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**\*\*\*\*THIS IS A NEW APPENDIX. – PLEASE READ CAREFULLY.\*\*\*\***

**IOWA DOT TEMPORARY AGGREGATE PRODUCTION FORM**

This form identifies temporary non-proportioned aggregate sources for use on a project bases. These locations do not require an A-number for identification. Test results indicating compliance with applicable Iowa DOT specifications must be attached (page 2).

Project Number \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

Project Description \_\_\_\_\_

Contractor or Producer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1.Source Location \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

2.Location Description \_\_\_\_\_

Intended Use

Granular Backfill                      Special Backfill                      Floodable Backfill                      Modified Subbase

Other \_\_\_\_\_

4.Gradation Number \_\_\_\_\_

5.Estimated quantities (in tons) \_\_\_\_\_

6.Description of any processing methods \_\_\_\_\_

District Materials Engineer \_\_\_\_\_ Date \_\_\_\_\_

Resident Construction Engineer \_\_\_\_\_ Date \_\_\_\_\_

**1. PRODUCTION GRADATIONS**

Lab Number	F.M.	3/8"	#4	#8	#16	#30	#50	#100	#200

**2. TEST RESULTS:**

Lab Number	Al <sub>2</sub> O <sub>3</sub>	A Frz	Abr	SpG	Abs	Shale	SpG

**3. DISTRICT RECOMMENDATIONS**