NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

Pile Driving Data Form

Personnel: _____

Description: _____ Structure No.: _____

Project No.: _____ Station: _____ Initial Drive Date: _____

TIP No.: _____ Bent No.: _____ Restrike / Redrive Date: _____

County: _____ Pile No.: _____ Pile Length: _____

Pile Type: _____ Required Driving Resistance: _____

Reference Elevation: _____ Pile Cut-Off Elevation: _____ Jetting Elevation: _____

Ground Elevation: _____ Final Tip Elevation: _____ Embedded Length: _____

Hammer Manufacturer/Model: _____ Helmet Weight: _____

Hammer Cushion Material: _____ Pile Cushion Material: _____

Hammer Cushion Area: _____ Pile Cushion Area: _____

Hammer Cushion Thickness: _____ Pile Cushion Thickness: _____

Depth below Reference (ft)	Blows per Foot	Set for 10 Blows (in)	Driving Resistance (tons)	Remarks

Form Revised 09/01/2011

Sheet No. _____ of _____ sheets