

## CERTIFICATION OF CONCRETE QUALITY

Facility Name: \_\_\_\_\_

Facility ID: \_\_\_\_\_

Concrete Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_

I hereby certify, to the best of my knowledge, the concrete mixed and delivered to the aforementioned project met or exceeded the minimum compressive strength (28 day) and quality control requirements as stated in the facility's Department approved construction plan. Below is a listing of the concrete mixed and delivered by our company to the aforementioned project.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Concrete Company Representative Signature* *Date*

Concrete Mix Load Identification	Delivery Date	Quantity (yd <sup>3</sup> )	Minimum Compressive Strength (28-day)

Submit to: Illinois Department of Agriculture  
 Livestock Management Facilities Program  
 P.O. Box 19281 -- State Fairgrounds  
 Springfield, IL 62794-9281  
 217/785-2427  
 217/524-4882 (fax)

