PAVEMENT DESIGN APPROVAL REQUEST – INDOT PROJECT

Route: _____ County Name and Number: _____

Des No.: _____ Rural/Urban Splits _____

Pavement Description: _____

_____

_____

_____

_____

_____

_____

Existing Sand Surface: Yes _____ No _____

Existing Underdrains: Yes _____ No _____

Adjacent Pavement Types: Before _____ After _____

Traffic Flow Conditions: _____

Design Speed: _____

Number of Through Lanes: _____

Shoulder/Curb Type: _____

Date Geotechnical Report Approved: _____

Special Geotechnical Considerations: _____

_____

_____

_____

_____

_____

Design Data:

Construction Year _____ AADT _____

Design Year _____ AADT _____

Percent Trucks: _____

Soil Support Value: _____

Recommended Pavement Type: PCCP _____ HMA _____

Reason: _____

_____

LCCA Completed: Yes _____ No _____

PAVEMENT DESIGN APPROVAL REQUEST – INDOT PROJECT (Cont'd.)

Approved Pavement Section: _____
_____
_____
_____
_____
_____

SUPERPAVE Data:

ESALs: _____

High Temperature PG Binder: _____

Registration Seal

Clear All Fields

E-Mail this Form

Recommended By: _____ Date: _____

APPROVED: _____ Date: _____

INDOT Pavement Design Engineer