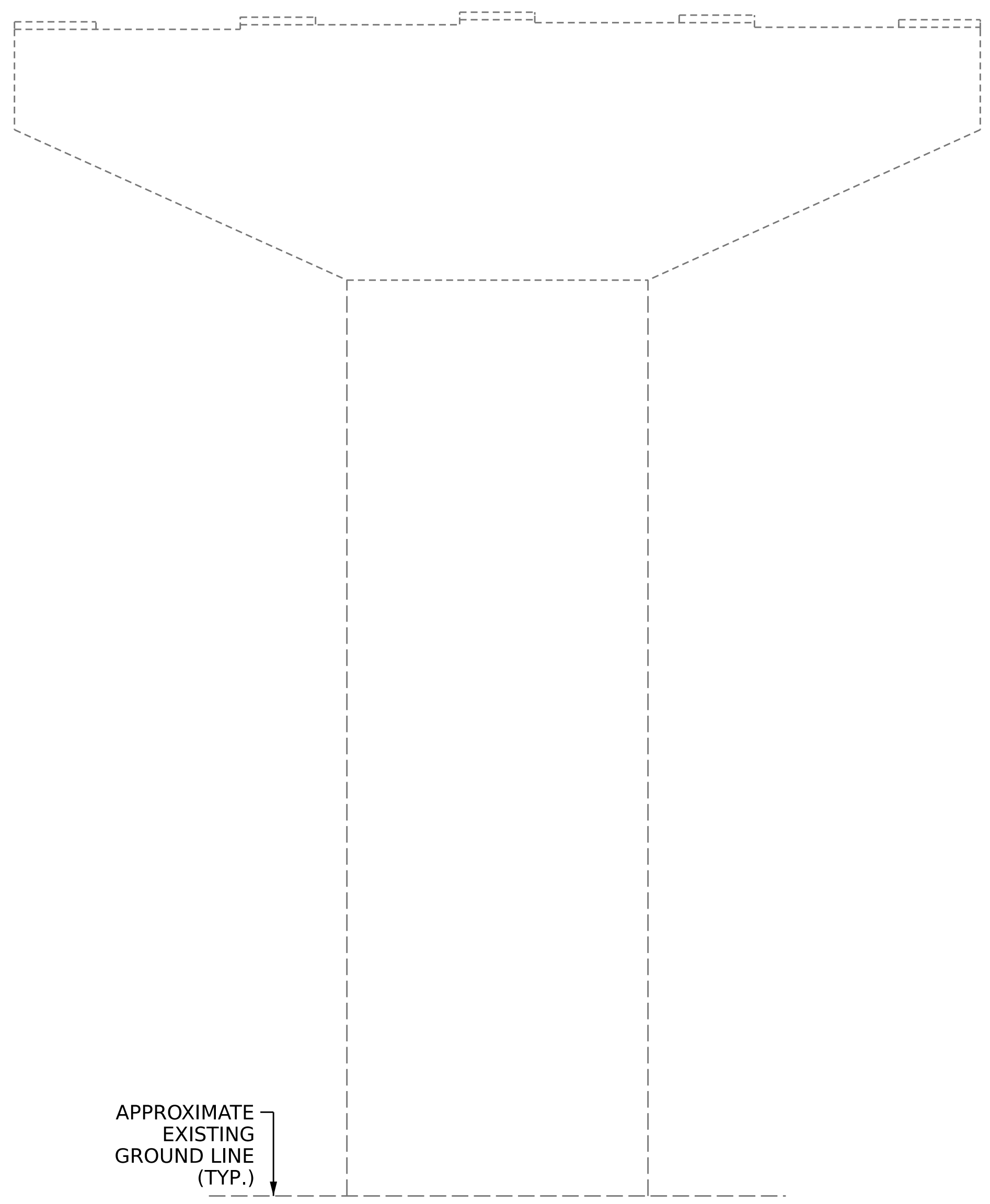
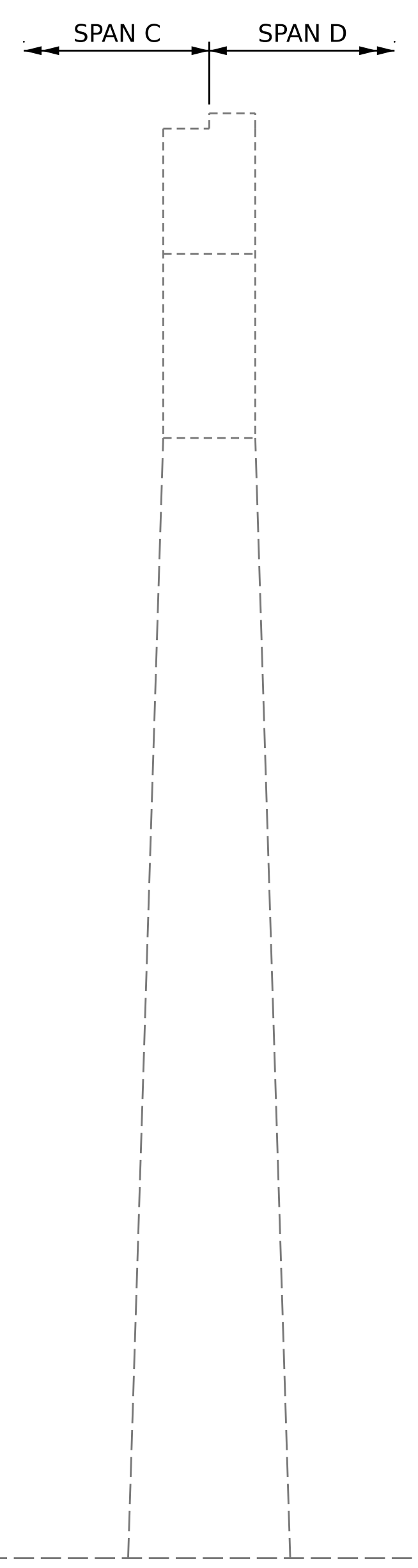


SPAN D
SPAN C

PLAN VIEW
TOP OF CAP



ELEVATION
BENT 3 - SPAN C FACE



END VIEW

AS-BUILT REPAIR QUANTITY TABLE

BENT 3 - SPAN C 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		87.0		
COLUMN		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 MAY BE REPLACED WITH CONCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

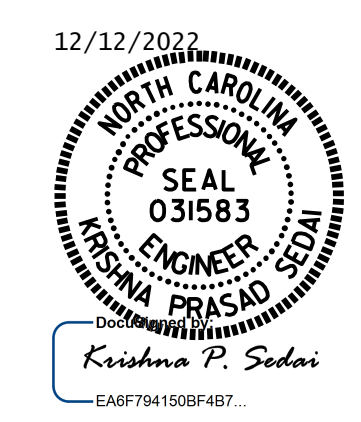
FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

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 3
 SPAN C 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:	S2-23
1			3			TOTAL SHEETS
2			4			28