|  |
| --- |
| **CLIENT** |
| Company Date: |
| Address |
| City, State, Zip |
| Contact Name: Phone: (o):  (m): |
| E mail: |
| Project Name: |
| Project Location: |
| Other Contact: |
| Requested Turn Around: |
|  |
| SAMPLE ID’s: |
| **Sample** **Preparation** |
| Soil  ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Compact to: \_\_\_% Maximum Density \_\_\_% Moisture Content  RSA to preform Proctor Method: \_\_\_\_ASTM D698 Standard \_\_\_ASTM D1557 Modified  Or  Proctor Test Results to be Provided By Client |
| **Test** **Summary** |
| Load 1: Gradient(s): Seating Time:  Load 2: Gradient(s): Seating Time:  Load 3: Gradient(s): Seating Time: |
| **Configuration** **and** **Special** **Notes** |
| Test Setup:  \*(Please List Manufacturer, Thickness, Textured/Smooth, ETC) |

Report results to: