



Geotechnical Testing Request & Chain of Custody

Beyond PN: _____

PROJECT	Project Name:		Purchase Order No.:	
Client Project No.:				
CLIENT	Company:		Company:	
	Address:		Address:	
	City, State & ZIP:		City, State & ZIP:	
	Contact Name:		Contact Name:	
	E-mail:		E-mail:	
Phone:		Phone:		
		INVOICE (if different from Client)		

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 JosephChen@BeyondET.com
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DCN: Data-Test Request-1

Boring ID, Sample ID, & Depth	Moisture Content - ASTM D2216	Grain Size ASTM D422 <input type="checkbox"/> Minus #200 <input type="checkbox"/> Sieve & Hydrometer <input type="checkbox"/> ASTM C136 <input type="checkbox"/>	Unit Weight/ Density Drive Cylinder-ASTM D2937 <input type="checkbox"/> Lab Method-ASTM D 7263 <input type="checkbox"/>	Atterberg Limits - ASTM D 4318	Specific Gravity - ASTM D 854	Proctors Standard - ASTM D 698 <input type="checkbox"/> Modified - ASTM D 1557 <input type="checkbox"/>	California Bearing Ratio - ASTM D 1883	Unconfined Compression - ASTM D 2166	1-D Consolidation* - ASTM D 2435	Organic Content - ASTM D 2974	Direct Shear* - ASTM D 3080	Triaxial Compression* UU - ASTM D 2850 <input type="checkbox"/> CU - ASTM D 4767 <input type="checkbox"/> CD - ASTM D 7181 <input type="checkbox"/>	Permeability / Hydraulic Conductivity* Fixed Wall-ASTM D 2434 <input type="checkbox"/> Flexible Wall-ASTM D 5084 <input type="checkbox"/>	Carbonate Content - ASTM D 3042, Modified	Rapid Carbonate Content - ASTM D 4373	1-D Swell/Collapse Potential* - ASTM D4546	pH of Soil - ASTM D4972	Expansion Index of Soils - ASTM D4829	Other	Other	Other
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					

* Special Testing Instruction (remolded dry density, and moisture content, loading schedule, test normal loads, test confining stresses, etc.)

Authorization: _____
 Signature: _____ Printed Name: _____ Date: _____

Test Completed Date: _____
 Samples Toss Date: _____