

JUNKYARD SURVEY

OFFICE DATA:

REGION _____ JUNKYARD # _____

COUNTY _____

TRUNKLINE _____ DATE ESTABLISHED _____

CONTROL SECTION _____ MILE POINT _____

TOWNSHIP NAME _____ SECTION _____ T _____ R _____

LOCATION _____

NAME OF ESTABLISHMENT _____

ADDRESS _____

ZONING DESIGNATION _____

ZONING AUTHORITY (NAME) _____

FEDERAL AID SYSTEM: INTERSTATE PRIMARY SECONDARY

FIELD DATA:

A) TYPE OF JUNKYARD

ACTIVE AUTO GRAVEYARD NUMBER OF CARS _____
INACTIVE
SANITARY LANDFILL
OTHER (SPECIFY) _____

B) VISIBLE FROM ROADWAY: YES NO

C) SIDE OF ROAD _____

D) DISTANCE FROM ROADWAY _____

E) LENGTH ALONG ROADWAY _____

F) ESTIMATED DEPTH OF JUNKYARD PERPENDICULAR TO ROADWAY _____

G) ELEVATION OF JUNKYARD IN RELATION TO ROADWAY
SAME _____; HIGHER FEET _____; LOWER FEET _____

H) EXISTING SCREENING: YES NO ADEQUATE
BY MDOT BY OWNER
CONDITION: GOOD FAIR POOR

PRELIMINARY STATUS: NOT SUBJECT LEGAL NON-CONFORMING ILLEGAL

COMMENTS:

SURVEY BY: _____ DATE: _____