

NOTES:

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 WILL NOTE ON THE DRAWINGS THE APPROXIMATE LOCATIONS AND DESCRIPTION OF THE REPAIRS AND ENTER THE ACTUAL QUANTITIES INTO THE AS-BUILT REPAIR QUANTITY TABLE.

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

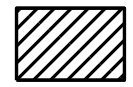
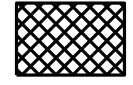

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

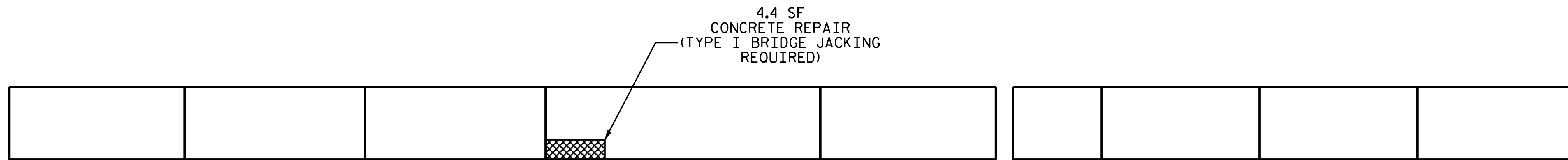
FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

SHOTCRETE REPAIRS MAY BE REPLACED WITH CONCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

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.

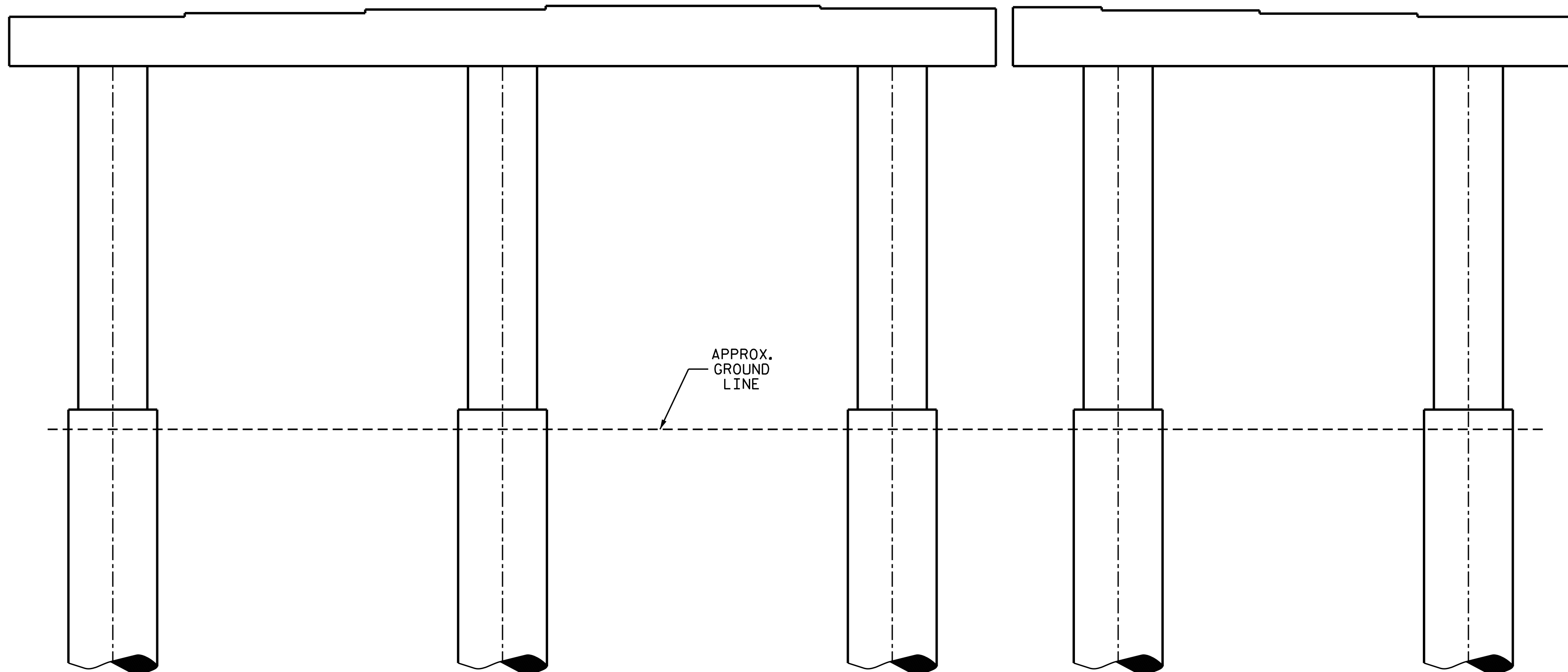
CONCRETE REPAIRS TO THE BENT CAP MAY REQUIRE BRIDGE JACKING. FOR BRIDGE JACKING, SEE "JACKING DETAILS" SHEET.

-  SHOTCRETE AREA
-  CONCRETE AREA
-  ERI - EPOXY RESIN INJECTION



SPAN B
SPAN A

PLAN - TOP OF CAP

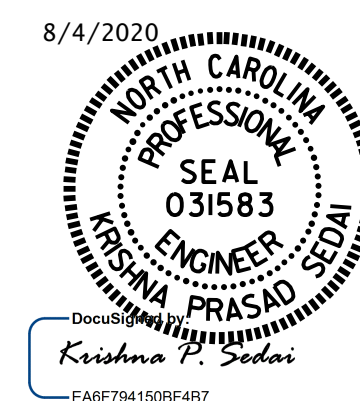


ELEVATION - SPAN A VIEW

AS-BUILT REPAIR QUANTITY TABLE				
BENT 1 REPAIRS	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	4.4	2.2		
EPOXY RESIN INJECTION		LN. FT.		LN. FT.
CAP		0.0		
COLUMN		0.0		
EPOXY COATING	AREA SF		AREA SF	
TOP OF CAP (BENTS 1 & 2)	575.0			

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

PROJECT NO. I-5795
FORSYTH COUNTY
 BRIDGE NO. 330161



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH

 SUBSTRUCTURE
 BENT 1
 SPAN A FACE

DRAWN BY : A. SORSENGINH DATE : 4/2018
 CHECKED BY : M. G. SHAIKH DATE : 5/2018

NO.	REVISIONS			SHEET NO.
	BY:	DATE:	NO.	
1			3	S15-07 TOTAL SHEETS 7
2			4	

DOCUMENT NOT CONSIDERED FINAL UNLESS ALL SIGNATURES COMPLETED