TYPE A CERTIFICATION
FOR PROFILE WALL HDPE LINER PIPE

This certifies the Profile Wall HDPE Liner Pipe, _____ ,
(Product Trade Name)

of _____ *nominal diameter, manufactured by* _____
(size) *(Manufacturer Name)*

at _____
(Plant location, City & State)

is in accordance with the Indiana Department of Transportation Standard Specifications and ASTM F 894. This material is to be used for and by the following and is substantiated by the test results included herein.

Contract Number _____ *Contractor Name* _____

Identifying Print Line Information _____

or Lot Number _____

Material Destination (if other than contract location) _____

Test	***Method***	***Specification Limits***	***Test Results***
Resin Density	*ASTM D 3350*	*0.940, minimum*	
Resin Melt Index	*ASTM D 3350 Condition (190, 2.16)*	*0.4, maximum*	
*RSC**	*ASTM F 894 @ 3% Deflection*	*160 minimum for circular installations, 250 minimum for deformed installations*	
ID	*ASTM F 894*	**	
Wall Thickness (Pipe)	*ASTM F 894*	**	
Wall Thickness (Bell)	*ASTM F 894*	**	
Wall Thickness (Spigot)	*ASTM F 894*	**	
Flattening	*ASTM F 894*	*Pass*	
Length	*ASTM F 894*	*±2 in. of specified or nominal length*	

**In lieu of RSC, the PS (in accordance with ASTM F 894, X1) may be reported, provided the adjustment factor, C, in accordance with ASTM D 2412 and the mean diameter, D, are also reported.*
*** These values vary depending on the pipe size. Contractor shall include the appropriate value from ASTM.*

Joint Type (Circle one): Bell/Spigot Screw Type Grooved Press-On Butt Fused Ext. Welded

Other (specify) _____

_____ _____ _____
(Date) *(Signature of Manufacturer's Representative)* *(Title)*

TYPE A CERTIFICATION
FOR SOLID WALL HDPE LINER PIPE

This certifies the Solid Wall HDPE Liner Pipe, _____ ,
(Product Trade Name)

of _____ nominal diameter, manufactured by _____
(size) *(Manufacturer Name)*

at _____
(Plant location, City & State)

is in accordance with the Indiana Department of Transportation Standard Specifications and AASHTO M 326 or ASTM F 714. This material is to be used for and by the following and is substantiated by the test results included herein.

Contract Number _____ Contractor Name _____

Identifying Print Line Information _____

or Lot Number _____

Material Destination (if other than contract location) _____

Test	***Method***	***Specification Limits***	***Test Results***
Resin Density	*ASTM D 3350*	*0.940 – 0.955*	
Resin Melt Index	*ASTM D 3350 Condition (190, 2.16)*	*0.15, maximum*	
Liner OD	*AASHTO M 326*	*	
Liner Wall Thickness or ID	*AASHTO M 326*	*Nominal OD, in in., divided by 32.5, minimum (For 12 in. use 12.750 in. and for 13 in., use 13.375 in.) Given ID, subtract from OD provided and divide by 2 to determine wall thickness, then use spec above*	
Liner DR (Actual Calculated)	*AASHTO M 326*	*30.0, minimum*	
Length	*AASHTO M 326*	*minimum of 99% of specified length, or 1/2 in. less than specified length, whichever is shorter*	

* *These values vary depending on the pipe size. Contractor shall include the appropriate value from AASHTO.*

Joint Type (Circle one): Bell/Spigot Screw Type Grooved Press-On Butt Fused Ext. Welded

Other (specify) _____

_____ _____ _____
(Date) *(Signature of Manufacturer's Representative)* *(Title)*