



Estimated Helix Dosage Request Form

1 Basic Information

Name of Project _____

Name of Owner _____

Contact Person and phone number _____

Description of Project _____

Estimated Pour Date _____ Amount of concrete (yards or sqft) _____

2 Will the concrete be used in horizontal or vertical orientation?

Vertical, please indicate the height between lateral supports _____

Describe how the concrete will be supported _____

Horizontal, is the concrete supported from below or is it freestanding:

Supported, please describe how, (eg metal deck, soil with subgrade modulus, etc)

Unsupported, please indicate the maximum span _____ and width _____

3 Do you know the loads? (check one, if not skip to 4)

Dead Loads (other than self weight) _____

Distributed Live Loads _____

Point Live Loads, please describe (include loads, base plate sizes & spacing)

Vehicle Live Loads, please describe (include total weight, wheel spacing)

4 If not, what type of reinforcement is currently specified?

Concrete Thickness _____

wire mesh Type: _____ X _____ Number of Layers _____ Depth _____

rebar, please describe rebar configuration (bar type, spacing, layers, depth)

Plain Concrete other (specify) _____

5 Has the engineer been asked to approve Helix: Yes No

Engineer _____ Phone & email _____