



3-7 PILE DESIGN DATA FORM (CSL)

<p>1 Foundation Testing</p> <p>Name: GS-FTB Phone: Date:</p> <p style="text-align: center;">Anomaly Overview</p> <p>Testing Performed <input checked="" type="checkbox"/> GGL <input checked="" type="checkbox"/> CSL</p> <p>Shaft Diameter: 8 ft</p> <p>Cutoff Elev.: -29 ft</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> </div> <div> <p>Section A-A Elev.: -32 to -34 ft Up to 9 % Affected</p> <p>Section B-B Elev.: -65 to -67 ft Up to 8 % Affected</p> </div> </div> <p>Tip Elev.: -113 ft</p> <p style="text-align: center;">Anomaly Description</p> <p>Section A-A: Anomaly was detected in one (1) GGL inspection pipe and four (4) CSL pipe pairs. May affect up to 9% of Shaft cross-section at this location.</p> <p>Section B-B: Anomalies were detected in two (2) GGL inspection pipes and three (3) CSL pipe pairs. May affect up to 8% of Shaft cross-section at this location.</p>	<p>2 Geotechnical</p> <p>Name: GS Phone: Date:</p> <p>Required Nominal Resistance of Shaft (per contract plans) Compression: _____ kips Tension: _____ kips Lowest Estimated Groundwater Elevation: _____</p> <p>Remaining Required Nominal Resistance To Be Developed Below Each Anomalous Section: Section A-A: Compression: _____ Tension: _____ kips Soil and/or Rock Type: _____ Shaft is geotechnically <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Section B-B: Compression: _____ Tension: _____ kips Soil and/or Rock Type: _____ Shaft is geotechnically <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Comments: _____</p>									
<p>3 Structural</p> <p>Name: SD Phone: Date:</p> <p style="text-align: center;">As-Designed Capacity of Shaft</p> <p>Section A-A: Shear: <u>1355 kips</u> Moment: <u>23224 kip-ft</u> Section B-B: Shear: <u>1355 kips</u> Moment: <u>23224 kip-ft</u></p> <p style="text-align: center;">Maximum Demand of Shaft at Section A-A</p> <p>Shear: <u>813 kips</u> Moment: <u>21500 k-ft</u> Shaft is structurally <input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable</p> <p style="text-align: center;">Maximum Demand of Shaft at Section B-B</p> <p>Shear: <u>913 kips</u> Moment: <u>13700 k-ft</u> Shaft is structurally <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p> <p>Comments: _____</p>										
<p>4 Corrosion</p> <p>Name: METS Phone: _____ Date: _____</p> <p>Consideration is <input type="checkbox"/> Required <input type="checkbox"/> Not required</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p><i>For anomalies between the top of pile and 3 feet below the lowest estimated ground water level at the site, corrosion results listed in the Geotechnical report are used to assess the need for repair. For situations where results are not available, soil samples may be obtained adjacent to the anomaly and tested in accordance with California Test (CT) 643 (Parts 2, 3 and 4) and if necessary, CT 417 and CT 422 to determine soil corrosivity. For anomalies outside these limits, and where no stray current source can be identified, or for non-corrosive soil conditions, no consideration of corrosion potential is required.</i></p> </div> <p>Corrosion Potential at Section A-A: _____ Corrosion Potential at Section B-B: _____</p>										
<p>5 Construction</p> <p>Considering parts 2-4 of this form, Structure Rep.: SC Phone: _____ Date: _____</p> <p>Sec. A-A is: <input type="checkbox"/> Acceptable with Administrative Deduction <input type="checkbox"/> Unacceptable, Mitigation is Required Sec. B-B is: <input type="checkbox"/> Acceptable with Administrative Deduction <input type="checkbox"/> Unacceptable, Mitigation is Required</p>										
<table style="width:100%; border: none;"> <tr> <td style="border: none;">Bridge:</td> <td style="border: none;">Bridge No.:</td> <td style="border: none;">Abt./Bent:</td> </tr> <tr> <td style="border: none;">Dist.-Co.-Route:</td> <td style="border: none;">EA:</td> <td style="border: none;">Pile:</td> </tr> <tr> <td style="border: none;">Structure Rep.:</td> <td style="border: none;">Phone:</td> <td style="border: none;">Fax:</td> </tr> </table>		Bridge:	Bridge No.:	Abt./Bent:	Dist.-Co.-Route:	EA:	Pile:	Structure Rep.:	Phone:	Fax:
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