OFFICE OF GEOTECHNICAL SUPPORT
GEOTECHNICAL LABORATORY REQUEST FORM

GL

Project Name:	District - EA:	Comments:
	Project ID:	
	Phase:	
Sructure Number:	Reporting Code:	
	Sub Object:	
Office:	Acitvity	
	Sub Activity:	
Senior:		
	Special Desig:	
Senior Phone:		
	Dist-Co-Rte-PM:	T-101 No:
Staff:		
	Dates Samples Taken in Field:	
Staff Phone:	Start: End:	
Test Results Due Date:	Date Samples Submitted to Lab:	

	Number of Tests Requested
Unit Weight	
Moisture Content	
Specific Gravity	
Mechanical Analysis	
Plasticity Index	
Consolidation	
Triaxial - UU	
Triaxial - CUe	
Unconfined Compression	
Direct Shear	
Permeability - Falling Head	
Permeability - Constant Head	
Compaction Curve	
Shrinkage Limit	
Swell Pressure	
Swell Volume	
Point Load	
Expansion Index	
Sand Equivelant	
R-Value	
Corrosion	
Organic Content	
pH	
Cation Exchange	