

STATE OF DELAWARE



DEPARTMENT OF TRANSPORTATION

DESIGN-BUILD PROJECT

for

INDIAN RIVER INLET BRIDGE

Replacement of Bridge 3-156,
SR1 over Indian River Inlet
State Contract # 26-073-03 Readvertised
Federal Contract # BRN-S050(14)

SCOPE OF SERVICES PACKAGE

CONTRACT DOCUMENTS

DB SECTION 111

APPENDIX 111A - FORMS

FORMS INDEX

| | |
|------------|-------------------------------|
| Form DR | Design Review Comments |
| Form DUS | Design Unit Schedule |
| Form NCR-D | Design Non-Conformance Report |

FORM DUS
Design Unit Schedule

| Design Unit Designation/ Code | Design Unit Description | Planned Review Stages ¹ | Information/Components to be Reviewed | Planned Review Dates ² | Percent Complete Represented by Review |
|--------------------------------------|--------------------------------|---|--|--|---|
| | | Preliminary | | | |
| | | | | | |
| | | | | | |
| | | Final | | | 100% |
| | | | | | |
| | | Preliminary | | | |
| | | | | | |
| | | | | | |
| | | Final | | | 100% |
| | | | | | |
| | | Preliminary | | | |
| | | | | | |
| | | | | | |
| | | Final | | | 100% |
| | | | | | |
| | | | | | |

¹ Provide information as necessary to reflect additional interim and/or readiness for construction reviews planned between Preliminary Design and Final Design Reviews.

² Planned review dates to be provided within 30 days of NTP.

FORM NCR-D

DESIGN NON-CONFORMANCE REPORT

From: _____ Date: _____
(Name and initials of Design QC Manager or Department's PM or Designee)

To: _____
(Names of Design-Builder and Responsible Engineer)

Project name/Number: _____ Design Unit ID: _____

Copy: **Department's Project Manager**

Transmittal/File No. _____ Applicable Contract Requirement: _____
(Part and Section Number)

The design Work on the referenced Design Unit is not in conformance with the noted Contract requirement for the reasons stated below (Attach additional sheets as necessary):

RESOLUTION: _____ Date: _____

From: _____
(Names and initials of Design-Builder's Project Manager and Responsible Engineer)

To: **Department's Design Compliance Engineer and Project Manager**

The above noted design non-conformance has been corrected and/or resolved as indicated below (attach additional sheets as necessary):

Acknowledgement of Receipt: _____ Date: _____
(Name & initials of Department's PM/Designee)

Send copy of completed, acknowledged form to the Design-Builder's and Department's Project Manager's files.