RSA GEOLAB

HYDRAULIC TRANSMISSIVITY
ASTM D4716
CHAIN OF CUSTODY FORM

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 perform 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: 15min	1hr	100hr
Load 2:	Gradient(s):	Seating Time: 15min	1hr	100hr
Load 3:	Gradient(s):	Seating Time: 15min	1hr	100hr

Configuration and Special Notes

Test Setup:

*(Please List Manufacturer, Thickness, Textured/Smooth, ETC)

Report results to:

1012 Greeley Ave, Unit A
Union, NJ 07083

49 Browns Cove Rd Ste 6
Ridgeland, SC 29936

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