

AS-BUILT REPAIR QUANTITY TABLE

| BENT 2 REPAIRS | QUANTITIES | | | |
|-------------------|------------|-----------|---------|-----------|
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIRS | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP | 0 | 0 | | |
| COLUMN | 0 | 0 | | |
| CONCRETE REPAIRS | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP | 0 | 0 | | |
| COLUMN | 0 | 0 | | |
| EPOXY COATING | AREA SF | | AREA SF | |
| CAP | 222 | | | |

NOTES

VALUES IN CHART REPRESENT ESTIMATED REPAIR TOTALS AFTER REMOVAL OF UNSOUND CONCRETE, MINIMUM OF 1" BEHIND REBAR AND MINIMUM OF 2" CLEARANCE TO SAWCUT. FOR REPAIR DETAILS, SEE "TYPICAL CAP AND COLUMN REPAIR DETAILS" SHEET.

REPAIR LOCATIONS AND ESTIMATE OF QUANTITIES ARE BASED ON THE BEST INFORMATION AVAILABLE. IF ADDITIONAL REPAIRS NOT SHOWN ON THE DRAWINGS ARE DEEMED NECESSARY BY THE ENGINEER, THE ENGINEER SHALL NOTE ON THE DRAWINGS THE APPROXIMATE LOCATION AND DESCRIPTION OF THE REPAIRS AND ENTER THE ACTUAL QUANTITIES INTO THE AS-BUILT REPAIR QUANTITY TABLE.




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

CONCRETE REPAIRS MAY BE SUBSTITUTED IN LIEU OF SHOTCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

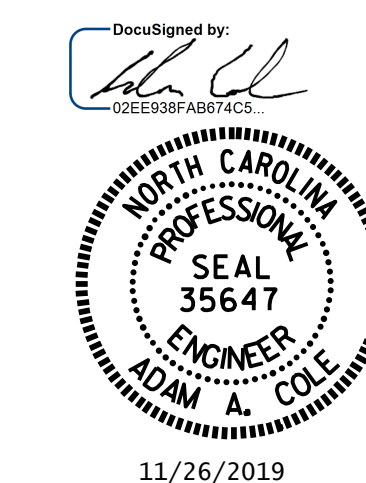
FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR EPOXY RESIN INJECTION (ERI), SEE SPECIAL PROVISIONS.

-  SHOTCRETE REPAIR AREA
-  CONCRETE REPAIR AREA (FORM AND POUR)
-  EPOXY RESIN INJECTION (ERI)

PROJECT NO. I-5769
MECKLENBURG COUNTY
 BRIDGE NO. 590227

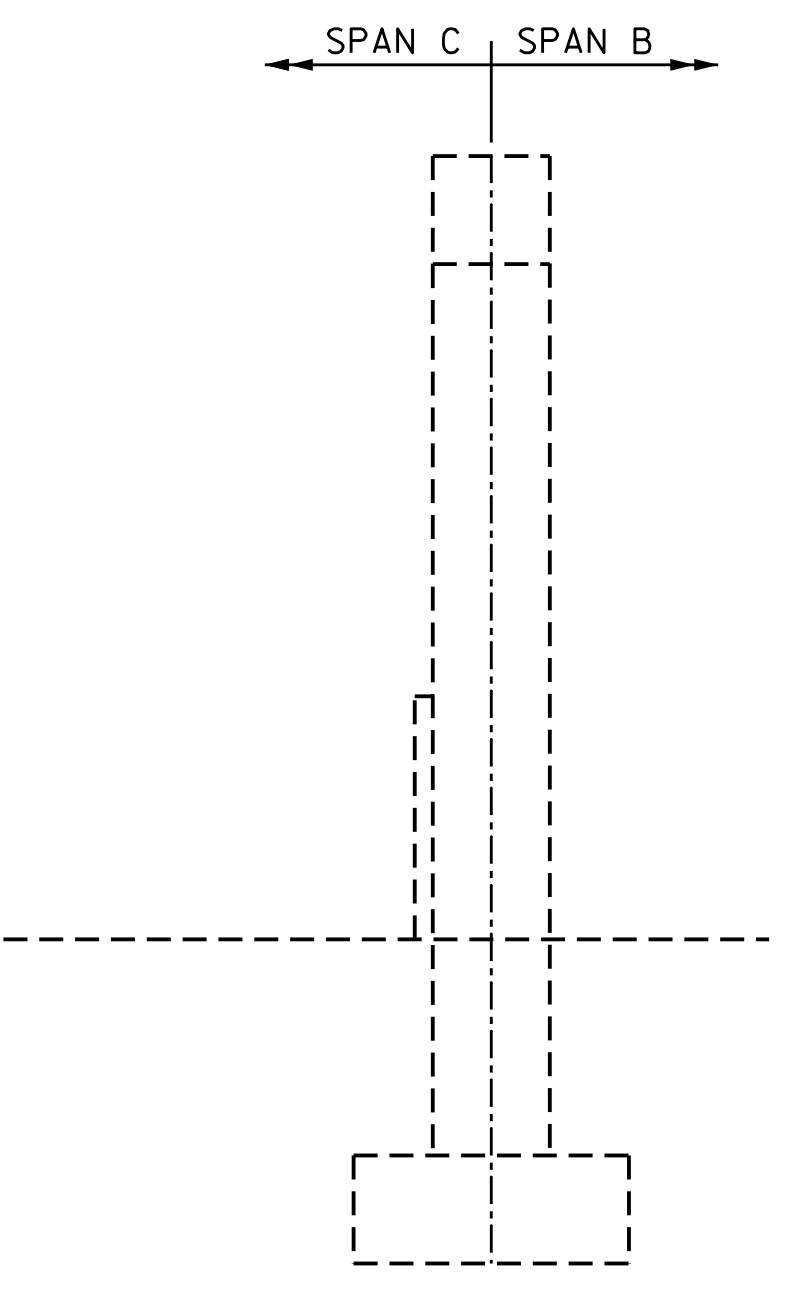
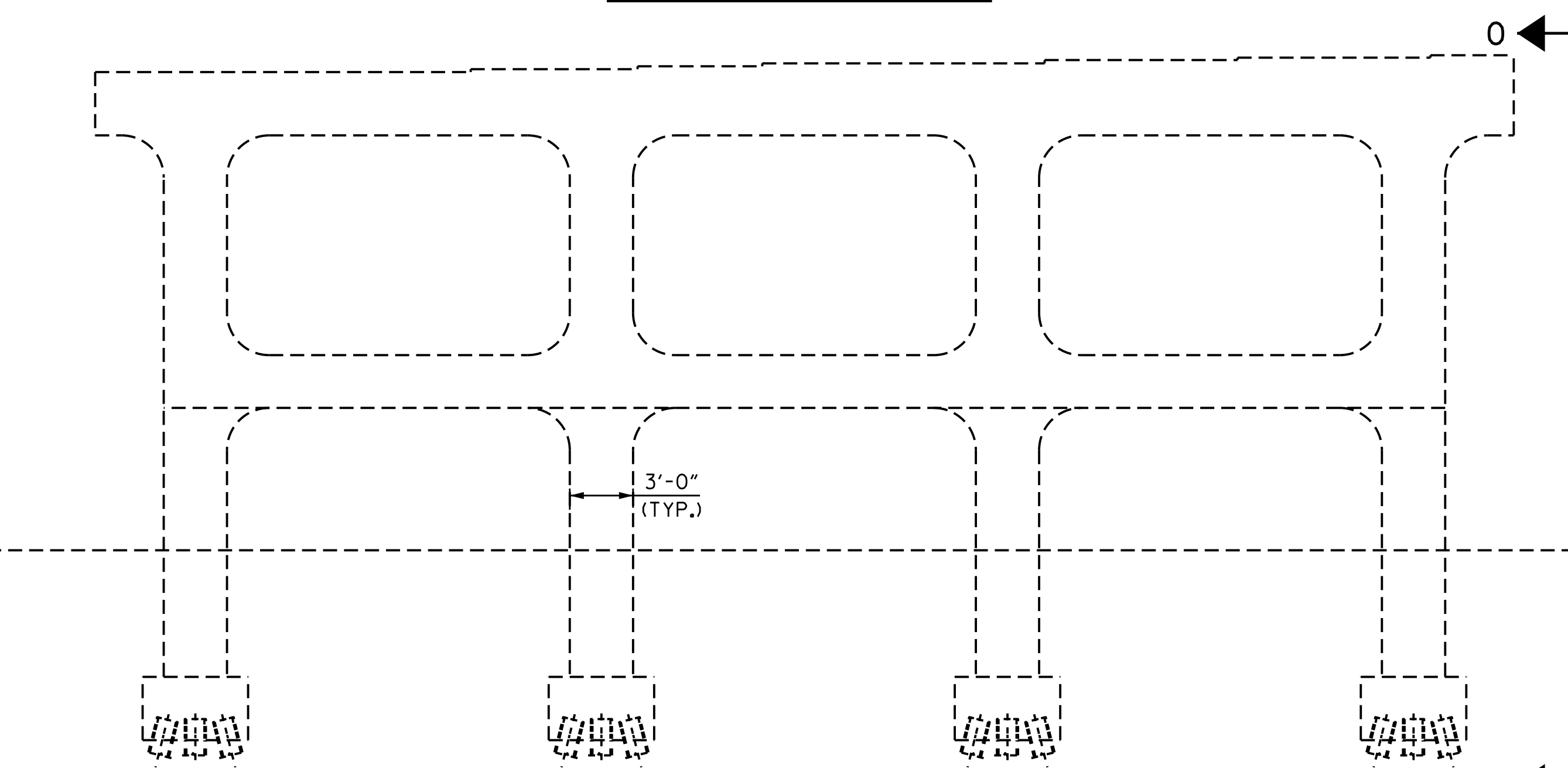
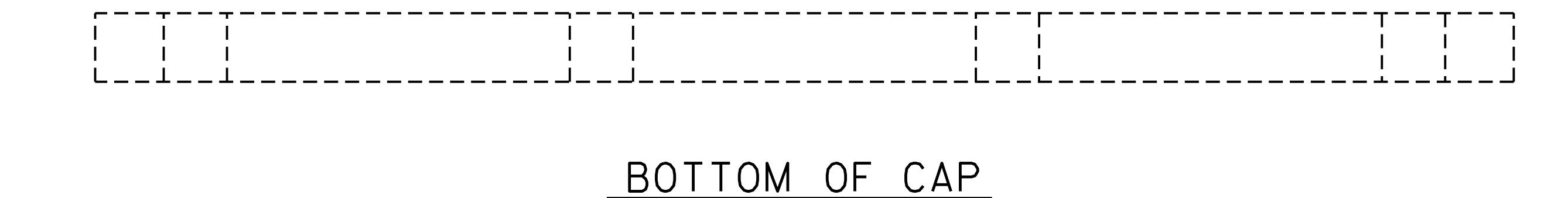
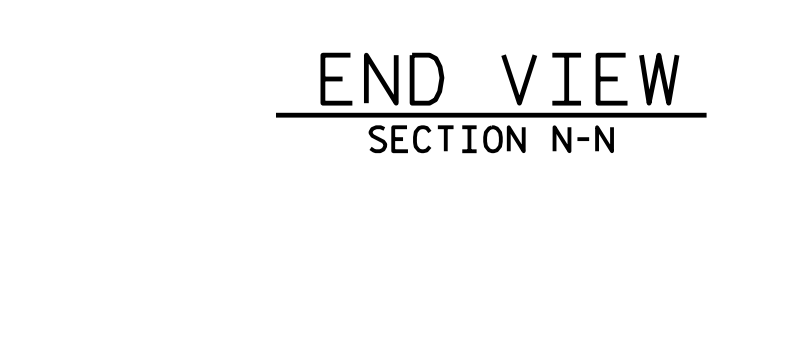
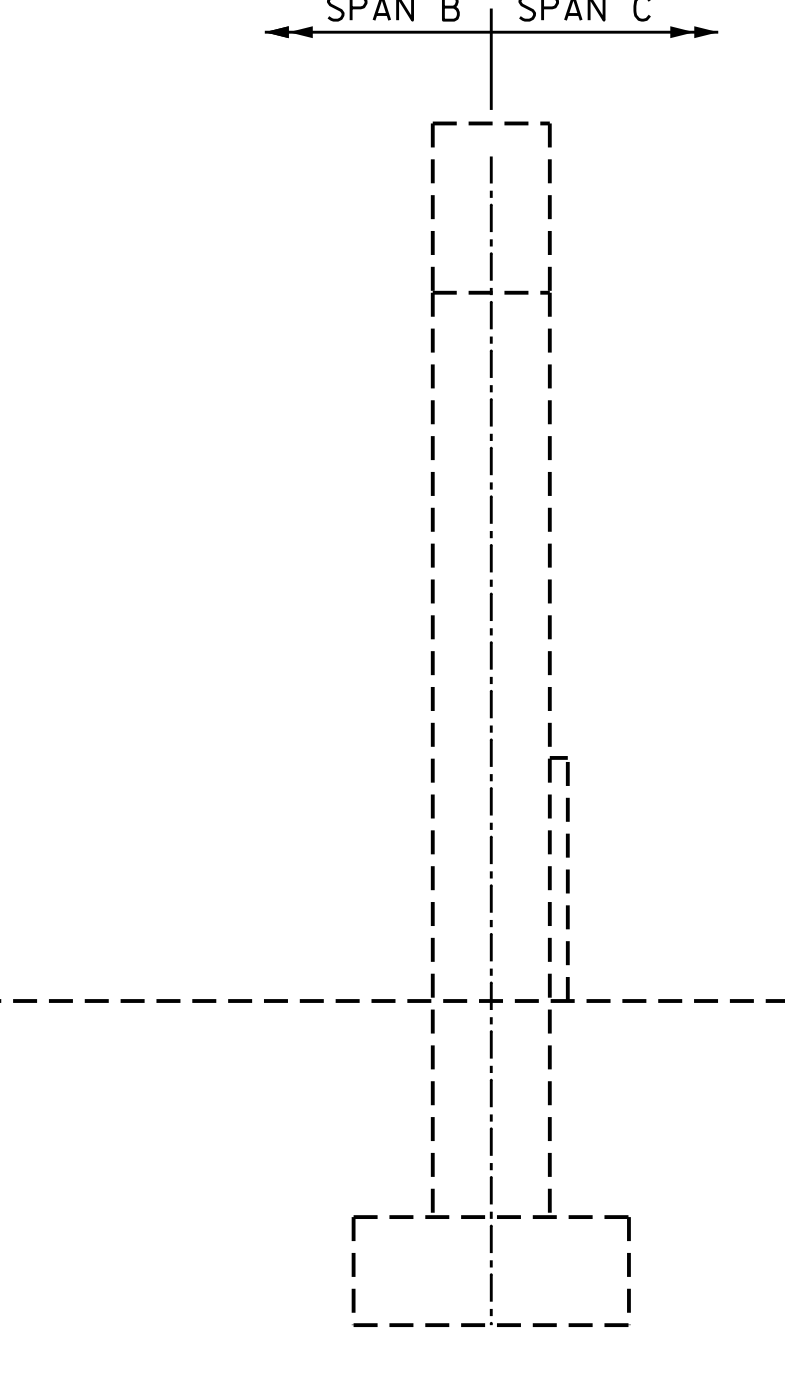
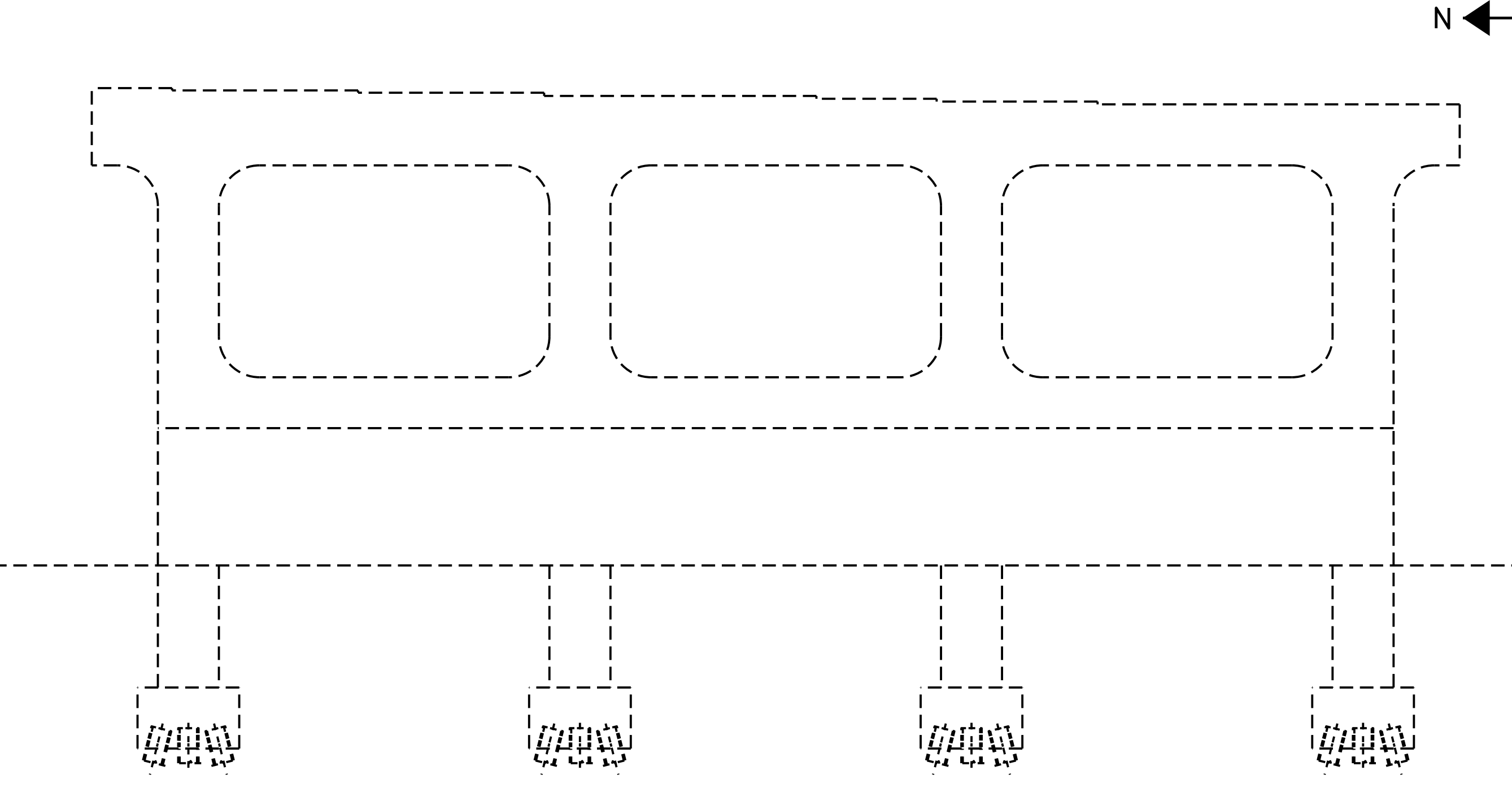
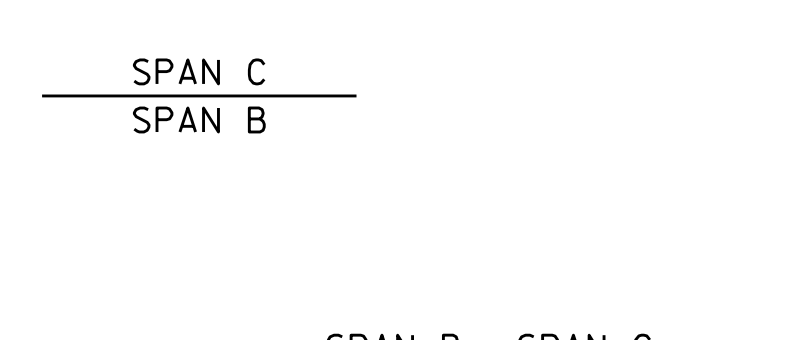
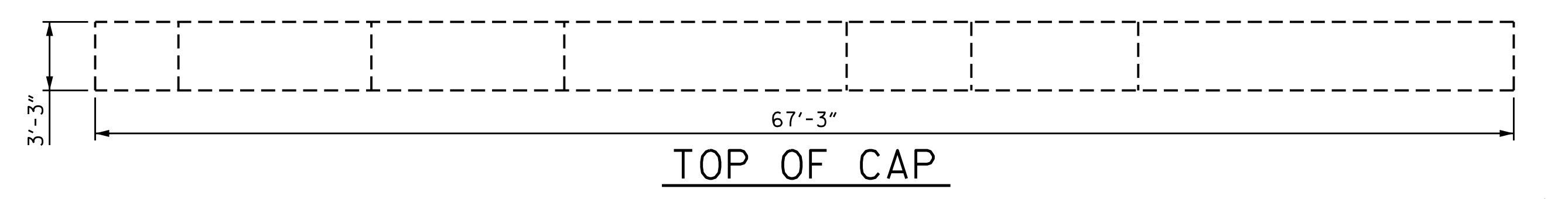
SHEET 3 OF 3



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH
 SUBSTRUCTURE
 BENT 2
 RIGHT SIDE

| REVISIONS | | | | | | SHEET NO. |
|-----------|-----|-------|-----|-----|-------|--------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | S3-11 |
| 1 | | | 3 | | | TOTAL SHEETS |
| 2 | | | 4 | | | 13 |

DOCUMENT NOT CONSIDERED FINAL UNLESS ALL SIGNATURES COMPLETED



DRAWN BY : N.A. PIERCE DATE : 08/2018
 CHECKED BY : D.A. CANTRELL DATE : 12/2018

ELEVATION
 SPAN C FACE

END VIEW
 SECTION O-O