

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:

**Interface Shear Instructions:**  **ASTM D5321**      **OR**       **ASTM D6243**

- 1. Test Type**       Isolated Interface       Multiple Interfaces ("floating") – skip to "3" below
- 2. Shear Plane**       Soil vs. Geosynthetic       Geosynthetic vs. Geosynthetic       GCL Internal (ASTM D6243 only)
- 3. Involving Soil?**      **a) Soil ID Name:**
- Compact to      % of maximum dry density at      %moisture content      OR       Compact with moderate effort
- GTX to perform Proctor test by:       ASTM D 698 - Standard      OR       ASTM D 1557 – Modified
- Client to provide Proctor test results (please attach results)
- 
- b) Soil ID Name (if necessary):**
- Compact to      % of maximum dry density at      %moisture content      OR       Compact with moderate effort
- GTX to perform Proctor test by:       ASTM D 698 - Standard      OR       ASTM D 1557 – Modified
- Client to provide Proctor test results (please attach results)
- 4. Geosynthetics**      **a) Geosynthetic ID & description:**
- (Please list manufacturer, product name, thickness, density, etc.)
- b) Geosynthetic ID & description (if necessary):**
- c) Geosynthetic ID & description (if necessary):**
- d) Geosynthetic ID & description (if necessary):**
- 5. Orientation**       Machine Direction       Cross Machine Direction
- Note specific side (top/bottom) of geosynthetic to be tested:
- 6. Conditioning**      **a) Conditioning of geosynthetic**
- Wetted by pouring water over entire specimen
- Wetted by spraying (misting) water over entire specimen
- As-received
- Other:

<b>7. Configuration</b>	<b>Test Profile – Top to Bottom (give sample IDs):</b> 1) 2) 3) 4) 5) 6) 7)
-------------------------	--

<b>8. Test Normal Load(s)</b> Typically at least 3	<b>Point 1</b>	<b>Point 2</b>	<b>Point 3</b>	<b>Point 4</b>	<b>Point 5</b>
<b>Normal Load Units (Select one)</b>	<input type="checkbox"/> lbs/ft <sup>2</sup> (psf)	<input type="checkbox"/> lbs/in <sup>2</sup> (psi)	<input type="checkbox"/> kPa	<input type="checkbox"/> Other:	

If there is a specific normal load application sequence, please describe:

<b>9. GCL Condition (if applicable)</b>	If GCL is to be hydrated under an applied normal load other than the test normal load prior to application of test normal load: Normal load = <input type="checkbox"/> lbs/ft <sup>2</sup> (psf) <input type="checkbox"/> lbs/in <sup>2</sup> (psi) <input type="checkbox"/> kPa <input type="checkbox"/> Other: Minimum duration = _____ hours
---	---

<b>10. Saturation condition</b>	<input type="checkbox"/> Inundated with water – interface is submerged in water prior to consolidation and through duration of shear <input type="checkbox"/> Spray wetted – interface surface is wetted with a spray bottle during placement but not submerged in water <input type="checkbox"/> Dry – no addition of water during placement or shear  Seating/consolidation time under test normal load prior to shearing = _____ hours
---------------------------------	---

<b>11. Shear Rate (Select one)</b>	<input type="checkbox"/> 0.04 in/min (1 mm/min)	<input type="checkbox"/> 0.2 in/min (5 mm/min)	<input type="checkbox"/> Other: Units: <input type="checkbox"/> in/min <input type="checkbox"/> mm/min
------------------------------------	---	--	---

<b>12. Special Instructions:</b>	
----------------------------------	--

<b>AUTHORIZE BY SIGNING AND DATING:</b>		
SIGNATURE: _____	PRINT NAME: _____	DATE: _____

<b>Relinquished by:</b>	<b>Date:</b>	<b>Received by:</b>	<b>Date:</b>
	<b>Time:</b>		<b>Time:</b>
<b>Relinquished by:</b>	<b>Date:</b>	<b>Received by:</b>	<b>Date:</b>
	<b>Time:</b>		<b>Time:</b>