LIMITS | | | | |
| TYPE OF REQUEST | Road Design Survey Structure Survey Hydraulics Survey ROW Survey | Photogrammetric Mapping Photo Ground Control Photo Supplement Other (Boundary, Special Projects) _____ | Wetland Mitigation Hour Estimate Only Survey Scope Only | |
| DESCRIPTION OF PROJECT DESIGN FIX | | | | |

SURVEY SERVICES (For control issues, please discuss with surveyor)

DETAILED DESCRIPTION OF REQUEST SURVEY SERVICES (If you need more space, continue on page 2 in additional comments)

ROAD SURVEY REQUEST

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|---------------------------------|--|---|--|---|
| LENGTH | LIMITS | | | |
| WIDTH DESCRIPTION | | | | |
| ALIGNMENT | Legal | As Constructed | Geopak Compatible E-Files | Other (Specify) _____ |
| PROPERTY | Riparian Owners Property Ties - Maps & Coordinates | Government Corners - Mandated by PA 74 of 1970 ROW Determination - Show on Mapping | House Numbers | Property Owners - Tax Roll Building Type |
| UTILITIES & DRAINAGE | Surface Manifestations Only Structure Details (CB, MH, Culverts, Type, Condition, Invert Elevations, etc. in ASCII or Spreadsheet format) Connectivity Mapping Contact Local Officials for Information, Plans & Problem Areas Surveyor to Provide List of Utilities Providers? YES NO SUE - Will Subsurface Utilities Engineering be used? YES NO | | | |
| TERRAIN MAPPING | Hard Surface Shots - Define _____ Merge Ground Surface Survey With PhotoMap Contours . . .Contours Interval = _____ | | 3-D Microstation Triangle File Obscured Areas | |

BRIDGE SURVEY REQUEST

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|---|---|
| Bridge Seat Elevation | Sketch Dimensions of Existing Superstructure Elements |
| Reference Point Elevations | Face to Face Existing Substructure Measurements |
| Top/Footing Elevations | Reference Point Stationing |
| Underclearance Elevations | Angle of Crossing of Existing Substructure Units |
| Water Surface Elevation | Photographs |
| Other Elevations _____ | Bridge Schematic (Plan and Elevation Views) |
| Dimensions of Existing Substructure Elements (Include Sketch) | 3D Laser Scan of Bridge |
| Existing Bridge Plans Available? YES NO | Length of Approach Survey _____ |

PHOTOGRAMMETRIC SERVICES
(Complete this Section ONLY if Photogrammetric Services are Desired)

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|---|---|---|-------------------------------------|
| PURPOSE OF REQUEST | New CADD Mapping from New Photography CADD Mapping from Existing Photography, if Available | New Photographs Only Digitally Rectified Ortho-Photos | B/W or Color |
| Other _____ | | | |
| Photogrammetric Ground Control Survey is also being requested | | Road Design Survey or Supplemental Survey is also being requested | |
| REQUESTED PHOTOGRAMMETRIC VERTICAL ACCURACY: Hard Surface _____ ft. - Terrain _____ ft. Requested Map Scale - | | | LENGTH OF MAIN ROUTE (Miles) |

DETAILED DESCRIPTION OF REQUESTED PHOTOGRAMMETRIC PROJECT COVERAGE/LIMITS

ADDITIONAL COMMENTS

LIMITS OF MAPPING COVERAGE: Note that reproducible maps showing limits must be attached to this request. The map may include any or all of the following: ROW map, sketch, web accessed digital photo such as from MDNR, street atlas, etc.

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|--|---|--|
| MAIN ROUTE WIDTH EACH SIDE CENTER-LINE (Feet): | CROSSROAD LENGTH FROM MAIN ROUTE CENTERLINE (Feet): | CROSSROAD WIDTH EACH SIDE CENTER-LINE (Feet): |
| REQUESTED DELIVERABLES | Planimetric CADD Mapping DTM Surface - Photo Only Photo DTM Merged w/ Ground Survey 3D Microstation File | Digitally Rectified Ortho-Photos Contact prints ___ No. of Copies Photo Enlargements - ___No. of Copies Other |
| Contours - Contour Interval = | | |

FOR GEODETIC SURVEY, TOPOGRAPHIC AND AERIAL MAPPING SERVICES USE ONLY

| | | | |
|----------------------------------|---|--|------|
| CONTROL | | | |
| Michigan State Plane Coordinates | NAVD 88 | | |
| Local Coordinates | Provide Conversion Factor to NAVD 88/NGVD 29 | | |
| Other _____ | Other _____ | | |
| PHOTOGRAMMETRY JOB NO. | VERIFIED SCOPE WITH REQUESTOR ON (Date) | | |
| SUGGESTED PHOTO SCALE | TIME/COST ESTIMATE REVIEW WITH REQUESTOR MFOS/MPINS ATTACHED | | |
| PREVIOUS PHOTO JOB NOS. | DATE RECEIVED | REVIEWED BY SURVEY & AERIAL MAPPING SERVICES (Sign and Date) | |
| PREVIOUS JOB PHOTO SCALE | | | |
| REQUESTOR'S SIGNATURE | | | DATE |