

GEOSTONE™

RETAINING WALL SYSTEMS

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Modular Retaining Wall Design Request

Please fill out form below to the best of your ability and submit to your local GeoStone / SiteOne representative.

Which Wall Product Will You Be Using?

G12:8 - 8"x18"x12" - 75 lbs ☐ G12:4 - 4"x18"x12" - 36 lbs ☐
G10:8 - 8"x18"x10" - 55 lbs ☐ _____ ☐

Name: _____ Company: _____

Phone #: _____ email: _____

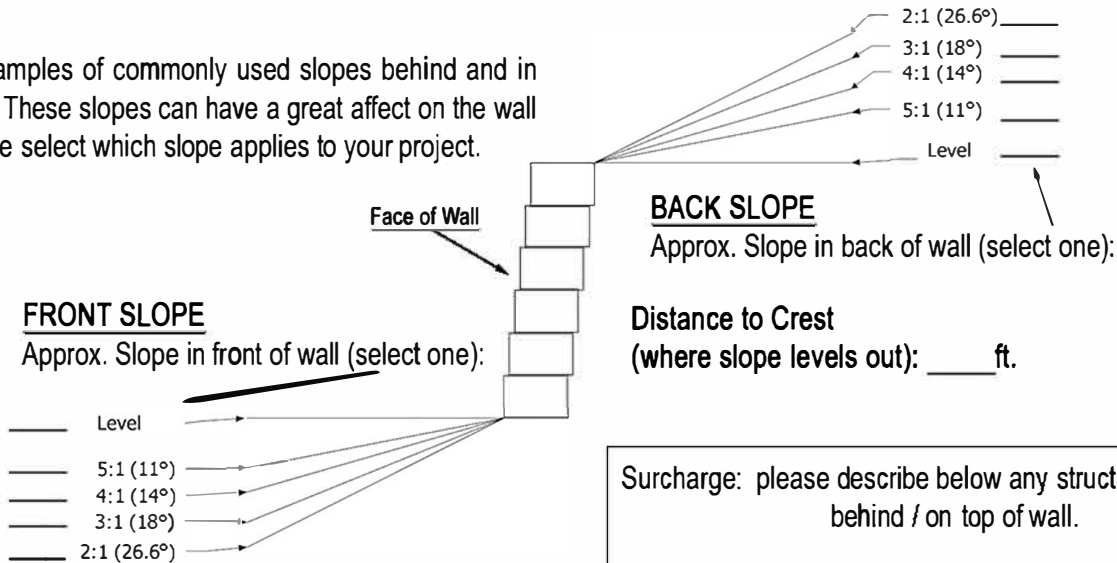
Project Name: _____ Project Address: _____

Max Wall Height (above grade): _____ Approx. Wall Length: _____

Approximate Total Square Footage (Including Embedment): _____

SLOPES:

Below are examples of commonly used slopes behind and in front of walls. These slopes can have a great affect on the wall design. Please select which slope applies to your project.



Distance to Crest
(where slope levels out): ____ ft.

Surcharge: please describe below any structures that will be behind / on top of wall.

Distance of structure from face of wall: ____ ft.

Approximate Soil Design Parameter Ranges

Wall Backfill Classification	Common Description	UNSC Classification	ϕ range	γ range (moist)	Comments
Good	Sand, Gravel, Stone	GW, GP, GM GC, SW, SP	32° - 36°	100 - 135 pcf	Poor grading lowers weight (ie: #57 stone)
Moderate	Silty Sands Clayey Sands	SM, SC	28° - 32°	110 - 130 pcf	Moisture Sensitive
Difficult	Silts, Low Plastic Clays	ML, CL, OL	25° - 30°	110 - 125 pcf	PI < 20 LL < 40
Bad	High Plastic Silts & Clays, organics	CH, MH OH, PT	0° - 25°	50 - 110 pcf	PI > 20 LL > 40

Please provide a soils report site specific to project from authorized Geotechnical engineer. In the event a soils report is not available for this project, please use the soil chart to the Left to select the material that will be used for constructing the wall.

Reinforced Zone: _____

Retained Zone: _____

Foundation: _____

I understand that by submitting this form, I am authorizing wall designer to design a modular wall based on the information given. Should it be discovered that this information is incorrect or has changed, it is my responsibility to make the wall designer aware and resubmit this form with the corrected information. Upon signing and submitting this form, I am approving the design services to be rendered and agree to pay the predetermined fees associated with the design.

Submitted by: _____ Signed: _____ Date: _____

Notes: Wall should start at 0, 0+00. For walls longer than 200 ft, copy sheet and extend.



****THIS PAGE IS NOT REQUIRED FOR RESIDENTIAL DESIGNS BELOW 12 FEET TALL****

15 ft

10 ft

5 ft

0

-5 ft

-10 ft

-15 ft

0+00

0+10

0+20

0+30

0+40

0+50

0+60

0+70

0+80

0+90

1+00

1+10

1+20

1+30

1+40

1+50

1+60

1+70

1+80

1+90

2+00