AGGREGATE 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:

AGGREGATE			Calcium Carbonate Content of Aggregate (ASTM D 3042)	Flat and Elongated Particles* (ASTM D 4791)	LA Abrasion (Small sized aggregate) (ASTM C 131/T 96) *Provide 2 five gallon buckets	LA Abrasion (Large sized aggregate) (ASTM C 535) *Please provide 2 five gallon buckets	Lightweight Pieces in Aggregate (ASTM C 123/T113)	Organic Impurities in Fine Aggregate (ASTM C 40/T 21)	Percent Passing #200 Sieve (ASTM C 117/T 11)	Sieve Analysis for Coarse Aggregate (ASTM C 136/T27)	Soundness of Aggregate* (ASTM C 88/T 104)	Specific Gravity and Absorption of Coarse Aggregate (ASTM C 127/T 85)	Specific Gravity and Absorption of Fine Aggregate (ASTM C 128/T 84)	Total Moisture of Aggregate (ASTM C 566/T 255)	Unit Weight and Voids in Aggregate (ASTM C 29/T19)	Fractured Faces (ASTM D 5821)	Sand Equivalent (ASTM D 2419/T 176)	Void Content (ASTM C 1252)	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:**	**Received By:**	**DATE:**
	TIME:		**TIME:**
Relinquished By:	**DATE:**	**Received By:**	**DATE:**
	TIME:		**TIME:**