



TRI Log # (If Assigned)

Client Company:

Empty text box for Client Company

Project Name:

Empty text box for TRI Log #

Please include on all shipped materials

System

- Landfill Cap / Final Cover System
- Landfill Base / Liner System
- Reservoir/Dam
- Other:

Profile

Component	GC	GCL	GM	GN	GT	Soil	Other	Description	
								Synthetic - Manufacturer - Material/Product, Sample ID	Orientation Notes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

*Deployed with the outside of the roll down unless otherwise instructed (Field not box orientation)

Total Number of Requested Interface Tests / Forms Attached

Empty text box for Total Number of Requested Interface Tests / Forms Attached