FALLING-WEIGHT DEFLECTOMETER (FWD)
TESTING REQUEST

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 mi from one intersection, etc., to another. Include the county name.

R.P. (Stations): Reference Points in miles + decimals (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:

Date	Route	Project Location	R.P. (Stations)	Pavement Type	Engineer in Charge
10-21-05	US 41	1.6 mi south of SR 48 to 0.3 mi north of SR 246, Sullivan and Vigo counties	76+456 to 83+534 (Sta. 1142+33 to 1571+41)	Asphalt over Concrete	John Q. Inspector, 765-555-1234

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TESTING REQUEST AND INSTRUCTIONS

Click When Done Clear Data