

Company Name	Test Plan
	Issue Number

## Test Plan

Project:

Job No:

Contract No:

I.T.P for:

Date:

Superintendent:

Testing Authority:

Compiled by:

Test Method:

Site Location	I.T.P	Testing Authority No.	Result %	Pass or Fail	Retest No.	Result %	Pass or Fail
---------------	-------	-----------------------	----------	--------------	------------	----------	--------------

### Sewer Backfill

### 95% Standard Maximum Dry Density

Zone 1	SBF 1						
Zone 2	SBF 2						
Zone 3	SBF 3						

### Sewer Topzone

### 95% Standard Maximum Dry Density

Zone 1	ST 1						
Zone 2	ST 2						
Zone 3	ST 3						

### Sewer Topzone Easement

### 95% Standard Maximum Dry Density

Zone 1	STE 1						
Zone 2	STE 2						
Zone 3	STE 3						

### Sewer Connections Topzone

### 95% Standard Maximum Dry Density

Zone 1	SCT 1						
Zone 2	SCT 2						
Zone 3	SCT 3						

### Sewer Connections Easement

### 95% Standard Maximum Dry Density

Zone 1	SCE 1						
Zone 2	SCE 2						
Zone 3	SCE 3						

Date of Issue

Originator

Page

Date of Revision

Reference

Company Name	Test Plan
	Issue Number

Site Location	I.T.P	Testing Authority No.	Result %	Pass or Fail	Retest No.	Result %	Pass or Fail
---------------	-------	-----------------------	----------	--------------	------------	----------	--------------

**Maintenance Hole Backfill**

**95% Standard Maximum Dry Density**

Zone 1	MHB 1						
Zone 2	MHB 2						
Zone 3	MHB 3						

**Maintenance Hole Topzone**

**95% Standard Maximum Dry Density**

Zone 1	MHT 1						
Zone 2	MHT 2						
Zone 3	MHT 3						

**Water Main Sand**

**100% Standard Maximum Dry Density**

Zone 1	WMS 1						
Zone 2	WMS 2						
Zone 3	WMS 3						

**Water Main Connections**

**100% Standard Maximum Dry Density**

Zone 1	WMC 1						
Zone 2	WMC 2						
Zone 3	WMC 3						