

STANDARD TEMPORARY WALL SELECTION FORM

PAGE 1 OF 2

(Submit a separate selection form for each standard temporary wall and additional forms for walls with more than 6 sections.)

TIP NO.: _____ WBS NO.: _____ CONTRACT NO.: _____ DATE: _____

COUNTY: _____ DIVISION: _____ RESIDENT, DISTRICT or BRIDGE MAINTENANCE ENGINEER: _____

DESCRIPTION: _____

CONTRACTOR: _____ OFFICE PHONE #: _____

SUBMITTED BY: _____ E-MAIL ADDRESS: _____ CELL PHONE #: _____

SHORING LOCATION NO.: _____

BEGIN WALL STATION & OFFSET: _____

END WALL STATION & OFFSET: _____

BARRIER TYPE (anchored or unanchored): _____

REINFORCEMENT TYPE (geotextile or geogrid): _____

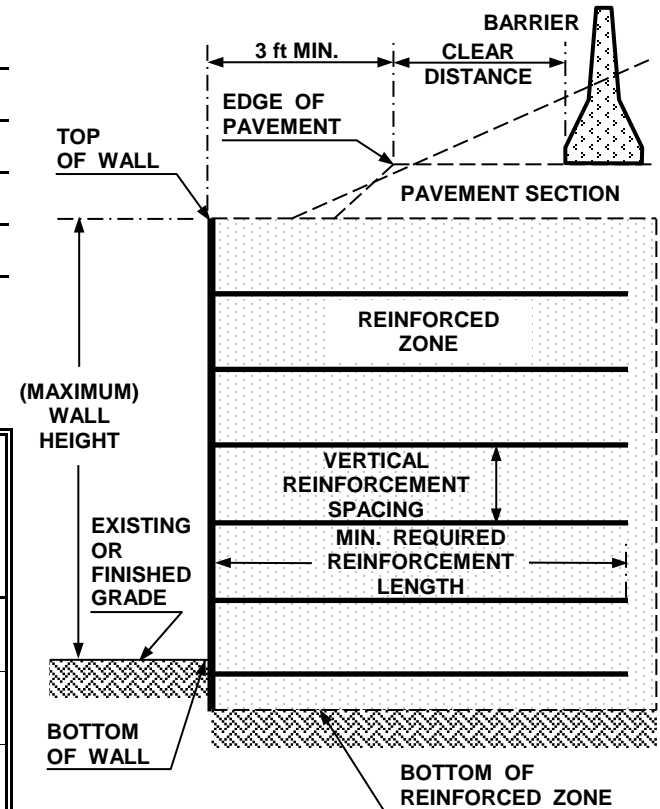
SHORING BACKFILL TYPE IN REINFORCED ZONE: _____

MAXIMUM WALL HEIGHT (ft): _____

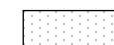
GROUNDWATER ELEVATION (ft): _____

Fill in table for up to 6 sections of a standard temporary wall:

Begin Station & Offset	End Station & Offset	Top of Wall Elevation (ft)	Bottom of Wall Elevation (ft)	Wall Height (ft)	Case (slope or surcharge)	Clear Distance (in)	Required Reinforcement Length* (ft)



KEY:



SHORING BACKFILL



FOUNDATION MATERIAL

* Determine minimum required reinforcement length from sheet 3 of the standard temporary wall drawing.

CONTRACTOR SIGNATURE: _____ DIVISION SIGNATURE: _____ DATE RECEIVED: _____

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TIP NO.: _____ WBS NO.: _____ CONTRACT NO.: _____ DATE: _____

COUNTY: _____ DIVISION: _____ RESIDENT, DISTRICT or BRIDGE MAINTENANCE ENGINEER: _____

DESCRIPTION: _____

Reinforcement Product:

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Reinforcement Strength (lb/ft):

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Do not use more than 4 different reinforcement products/strengths for each standard temporary wall.

Fill in table for up to 6 sections of a standard temporary wall (section stations and offsets should match those listed on page 1):

Begin Sta. & Offset												
End Sta. & Offset												
# of Layers												
Reinf. Layer No.	Req'd Reinf. Strength* (lb/ft)	Reinf. Product Used	Req'd Reinf. Strength* (lb/ft)	Reinf. Product Used	Req'd Reinf. Strength* (lb/ft)	Reinf. Product Used	Req'd Reinf. Strength* (lb/ft)	Reinf. Product Used	Req'd Reinf. Strength* (lb/ft)	Reinf. Product Used	Req'd Reinf. Strength* (lb/ft)	Reinf. Product Used
1												
2												
3												
4												
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9												
10												
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20												

* Determine minimum required reinforcement strength from sheet 3 of the standard temporary wall drawing.

CONTRACTOR SIGNATURE: _____ DIVISION SIGNATURE: _____ DATE RECEIVED: _____