

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 REPAIR SUMMARY OF QUANTITIES TABLE.

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

FOR 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.

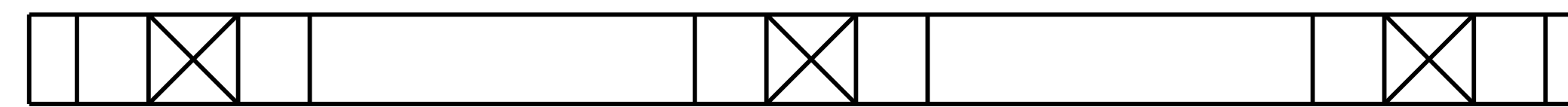
AS-BUILT REPAIR QUANTITY TABLE

REPAIRS BENT 3 (CENTER)	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
CAP	0.0	0.0		
COLUMN	18.3	7.6 *		
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	109			

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



TOP OF CAP

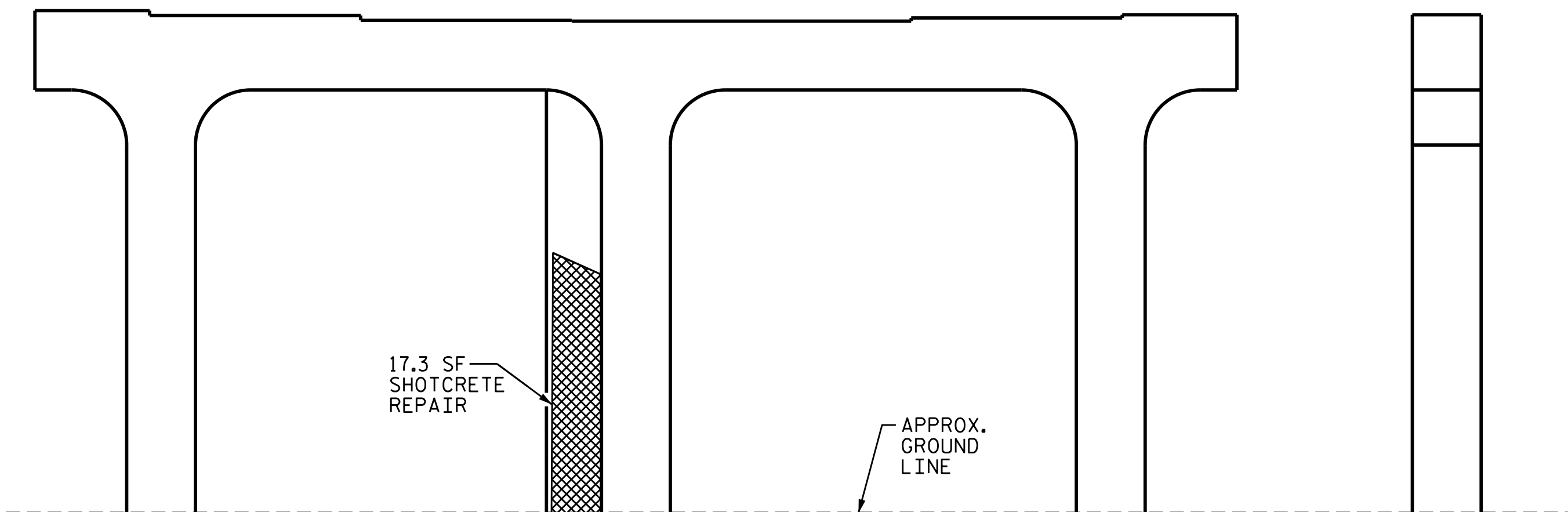


BOTTOM OF CAP

SPAN D  
SPAN C

SPAN D  
SPAN C

PLAN

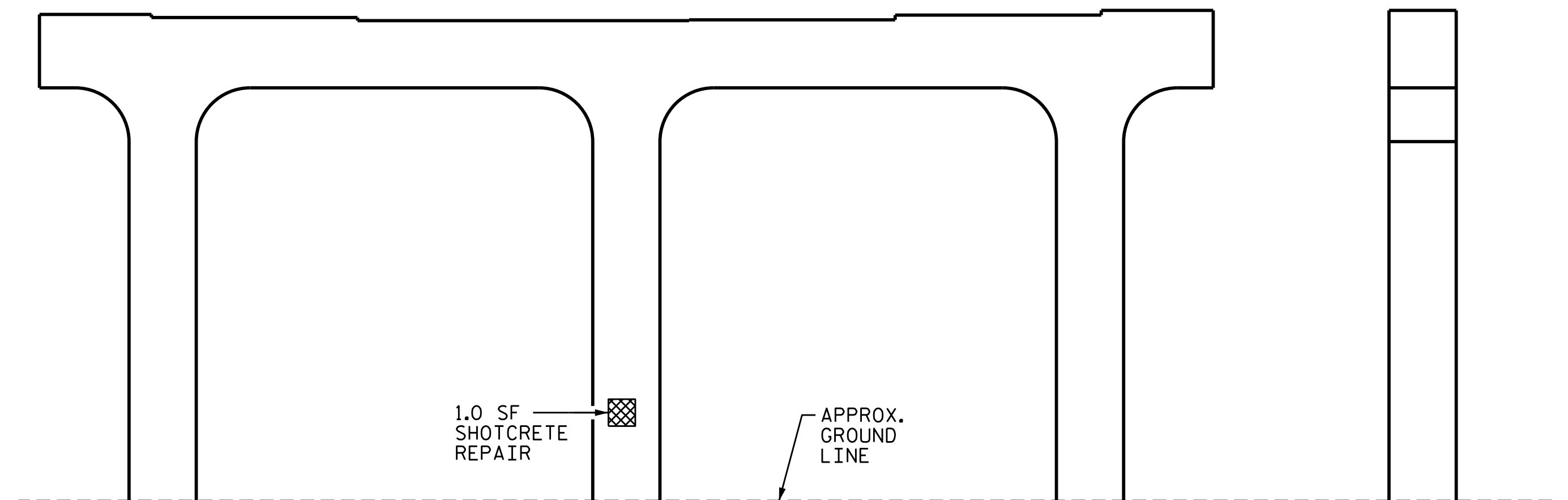


17.3 SF  
SHOTCRETE  
REPAIR

APPROX.  
GROUND  
LINE

SPAN C FACE

END VIEW  
SOUTH FACE



1.0 SF  
SHOTCRETE  
REPAIR

APPROX.  
GROUND  
LINE

SPAN D FACE

END VIEW  
NORTH FACE

ELEVATION

(COLUMN FACE IS SHOWN UNWRAPPED FOR CLARITY)

DAMAGED AREA

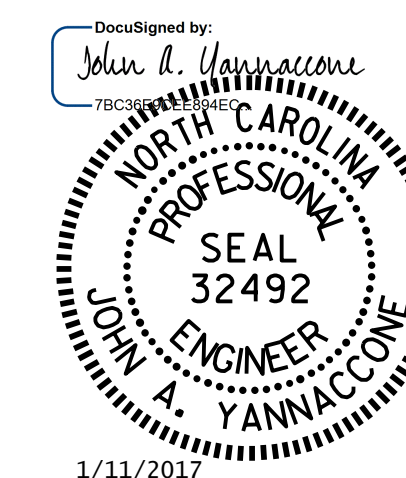
EPOXY RESIN INJECTION

PROJECT NO. I-5000

GASTON COUNTY

BRIDGE NO. 120

SHEET 2 OF 3



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
RALEIGH

BENT 3  
(CENTER SECTION)

DRAWN BY : D. V. JOYNER DATE : 11/2016  
CHECKED BY : J. YANNAKONE 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-14
2			4			30