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| --- |
| **CLIENT** |
| Company Date: |
| Address |
| City, State, Zip |
| Contact Name: Phone: (o): (m): |
| E mail: |
| Project Name: |
| Project Location: |
| Other Contact: |
| Requested Turn Around: |
| Test Type |
| Interface: (Please indicate which side of Geosynthetic is to be tested)  \_\_\_ Geosynthetic vs. Geosynthetic  \_\_\_ Geosynthetic vs. Soil  SAMPLE ID’s: |
| Sample Preparation |
| Soil  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: (D698/D1557) Max. Density: Opt.MC:    Hydration of GCL: \_\_\_\_\_\_\_\_ hrs @ \_\_\_\_\_\_ psi/psf/tsf |
| Test Summary |
| Test with water in box? \_\_\_ Yes \_\_\_ No Shear Rate: \_\_\_\_\_\_ in/min  Normal Loads Consolidations   1. psi/psf /tsf hrs @ psi/psf/tsf 2. psi/psf /tsf hrs @ psi/psf/tsf 3. psi/psf /tsf hrs @ psi/psf/tsf 4. psi/psf /tsf hrs @ psi/psf/tsf |
| Configuration and Special Notes |
| Top Box:  Bottom Box:  Additional Notes:  (Please List Manufacturer, Thickness, Textured/Smooth, ETC) |

Report results to: