

**SOURCE APPROVAL FOR REVETMENT STONE**

**PART I: (PRODUCER REQUEST)**

Producer: \_\_\_\_\_ Source Name: \_\_\_\_\_  
 Location: \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rng \_\_\_\_\_ County: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_  
 T203 code: \_\_\_\_\_

**PART II: (REVETMENT MATERIALS)**

Geologic Section: \_\_\_\_\_ Date: \_\_\_\_\_

| Beds  | A                        | B                        | C                        | D                        | E                        |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Material meeting the specifications for any of the revetment classes can be certified for use as Erosion Stone or Gabion stone. Otherwise meet the requirements of Article 4130.03 through 4130.08 as appropriate.

**PART III: (TEST RESULTS OR SERVICE HISTORY/ TEST PLOT INFORMATION)**

| Lab Number | Bed Description | Pore Index | AI203 | A Frz | C Frz | Abr |
|------------|-----------------|------------|-------|-------|-------|-----|
|            |                 |            |       |       |       |     |
|            |                 |            |       |       |       |     |
|            |                 |            |       |       |       |     |
|            |                 |            |       |       |       |     |

SERVICE HISTORY OR TEST PLOT LOCATION(S), YEAR(S), AND DETAILS:

**PART IV: (DISTRICT RECOMMENDATIONS and CENTRAL APPROVAL)**

District Recommendations:

Approved By DME: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved By Central \_\_\_\_\_ Date: \_\_\_\_\_  
 Final Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved By Central \_\_\_\_\_ Date: \_\_\_\_\_  
 Preliminary Approval: \_\_\_\_\_ Date: \_\_\_\_\_