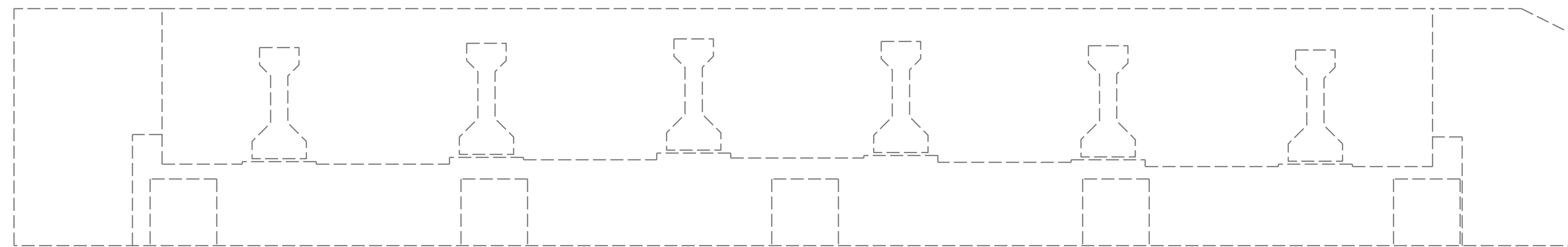


TOP OF CAP



ELEVATION

AS-BUILT REPAIR QUANTITY TABLE

| REPAIRS - END BENT 1 | QUANTITIES | | | |
|-----------------------|------------|-----------|---------|-----------|
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIRS | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP | 0 | 0 | | |
| CURTAIN WALL | 0 | 0 | | |
| WINGWALL | | | | |
| CONCRETE REPAIRS | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP | 0 | 0 | | |
| CURTAIN WALL | 0 | 0 | | |
| WINGWALL | | | | |
| EPOXY RESIN INJECTION | | LINEAR FT | | LINEAR FT |
| CAP | | 0 | | |
| CURTAIN WALL | | 0 | | |
| WINGWALL | | | | |
| EPOXY COATING | | AREA SF | | AREA SF |
| TOP OF CAP | | 59.0 | | |

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

NOTES

REPAIR LOCATIONS AND ESTIMATE OF QUANTITIES ARE GIVEN 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 REPAIR QUANTITY TABLE.

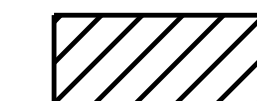
CLEAN AND REMOVE DEBRIS FROM THE TOP OF THE CAP AND APPLY EPOXY PROTECTIVE COATING. EPOXY COATING SHALL BE APPLIED TO THE TOP SURFACE OF THE CAP. THE CONTRACTOR SHALL NOT COAT THE AREA OF THE CAP BENEATH THE MASONRY PLATES. FOR EPOXY COATING, SEE SPECIAL PROVISIONS.

SHOTCRETE REPAIRS MAYBE REPLACED WITH CONCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR EPOXY RESIN INJECTION, SEE SPECIAL PROVISIONS.



SHOTCRETE REPAIR AREA



CONCRETE REPAIR AREA

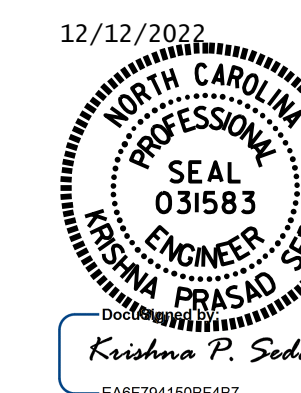


EPOXY RESIN INJECTION

PROJECT NO. **15BPR.61**

CHEROKEE COUNTY

BRIDGE NO. **190010**



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
RALEIGH

END BENT 1

DRAWN BY : S. AGUILAR HERNANDEZ DATE : 6/2022
 CHECKED BY : A. SORSENGINH DATE : 6/2022
 DESIGN ENGINEER OF RECORD: DATE :

DOCUMENT NOT CONSIDERED
FINAL UNLESS ALL
SIGNATURES COMPLETED

| REVISIONS | | | | | | SHEET NO. S2-18 |
|-----------|-----|-------|-----|-----|-------|--------------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | |
| 1 | | | 3 | | | TOTAL SHEETS 28 |
| 2 | | | 4 | | | |