



GEOWEB® CHANNEL PROTECTION SYSTEM REQUEST FOR PROJECT EVALUATION

For preliminary evaluation, complete this form and email or 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 _____ m² ft²

*Describe problem to be solved by the Geoweb system: _____

Person Requesting Information

*Relationship with Project (check one)

Consulting Engineer Contractor Owner Other _____

*Company _____ *Contact Name _____

*Address _____ *City _____

*State/Province _____ *Zip/PC _____ Country _____

*Phone _____ *Fax _____ Email _____

Presto Geosystems Distributor Information

Company **PSM Technologies (Pty) Ltd** Contact **joriokot@psmtechnologies.com**

Office Location **Johannesburg, South Africa**

Design Information

***What is the channel type?**

<input type="checkbox"/> Trapezoidal	<input type="checkbox"/> Stepped Trapezoidal
<input type="checkbox"/> Parabolic	<input type="checkbox"/> Spillway / Chute
<input type="checkbox"/> Rectangular	<input type="checkbox"/> Other _____

GEOWEB location?

Full Channel Bottom only One embankment

PRESTO GEOSYSTEMS
 670 N PERKINS STREET, APPLETON, WISCONSIN, USA 54914
 Ph: 920-738-1328 or 800-548-3424 Fax: 920-738-1222
 e-mail: INFO@PRESTOGEO.COM WWW.PRESTOGEO.COM/

What are the channel dimensions?

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

What are the channel hydraulics?

Depth of Flow _____ m ft
 Velocity _____ m/s ft/s
 *Bed Slope _____ %
 * Flow Continuous OR Intermittent (duration _____ hrs)
 Manning's "n" _____
 *Discharge Q _____ m³/s ft³/s

What other hydraulic conditions apply?

Wave Action / Wave Height _____ m ft
 Ice Action
 Rapid Drawdown / Time _____ minutes
 Groundwater Seepage
 Other _____

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

Native soil _____ depth m (ft)
 Gravel _____ depth m (ft)
 Concrete _____
 Other _____
 Geotextile Woven or Non-Woven
 Geomembrane Smooth or Textured

What are the foundation soil properties? (If Applicable)

Angle of Internal Friction _____ degrees
 Cohesion _____ kN/m² lb/ft²
 Unit Weight _____ kN/m³ lb/ft³

***What Geoweb infill is desired?**

Topsoil
 Crushed Aggregate
 Grouted Stone
 Concrete
 Other _____

If topsoil or aggregate infill is desired:

Angle of Internal Friction _____ degrees
 Cohesion _____ kN/m² lb/ft²
 Unit Weight _____ kN/m³ lb/ft³

What Geoweb type is desired (if known)?

GW20V Cell
 GW30V Cell
 GW40V Cell
 75 mm (3 in) depth
 100 mm (4 in) depth
 150 mm (6 in) depth
 200 mm (8 in) depth

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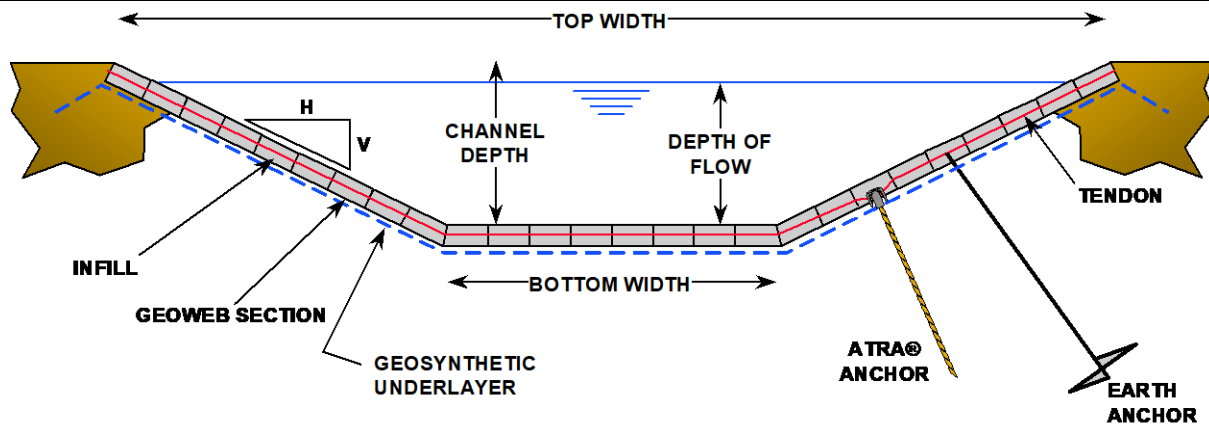
What anchoring systems are desired?

- | | |
|---|--|
| <input type="checkbox"/> ATRA® Anchors | <input type="checkbox"/> Tendons and Earth Anchors |
| <input type="checkbox"/> Tendons and Deadman Anchor | <input type="checkbox"/> Other _____ |

Schedule

1) **Deadline Dates:** Project Evaluation Needed By _____
 Projected Bid Date _____ Planned Construction Startup _____

Basic Channel Protection System Definitions



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The project evaluation will be performed based on specification characteristics, structural values and limits for the Geoweb® material manufactured under an ISO 9001:2008 Quality Management program. The Evaluation is protected by copyright and any use of this Evaluation with materials manufactured by anyone other than Presto Products Company causes the recommendation and/or drawings to become invalid.