

CLIENT		INVOICE (complete if different from Client)	
Company:		Company:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Contact:	Phone:	Contact:	Phone:
E-mail:	Cell:	E-mail:	Cell:
PROJECT			
Project Name:		Client Project #:	Purchase Order#:
Project Location:		GTX Sales Order #:	Requested Turnaround:
On-site Contact:		E-mail:	Phone:

Interface Shear Instructions: **ASTM D5321** **OR** **ASTM D6243**

- 1. Test Type** Isolated Interface Multiple Interfaces ("floating") – skip to "3" below
- 2. Shear Plane** Soil vs. Geosynthetic Geosynthetic vs. Geosynthetic GCL Internal (ASTM D6243 only)
- 3. Involving Soil?** **a) Soil ID Name:**
- Compact to % of maximum dry density at %moisture content OR Compact with moderate effort
- GTX to perform Proctor test by: ASTM D 698 - Standard OR ASTM D 1557 – Modified
- Client to provide Proctor test results (please attach results)
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- b) Soil ID Name (if necessary):**
- Compact to % of maximum dry density at %moisture content OR Compact with moderate effort
- GTX to perform Proctor test by: ASTM D 698 - Standard OR ASTM D 1557 – Modified
- Client to provide Proctor test results (please attach results)
- 4. Geosynthetics** **a) Geosynthetic ID & description:**
- (Please list manufacturer, product name, thickness, density, etc.)
- b) Geosynthetic ID & description (if necessary):**
- c) Geosynthetic ID & description (if necessary):**
- d) Geosynthetic ID & description (if necessary):**
- 5. Orientation** Machine Direction Cross Machine Direction
- Note specific side (top/bottom) of geosynthetic to be tested:
- 6. Conditioning** **a) Conditioning of geosynthetic**
- Wetted by pouring water over entire specimen
- Wetted by spraying (misting) water over entire specimen
- As-received
- Other:

7. Configuration	Test Profile – Top to Bottom (give sample IDs): 1) 2) 3) 4) 5) 6) 7)
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8. Test Normal Load(s) Typically at least 3	Point 1	Point 2	Point 3	Point 4	Point 5
Normal Load Units (Select one)	<input type="checkbox"/> lbs/ft ² (psf)	<input type="checkbox"/> lbs/in ² (psi)	<input type="checkbox"/> kPa	<input type="checkbox"/> Other:	

If there is a specific normal load application sequence, please describe:

9. GCL Condition (if applicable)	If GCL is to be hydrated under an applied normal load other than the test normal load prior to application of test normal load: Normal load = <input type="checkbox"/> lbs/ft ² (psf) <input type="checkbox"/> lbs/in ² (psi) <input type="checkbox"/> kPa <input type="checkbox"/> Other: Minimum duration = _____ hours
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10. Saturation condition	<input type="checkbox"/> Inundated with water – interface is submerged in water prior to consolidation and through duration of shear <input type="checkbox"/> Spray wetted – interface surface is wetted with a spray bottle during placement but not submerged in water <input type="checkbox"/> Dry – no addition of water during placement or shear Seating/consolidation time under test normal load prior to shearing = _____ hours
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11. Shear Rate (Select one)	<input type="checkbox"/> 0.04 in/min (1 mm/min)	<input type="checkbox"/> 0.2 in/min (5 mm/min)	<input type="checkbox"/> Other: Units: <input type="checkbox"/> in/min <input type="checkbox"/> mm/min
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12. Special Instructions:	
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AUTHORIZE BY SIGNING AND DATING:		
SIGNATURE: _____	PRINT NAME: _____	DATE: _____

Relinquished by:	Date:	Received by:	Date:
	Time:		Time:
Relinquished by:	Date:	Received by:	Date:
	Time:		Time: