



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:	Contact:	Phone:	Contact:	Phone:
E-mail:	Cell:	E-mail:	Cell:	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 6913 Sieve Only Sieve & Hydrometer	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. Standard: ASTM D 698 Modified: ASTM D 1557	California Bearing Ratio * (ASTM D 1883)	Direct Shear* (ASTM D 3080)	Triaxial Shear * UU / ASTM D 2850 CU / ASTM D 4767 CD / ASTM D 7181	Incremental Consolidation* (ASTM D 2435)	Permeability/ Hydraulic Conductivity* Fixed Wall / ASTM D 2434 Flexible Wall / 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:	Received By:	DATE:
	TIME:		TIME:
Relinquished By:	DATE:	Received By:	DATE:
	TIME:		TIME: