

**FOUNDATION REVIEW**

Date:

TO:

Geotechnical Services Office Manager

FROM:

, Designer

[INDOT location]

[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 <input type="checkbox"/> No <input type="checkbox"/>			
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: \_\_\_\_\_  
(signed) Geotechnical Engineer

Date:

Reviewed by: \_\_\_\_\_  
(signed) Reviewer, INDOT

Date:  
[consultant]

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

Date: