## **Survey Request Form**

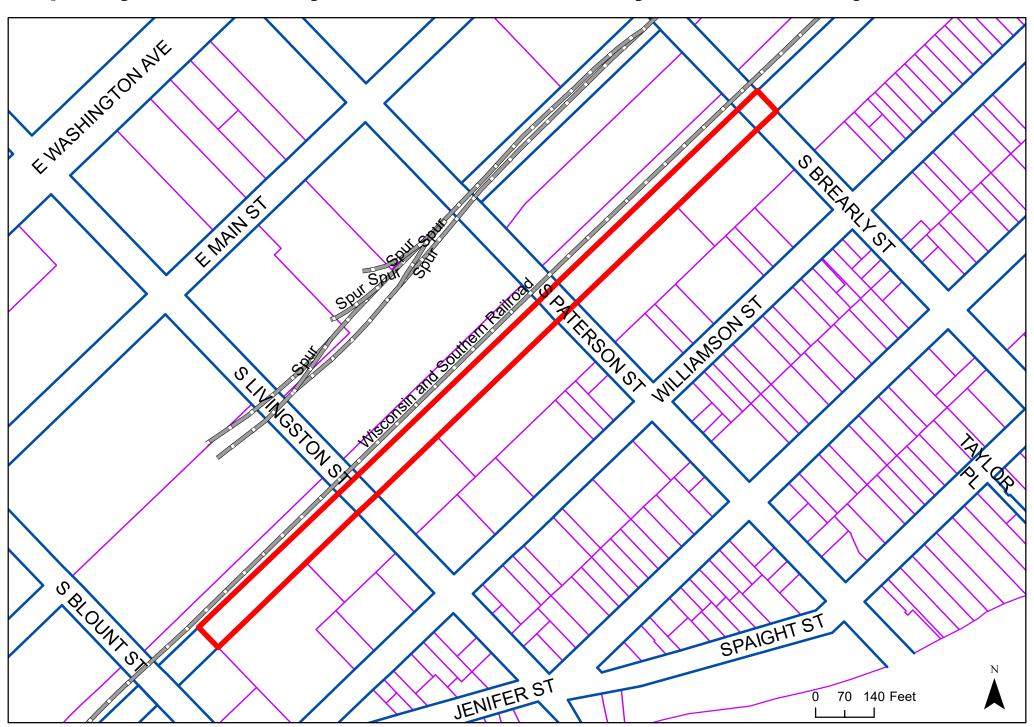
| Project Name:   | Cap City Trail                    | Urgent: 🗌                       |
|---|-----------------------------------|---------------------------------|
| Project Number:   | 15271                             |                                 |
| Date Requested:   | 4/26/2024                         |                                 |
| Date Needed   | 5/24/2024                         |                                 |
| Requested By:   | Janet Schmidt                     |                                 |
| Requester Phone Number:                                     | 261-9688                          |                                 |
| Supervisor's Approval                                       |                                   |                                 |
| Surveyed by:  | Trieloff                          |                                 |
| Project Folder Created                                      |                                   |                                 |
| Project Folder Location:                                    | M:\DESIGN\Projects\ Docs\Requests | 15271\Project Documents\_Survey |
| Date Completed:   | Click or tap to enter a date      |                                 |
| Description of Proposed Project: Set Control Only           |                                   |                                 |
| Required Survey Limits: Other - See additional instructions |                                   |                                 |
| Trees Required: Select one NONE                             |                                   |                                 |
| Horizontal Datum: WCCS 83(07)                               |                                   |                                 |
| Vertical Datum: NAVD88                                      |                                   |                                 |
| Utilities:  |                                   |                                 |
| Digger's Hotline Notified:                                  |                                   |                                 |
| Date Notified: Click or tap to enter a date.                |                                   |                                 |
| Ticket Number:  |                                   |                                 |
| Clear Date: Click or tap to enter a date.                   |                                   |                                 |
| Storm Inverts Needed:                                       |                                   |                                 |
| Sanitary Inverts Needed:                                    |                                   |                                 |

Additional Instructions: CONTROL ONLY

Attachments: <a href="mailto:CapCityTrail\_SurveyMap.pdf">CapCityTrail\_SurveyMap.pdf</a>

## **Cap City Trail Survey Limits - Control Only**

## **Project #15271**



Date: 4/26/2024