

Caltrans-D6 Surveys
855 "M" Street, Suite 200
Fresno, CA 93721
Phone: 559.445.6564

Consultant: _____
Address: _____
Phone: _____

Consultant Control Checklist and Required Material Submittals:

Date: _____ Caltrans Project No.: _____

County: _____ Route: _____ PM: _____ Consultant Contact: _____

Units: Feet Meters

Horizontal Datum:

NAD83 Epoch Date: _____

Assumed NAD83 (1991.35)

Vertical Datum:

1929 1988 Other: _____

None 1988 (GPS derived)

Geoid: _____

State Plane Zone:

1 2 3 4 5 6

Caltrans Specifications: First Order Second Order Third Order

1. Provide list of Horizontal Primary Control along with Coordinates held and source of Coordinates. (i.e. Data Sheets; Descriptions etc.)
2. Provide Vertical Primary Control along with Elevation(s) held and source of Elevation(s). (i.e. Data Sheets; Descriptions etc.)
3. Provide Overall Schematic Sketch/Drawing of Primary and Project Control.
4. Provide Horizontal Final Adjustment/Error Analysis Report.
Provide Vertical Final Adjustment/Error Analysis Report Not Applicable.
Or
Provide 3D Adjustment/Error Analysis Report.
5. Provide Ascii, Comma delimited Final Coordinate Points Listing and Descriptions. (Grid Coordinates)
6. Provide brief description of control establishment procedure.