RSA GEOLAB

INTERFACE SHEAR
ASTM D5321/D6243
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:		

Test Type

Interface: **(Please indicate which side of Geosynthetic is to be tested)**

___ Geosynthetic vs. Geosynthetic

___ Geosynthetic vs. Soil

___ Internal GCL

SAMPLE ID's:

Sample Preparation

Soil

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: (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:

1012 Greeley Ave, Unit A
Union, NJ 07083

49 Browns Cove Rd Ste 6
Ridgeland, SC 29936

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