

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 INSPECTOR OR ENGINEER THE CONTRACTOR 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 CAP AND COLUMN REPAIR DETAILS, SEE "TYPICAL CAP AND COLUMN REPAIR DETAILS" SHEET.

FOR "SHOTCRETE REPAIRS", SEE SPECIAL PROVISIONS.



FOR "EPOXY RESIN INJECTION", SEE SPECIAL PROVISIONS.

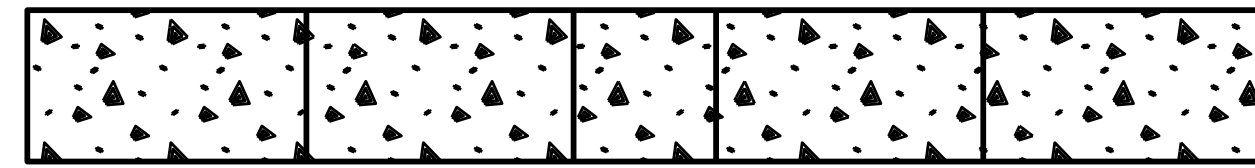
FOR "EPOXY COATING", SEE SPECIAL PROVISIONS.

REPAIR QUANTITY TABLE

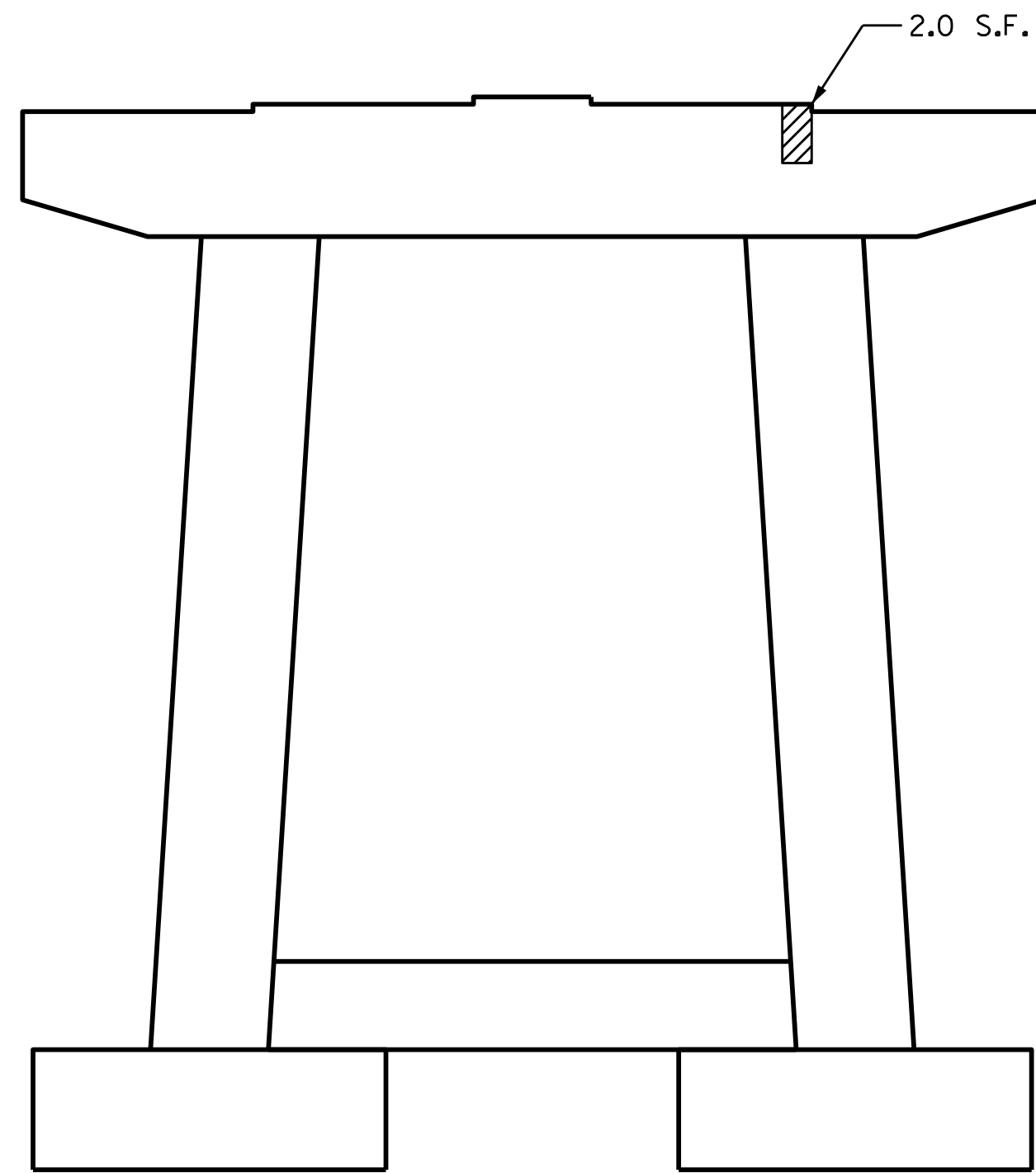
| REPAIRS BENT 43 | QUANTITIES | | | |
|--------------------------|------------|-----------|---------|-----------|
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIRS | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP (VERTICAL FACE) | 2.0 | 1.0 | | |
| CAP (HORIZONTAL, CORNER) | 0 | 0 | | |
| COLUMN | 0 | 0 | | |
| STRUT | 0 | 0 | | |
| FOOTING | 0 | 0 | | |
| EPOXY RESIN INJECTION | LN. FT | | LN. FT | |
| CAP | 0 | | | |
| COLUMN | 0 | | | |
| STRUT | 0 | | | |
| FOOTING | 0 | | | |
| EPOXY COATING | AREA SF | | AREA SF | |
| CAP | 147.3 | | | |

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

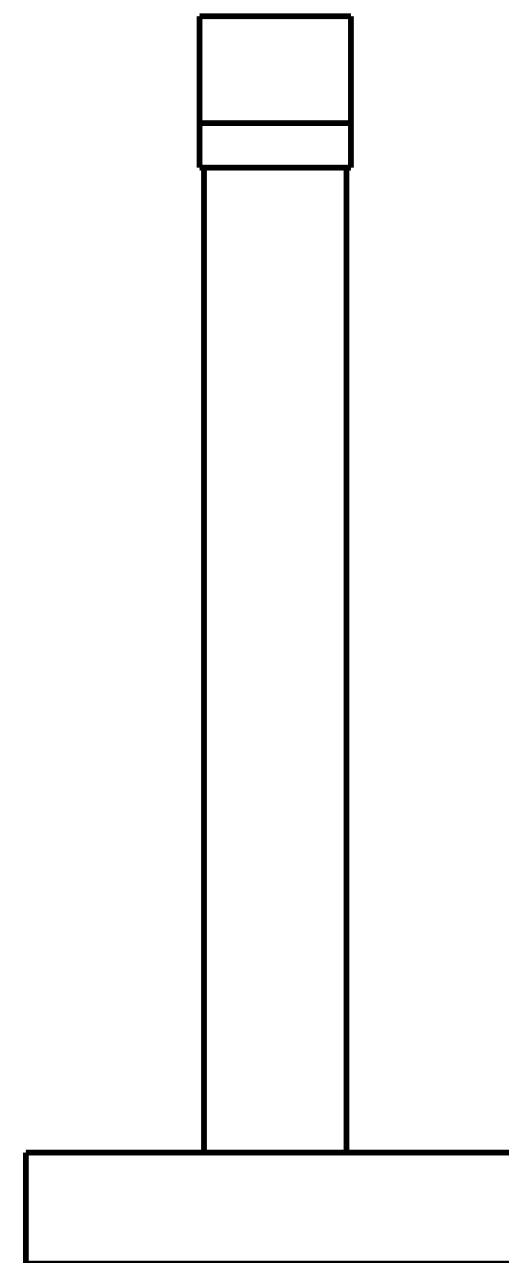
-  - EPOXY COATING
-  - SHOTCRETE REPAIR
- ERI - EPOXY RESIN INJECTION



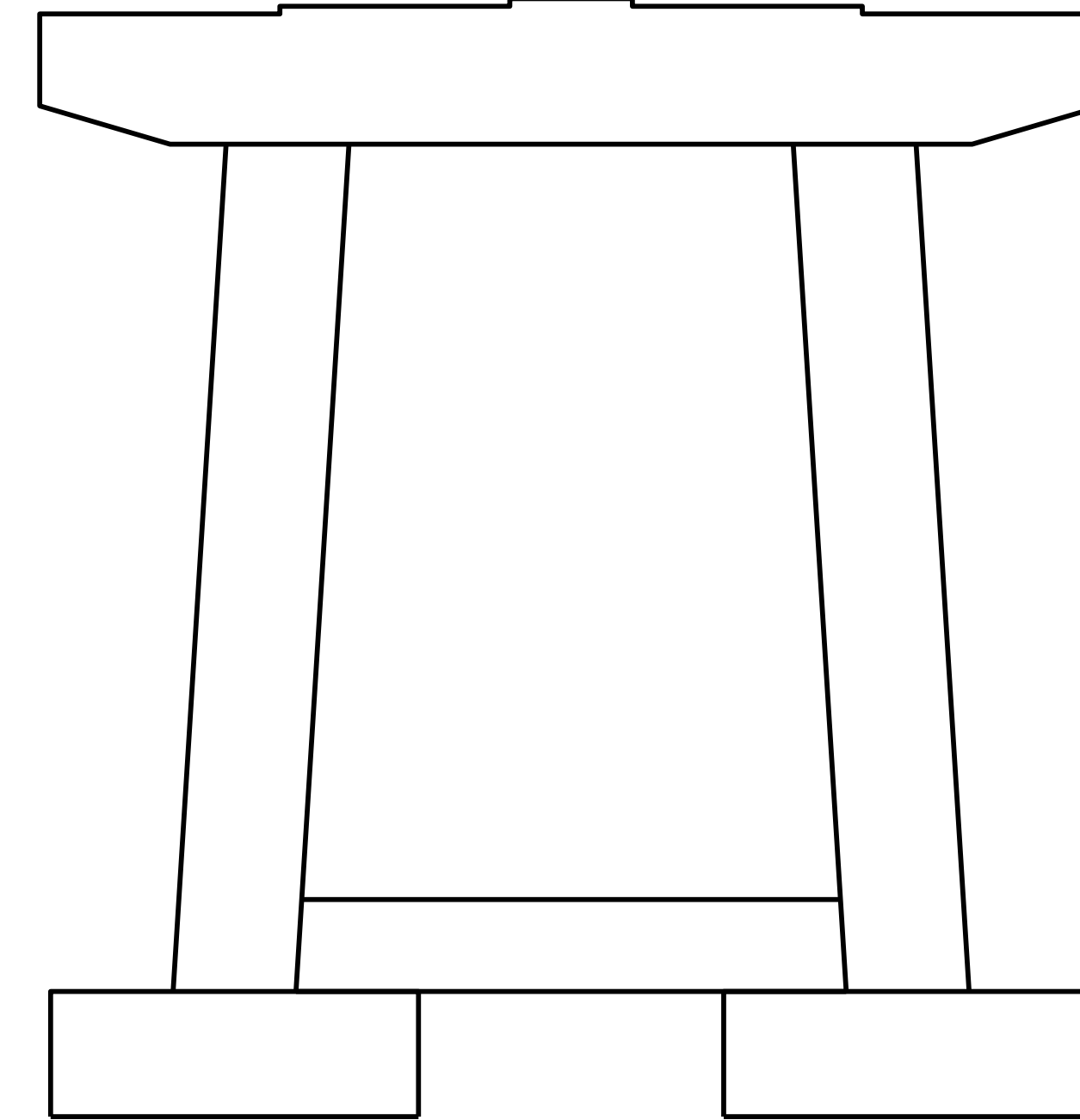
PLAN
TOP OF CAP



ELEVATION
SOUTH SIDE



END VIEW
WEST SIDE

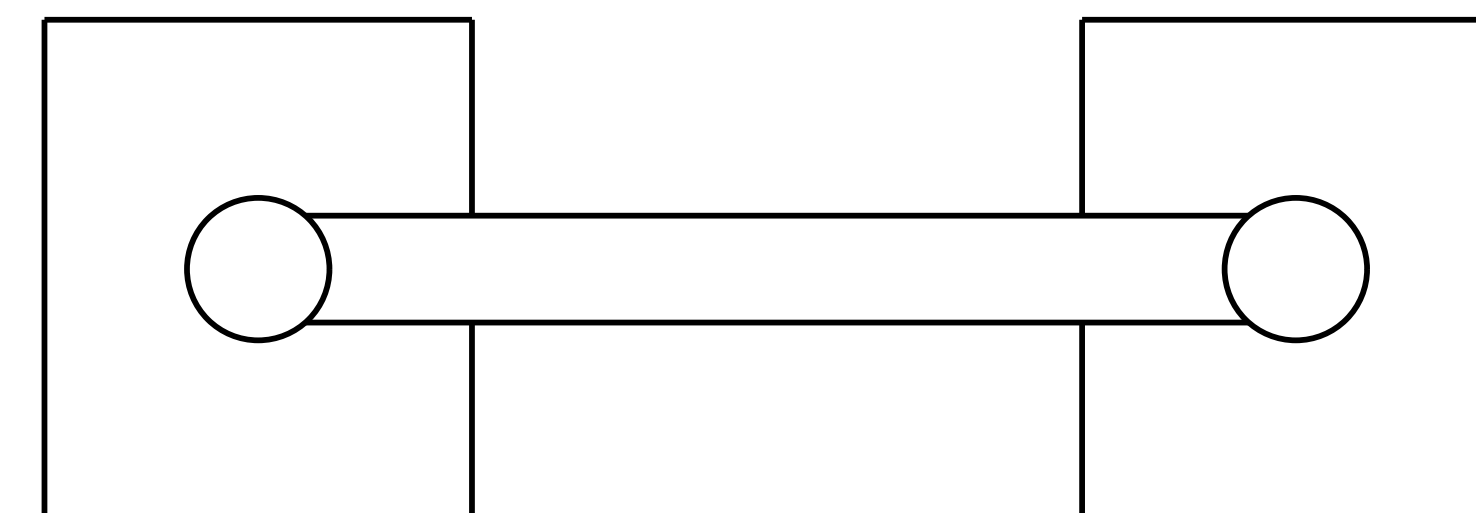


ELEVATION
NORTH SIDE

END VIEW
EAST SIDE



PLAN
BOTTOM OF CAP



PLAN
TOP OF FOOTING

PROJECT NO. B-5939

CARTERET COUNTY

BRIDGE NO. 6

SHEET 44 OF 60

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
RALEIGH

SUBSTRUCTURES
BENT 43



DocuSigned by:
Greg Dickey
884E488CE58486...

DRAWN BY : M.A. LEE DATE : 8/2016
CHECKED BY : P. BRYANT DATE : 8/2016

DOCUMENT NOT CONSIDERED
FINAL UNLESS ALL
SIGNATURES COMPLETED

| REVISIONS | | | | | | SHEET NO. |
|-----------|-----|-------|-----|-----|-------|--------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | TOTAL SHEETS |
| 1 | | | 3 | | | S2-114 |
| 2 | | | 4 | | | |