

STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
DIVISION OF MATERIALS TESTING

Security ID Tag:

SEAL NO. 1: _____

SEAL NO. 2: _____

Project No.: _____ Route: _____

Town: _____ District No.: _____

Paving Contractor: _____ HMA Producer: _____

HMA Mix Size: _____ Level: _____ Inspector: _____

Design Lift Thickness: _____ Weather: (Temp) _____ Precipitation: Yes ☐ No ☐

Core Sample Label Lot (M or J)# - # <i>FORM 816 Section 4.06.03</i>	Date Placed	Date Sampled	Location (Station No. or Bridge No.)	Offset (ft)

Inspector Signature:

Contractor Rep. Signature:

If you have any questions or require further information,