A-10 DENSITY TEST WORKSHEET

Project Name: _____
Project Number: _____
Guage ID Number: _____
Date: _____
Name: _____
Signature: _____

Test Date:				
Density Standard:				
Moisture Standard:				
Max Lab Dry Density:				
Optimum Moisture:				
95% of Max Lab Dry Density:				

Test Number	Date Tested	*Elevation	Lab Ref.	Probe Depth	Wet Density (PCF)	% Moisture	Dry Density (PCF)	Maximum Lab (PCF)	Compaction %	Remarks / Location

*Measured from Top of Subgrade