



# GEOWEB® CHANNEL PROTECTION 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 \_\_\_\_\_ m<sup>2</sup> (ft<sup>2</sup>)

\*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 \_\_\_\_\_

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***Presto Geosystems Distributor / Representative Information (if known)***

Company \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Office Location \_\_\_\_\_ Distributor /Rep Project # \_\_\_\_\_

***Design Information***

**\*What is the channel type?**

- |   |    |   |    |   |
|---|----|---|----|---|
| <input type="checkbox"/> Trapezoidal<br><input type="checkbox"/> Parabolic<br><input type="checkbox"/> Rectangular<br><input type="checkbox"/> Full Channel | OR | <input type="checkbox"/> Stepped Trapezoidal<br><input type="checkbox"/> Spillway / Chute<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Bottom only | OR | <input type="checkbox"/> One embankment |
|---|----|---|----|---|

**What are the channel dimensions?**

*Base Width _____ m (ft)	Top Width _____ m (ft)
*Side Slope _____ H:V	Length _____ m (ft)
*Channel Depth _____ m (ft)	<b>NOTE:</b> Include sketch of non-symmetric or unusual shaped channel

**What are the channel hydraulics?**

Depth of Flow _____ m (ft)	Manning's "n" _____
Velocity _____ m/s (ft/s)	*Discharge Q _____ m <sup>3</sup> /s (ft <sup>3</sup> /s)
*Bed Slope _____ %	<input type="checkbox"/> Intermittent (duration _____ hrs)
*Water Flow <input type="checkbox"/> Continuous	

**What other hydraulic conditions apply?**

- |  |  |
|--|--|
| <input type="checkbox"/> Wave Action / Wave Height _____ m (ft)<br><input type="checkbox"/> Ice Action<br><input type="checkbox"/> Rapid Drawdown / Time _____ minutes | <input type="checkbox"/> Groundwater Seepage<br><input type="checkbox"/> Other _____ |
|--|--|

**\*What is under the Geoweb? Choose all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Native soil _____ depth m (ft)<br><input type="checkbox"/> Stone or Gravel _____ depth m (ft)<br><input type="checkbox"/> Rock or Riprap _____ depth m (ft)<br><input type="checkbox"/> Concrete _____ thickness mm (in) | <input type="checkbox"/> Geotextile<br><input type="checkbox"/> Geomembrane<br><input type="checkbox"/> Other _____ |
|---|---|

**What are the foundation soil properties?**

\*Native Soil Description \_\_\_\_\_  
 Angle of Internal Friction \_\_\_\_\_ degrees  
 Cohesion \_\_\_\_\_ kN/m<sup>2</sup> (lb/ft<sup>2</sup>)  
 Unit Weight \_\_\_\_\_ kN/m<sup>3</sup> (lb/ft<sup>3</sup>)



## GEOWEB® CHANNEL PROTECTION SYSTEM REQUEST FOR PROJECT EVALUATION

**\*What Geoweb infill is desired?**

- |   |   |
|---|---|
| <input type="checkbox"/> Topsoil with vegetation<br><input type="checkbox"/> Clear Stone <sup>1</sup><br><input type="checkbox"/> Grouted Stone | <input type="checkbox"/> Gravel <sup>1</sup><br><input type="checkbox"/> Concrete<br><input type="checkbox"/> Other _____ |
|---|---|

**\*What is the critical interface for sliding?**

- 
- Geoweb Infill / Foundation Soil
- 
- 
- Geotextile Underlayer / Foundation Soil
- 
- 
- Geotextile Underlayer / Geomembrane
- 
- 
- Other \_\_\_\_\_

**What is the angle of shearing resistance?**

- Angle of Shearing Resistance \_\_\_\_\_ degrees  
 Angle of Shearing Resistance \_\_\_\_\_ degrees  
 Angle of Shearing Resistance \_\_\_\_\_ degrees  
 Angle of Shearing Resistance \_\_\_\_\_ degrees

**What Geoweb type is desired (if known)? Choose all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Perforated Geoweb (recommended)<br><input type="checkbox"/> GW20V Cell<br><input type="checkbox"/> GW30V Cell<br><input type="checkbox"/> GW40V Cell<br><input type="checkbox"/> Tendons | <input type="checkbox"/> 75 mm (3 in) depth<br><input type="checkbox"/> 100 mm (4 in) depth<br><input type="checkbox"/> 150 mm (6 in) depth<br><input type="checkbox"/> 200 mm (8 in) depth |
|---|---|

**What anchoring system may be needed (if known)?**

- |   |  |
|---|--|
| <input type="checkbox"/> ATRA® Anchor (recommended)<br><input type="checkbox"/> J-Pins or Straight Stakes | <input type="checkbox"/> Earth Anchors<br><input type="checkbox"/> Other _____ |
|---|--|

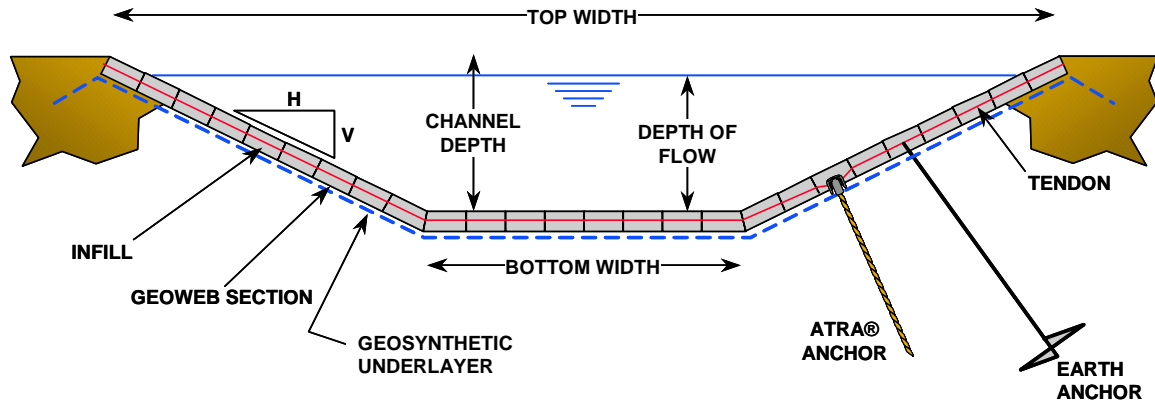
**Logistics Information**

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

<sup>1</sup> CAUTION: SMALLER PARTICLE SIZE INFILL IS NOT RECOMMENDED UNLESS VELOCITY IS LESS THAN 1.8 m/s (6 ft/s) AND THE BED SLOPE IS LESS THAN 1%.

**GEOWEB® CHANNEL PROTECTION SYSTEM  
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***Basic Channel Protection System Definitions***



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