**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 |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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:** |  |  |  | |  | | |  |

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| 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%) |  |  |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| 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