

**NOTES:**

REPAIR LOCATIONS AND ESTIMATED 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 LOCATIONS AND DESCRIPTION OF THE REPAIRS AND ADJUST THE ACTUAL QUANTITIES ENTERED INTO THE AS-BUILT REPAIR QUANTITY TABLE.

FOR BRIDGE JOINT DEMOLITION, SEE "JOINT DETAILS" SHEET.

FOR SECTION A-A, SEE "JOINT DETAILS" SHEET.

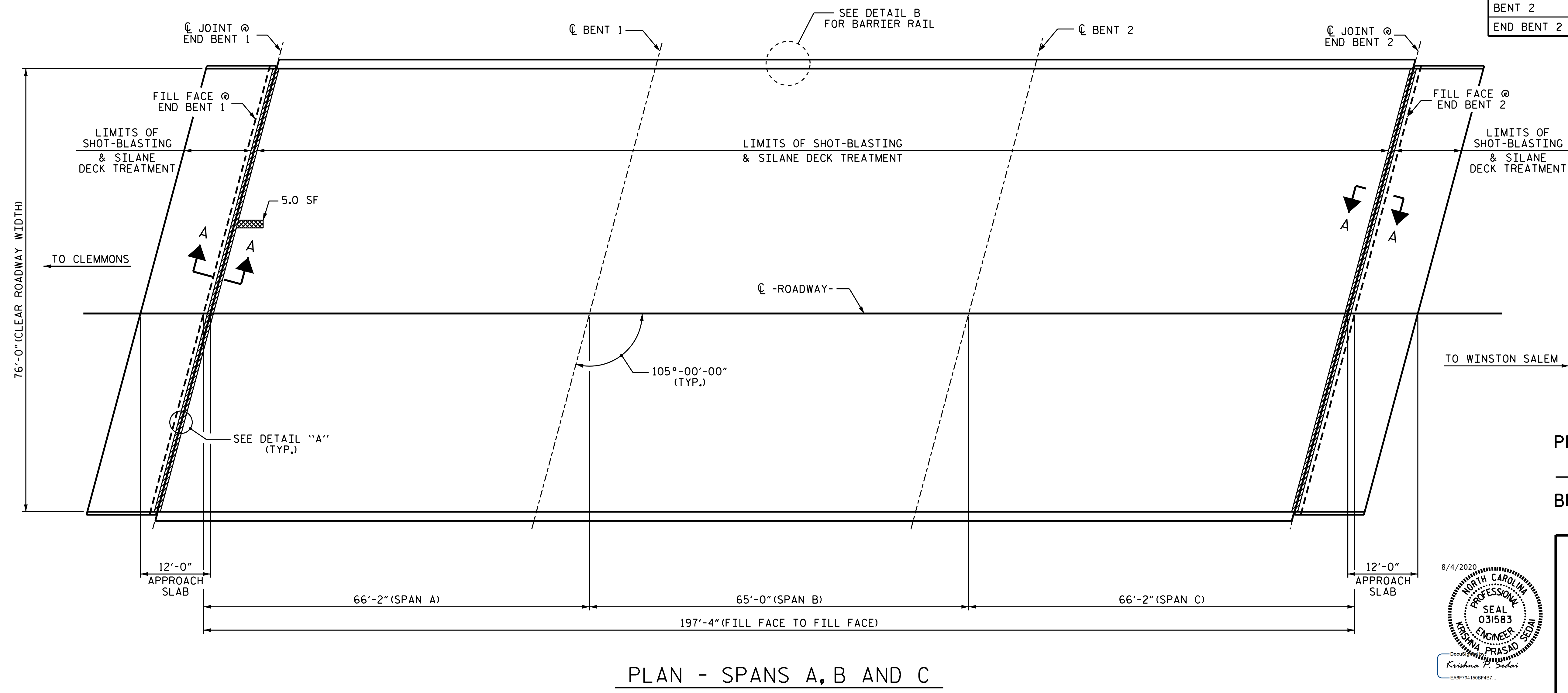
CONCRETE DECK REPAIR FOR SILANE DECK TREATMENT SHALL BE COMPLETE PRIOR TO SHOTBLAST OF ENTIRE DECK SURFACE FOR PREPARATION FOR SILANE DECK TREATMENT.

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.

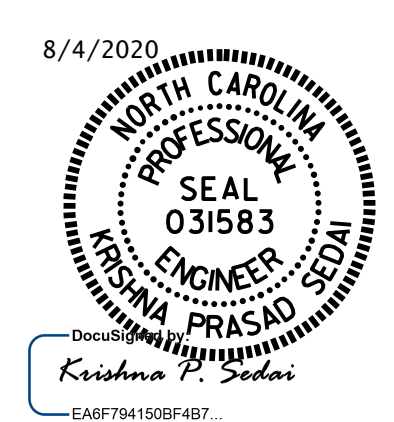
ONLY INNER SURFACE AND TOP SURFACE OF BARRIER RAIL WILL BE TREATED WITH SILANE PENETRANT SEALER.

- BRIDGE JOINT DEMOLITION
- CONCRETE DECK REPAIR FOR SILANE DECK TREATMENT
- SHOTBLAST BRIDGE DECK AND SILANE DECK TREATMENT

APPROACH SLAB QUANTITIES		
	ESTIMATE	ACTUAL
CONCRETE DECK REPAIR FOR SILANE DECK TREATMENT	0.0 SF	
SHOTBLAST APPROACH SLAB	194 SY	
SILANE DECK TREATMENT	194 SY	
BRIDGE QUANTITIES		
	ESTIMATE	ACTUAL
CONCRETE DECK REPAIR FOR SILANE DECK TREATMENT	5.0 SF	
BRIDGE JOINT DEMOLITION	157.4 SF	
SHOTBLAST BRIDGE DECK	1639 SY	
SILANE DECK TREATMENT	1639 SY	
SURFACE PREPARATION FOR CONCRETE BARRIER	1368 SF	
SILANE BARRIER RAIL TREATMENT	1368 SF	
EPOXY COATING CONCRETE GIRDER ENDS	482 SF	
EPOXY COATING		
	ESTIMATE AREA SQ. FT.	ACTUAL AREA SQ. FT.
END BENT 1	176.2	
BENT 1	287.5	
BENT 2	287.5	
END BENT 2	176.2	



PROJECT NO. I-5795  
FORSYTH COUNTY  
 BRIDGE NO. 330162



STATE OF NORTH CAROLINA  
 DEPARTMENT OF TRANSPORTATION  
 RALEIGH

**SURFACE PREPARATION & SILANE DECK TREATMENT**

DRAWN BY : A. SORSENGINH DATE : 1/2018  
 CHECKED BY : M. G. SHAIKH DATE : 3/2018

DOCUMENT NOT CONSIDERED FINAL UNLESS ALL SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	S16-03
1			3			TOTAL SHEETS
2			4			5