
SOURCE APPROVAL FOR FINE AGGREGATE

PART I: (PRODUCER REQUEST)

Producer: _____ Source Name: _____

Location: _____ Sec _____ Twp _____ Rng _____ County: _____

By: _____ Date: _____

PART II: (SOURCE DESCRIPTION - By Producer)

Overburden: _____ Production Depth: _____ Above Water: _____

PART III: (PRODUCTION TESTS)

Lab #	F.M.	3/8"	#4	#8	#16	#30	#50	#100	#200	Shale	SpG
Target FM											

'L' Sands -Mtr Str	PSI
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PART IV: (DISTRICT RECOMMENDATIONS)

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Approved By DME: _____ Date: _____

PART V: (CENTRAL OFFICE DETERMINATION)

Approved: _____ Date: _____

T203 Code No.: _____
