

REPORT ON COMPACTION DENSITY NON-MOVEMENT

Fill Out Completely. Original to be retained with project records. Remit copy to District Office.

DATE:	CONTRACT NO.:
DISTRICT NO.:	SR/SECTION:

TYPE OF CONSTRUCTION: Embarkment/Fill Subgrade Subbase Structure Backfill Pipe Backfill
(check one type only) Other: _____

1. Test No.								
2. Time of Test								
3. Type of Material								
4. Source of Material								
5. Location of Test (Station or Seg./Off.)								
6. Offset								
7. Subgrade Elevation								
8. Test Elevation								
9. Lift Height (inches)								
10. (P)ass / (F)ail								

DETERMINATION of MATERIAL RETAINED 9.5 mm (3/8") SIEVE

11. Mass (Wt) of Sample & Container (lbs)								
12. Mass (Wt) Container (lbs)								
13. Mass (Wt) of Sample (lbs)								
14. Mass (Wt) of Matl. Retained 9.5mm (3/8") Sieve (lbs)								
15. % Retained 9.5mm (3/8") Sieve								

COMPACTION EQUIPMENT

1. Type								
2. Make								
3. Model								
4. Roller Mass (Wt) (ton)								

Remarks:

Tested by: