
**SOURCE APPROVAL OF COARSE AGGREGATE
FOR PCC, CRUSHED STONE**

PART I: (PRODUCER REQUEST)

Producer: _____ Source Name: _____

Location: Sec ____ Twp ____ Rng ____ County: _____

Durability Class Requested: _____ Bed Nos.: _____

By: _____ Date: _____

PART II: (DISTRICT RECOMMENDATIONS)

By: _____ Date: _____

PART III: (CENTRAL OFFICE DETERMINATION)

Preliminary Approval: _____ Date: _____

Final Approval: _____ Date: _____

Beds: _____ Durability Class: _____ T203 Code No.: _____

**DATA SHEET
(QUARRIES)**

1. LEDGE TESTS:

Lab #	'A'	Abr	SpGr	Abs	PI	DF	Bed #
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2. PRODUCTION TESTS:

Lab #	'A'	Abr	SpGr	Abs	PI	DF	Remarks
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3. SERVICE RECORD:

Project Number	Year	County	Rte	MP	Condition
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4. SIMILAR SOURCES:

5. OTHER TESTS: