## NORTH CAROLINA DEPARTMENT OF TRANSPORTATION MIX DEFICIENCY PAY FACTOR / RETEST FORM

PROJECT NO:
DATE PRODUCED:
CONTRACTOR:
TYPE MIX/JMF:
INDIVIDUAL TEST LIMIT:
JMF TARGET:
TEST RESULTS:
$\qquad$
$\qquad$
$\qquad$
QC =
QA = $\qquad$

If necessary, $\mathrm{DR}=$ $\qquad$
Are test results within PAY ADJUSTMENT criteria?
If YES to \#1, what is the Pay Factor adjustment?
If NO to \#1, has Contractor requested Retest option?
If YES to \#3, complete RETEST section below.
If NO to \#3, then "Remove and Replace" or apply Article 105-3 as directed by Project Engr.
Penalty:


PROJECT ENGINEER'S FINAL ACTION
The $\qquad$ \% pay factor specified above was applied on Estimate Number $\qquad$ Dated $\qquad$ Deficiency Location: NOTE: For any mix accepted under Article 105-3, provide penalty assessed and justification: $\qquad$

Signature:
Original To: Project Engineer

## State Asphalt Design Engineer

* Contractor must be notified in writing by Project Engineer of any adjustment / action within 30 calendar days of original QC test.

State Pavement Construction Engineer
QA Supervisor
Division Construction Engineer
Area Roadway Engineer

