CERTIFIED LETTER

Resident/Consultant Office

Address

City, State Zip

Date

Contractor’s Name

Address

City, State Zip

SUBJECT: PRECONSTRUCTION SURVEY

Job Description:

Project No.:

Dear {Sir or Madam}:

In light of your refusal to sign the letter mailed to you on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ regarding preconstruction survey of the original ground line elevation, the Central Florida Expressway Authority takes the position that the cross sections in the plans are correct as shown.

This letter is to remind you of the requirements of Section 7.3.2 and 7.3.3 of the General/Technical Specifications for this project.

As you know, once the original ground has been disturbed, it will be impossible to take accurate original ground cross sections. If you decide to take a cross section survey of the original ground, we require that you notify the Authority in advance so we will have the opportunity to verify your survey as per Article 7-3.2.

Your failure to respond within ten (10) calendar days from receipt of this notice shall be considered evidence of your irrevocable agreement with the Authority’s position as stated above.

Sincerely,

Project or Resident Engineer

XXX/xx

## SURVEY/CROSS SECTIONS WAIVER

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PROJECT NO:** | | | | | | | |  | | | | | | | | DATE: | |  | |
| **C.E.I.:** | | | | | | | |  | | | | | | | | | | | |
| **RESIDENT ENGINEER:** | | | | | | | |  | | | | | | | | | | | |
| **PROJECT ENGINEER:** | | | | | | | |  | | | | | | | | | | | |
| **DESIGNER OF RECORD/FIRM:** | | | | | | | |  | | | | | | | | | | | |
| **CONTRACTOR:** | | | | | | | |  | | | | | | | | | | | |
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| **Construction Projects with Earthwork** | | | | | | | | | | | | | | | | | | | |
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|  |  |  | **Subsoil Excavation** | | | | | | |  |  |  | **Regular Excavation** | | | |  | | **CY** |
|  |  |  |  | | | | | | |  |  |  |  | | | |  | |  |
|  |  |  | **Other** | | |  | | | **CY** |  |  |  | **Embankment** | | | |  | | **CY** |
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| **Comments:** | | | |  | | | | | | | | | | | | | | | |
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| **🡻 FOR CFX USE ONLY 🡻** | | | | | | | | | | | | | | | | | | | |
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| **Verification of Plan Quantity:** | | | | | | |  | | | | | | | | | | | | |
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| **The following check section survey requirements are waived as per Chapter 6 of the Field Standards for Final Estimates:** | | | | | | | | | | | | | | | | | | | |
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|  |  |  | **Original Survey, Cross Sections** | | | | | | |  |  |  | **Final Survey, Cross Sections** | | | | | | |
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|  |  |  | **Complete Bench Run** | | | | | | |  |  |  | **Other Checks Required** | | | | | | |
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| **Comments:** | | | |  | | | | | | | | | | | | | | | |
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| **SIGNATURE:** | | | | |  | | | | | | | | | **DATE:** |  | | | | |