

## **Preliminary Design Request Form**

Date  Customer/Project Information				
1) Customer Name	Phor	ne	Fax	
Address				
□ Wall Contractor □ DIY Homeowner □				
2) Project Name	=			
Address				State
Type: ☐ Residential ☐ Commercial ☐ M		ther		
3) Ideal Dealer				
4) Engineer/Designer	Phone		Fax	
5) Stamped Engineering Needed? ☐ Yes ☐ N	No	_		
Wall Information			<ul><li>X Foundation Soil (</li><li>▼ Reinforced Soil</li></ul>	(under leveling pad)
1) Retaining Wall Unit:	□ Roman Pisa	□ Fat Face	Retained Soil	
2) Exposed Height of Wall: Feet Cours	rses	-	∼ Base/Leveling Pa	ıd
3) Total Height of Wall: Feet Cours		I 1		0.0000
Is your retaining wall project multi-tiered or terraced?	☐ Yes	□ No	ļ	
Soils Information - Is a soils report available?   Ye	e □No	[ ]		▼ ▼ ▼ 0 0 0 0
	Types: (a, b or c)	<b>)</b>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•	Granular- sand & gr	·	<u> </u>	
Retained Soil b: Cl	clay – plastic silts &	k clay (slick)	<u></u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Foundation Soil c: Or	rganic – Ioam & pe	eat		\  \  \  \  \  \  \  \  \  \  \  \  \  \
2) Indicate Type of Base/Leveling Pad		Ī	ļ	<b>* * * * * * * * * *</b>
☐ Sand ☐ Processed Gravel/Crusher Run ☐ Gap-c	-	tone		▼ ▼ ▼
☐ Other (describe)				▼ ▼ ▼
Slope & Surcharge:		Ī	×	
1) Indicate Type of Surcharge or Load at TOP of Wall:		Ī 1	X X X X X X X X X X X X X X X X X X X	0 0 0
☐ Lawn or grassy area ☐ Auto parking/Light traffic	☐ Truck parking/F	Highway traffic	x x x x x x x x x x x x x x x x x x x	x x x x 0 0 0
<ul><li>2) Slope at BOTTOM/FRONT of Wall - see diagram:</li><li>a) Is there a slope in front of the wall? □ No □ Yes:</li></ul>	angle of slope (ex	ــــ د. 2 horizontal:1 vertica	al) Horizontal —	— Vertical —
3) Slope at TOP of Wall - see diagram:				
a) Is there a slope at top of the wall? ☐ No ☐ Yes: a			•	
b) Is the slope height greater than 2 times the height of	of the wall? ☐ Yes	☐ No - indicate the	slope height (ft)	
	Slope Height Slope Angle			
_1	Slope Height Slope Angle Vertice Horizontal	cal		
	<b>7</b>			
	1			
	1			
Slope in Front?				
4) Is internal or external water involved?	□ NO			
Return copies of preliminary designs by: □ Fax: _		☐ Email: _		
Name:				
Address:	City:		State:	Zip:
By submitting this form I acknowledge that the information t				
professional engineer and the final determination	on of the suitability	of the information is τ	he user's responsi	oility.
Information Supplied by (please print)				
Signature (required)				