Missouri Department of Transportation
Construction and Materials

Semi-Final Inspection - LPA

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<th>COUNTY</th>
<th>ROUTE</th>
<th>JOB NUMBER</th>
<th>CONTRACTOR</th>
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On this date, a semi-final inspection was made over the portion of the above project from Station ___________ to Station ___________. This inspection was made by:

________________________________________
________________________________________
________________________________________

The following corrections were noted (continue on back if necessary):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Exceptions (continue on back if necessary):

________________________________________________________________________

Comments (continue on back if necessary):

________________________________________________________________________
________________________________________________________________________

Specification Year ___________

Reply:

The above corrections are completed; exceptions still remain. Partial Acceptance for Maintenance Date: ____________

Responsible Person: __________________________
Date: ____________

The above corrections and exceptions are completed. Final Inspection Date: ____________

Responsible Person: __________________________
Date: ____________

Final Closeout Certification Status (if applicable):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________