

DESIGNER NOTE
 (REMOVE PRIOR TO PLOTTING FINAL PLAN):
 USE ON ALL PRECAST BOX CULVERT PROJECTS.
 INSERT APPROPRIATE VALUES FOR ESTIMATED MIN.
 AND MAX. FILL DEPTHS, ALSO SHOW (A) AND (B) IN THE
 BOX CULVERT ELEVATION VIEW TO DEPICT THE MIN.
 AND MAX. FILL HEIGHTS WITHIN THE ROADWAY, INCLUDING
 SHOULDERS.

DESIGNER NOTE
 (REMOVE PRIOR TO PLOTTING FINAL PLAN):
 USE ON ALL PRECAST CONCRETE BOX CULVERT PROJECTS
 WHERE THE BOX CULVERT HAS BEEN ASSIGNED A BRIDGE
 NUMBER. FOR STANDARD DESIGNS, INSERT 1.3 RATING
 FACTOR. FOR NON-STANDARD DESIGNS, INSERT CALCULATED
 RATING FACTOR.

DESIGN DATA	
DESIGNED IN ACCORDANCE WITH 2017 AASHTO LRFD BRIDGE DESIGN SPECIFICATIONS.	
HL-93 LIVE LOAD	
BARREL INSIDE WIDTH =	
BARREL INSIDE HEIGHT =	
BARREL LENGTH =	
EST. MIN. FILL DEPTH (A) =	
EST. MAX. FILL DEPTH (B) =	
SKREW ANGLE =	
DESIGN SPEED =	
CURRENT ADT (YEAR) =	
PROJECTED ADT (YEAR) =	
HL-93 LRFR	
BRIDGE OPERATING RATING FACTOR RF =	.

LIST OF SHEETS	
NO.	DESCRIPTION
1	GENERAL PLAN AND ELEVATION
2	PRECAST CONCRETE BARREL DETAILS

DESIGNER NOTE
 (REMOVE PRIOR TO PLOTTING FINAL PLAN):
 USE ONLINE LOCAL SYSTEM BRIDGE NUMBER REQUEST FROM
WWW.DOT.STATE.MN.US/BRIDGE/NEW-BRIDGE-NUMBER-REQUEST-LOCAL.HTML

I HEREBY CERTIFY THAT THIS PLAN WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.

SIGNED _____ DATE _____
 LICENSED PROFESSIONAL ENGINEER
 NAME: _____ LIC NO. _____

CONSTRUCTION NOTES:

ALL EXPOSED CONCRETE EDGES SHALL BE FORMED WITH A 1/2" OR 3/4" CHAMFER UNLESS OTHERWISE NOTED.

CONSTRUCTION SHALL BE IN ACCORDANCE WITH SPEC. 2411 AND 2412, EXCEPT AS NOTED.

REFER TO REMAINDER OF GRADING PLAN FOR SUPERSTRUCTURE EXCAVATION AND BACKFILL. SPEC. 2451.

THE BAR SIZES SHOWN IN THIS PLAN ARE IN U.S. CUSTOMARY DESIGNATIONS.

REFER TO TITLE SHEET FOR THE SUBSURFACE UTILITY INFORMATION.

BRIDGE NO.

LOCATION: _____

MAIN ___ x ___ MNDOT STD. PRECAST CONCRETE CULVERT

IDENTIFICATION NO. 513

GENERAL PLAN AND ELEVATION

SEC. _____ T N R W
 TOWNSHIP _____ COUNTY _____

DES:	DR:
CHK:	CHK: