|  |
| --- |
| **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** |
| SoilID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Compact to: \_\_\_% Maximum Density \_\_\_% Moisture Content RSA to preform Proctor Method: \_\_\_\_ASTM D698 Standard \_\_\_ASTM D1557 ModifiedOr 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: