Date

New Jersey Department of Transportation

Local Aid Projects

HMA Testing Summary Report – State Aid

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project: | | |  | | | | | | | | | | | |  | | |
| Municipality: | | |  | | | | | | | | | | | |  | | |
| County: | | |  | | | | | | | | | | | |  | | |
| Supplier (Name & Plant): | | |  | | | | | | | | | | | |  | | |
| Contractor: | | |  | | | | | | | | | | | |  | | |
| Mix ID/Serial #: | | |  | | | | | | | | | | | |  | | |
| Lot Size: | | |  | | | Tons: | | | |  | | | | |  | | |
| Date Samples Taken At Plant: | | |  | | |  | | | |  | | | | | | | |
| **THIS TABLE TO BE COMPLETED BY THE INDEPENDENT TESTING AGENCY** | | | | | | | | | | | | | | | | | |
| **Analysis of Bituminous Concrete Lot #** | | | | | | | | | | | | | | | | | |
| Sample # | |  | | |  | | |  | | |  |  | |  | | | |
| Date Sampled: | |  | | |  | | |  | | |  |  | |  | | | |
| Density (% of Theoretical Max. Specific Gravity): | |  | | |  | | |  | | |  |  | | **Required Density: Min:** **Max:** | | | |
| Voids in Mineral Aggregate (VMA) % (minimum) Nominal Max. Aggregate Size (mm): | |  | | |  | | |  | | |  |  | | **VMA Nominal Max Aggregate Size Tolerance:** | | | |
| Dust-to-Binder Ratio: | |  | | |  | | |  | | |  |  | | **Allowable Range: Min:**  **Max:** | | | |
| Thickness: | |  | | |  | | |  | | |  |  | | **Allowable Range: Min:**  **Max:** | | | |
| Asphalt Content by Ignition Oven: | |  | | |  | | |  | | |  |  | | **Allowable Range: Min:**  **Max:** | | | |
| **TESTING LABORATORY INFORMATION HERE** | | | | | | | | | | | | | | | | | |
| Name and Address of Testing Laboratory: | | | | | | |  | | | | | | | | | |  |
| Date of AASHTO Accreditation: | | | |  | | | |  | Date of AASHTO Inspection: | | | |  | | | |  |
| Asphalt Technologist: |  | | | | | | | | | | | | | | | |  |
| *(Signature) - Asphalt Technologist must be certified by the Society of Asphalt*  *Technologists of New Jersey as an Asphalt Technologist, Level 2.* | | | | | | | | | | | | | | | | | |
| **INDICATE PROJECT ENGINEER APPROVAL HERE** | | | | | | | | | | | | | | | | | |
| Approved by: |  | | | | | | | | | | | | | | | |  |
|  | | *Signature - County/Municipal Engineer* | | | | | | | | | | | | | |  | |