

NOTES

REPAIR LOCATIONS AND ESTIMATED QUANTITIES ARE GIVEN WITH THE BEST INFORMATION AVAILABLE. IF ADDITIONAL REPAIRS NOT SHOWN ON THE DRAWINGS ARE DEEMED NECESSARY BY THE ENGINEER, THE ENGINEER WILL NOTE ON THE DRAWINGS THE APPROXIMATE LOCATIONS AND DESCRIPTION OF THE REPAIRS AND ADJUST THE ACTUAL QUANTITIES ENTERED INTO THE AS-BUILT REPAIR QUANTITY TABLE.

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

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

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 PROVISIONS.

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

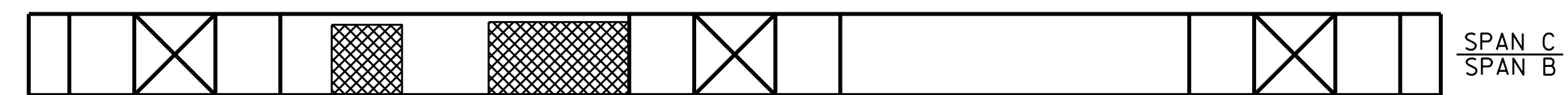
AS-BUILT REPAIR QUANTITY TABLE

REPAIRS BENT 2 (RIGHT)	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
CAP	18.1	7.5 *		
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		3.0		
EPOXY COATING		SQ. FT		SQ. FT
TOP OF BENT CAP		109		

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.



TOP OF CAP

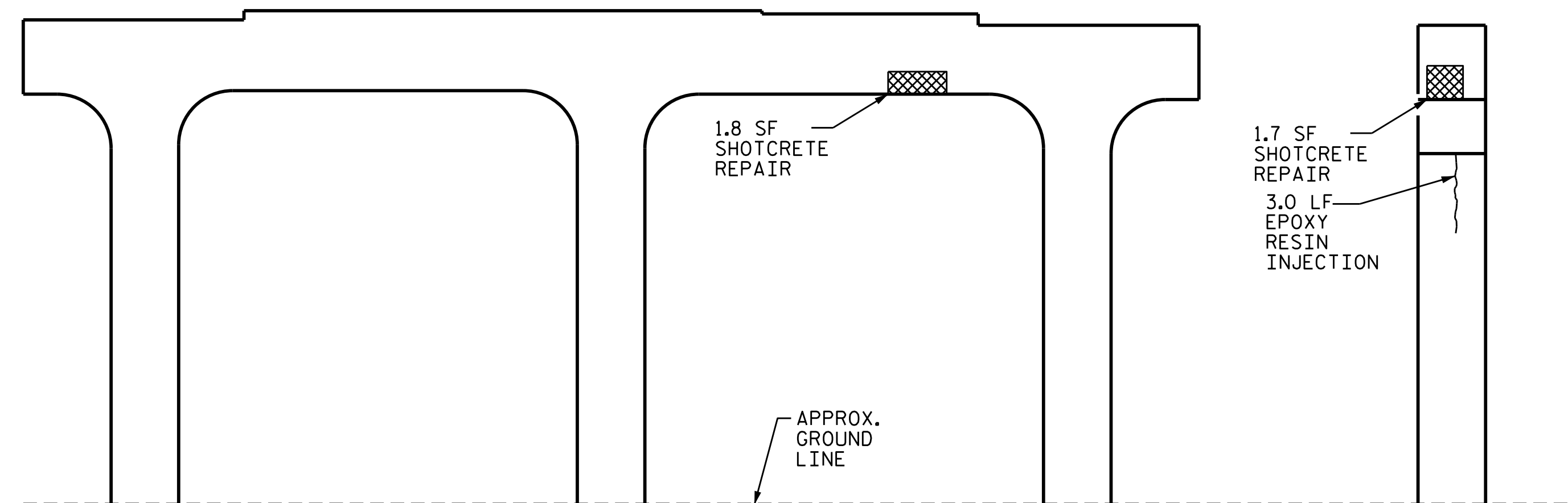


4.8 SF SHOTCRETE REPAIR

9.8 SF SHOTCRETE REPAIR

BOTTOM OF CAP

PLAN



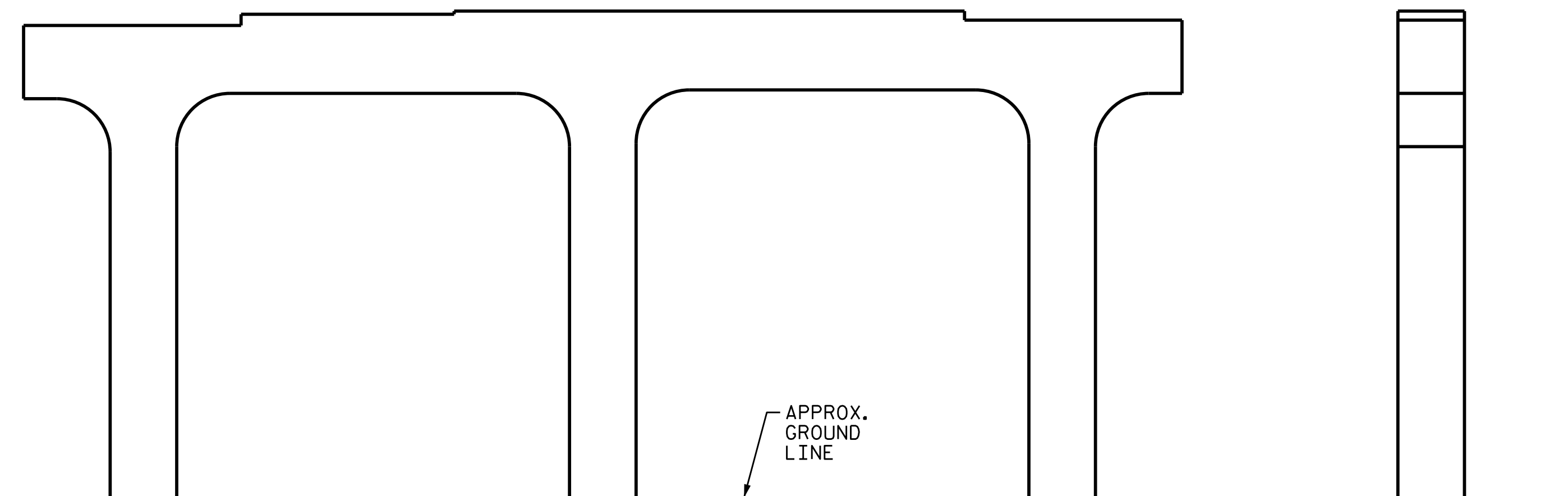
SPAN B FACE

END VIEW SOUTH FACE

1.8 SF SHOTCRETE REPAIR

1.7 SF SHOTCRETE REPAIR  
3.0 LF EPOXY RESIN INJECTION

APPROX. GROUND LINE



SPAN C FACE

END VIEW NORTH FACE

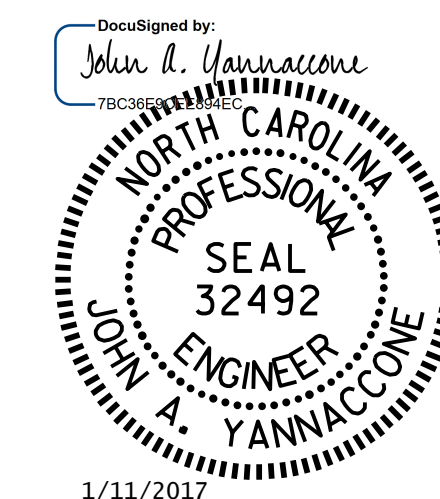
APPROX. GROUND LINE

ELEVATION

- DAMAGED AREA
- EPOXY RESIN INJECTION

PROJECT NO. I-5000  
GASTON COUNTY  
 BRIDGE NO. 120

SHEET 3 OF 3



STATE OF NORTH CAROLINA  
 DEPARTMENT OF TRANSPORTATION  
 RALEIGH

**BENT 2  
 (RIGHT SECTION)**

DRAWN BY : M. WELDON DATE : 11/2016  
 CHECKED BY : J. YANNACCONO DATE : 11/2016

DOCUMENT NOT CONSIDERED FINAL UNLESS ALL SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	TOTAL SHEETS
1			3			S-12
2			4			30