FAX MESSAGE FROM .....

FAX TO:- P.M.C. Ltd, Eaglescliffe. FAX No.:- 01642 790 808

F.A.O.:- Steve Turner PAGE(S):- This One +

SENDER:- _____ DATE:- _____

We detail below information relating to Static Pile Load Testing works which we require you to perform on our behalf:-

Location & Directions:- _____

_____

_____

PILE INFORMATION Contract No:- _____

Pile Identification:- _____ Purchase Order No:- _____

Date Cast Or Driven:- _____ Toe Depth/Length:- _____

Pile Type:- _____ Pile Diameter:- _____

Specified Working Load:- _____ kN

Design Verification Load:- _____ kN

Max. Test Load:- _____ kN Percentage of SWL:- _____

TEST INFORMATION

Type Of Test:- Maintained Load / Constant Rate of Penetration
Compression / Tension / Lateral

Test Schedule:- I.C.E. / DTp. / Ove Arup / Other (attached) Working/Preliminary
(all specs assumed to be latest, unless otherwise specified)

Logging Interval:- Standard / 1min

Reaction System Required:- S120 / S180 / S240 / S300 / S600 / S1000
(See Layout Sketches) Kentledge / PMC Beams / Other

Date Test To Start:- _____ Time on Site:- _____

Safety Induction required _____

ANCHOR INFORMATION

Anchor Layout Dimensions:- _____ (As Built Anchor to Ancho

Number of Anchors:- _____ No Bars per Anchor:- _____

Anchor Size/Bar Type:- _____ Bar Grade:- High / Low

OTHER INFORMATION

Soils Strata Summary:- _____

_____

_____

Special Instructions:- _____

_____

_____

Report to be sent to:- _____ E-Mail _____

Site Contact Name:- _____ Daytime Telephone:- _____

Mobile No. _____ Night time:- _____
(Emergency)