Print Form | E-mail

TRIAXIAL COMPRESSION *(R and S)* TEST
PRELIMINARY CONSOLIDATION

For use of this form, see EM 1110-2-1906; the proponent agency is CECW-EG

PROJECT			DATE *(YYYYMMDD)*
BORING NUMBER	SAMPLE NUMBER	TEST NUMBER	
TYPE TEST	CONSOLIDATION PRESSURE		tons/sq. ft.

DATE (*YYYYMMDD*) TIME *(0001-2400)*	ELAPSED TIME MINUTES	BURETTE READING cc.	VOLUME CHANGE (ΔV) cc.	DIAL INDICATOR READING 10" in.	DATE (*YYYYMMDD*) TIME *(0001-2400)*	ELAPSED TIME MINUTES	BURETTE READING cc.	VOLUME CHANGE (ΔV) cc.	DIAL INDICATOR READING 10" in.

DIAL INDICATOR READING BEFORE CONSOLIDATION _____ in.

DIAL INDICATOR READING AFTER CONSOLIDATION _____ in.

CHANGE IN HEIGHT DURING CONSOLIDATION (ΔH_o) _____ in. = _____ cm.

REMARKS

DATE *(YYYYMMDD)*	TECHNICIAN

ENG FORM 3855, 1 JUN 1965 PREVIOUS EDITIONS ARE OBSOLETE. PLATE X - 5 D 4 1 5 1 7