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TIMELY ENGINEERING SOIL TESTS, LLC.



Chain of Custody

Company Name: _____ Billing address: _____
 Address: _____
 Report Sent to (Client Contact): _____ Contact Phone # _____ Fax # _____
 Project Name: _____ Project Number: _____ Client P.O. # _____

Sampler's Name (signature)		Sampler's Name (printed)		TESTS and ANALYSIS (AASHTO Accredited ASTM TEST METHOD*)																	E-mail		
				Std. Proctor, D698	Mod. Proctor, D1557	Moisture Content, D2216	Atterberg Limits, D4318	Specific Gravity, D854	Sieve Analysis, D6913	Sieve An. with Hydro, D422	# 200 Sieve, D1140/C117	Rigid Wall Perm, D2434	Flex. Wall Perm, D5084	CU Triaxial, D4767	UCS, D2166	Direct Shear, D3080	Consolidation, D2435-B	USCS, D2487	Sulfate, AASHTO T290	Chloride, AASHTO T291	pH, AASHTO T289	Resistivity, AASHTO T288	*If AASHTO or other METHOD required please INDICATE
Client Sample ID #	Sample Location	Sample Type	T.E.S.T. Lab. Sample ID #																		T.E.S.T. PROJECT #		
																					Remarks, Conditions, and Parameters of Testing		
Relinquished By	Date/Time	Received By	Date/Time	Special Requirements																			
Relinquished By	Date/Time	Received By	Date/Time																				