



**INTERFACE SHEAR  
ASTM D5321/D6243  
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:	
Test Type	
Interface: <b>(Please indicate which side of Geosynthetic is to be tested)</b>	
<input type="checkbox"/> Geosynthetic vs. Geosynthetic	
<input type="checkbox"/> Geosynthetic vs. Soil	
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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**