SOILS/SOIL-AGGREGATE
DOTD Form 03-22-0723

MATT MENU SELECTION - 14

Louisiana Department of Transportation and Development
SOILS/SOIL-AGGREGATE

DOTD 03-22-0723
2/94

Project No. 450-11-0002
Date Sampled 11-14-94
Purpose Code 3
Date Tested
From Station 248+50
Location 22' LT. C.L.
Hole No.
Depth, ft. 20.00 70.00
Item No. 203(01)

Material Code 420
Submitted By 0071
Pit No.
Ident. BS1
To Station 258+50

Lab. No.
Quantity
Spec Code 1
Parish No. 21

Sampled by: T. H.

Purp. Codes
1. Quality Control
2. Verification
3. Acceptance
4. Check
5. Resample
6. Source Approval
7. Design
8. Indep. Assurance
9. Pre.Source Appr.

Remarks 1

Hydrometer Analysis (DOTD TR 407) — Graduate No. ____ — Dry Wt of Sample, g (1=50.0, 2=100.0) ____

Time	Elapsed Time	Temp°C (0.5° increments)	Hydro Reading (0.5 increments)	Correction (0.5 increments)	Corrected Reading	% Finer	Effective Grain Size
	60 Minutes						
	120 Minutes						

RETAINED ON 40

Wt.Cup + Soil, g
Cup No.
Wt. Cup, g
Wt. Soil

RETAINED ON 200

Wt. Cup + Soil, g
Cup No
Wt. Cup, g
Wt. Soil

Size	Weight	%
Total,lb		
3/4, lb		
# 4, lb		
# 10, lb		
# 40, g		
#200, g		
% Silt		
% Clay & Colloids		
Pass #4		
Pass #10		

(DOTD TR 407)
% Retained 3/4
% Retained # 4
% Retained #10
% Retained #40
% Retained #200
% Silt (Tot Matl)
% Clay & Colloids
% Pass #10
% Pass #40
% Pass #200
% Sand (Tot Matl)
% Unadjusted Silt
% Unadjusted Sand

LIQUID LIMIT

No. Blows
Wt. Cup + Wet Soil, g
Wt. Cup + Dry Soil, g
Wt. Water
Factor
Cup No.
Wt. Cup, g
Wt. Dry Soil
% Moisture

PLASTIC LIMIT

Wt. Cup + Wet Soil, g
Wt. Cup + Dry Soil, g
Wt. Water
Cup No.
Wt. Cup, g
Wt. Dry Soil
% Moisture

% Organic Matter (TR 413)
Liquid Limit (TR 428)
Plasticity Index (TR 428)

Natural Moisture Content, % (TR 403)
Optimum Moisture Content, % (TR 418)
Maximum Density, lb/cf (TR 418)
Laboratory Compaction Method (TR 418)

% Cement (TR 432)
% Lime (TR 416)
% Fly Ash
% Other (Additive) Material Code ____ Percent ____

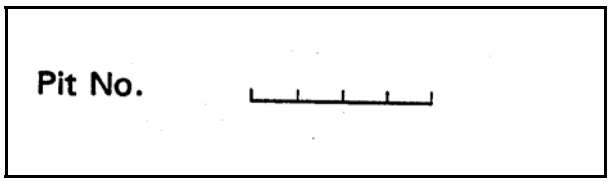
Soil Group (TR 423)
Classification (TR 423)

pH (TR 430)
Resistivity, ohm-cm (TR 429)
Classification Prefix (TR 423) (G=Grav, S=Shell)
(Required only if +No.10 material equals or exceeds 5%)

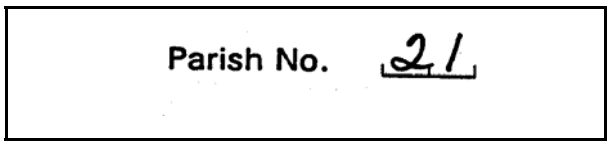
Remarks 2

Tested By: _____ Checked By: _____ APPROVED BY: _____
Date: _____ Date: _____ DATE: _____

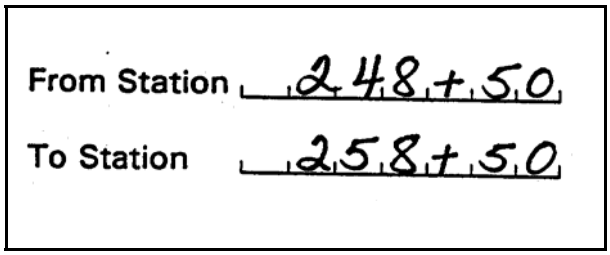
The Inspector/Technician need only be concerned with the Header Information portion of this form. The remainder of the form is completed by the tester in the laboratory. Refer to Sample Identification *(03-22-0800)* for recording general sample information.



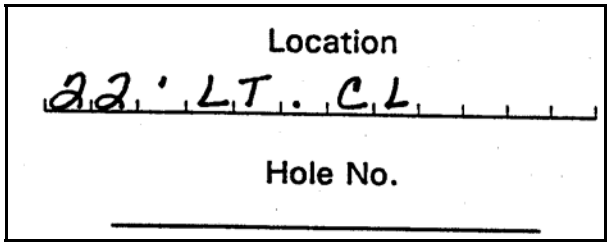
Identifies the Pit from which the sample was obtained. Four character alphanumeric field. Blanks are permitted, leading zeros may be omitted.



Identifies the Parish in which the sample was obtained. Two character numeric field. Blanks are permitted, leading zeros may be omitted.

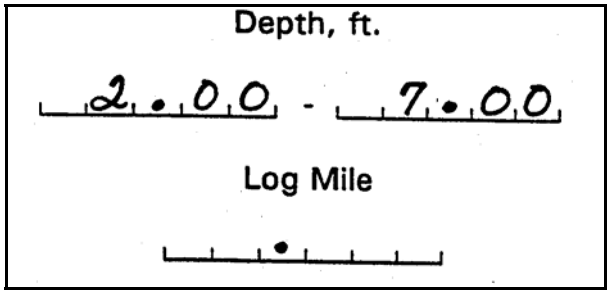


Alphanumeric. Station Nos. can be entered in any of the following formats:
9999+99 999+99 99+99 9+99
Use 'From Station' to indicate a specific station. Blanks are permitted, leading zeros may be omitted.



Identifies the Location from which the sample was obtained. Twelve character alphanumeric field. Blanks are permitted, leading zeros may be omitted.

Identifies the Hole No.



Identifies the Depth at which the sample was obtained (from - to). Reported in feet. Blanks are permitted, leading zeros may be omitted.

Identifies the Log Mile at which the sample was obtained. Blanks are permitted, leading zeros may be omitted.