

TSC

Waterproofing & Foundation Repair
6600 Stephens Station Rd., Suite 102
Columbia, MO 65202
Tel: 573-441-2254
Toll Free: 800-732-4300

LIMITED WARRANTY

Subject to the Terms and Conditions of this Agreement, the piling and tieback work to be performed under this agreement is guaranteed for the life of structure. This guarantee covers abnormal downward vertical settlement and buckling or bowing in the immediate region of the foundation where repair was performed, and all other warranties, express or implied are hereby disclaimed. Movement caused by earthquake, severe wind, flood, slope or hill movement, extreme change in water table, Acts of God, unknown subsurface conditions, or similar man-made conditions are expressly exempt from this warranty. Work, service, tampering or alteration of or on brackets, piers, anchors or related hardware, or carbon fiber materials or on the building structures to which these devices attach or support, or any other load bearing areas of the foundation (e.g., footing, basement or foundation walls) by any person or persons other than a certified Company agent or employee may void all warranties of whatever kind or nature. Customer must schedule a Company inspection prior to any such work. Neither the materials nor workmanship are designed to contain, control or prevent water leakage, and are not provided as a remedy or cause for mold or mildew, and any and all warranties against past, present or future water leakage and mold are expressly disclaimed. In the event work is required under this warranty, or any claim of whatever kind or nature, Customer's sole remedy shall be the structural stabilization work (e.g., piling, wall anchoring, or carbon fiber repairs) in the immediate area of the original contract repair and shall not include consequential damages of any kind or nature. This warranty is transferable in its entirety to a subsequent property owner. Notification is to be given to the company at time of transfer. All warranties are contingent upon full and final payment.

THE FOREGOING IS OUR SOLE WARRANTY. ALL OTHER WARRANTIES EXPRESSED OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY AND WARRANTY OF FITNESS FOR PURPOSE, ARE EXCLUDED. The owners' exclusive remedy shall be for correction of any defect in workmanship and materials as set forth above. In no event shall Company be liable for consequential damages regardless of whether the claim is based on warranty, contract, tort or otherwise.

CUSTOMER:
Bill Crabb
820 Colgate
Columbia, MO 65203

JOB COMPLETION DATE:
January 12, 2007

Copy



Structural Foundation Solutions of Kansas City

www.foundation-solutions.com

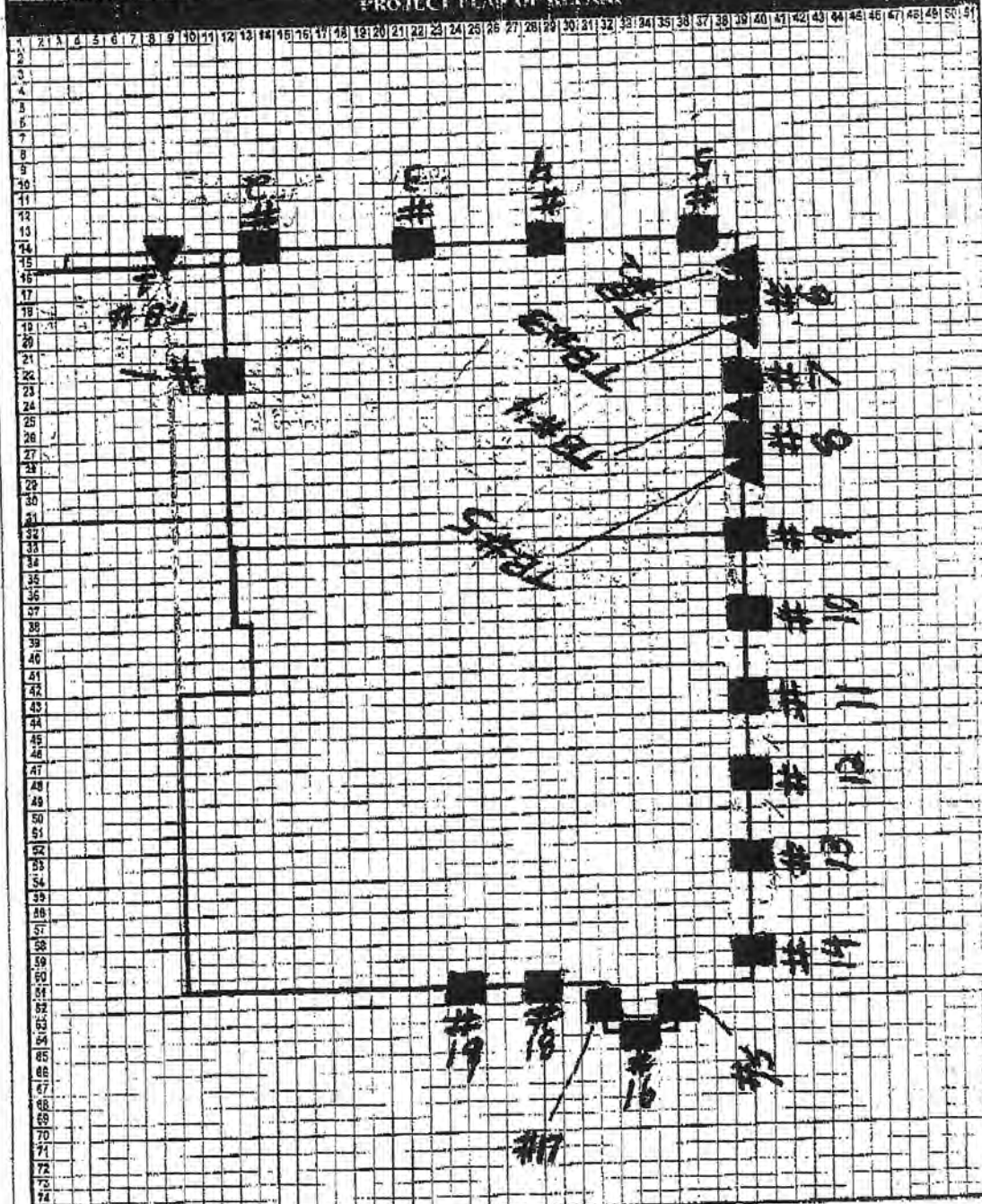
1114 So. Fuller Street
Independence, MO 64050
(816) 584-2600 * 1-877-584-7374
FAX: (816) 461-3680

Home Owner's Name: _____ Date of Inspection: _____

Job Location: _____

Phone Numbers: (HOME) _____ (MOBILE) _____

PROJECT PLAN OF REPAIR



Foundation:		Roof		Construction		<input type="checkbox"/> Helical Pier <input checked="" type="checkbox"/> Helical Tie Deck <hr/> <hr/>
<input type="checkbox"/> Poured Concrete <input type="checkbox"/> Concrete Block <input type="checkbox"/> Stone <input type="checkbox"/> B <input type="checkbox"/> CS <input type="checkbox"/> Slab	<input type="checkbox"/> Composite <input type="checkbox"/> Tile / Slate <input type="checkbox"/> Wood <input type="checkbox"/> Tar & Gravel	<input type="checkbox"/> Brick Veneer <input type="checkbox"/> Full Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Concrete Block	Story 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Submitted By: _____ Date: _____ (816) 584-2600 NORTH

Note: This proposal may be withdrawn by us if not accepted within 30 days.



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Project / Owner CRABR. Foreman _____
 Mailing Address _____ Crew Members _____
 Job Site Address Piers _____
 Type of Structural _____ Pier / He Back Capacity _____
 Engineer _____ Shaft Size _____

PSI / TORQUE Source (Circle one) Foot Control DP 1 Shear Pin Indicator

Use Legend on Reverse for chart below DATE of INSTALLATION: _____

Pier / #	Type of Bracket	Type of Lead Section	Extensions	PSI	Ft.Lbs Installing Torque	Benchmark Data			Comments
						T	M	B	
1	CRABCE STANDARD DUTY	8" SINGLE HELIX	5' S.S.	1550	25 KIPS,				
2	STANDARD 2 1/2	STANDARD COLLAR.	LEAD #2	3000 4000					
3	" "	" "	LEAD	3000					
4	" "	" "	" "	5200					
5	" "	" "	" "	4000					
6	" "	" "	" "						
7	" "	" "	LEAD #2	3000 7000					
8	" "	" "	" "	5000					
9	" "	" "	" "	3000					
10	" "	" "	" "	4400					
11	" "	" "	" "	3600					
12	" "	" "	" "	2300 5000					
13	" "	" "	" "	3000					
14	" "	" "	" "	5600					
15	" "	" "	" "	3600					
16	" "	" "	" "	4000					
17	" "	" "	" "	6000					

