

Office of State Aid Road Construction
Jackson, Mississippi

Place: _____
Date: _____

FIRST CONSTRUCTION REPORT

Project No. _____
_____ County

Contractor and Address: _____

Contract Time Began: _____, 20 _____ Work Began: _____, 20 _____

Date specified in Construction work
Order for Contract Time to Begin: _____, 20 _____

Estimated Labor Required _____ Days Number of Men Employed _____

Nature of Work: _____

Contractor's Superintendent, Address and Telephone Number: _____

County Engineer's Address: _____

Telephone Number: _____ (Office) _____ (Res.)

Location of Office: _____

County Engineer

CC: _____, Division Administrator
Federal Highway Administration
Jackson, Mississippi

_____, State Materials Engineer
Mississippi Department of Transportation
Jackson, Mississippi