

# MULTI-PLATE PROJECT INQUIRY SHEET

## CONTACT INFORMATION:

Project Name and Location: \_\_\_\_\_

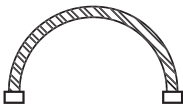
Contact and Company Name: \_\_\_\_\_

Email: \_\_\_\_\_

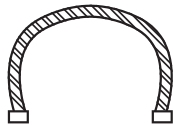
Telephone: \_\_\_\_\_

## BASIC PROJECT INFORMATION:

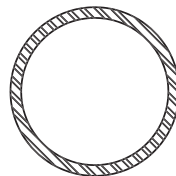
### STEP 1: SELECT STRUCTURE SHAPE



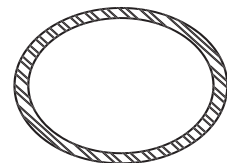
SINGLE RADIUS ARCH



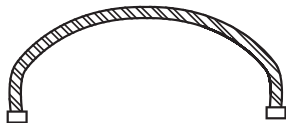
HIGH PROFILE ARCH



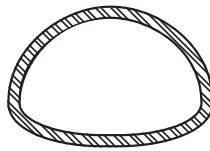
ROUND



HORIZONTAL ELLIPSE



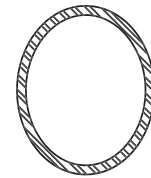
LOW PROFILE ARCH



PIPE ARCH



UNDERPASS



VERTICAL ELLIPSE

Is this a reline project?

Yes  No

EXISTING SHAPE INFORMATION \_\_\_\_\_

### STEP 2: PROVIDE DIMENSIONS

Height of Cover \_\_\_\_\_

Rise \_\_\_\_\_

Span \_\_\_\_\_

Live Loading \_\_\_\_\_

### STEP 3: COATING SPECIFICATION

915 g/m<sup>2</sup> GALVANIZED STEEL

STRATA-CAT COATING  
(POLYMER COATED)

1220 g/m<sup>2</sup> GALVANIZED STEEL

BLACK STEEL

## SITE SPECIFIC INFORMATION AVAILABLE

1. Minimum Span	_____m
2. Application	<input type="checkbox"/> Culvert <input type="checkbox"/> Bridge <input type="checkbox"/> Stream Crossing <input type="checkbox"/> Mine Portal <input type="checkbox"/> Grade Separation <input type="checkbox"/> Other_____
Vertical height clearance (road elevation or streambed/ road elevation):	_____m
Is this requirement flexible:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Scour Depth	_____m or unknown <input type="checkbox"/>
4. Live Load Vehicle	_____or <input type="checkbox"/> assume CL-625 overload conditions
5. Soil Density	_____ kN/m <sup>3</sup> or <input type="checkbox"/> assume 22 kN/m <sup>3</sup> as per CHBDC
6. Required Hydraulic End Area	_____ m <sup>2</sup>
7. Clearance Box Requirements	_____m (span x height)
Clearance Box Chamber:	_____m (width x length)
8. Corrosive Environment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specified Service Life:	<input type="checkbox"/> 50 years <input type="checkbox"/> 75 years <input type="checkbox"/> Other _____
9. Seismic Analysis Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Locations:	_____
Or, Zonal Acceleration Ratio:	_____
10. End Treatment Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Square End or Bevel End (specify slope):	_____
<i>Note: minimum requirement is Cast-in-Place Concrete End Collar as per CHBDC</i>	
Structure Skewed To:	<input type="checkbox"/> Road <input type="checkbox"/> Unbalanced Fill
Are Head and/or Wingwalls required?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Material for Headwalls and/or Wingwalls:	<input type="checkbox"/> Armtec Steel Face Wall <input type="checkbox"/> Armtec Bin-Wall <input type="checkbox"/> Armtec Wire Mesh (MSE) Wall - Please specify face material type (i.e. rock or vegetated) <input type="checkbox"/> Other (specify)
11. Geotechnical Report Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Allowable Bearing Capacity:	_____ kPa