

STATE OF TENNESSEE

# DEPARTMENT OF TRANSPORTATION

**materials & tests Division**

6601 Centennial boulevard

nashville, tennessee 37243-0360

(615) 350-4100

**PRESTRESSED CONCRETE PRODUCT(S) EARLY SHIPMENT REQUEST**

REGIONAL SUPERVISOR

As a representative of COMPANY NAME*,* I hereby certify that all prestressed products listed in this submittal have achieved the concrete mixture design strength. I formally request that TDOT Materials and Tests visual inspect the prestressed products listed in this submittal in accordance with Standard Operating Procedure (SOP) 1-1: Quality Assurance Program for the Sampling and Testing of Materials and Products, Part 2. Additional information is provided below:

|  |  |  |
| --- | --- | --- |
| Date: |  | 6/1/2023 |
| Region: |  | Region 3 |
| County: |  | Davidson |
| Contract Number: |  | CNX 001 |
| Concrete Producer: |  | TDOT Ready Mix Group |
| Plant Location: |  | Nashville |
| Date of Pour: |  | 5/25/2023  |
| Requested Age of Shipment: |  | 10 days |
| Quality Control Cylinders Strength: |  | 7200 psi  |
| Design Number: |  | 239999 |
| Mix Design Strength: |  | 6000 psi |
| Product Design Strength: |  | 6000 psi |
| Volume Represented by Cylinders (yd3): |  | 5 |
|  Additional Documentation Attached: |  |  |
|  |  |  |

Please see the attached documentation – including the batch ticket for the day of the pour, corresponding quality control data breaks, Form DT-0283, and Form DT-0289.

Please contact me with any further questions or concerns.

Sincerely,

**NAME OF REPRESENTATIVE**

**COMPANY NAME**