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CONSOLIDATION TEST

(Time Consolidation Date)

For use of this form, see EM 1110-2-1906; the proponent agency is CECW-EG.

1. DATE *(YYYYMMDD)*

2. PROJECT

3. BORING NUMBER | 4. SAMPLE NUMBER | 5. CONSOLIDATION NUMBER

6. DATE *(YYYYMMDD)* AND PRESSURE	a. TIME *(0001-2400 hours)*	b. ELAPSED TIME, MINUTES	c. DIAL READING 10^{-4} INCHES	d. TEMP. °C	6. DATE *(YYYYMMDD)* AND PRESSURE	a. TIME *(0001-2400 hours)*	b. ELAPSED TIME, MINUTES	c. DIAL READING 10^{-4} INCHES	d. TEMP. °C

7a. TECHNICIAN *(Last, First MI)* | b. DATE *(YYYYMMDD)* | c. TECHNICIAN'S SIGNATURE