

Koy Concrete, Ltd.

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Concrete Mix Design Request

Date Required: _____

Submit Designs To: _____

Customer Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

Project Name: _____

Project Location: _____

Type of Project (Residential, Commercial, Paving, State or Municipal): _____

QC Testing Lab, if any: _____ Phone: _____

Who's specifications are required? _____

List or Attach Any Required Specifications

	Mix Use	Min Cementitious Content	Required 28 Day Strength	Max Fly Ash % Allowed & Type	Agg Size & Type	W/C Ratio	Slump Range	Air Y/N	Admix
1									
2									
3									
4									
5									
6									

Which flexural strength spec is used, if any? Center point (C-293) Third point(C-78)

Is there a product time limit on this project? _____

Is there a temperature constraint on this project? _____

Concrete Placement Start Date: _____ Finish Date: _____

What is the approximate number of cubic yards required? _____

List all other special requirements of the project or the mix design. _____

