PROCTOR TEST DATA SHEET

Date: _____   Project No.: _____

Project: _____

Sample No.: _____Elevation/Depth: _____Sample Length: _____

Location: _____

Description: _____
_____

Testing Remarks:_____
_____

Curve no.: _____   Type of Test: _____

% retained on 2 in. sieve: _____ % retained on # 4 sieve: _____ % passing # 200 sieve: _____

on 3/8": _____   on 3/4": _____

Specific Gravity: _____   Specific Gravity for ZAV Curve: _____   Fig. No.:_____

Specific Gravity of Oversize:_____   Moisture of Oversize:_____

Point No.	1	2	3	4	5	6
Wt.Mold + Soil:						
Wt. Mold:						
Tare No.						
Wt. Wet: #1						
Wt. Dry: #1						
Wt. Tare: #1						
Moisture #1						
Tare No.						
Wt. Wet: #2						
Wt. Dry: #2						
Wt. Tare: #2						
Moisture #2						
Wet Density:						
Avg. % Moisture:						
Dry Density:						