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				
Minimum Pile Tip Elevation				
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

Click When Done Clear Data