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Name/Address/Phone for report:

cc: Name/Address/Phone for invoice: (or same as report)

| Project Name or P.O. # | | # of containers | Type of Container | As Received Gravimetric Moisture Content | Initial Soil Properties (density, moisture, porosity) | Saturated Hydraulic Conductivity (rigid wall or flexible wall) | Hydraulic Properties Package (HPP) with Flexible Wall Ksat | Hydraulic Properties Package (HPP) with Rigid Wall Ksat | Particle Size Analysis (wet sieve & hydrometer) | Proctor Compaction (standard or modified) | Specific Gravity, Fines | Specific Gravity, Coarse | Atterberg Limits | | | | | | | REMARKS | |
|------------------------|-----------------------|-----------------|-------------------|---|--|---|---|--|--|--|-------------------------|--------------------------|------------------|--|--|--|--|--|--|---------|--|
| DATE | SAMPLE IDENTIFICATION | | | | | | | | | | | | | | | | | | | | |
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| RELINQUISHED BY: (SIGNATURE) | DATE | RECEIVED BY: (SIGNATURE) | DATE | Comments: |
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