

PROJECT NAME	MAP TAG	A	B	C	D	E	F	G
	ROUTE	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
	MILEPOINT	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
	FEATURE INTERSECTED	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX
	BRIDGE KEY NUMBER	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
	BRIDGE DRAWING NUMBER	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX

ITEM NO.	ITEM	UNIT	TOTAL	QUANTITY									
XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX

NOTE TO DESIGNER: PLACE THIS SHEET RIGHT AFTER THE ROADWAY SUMMARY SHEET.

REVISIONS			
NO.	DATE	BY	DESCRIPTION

DESIGNED	SCALES SHOWN ARE FOR 11" X 17" PRINTS ONLY
DESIGN CHECKED	
DETAILED	CADD FILE NAME B16_1B.DGN
DRAWING CHECKED	DRAWING DATE: DEC 2024

IDAHO
TRANSPORTATION
DEPARTMENT

YOUR Safety--YOUR Mobility--YOUR Economic Opportunity

PROJECT NO.

BRIDGE SUMMARY

(REHABILITATION PROJECTS)
BRIDGE LRFD DESIGN MANUAL
B16.1B

ENGLISH	
COUNTY	
KEY NUMBER	
SHEET	OF