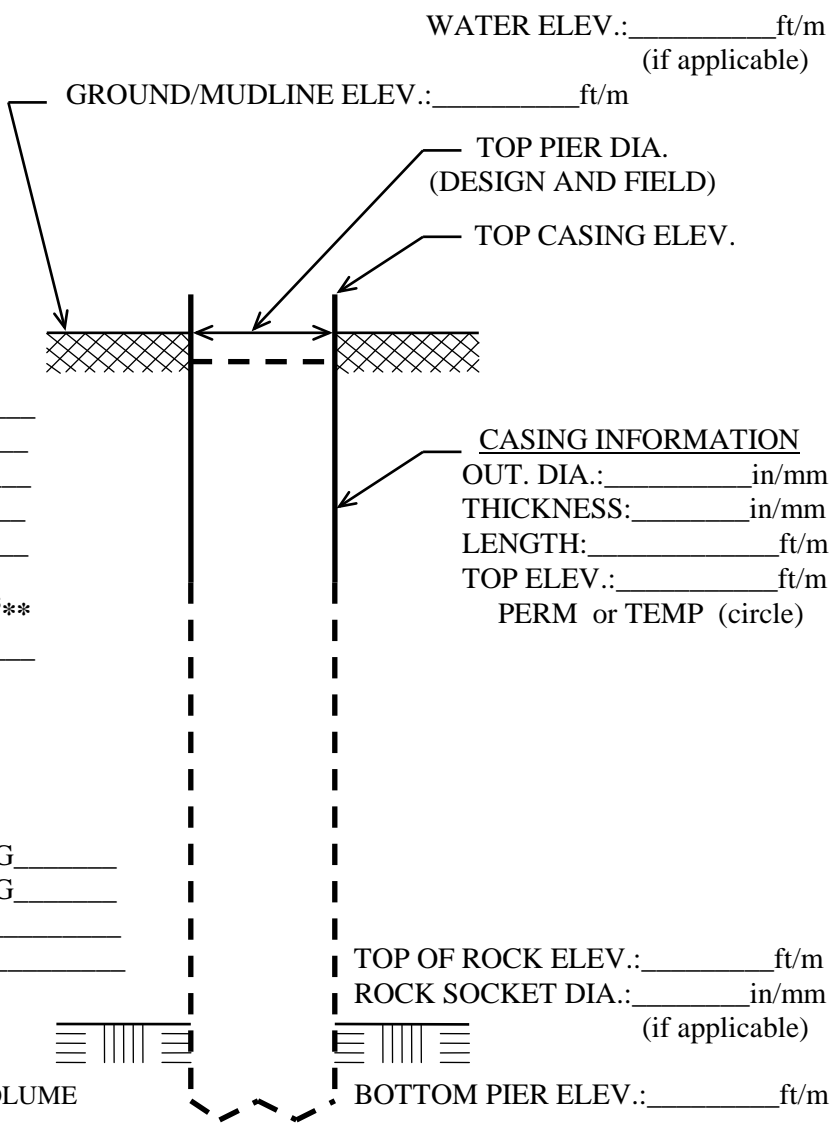


TIP NO.: \_\_\_\_\_ COUNTY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 STATION & DESCRIPTION: \_\_\_\_\_  
 PIER LOCATION: BENT NO. \_\_\_\_\_ PIER NO. \_\_\_\_\_

<b>N. C. DEPT. OF TRANSPORTATION</b> <b>DRILLED PIER INSPECTION FORM</b> <b>SLURRY METHOD</b>	Pg. 1
	of 2
Rev-10/19	
Attach a copy of corresponding SID Inspection Form, if applicable, and forward copies of all forms to Tom Santee, Eastern Regional Operations Engineer for Divisions 1 through 7 or Dean Hardister, Western Regional Operations Engineer for Divisions 8 through 14.	

	<u>DESIGN</u> <u>MEASUREMENTS</u>	<u>FIELD</u> <u>MEASUREMENTS</u>
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:	_____	
	<u>THEORETICAL VOL.</u>	<u>VOLUME PLACED</u>
CONCRETE VOLUME:	_____ yd <sup>3</sup> /m <sup>3</sup> *	_____ yd <sup>3</sup> /m <sup>3</sup> **
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

TIP NO.: \_\_\_\_\_ COUNTY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 STATION & DESCRIPTION: \_\_\_\_\_  
 PIER LOCATION: BENT NO. \_\_\_\_\_ PIER NO. \_\_\_\_\_

MISCELLANEOUS INFORMATION

EXCAVATION START DATE AND TIME: \_\_\_\_\_  
 EXCAVATION FINISH DATE AND TIME: \_\_\_\_\_  
 AGITATION DATES AND TIMES (List): \_\_\_\_\_ (Minimum every 4 hours)  
 EXPOSURE TIME BELOW PERMANENT CASING: \_\_\_\_\_ hours (Not to exceed 36 hours)  
 OVERREAMING DATES AND TIMES (List): \_\_\_\_\_  
 TOTAL DESANDING TIME: \_\_\_\_\_ hours  
 CLEANLINESS INSPECTION DATES AND TIMES (List): \_\_\_\_\_  
 CONCRETE PLACEMENT START DATE AND TIME: \_\_\_\_\_  
 CONCRETE PLACEMENT FINISH DATE AND TIME: \_\_\_\_\_  
 TOTAL EQUIPMENT DOWN TIME (If Applicable): \_\_\_\_\_ hours  
 SLURRY TYPE AND MANUFACTURER: \_\_\_\_\_

SLURRY PROPERTY TEST RESULTS

DATE	TIME	DEPTH	DENSITY* (pcf or kg/m <sup>3</sup> )	VISCOSITY* (sec./quart or 0.95 liters)	pH*	SAND CONTENT* (%)	PERFORMED BY (check box)
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT
_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> CONTRACTOR <input type="checkbox"/> NCDOT

\* SEE DRILLED PIERS SPECIAL PROVISION FOR ACCEPTABLE RANGE OF VALUES WHICH ARE DEPENDENT UPON SLURRY TYPE AND MANUFACTURER.