

# FOUNDATION REVIEW

Date: \_\_\_\_\_

TO: \_\_\_\_\_  
Geotechnical Services Office Manager

FROM: \_\_\_\_\_, Designer  
\_\_\_\_\_ INDOT location or consultant

Route: \_\_\_\_\_

Des. No.: \_\_\_\_\_

Structure No.: \_\_\_\_\_

Over: \_\_\_\_\_

Construction Project No.: \_\_\_\_\_

It is recommended that the following foundation(s) be used for the structure identified above.

Support	1	2	3	4
Type				
Size				
Design Load				
Ultimate Load				
Min. Pile Tip Elev. for Scour				
Pile Tips	Yes No	Yes No	Yes No	Yes No
Bottom of Footing Elevation				
Top of Footing Elevation				

The structure is on piles, so the Pile Loading for Geotechnical Testing chart is attached.

Yes No N/A

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(signed) Geotechnical Engineer

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(signed) Reviewer, INDOT or consultant

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(signed) Structural Services Manager