



Please submit request to Email: [FTI.test.requests@dot.ca.gov](mailto:FTI.test.requests@dot.ca.gov), Fax: (916) 227-1083, Tel: (916) 227-1000

## **Cone Penetration Test (CPT) Request Form**

Design Geoprofessional Name & Phone No: \_\_\_\_\_

Design Branch Chief: \_\_\_\_\_ (print) \_\_\_\_\_ (signature)

Project Name: \_\_\_\_\_ Bridge No (if Applicable): \_\_\_\_\_

Dist/Co/Rte/PM: \_\_\_\_\_

EFIS ID: \_\_\_\_\_ Phase: \_\_\_\_\_ Subject Code: \_\_\_\_\_ Reporting Code: \_\_\_\_\_

PRSM: Total Hours Allocated: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

### **Type of CPT Requested**

Standard Cone    How Many \_\_\_\_\_                      How Deep (ft) \_\_\_\_\_

Seismic Cone    How Many \_\_\_\_\_                      How Deep (ft) \_\_\_\_\_                      Seismic Interval (ft) \_\_\_\_\_

Piezo Cone        How Many \_\_\_\_\_                      How Deep (ft) \_\_\_\_\_

### **Project Site Information**

1. Traffic Control:            Lane Closure                      Ramp Closure                      Shoulder Closure                      N/A

Traffic Control is to be performed by: \_\_\_\_\_

2. Maintenance Yard (Location, Contact#): \_\_\_\_\_

3. Is pavement/concrete coring needed?                      YES                      NO

4. Please complete the attached Site Safety Plan including utility clearance data/copies of USA Tickets.

5. Please complete the attached Site Assessment Questionnaire and include copies of all applicable permits.

5. Please attach map/plan showing direction to the site and test locations. Please reference locations to latitude/longitude or Dist/Co/Rte/PM station and offset, if possible.

**CPT Hole Backfill Information**    Backfill Date: \_\_\_\_\_                      Revisit Date: \_\_\_\_\_

1.            Not C-57 Work                      C-57 Work                      C-57 License#: \_\_\_\_\_                      LEA: \_\_\_\_\_

2. Backfill Materials:            Neat Cement                      Cement-Bentonite Grout                      Bentonite Chips

3. Volume Cals:    Water per 94# cement: \_\_\_\_\_ (gallons)                      % of Bentonite: \_\_\_\_\_

Grout Calculated: \_\_\_\_\_ (gallons)                      Grout Used: \_\_\_\_\_ (gallons)

#### For FTI Use Only

Tracking Number	FTI Rep	Date Tested	Date of Report	Deadline
<b>Comments:</b>				

# SITE SAFETY PLAN

## OFFICE OF DRILLING SERVICES

Date \_\_\_\_\_

### PROJECT INFORMATION

Geoprofessional	Telephone No.	Approved By: (Senior)			Telephone No.
		District	County	Route	Post Miles
Geographic Name / Bridge Name					

Project No.	Phase	Sub Object	Activity	Reporting
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**LOCAL HOSPITAL**     Basic Emergency     Trauma Center    *Attach map with route to hospital from site(s) clearly marked*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is there clear Cell Phone reception and transmission at the Site(s)?     Yes     No

### PHYSICAL HAZARDS

### UTILITY CLEARANCE DATA

Ticket Number:     Expiration Date:

Location Description as Mapped by USA:

<u>Members Contacted by USA</u>	<u>Did you receive a Member Call-Back?</u>	<u>Did you have a Field Meet with Member?</u>	<u>Did the Member mark or flag their utilities at the site(s)?</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there Non-Member Utilities at the Site(s)?     Yes     No

Non-Members Contacted: \_\_\_\_\_

Have you been briefed on the location(s) of Non-Member Utilities at the site(s)?     Yes     No

Are the locations Marked or Flagged?     Yes     No

Are there Overhead Utility lines at the Site(s)?    Yes     No   

### REMARKS

**Please remember to document your field (tailgate) safety meeting on form PM-S-0110 and submit it to ODS**

# SITE ASSESSMENT QUESTIONNAIRE

Date \_\_\_\_\_

## GEOTECHNICAL SERVICES

### PROJECT INFORMATION

Geoprofessional	Telephone No.	Email Address			Fax No.
_____		District	County	Route	Post Miles
_____					
Geographic Name / Bridge Name					

Project No.	Phase	Sub Object	Activity	Reporting
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Geotechnical Services of the Division of Engineering Services needs to conduct geotechnical and exploratory drilling at this site. A site plan showing the general location of the drilling program is attached. Field operations are tentatively scheduled to start \_\_\_\_\_, the borings \_\_\_\_\_  
**ARE** expected to extend to groundwater      **ARE NOT** expected to extend to groundwater

Please complete this form to the best of your knowledge and return it by \_\_\_\_\_ to the "Geoprofessional" listed above. If your answers indicate the area is, or may be, contaminated, you will be contacted for further details.

### Response by:

\_\_\_\_\_ Print Name      \_\_\_\_\_ Phone Number

Has an initial site assessment been performed for this project?      Yes      No      If yes, is the report available and from where?

Was the proposed drilling area, as shown on the attached map, identified as having the potential for hazardous contamination?

Yes      No      If yes, why?

If yes, has a detailed site assessment been performed at this location?      Yes      No

Please briefly describe the results of the site assessment performed at the proposed drill location.

Encountering hazardous materials      **IS**      **IS NOT**      anticipated within subsurface materials at this location. If any is, please attach a list of specific substances, levels, etc. that are anticipated at this site.