Date

New Jersey Department of Transportation

Local Aid Projects

HMA Testing Summary Report – State Aid

|  |  |  |
| --- | --- | --- |
| Project: |       |  |
| Municipality: |       |  |
| County: |       |  |
| Supplier (Name & Plant): |       |  |
| Contractor: |       |  |
| Mix ID/Serial #: |       |  |
| Lot Size: |       | Tons: |       |  |
| Date Samples Taken At Plant: |       |  |  |
| **THIS TABLE TO BE COMPLETED BY THE INDEPENDENT TESTING AGENCY** |
| **Analysis of Bituminous Concrete Lot #**       |
| Sample # |       |       |       |       |       |  |
| Date Sampled: |       |       |       |       |       |  |
| Density (% of Theoretical Max. Specific Gravity): |       |       |       |       |       | **Required Density:Min:** **Max:**  |
| Voids in Mineral Aggregate (VMA) % (minimum)Nominal Max. Aggregate Size (mm): |       |       |       |       |       | **VMA Nominal Max Aggregate Size Tolerance:**  |
| Dust-to-Binder Ratio: |       |       |       |       |       | **Allowable Range:Min:**  **Max:** |
| Thickness: |       |       |       |       |       | **Allowable Range:Min:**  **Max:** |
| Asphalt Content by Ignition Oven: |       |       |       |       |       | **Allowable Range:Min:**  **Max:** |
| **TESTING LABORATORY INFORMATION HERE** |
| Name and Address of Testing Laboratory: |       |  |
| Date of AASHTO Accreditation: |       |  | Date of AASHTO Inspection: |       |  |
| Asphalt Technologist: |  |  |
|  *(Signature) - Asphalt Technologist must be certified by the Society of Asphalt* *Technologists of New Jersey as an Asphalt Technologist, Level 2.* |
| **INDICATE PROJECT ENGINEER APPROVAL HERE** |
| Approved by: |  |  |
|  | *Signature - County/Municipal Engineer* |  |