



Materials and Testing

Soil Boring Request

Project Number: _____

Date Requested _____

Project Name: _____

Requested due date _____

Request submitted by: _____ District _____

Route _____

GPS Coordinates (Decimal Format)

Latitude _____

Longitude _____

Boring	CPT	Core
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Special Instructions _____

Note: Please provide with this request applicable pages of the plan showing the location(s).