STANDARD TEMPORARY MSE WALL SELECTION FORM

(Complete one form for each standard temporary MSE wall)

TIP:_____ WBS:_____ CONTRACT:_____ DATE:_____

COUNTY:_____ DIV.:____ RESIDENT or MAINTENANCE ENGINEER:_____

PROJECT DESCRIPTION:_____

BEGIN WALL AT LINE: _____ STATION:_____ OFFSET DISTANCE (ft/m): _____ OFFSET DIRECTION (Lt or Rt):_____

END WALL AT LINE: _____ STATION:_____ OFFSET DISTANCE (ft/m): _____ OFFSET DIRECTION (Lt or Rt):_____

WALL OPTION CHOSEN:_____

BARRIER TYPE (anchored PCB, unanchored PCB or Oregon barrier):_____

FOUNDATION MATERIAL DESCRIPTION:_____

MAXIMUM WALL HEIGHT (ft/m):_____ TOP OF WALL GRADE (%):_____

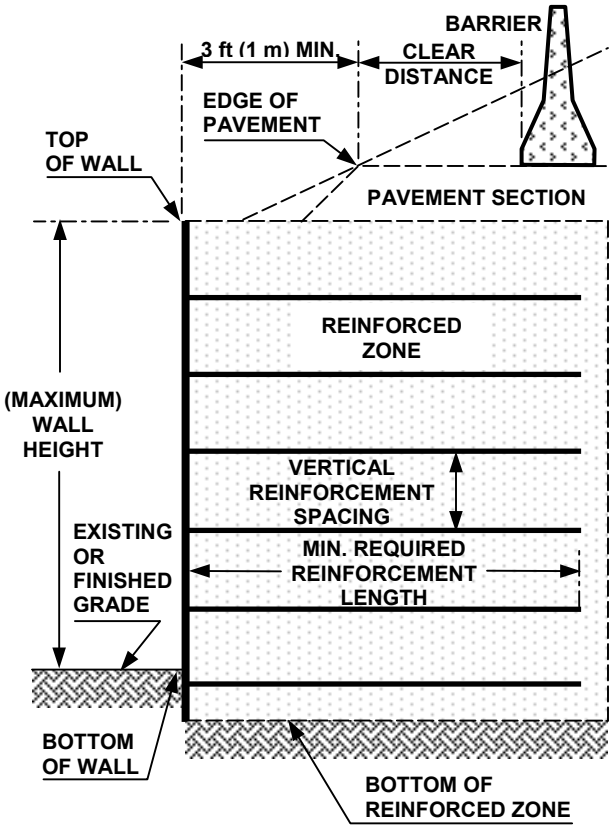
GRDWTR ELEV. (ft/m):_____ VERTICAL REINFORCEMENT SPACING (in/mm):_____

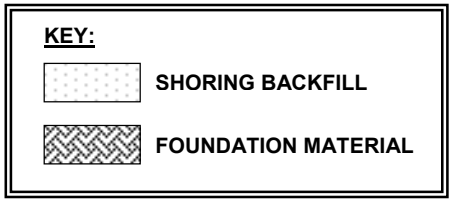
Complete the table for each section of temporary MSE wall. With the exception of either the first or last section of wall, horizontal section lengths should be in increments equal to the following:

- 9 ft (2.7 m) min (varies) for Temporary Fabric Wall
- 10 ft (3.0 m) min (varies) for Hilfiker Temporary Wall
- 18 ft – 7 ¼ in (5.7 m) for Sierrascape Temporary Wall
- 24 ft (7.3 m) for Foster Temporary Wall
- 19 ft – 8 in (6.0 m) for Terratrel Temporary Wall

Determine the minimum required reinforcement length from the "Reinforcement Length" tables on the Standard Temporary MSE Wall Details.

Beginning Station & Offset	Ending Station & Offset	Top of Wall Elevation (ft/m)	Bottom of Reinf. Zone Elev. (ft/m)	Wall Height (ft/m)	Case (Slope or Surcharge)	Clear Distance (in/mm)	Min. **Required** Reinforcement Length (ft/m)





CONTRACTOR NAME:_____ SUBMITTED BY:_____

OFFICE PHONE: _____ CELL PHONE:_____ E-MAIL:_____

DATE RECEIVED:_____ DIVISION APPROVAL SIGNATURE:_____