
County of Hamilton

City of Cincinnati

HAMCIN: CLSM

Engineering Data Report Form

The purpose of this form is for certification of CLSM mixtures for use in County of Hamilton and/or City of Cincinnati projects.

Date: _____
Mixture Name: _____
Producer Name: _____ Plant Location: _____
Name of Person Submitting: _____ Title: _____
Project Name: _____ Contractor's Name: _____
Test Firm Name: _____
Components of Mixture: _____ Source: _____
(Includes all admixtures and type) (Company and location)
Cement - Type I/II _____
Water _____
Admixture _____
Fly Ash - Type "F" _____
Dry Unit Weight: _____ pcf Wet Unit Weight: _____ pcf
30 Day Compression Strength: _____ psi 90 Day Compression Strength: _____ psi
Removability Modulus: (Calculated) RE = .10 RE = <1.0
Flow Test Results: _____ in. Yield: _____ cf
Permeability Coefficient: _____ cm/sec Electrical Resistivity: _____ ohms/cm
One Year Estimate/Actual Compression Strength: _____ psi
(One year after original certification the one year strength should be actual rather than calculated.)

Attach all test results.

For office use only	MIXTURE CERTIFICATION
Mixture Certification Number: _____	
Approved by: _____	Date: _____
Special Conditions for Use: _____	
