



HYDRAULIC TRANSMISSIVITY  
ASTM D4716  
Test Request 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

