

Company Name	Test Plan
	Issue Number

Test Plan

Project:

Job No:

Contract No:

I.T.P for:

Date:

Superintendent:

Testing Authority:

Compiled by:

Test Method:

Site Location	I.T.P	Testing Authority No.	Result %	Pass or Fail	Retest No.	Result %	Pass or Fail
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Sewer Backfill

95% Standard Maximum Dry Density

Zone 1	SBF 1						
Zone 2	SBF 2						
Zone 3	SBF 3						

Sewer Topzone

95% Standard Maximum Dry Density

Zone 1	ST 1						
Zone 2	ST 2						
Zone 3	ST 3						

Sewer Topzone Easement

95% Standard Maximum Dry Density

Zone 1	STE 1						
Zone 2	STE 2						
Zone 3	STE 3						

Sewer Connections Topzone

95% Standard Maximum Dry Density

Zone 1	SCT 1						
Zone 2	SCT 2						
Zone 3	SCT 3						

Sewer Connections Easement

95% Standard Maximum Dry Density

Zone 1	SCE 1						
Zone 2	SCE 2						
Zone 3	SCE 3						

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Site Location	I.T.P	Testing Authority No.	Result %	Pass or Fail	Retest No.	Result %	Pass or Fail
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Maintenance Hole Backfill

95% Standard Maximum Dry Density

Zone 1	MHB 1						
Zone 2	MHB 2						
Zone 3	MHB 3						

Maintenance Hole Topzone

95% Standard Maximum Dry Density

Zone 1	MHT 1						
Zone 2	MHT 2						
Zone 3	MHT 3						

Water Main Sand

100% Standard Maximum Dry Density

Zone 1	WMS 1						
Zone 2	WMS 2						
Zone 3	WMS 3						

Water Main Connections

100% Standard Maximum Dry Density

Zone 1	WMC 1						
Zone 2	WMC 2						
Zone 3	WMC 3						