GeoTesting EXPRESS

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			Atterberg Limits (ASTM D 4318)	USCS – Classification (ASTM D 2487)	Grain Size: ASTM D 422 ☐ Sieve Only ☐ Sieve & Hydrometer ☐	Density: ASTM D 2937 ☐ ASTM D 7263 ☐	Moisture Content (ASTM D 2216)	Organic Content (ASTM D 2974)	pH (ASTM D 4972)	Specific Gravity (ASTM D 854)	Electrical Resistivity (ASTM G 57)	Proctor Compaction: Standard ñ ASTM D 698 ☐ Modified ñ ASTM D 1557 ☐	California Bearing Ratio * (ASTM D 1883)	Direct Shear* (ASTM D 3080)	Triaxial Shear* : UU ñ ASTM D 2850 ☐ CU ñ ASTM D 4767 ☐ CD ñ ASTM D7181 ☐	Incremental Consolidation* (ASTM D 2435)	Permeability/ Hydraulic Conductivity* : Fixed Wall ñ ASTM D 2434 ☐ Flexible Wall ñ ASTM D 5084 ☐	Unconfined Compression (ASTM D 2166)	Other:_____	Other:_____
Boring ID	**Sample ID**	**Depth**																			

*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:** / **TIME:**	**Received By:**	**DATE:** / **TIME:**
Relinquished By:	**DATE:** / **TIME:**	**Received By:**	**DATE:** / **TIME:**