

1 Foundation Testing

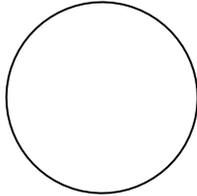
Name:
Phone:
Date:

Anomaly Overview

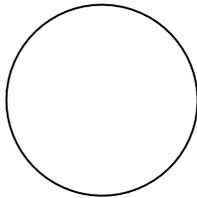
Testing Performed GGL CSL

Shaft Diameter:

Cutoff Elev:



Section A-A



Section B-B

Tip Elev.:

Anomaly Description

Section A-A: _____

 Section B-B: _____

2 Geotechnical

Name:
Phone:
Date:

Required Nominal Resistance of Shaft (per contract plans)

Compression: _____ kips Tension: _____ kips

Lowest Estimated Groundwater Elevation: _____

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 Acceptable Unacceptable

Section B-B: Compression _____ Tension _____ kips

Soil and/or Rock Type: _____

Shaft is geotechnically Acceptable Unacceptable

Comments: _____

3 Structural

Name:
Phone:
Date:

As-Designed Capacity of Shaft

Section A-A: Shear: _____ Moment: _____

Section B-B: Shear: _____ Moment: _____

Maximum Demand of Shaft at Section A-A

Shear: _____ Moment: _____

Shaft is structurally Acceptable Unacceptable

Maximum Demand of Shaft at Section B-B

Shear: _____ Moment: _____

Shaft is structurally Acceptable Unacceptable

Comments: _____

4 Corrosion

Name:
Phone:
Date:

Consideration is Required Not required

For anomalies between the top of pile and 3 feet below the lowest estimated groundwater 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.

Corrosion Potential at Section A-A: _____

Corrosion Potential at Section B-B: _____

5 Construction

Considering parts 2-4 of this form,

Structure Rep.:
Phone: _____ Date: _____

Sec. A-A is: Acceptable with Administrative Deduction Unacceptable, Mitigation is Required

Sec. B-B is: Acceptable with Administrative Deduction Unacceptable, Mitigation is Required

Bridge Name:

Bridge No.:

Abut/Bent:

Dist-Co.-Rte:

EA:

Pile:

Structure Rep.:

Phone:

Fax: