

TIP NO.: _____ COUNTY: _____ DATE: _____
 STATION & DESCRIPTION: _____
 PIER LOCATION: BENT NO. _____ PIER NO. _____
 DATE EXCAVATION: START _____ FINISH _____
 DATE AND TIME BOTTOM INSPECTED: _____
 DATE AND TIME CONCRETE PLACED: _____

N. C. DEPT. OF TRANSPORTATION DRILLED PIER INSPECTION FORM CASING METHOD	Pg. 1
	of 1
Rev-3/14	
Attach a copy of corresponding SID Inspection Form, if applicable, and forward copies of all forms to K. J. Kim, Eastern Regional Geotechnical Manager for Divisions 1 through 7 or Eric Williams, Western Regional Geotechnical Manager for Divisions 8 through 14.	

	DESIGN MEASUREMENTS	FIELD MEASUREMENTS
TOP PIER ELEV. (ft/m):	_____	_____
BOTTOM PIER ELEV. (ft/m):	_____	_____
TOP PIER DIA. (in/mm):	_____	_____
BOTTOM PIER DIA. (in/mm):	_____	_____
PIER LENGTH (ft/m):	_____	_____
LONG. REBAR SIZE:	_____	_____
ALIGNMENT:	_____	_____

BEARING STRATA DESCRIPTION: _____
 DESIGN BEARING CAPACITY: _____ tsf/kPa
 METHOD TO CHECK BEARING (SPT, Test Hole, Visual): _____
 BEARING CAPACITY RESULTS: _____
 METHOD TO CLEAN HOLE (Airlift, Submersible Pump, By Hand): _____
 METHOD TO CHECK CLEANLINESS (SID, Steel Probe, Visual): _____
 CLEANLINESS RESULTS: _____
 WATER INFLOW RATE: _____ in/mm per 1/2 hr WET OR DRY POUR: _____
 FREE FALL/TREMIE/PUMP: _____

	THEORETICAL VOL.	VOLUME PLACED
CONCRETE VOLUME:	_____ yd ³ /m ³ *	_____ yd ³ /m ³ **
CONC. SLUMP (in/mm):	TRK 1 _____ TRK 2 _____	TRK 3 _____ TRK 4 _____

SPACER TYPE & SIZE: SIDE _____ BOTTOM _____
 ADDITIONAL COMMENTS/PROBLEMS: _____

PLAN LENGTHS (ft/m): DP IN SOIL _____ DP NOT IN SOIL _____ PERM CASING _____
 PAY LENGTHS (ft/m): DP IN SOIL _____ DP NOT IN SOIL _____ PERM CASING _____
 GEOTECHNICAL OPERATIONS ENGINEER: _____
 RESIDENT ENGINEER: _____ INSPECTOR: _____
 DRILLING CONTRACTOR: _____
 GENERAL CONTRACTOR: _____

* VOLUME OF EXCAVATION FROM TOP OF PIER ELEV. (Calculate for telescoping casing.)
 ** TOTAL CONCRETE TICKETS VOLUME MINUS ESTIMATED WASTED CONCRETE VOLUME

