STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION

Office of Environmental Planning Submittal

MULCH

Contractor Submittal Date:

CTDOT Project Information

Project Number:	District:
Project Description:	
Project Inspector:	
Project Inspector Email:	
Field Office Phone:	Cell Phone:
Field Office Location:	
General Contractor Information	
General Contractor:	
Landscape Contractor Information	
Landscape Contractor:	
Landscape Submitter Name:	
Office Phone:	Cell Phone:
Landscape Submitter Email:	
Landscape Business Address:	
Mulch Material Item#:	
Mulch Type*:	
Particle Size:	
Color:	
Comments:	
Source:	
Manufacturer:	
Vendor/Supplier:	
Quantity: s.y.	

*The Contractor shall submit a separate MULCH Submittal Form for each different mulch type proposed in the Contract.

File: ####-#### OEP Mulch.docx Form Version Date: 12/06/2022