
**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)

Geologic Section: _____ Date: _____

Approved By DME: _____ Date: _____

PART III: (CENTRAL OFFICE DETERMINATION)

Temporary Approval: _____ Date: _____

Preliminary Approval: _____ Date: _____

Final Approval: _____ Date: _____

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

**DATA SHEET
(QUARRIES)**

1. TEST RESULTS:

Lab Number	Bed(s)	Al ₂ O ₃	Pore Index	Quality #	A Frz	Abr	SpG	Abs

2. SERVICE RECORD:

Project Number	Year	County	Rte	MP	Condition

3. SIMILAR SOURCES:

4. OTHER TESTS: