

## REPORT ON COMPACTION DENSITY BY NUCLEAR METHOD-DEPARTMENT FORM

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

ECMS No.:					Embankmen	t Su	ubgrade	Pipe Backfill
SR – Section:				Other:				
District:					GAUGE IDENTIFICATION: (Reference PTM No. 418)			
County:				Manufacturer:	DENTII IOATIC	on. (Helefelice i i	W 140. 410)	
•				Model Number:				
Date:					Date of Annual (	Calibration:		
FILL MATERIAL (Deference Dub 400 Occ 000)						GE OPERATING LI	MITS	
FILL MATERIAL: (Reference Pub. 408, Sec. 206)  Material Source:				(from Annual Calibration Report)				
Specific Gravit	Eff			Effective Month:				
Passing 3/8 Si				Upper Limit Den	Upper Limit Density Count:			
Passing No. 2					Lower Limit Den	Lower Limit Density Count:		
Material Type				Upper Limit Mois	Upper Limit Moisture Count:			
Material Type Soil: (Check one) Type 1 Granula		ar:		Lower Limit Mois	Lower Limit Moisture Count:			
Maximum Prod				DAILY GAUGI	E STANDARDI	ZATION: (Referen	ce PTM No. 418)	
Optimum Proc			Standardization	Date:				
Required Min. Compaction (% Proctor):					Standard Densit	y Count:		
Required Min.				Standard Moistu	ire Count:			
			TEST	LOCATIONS:	(Reference PTM No			
Test Identificat					Test Elevation (feet):			
Station:					-	Compacted Lift Height (inches):		
Offset:					Source Rod Position (inches) **			
Final Subgrade Elevation (feet):					Test Time (start)	:		
VEDIEIC	CATION TEST		TEST	DECIII TO: /	Reference PTM No.	402)		
						T .		Meets
Acceptance Test ID No.		Reading 1 (0°)		Reading 2 (90°)	2 Reading 3 (180°)	Reading 4 (270°)	Average	Tolerances? (Y or N)***
Density Count	(Shift + Counts)						_	_
Wet Density, V								
ΔWD from Average							_	_
Moisture Count (Shift + Counts)							_	_
Moisture, (pcf)							_	_
Dry Density, DD (pcf)								
Moisture, w (%	(o)							
Δw (%) from Average							_	_
% of Proctor D	ensity (%)							
Zero Air Voids (ZAV) Formula:		$\frac{62.4}{DD} - \frac{1}{SG} \ge w\%$		show calculation:				
ZAV Check:		Yes:		No:	Pass:		Fail:	
Remarks:						•	•	
Name of Gauge Operator:						Cert. Numbe	r:	
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- \*\* For Backscatter Mode, enter 0.
- 1\*\*\* If final averages exceed tolerances, a new location is to be tested

<sup>\*</sup> Use data as shown on applicable Form TR-4247