LABORATORY LETTERHEAD HERE

School District: _____
Attn: _____
Address: _____
_____

DSA FILE # _____
DSA APPL. # _____
DSA / LEA # _____

COMPACTION TEST REPORT

Project Name: _____ **Project #:** _____ **ASTM Test Method:** _____

Project Location: _____ **Technician:** _____ **Report Date:** _____

LOCATION KEY

BF .....Backfill
BP .....Building Pad
FTG.....Footing
TR ..... Trench
WL ..... Retaining Wall

ELEVATION KEY

SG ..... Subgrade
FG..... Finish Grade
AB .....Aggregate Base
FSG .....Finish Subgrade
FAB .....Finish Agg. Base
BTM.....Bottom

TEST #	LOCATION	PROBE DEPTH	ELEV.	% MOIST.	DRY DENSITY	CURVE #	% REL. COMPACTION FIELD	% REL. COMPACTION SPECIFIED

Lab Curve #	Soil Type / Description	Optimum Moisture (%)	Max Dry Density (PCF)

REMARKS: _____

cc: Project Architect
Structural Engineer
Project Inspector
DSA Regional Office

DSA-201 Template (04/08)

Gauge # _____
Moisture Standard _____
Density Standard _____

The Material ☐ WAS ☐ WAS NOT SAMPLED AND TESTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

The Material Tested ☐ MET ☐ DID NOT MEET THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

_____
Signature

_____
Date

_____
Pint Name / Title