

| AS-BUILT REPAIR QUANTITY TABLE | | | | |
|--------------------------------|------------|-----------|---------|-----------|
| REPAIRS BENT 4 (CENTER) | QUANTITIES | | | |
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIRS | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP | 3.5 | 1.5 * | | |
| COLUMNS & SRUTS | 5.2 | 2.2 * | | |
| CONCRETE REPAIRS | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP | 0.0 | 0.0 | | |
| COLUMNS & SRUTS | 2.0 | 0.8 * | | |
| EPOXY RESIN INJECTION | | | LN. FT | LN. FT |
| CAP | | | 0.0 | |
| COLUMNS & SRUTS | | | 0.0 | |
| EPOXY COATING | | | SO. FT. | SO. 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.

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.

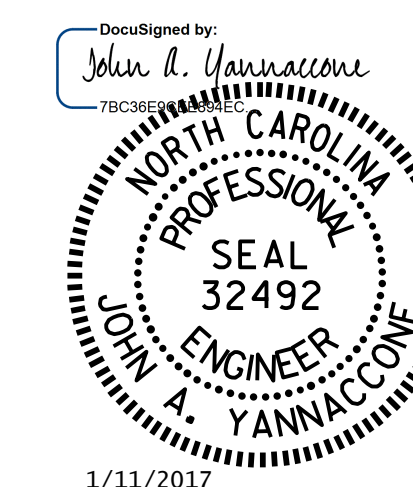
* QUANTITY HAS BEEN INCREASED DUE TO THE POTENTIAL FOR FURTHER DETERIORATION SINCE THE FIELD INSPECTION BY STRUCTURES MANAGEMENT UNIT.

CONCRETE REPAIRS TO THE BENT CAP MAY REQUIRE BRIDGE JACKING. FOR BRIDGE JACKING, SEE "JACKING DETAILS" SHEET.

- DAMAGED AREA
- EPOXY RESIN INJECTION

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

SHEET 3 OF 6



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH

**BENT 4
 SPAN D FACE
 (CENTER SECTION)**

DRAWN BY : D. V. JOYNER DATE : 11/2016
 CHECKED BY : J. YANNACONE DATE : 11/2016

DOCUMENT NOT CONSIDERED
 FINAL UNLESS ALL
 SIGNATURES COMPLETED

| REVISIONS | | | | | | SHEET NO. |
|-----------|-----|-------|-----|-----|-------|--------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | S-18 |
| 1 | | | 3 | | | TOTAL SHEETS |
| 2 | | | 4 | | | 30 |