



Illinois Department of Transportation

Moisture-Density Worksheet

Test ID No.: _____
 Date: _____
 Station: _____
 Offset: _____
 Depth: _____
 Sampled From Location: _____
 Soil Description: _____
 Remarks: _____

County: _____
 Section: _____
 Route: _____
 District: _____
 Contract No.: _____
 Job No.: _____
 Project No.: _____

Test Procedure (check one):
 Illinois Modified AASHTO T 99 Illinois Modified AASHTO T 180 Method (check one): A B C D
 Illinois Modified AASHTO T 134 Method (check one): A B
 For Illinois Modified Tests, refer to Manual of Test Procedures for Materials.

Starting Sample Dry Weight: _____ Mold Weight: _____ Mold Factor: _____

Target Moisture Content (%)	Added Water Weight (g)	Wet Soil in Mold Weight (g)	Pan No.	Pan Weight (g)	Wet Soil + Pan Weight (g)	Dry Soil + Pan Weight (g)	Water in Soil Weight (g)	Dry Soil Weight (g)	Actual Moisture Content (%)	Wet Density (pcf)	Dry Density (pcf)

RESULTS:
 Standard Dry Density (pcf): _____ Optimum Moisture Content (%): _____

AASHTO T 224 Coarse Particle Correction (if applicable):
 Standard Dry Density (pcf): _____ Optimum Moisture Content (%): _____

Test completed by: _____