APPENDIX

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FORM NO.	FORM TITLE (Use Links for Fillable Version)	
C-14	Pile & Driving Equipment Data Form	Metric Version
C-15A	Test Pile Record	Metric Version
C-15A-2	Test Pile Record (continuation)	Metric Version
C-15B	Pile Loading Record – Quick Load Test	Metric Version
C-15B-2	Pile Loading Record – Quick Load Test (continuation)	Metric Version
C-15B-3	Graph for Pile Loading Record (Quick Load Test)	Metric Version
C-15C	Proposed Pile Lengths	
C-16C	Driving Record of Concrete Piling	
C-16S	Driving Record of Steel Piling	
C-17	Material Pit Release	
C-19	Time Extension Request for Working Day or Calendar Day Projects	
C-19A	Time Extension Request for Calendar Date Projects	
C-20	Progress Report	
C-21	Partial Payment of Stored Materials	
C-23	Affidavit for Payment of Debts Incurred on Construction Projects	
C-24	Weekly Report of Railway Inspection and/or Flagging	
C-25	Daily Inspection Report of Traffic Control Devices	
C-25A	Crash Report	
C-32	Drilled Shaft Modification Request	
C-34	Stormwater Inspection Report and BMP Certification	
C-35	Drilled Shaft Pouring Record	Metric Version
C-35-2	Graph for Drilled Shaft Pouring Record	Metric Version
C-36	Test Drilled Shaft Loading Record	
C-37	Stormwater Noncompliance Notification Report	
C-38	Stormwater Turbidity Sampling Report	
C-40	Material Submittal	
QC/QA-1	Summary of Initial Test Results	
QC/QA-2	Summary of Referee Test Results	
QC/QA-3	Asphalt Pay Factor Adjustment Worksheet	
BC-101	Inspector's Daily Reports	

9.2 Construction Forms

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FORM C-14 ALABA			RANSPOR	
Project Number		County		Division
Pile Driving Contractor or Subo	contractor	В	Bridge Identification Num	lber
Details of access method to pi	le top for dynamic testing	Lare [.] X Atta	ached 🗌 Not	Applicable
Ram Anvil	Hammer	Manufacturer: Type: Rated Energy: Modifications:	Serial	_ Model: No.: (ft.) Length of Stroke
	Capblock (Hammer Cushion)	Material: Thickness: Modulus of Elasticity - I Coefficient of Restitutio	(in.) Area: E : n - e :	(in.²) (P.S.I.)
	Pile Cap	Helmet Bonnet We Anvil Block Drivehead	eight : Note: Should inc	(lbs.) clude weight of striker plate.
	Pile Cushion	Cushion Material: Thickness: Modulus of Elasticity - I Coefficient of Restitutio	(in.) Area: _ E : n - e :	(in.²) (P.S.I.)
	Pile	Pile Type: Length (in Leads): Weight / Ft: Wall Thickness: Cross Sectional Area: Design Pile Capacity: _ Description of Splice: Tip Treatment Descript	(in.) Tap	(ft.) (lbs./ft.) (in²) (Tons)

Note: If mandrel is used to drive this pile, attach separate manufacturer's detail sheet(s) including weight and dimensions.

Submitted By:_____ Date:_____

FORM C-14 ALA		TMENT OF T	RANSPORT	
Revised 08-07-95	ILE AND DRIVI			
Project Number		County		DIVISION
Pile Driving Contractor o	or Subcontractor	 E	Bridge Identification Numb	er
U U			0	
Details of access method	d to pile top for dynamic testin	ig are: 🛛 Atta	ached Not A	Applicable
Hammer Components	m Hammer	Manufacturer:	Serial N (J) at	Model: Jo.: (m) Length of Stroke
	Capblock (Hammer Cushion)	Material: Thickness: Modulus of Elasticity - Coefficient of Restitution	(mm) Area: E : on - e :	(mm²) (MPa)
	Pile Cap	Helmet Bonnet Anvil Block Drivehead	Mass : Note: Should incl	(kg) ude mass of striker plate.
	Pile Cushion	Cushion Material: Thickness: Modulus of Elasticity - Coefficient of Restitution	(mm) Area: E : on - e :	(mm²) (MPa)
	Pile	Pile Type: Length (in Leads): Mass / m: Wall Thickness: Cross Sectional Area: Design Pile Capacity: Description of Splice: Tip Treatment Descrip	(mm) Tape	(m) (kg/m) r :(mm ²) (kN)

Note: If mandrel is used to drive this pile, attach separate manufacturer's detail sheet(s) including mass and dimensions.

Submitted By:_____ Date:_____

FORM C-15A ALABAMA DEPARTMENT OF TRANSPORTATION									
Revised 08-07-95		TEST	PILE I	RECC	DRE)			
Project Number			County			Δ	Area		
Bridge Station	To Statio	on		•	Bridg	e Identification Nur	nber		
Road Between and									
Contractor				Inspecto	r				
Date	Bent No. & Lane			Pile No.			Kind	of Soil	
Kind of Pile		Size of	Pile	1		Total Leng	th (ft.)		
Elev. Ground Line at Pil	e	Final El	ev. at Top of F	Pile		Tip Elevati	on		
Hammer Make	Hammer Make Hammer Model			Hammer Kinc			ind		
Hammer Type		Hamme	r Action	Rated Energy (ftlbs.)			Ibs.)		
Weight of Hammer (lbs	.)			Design L	oad (fr	om plans) (tons)			
Hammer Cushion: Mate	rial		Thickne	ss (in.)	(in.) Area (sq. in.)				
Pile Cushion (Before Dr	iving): Material		Thickne	ess (in.) Area (sq. in.)			n.)		
Pile Cushion (After Driv	ing): Material		Thickne	ss (in.) Area (sq. in.)					
Pile Cap Weight (lbs.)									
Height Of Fall (feet)	Energy Deli To Pile (E) (f	vered ftlbs.)	Blows Pe Penetra	er Foot O ation (N)	f	Total Penetrati (feet)	on	Bearing (Ru) (tons)	

REMARKS

- 1. When using open type and gravity hammers, record weight of hammer and height of fall of hammer. Show rated energy when using closed type hammers.
- 2. Energy delivered to pile should be maintained practically constant once record keeping has begun unless specified otherwise by the Engineer.

3. Pile cushion is only required with concrete piling.

- 4. Pile cushion thickness after driving must be at least one-half the original thickness.
- 5. The bearing should be determined from the graph of Blows/Foot versus Bearing which is provided from the Wave Equation Analysis or Dynamic Formula of the driving system. If a graph is not provided, refer to Item 505.03(b)2. of the specifications to estimate the bearing capacity using the Dynamic Formula.
- 6. Driving should be continuous. Note any interruptions exceeding one hour.
- 7. Draw sketch on back of this sheet showing location of test pile.
- 8. For continuation of test pile record, use Form C-15A-2.
- 9. Test pile (check one): Static Load Tested ____ Dynamic Load Tested ____ (if static load tested, load test report shall be attached to this report).

Approved___

FORM C-15A-2		RTMEN	T OF	TRANSPO	RTA	TION
Revised 08-07-95	CONTINUATIO	N OF T	EST	PILE RECO	RD	
Project Number			County			Division
Bridge Station	To Station			Bridge Identification Nu	mber	
Date	Bent No. & Lane		Pile No.		Kind	of Soil
Height Of Fall (feet)	Energy Delivered To Pile (E) (ftlbs.)	Blows Pe Penetra	r Foot Of tion (N)	f Total Penetrat (feet)	ion	Bearing (Ru) (tons)

Sheet No. ___ of ____

FORM C-15A ALABAMA DEPARTMENT OF TRANSPORTATION									
Revised 08-07-95		TEST I	PILE I	RECC	RD			Mernic V	
Project Number				County			Area		
Bridge Station To Station					Bridge Ider	ntification Numb	ber		
Road Between			and						
Contractor				Inspector					
Date	Bent No. & Lane			Pile No.		ĸ	Kind of Soil		
Kind of Pile	Size of Pile					Total Length	(m)		
Elev. Ground Line at Pi	le	Final Elev.	at Top of F	Pile		Tip Elevation	1		
Hammer Make Hammer Model			lodel	Hammer Kind			d		
Hammer Type	Hammer Type Hammer Action					Rated Energy	y (J)		
Mass of Hammer (kg)				Design Lo	oad (from pla	ans) (kN)			
Hammer Cushion: Mate	erial		Thickne	ness (mm) Area (mm ²)					
Pile Cushion (Before D	riving): Material		Thickne	ness (mm) Area (mm ²)					
Pile Cushion (After Driv	ving): Material		Thickne	ess (mm) Area (mm ²)					
Pile Cap Mass (kg)									
Height Of Fall (m)	Energy Deli To Pile (E)	vered E (J)	Blows Pe Penetra	r 0.3 m C ation (N)	of Tota	al Penetratior (m)	n Bea	aring (Ru) (kN)	

REMARKS

- When using open type and gravity hammers, record mass of hammer and height of fall of hammer. Show rated energy when using closed type 1. hammers.
- Energy delivered to pile should be maintained practically constant once record keeping has begun unless specified otherwise by the Engineer.
 Pile cushion is only required with concrete piling.
- 4. Pile cushion thickness after driving must be at least one-half the original thickness.
- 5. The bearing should be determined from the graph of Blows/0.3 m versus Bearing which is provided from the Wave Equation Analysis or Dynamic Formula of the driving system. If a graph is not provided, refer to Item 505.03(b)2. of the specifications to estimate the bearing capacity using the Dynamic Formula.
- 6. Driving should be continuous. Note any interruptions exceeding one hour.
- 7. Draw sketch on back of this sheet showing location of test pile.
- 8. For continuation of test pile record, use Form C-15A-2.
- Test pile (check one): Static Load Tested _____ Dynamic Load Tested _____ (if static load tested, load test report shall be attached to this 9. report).

FORM C-15A-2	ABAMA DEPA	RTMENT OF	FRANSPORT	
Revised 08-07-95	CONTINUATIC	N OF TEST P	ILE RECORD	
Project Number		County		Division
Bridge Station	To Station	B	ridge Identification Number	
Date	Bent No. & Lane	Pile No.	Kind	of Soil
Height Of Fall	Energy Delivered	Blows Per 0.3 m Of	Total Penetration	Bearing (Ru)
(m)	To Pile (E) (J)	Penetration (N)	(m)	(kN)

Sheet No. ___ of ____

FORM C-15B ALA	BAMA DE	PAR	RTMEN	T OF	TRA	NSPORT/	ATION
Revised 07-15-94 PI	LE LOADI	NG I	RECOF	RD - C	QUIC	K LOAD T	EST
Project Number				County			Area
Station, Bent No. & Lane					Bridge Id	entification Number	
Contractor				Inspector			
Date		Pile Nu	umber	I		Length of Pile	(Feet)
Size and Type of Pile		Calcula (ksi)	ated Elastic M	odulus of F	Pile (E)	Measured Elas	stic Modulus of Pile (E) (ksi)
Dist. From Settlement Gag Tip(Feet)	je To Pile	Elevati	ion of Ground	Line at Pile)	Pile Tip Elevat	ion
Design Load (Tons)		Maxim	um Applied Lo	oad (Tons)		Ultimate Capa	city (Qf) (Tons)
Flapsed	Increment		То	tal	S	ettlement Before	Settlement After
Time	Of Load		Accumula	ated Load	Lo	bading Increment	Loading Increment
(Minutes : Seconds)	(Tons)		(To	ns)		(Inches)	(Inches)
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Р	ile Loading	Reco	rd Conti	nued (On Sh	eet No. 2 o	f 2

Sheet No. 1 of 2

FORM C-15B-2	BAMA DE	EPAR [®]	TMENT C)F T	RAN	SPORT	ATION
Revised 07-15-94 PIL		NG RE	ECORD -	QU	ICK I	_OAD T	EST (CONT.)
Project Number			Count	у			Division
Station, Bent No. & Lane				Brid	lge Identi	fication Number	
Date		Pile Numb	per			Length of Pile	(Feet)
Elapsed	Increment		Total		Settle	ement Before	Settlement After
Time (Minutes : Seconds)	Of Load (Tons)		Accumulated Loa (Tons)	ad	Loadi	ng Increment (Inches)	Loading Increment (Inches)
Pile	e Loading R	ecord	Continued	From	ו She	et No. 1	of 2
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Check Here F	or A Passing	Load Te	est	_	heck I	Here For A	Failing Load Test
Submitted By:							(Project Manager)
Submitted By:						(Area Op	erations Engineer)



Pile Load Test, Settlement vs Load

FORM C-15B ALA	BAMA DE	PART	MEN	T OF	TRA	NS	PORT	ATION	ALDOT
Revised 07-15-94 PII	_E LOADII	NG RE	ECOR	2D - Q	UIC	K L(DAD TE	EST	METRIC V
Project Number		_		County			_	Area	
Station, Bent No. & Lane					Bridge l	Identific	ation Number	I	
Contractor				Inspector					
Date		Pile Numb	ber			L	ength of Pile	(m)	
Size and Type of Pile		Calculated (MPa)	d Elastic M	odulus of P	le (E)	N (1	/leasured Elas MPa)	stic Modulus of I	Pile (E)
Dist. From Settlement Gag	je To Pile Tip (m)	Elevation	of Ground	Line at Pile	9	F	Pile Tip Elevati	ion	
Design Load (kN)		Maximum	Applied Lo	oad (kN)		l	Jltimate Capa	city (Qf) (kN)	
Elapsed	Increment		То	tal		Settlem	ent Before	Settlem	ent After
Time (Minutes : Seconds)	Of Load (kN)		Accumula (k)	ated Load	L	Loading را	Increment	Loading (n	Increment
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P	ile Loading	Record	Conti	nued (On Sh	heet	No. 2 o	f 2	

Sheet No. 1 of 2

FORM C-15B-2 ALA		PART				ISPORT	
Project Number				County			Area
Station, Bent No. & Lane			I		Bridge Iden	itification Number	r
Date		Pile Numb	er	I		Length of Pile	(m)
Elapsed Time (Minutes : Seconds)	Increment Of Load (kN)		Total Accumulated (kN)	d Load	Set	tlement Before ding Increment	Settlement After Loading Increment (mm)
Pile	a Loading R	ecord (Continue	ed Fr	om Sh	eet No. 1	of 2
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Check Here F	or A Passing	Load Te	est		Check	Here For A	Failing Load Test
Submitted By:							(Project Manager)
Submitted By:						(Area Or	perations Engineer)



Pile Load Test, Settlement vs Load

FORM C-15C ALABAMA DEPARTMENT OF TRANSPORTATION PROPOSED PILE LENGTHS Revised 07-15-94 TEST PILE DATA TO BE COMPLETED BY PROJECT ENGINEER Project Number County Area Bridge Station To Station Bridge Identification Number Road Between and

 Contractor
 Inspector

 Date
 Bent No. & Lane

 Vind of Pile
 Size of Pile

 Kind of Pile
 Size of Pile

 Cut Off Elevation at Top of Pile
 Tip Elevation

FURNISHED PILE LENGTHS TO BE COMPLETED BY CONTRACTOR'S REPRESENTATIVE

Based on data of the test pile driven in above bent, it is proposed to furnish pile lengths for bents as listed below:

BENT NUMBER	FOOTING	PILE NUMBER	PROPOSED LENGTHS

Date: _____

Signed: ____

Contractor's Representative

The above proposed pile lengths have been reviewed by me and in my opinion are sufficient for proposed lengths based on the test pile driven at the above location. Actual lengths of individual piles will be determined by the Engineer or Inspector during driving operations.

Date: _____

Signed: _____

Project Manager

Signed: _____

Area Operations Engineer

cc: Contractor Area Office District Office Project Office

FORM (C-16C		ALA	BAM		ART	MENT	OF	TR	ANSP	ORTA		N	
Created	05-21-0	01		DRIV	ING R	ECO			NC	RETE		IG	-	
Project Number			C		County		Area							
Bridge: S	tation			to St	tation				Bridg	e Identifica	ation Number			
Road Bet	ween				and					Lane (Lane (if applicable)			
Contractor				Sub-Contr	actor				Inspect	or				
Size of Pi	lling													
Hammer	Make			Hammer N	Model			Hamme	er Kind			Ave	rage Finish	ned
Hammer	Туре			Hammer A	Action			Design	Load (f	rom plans)	1	Elevation of Structure		ructure
Date	Bent No.	Pile No.	Furn. Length (feet) {m}	Cut-Off Payment (feet) {m}	Splice Payment (feet) {m}	Actual Length Build-U (feet) {m}	Actual of Length o p Cut-Off (feet) {m}	Ac of Dri Ler (fe {r	tual ven ngth eet) n}	Height of Fall (feet) {m}	Energy Delivered (ftlbs.) {J}	Blows per foc {0.3 m of Pene	t Tip } Elev.	Bearing (tons) {kN}
SL	IBTO	TALS:												
	тс	DTAL:					7							

REMARKS

- 1. Bents numbered as per plans. In general, piles numbered from left to right.
- 2. Draw sketches on back showing numbering sequence of piles in abutments, trestle bents, and bent footings. Also show any changes in plans on back.

3. If a pile is cut-off, add 6 feet {2 m} in "Cut-Off Payment" column. If a pile receives a non-driven build-up, add 30 feet {10 m} in the "Splice Payment" column.

4. Combine the totals for the columns "Furnished Length", "Cut-Off Payment", "Splice Payment and "Actual Length of Build-Up" for the payment amount of Concrete Piling Furnished.

Correct_

ALABAMA DEPARTMENT OF TRANSPORTATION FORM C-16S DRIVING RECORD OF STEEL PILING Created 05-21-01 County Project Number Area Bridge: Station to Station Bridge Identification Number Lane (if applicable) Road Between and Contractor Sub-Contractor Inspector Size of Piling Average Finished Hammer Make Hammer Model Hammer Kind Groundline **Elevation of Structure** Hammer Type (Open or Closed) Hammer Action Design Load (from plans) Actual Actual Height Blows Energy Proposed Furn. Added Length Length per foot Bearing of Pile Heat Delivered Tip Bent Pile Length Length Pile Total . {0.3 m} Date Cutoff in Str. Fall (tons) Splices Elev. No. No. (feet) (feet) (feet) No. (ft.-lbs.) (feet) (feet) (feet) {kN} of {m} {m} {m} {J} Penet. {m} {m} {m} TOTALS:

REMARKS

- 1. Bents numbered as per plans. In general, piles numbered from left to right.
- 2. Draw sketches on back showing numbering sequence of piles in abutments, trestle bents, and bent footings. Also show any changes in plans on back.

Correct

Project Manager

Approved_

Area Operations Engineer

Form C-17 Rev 04/14

ALABAMA DEPARTMENT OF TRANSPORTATION MATERIAL PIT RELEASE

STATE OF ALABAMA COUNTY OF	-
Project No.: County:	-
I, (We)	hereby certify to the following in
connection with the removal of	from material pit(s) located on my (our)
	Sunty, Alabama, and used on the above numbered project.
1. That I (we) have received payment	t in full from,
Contractor on the project, for	cubic yards of
 @ \$ per cubic ya 2. That the material pit(s) has (have) and surplus material leveled. 	rd. been satisfactorily cleared of all debris, properly drained
3. That I (we) hereby release	, (Contractor) the
Alabama Department of Transport all liability of any nature, either pr	county from consequential in connection with the removal of om my (our) property.
IN WITNESS whereof I (we) have hereunto day of, 20	set my (our) hand and seal this the
<u>WITNESSES</u> :	<u>OWNER(S):</u>

Form C-19 Rev 03/17

ALABAMA DEPARTMENT OF TRANSPORTATION TIME EXTENSION REQUEST • Working Day or • Calendar Day Projects

Project No.: _____ County: _____ Contractor:

Contract status shown below is from time statement for period ending:

CURRENT S	TATUS	REMARKS
Original Contract	Working/Calendar Days in Contract:	
	Original Estimated Completion Date:	
Previously Approved	Additional Working/Calendar Days:	
Extensions	Estimated Completion Date:	
	Number Working/Calendar Days Used:	
% Working/Calendar Days Used:		
	% Project Complete:	

REASON	REASON FOR REQUESTED EXTENSION	EXTENSION REQUESTED BY CONTRACTOR (DAYS)	EXTENSION APPROVED BY REGION (DAYS)
TOTIDER			
	Total:		

STATUS WITH APPROVAL OF RECOMMENDED TIM	REMARKS	
Revised Estimated Completion Date:		
Total Working/Calendar Days Allowed:		
Revised % Working/Calendar Days Used:		

Region Engineer, ALDOT
Approved

Form C-19A
Rev 02/16

ALABAMA DEPARTMENT OF TRANSPORTATION TIME EXTENSION REQUEST For Calendar Date Projects

Project No.:	County:	
Contractor:		

Contract status shown below is from time statement for period ending:

CURRENT STATUS		REMARKS
Original Contract	Calendar Start Date:	
	Calendar Completion Date:	
	Calendar Days Allowed:	
Previously Approved	Additional Calendar Days:	
Extensions	Revised Calendar Completion Date:	
	Number Calendar Days Used:	
	% Calendar Days Used:	
	% Project Complete:	

		Extension	Extension	Extension
		Requested	Recommended	Approved
Reason		by Contractor	by Region	by Const Bureau
Number	Reason for Requested Extension	(Days/Date)	(Days/Date)	(Days/Date)
	Tatal			
	l otal:			

STATUS WITH APPROVAL OF RECOMMENDED TIME EXTER	NSION	REMARKS
New Calendar Completion Date:		
Total Equivalent Calendar Days Allowed:		
Revised % Calendar Days Used:		

Region Engineer, ALDOT Recommended for Approval Date

Form C-20 Rev 10-10

ALABAMA DEPARTMENT OF TRANSPORTATION **PROGRESS REPORT**

	Contract Id:	
	Project:	
Contractor:	County:	
	Area: Dist :	
	Date:	

The time charged on the above referenced project from						through	is	day(s).
Day	Date	Time Charged	Remarks	Day	Date	Time Charged	Remarks	

To Date as of

Days in Contract:	Days Charged:
Extensions Approved:	Days Remaining:
Days Allowed:	% Time Elapsed:
Est. Date of Completion:	% Project Complete:

Notes: 1. The original copy of this report shall be mailed to the Contractor's home office and a copy shall be given to the Contractor's project superintendent.

2. Any objections to the above charges should be filed as outlined in Subarticle 108.08(d).

cc: Area Office (3) District Office (1) Project Office (1)

ALABAMA DEPARTMENT OF TRANSPORTATION PARTIAL PAYMENT OF STORED MATERIALS

Form C-21

Rev 03/14

Project No.:	Region:	Area:				
Contractor:		County:				
INSPECTION OF STORAGE AREA AND STORE	D MATERIALS					
Location of Storage Area						
Description of Stored Materials						
Is Storage Area proper for the type of materials	s being stored?		Yes No			
Remarks:						
Are materials properly stored and separated for	or this project?		Yes No			
Remarks:						
List Invoice or Order Numbers covering these materials.						
List any materials shown on invoice or order numbers but not on hand.						
List any data which you might have, to docume (Primarily applies to materials inspected by Sta	nt that these materials co ate Inspector during fabr	onform to requirements of the plans and rication).	specifications			
Inspected By:						
- F						
Printed		Signed	Date			
DOCUMENTATION (TO BE COMPLETED BY PROJEC	T PERSONNEL)					
Date of Contractor's Written Request		75% of Contract Item Total Bid Price	1. \$			
Contract Item of Stored Materials		Stored Material Invoiced Amount	2. \$			
Test reports on-hand to cover all materials?			Yes No			
If NO, list other documentation:						
Do the materials conform to the requirements	of the plans and specifica	ations?	Yes No			
Payment Amount (to be lesser of 1 or 2 and must total \$2,500 or more)\$						
PAYMENT APPROVAL						
I <u>do not</u> approve partial payment for the s I approve partial payment for the stored m Payment to be included on Estimate No:	tored materials covered naterials covered by this 	by this document after reviewing the abo document after reviewing the above info	ove information. Ormation.			
		Project Manager	Date			
CERTIFICATION (TO BE COMPLETED BY PROJECT P	'ERSONNEL)					
An invoice was received on CONTINUATION of partial payment	with the proper approval is supported.	certification statement as per Article 109	.07.			
An invoice <u>was not</u> received OR <u>did not</u> ha WITHDRAWAL of partial payment is	ve the proper certifications to be on Estimate No:	on statement as per Article 109.07.				
 NOTES (1) Each time invoices are submitted, a separatch). Example: <u>641A</u>512, <u>641A</u>514, <u>64</u> (2) Written Request by the Contractor for p (3) As per Article 109.07, an invoice or an arbefore consideration will be given for m (4) As per Article 109.07, the certification m authorized representative of the supplie 	arate Form C-21 must be comple <u>I1A</u> 518. artial payment is required for ea ccumulation of invoices for each aking partial payment. nust read, "I do hereby certify th er.	eted for each eligible pay item or pay item group (first ach eligible pay item of which the materials are a part. eligible pay item must total \$2,500 or more (Less any at this is a true and correct invoice," and be followed	four characters must , v Discounts to Contractor) by the signature of an			

Form C-23

Alabama Department of Transportation

Affidavit for Payment of Debts Incurred on Construction Projects

Project No.			
County			
Contractor			
Description and Location of Project			
This is to certify that all known debts for approved sub-contractual obligations associa County, F	labor and materials u ited with the construct nave been paid or will	sed on the project tion of Project be paid within 5 d	and all ays after final payme
Sworn to me this the	day of		, .
		(month)	(year)
	(Name)		
	(Title)		
	(Contractor)		
Sworn to and subscribed before me the	day of	,	·
	(n	nonth)	(year)
	(Notary Public)	
For	(County	State
My commission expires			
		(date)	

ALABAMA DEPARTMENT OF TRANSPORTATION WEEKLY REPORT OF RAILWAY INSPECTION AND/OR FLAGGING

Project No.:		Date:	
County:		Area:	
INSPECTION BY RAI	LWAY		
Name of Inspector		Date(s) of Inspection	
Residence		Base Location	
Explain Need For Railway Inspector			
Time of Inspection	Begin	End	Total Hours
FLAGGING BY RAILW	VAY		
Name of Flagman		Date(s) of Flagging	
Residence		Base Location	
Time of Inspection	Begin	End	Total Hours
FLAGGING BY RAILV	VAY		
Name of Flagman		Date(s) of Flagging	
Residence		Base Location	
Time of Inspection	Begin	End	Total Hours
REASON FOR NEED (OF FLAGGING SERVICE	(ALDOT REIMBURSEMENT)	
 Working Within Working Over 7 Work Likely to Other Work Wi 	n Specified Track Cleara Fracks Disturb Surface and Alig thin Railway R.O.W.	nce gnment of Tracks	

□ Other:

Form C-24

Rev 04/14

REASON FOR NEED OF FLAGGING SERVICE (CONTRACTOR REIMBURSEMENT)*

Transporting Materials and/or Equipment Across Temporary Grade Crossing
 Other:

DESCRIPTION OF CONTRACTOR'S OPERATIONS WITHIN VICINITY OF RAILWAY

SIGNATURES:

ALDOT Representative

Railway Inspector

Railway Flagger

Railway Flagger

Contractor's Representative *

* (Required only if reimbursement must be made by the contractor to the railway company.)

1/2012
Revised
C-25
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ALABAMA DEPARTMENT OF TRANSPORTATION DAILY INSPECTION OF TRAFFIC CONTROL DEVICES

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Project Number:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Day	Week Ending (Sat):	
								Date		
County:								Time	Contractor:	
								✓ if Night Insp		
TRAFFIC CONTROL DEVICE(S) and LOCATION		"V" den	TCD lenotes de otes devic	CONDIT Evice prope es NOT pro	ION I'ly maintai Iperly main	ined. tained.		Must be complete deficiency (sheet	REMARKS ed for "X" condition to describe type of ing damaged, light not working, etc.).	DATE CORRECTED

Project Manager

Reviewed by:

Project Traffic Control Inspector

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ALABAMA DEPARTMENT OF TRANSPORTATION DAILY INSPECTION OF TRAFFIC CONTROL DEVICES (Continuation)

					DATE CORRECTED						
	Week Ending (Sat):		Contractor:		REMARKS ed for "X" condition to describe type of ting damaged, light not working, etc.).						
Uninination	Day	Date	Time	✓ if Night Insp	Must be complet deficiency (shee						
	Sat										
	Fri				ined. itained.						
	Thu				ION rrly mainta pperly mair						
INALT	Wed				CONDIT vice prope es NOT pro						
	Tue				TCD lenotes der otes device						
	Mon				" 🗸 " deno						
ה דחוצה	Sun										
	Project Number:		County:		TRAFFIC CONTROL DEVICE(S) and LOCATION						

Sheet ____ of _

Alabama Department of Transportation CRASH REPORT

Project Information									
Date			Project /Contract ID						
Area			Contractor						
District			Project Description						
County			Location						
			Crash	Information					
Date of Cr	ash			Time of Crash					
Weather Condition				Road Condition					
Location of	of Cra	sh (Use Mile I	Post Reference if Possib	le)					
Decorintia	Description of Traffic Control in place (lane closures, haul read crossing, etc.) List Typical Application (TA #)								
from MUTCD, Part 6 if applicable.									
Phase of Sequence of Construction in Use at Time of Crash, if Applicable									
	-								
Type of Work Being Performed in Crash Area, if Applicable									
Injuries or	Fatal	ities							
Vehicles (Type),	, Equipment, (etc. Involved						
Descriptio	on of C	Crash (List na	mes of witnesses, inves	tigating officer, ar	nd other pertinent data)				

pc: District Area File Signature of Project Traffic Control Inspector

FORM C-32 ALABAMA DEPARTMENT OF TRANSPORTATION Created 09-2016 DRILLED SHAFT MODIFICATION REQUEST

		i de la companya de l		
Project Number		County	Area	Region
i iojoot i tallibol		obarry	7 11 0 0	rtogioni
1				
Bridge Station	To Station	Bridge Identification Number		
Blidge Oldlion	10 Otation	Bhage facilitioation Hamber		
Contractor		Inspector		
Contractor		inspector		
Date	Bent No. & Lane	Shaft No	Diameter of Shaft (inche) (24
Date	Dent No. & Lanc	Onart NO.	Diameter of Onalt (mene	,3)

Plan Information	Field Information
Top of Ground (feet)	Actual Top of Ground (feet)
Rock Elevation (feet)	Actual Rock Elevation (feet)
Rock Description	Actual Rock Description
Top of Rock Socket Elevation (feet)	Actual Top of Rock Socket Elevation (feet)
Tip Elevation (feet)	Proposed Tip Elevation (feet)
Socket Length (feet)	Actual Socket Length (feet)
	Exploratory Hole Depth (feet)
	and Results Description ¹
	Is the socket solid, with no voids or significant seams?
	Change in Tip Elevation (feet)

REMARKS

3.

- 1. The description "satisfactory material" will not be acceptable for the description of material encountered in the exploratory hole.
- 2. Email to the Construction Bureau Bridge Section for review and forwarding to Bridge Bureau and Materials & Tests Bureau for approval. Send a copy to the Area Construction Office, Project Manager, and Prime Contractor.
 - a. If Change in Tip Elevation is 2 feet or less, review/approval can be made at the Area Construction Engineer level, unless there are vicinity sinkholes or other unusual circumstances. A final copy will be sent to the Construction, Bridge, and Materials & Tests Bureaus.
 b. ATRP, County, and Municipal projects where the bridge design or bridge foundation report were prepared by an Engineer on behalf of
 - the County or Municipality, will be forwarded through the Project Manager for review/approval by the Engineer of Record. The Reviewer must consider the following issues:
 - Compare the request to the plans.
 - Compare the request to the Foundation Report.
 - Compare the request to the boring logs.
 - Verify the socket length is per plans and the condition of the socket.
 - Verify there are no seams or voids within the socket and that the socket is solid.
 - Verify the description for the exploratory hole and that it is good material (borings).

Approved		and	Approved	
	State Bridge Engineer		-	State Materials & Tests Engineer
Approved		or	Approved	
	Area Operations Engineer (if applicable) ^{2a}			Engineer of Record <i>(if applicable)^{2b}</i>

Alabama Department of Transportation Stormwater Inspection Report and BMP Certification

Permit Sequence Number:		Contractor QCI Present:		
Project Number:		Weather:		
Inspection Number:		Site Discharging:		
Inspection Date:		Stormwater Sampled:		(Use Form C-38)
Inspection Type:		Rain Gauge (in):		
		Rainfall Date:		
Did discharges of sediment o	r other pollutants occur from the site?			
Were BMPs properly implement	ented and maintained at the time of inspection?)		
Are BMPs needed in addition	to those already present onsite at the time of i	nspection?		
Have any BMPs failed to ope	rate as designed?		_	
Were there BMPs required by	the CBMPP that were not installed or installed	d in a manner not consistent with	n the CBMPP?	
Have all previous issues been	n addressed and corrected?		_	
Overall Comments:			-	

Site Number	Condition (S. NI, TD, or SL)	Remarks

Permit Sequence Number:

Inspection Number:

Site Number	Condition (S NL TD or SL)	Remarks
Tumber	(5,14,12,615L)	

FORM C-35	ALABAM	A DEPA	RTMEN	T OF	TRA	NSPOF	RTA	TION	
Revised 07-15-9	94 DR	ILLED S	HAFT P	JURI	NG	RECOR	D		
Project Number				County				Area	
Bridge Station		To Station		Bridge Identification Number					
Road Between				and	I				
Contractor Inspector									
Date Bent No. & Lane Shaft No.).		Kin	d of Soil	
Diameter of Shaft	:	Shaf	t Volume per Line	ear Foot (V	/lf)	Shaft Tip	o Eleva	tion	
Load	Quantity	Slump	Pourin	ig Time		Concrete	Т	remie	Cylinder
Number	(Cu. Yds.)	(ln.)	Start	Finis	sh	Elevation	Tip I	Elevation	Number
				1					
V _Q =	orata alguation	at completion	of nour price to	trimmin		X0000 -			

Top of concrete elevation at completion of pour prior to trimming any excess : ____ 1.

- 1. Top of concrete elevation at completion of point plant is unitary and plant is

- Volume of overflow (if any): Vo = _____Cu. Yds.
 Actual shaft volume before trimming: VA = VQ VE VO = _____Cu. Yds.
- 7. Overpour:

REMARKS

- 1. Record any problems with the operation of the mixing plant, supply irregularities (concrete delays), or possible setbacks (loss of priming in the tremie, movement of reinforcing steel, difficulties with extraction of temporary casing, caving of shaft wall, etc.) on the back of this sheet in the space provided for observations.
- A theoretical volume versus elevation line should be plotted on the graph on the back of this sheet prior to concrete placement. 2.
- The actual concrete placement curve should be plotted during construction of the shaft. An elevation check should be taken as each truck pours 3. out and the data recorded above and plotted on graph.
- Any large variations of the actual concrete placement curve from the theoretical placement line should be investigated. 4.
- Draw sketch on back of this sheet showing location of shaft. 5.

Project Manager

Correct

_ Approved_



LOCATION OF SHAFT:

FORM C-35 ALABAMA DEPARTMENT OF TRANSPORTATION DRILLED SHAFT POURING RECORD Revised 07-15-94 **Project Number** County Area **Bridge Station** To Station Bridge Identification Number Road Between and Contractor Inspector Date Bent No. & Lane Shaft No. Kind of Soil Diameter of Shaft (m) Shaft Volume per meter of length (Vm) Shaft Tip Elevation Quantity **Pouring Time** Load Slump Concrete Tremie Cylinder Elevation Number Start Finish **Tip Elevation** Number (m³) (mm)

Vo =

1. Top of concrete elevation at completion of pour prior to trimming any excess :

- Shaft length before trimming : L = _____ m
 Corresponding theoretical volume : V_T = V_m × L = _____
- 4. Volume of excess in last truck : $V_E =$ _____m³
- 5. Volume of overflow (if any) : Vo =

6. Actual shaft volume before trimming : $V_A = V_Q - V_E - V_O =$ m³

 $\frac{V_A - V_T}{V_T} \times 100 = -----\%$ 7. Overpour :

REMARKS

1. Record any problems with the operation of the mixing plant, supply irregularities (concrete delays), or possible setbacks (loss of priming in the tremie, movement of reinforcing steel, difficulties with extraction of temporary casing, caving of shaft wall, etc.) on the back of this sheet in the space provided for observations.

m³

A theoretical volume versus elevation line should be plotted on the graph on the back of this sheet prior to concrete placement. 2.

The actual concrete placement curve should be plotted during construction of the shaft. An elevation check should be taken as each truck pours 3. out and the data recorded above and plotted on graph.

Any large variations of the actual concrete placement curve from the theoretical placement line should be investigated. 4.

Draw sketch on back of this sheet showing location of shaft. 5.

Project Manager

Correct

_ Approved_



LOCATION OF SHAFT:

FORM C-36			ALABA	MA DEPA	RTMENT	OF TRAN	ISPORTA	lion		
Revised 10/1	.6		T	EST DRILLE	D SHAFT L	OADING R	ECORD			
Project num	ber:			County:				Area:		
Location of s Station:	haft:				Bridge	e Identification	Number:			
Contractor:					Inspec	tor:				
Date:			Diameter of s	shaft (Inches):	Botto	m of shaft elev	ation:	Top of shaft e	elevation:	
Design load	(Tons):		Test load (40 (tons):	0% of design lo	ad) Groun	id line elevatio	Ë	Length of sha	ft (feet):	
Elapsed time	Increment of load	Total accumulated load	Settlement at telltale	Settlement at telltale	Settlement at telltale	Settlement at telltale	Settlement at top of shaft	Settlement at top of shaft	Movement between test plate & top of	Settlement from reference scale
(Min : Sec)	(Tons)	(Tons)	Gage #1 (Inches)	Gage #2 (Inches)	Gage #3 (Inches)	Gage #4 (Inches)	Gage #5 (Inches)	Gage #6 (Inches)	shaft; Gage #7 (Inches)	(Inches)

Alabama Department of Transportation Stormwater Noncompliance Notification Report

Permit Sequence Numbe	r:		Inspect	ion Number:	
Project Numbe	r:			Date:	
Complete one form for each Sto	ormwater Discharge Point	in a Turbid Discharge or	Sediment Loss conditior	n. Attach additional sheets as nee	ded.
Site No. Count	<u>MP or</u>	Station/Offset	<u>Latitude</u>	<u>Longitude</u>	Receiving Stream
Description of Noncomp Describe sediment that has le	liance or Noncomplia ft ALDOT Right of Way (lo	ant Discharge: ocation, affected water bo	ody, estimated amount, a	ttached photos, etc.).	
Cause of Noncompliance	e:	1Da Contractor inottantia	en to Neodo Improvement	t aitationa, ata	
Rainfall Accumulation (in):	burits/intensities, failed Biv	Rainfall Date/Durat	ion:	Event Frequency:	
				2001110440010)1	
Include exact date(s) and time	e: e(s) or, if not corrected, the	e anticipated time the nor	ncompliance is expected	to continue.	
Corrective Measures: List all proposed and/or ongoi	ng corrections with a prop	osed compliance schedu	ule (amount of sediment r	emoval and BMP repairs, addition	ns, and modifications, etc.).

Alabama Department of Transportation Stormwater Turbidity Sampling Report

Permit Sequence Number:	Inspection Number:	
Project Number:	Date:	
Sample Team Members:		

Sample	If No Sample Taken	Timo	Turbidity (NTU)		Sample	If No Sample Taken	Timo	Turbidity (NTU)
Point ID	(PC, IF, HC, OF MIS)	Time	Turbidity (NTO)	-	Point ID	(PC, IF, HC, 0F MS)	Time	Turbidity (NTO)
				-				
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FORN Revis	ALABA ALABA	AMA DEPARTMEI MATERIAL	NT OF TRANSPORTATIO	ON			
To: (P	Project Manager)	From: (Contrac	ctor, Phone No., Contact Person) Date:			
				Subcontr	actor:		
Projec	et Number:	County:	Submittal Number:	Submitta	1: EW	RESU	BMITTAL
Projec	ct Description:		i				
	TO BE (COMPLETED BY CONTRA	ACTOR		FOR ALD	OT USE	ONLY
LINE ITEM NO.	SPECIFICATION SECTION PARA. NO. / PLAN SHEET NO.	DESC (Include Type, Model	RIPTION OF MATERIAL I Number, Catalog Number, Mfg	., etc.)	Not Approved	See Comments	Initials

Page <u>1</u> of _____

FORM C-40 Revised 7/12	ALABAMA DEPARTMENT OF TRANSPORTATION MATERIAL SUBMITTAL	
	FOR ALDOT USE ONLY	
LINE ITEM NO.	COMMENTS / CORRECTIONS	

FORM QC/QA-1 Revised 1/12	ALABAMA DEPARTMENT OF TRANSPORTATION SUMMARY OF INITIAL TEST RESULTS							
Project Number:	Cour	ty:		Area:				
Contractor:								
Pay Item Number:	Mix	Number/Range:		Contract Bid Price(per Ton):				

						Price(per Ton):		
Asphalt		Content Air Voids		Mat Density	Gradation			
Lot	Tonnage	Number	Pay	Number	Pay		(420A Only)	* Referee Tests
Number	Placed	of Tests	Factor	of Tests	Factor	Pay Factor	Pay Factor	Needed?

* The Department to enter Yes or No.

If No, enter pay factors on QC/QA-3.

If Yes, indicate which characteristic, i.e., AC(asphalt content), AV(air voids), MD(mat density), or GD(gradation). Example: Yes - AV. Where referee testing is required, use QC/QA-2.

FORM QC/Q Revised 1/12	A-2	ALABAN	MA DEPA	RTMENT	OF TRAN	SPORTATIC	N TS		
Project Number:			County:	KLI LI		Area:	Area:		
Contractor:									
Pay Item Number:			Mix Number/Range:			Contract Price(pe	Contract Bid Price(per Ton):		
Asphal			Content Air Voids M			Mat Density	Gradation	* Final	
Lot Number	Tonnage Placed	Number of Tests	Pay Factor	Number of Tests	Pay Factor	Pay Factor	(420A Only) Pay Factor	Comparison Satisfactory?	

* The Department to enter Yes or No. If No, consult ALDOT-380 in the Testing Manual. If Yes, enter pay factors on QC/QA-3.

FORM QC/Q Revised 1/12	A-3 ASPHA	ALABAMA	A DEPARTMI	ENT OF TRA	NSPORTAT	ION DRKSHEF	T	
Project Numb	er:	С	Area:					
Contractor:				Estimate No.:				
Pay Item Nun	nber:	М	ix Number/Rang	ge:	(c) Co Price((c) Contract Bid Price(per Ton):		
Lot Number	(a) Tonnage Placed	Asphalt Content Pay Factor	Air Voids Pay Factor	Mat Density Pay Factor	Gradation (420A Only) Pay Factor	(b) Lowest Pay Factor	(d) Adjustment (±)	
			Pay Factor					
d = a x (b - 1.0) x c				Tots	al (±)	\$	

Sheet No. ____ of ____



