INTERFACE / INTERNAL SHEAR TEST CONFIGURATION
ASTM D5321 / ASTM D6243

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PROJECT NAME:_____

LOCATION:_____

	Material Description	Gripping Procedure	Interface Side	Origin of Material	Control #	Job #
Top Box						
Top Component						
Floating Component						
INTERNAL SHEAR OF GCL						
Floating Component						
Bottom Component						
Bottom Box		*for PGL use*			*for PGL use*	*for PGL use only*

SAMPLE PREPARATION:

Hydration of GCL: _____ hrs **Confining Pressure:** _____ psi / psf

Soil Condition: Maximum Dry Density: _____ Optimum Moisture Content: _____

Compact to: _____ at Moisture Content: _____

Please indicate if PGL will provide Proctor of SOIL? ☐ **YES** ☐ **NO**

If YES, What Test method? ☐ **Standard** ☐ **Modified**

INTERFACE SHEAR:

CONSOLIDATION : _____ hours at _____ **psi / psf** **OR** *(see below)*

☐ Drained ☐ Flooded ☐ Dry ☐ Wet / Spray

Apply load first before flooding.
Loads will be applied in step every 30 mins otherwise stated: _____

NORMAL LOADS:		**CONSOLIDATION :**			
1	_____ psi / psf	for_____	hrs	at	_____ psi / psf
2	_____ psi / psf	for_____	hrs	at	_____ psi / psf
3	_____ psi / psf	for_____	hrs	at	_____ psi / psf
4	_____ psi / psf	for_____	hrs	at	_____ psi / psf
5	_____ psi / psf	for_____	hrs	at	_____ psi / psf

SHEAR RATE: _____ in/ min

☐ Drained ☐ Flooded ☐ Dry ☐ Wet / Spray

NOTES: _____

REPORT & BILL TO:	**COPY REPORT TO:**	**COPY REPORT TO:**
Name:_____	**Name:**_____	**Name:**_____
Company:_____	**Company**:_____	**Company**:_____
Address:_____	**Address:**_____	**Address:**_____
_____	_____	_____
_____	_____	_____
Tel:_____	**Tel:**_____	**Tel:**_____
Fax:_____	**Fax:**_____	**Fax:**_____
E-Mail :_____	**E-Mail :**_____	**E-Mail :**_____