

**CUSTOMER/PROJECT INFORMATION**

1) Customer Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Wall Contractor  DIY/Homeowner  Arch/Engr  Other \_\_\_\_\_

2) Project Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Type:  Residential  Commercial  Municipal  Other \_\_\_\_\_

**DEALER/ENGINEER INFORMATION** (IMPORTANT: Design will be coordinated with dealer.)

1) Dealer Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Contact person \_\_\_\_\_ Contact email \_\_\_\_\_

2) Engineer/Designer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

3) Stamped Engineering Needed?  Yes  No

**WALL INFORMATION**

1) Retaining Wall Unit: \_\_\_\_\_  
 2) Exposed Height of Wall: Feet \_\_\_\_\_ Courses \_\_\_\_\_  
 3) Total Height of Wall: Feet \_\_\_\_\_ Courses \_\_\_\_\_  
 Is your retaining wall project multi-tiered or terraced?  Yes  No

**SOILS INFORMATION** Is a soils report available?  Yes  No

1) Indicate Type of Soil (See KEY & diagram)  
 Reinforced Fill \_\_\_\_\_  
 Retained Soil \_\_\_\_\_  
 Foundation Soil \_\_\_\_\_

**KEY For Soil Types: (a, b or c)**  
 a: Granular- sand & gravel (gritty)  
 b: Clay – plastic silts & clay (slick)  
 c: Organic – loam & peat

2) Indicate Type of Base/Leveling Pad  
 Sand  Processed Gravel/Crusher Run  Gap-graded Crushed Stone  
 Other (describe) \_\_\_\_\_

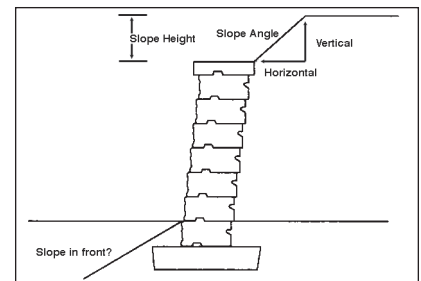
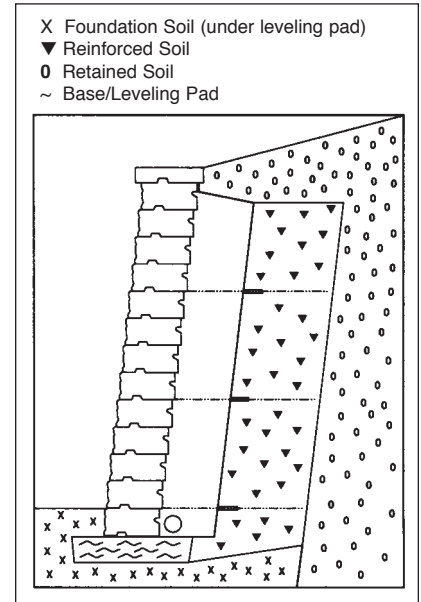
**SLOPE & SURCHARGE**

1) Indicate Type of Surcharge or Load at TOP of Wall:  
 Lawn or grassy area  Auto parking/Light traffic  Truck parking/Highway traffic

2) Slope at BOTTOM/FRONT of Wall - see diagram:  
 a) Is there a slope in front of the wall?  No  Yes: Angle of slope (ex. 2 horizontal:1 vertical) Horizontal \_\_\_\_\_ Vertical \_\_\_\_\_

3) Slope at TOP of Wall - see diagram:  
 a) Is there a slope at top of the wall?  No  Yes: Angle of slope (ex. 2 horizontal:1 vertical) Horizontal \_\_\_\_\_ Vertical \_\_\_\_\_  
 b) Is the slope height greater than 2 times the height of the wall?  Yes  No - indicate the slope height (ft) \_\_\_\_\_

4) Is internal or external water involved?  YES  NO



Return copies of preliminary designs by:  Fax: \_\_\_\_\_  Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*By submitting this form I acknowledge that the information to be provided is not intended to replace a site specific design performed by a professional engineer and the final determination of the suitability of the information is the user's responsibility.*

Information Supplied by (please print): \_\_\_\_\_  
 Signature (required) \_\_\_\_\_