



BUILDING SAFETY DEPARTMENT

2101 O'NEIL AVENUE, ROOM 202 • CHEYENNE, WY 82001

Email: building@cheyennecity.org • Phone: (307)637-6265

Visit Our Website: www.cheyennecity.org

A COMMUNITY OF CHOICE

OPEN HOLE INSPECTION REPORT

RE: LOT: _____ BLOCK: _____ SUBDIVISION: _____
ADDRESS: _____ PERMIT NO: _____

IN ACCORDANCE WITH IRC CHAPTER 4 OR IBC CHAPTER 18, THE SOIL CONDITIONS OF THE ABOVE REFERENCED SITE WERE DETERMINED BY ME ON _____ (DATE) AND THE FOLLOWING CONDITIONS WERE NOTED:

I. BEARING VALUES IN LIEU OF SOILS TEST

A. SOIL BEARING PRESSURE OF _____ PSF MAXIMUM

1. BASED ON SOILS REPORT NO.: _____
DEVELOPED BY: _____

OR:

2. BASED ON RATIONAL EVALUATION: _____

B. THE SOIL CLASS OF MATERIAL (**TABLE R401.4.1**) IS (check one):

1. Clay, sandy clay, silty clay, clayey silt, silt and sandy silt (CL, ML, MH and CH). Load-bearing pressure (PSF) 1,500 _____.
2. Sand, silty sand, clayey sand, silty gravel and clayey gravel (SW, SP, SM, SC, GM, and GC). Load-bearing pressure (PSF) 2,000 _____.
3. Sandy gravel and/or gravel (GW and GP). Load-bearing pressure (PSF) 3,000 _____.
4. Sedimentary and foliated rock. Load-bearing pressure (PSF) 4,000 _____.
5. Crystalline bedrock. Load-bearing pressure (PSF) 12,000 _____.

C. IS THE FOOTING/FOUNDATION TO BE PLACED ON UNDISTURBED NATURAL SOIL?

_____ YES _____ NO

IF NO, ATTACH COMPACTION REPORT AND SOILS REPORT.

D. WERE EXPANSIVE SOILS PRESENT? _____ YES _____ NO

(CONTINUED ON REVERSE)

II. FOUNDATION DRAINAGE

A. SUBSURFACE CONDITIONS:

1. WERE ANY UNUSUAL MOISTURE CONDITIONS OBSERVED? _____ YES _____ NO
2. WERE GROUNDWATER CONDITIONS OBSERVED? _____ YES _____ NO

B. THE SOIL GROUP (**TABLE R405.1**) IS (check one):

1. Group I (GW,GP,SW,SP,GM,SM): _____.
2. Group II (GC, SC, ML, CL): _____.
3. Group III (CH, MH): _____.
4. Group IV (OL, OH, Pt): _____.

C. **IS A PERIMETER FOUNDATION DRAIN REQUIRED IN ACCORDANCE WITH IRC R405.1 OR IBC 1807.4.2?** _____ YES _____ NO

III. THE TYPE OF FOOTING/FOUNDATION RECOMMENDED FOR THIS SITE IS:

SIGNED: _____ WYO. REG. NO.: _____ DATE: _____

PRINT NAME (Required) _____

This report cannot be accepted if the name is not legibly printed.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED TO THE BUILDING & DEVELOPMENT OFFICE
PRIOR TO PLACING ANY CONCRETE