

GRAVITY HAMMER

Project No. _____ County _____ Design No. _____

Contractor _____ Date Reported _____

Location (Abut, Pier)	Type of Piling	Plan Pile Length	Design Bearing (End of Drive)	Design Bearing (Retap)	Graph No. For Office Use

RAM

CAP

INSERT

IDOT ID No. _____

IDOT ID No. _____

IDOT ID No. _____

Weight _____ Lbs.

Weight _____ Lbs.

Weight _____ Lbs.

HAMMER CUSHION (#1)

(Between Ram & Cap)

PILE CUSHION (#2)

(Between Cap & Pile, if applicable)

Dimensions
Refer to Sketch

Surface Area _____

Surface Area _____

Thickness _____

Thickness _____

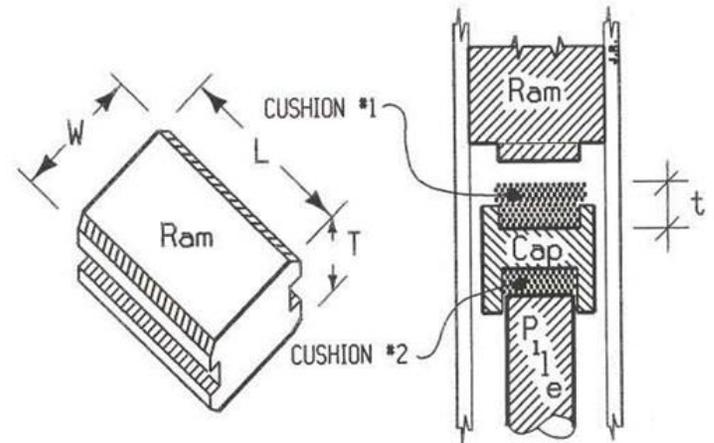
Composition _____

Composition _____

L _____

W _____

T _____



If dimensional lumber is used for cushion, indicate wood grain orientation (Horizontal or Vertical)