

## FIELD REPORT FOUNDATION DEPARTMENT

PROJECT NAME:	PROJECT #:
PROJECT LOCATION:	SUMMIT REPRESENTATIVE: Lolly
DATE:	PRESENT AT SITE:
CLIENT/CONTRACTOR:	MILEAGE:
WORK PERFORMED:	TOTAL TIME:
AS REQUESTED, SUMMIT REPRESENTATIVE REPORTED TO THE ABOVE REFERENCED SITE TO EVALUATE NEAR SURFACE	
FOUNDATION BEARING MATERIALS FOR THE PROPOSED.	
LOT/BUILDING NUMBER:	
Address:	
PERMIT NUMBER:	
OUR TESTING AND OBSERVATIONS INDICATE THAT THE SOILS TESTED BY SUMMIT (ARE / ARE NOT) SUITABLE FOR THE	
MINUM IM ALLOWED DEADING CATALOGUE	
ACTION REQUIRED:	
RETURN VISIT REQUIRED: YES/NO SIGNED (SU	MMIT)
SIGNED (CLIENT/CONTRACTOR IE REQUIRED)	

## ENGINEERING · LABORATORY · TESTING