

SCOPE OF WORK (Pavement Preservation)

FEDERAL/STATE PROJECT NO.: _____
SPONSOR PROJECT NO.: _____
SPONSOR: _____

In accordance with the *Design Criteria for Pavement Preservation* found in the ALDOT *LPA Road Design Policy*, the following information is submitted. Since this project is in the pavement preservation category of work, all required items of work will be performed within the existing right-of-way. **No additional right-of-way will be required.**

Guideline 1: Current Conditions

Functional Classification: Local Road Collector Arterial
Setting: Rural Urban
Terrain: Level Rolling Mountainous
Route Type: NHS Non-NHS

Project Description: _____

Begin Station: _____ End Station: _____
Equations and Exceptions: _____
Project/Work (Multiple Sites) Length: Feet _____ Miles _____
Design Speed _____MPH
Existing Right-Of-Way Width (ft): _____
Present Traffic Count/ Year: _____
Design Traffic Count/ Year (10 Year): _____
Percentage of Trucks: _____
Estimated Cost of Improvements: \$ _____

Guideline 2: Project Scope

On-Site Project Review Date: _____
Persons Attending and Agency/Organization: _____

Roadway Element (Treatment) Grade: _____
Existing Traveled Way Width(s) (ft): _____
Existing Number of Lanes: _____
Existing Lane Width(s) (ft): _____

Note: Please refer to the Guidelines for Grading LPA Roads for the treatment grade. Figures 2-1 through 2-3 in the LPA Road Design Policy may aid the designer with definitions of widths.

Specify Type and Thickness of Existing Pavement: _____

Specify Proposed Pavement Buildup and/or Surface Treatments (Item No., Description, Laydown Rate) That Will Be Applied Throughout Entire Project Limits:____

Will planing be required? Yes No
If yes, specify item no., description, depth of planing and location: _____

Are there any utilities in conflict with this project? Yes No
If yes, refer to the Utilities Section of the current edition of the ALDOT’s “*Procedural Guidelines for Local Public Agency Projects*” (PGLPAP), for further information.
Please comment below concerning how utilities will be coordinated.

Is there a railroad crossing within the project limits or adjacent to the project?
Yes No
If yes, refer to the Railroad Involvement Section of the current edition of the ALDOT’s “*Procedural Guidelines for Local Public Agency Projects*” (PGLPAP), for railroad involvement procedures. Please comment below concerning what railroad coordination will take place.

Comments Concerning Utility Conflicts and/or Railroad Involvement: _____

Guideline 3: Cross Slopes

Will leveling and/or patching be required? Yes No
If yes, specify item no., description, how many tons will be utilized, and the reason:

Note: Please state above what the required cross slope will be for the project.

Guideline 4: Pavement Edge Drop and Shoulder Type

Existing Shoulder Width(s) & Type(s) (ft): _____
 _____ (C&G, graded, paved)

Note: All existing shoulder width(s) and type(s) shall be flushed and maintained.

Guideline 5: Bridges and Culverts

Are there any bridges located within the project limits? Yes No

If yes, provide the following information:

BIN	Suff. Rating	Begin Station	End Station	Bridge Length	Curb to Curb Width	Is Structure Weight Restricted? (Yes/No)	Are Posted Signs In Place? (Yes/No)	● Is Bridge Considered To Be Narrow? (Yes/No)	* Adequate Guardrail System In Place? (Yes/No)

- If yes, “narrow bridge” signs should be placed by contract or by LPA forces.
- * If no, list what guardrail improvements are needed (see **Guidelines 6-10**).

Are there any existing box or bridge culverts within the project limits? Yes No
 If yes, provide the following information, as applicable:

BIN	Suff. Rating	◇ Begin Station	◇ End Station	Skew Angle	△ Culvert Width	Is Structure Weight Restricted? (Yes/No)	Are Posted Signs In Place? (Yes/No)	Guardrail In Place? (Yes/No)	<input type="checkbox"/> Guardrail Required? (Yes/No)

- ◇ The difference in stations here should reflect the centerline length of the structure, which does not include the outer walls (opening to opening).
- △ Measured from inside of parapets 90 degrees to centerline.
- If yes, list what guardrail improvements are needed (see **Guidelines 6-10**).

Comments Concerning Bridge, Culvert, and Guardrail Items: _____

Guideline 11: Right-of-Way Encroachments

Were any encroachments identified during the scope of work review that need to be removed prior to project authorization? Yes No

Comments Concerning Right-of-Way Encroachments: _____

Guideline 12: Bicycle/Pedestrian Facilities

Are there any existing pedestrian crossings within the project limits that require upgrades to be American with Disabilities Act (ADA) compliant? Yes No

If yes, identify the crossing location(s) and required upgrades: _____

Is there any evidence of any bicycle/pedestrian activities in the project area that would warrant the addition of new facilities? Yes No

If yes, describe the type and location of facilities that will be added: _____

Proposed Improvements to Preserve Existing Pavement and Enhance Safety:

Note: These items should include work such as patching, leveling, resurfacing, flushing shoulders, striping, traffic control markings, pavement markers, guardrail improvements, installing signs as required by the MUTCD, posting the road at the design speed and posting advisory signs as necessary, spot clearing to eliminate any unusual or hazardous conditions, and replacing improper mailbox supports and removing encroachments. Please provide these “scope” items in sentence form. Multiple items may be listed under one number, as space permits.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____

Items ___ thru ___ will be performed by _____ at no cost to the project, prior to project authorization. *(Note: This is for items to be performed by the project sponsor. List these after items to be performed by contract.)*

Additional Comments: _____

SUBMITTED FOR APPROVAL: _____ Date: _____
LPA Representative

Location Map Attached

CONCURRENCE: _____ Date: _____
Area Local Transportation Engineer

APPROVED: _____ Date: _____
State Local Transportation Engineer