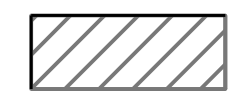
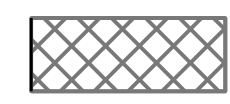



**NOTES**

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.

CONCRETE REPAIRS MAYBE SUBSTITUTED IN LIEU OF SHOTCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

-  SHOTCRETE REPAIR AREA
-  CONCRETE REPAIR AREA
-  EPOXY RESIN INJECTION

**SUBSTRUCTURE REPAIR QUANTITY TABLE**

BENT 1	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
CAP	0	0		
COLUMN	0	0		
<b>CONCRETE REPAIRS</b>	<b>AREA SF</b>	<b>VOLUME CF</b>	<b>AREA SF</b>	<b>VOLUME CF</b>
CAP	0	0		
COLUMN	0	0		
<b>EPOXY RESIN INJECTION</b>		<b>LINEAR FT</b>		<b>LINEAR FT</b>
CAP	0	0		
COLUMN		0		
<b>EPOXY COATING</b>		<b>AREA SF</b>		<b>AREA SF</b>
CAP		449.7		

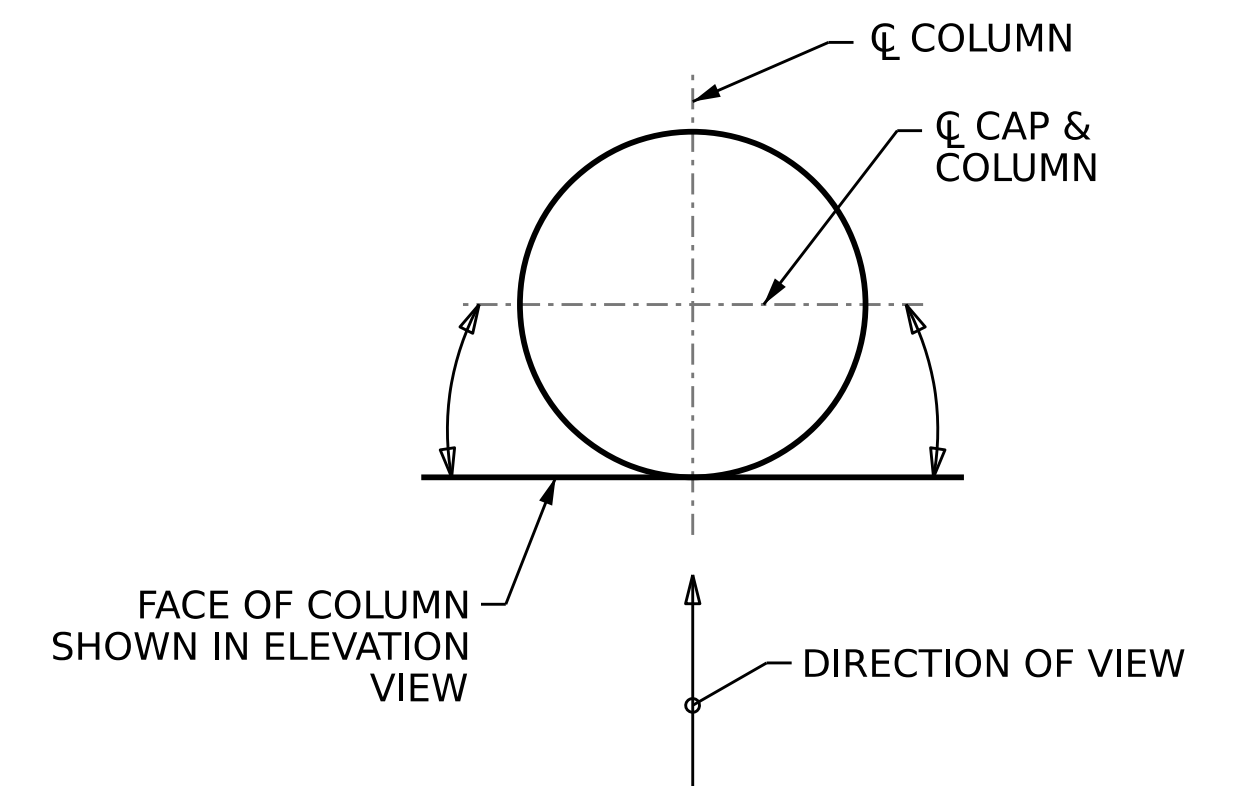
VALUES IN CHART REPRESENT ESTIMATED REPAIR TOTALS AFTER REMOVAL OF UNSOUND CONCRETE, MIN. OF 1" BEHIND REBAR AND MIN. 2" CLEAR TO SAWCUT. SEE REPAIR DETAILS.



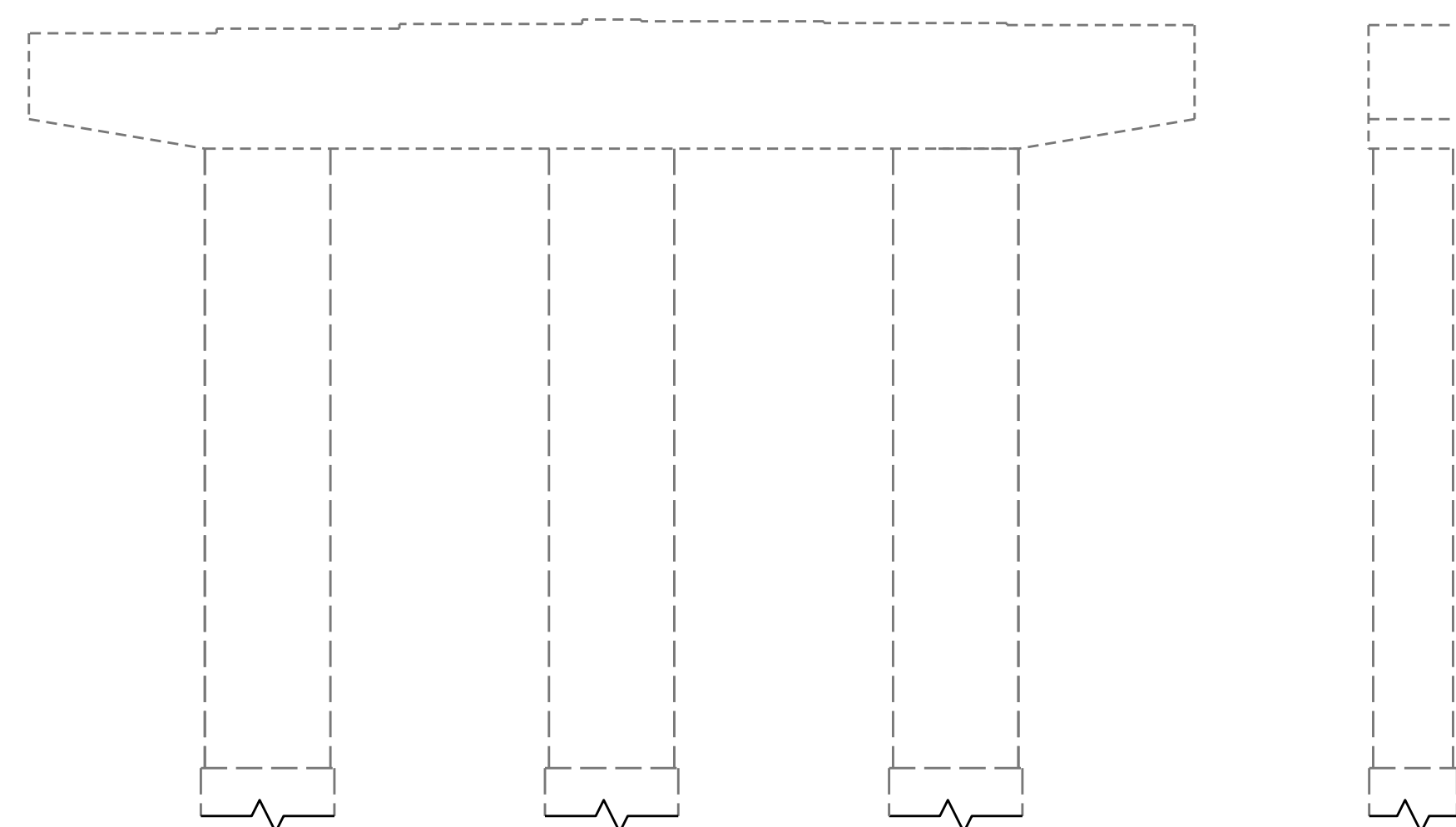
**TOP OF CAP**



**BOTTOM OF CAP**

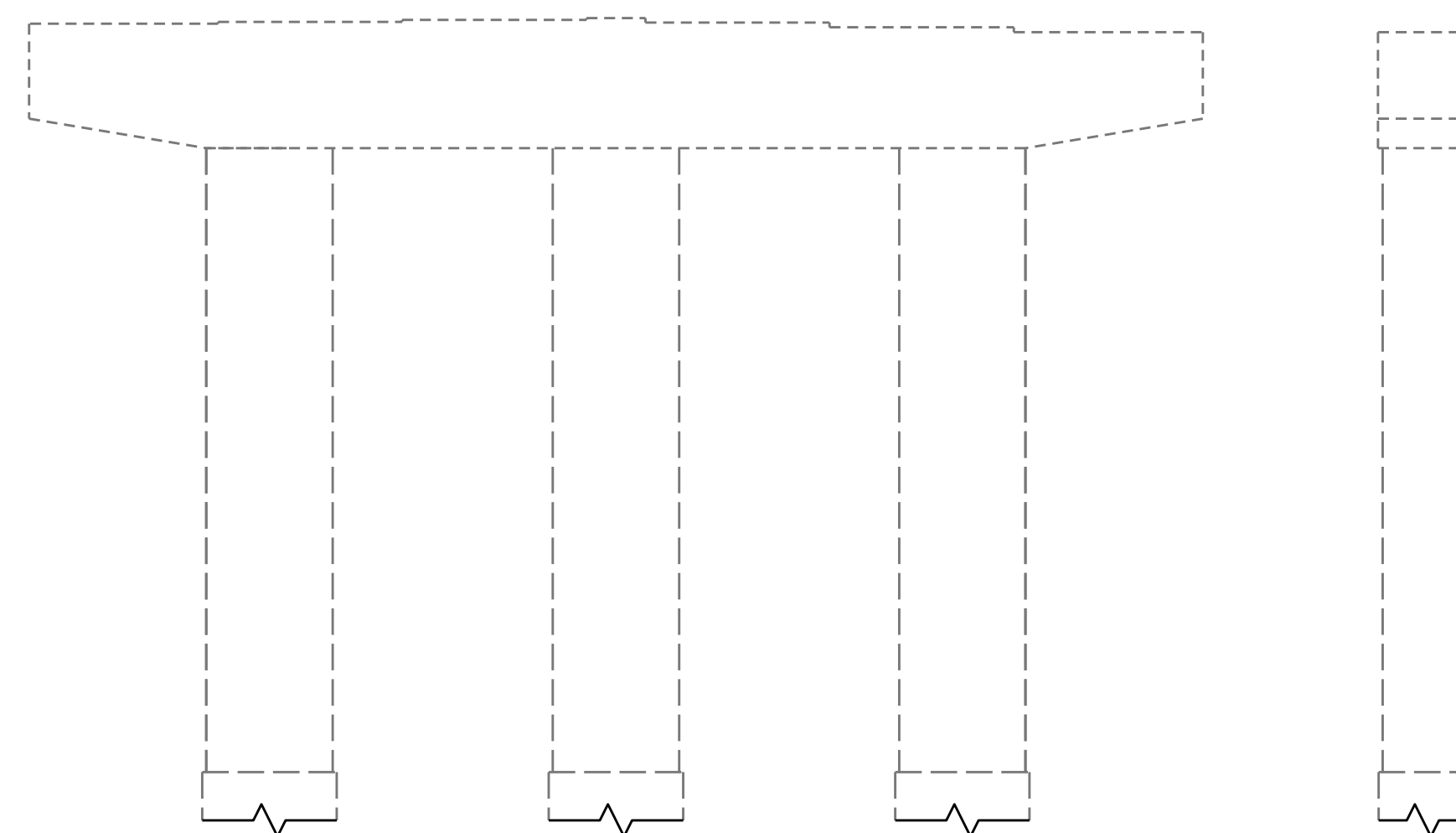


**UNWRAPPED COLUMN FACE DETAIL**



**ELEVATION**  
SPAN A SIDE

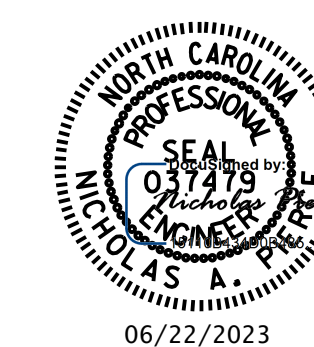
**END VIEW**



**ELEVATION**  
SPAN B SIDE

**END VIEW**

PROJECT NO. **15BPR.124.3**  
**WAKE** COUNTY  
BRIDGE NO. **911039**



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
RALEIGH  
SUBSTRUCTURE REPAIR  
**BENT 1**

DRAWN BY : D.A. CANTRELL/A.Y. GODFREY DATE : 09/2022  
CHECKED BY : N.A. PIERCE DATE : 10/2022  
DESIGN ENGINEER OF RECORD: N.A. PIERCE DATE : 12/2022

DOCUMENT NOT CONSIDERED  
FINAL UNLESS ALL  
SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	TOTAL SHEETS
1			3			18
2			4			