

**DELAWARE DEPARTMENT OF TRANSPORTATION
MATERIALS AND RESEARCH**

HOT-MIX REQUEST FOR COMPACTION WAIVER

DATE REQUEST SUBMITTED: _____

DATE PLACED: _____

CONTRACT #: _____

PLANT NAME: _____

MIX ID: _____ **MIX TYPE:** _____

TONNAGE PLACED: _____

LOCATION DESCRIPTION & NUMBER: _____

INSPECTOR'S NAME: _____

INSPECTOR'S PHONE #: _____

AREA ENGINEER: _____

DISTRICT: **SOUTH I** **SOUTH II** **NORTH I** **NORTH II**

REASON FOR EXEMPTION: _____

COMMENTS: _____

PHONE NUMBERS:

M & R LAB: (302) 760-2400
AL STRAUSS: (302) 760-2464
 (302) 242-8515
ROBIN DAVIS: (302) 760-2388

