



GEO-ENVIRONMENTAL STANDARD DRAWING/DETAIL REQUEST

Use this form to submit requests for drawings and details administered by the ODOT Geo-Environmental Section. Please fill out the form as completely as possible; text fields will expand as you type. Attach supporting documents when submitting this request.

I. Contact information

NAME, PROFESSIONAL LICENSE, TITLE		UNIT, ORGANIZATION, COMPANY	DATE
MAILING ADDRESS		PHONE	FAX
CITY, STATE, ZIP	E-MAIL		
REQUEST IS FOR (CHECK ONE) <input type="checkbox"/> Revisions to existing drawing (applicant completes Section II and IV) <input type="checkbox"/> New drawing (applicant completes Section III and IV)			
Supporting documents are attached to the e-mail with this application..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

II. Revisions to an existing drawing or detail

A. What is the existing drawing number? (Link to standard drawings and details)	DRAWING NUMBER
B. Who are the other stakeholders who have been contacted and who agree with the proposed change? <small>STAKEHOLDERS (SUCH AS ODOT EMPLOYEES, CONSULTANTS, CONTRACTORS, ETC.)</small>	
C. Would the proposed change to the drawing also require revisions to the specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <small>IF YES, LIST THE SECTION(S) OF THE SPECIFICATIONS THAT WOULD REQUIRE REVISION</small>	
D. Provide specific references supporting the proposed revision (FHWA, ASCE, TRB, NCHRP, etc.) <small>REFERENCES</small>	

III. New drawing or detail

A. Name of drawing creator (if different from submitter)	DRAWING CREATOR
B. Describe or provide examples of the applications where the drawing/concept would apply: <small>DESCRIPTIONS OR EXAMPLES OF APPLICATIONS (ATTACH NARRATIVES, DRAWINGS, OR SECTIONS AS NEEDED)</small>	
C. How often will the new drawing be used?	USE FREQUENCY
D. On how many projects has it been used to date?	NUMBER OF PROJECTS
E. List a few projects where the proposed application would have been used or useful: <small>PROJECTS</small>	
F. Can you provide a draft construction specification if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Has this drawing been adapted from a proprietary design or detail? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, NAME COMPANY	1. Has approval been acquired? (If yes, include approval document) <input type="checkbox"/> Yes <input type="checkbox"/> No

IV. Impacts

A. Describe anticipated impact of time for designers and/or construction: <small>TIME IMPACT</small>	
B. What is the anticipated cost to implement the proposed revision?	TOTAL COST \$
C. What is the anticipated impact of the revision on service levels or life-cycle costs? <small>SERVICE LEVEL/LIFE-CYCLE IMPACTS</small>	

V. Additional notes and comments

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