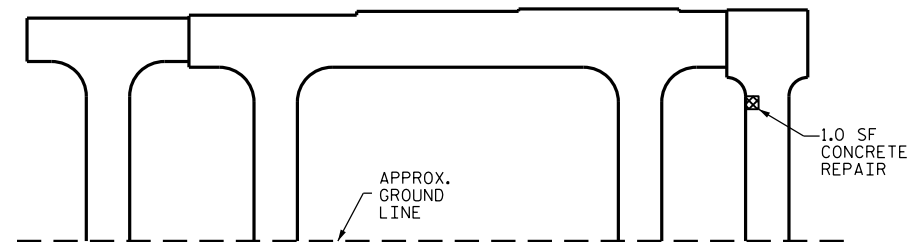
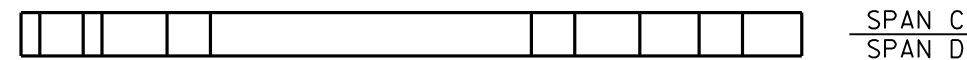


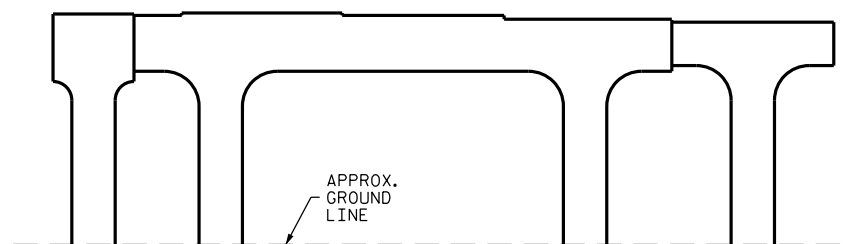
PLAN - TOP OF CAP



SPAN C VIEW - ELEVATION



PLAN - BOTTOM OF CAP



SPAN D VIEW - ELEVATION

AS-BUILT REPAIR QUANTITY TABLE				
REPAIRS BENT 3	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
CAP	0.0	0.0		
COLUMN	0.0	0.0		
CONCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
CAP	1.0	1.0 *		
COLUMN	1.0	1.0 *		
EPOXY RESIN INJECTION		LN. FT		LN. FT
CAP		0.0		
COLUMN		0.0		
EPOXY COATING		SQ. FT		SQ. FT
TOP OF BENT CAP		113		

VALUES IN CHART REPRESENT ESTIMATED REPAIR TOTALS AFTER REMOVAL OF UNSOUND CONCRETE, MINIMUM OF 1" BEHIND REBAR AND MINIMUM 2" CLEAR TO SAWCUT. SEE REPAIR DETAILS.

NOTES:

REPAIR LOCATIONS AND ESTIMATE OF QUANTITIES ARE GIVEN WITH THE BEST INFORMATION AVAILABLE. IF ADDITIONAL REPAIRS NOT SHOWN ON THE DRAWINGS ARE DEEMED NECESSARY BY THE ENGINEER, THE ENGINEER WILL NOTE ON THE DRAWINGS THE APPROXIMATE LOCATION AND DESCRIPTION OF THE REPAIRS AND ADJUST THE ACTUAL QUANTITIES ENTERED INTO THE REPAIR QUANTITY TABLE.

CLEAN AND REMOVE DEBRIS FROM TOP OF CAP AND APPLY EPOXY PROTECTIVE COATING. EPOXY COATING SHALL BE APPLIED TO THE TOP FACE OF THE CAP. THE CONTRACTOR SHALL NOT COAT THE AREA OF THE CAP BENEATH THE MASONRY PLATES. FOR EPOXY COATING, SEE SPECIAL PROVISIONS.

\* QUANTITY HAS BEEN INCREASED DUE TO THE POTENTIAL FOR FURTHER DETERIORATION SINCE THE FIELD INSPECTION BY STRUCTURES MANAGEMENT UNIT.

FOR REPAIR DETAILS, SEE "TYPICAL CAP AND COLUMN REPAIR DETAILS" SHEET.

- DAMAGED AREA
- EPOXY RESIN INJECTION

PROJECT NO. I-5809  
McDOWELL COUNTY  
 BRIDGE NO. 152

SHEET 3 OF 3

DocuSigned by:

*John A. Yannaccone*  
 7BC38001E88000000000000000000000  
 NORTH CAROLINA  
 PROFESSIONAL  
 SEAL  
 32492  
 ENGINEER  
 JOHN A. YANNAKONNE

9/27/2016

STATE OF NORTH CAROLINA  
 DEPARTMENT OF TRANSPORTATION  
 RALEIGH

BENT 3

DRAWN BY : T.L. AVERETTE DATE : 5/2016  
 CHECKED BY : J.P. ADAMS DATE : 5/2016

DOCUMENT NOT CONSIDERED  
 FINAL UNLESS ALL  
 SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	TOTAL SHEETS
1			3			5-56
2			4			68