

# STATE OF UTAH MSE WALL INSPECTION FORM

Compiled As Part of Research By The Utah Department of Transportation

**Instructions:**

1-Fill out required sections for MSE Wall Inspector and Wall Characteristics.

2-Inspect the wall using the attached form. Questions that require a 'Yes' answer should be documented by noting the extent of the problem in the right most column and photo documentation. Photo documentation should consist of wall or bridge number, nature of problem, date, photo number for wall, and a size reference, which should be indicated in the photo (white board/paper). Photos taken should be placed on the Top View layout and indicated with the appropriate number. Note should be taken by the inspector that often anomalies are due to construction and should be distinguished from those that are a result of post-construction. If it is observable that they existed at the time of construction note should be taken in the space provided for drawings.

3- Shoot digital photos of the entire wall. This may require the use of a variety of shots and angles on each wall to cover the wall in its entirety.

4- Indicate Layout of MSE Wall in respect to major intersections, roadways, potential hazards, irrigation, vegetation, locations of conditions for which 'Yes' was marked, etc. in space provided below. Also Indicate approximate GPS Coordinates of Site of Interest in space provided below

<b>Region</b>	2	<b>Identifying Road/Intersection</b>	17005, I-15 N, SLC
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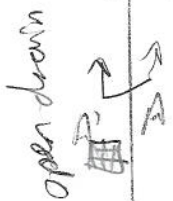
## MSE WALL CHARACTERISTICS

MSE Wall at Bridge	(Y) N	Bridge Number if applicable:		Wall Number	A-350-1
Surrounding Structures				Maximum Height of Wall (ft)	15
Distance to Each Structure				One Stage, Two Stage or Block Wall	2 stage
State Route Number				Estimated Max Length of Wall Abutment:	280'
Approximate Mile Marker				Max Slope of Ground in front of wall:	0
GPS Datum	WGS/84, NAD/83, or NAD/27			Max Height of wall burial line above surrounding level ground:	10 ft
MSE Wall GPS Coordinates (Location of Measurement shown on plan view)	40° 44' 0.11" N 111° 54' 14.52" W			Please draw rough layout of panel with approximate dimensions in space provided below:	
If known, Panel or System Manufacturer				<div style="border: 1px solid black; width: 150px; height: 80px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translate(-50%, -50%);">10'</div> <div style="position: absolute; right: -10px; top: 50%; transform: translateY(-50%);">5'</div> </div>	

**Summary of Key Observations:**

panels wave in and out (due to construction)

Plan View/Drainage:



Filled in  
gap x GPS  
between  
approach  
slab &  
bridge

Cross Sections:



B-B'



Cross Sections:



BASE WALL DRAINAGE

Required Test:		Yes	No	NA	UNS	Drainage	Measurement/Extent of Problem/Location/Photo Numbers
Y	1-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-1: Does any surface water near the base of the wall (to the wall) near a body of water with seepage (seepage)?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-2: If applicable, are the catch basins at the base of the wall blocked?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-3: Are there obstructions protruding through the wall?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-4: Are there vertical drains that travel through the backfill?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-5: Is there erosion at the base of the wall or leveling pad? (Photo 12)	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-6: Is there erosion along the wing wall?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-7: Are there any signs of water flow along the base of the wall?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-8: Are there less than 12 feet between irregularities, protrusions and wall?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-9: Does the backfill or joint fabric appear to be saturated?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-10: Is there vegetation growing in joint fabric? (Photo 8)?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-11: Are the deck drains and outlets at the top of the wall blocked? (Photo 14)	Blocked / 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-12: Can water enter the wall between coping and slab (i.e., drain appropriately)?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	1-13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-13: Is there evidence of discharge point of fill washing through joint pipe?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

BASE WALL JOINTS

Required Test:		Yes	No	NA	UNS	Concrete/Grout	Measurement/Extent of Problem/Location/Photo Numbers
Y	2-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-1: Is there any concrete or grout in the joint?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-2: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-3: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-4: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-5: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-6: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-7: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-8: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-9: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-10: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	2-11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-11: Are there any signs of joint failure or separation?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

BASE WALL FINISH

Required Test:		Yes	No	NA	UNS	Wall Facing	Measurement/Extent of Problem/Location/Photo Numbers
Y	3-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-1: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-2: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-3: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-4: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-5: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-6: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-7: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-8: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-9: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-10: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-11: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-12: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-13: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-14: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	3-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-15: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

BASE TOP OF WALL OBSERVATIONS

Required Test:		Yes	No	NA	UNS	Top of Wall	Measurement/Extent of Problem/Location/Photo Numbers
Y	4-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-1: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-2: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-3: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-4: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-5: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-6: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-7: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-8: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-9: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-10: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-11: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-12: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-13: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-14: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
Y	4-15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-15: Are there any signs of wall cracking?	/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /



Required Issue	Yes	No	N/A	UNK	UNRESOLVED	Comments	Measurement/Extent of Problem/Location/Photo Numbers
36-1: Is there a large gap between the approach slab and the approach pavement? (Photo 19) Other than this procedure a bearing condition at the approach is noted. Record the approximate maximum gap size.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
37: All the abutment, has the joint between the wall coping and the retaining opened up significantly? If so record the opening width.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
38: Is the coping wall pulling away from pavement/curb/side? Please record maximum displacement for wall.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

**RISE STABILITY**

Required Issue	Yes	No	N/A	UNK	UNRESOLVED	Comments	Measurement/Extent of Problem/Location/Photo Numbers
39: Was the location depth of leveling pad? Found One-Prob issue will located 2 inches from wall to a maximum depth of 24 inches (24 inches to the minimum depth for MSE Wall)	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
40: Is leveling pad exposed?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
41: Is there cracking in the leveling pad? If so, record maximum crack size with photo.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
42: Is there a four foot backfill (level slope) directly along the wall before the slope change? Record Width?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
43: Is there a slope steeper than V:1.2 to H:1 in front of the wall? Please record slope and height of backfill above top of wall.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
44: Is there a slope greater than V:1.2 to H:1 below the wall? Please record slope and height of backfill below the wall.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
45: Is there excessive degradation of road face?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

**RISE METAL CORROSION**

Required Issue	Yes	No	N/A	UNK	UNRESOLVED	Comments	Measurement/Extent of Problem/Location/Photo Numbers
46: Is there excessive corrosion on guardrail or other exposed metal that might indicate corrosion condition?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
47: Are there major rust stains on the face panels? Along joints? If so, record total number.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
48: Are any interior straps exposed? Does there appear to be corrosion on these straps? If applicable please record the total number of straps affected.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
49: Was a readily visible water of exposed soil? If so, please indicate depth in inches.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
50: Does any indication of water corrosion (swelling, rust, exposed metal inside epoxy coating)? If so, please indicate location.	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

**RISE IMPACT/COLLISION PROTECTION**

Required Issue	Yes	No	N/A	UNK	UNRESOLVED	Comments	Measurement/Extent of Problem/Location/Photo Numbers
51: Are guardrail/wall protection in place at the base of the wall to prevent it from potential traffic hazard?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
52: Does it appear that the wall has been involved in an accident (replaced panel, recent dig in the wall)?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
53: Does it appear the walls functionality and integrity has been compromised by a collision or accident?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

**RISE OBSTRUCTIONS IN REINFORCEMENT GEOMETRY**

Required Issue	Yes	No	N/A	UNK	UNRESOLVED	Comments	Measurement/Extent of Problem/Location/Photo Numbers
54: Are there some wall angles <90°?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /

**RISE AS BUILT DIFFERENT FROM DESIGN**

Required Issue	Yes	No	N/A	UNK	UNRESOLVED	Comments	Measurement/Extent of Problem/Location/Photo Numbers
55: Is wall different than design?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
56: Are there available drawings for the wall? Please indicate type (Foundation and Layout, Design, As Built, etc.)	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
56a: Is the layout in general accordance with drawings?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
57: Are the panels CIP (Cast in Place)? Does there appear to be excessive cracking in the panels?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
58: Was OEC/Found in the construction of the wall?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
59: Are there any structures on or near wall that were not included in initial drawings?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
60: Are there any irrigation, utilities, or structures that are not part of the initial drawings?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
61: Have there been any excavations or evidence of excavation near the wall?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
62: Have local property owners changed the quantity of the wall (additional structures, irrigation, vegetation, etc.)?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /
63: Are there piles located in the wall (bridge abutment)?	<input checked="" type="checkbox"/>						/ 0-No 1% 5% 10% 25% 50% 75% 90% 95% 100% /