



GEOWEB® EARTH RETENTION SYSTEM REQUEST FOR PROJECT EVALUATION

*For preliminary evaluation, complete this form and fax to your Presto Geosystems distributor/representative or Presto Geosystems. Items marked with a * are required to proceed with a preliminary evaluation.*

Project Information

*Project Name _____

*City _____ *State/Province _____

*Country _____ Estimated Geoweb® Area _____ m² (ft²)

*Describe problem to be solved by the Geoweb system: _____

Person Requesting Information

*Relationship with Project (check one)

<input type="checkbox"/> Primary Consulting Engineer	<input type="checkbox"/> Sub to Primary Consulting Engineer
<input type="checkbox"/> Primary Architect	<input type="checkbox"/> Sub to Primary Architect
<input type="checkbox"/> Primary Contractor	<input type="checkbox"/> Sub to Primary Contractor
<input type="checkbox"/> Project Owner	<input type="checkbox"/> Other (explain) _____

*Company _____

*Contact Name _____

*Address _____

*City _____ *State/Province _____ *Zip/PC _____

*Phone _____ *Fax _____ Email _____

Presto Geosystems Distributor / Representative Information

Company _____

Contact _____

Office Location _____ Distributor /Rep Project # _____

PRESTO GEOSYSTEMS
670 N PERKINS STREET, APPLETON, WISCONSIN, USA 54914
Ph: 920-738-1328 or 800-548-3424 ■ Fax: 920-738-1222
e-mail: INFO@PRESTOGEO.COM WWW.PRESTOGEO.COM

Design Information

What is the wall height?

*Maximum _____ m (ft) Minimum _____ m (ft)

What wall geometry is desired?

Single Height without terraces Terraced _____ number of levels

***What is the front face batter?**

_____ degrees from vertical OR _____ H:V

What is the wall type desired?

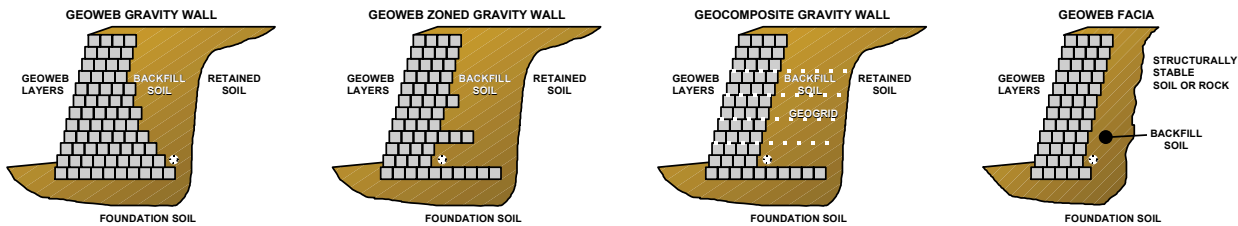
Gravity Wall Geosynthetic reinforced Wall
 Zoned Wall Stacked Facia

If a Geosynthetic reinforced wall is desired,

Reinforcement Type _____

OR Product Line / Manufacturer _____

Long-term Design Strength _____ kN/m (lb/ft)



***What is the surcharge on top of the wall?**

None Building (value _____)
 Automobile only Other (value _____)
 Highway

Distance from front face of wall to surcharge _____ m (ft)

What are the backslope details, if any?

Angle of backslope _____ H:V Length of backslope _____ m (ft)

For earth retention structures designed for earthquake loading:

What is the peak ground acceleration coefficient? _____

***Exposed face cell infill**

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Top Soil / Vegetation | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Stone / Crushed Rock | <input type="checkbox"/> Other _____ |

Wall face color desired

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Tan Facia | <input type="checkbox"/> Black Facia _____ |
| <input type="checkbox"/> Green Facia | Other _____ |

Alternative wall designs considered

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Slope |
| <input type="checkbox"/> Modular Block | <input type="checkbox"/> Other _____ |

Logistics Information

- 1) **Deadline Dates:** Preliminary Design Needed By _____
 Projected Bid Date _____ Planned Construction Startup _____
- 2) Approvals / Certifications Required by: List Agency(ies) _____

Basic Earth Retention System Definitions

