

SOUTH DAKOTA
DEPARTMENT OF TRANSPORTATION

FILE NO. _____

SUPPLIER'S CERTIFICATION FOR CONTROLLED DENSITY FILL

PROJECT _____ COUNTY _____ PCN _____

SUPPLIER _____

ADDRESS _____

MIX DATA

_____ Lbs. Cement, Type _____, per cubic yard

_____ Lbs. Fine Aggregate per cubic yard

_____ Lbs. Fly Ash, Class _____, per cubic yard

_____ Lbs. _____ gallons of Water per cubic yard

_____ Oz. of CLSM performance additive per cubic yard

Source of Cement _____

Source of Fine Aggregate _____

Source of Fly Ash _____

CLSM performance additive

Product name and manufacture _____ (must be on APL)

I hereby certify the mix and all component materials supplied for Controlled Density Fill for use on the project indicated above meet the requirements of the South Dakota Department of Transportation. Materials and mixing are in conformance with Section 464 of the Standard Specifications, Plan Notes, and/or Special Provisions. (The Supplier is advised to confirm specific requirements regarding fine aggregate gradation, compressive strength, etc., by referring to contract documents.)

Supplier or Authorized Representative _____
(Signature)

Title _____

Date _____