

**INSTRUCTIONS FOR LISTING FALLING-WEIGHT
DEFLECTOMETER (FWD) TESTING REQUEST**

Please follow the format shown below to request FWD testing.

Date Route Project Location R.P. (Stations) Pavement Type Engineer in Charge

Date: The date you want the FWD testing to be performed.

Project Location: State this information to the nearest 0.1 km from one intersection, etc., to another. Include the county name.

R.P. (Stations): Reference Points in km + m (Pre-existing stations in english units, so that FWD testing technicians or operators can find the correct beginning point.)

Pavement Type: Include history such as asphalt over concrete, chip-and-seal over asphalt, etc.

Engineer in Charge: Name of engineer who will take charge of the FWD testing, with telephone number

EXAMPLE:

<u>Date</u>	<u>Route</u>	<u>Project Location</u>	<u>R.P. (Stations)</u>	<u>Pavement Type</u>	<u>Engineer in Charge</u>
9-07-03	41	2.6 km S. of SR 48 to 1.9 km N. of SR 246, Sulli- van & Vigo Cos.	4+241 to 7+360 (Sta. 139+50 to 241+46)	Asphalt over concrete	D.R. Researcher 765-555-1234

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TESTING REQUEST INSTRUCTIONS**

Figure 52-7A