

Signature (required) _

Preliminary Design Request Form Date_

1) Customer Name	Phone	Fax
Address		State
☐ Wall Contractor ☐ DIY/Homeowner ☐ Arch/Engr		
2) Project Name		
Address	City	State
Type: 🛘 Residential 🗘 Commercial 🗘 Municipal	Other	
DEALER/ENGINEER INFORMATION (IMPORTANT: Desig	n will be coordinated wi	th dealer.)
1) Dealer Name	Phone	
Contact person		
2) Engineer/Designer		
3) Stamped Engineering Needed? ☐ Yes ☐ No		
WALL INFORMATION		
		X Foundation Soil (under leveling pad) ▼ Reinforced Soil
1) Retaining Wall Unit:		O Retained Soil Base/Leveling Pad
	ses	0
-	ses s	
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SOILS INFORMATION Is a soils report available?	s 🖵 No	
1) Indicate Type of Soil (See KEY & diagram)	oil Types: (a, b or c)	
Reinforced Fill a: Granular-	sand & gravel (gritty)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Retained Soil b: Clay – pla	stic silts & clay (slick)	1
Foundation Soil c: Organic –	loam & peat	
2) Indicate Type of Base/Leveling Pad		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
☐ Sand ☐ Processed Gravel/Crusher Run ☐ Gap-graded Cr	rushed Stone	
☐ Other (describe)		× × × 50
SLOPE & SURCHARGE		x x x x x x x x x x x x x x x x x x x
1) Indicate Type of Surcharge or Load at TOP of Wall:		X X X X X X X X X X X X X X X X X X X
☐ Lawn or grassy area ☐ Auto parking/Light traffic ☐ Truck park	king/Highway traffic	
2) Slope at BOTTOM/FRONT of Wall - see diagram:		Slope Height Slope Angle Vertical
a) Is there a slope in front of the wall? ☐ No ☐ Yes: Angle of sl	ope (ex. 2 horizontal:1	Horizontal
vertical) HorizontalVertical		
3) Slope at TOP of Wall - see diagram:a) Is there a slope at top of the wall? □ No □ Yes: Angle of slope	0	
(ex. 2 horizontal:1 vertical) Horizontal Vertical	C	
· ·	IVoo DiNo indicata	Slope in front?
b) Is the slope height greater than 2 times the height of the wall? the slope height (ft)	u res ⊔ino-indicate	
4) Is internal or external water involved? YES NO		
Return copies of preliminary designs by: Fax:		Email:
Name:		
Address:	/ IT\/'	State. (in: