Preliminary Design Request Form

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 _______________________________________

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/FRON T 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) ____________________________________________________________