

AS - BUILT REPAIR QUANTITY TABLE

DECK UNDERSIDE REPAIRS SPAN A	QUANTITIES			
	ESTIMATE		ACTUAL	
	AREA SF	VOLUME CF	AREA SF	VOLUME CF
SHOTCRETE REPAIRS				
UNDERSIDE OF DECK	0	0		
CONCRETE DIAPHRAM	1.9	1.0		
OVERHANG	0	0		
CONCRETE REPAIRS				
UNDERSIDE OF DECK	0	0		
CONCRETE DIAPHRAM	0	0		
OVERHANG	0	0		
GIRDER REPAIRS				
GIRDER	0.3	0.1		
EPOXY COATING				
GIRDER ENDS	245.0			

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.

SHOTCRETE REPAIRS MAY BE REPLACED WITH CONCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR EPOXY COATING CONCRETE GIRDER ENDS, SEE SPECIAL PROVISIONS.

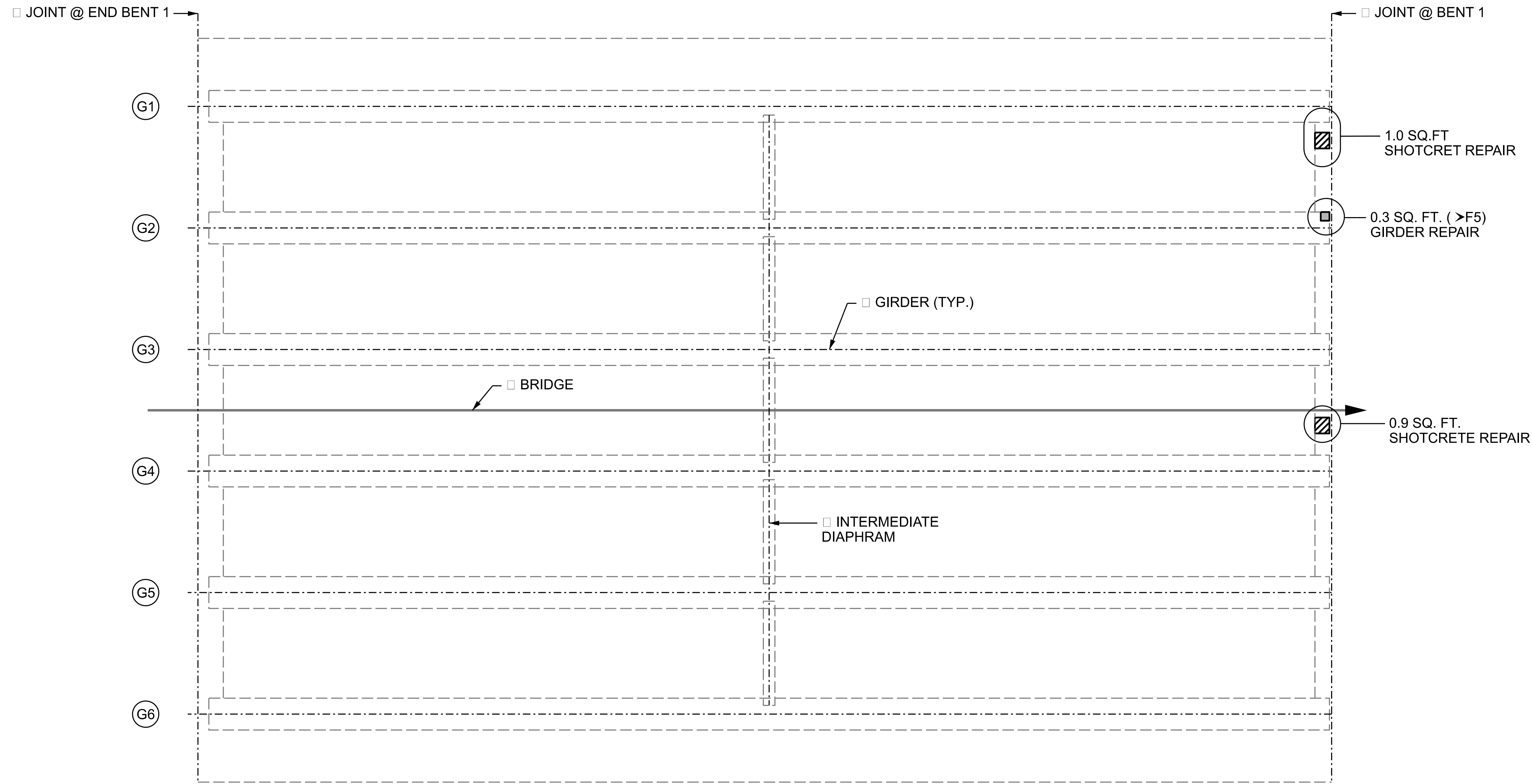
FOR PRESTRESSED CONCRETE GIRDER REPAIR DETAILS AND LIMITS OF EPOXY COATING CONCRETE GIRDER ENDS, SEE PRESTRESSED CONCRETE GIRDER REPAIRS DETAIL SHEET.

FOR UNDERSIDE OF DECK AND OVERHANG REPAIRS, SEE "OVERHANG AND DIAPHRAGM REPAIR DETAILS" SHEET.

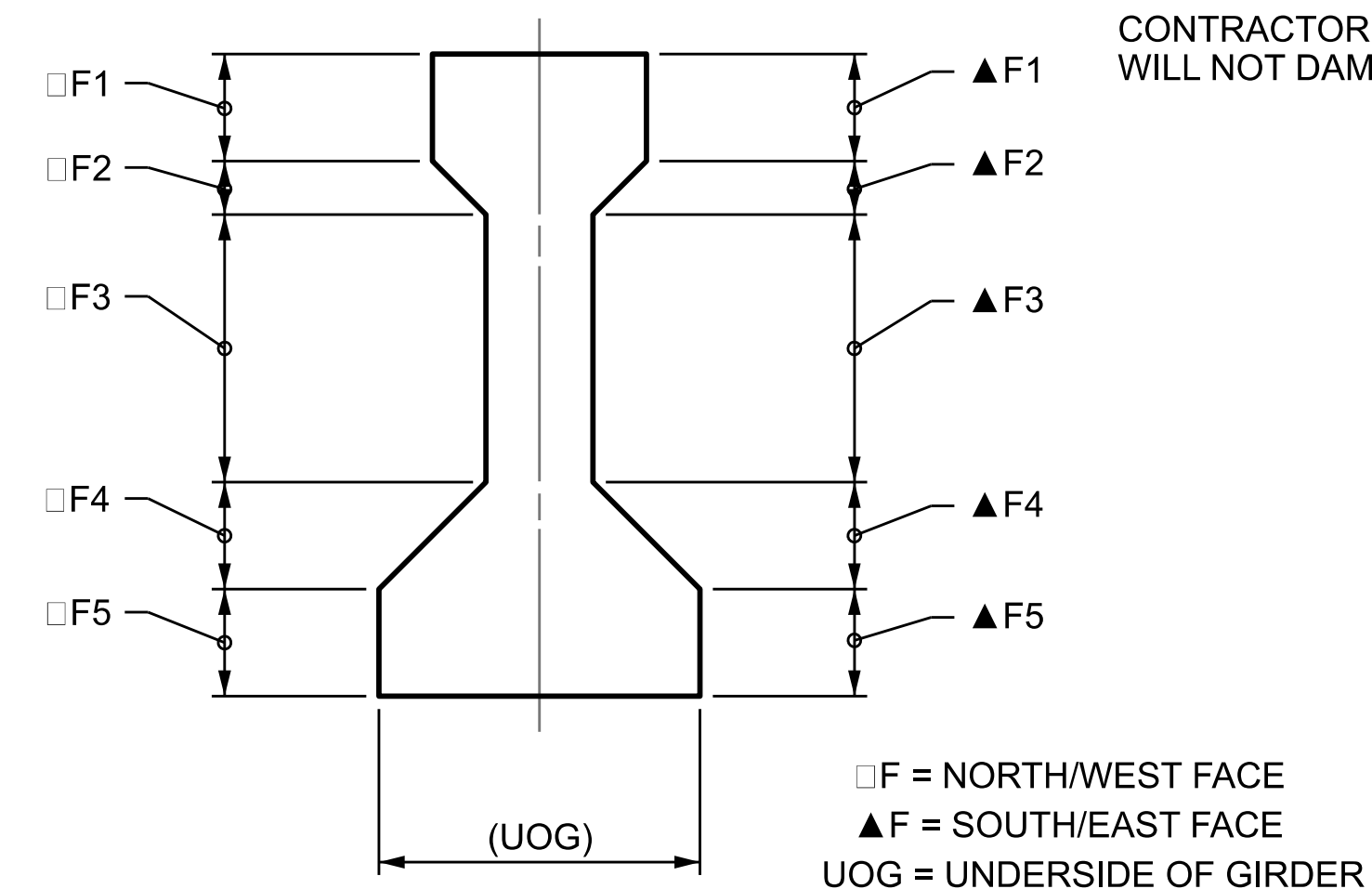
FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

CONTRACTOR SHALL SAWCUT TO A NOMINAL DEPTH OF 1/2" BUT REINFORCING STEEL SHALL NOT BE DAMAGED.

CONTRACTOR SHALL REMOVE SURFACE CONCRETE TO VERIFY THAT SAWCUT DEPTH WILL NOT DAMAGE EXISTING REINFORCING STEEL.



SPAN A



GIRDER SECTION

GIRDER DAMAGE LOCATIONS

- GIRDER REPAIR
- SHOTCRETE REPAIR AREA
- EPOXY RESIN INJECTION

PROJECT NO. 15BPR.125.3
CHEROKEE COUNTY
 BRIDGE NO. 190010

SHEET 1 OF 5



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH
**DECK UNDERSIDE REPAIRS
 SPAN A**

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:	S2-13
1			3			TOTAL SHEETS
2			4			28