



Interface Friction Test Request Form / Chain of Custody

Client Company:

Project Name:

Project Number:

PO #:

TRI Job # (If Assigned)

Please include on all shipped materials

Report and Bill to

Name:

Phone:

E-mail:

Copy Report to

1 Name: E-mail:

2 Name: E-mail:

3 Name: E-mail:

Authorization / Signature

Name _____

Date _____

Please Complete and Submit the Attached Test Request Forms

Please call or email with questions 1-714-520-9631

Quoting/Initiation

Chad Blackwell cblackwell@tri-env.com

Project Management

Christian Sebastian (CA) csebastian@tri-env.com

Geotechnical Engineers

Jeffrey A. Kuhn, Ph.D., P.E. jkuhn@tri-env.com



TESTING, RESEARCH, CONSULTING AND FIELD SERVICES

TRI - TX | TRI - CA | TRI - SC | TRI - Australasia | TRI - China | TRI - S. Africa | TRI - Brazil

Client Company:

Project Name:

TRI Job # (If Assigned)

Please include on all shipped materials

System

- Landfill Cap / Final Cover System
- Landfill Base / Liner System
- Reservoir/Dam
- Other:

Profile

Component	GC	GCL	GM	GN	GT	Soil	Other	Description	
								Synthetic - Manufacturer - Material/Product, Sample ID	Orientation Notes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

*Deployed with the outside of the roll down unless otherwise instructed (Field not box orientation)

Total Number of Requested Interface Tests / Forms Attached



INTERFACE NUMBER _____ (One Form Per Interface)

TRI JOB # (If Assigned)

Client Company:

Project:

Contact:

			PO		
Name		e-mail		Phone	
CC e-mails					

Please include on all shipped materials

1 Components

Test Type Single Interface (First two lines Multilayer/Floating Other: _____

Manufacturer - Material/Product	Sample ID	Source*

*Field - Production, Manufacturer Production, Manufacturer Representative, etc.

2 If Soil is Involved

Tamp in Place

Client Provided Moisture Content and Density: _____% _____pcf

TRI to perform: ASTM D698 - Standard Proctor ASTM D1557 - Modified Proctor

Percent Compaction: _____ Moisture Content Relative to Optimum _____

TRI to Provide additional soil testing per attached soil COC / test request form

3 Normal Stresses Units psf psi kPa

1	2	3	4	5	6

4 Conditioning and Consolidation

Pre-hydration of GCL (if included) No Yes _____ psf psi kPa

Condition Wet/Flooded Dry Wet/Spray Other - Note Below

Loading Standard Step Ramp - Constant Rate Ramp - Constant Duration

Loading details / Special Conditioning Instructions(Time between step loads, ramping rate, etc.)

5 Consolidation/Seat Time Following the Completion of Loading

15 mins 1 Hour 2 Hours 24 Hours 48 Hours Other _____

6 Shearing Rate

0.2 ipm (5 mm/min) 0.04 ipm (1 mm/min) 0.004 ipm (0.1 mm/min)

ASTM D2435 - C_v Testing and Rate Determination Other: _____

7 Other Special Instructions (Alternate fluids, contaminated materials, non-standard testing, etc.)