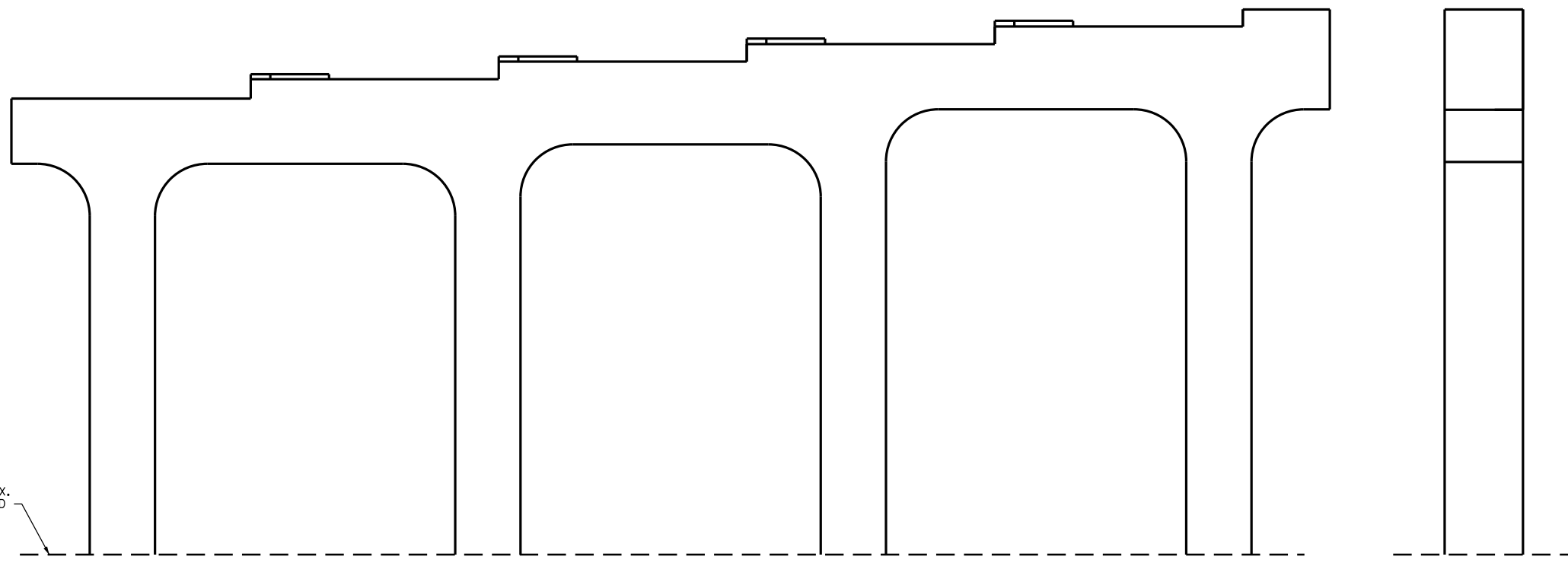


TOP OF CAP

SPAN C  
SPAN B

SPAN B | SPAN C



APPROX.  
GROUND  
LINE

ELEVATION  
(SPAN B FACE)

END VIEW

BENT 2

NO REPAIRS NOTED FOR BENT 1, SPAN A FACE DURING INSPECTION BY STRUCTURES MANAGEMENT UNIT. THE CONTRACTOR AND ENGINEER SHALL INSPECT BENT 1, SPAN A FACE PRIOR TO BEGINNING WORK.

AS-BUILT REPAIR QUANTITY TABLE

BENT 2 REPAIRS	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
CAP	13.3	8.3 *		
COLUMN	0.0	0.0		
CONCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
CAP	0.0	0.0		
COLUMN	0.0	0.0		
EPOXY RESIN INJECTION	LN. FT.		LN. FT.	
CAP	0.0			
COLUMN	0.0			
EPOXY COATING	SQ. FT.		SQ. FT.	
TOP OF BENT CAP	151			

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

NOTES:

REPAIR LOCATIONS AND ESTIMATE OF QUANTITIES ARE GIVEN WITH 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 ADJUST THE ACTUAL QUANTITIES ENTERED INTO THE REPAIR QUANTITY TABLE.

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

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

\* QUANTITY HAS BEEN INCREASED DUE TO THE POTENTIAL FOR FURTHER DETERIORATION SINCE THE FIELD INSPECTION BY STRUCTURES MANAGEMENT UNIT.

DAMAGED AREA

EPOXY RESIN INJECTION

PROJECT NO. I-5892  
BUNCOMBE COUNTY  
 BRIDGE NO. 422

SHEET 3 OF 4

DocuSigned by:  
*John A. Yannaccone*  
 7BC260C8E89E

1/21/2017

STATE OF NORTH CAROLINA  
 DEPARTMENT OF TRANSPORTATION  
 RALEIGH

BENT 2  
 SPAN B FACE

DRAWN BY : CL BRIGHT DATE : \_05/16  
 CHECKED BY : S. WANCE DATE : \_10/16

DOCUMENT NOT CONSIDERED FINAL UNLESS ALL SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	S-38
1			3			TOTAL SHEETS
2			4			68