



## SOIL CHAIN OF CUSTODY & TEST REQUEST

CLIENT	
Company:	
Address:	
City, State, Zip:	
Contact:	E-mail:
Phone:	Fax:

PROJECT	
Project Name:	
Address:	Client Project #:
City, State, Zip:	
On-site Contact:	E-mail:
Phone:	Fax:

**GeoTesting Express, Inc.**  
 125 Nagog Park  
 Acton, MA 01720  
 800 434 1062 Toll Free  
 978 635 0266 Fax

2662 Holcomb Bridge Road, Suite 310  
 Alpharetta, GA 30022  
 770 645 6575 Tel  
 770 645 6570 Fax

[www.geotesting.com](http://www.geotesting.com)

INVOICE (complete if different from client)	
Company:	
Address:	
City, State, Zip:	
Contact:	E-mail:
Phone:	Fax:

GENERAL	
Purchase Order #:	GTX Sales Order #:
Shipped By:	Date Shipped:
Mode of Shipment:	Requested Turnaround:
Send Results To:	<input type="checkbox"/> CLIENT OFFICE <input type="checkbox"/> PROJECT OFFICE
Send Results Via:	<input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> VERBAL <input type="checkbox"/> HARD COPY

SOIL																				
Sample ID	*please include boring # and depth if known	Atterberg Limits (ASTM D 4318)	California Bearing Ratio (ASTM D 1883) *specify conditions below	USCS – Classification (ASTM D 2487)	Density (ASTM D 2937)	Direct Shear (ASTM D 3080) *specify conditions below	Direct Simple Shear (ASTM D 6528) *specify conditions below	Electrical Resistivity (ASTM G 57)	Grain Size (ASTM D 422) Sieve Only / Sieve & Hydrometer please circle one	Incremental Consolidation (ASTM D 2435)	Moisture Content (ASTM D 2216)	Organic Content (ASTM D 2974)	Permeability/ Hydraulic Conductivity (Fixed Wall - ASTM D 2434) (Flexible Wall - ASTM D 5084) please circle one	Ph (ASTM D 4972)	Proctor Compaction (Standard – ASTM D 698) (Modified – ASTM D 1557) please circle one	Specific Gravity (ASTM D 854)	Triaxial Shear (UU – ASTM D 2850) (CU – ASTM D 4767) (CD – US COE EM1110) *specify conditions below please circle one	Unconfined Compression (ASTM D 2166)	Other: _____	Other: _____
1																				
2																				
3																				
4																				
5																				
6																				
7																				

\*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: _____

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