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<th>QA %</th>
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<th>Target</th>
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<th>SSD M/</th>
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<th>Sample No.</th>
<th>IMF No.</th>
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</tbody>
</table>

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Note: QC to fax current form to QA Daily during production.

By providing this data under my signature AND/or NCAMS certification number.

I attest to the accuracy and validity of the data contained on this form AND certify that no deliberate misrepresentation of test results in any manner has occurred.

I, [Signature], am responsible for the accuracy and validity of the data contained on this form. By providing this data under my signature AND/OR NCAMS certification number, I attest to the accuracy and validity of the data contained on this form AND certify that no deliberate misrepresentation of test results in any manner has occurred.

Plant Location: ______________________

Contractor: ______________________

Project Number: ______________________

Type Mix: ______________________

Min % Compaction Achieved: ______________________

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

GCGC-5 (Revised) 12-19-02