PILE DATA FORM

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

Pile Driving Data Form

Personnel: ____________________

Description: ____________________ Structure No.: __________

Project No.: __________ Station: __________ Initial Drive Date: __________

TIP No.: __________ Bent No.: __________ Restrike / Redrive Date: __________

County: __________ Pile No.: __________ Pile Length: __________

Pile Type: ____________________ Required Driving Resistance: __________

Reference Elevation: __________ Pile Cut-Off Elevation: __________ Jetting Elevation: __________

Ground Elevation: __________ Final Tip Elevation: __________ Embedded Length: __________

Hammer Manufacturer/Model: ____________________ Helmet Weight: __________

Hammer Cushion Material: ____________________ Pile Cushion Material: __________

Hammer Cushion Area: __________ Pile Cushion Area: __________

Hammer Cushion Thickness: __________ Pile Cushion Thickness: __________

Depth below Reference (ft)	Blows per Foot	Set for 10 Blows (in)	Driving Resistance (tons)	Remarks

Form Revised 09/01/2011

Sheet No. ______ of ______ sheets