**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 |  | Lt |  |  | Lt |  | Rt |
| Total Br. Width: |  |  |  |  |  |  |
| Total Appr. Rdwy. Width: |  |  |  |  |  |  |
| 1. Preliminary Engineering by:
 |  |
| 1. Design by:
 |  |
| 1. Foundation Investigation by:
 |  |
| 1. 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:

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| --- | --- |
| **ESTIMATED STRUCTURE AND RELATED COSTS** | Federally Participating? |
| **Bridge Cost:** |  |  | **Yes** |  |  **No** |
|  |  |  |  |  |  |
|  Construct Bridge:  |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Bridge Removal: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Slope Protection: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Channel Work: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Detour- Stage Construction: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Approach Roadway: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Preliminary Engineering: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Construction Engineering: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Right of Way Costs: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Utility Relocation: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  Mobilization: |  |  |[ ]   |[ ]
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total:** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of HBP funds; Check one: |[ ]  Seismic/Voluntary |  |[ ]  Painting (88.53%) |
|  |  |  |  |  |  |
| (Major type if more than one) |[ ]  (88.53% Fed. Share) |  |[ ]  Painting (80%) |
|  |  |  |  |  |  |
|  |[ ]  Rehabilitation (80%) |  |[ ]  Special (80%) |
|  |  |  |  |  |  |
|  |[ ]  Replacement (80%) |  |[ ]  Low Water Xing (80%) |
|  |  |  |  |  |  |
|  |[ ]  Railing (88.53%) |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| Summarize HBP funded costs of above estimate (HBP Federal-aid + local match for HBP only): |
|  |  |  |
| Prelim. Engr.: | $ |  |
|  |  |  |
| Right of Way: | $ |  |
|  |  |  |
| Construction: | $ |  |
|  |  |  |
| **Total:** | $ |  |
|  |  |  |
| Indicate the estimated date for Federal-aid Authorization & Obligation or Check the box: |
| **Date:** |  |  |  |
|  |  |[ ]  Not needed for this project |
|  |  |  |  |
|  |  |[ ]  Not needed for this project |
|  |  |  |  |
|  |  |[ ]  Not needed for this project |

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| **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