Form 830210 8-15

IOWA DOT

LOG OF PILING DRIVEN BY FORMULA

Project No. _____

County _____

Design No. _____

Contractor _____

Iowa DOT Hammer No. _____

Gross Weight of Hammer _____ **Effective Wt.** _____

Weight of Driving Parts _____

Weight of Anvil _____

Weight of Cap _____ **Cap No.** _____

Weight of Pile _____

Plan Pile Length _____

Pile (Type and Size) _____
(Wood, Steel or Concrete)

Hammer (Type & Model) _____
(Gravity or Diesel manufacturer and model)

Foundation Description _____
(North abut, Pier 1, etc.)

Station of Foundation C.L. _____

Formula Used _____

Plan Driving Resistance _____

Retap (if applicable) _____

Sketch foundation below, number each pile and show steel H-pile orientation as installed. Note battered piles on sketch,and give the amount of batter. Place name and certificate number of welder below if welding was necessary. Forward 2 copies to the Iowa DOT District Office upon completion of each foundation. Note on drawing which pile has been logged.

Batter Piling _____ in the direction shown.

Pile No.	Date Driven	(1) Plan Length (ft.)	Length Cutoff (0.0 ft.)	(2) Average Penetration Last Blows (inches)	Ram Rise (ft.)	Driven Resistance (Tons)	RETAP (3)				PILE EXTENSIONS (4)					(5) Welds (Count)
							Date	Ram Rise (ft.)	(2) Ave. Penetration Last Blows (inches)	Driven Resistance (Tons)	Length Added (0.0 ft.)	Length Cutoff (0.0 ft.)	Ram Rise (ft.)	(2) Ave. Penetration Last Blows (inches)	Driven Resistance (Tons)	

(1) Record in the Remarks section below if the pile length is anything other than the plan length at the beginning of drive.
(2) For gravity hammers, enter the penetration in the last 5 blows divided by 5. For steam or diesel hammers, enter the penetration in the last 10 blows divided by 10.
(3) Indicate date of retap in date column (1 day delay min.). List only pile actually checked.
(4) Additional pile length to be authorized by the Engineer.
(5) Only splices specified by the Engineer to extend piles beyond plan length will be counted.

Total Welds: _____

Plan Length: _____ Feet
Extensions: _____ Feet
Total: _____ Feet

Welders Name: _____ Lab No.: _____ Exp. Date: _____

Remarks: _____

_____ Inspector

_____ Date

_____ Project Engineer