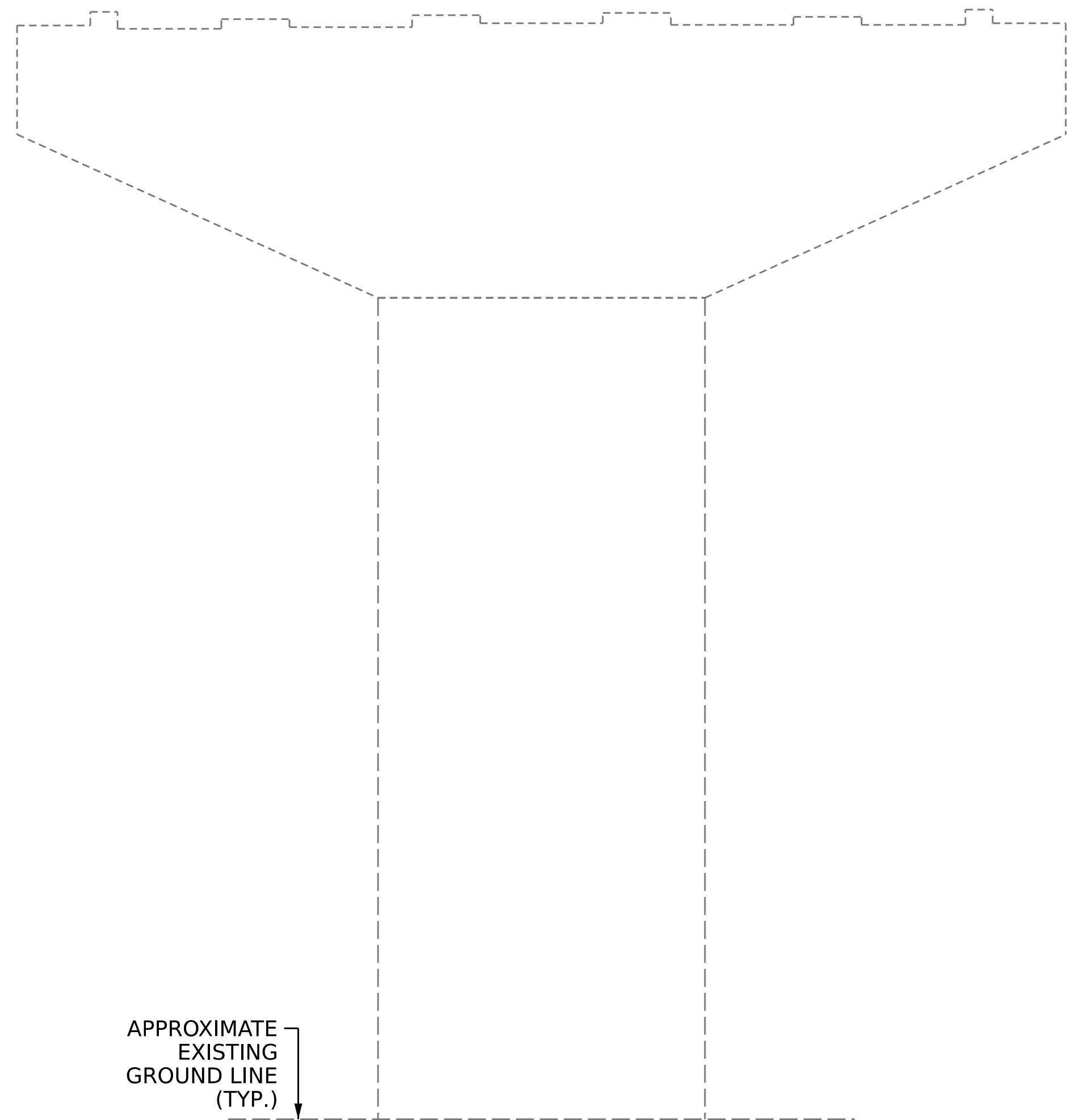


**PLAN VIEW**

TOP OF CAP

SPAN B  
SPAN A



APPROXIMATE  
EXISTING  
GROUND LINE  
(TYP.)

**ELEVATION**

BENT 1 - SPAN A FACE



**END VIEW**

**AS-BUILT REPAIR QUANTITY TABLE**

BENT 1 - SPAN A FACE	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 RESIN INJECTION		LINEAR FT		LINEAR FT
CAP		0		
COLUMN		0		
EPOXY COATING		AREA SF		AREA SF
TOP OF BENT CAP		102.0		

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.

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

 SHOTCRETE REPAIR AREA

 CONCRETE REPAIR AREA

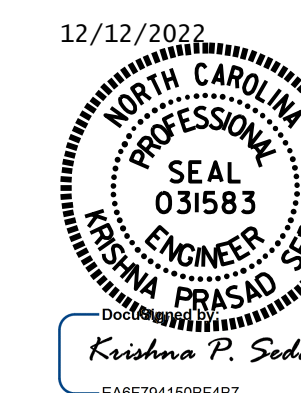
 EPOXY RESIN INJECTION

PROJECT NO. **15BPR.61**

**CHEROKEE** COUNTY

BRIDGE NO. **190010**

SHEET 1 OF 2



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
RALEIGH

**BENT 1  
SPAN A FACE**

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.
NO.	BY:	DATE:	NO.	BY:	DATE:	TOTAL SHEETS
1			3			28
2			4			