

EXHIBIT 7-D MAJOR STRUCTURE DATA

(Attach a separate sheet for each structure)

Project Number _____
 Bridge Name (facility crossed) _____
 State Br.No. _____ Date Constructed _____ Historical Bridge Inv. Category _____
 Road Name _____ Location _____

STRUCTURE DATA

	Existing	Proposed	Minimum ASHTO Standards
Structure Type:	_____	_____	_____
Structure Length:	_____	_____	_____
Spans (No. & Length):	_____	_____	_____
Clear Width (curb to curb):	_____	_____	_____
Shoulder Width:	_____ Lt _____ Rt	_____ Lt _____ Rt	_____ Lt _____ Rt
Sidewalk or bikeway width:	_____ Lt _____ Rt	_____ Lt _____ Rt	_____ Lt _____ Rt
Total Br. Width:	_____	_____	_____
Total Appr. Rdwy. Width:	_____	_____	_____
1. Preliminary Engineering by:	_____		
2. Design by:	_____		
3. Foundation Investigation by:	_____		
4. Hydrology Study by:	_____		
Detour, Stage construction, or Close Road:	_____		
Length of Detour:	_____		

Resident Engineer for Bridge Work: Agency Consultant (On Retainer as City/County Engineer)

Responsible Local Official: _____

Discuss any special conditions; for example, federal ADA, state or local accessibility requirements, or proposed design exceptions:

ESTIMATED STRUCTURE AND RELATED COSTS

Bridge Cost:	Federally Participating?	
	Yes	No
Construct Bridge:	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
Bridge Removal:	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
Slope Protection:	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
Channel Work:	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

Detour- Stage Construction:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Approach Roadway:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Preliminary Engineering:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Construction Engineering:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Right of Way Costs:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Utility Relocation:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mobilization:	_____	<input type="checkbox"/>	<input type="checkbox"/>
Total:	_____		

Type of HBP funds; Check one:
(Major type if more than one)

<input type="checkbox"/> Seismic/Voluntary	<input type="checkbox"/> Painting (88.53%)
<input type="checkbox"/> (88.53% Fed. Share)	<input type="checkbox"/> Painting (80%)
<input type="checkbox"/> Rehabilitation (80%)	<input type="checkbox"/> Special (80%)
<input type="checkbox"/> Replacement (80%)	<input type="checkbox"/> Low Water Xing (80%)
<input type="checkbox"/> Railing (88.53%)	

Summarize HBP funded costs of above estimate
(HBP Federal-aid + local match for HBP only):

Indicate the estimated date for Federal-aid
Authorization & Obligation or Check the box:

Prelim. Engr.: \$ _____
 Right of Way: \$ _____
 Construction: \$ _____
Total: \$ _____

Date:

_____	<input type="checkbox"/> Not needed for this project
_____	<input type="checkbox"/> Not needed for this project
_____	<input type="checkbox"/> Not needed for this project

VALUE ENGINEERING ANALYSIS

Required (Yes, if on the NHS and total project costs
for bridges are \$40M or more) Yes No

Remarks:

***** The following must be attached if the project is funded by the HBP:

1. Plan view of proposed improvements.
2. Typical Section.

***** The following is recommended:

1. Right of way map to determine whether right of way acquisition or construction easements are necessary.

Distribution: Attach to Field Review Form