## 

## **DAILY COMPACTION TEST REPORT**

School District:					Attn:		Report Date:			
School D	istrict Addre	ss:							CA Zi	p:
Lab Facility/LEA #:					Exp. Date:Lab [		_Lab Doc #	Doc #:Lab Job #:		ob #:
				DSA APPL. #:					ILE #:	
Project Location:					Technician:					
TEST #	TEST DATE	SOIL TYPE #	LOCATION	ELEV.	MOIST %	<u>DENSI</u> DRY	<u>TY (pcf)</u>   MAX	REL. COMF	ACTION % SPEC.	REMARKS *
Soil Type #		Soil Type / Description					soil ss	Optimun Moisture (	n %)	Max Dry Density (pcf)

Soil Type #	Soil Type / Description	Class	Optimum Moisture (%)	Max Dry Density (pcf)

\* REMARKS: (1. Denotes Failing Test; 2. Denotes Passing Retest)

## ADDITIONAL COMMENTS (Form DSA 211) ATTACHED.

THE MATERIAL WAS WAS NOT SAMPLED AND TESTED IN ACCORDANCE WITH THE

REQUIREMENTS OF THE DSA-APPROVED DOCUMENTS.

## THE MATERIAL TESTED D MET DID NOT MEET THE REQUIREMENTS OF THE DSA-APPROVED DOCUMENTS.

See Retest #(s) <u>:</u>	Report Date(s):	Gauge #:	Moisture Standard:	Density Standard:	
Signature:				Date:	
Print Full Name:			Email:		
cc: DSA Regional Of	ffice, Project Architect, Structura	I Engineer, Project Inspector,	Contractor		
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