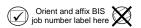


TR5: Technical Report Pile Driving

Must be typewritten.



	Sheet number	of sheets		•	•					
	Onote names.	01 35								
1	Location Information	Required for all application	ons.							
	House No(s)	Street Name								
-	Borough	Block	Lot	BIN CB No.						
2	Applicant Information	n Required for all application	ions.							
	Last Name		First Name	Middle Initial						
	Business Name			Business Telephone						
	Business Address			Business Fax						
	City	State	Zip	Mobile Telephone						
	E-Mail			License Number						
				☐ P.E. ☐ R.A.						
	Dir. Datain a Contrast	To the standard on the			1					
3	_	or Required for all applicate		Middle Initial						
-	Last Name		First Name	Middle Initial						
-	Business Name			Business Telephone						
-	Business Address	Ctoto		Business Fax Mahila Talanhana						
=	City	State	Zip	Mobile Telephone						
4	Pile Information Requi	ired for all applications.		5 Hammer Information Required for	or all applications.					
	Туре			Make						
_	Material		_	Model Number						
=	Load Capacity		tons	Energy						
- E	Ottomonts and Sign	- turas Domirod for all at	- U							
6	Statements and Signa	atures Required for all ap	plications.	No and the land and a second and a second	···············					
		pove information is correct a								
	Administrative Code Prov	above tests were performed visions and Departmental R	Tin accordance with all Rules, Regulations and	Signature	Date					
	Directives.			Olghataro						
	Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both.									
	It is unlawful to give to a	city employee, or for a city	employee to accept, a	nv benefit.						
	monetary or otherwise, eit	ither as a gratuity for prope	erly performing the job o	or in	/					
	exchange for special consideration. Violation is punishable by imprisonment or fine or both.									
				P.E. / R.A. Seal (apply seal, the	en sign and date over seal)					
	Approvals - Internal U	Jse Only								
	Examined and Recommen	ended for Approval		Approved						
	Examiner Name			Borough Commissioner Signature	Date					
	Signature		Date							

TR5

7 Test Report

Column Number				Elevations		from Tip to	Elevation Good Bearing Material	Last Five	Calculated Bearing Capacity	Designed Location	Variation from Plumb	
		Tip	Cutoff	2/3 up from Tip	Tip	Cutoff			Blows (Inches/Blow)	(Tons)	(N or S, E or W)	
-												

8 Remarks