



DINAS PEKERJAAN UMUM DAN PENATAAN RUANG  
KABUPATEN BONE BOLANGO

LEMBAR KE ..... DARI .....

### FORMULIR SURVEI INVENTARISASI JARINGAN JALAN - SAAT INI

|           |           |     |     |
|-----------|-----------|-----|-----|
| PROPINSI  | 7 5       |     |     |
|           | GORONTALO |     |     |
| REFERENSI | DRP       | LRP | CHN |
| LOKASI    |           |     |     |

|               |        |                           |   |   |   |
|---------------|--------|---------------------------|---|---|---|
| RUAS          | NO.    | 048                       | 0 | 0 | 0 |
|               | NAMA : | Sp. 7 Pauwo - Pauwo Dalam |   |   |   |
| DARI PATOK KM |        |                           |   |   |   |
| KE PATOK KM   |        |                           |   |   |   |

|                   |   |       |      |
|-------------------|---|-------|------|
| DIKERJAKAN OLEH : |   |       |      |
| NAMA :            |   |       |      |
| N.I.P. :          |   |       |      |
| TGL.              | 8 | BULAN | 8    |
|                   |   | TAHUN | 2023 |

| LOKASI  |         | INVENTARISASI SAAT INI |        |                 |       |            |         |            |       |          |                 |          |      |       |                    |                                  |                      |      |                 |    |
|---------|---------|------------------------|--------|-----------------|-------|------------|---------|------------|-------|----------|-----------------|----------|------|-------|--------------------|----------------------------------|----------------------|------|-----------------|----|
|         |         | TIPE JALAN             | MEDIAN | LAPIS PERMUKAAN |       |            | B A H U |            |       |          | SALURAN SAMPING |          |      |       | TERRAIN            |                                  | ALINYEMEN            |      | TATA GUNA LAHAN |    |
| TAHUN   | JENIS   |                        |        | LEBAR (DM)      | JENIS | LEBAR (DM) | JENIS   | LEBAR (DM) | JENIS | DALAM CM | JENIS           | DALAM CM | KIRI | KANAN | NAIK (T)/TURUN (L) | VERTIKAL (GRADE)<br>NAIK / TURUN | HORIZONTAL (BELOKAN) | KIRI | KANAN           |    |
| Km .... | Km .... |                        |        |                 |       |            |         |            |       |          |                 |          |      |       |                    |                                  |                      |      |                 |    |
| DARI    | KE      |                        |        |                 |       |            |         |            |       |          |                 |          |      |       |                    |                                  |                      |      |                 |    |
| 1       | 2       | 3                      | 4      | 5               | 6     | 7          | 8       | 9          | 10    | 11       | 12              | 13       | 14   | 15    | 16                 | 17                               | 18                   | 19   | 20              | 21 |
| 0+000   | 0+100   | 1                      | 0      | 0               | 21    | 2.5        | 1       | 0.2        | 1     | 0.2      | 5               | -        | 5    | -     | -                  | -                                | 1                    | 3    | 2               | 2  |
| 0+100   | 0+200   | 1                      | 0      | 0               | 21    | 2.5        | 1       | 0.2        | 1     | 0.2      | 5               | -        | 5    | -     | -                  | -                                | 1                    | 3    | 2               | 2  |
| 0+200   | 0+238   | 1                      | 0      | 0               | 21    | 2.5        | 1       | 0.2        | 1     | 0.2      | 5               | -        | 5    | -     | -                  | -                                | 1                    | 1    | 2               | 2  |
|         |         |                        |        |                 |       |            |         |            |       |          |                 |          |      |       |                    |                                  |                      |      |                 |    |

- |                              |                              |                      |                   |              |                         |                            |                                                |
|------------------------------|------------------------------|----------------------|-------------------|--------------|-------------------------|----------------------------|------------------------------------------------|
| 0. TIDAK DIKETAHUI           | 5. BURDA                     | 10. LATASBUM (NACAS) | 15. MICRO ASBUTON | 20. SPAV     | 0. TIDAK ADA BAHU       | 1. TANAH TERBUKA           | 1. SAWAH / KEBUN / HUTAN ( RURAL )             |
| 1. TANAH                     | 6. PENETRASI MACADAM 1 LAPIS | 11. LATASTON (HRS)   | 16. DGEM          | 21. RIGID    | 1. BAHU LUNAK           | 2. BETONPAS. BATU TERBUKA  | 2. PERUMAHAN ( URBAN 1 )                       |
| 2. JAPAT (AWCAS) / KERIKIL   | 7. PENETRASI MACADAM 2 LAPIS | 12. HRSSA            | 17. SMA           | 22. CONCREAT | 2. BAHU YANG DIPERKERAS | 3. SALURAN IRIGASI         | 3. PERINDUSTRIAN ( URBAN 2 )                   |
| 3. TELFORD / MACADAM TERBUKA | 8. LASBUTAG (BUTAS)          | 13. SLURRY SEAL      | 18. BMA           |              |                         | 4. BETONPAS. BATU TERTUTUP | 4. PERTOKOAN / PERKANTORAN / PASAR ( URBAN 3 ) |
| 4. BURTU                     | 9. ASPAL BETON (A.C.)        | 14. MACRO SEAL       | 19. HSWC          |              |                         | 5. TIDAK ADA               |                                                |

#### KODE TIPE JALAN

- |             |         |
|-------------|---------|
| 1. 2 / 1 UD | 4 / 2 D |
| 2. 2 / 2 UD | 6 / 2 D |
| 3. 4 / 2 UD |         |

#### KODE MEDIAN

- |              |          |
|--------------|----------|
| 0. TIDAK ADA | 3. 3 < M |
| 1. 1 < M     |          |
| 2. 1 - 3 M   |          |

#### KODE TERRAIN

- |                              |
|------------------------------|
| 1. DATAR (F) < 1,0 M         |
| 2. 1,0 M < BUKIT (R) < 3,0 M |
| 3. GUNUNG (H) > 3,0 M        |

#### KODE GRADE ( ALIN. VER.)

- |                                |
|--------------------------------|
| 1. DATAR (F) ( < 5,0 M / KM )  |
| 2. BUKIT (R) ( 5 - 45 M / KM ) |
| 3. GUNUNG (H) ( > 45 M / KM )  |

#### KODE BELOKAN ( ALIN. HOR.)

- |                                             |
|---------------------------------------------|
| 1. LURUS ( < 0,25 RAD / KM )                |
| 2. SEDIKIT BELOKAN ( 0,25 - 3,50 RAD / KM ) |
| 3. BANYAK BELOKAN ( > 3,50 RAD / KM )       |

#### TERRAIN

- |          |
|----------|
| T TEBING |
| L LEMBAH |



DINAS PEKERJAAN UMUM DAN PENATAAN RUANG  
KABUPATEN BONE BOLANGO

Lembar : 001 Dari : 004

### FORMULIR SURVEI KONDISI JALAN ASPAL Dalam 100 M

|                  |              |                 |                                        |
|------------------|--------------|-----------------|----------------------------------------|
| Nomor Propinsi : | 75           | Nomor Ruas :    | 048 . 0 . 0                            |
| Nama Propinsi :  | BONE BOLANGO | Nama Ruas :     | Sp. 7 Pauwo - Pauwo Dalam              |
| Dari Patok Km :  | 0+000        | Status/Fungsi : | JK / KAB                               |
| Ke Patok Km :    | 0+100        | Tgl/Bln/Thn :   | 8 8 2023                               |
|                  |              | Surveyor :      | 1 ANDI MUH. FAISAL 2 HERI SETIAWAN. ST |

| Permukaan Perkerasan                                                                                                                                                                                                    |                                    | Retak-retak                                                                                                                                                                                                                                               |  | Kerusakan Lain                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Bahu, Saluran Samping dan lain-lain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|-------------------------------------|-------------------------|----------------------------------------|-------------------------------------|--------------|----------------------------------------|-------------------------------------|---------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------|--------------------------|----------------------------|-----------------------------|-------------------------------------|------------------------------------|----------------------------------------|--------------------------|-------------------|-----------------------------|
| <b>Susunan</b><br><input type="checkbox"/> 1. Baik/Rapat<br><input checked="" type="checkbox"/> 2. Kasar                                                                                                                |                                    | <b>Jenis</b><br><input type="checkbox"/> 1. Tidak ada<br><input checked="" type="checkbox"/> 2. Tidak berhubungan<br><input type="checkbox"/> 3. Saling berhubungan (Berbidang luas)<br><input type="checkbox"/> 4. Saling berhubungan (Berbidang sempit) |  | <b>Jumlah Lubang</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. '=1 / 100M<br><input type="checkbox"/> 3. 1 - 5 /100M<br><input checked="" type="checkbox"/> 4. >5 /100 M                                                                                                                                                                                                                                                          |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Kondisi Bahu</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>2. Baik/Rata</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Bekas rd./Erosi ringan</td> <td>3. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Bekas rd./Erosi berat</td> <td>4. <input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                    |                |    | KR                                  | Kondisi Bahu            | KN                                     | <input type="checkbox"/>            | 1. Tidak ada | 1. <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Baik/Rata              | 2. <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | 3. Bekas rd./Erosi ringan  | 3. <input type="checkbox"/>            | <input type="checkbox"/> | 4. Bekas rd./Erosi berat   | 4. <input type="checkbox"/> |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Kondisi Bahu                       | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 2. Baik/Rata                       | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Bekas rd./Erosi ringan          | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 4. Bekas rd./Erosi berat           | 4. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <b>Kondisi/Kadaan</b><br><input type="checkbox"/> 1. Baik/tdk. ada kelainan<br><input type="checkbox"/> 2. Aspal berlebihan<br><input type="checkbox"/> 3. Lepas-lepas<br><input checked="" type="checkbox"/> 4. Hancur |                                    | <b>Lebar</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. Halus < 1 mm<br><input type="checkbox"/> 3. Sedang 1 - 5 mm<br><input checked="" type="checkbox"/> 4. Lebar > 5 mm                                                   |  | <b>Ukuran Lubang</b><br><input type="checkbox"/> 1. Tidak ada<br><input checked="" type="checkbox"/> 2. Kecil - dangkal<br><input type="checkbox"/> 3. Kecil - dalam<br><input type="checkbox"/> 4. Besar dangkal<br><input type="checkbox"/> 5. Besar - dalam                                                                                                                                                                                                  |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Permukaan Bahu</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Diatas permukaan jalan</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>3. Rata dg permukaan jalan</td> <td>3. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Dibawah permukaan jalan</td> <td>4. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>5. &gt;10 cm Di bawah permukaan jalan</td> <td>5. <input type="checkbox"/></td> </tr> </tbody> </table> |                |    | KR                                  | Permukaan Bahu          | KN                                     | <input type="checkbox"/>            | 1. Tidak ada | 1. <input type="checkbox"/>            | <input type="checkbox"/>            | 2. Diatas permukaan jalan | 2. <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                   | 3. Rata dg permukaan jalan | 3. <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Dibawah permukaan jalan | 4. <input type="checkbox"/> | <input type="checkbox"/>            | 5. >10 cm Di bawah permukaan jalan | 5. <input type="checkbox"/>            |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Permukaan Bahu                     | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 1. Tidak ada                       | 1. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Diatas permukaan jalan          | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 3. Rata dg permukaan jalan         | 3. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 4. Dibawah permukaan jalan         | 4. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 5. >10 cm Di bawah permukaan jalan | 5. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <b>% Penurunan</b><br><input checked="" type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. <10% luas<br><input type="checkbox"/> 3. 10-30% luas<br><input type="checkbox"/> 4. >30% luas                     |                                    | <b>% Luas</b><br><input type="checkbox"/> 1. Tidak ada<br><input checked="" type="checkbox"/> 2. < 10% luas<br><input type="checkbox"/> 3. 10-30% luas<br><input type="checkbox"/> 4. >30% luas                                                           |  | <b>Bekas Roda</b><br><input checked="" type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. < 1 cm dalam<br><input type="checkbox"/> 3. 1 - 3 cm dalam<br><input type="checkbox"/> 4. > 3 cm dalam                                                                                                                                                                                                                                                     |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Kondisi Saluran Samping</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Bersih</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Tertutup/Tersumbat</td> <td>3. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Erosi</td> <td>4. <input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                                |                |    | KR                                  | Kondisi Saluran Samping | KN                                     | <input checked="" type="checkbox"/> | 1. Tidak ada | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Bersih                 | 2. <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | 3. Tertutup/Tersumbat      | 3. <input type="checkbox"/>            | <input type="checkbox"/> | 4. Erosi                   | 4. <input type="checkbox"/> |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Kondisi Saluran Samping            | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Bersih                          | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Tertutup/Tersumbat              | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 4. Erosi                           | 4. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <b>% Tambalan</b><br><input checked="" type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. < 10% luas<br><input type="checkbox"/> 3. 10-30% luas<br><input type="checkbox"/> 4. >30% luas                     |                                    |                                                                                                                                                                                                                                                           |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Kerusakan Tepi</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Ringan</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Berat</td> <td>3. <input type="checkbox"/></td> </tr> </tbody> </table> |  | KR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Kerusakan Tepi | KN | <input checked="" type="checkbox"/> | 1. Tidak ada            | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Ringan    | 2. <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Berat                  | 3. <input type="checkbox"/> | <table border="1"> <thead> <tr> <th>KR</th> <th>Kerusakan Lereng</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Longsor/Runtuh</td> <td>2. <input type="checkbox"/></td> </tr> </tbody> </table> |                            |                                        | KR                       | Kerusakan Lereng           | KN                          | <input checked="" type="checkbox"/> | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Longsor/Runtuh | 2. <input type="checkbox"/> |
| KR                                                                                                                                                                                                                      | Kerusakan Tepi                     | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Ringan                          | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Berat                           | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Kerusakan Lereng                   | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Longsor/Runtuh                  | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
|                                                                                                                                                                                                                         |                                    |                                                                                                                                                                                                                                                           |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Trotoar</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Baik/Aman</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Berbahaya</td> <td>3. <input type="checkbox"/></td> </tr> </tbody> </table> |  | KR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Trotoar        | KN | <input checked="" type="checkbox"/> | 1. Tidak ada            | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Baik/Aman | 2. <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Berbahaya              | 3. <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Trotoar                            | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Baik/Aman                       | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Berbahaya                       | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                           |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |

Ukuran lubang Kecil (diameter < 0,5 m); Besar (diameter  $\geq$  0,5 m); Dangkal (kedalaman < 5 cm); Dalam (kedalaman  $\geq$  5 cm)  
 Status Ruas Jalan : N = Nasional; P = Propinsi; M = Kotamadya; K = Kabupaten



DINAS PEKERJAAN UMUM DAN PENATAAN RUANG  
KABUPATEN BONE BOLANGO

Lembar : 002 Dari : 004

### FORMULIR SURVEI KONDISI JALAN ASPAL Dalam 100 M

|                  |              |                 |                                        |
|------------------|--------------|-----------------|----------------------------------------|
| Nomor Propinsi : | 75           | Nomor Ruas :    | 048 . 0 . 0                            |
| Nama Propinsi :  | BONE BOLANGO | Nama Ruas :     | Sp. 7 Pauwo - Pauwo Dalam              |
| Dari Patok Km :  | 0+100        | Status/Fungsi : | JK / KAB                               |
| Ke Patok Km :    | 0+200        | Tgl/Bln/Thn :   | 8 8 2023                               |
|                  |              | Surveyor :      | 1 ANDI MUH. FAISAL 2 HERI SETIAWAN. ST |

| Permukaan Perkerasan                                                                                                                                                                                                    |                                    | Retak-retak                                                                                                                                                                                                                                               |  | Kerusakan Lain                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Bahu, Saluran Samping dan lain-lain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|-------------------------------------|-------------------------|----------------------------------------|-------------------------------------|--------------|----------------------------------------|-------------------------------------|--------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------|--------------------------|----------------------------|-----------------------------|-------------------------------------|------------------------------------|----------------------------------------|--------------------------|-------------------|-----------------------------|
| <b>Susunan</b><br><input type="checkbox"/> 1. Baik/Rapat<br><input checked="" type="checkbox"/> 2. Kasar                                                                                                                |                                    | <b>Jenis</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. Tidak berhubungan<br><input type="checkbox"/> 3. Saling berhubungan (Berbidang luas)<br><input checked="" type="checkbox"/> 4. Saling berhubungan (Berbidang sempit) |  | <b>Jumlah Lubang</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. '=1 / 100M<br><input checked="" type="checkbox"/> 3. 1 - 5 /100M<br><input type="checkbox"/> 4. >5 /100 M                                                                                                                                                                                                                                                          |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Kondisi Bahu</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>2. Baik/Rata</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Bekas rd./Erosi ringan</td> <td>3. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Bekas rd./Erosi berat</td> <td>4. <input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                   |                |    | KR                                  | Kondisi Bahu            | KN                                     | <input type="checkbox"/>            | 1. Tidak ada | 1. <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Baik/Rata             | 2. <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | 3. Bekas rd./Erosi ringan  | 3. <input type="checkbox"/>            | <input type="checkbox"/> | 4. Bekas rd./Erosi berat   | 4. <input type="checkbox"/> |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Kondisi Bahu                       | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 2. Baik/Rata                       | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Bekas rd./Erosi ringan          | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 4. Bekas rd./Erosi berat           | 4. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <b>Kondisi/Kadaan</b><br><input type="checkbox"/> 1. Baik/tdk. ada kelainan<br><input type="checkbox"/> 2. Aspal berlebihan<br><input type="checkbox"/> 3. Lepas-lepas<br><input checked="" type="checkbox"/> 4. Hancur |                                    | <b>Lebar</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. Halus < 1 mm<br><input checked="" type="checkbox"/> 3. Sedang 1 - 5 mm<br><input type="checkbox"/> 4. Lebar > 5 mm                                                   |  | <b>Ukuran Lubang</b><br><input type="checkbox"/> 1. Tidak ada<br><input checked="" type="checkbox"/> 2. Kecil - dangkal<br><input type="checkbox"/> 3. Kecil - dalam<br><input type="checkbox"/> 4. Besar dangkal<br><input type="checkbox"/> 5. Besar - dalam                                                                                                                                                                                                  |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Permukaan Bahu</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Ditas permukaan jalan</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>3. Rata dg permukaan jalan</td> <td>3. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Dibawah permukaan jalan</td> <td>4. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>5. &gt;10 cm Di bawah permukaan jalan</td> <td>5. <input type="checkbox"/></td> </tr> </tbody> </table> |                |    | KR                                  | Permukaan Bahu          | KN                                     | <input type="checkbox"/>            | 1. Tidak ada | 1. <input type="checkbox"/>            | <input type="checkbox"/>            | 2. Ditas permukaan jalan | 2. <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                   | 3. Rata dg permukaan jalan | 3. <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Dibawah permukaan jalan | 4. <input type="checkbox"/> | <input type="checkbox"/>            | 5. >10 cm Di bawah permukaan jalan | 5. <input type="checkbox"/>            |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Permukaan Bahu                     | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 1. Tidak ada                       | 1. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Ditas permukaan jalan           | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 3. Rata dg permukaan jalan         | 3. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 4. Dibawah permukaan jalan         | 4. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 5. >10 cm Di bawah permukaan jalan | 5. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <b>% Penurunan</b><br><input checked="" type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. <10% luas<br><input type="checkbox"/> 3. 10-30% luas<br><input type="checkbox"/> 4. >30% luas                     |                                    | <b>% Luas</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. < 10% luas<br><input type="checkbox"/> 3. 10-30% luas<br><input checked="" type="checkbox"/> 4. >30% luas                                                           |  | <b>Bekas Roda</b><br><input checked="" type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. < 1 cm dalam<br><input type="checkbox"/> 3. 1 - 3 cm dalam<br><input type="checkbox"/> 4. > 3 cm dalam                                                                                                                                                                                                                                                     |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Kondisi Saluran Samping</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Bersih</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Tertutup/Tersumbat</td> <td>3. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Erosi</td> <td>4. <input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                               |                |    | KR                                  | Kondisi Saluran Samping | KN                                     | <input checked="" type="checkbox"/> | 1. Tidak ada | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Bersih                | 2. <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | 3. Tertutup/Tersumbat      | 3. <input type="checkbox"/>            | <input type="checkbox"/> | 4. Erosi                   | 4. <input type="checkbox"/> |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Kondisi Saluran Samping            | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Bersih                          | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Tertutup/Tersumbat              | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 4. Erosi                           | 4. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <b>% Tambalan</b><br><input checked="" type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. < 10% luas<br><input type="checkbox"/> 3. 10-30% luas<br><input type="checkbox"/> 4. >30% luas                     |                                    |                                                                                                                                                                                                                                                           |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Kerusakan Tepi</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Ringan</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Berat</td> <td>3. <input type="checkbox"/></td> </tr> </tbody> </table> |  | KR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Kerusakan Tepi | KN | <input checked="" type="checkbox"/> | 1. Tidak ada            | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Ringan    | 2. <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Berat                 | 3. <input type="checkbox"/> | <table border="1"> <thead> <tr> <th>KR</th> <th>Kerusakan Lereng</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Longsor/Runtuh</td> <td>2. <input type="checkbox"/></td> </tr> </tbody> </table> |                            |                                        | KR                       | Kerusakan Lereng           | KN                          | <input checked="" type="checkbox"/> | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Longsor/Runtuh | 2. <input type="checkbox"/> |
| KR                                                                                                                                                                                                                      | Kerusakan Tepi                     | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Ringan                          | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Berat                           | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Kerusakan Lereng                   | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Longsor/Runtuh                  | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
|                                                                                                                                                                                                                         |                                    |                                                                                                                                                                                                                                                           |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Trotoar</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Baik/Aman</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Berbahaya</td> <td>3. <input type="checkbox"/></td> </tr> </tbody> </table> |  | KR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Trotoar        | KN | <input checked="" type="checkbox"/> | 1. Tidak ada            | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Baik/Aman | 2. <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Berbahaya             | 3. <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Trotoar                            | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Baik/Aman                       | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Berbahaya                       | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |

Ukuran lubang Kecil (diameter < 0,5 m); Besar (diameter  $\geq$  0,5 m); Dangkal (kedalaman < 5 cm); Dalam (kedalaman  $\geq$  5 cm)  
 Status Ruas Jalan : N = Nasional; P = Propinsi; M = Kotamadya; K = Kabupaten



DINAS PEKERJAAN UMUM DAN PENATAAN RUANG  
KABUPATEN BONE BOLANGO

Lembar : 003 Dari : 004

### FORMULIR SURVEI KONDISI JALAN ASPAL Dalam 100 M

|                  |              |                 |                                        |
|------------------|--------------|-----------------|----------------------------------------|
| Nomor Propinsi : | 75           | Nomor Ruas :    | 048 . 0 . 0                            |
| Nama Propinsi :  | BONE BOLANGO | Nama Ruas :     | Sp. 7 Pauwo - Pauwo Dalam              |
|                  |              | Status/Fungsi : | JK / KAB                               |
| Dari Patok Km :  | 0+200        | Tgl/Bln/Thn :   | 8 8 2023                               |
| Ke Patok Km :    | 0+238        | Surveyor :      | 1 ANDI MUH. FAISAL 2 HERI SETIAWAN. ST |

| Permukaan Perkerasan                                                                                                                                                                                                    |                                    | Retak-retak                                                                                                                                                                                                                                               |  | Kerusakan Lain                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Bahu, Saluran Samping dan lain-lain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|-------------------------------------|-------------------------|----------------------------------------|-------------------------------------|--------------|----------------------------------------|-------------------------------------|--------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------|--------------------------|----------------------------|-----------------------------|-------------------------------------|------------------------------------|----------------------------------------|--------------------------|-------------------|-----------------------------|
| <b>Susunan</b><br><input type="checkbox"/> 1. Baik/Rapat<br><input checked="" type="checkbox"/> 2. Kasar                                                                                                                |                                    | <b>Jenis</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. Tidak berhubungan<br><input type="checkbox"/> 3. Saling berhubungan (Berbidang luas)<br><input checked="" type="checkbox"/> 4. Saling berhubungan (Berbidang sempit) |  | <b>Jumlah Lubang</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. '=1 / 100M<br><input checked="" type="checkbox"/> 3. 1 - 5 /100M<br><input type="checkbox"/> 4. >5 /100 M                                                                                                                                                                                                                                                          |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Kondisi Bahu</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>2. Baik/Rata</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Bekas rd./Erosi ringan</td> <td>3. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Bekas rd./Erosi berat</td> <td>4. <input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                   |                |    | KR                                  | Kondisi Bahu            | KN                                     | <input type="checkbox"/>            | 1. Tidak ada | 1. <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Baik/Rata             | 2. <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | 3. Bekas rd./Erosi ringan  | 3. <input type="checkbox"/>            | <input type="checkbox"/> | 4. Bekas rd./Erosi berat   | 4. <input type="checkbox"/> |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Kondisi Bahu                       | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 2. Baik/Rata                       | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Bekas rd./Erosi ringan          | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 4. Bekas rd./Erosi berat           | 4. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <b>Kondisi/Kadaan</b><br><input type="checkbox"/> 1. Baik/tdk. ada kelainan<br><input type="checkbox"/> 2. Aspal berlebihan<br><input type="checkbox"/> 3. Lepas-lepas<br><input checked="" type="checkbox"/> 4. Hancur |                                    | <b>Lebar</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. Halus < 1 mm<br><input checked="" type="checkbox"/> 3. Sedang 1 - 5 mm<br><input type="checkbox"/> 4. Lebar > 5 mm                                                   |  | <b>Ukuran Lubang</b><br><input type="checkbox"/> 1. Tidak ada<br><input checked="" type="checkbox"/> 2. Kecil - dangkal<br><input type="checkbox"/> 3. Kecil - dalam<br><input type="checkbox"/> 4. Besar dangkal<br><input type="checkbox"/> 5. Besar - dalam                                                                                                                                                                                                  |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Permukaan Bahu</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Datas permukaan jalan</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>3. Rata dg permukaan jalan</td> <td>3. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Dibawah permukaan jalan</td> <td>4. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>5. &gt;10 cm Di bawah permukaan jalan</td> <td>5. <input type="checkbox"/></td> </tr> </tbody> </table> |                |    | KR                                  | Permukaan Bahu          | KN                                     | <input type="checkbox"/>            | 1. Tidak ada | 1. <input type="checkbox"/>            | <input type="checkbox"/>            | 2. Datas permukaan jalan | 2. <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                   | 3. Rata dg permukaan jalan | 3. <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Dibawah permukaan jalan | 4. <input type="checkbox"/> | <input type="checkbox"/>            | 5. >10 cm Di bawah permukaan jalan | 5. <input type="checkbox"/>            |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Permukaan Bahu                     | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 1. Tidak ada                       | 1. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Datas permukaan jalan           | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 3. Rata dg permukaan jalan         | 3. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 4. Dibawah permukaan jalan         | 4. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 5. >10 cm Di bawah permukaan jalan | 5. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <b>% Penurunan</b><br><input checked="" type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. <10% luas<br><input type="checkbox"/> 3. 10-30% luas<br><input type="checkbox"/> 4. >30% luas                     |                                    | <b>% Luas</b><br><input type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. < 10% luas<br><input type="checkbox"/> 3. 10-30% luas<br><input checked="" type="checkbox"/> 4. >30% luas                                                           |  | <b>Bekas Roda</b><br><input checked="" type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. < 1 cm dalam<br><input type="checkbox"/> 3. 1 - 3 cm dalam<br><input type="checkbox"/> 4. > 3 cm dalam                                                                                                                                                                                                                                                     |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Kondisi Saluran Samping</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Bersih</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Tertutup/Tersumbat</td> <td>3. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Erosi</td> <td>4. <input type="checkbox"/></td> </tr> </tbody> </table>                                                                                                                                                               |                |    | KR                                  | Kondisi Saluran Samping | KN                                     | <input checked="" type="checkbox"/> | 1. Tidak ada | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Bersih                | 2. <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                              | 3. Tertutup/Tersumbat      | 3. <input type="checkbox"/>            | <input type="checkbox"/> | 4. Erosi                   | 4. <input type="checkbox"/> |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Kondisi Saluran Samping            | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Bersih                          | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Tertutup/Tersumbat              | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 4. Erosi                           | 4. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <b>% Tambalan</b><br><input checked="" type="checkbox"/> 1. Tidak ada<br><input type="checkbox"/> 2. < 10% luas<br><input type="checkbox"/> 3. 10-30% luas<br><input type="checkbox"/> 4. >30% luas                     |                                    |                                                                                                                                                                                                                                                           |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Kerusakan Tepi</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Ringan</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Berat</td> <td>3. <input type="checkbox"/></td> </tr> </tbody> </table> |  | KR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Kerusakan Tepi | KN | <input checked="" type="checkbox"/> | 1. Tidak ada            | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Ringan    | 2. <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Berat                 | 3. <input type="checkbox"/> | <table border="1"> <thead> <tr> <th>KR</th> <th>Kerusakan Lereng</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Longsor/Runtuh</td> <td>2. <input type="checkbox"/></td> </tr> </tbody> </table> |                            |                                        | KR                       | Kerusakan Lereng           | KN                          | <input checked="" type="checkbox"/> | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Longsor/Runtuh | 2. <input type="checkbox"/> |
| KR                                                                                                                                                                                                                      | Kerusakan Tepi                     | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Ringan                          | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Berat                           | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Kerusakan Lereng                   | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Longsor/Runtuh                  | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
|                                                                                                                                                                                                                         |                                    |                                                                                                                                                                                                                                                           |  | <table border="1"> <thead> <tr> <th>KR</th> <th>Trotoar</th> <th>KN</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>1. Tidak ada</td> <td>1. <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Baik/Aman</td> <td>2. <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Berbahaya</td> <td>3. <input type="checkbox"/></td> </tr> </tbody> </table> |  | KR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Trotoar        | KN | <input checked="" type="checkbox"/> | 1. Tidak ada            | 1. <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Baik/Aman | 2. <input type="checkbox"/>            | <input type="checkbox"/>            | 3. Berbahaya             | 3. <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| KR                                                                                                                                                                                                                      | Trotoar                            | KN                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input checked="" type="checkbox"/>                                                                                                                                                                                     | 1. Tidak ada                       | 1. <input checked="" type="checkbox"/>                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 2. Baik/Aman                       | 2. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |
| <input type="checkbox"/>                                                                                                                                                                                                | 3. Berbahaya                       | 3. <input type="checkbox"/>                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |                                     |                         |                                        |                                     |              |                                        |                                     |                          |                             |                                                                                                                                                                                                                                                                                                                                                                       |                            |                                        |                          |                            |                             |                                     |                                    |                                        |                          |                   |                             |

Ukuran lubang Kecil (diameter < 0,5 m); Besar (diameter  $\geq$  0,5 m); Dangkal (kedalaman < 5 cm); Dalam (kedalaman  $\geq$  5 cm)  
 Status Ruas Jalan : N = Nasional; P = Propinsi; M = Kotamadya; K = Kabupaten

|                     |  |                                                                         |  |                                                 |  |                                                                         |  |                                                  |  |                         |  |   |  |           |  |
|---------------------|--|-------------------------------------------------------------------------|--|-------------------------------------------------|--|-------------------------------------------------------------------------|--|--------------------------------------------------|--|-------------------------|--|---|--|-----------|--|
| KECAMATAN           |  |                                                                         |  | RUAS JALAN                                      |  |                                                                         |  | TANGGAL                                          |  |                         |  |   |  |           |  |
| NAMA : Kabila       |  |                                                                         |  | NAMA : Sp. 7 Pauwo - Pauwo Dalam                |  |                                                                         |  | <div>8</div> <div>8</div> <div>2023</div>        |  |                         |  |   |  |           |  |
| NOMOR : <div></div> |  |                                                                         |  | NOMOR : <div>43</div> <div>0</div> <div>0</div> |  |                                                                         |  | <div>TGL</div> <div>BULAN</div> <div>TAHUN</div> |  |                         |  |   |  |           |  |
| KENDARAAN           |  |                                                                         |  | SURVEYOR                                        |  |                                                                         |  | PENGENMUDI                                       |  |                         |  |   |  |           |  |
| TYPE                |  | NO.                                                                     |  | N A M A                                         |  |                                                                         |  | NAMA : .. ANDI MUH. FAISAL                       |  |                         |  |   |  |           |  |
| MODEL               |  | 1                                                                       |  | ANDI MUH. FAISAL                                |  |                                                                         |  |                                                  |  |                         |  |   |  |           |  |
| TAHUN               |  | 2                                                                       |  | HERI SETIAWAN. ST                               |  |                                                                         |  |                                                  |  |                         |  |   |  |           |  |
| NO. POL.            |  | 3                                                                       |  |                                                 |  |                                                                         |  |                                                  |  |                         |  |   |  |           |  |
| TITIK AWAL (*)      |  | <div></div> <div></div> <div></div> <div></div>                         |  | (*)                                             |  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |  | (*)                                              |  | <div></div> <div></div> |  |   |  |           |  |
| KOTA ASAL           |  | PATOK                                                                   |  | PEMBACAAN ODOMETER                              |  | WAKTU                                                                   |  | JAM                                              |  | MENIT                   |  |   |  |           |  |
| TITIK AKHIR (*)     |  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |  | (*)                                             |  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |  | (*)                                              |  | <div></div> <div></div> |  |   |  |           |  |
| PATOK STA (*)       |  | PEMBACAAN ODOMETER / KM (*)                                             |  | R C I                                           |  |                                                                         |  |                                                  |  |                         |  |   |  |           |  |
|                     |  | 1                                                                       |  | 2                                               |  |                                                                         |  |                                                  |  |                         |  | 3 |  | RATA-RATA |  |
|                     |  |                                                                         |  |                                                 |  |                                                                         |  |                                                  |  |                         |  |   |  |           |  |
|                     |  |                                                                         |  |                                                 |  |                                                                         |  |                                                  |  |                         |  |   |  |           |  |

**LEMBAR SURVEY INVENTORY JALAN**  
**DINAS PEKERJAAN UMUM DAN PENATAAN RUANG KABUPATEN BONE BOLANGO**  
**Sp. 7 Pauwo - Pauwo Dalam**

| NO | NAMA RUAS                 | NO. RUAS | STATION |       | JENIS PERMUKAAN | LEBAR JALAN | KONDISI JALAN | DOKUMENTASI                                                                        | KET |
|----|---------------------------|----------|---------|-------|-----------------|-------------|---------------|------------------------------------------------------------------------------------|-----|
|    |                           |          | AWAL    | AKHIR |                 | (M)         |               |                                                                                    |     |
| 1  | Sp. 7 Pauwo - Pauwo Dalam | 048      | 0+000   | 0+100 | RIGID           | 2.5         | RUSAK BERAT   |  |     |
| 2  | Sp. 7 Pauwo - Pauwo Dalam | 048      | 0+100   | 0+200 | RIGID           | 2.5         | RUSAK RINGAN  |  |     |



DINAS PEKERJAAN UMUM DAN PENATAAN RUANG  
KABUPATEN BONE BOLANGO

LEMBAR \_\_\_\_\_ DARI \_\_\_\_\_

FORMULIR SURVEI DATA TITIK REFERENSI (STR)

|                |                                                                  |                                                                       |                                                                                                               |                                                                                                    |                                               |           |                             |
|----------------|------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------|-----------------------------|
| PROPINSI       | NAMA : GORONTALO<br>NO. : 7 5                                    | RUAS<br>NAMA: Sp. 7 Pauwo - Pauwo Dalam<br>NO. 43<br>STATUS/FUNGSI JK | KENDARAAN<br>SURVEI<br>MERK/JENIS : MOTOR<br>NOPOL : DM 2920 HF<br>FAKTOR KALIBRASI : 0.03<br>TGL KALIBRASI : | DIKERJAKAN<br>OLEH<br>NAMA : ANDI MUH. FAISAL<br>NIP. : -<br>TANGGAL : 8 8 2023<br>TGL BULAN TAHUN |                                               |           |                             |
| URAIAN<br>RUAS | TITIK AWAL :<br>TITIK AKHIR :<br>(KOTA) (URAIAN TITIK REFERENSI) |                                                                       |                                                                                                               | BERDASARKAN DBM<br>B B 0 0 + 0 0 0<br>B B 0 +<br>KOTA ASAL PATOK KM                                |                                               |           |                             |
| NO. URUT       | TITIK REFERENSI (DRP)<br>JARAK TERHADAP<br>KOTA ASAL KM          |                                                                       | JENIS                                                                                                         | CHAINAGE<br>(JARAK KUMULATIF)                                                                      | TITIK KOORDINAT<br>LINTANG (-) atau (+) BUJUR |           | URAIAN DATA TITIK REFERENSI |
| 0 0 1          | B B 0                                                            |                                                                       | 0                                                                                                             | 0 0 + 0 0 0                                                                                        | 0.53827                                       | 123.0852  | TITIK AWAL                  |
| 0 0 2          | B B 0                                                            |                                                                       | 9                                                                                                             | 0 0 + 2 3 8                                                                                        | 0.53806                                       | 123.08354 | TITIK AKHIR                 |

|        |   |          |        |   |           |                       |   |                         |
|--------|---|----------|--------|---|-----------|-----------------------|---|-------------------------|
| FUNGSI | A | ARTERI   | STATUS | N | NASIONAL  | JENIS TITIK REFERENSI | 5 | PERSIMPANGAN            |
|        | K | KOLEKTOR |        | P | PROPINSI  | 0                     | 6 | REL KERETA API          |
|        | L | LOKAL    |        | K | KABUPATEN | 1                     | 7 | TANDA SEMENTARA LAINNYA |
|        |   |          |        | M | KOTAMADYA | 2                     | 8 | TANDA DENGAN CAT        |
|        |   |          |        |   |           | 3                     | 9 | TITIK AKHIR             |
|        |   |          |        |   |           | 4                     |   |                         |

**LEMBAR SURVEY INVENTARIS JALAN**  
**DINAS PEKERJAAN UMUM DAN PENATAAN RUANG KABUPATEN BONE BOLANGO**  
**Sp. 7 Pauwo - Pauwo Dalam**

| NO | NAMA RUAS                 | NO. RUAS | STATION | JENIS       | Koordinat |           | DOKUMENTASI                                                                                                                                                                                         | KET |
|----|---------------------------|----------|---------|-------------|-----------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|    |                           |          | AWAL    |             | Lat       | Long      |                                                                                                                                                                                                     |     |
| 1  | Sp. 7 Pauwo - Pauwo Dalam | 048      | 0+000   | TITIK AWAL  | 0.53827   | 123.0852  |  <p>048. Sp. 7 Pauwo-Pauwo Dalam<br/>KEC. KABILA<br/>STA. 0.000 KM</p> <p>LON: +123.08520<br/>LAT: +0.53827</p>  |     |
| 2  | Sp. 7 Pauwo - Pauwo Dalam | 048      | 0+238   | TITIK AKHIR | 0.53806   | 123.08354 |  <p>048. Sp. 7 Pauwo-Pauwo Dalam<br/>KEC. KABILA<br/>STA. 0.238 KM</p> <p>LON: +123.08354<br/>LAT: +0.53806</p> |     |