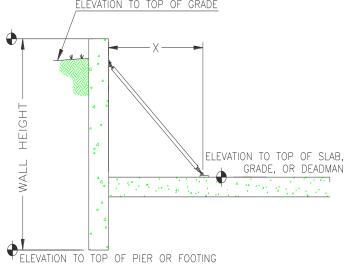
Engineering Work OrderBackfill Bracing



Date:						
MB Salesman:				Distributor:		
Contractor:				Phone:		
Project Name:				Project Num	ber:	
Job City:			State:			
1. SERVICE						
☐ Wall bracing de	tails and desi	gn for backfi	lling retaining wal	ls.		
Sign and Seal r	Sign and Seal required State in which sign and seal is required:					
2. CONCRET	E INFORM	MATION				
Concrete Strength	at time of lift:	ŗ	osi	Slab Thickne	ess:	in.
Concrete Weight:	150 pcf	☐ 120 pcf		Other, sp	ecify:	pcf
3. SOIL INFO	RMATION	J				
A soils report is required with the following information; soil unit weight and active pressure coefficient,						
or equivalent fluid pressure.						
4. BRACING INFORMATION						
Please indicate what the bottom of the brace is attaching to						
☐ Slab	Badger		☐ Deadman			
Wall Height:			Backfill Height:			
If multiple wall heigh	ghts or backfil	I heights ind	cate below		ELEVATION TO TOO OF	
					ELEVATION TO TOP OF	GRADE



Please indicate the maximum "X" dimension available.

X:

Home of: MeadowBurke