





CONCRETE OVERLAY ANALYSIS FORM



PROJECT NAME _____ PROJECT ADDRESS _____
 PROJECT CONTACT PERSON _____ DATE _____
 PHONE NUMBER _____ E-MAIL _____

Is this a parking lot or road? _____ How long would you like the concrete overlay to last?

Circle One: 10 years 15 Years 18 years 20 years

Existing Asphalt Design	Auto Use Area (Light Duty)	Truck Use Area (Heavy Duty)	Other Area _____
Surface Course (in.)			
Binder Course (in.)			
Granular Subbase (in.)			
Soil treated (Y or N)			
Soil Type (c)lay , (b)lack dirt, (s)andy or (g)ravelly			
Approx. Traffic Nos. (If known)	Auto Use Area (Light Duty)	Truck Use Area (Heavy Duty)	Other Area _____
Heavy Trucks 			
Medium Trucks 			
Autos 			
Special Vehicles: 			
Model _____ Type _____ Capacity _____			

Please give a description of the type of business this concrete overlay is for. Please note any type of vehicles other than cars that drive on this pavement like forklifts, loaders, garbage trucks.

Special vehicles? (loaders, conveyors, garbage trucks, fire trucks, etc.) _____ Nos. _____

(D,M,Y) Model _____ Type _____ Capacity _____

Person Making Sales Call: _____ Company: _____

Phone: _____ Email: _____

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Please describe the condition of the current asphalt parking lot or road. In your description highlight how many potholes or ruts or cracking there is in the pavement along with any other issues in the pavement that you think would help us understand the quality and shape that this pavement is in. Please also take some pictures of distressed areas in the asphalt pavement that you may think we should consider when designing the concrete overlay pavement. You can email or text those pictures to Theron Tobolski at 708.473.0117 or ttobolski@irmca.org.

If you have any questions or would like a concrete overlay pavement design please contact:

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Illinois Ready Mixed Concrete Association
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Email ttobolski@irmca.org
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