

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 ³)	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)

