INLET STRUCTURE COMPRESSIVE PILE CAPACITIES
<table>
<thead>
<tr>
<th>Project Name</th>
<th>Lake Maurepas Diversion</th>
<th>Client</th>
<th>CPRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Location</td>
<td>St. John the Baptist</td>
<td>PM</td>
<td>Naveen Chilliara</td>
</tr>
<tr>
<td>Project Number</td>
<td>10001876</td>
<td>PIC</td>
<td>Mike Patorno</td>
</tr>
</tbody>
</table>

(This section is to be completed by the Project Manager or the PM's Designee.)

Assigned Reviewer: Dwayne Smith
Work Product Originator: Ignacio Harrouch
Work Product to be Reviewed: Pile capacities
Review Scope: Check for technical completeness and applicability
Specific Instructions: Check for proper pile types, lengths, applicability, and report adequacy, validity, and completeness
Submitted by: [Signature] 9/30/13

Project Manager Signature Date

(This Section is to be completed by the Reviewer.)

Select:
A. ☒ Reviewer has no comments.
or
B. ☐ Comments have been provided on:
   - [ ] Marked directly on work product
   - [ ] Comment and Disposition Form 3-5
   - [ ] Other; Specify: [Enter text here].

[Signature] 6/18/2013
Reviewer Signature Date

(This section is to be completed by the Reviewer after verification of comment incorporation, if box B is checked off above.)

Select:
C. ☐ Verification of comment incorporation has been performed by Reviewer. There are no outstanding issues.
or
D. ☐ Verification of comment incorporation has been performed by Reviewer. Unresolved issues have been submitted to the Project Manager or Designee for resolution.
and
E. ☐ Reviewer asserts that the work product ITR is complete.

[Signature] [Date]
Reviewer Signature Date

APPROVAL and DISTRIBUTION

☒ ITR is complete. [Signature] 9/30/13
Click here to enter a date.

[Signature] [Date]
Project Manager or Designee Signature Date

Distribution:
Project Central File – Quality File Folder
Other – Specify: Enter names here.
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**Assignments:***
- **Assigned Checker:** Graham Forsythe
- **Comments Required by:** June 18, 2013
- **Work Product Originator:** Ignacio Harrouch
- **Work Product to be Checked:** Pile capacities
- **Specific Instructions:** Enter specific instructions for the work product.

**Identifying Information:***
- **Submitted by:** [Signature]
- **Project Manager Signature:** [Signature] 9/30/15

**Comments:***
- **Select:**
  - A. [ ] Checker has no comments.
  - B. [ ] Comments have been provided on:
    - [ ] Marked directly on work product
    - [ ] Comment and Disposition Form 3-5
    - [ ] Other; Specify: Discussed with originator

**Verification:***
- **Select:**
  - C. [ ] Verification of comment incorporation has been performed by Checker. There are no outstanding issues.
  - D. [ ] Verification of comment incorporation has been performed by Checker. Unresolved issues have been submitted to the Project Manager or Designee for final resolution.

- **E.** [ ] Checker asserts that the work product review is complete.

**Approval and Distribution:***
- **Detail Check is complete:** [Signature] 9/30/13
- **Project Manager or Designee Signature:** [Signature]

**Distribution:**
- Project Central File – Quality File Folder
- Other – Specify: Enter names here.
Notes:
1. Pile capacity curves represent axial resistance for a single pile and do not consider group effects.
2. Curves indicate Ultimate Capacity; the appropriate safety factors should be applied to arrive at the Allowable Capacity.

Required Safety Factors are:
- 3.0 for tension and compression w/o load test
- 2.0 for tension and compression with load test.

Required Safety Factors are:
- 1.5 for tension and compression w/o load test
- 1.5 for tension and compression with load test.
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