SOIL CHAIN OF CUSTODY & TEST REQUEST

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CLIENT		INVOICE (complete if different from Client)	
Company:		Company:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Contact:	Phone:	Contact:	Phone:
E-mail:	Cell:	E-mail:	Cell:

PROJECT			
Project Name:		Client Project #:	Purchase Order#:
Project Location:		GTX Sales Order #:	Requested Turnaround:
On-site Contact:		E-mail:	Phone:

SOIL

Boring ID	Sample ID	Depth	Atterberg Limits (ASTM D 4318)	USCS – Classification (ASTM D 2487)	Grain Size (ASTM D 6913)	Density (ASTM D 7263)	Moisture Content (ASTM D 2216)	Organic Content (ASTM D 2974)	pH (ASTM D 4972 / ASTM G 51)	Specific Gravity (ASTM D 854)	Electrical Resistivity (ASTM G 57 / AASHTO T 288)	Proctor Compaction	California Bearing Ratio * (ASTM D 1883)	Direct Shear* (ASTM D 3080)	Triaxial Shear*	Incremental Consolidation* (ASTM D 2435)	Permeability/ Hydraulic Conductivity*	Unconfined Compression (ASTM D 2166)	Other:	Other:

*Specify Test Conditions (Undisturbed or Remolded, Density and moisture, Test Normal Loads, Test Confining Stresses, etc.):

AUTHORIZE BY SIGNING AND DATING:

SIGNATURE:_____ PRINT NAME: _____ DATE: _____

For GTX Use Only
Incoming Sample Inspection Performed
Adverse conditions:
_____

Relinquished By:	DATE:	Received By:	DATE:
	TIME:		TIME:
Relinquished By:	DATE:	Received By:	DATE:
	TIME:		TIME: