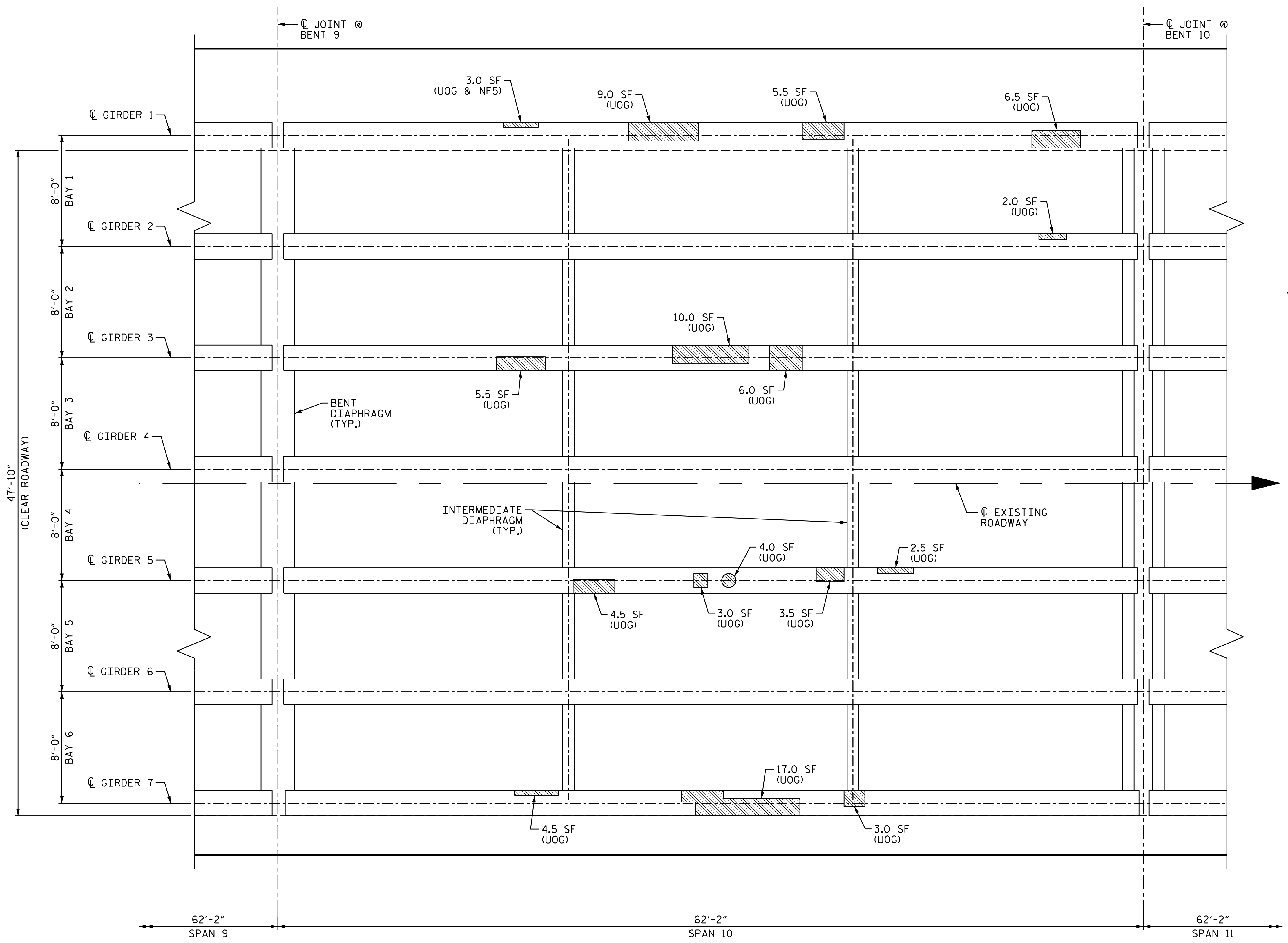


10/18/2020 L:\Raleigh Office Projects\Structures\2018\188906-05 NCDOT - 640021 New Hanover Co.05 Plans\1.0 DGN\401.095.15BPR.19_SML.G10_S-18.dgn



PLAN OF SPANS
(UNDERSIDE)

LEGEND			
SF	SQUARE FEET		DIAPHRAGM REPAIR
(UOD)	UNDERSIDE OF DECK		GIRDER REPAIR
(BOH)	BOTTOM OF OVERHANG		DECK REPAIR
ERI	EPOXY RESIN INJECTION		

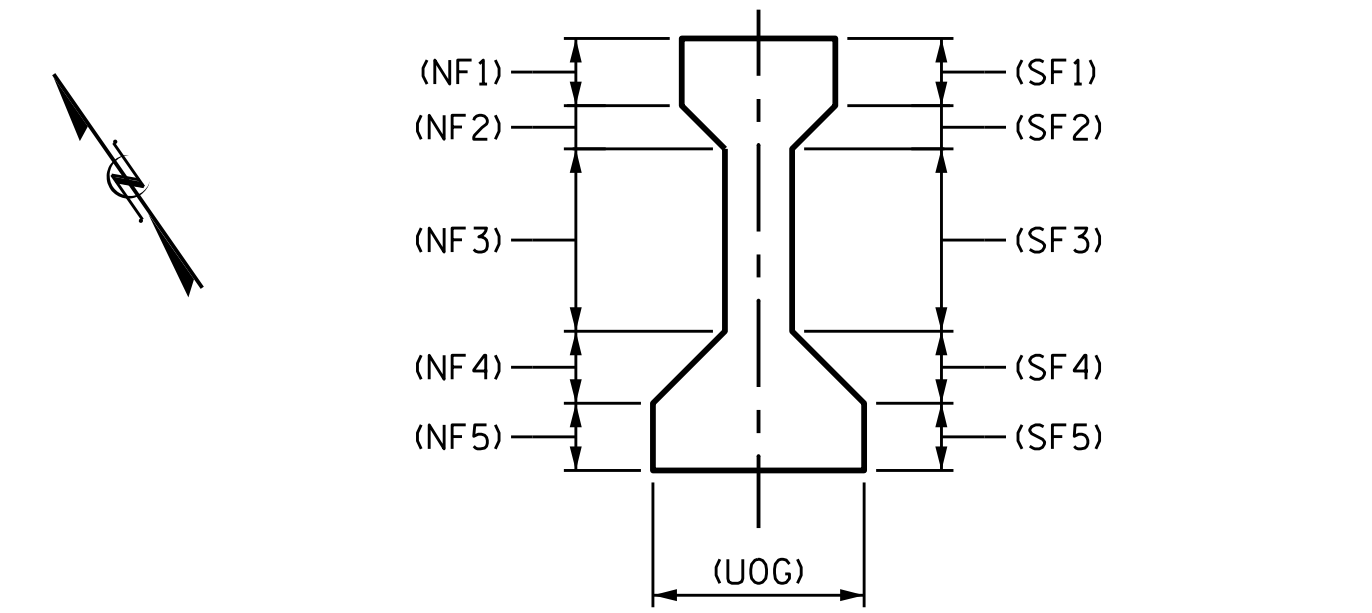
REPAIR QUANTITY TABLE

UNDERSIDE OF DECK	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
UNDERSIDE OF DECK & OVERHANG				
BENT DIAPHRAGMS				
GIRDER REPAIRS				
PRESTRESSED GIRDERS	89.5	26.5		

VALUES IN CHART REPRESENT ESTIMATED REPAIR TOTALS AFTER REMOVAL OF UNSOUND CONCRETE, MIN. OF 1" BEHIND REBAR AND MIN. 2" CLEAR TO SAWCUT, SEE REPAIR DETAILS.
QUANTITIES ASSUME ALL SPALLS AND DELAMINATIONS TO BE 3.5" DEEP.

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.
SPANS WILL RECEIVE FULL LENGTH TSA COATING, SEE "PRESTRESSED CONCRETE GIRDERS WITH THERMAL SPRAY ANODE" SPECIAL PROVISIONS AND SHEETS S-28 THRU S-29.
FOR PRESTRESSED GIRDER AND BENT DIAPHRAGM REPAIR DETAILS, SEE "TYPICAL GIRDER AND DIAPHRAGM REPAIR DETAILS" SHEET S-30.
FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.
FOR REPAIRS TO PRESTRESSED CONCRETE GIRDERS, SEE SPECIAL PROVISIONS.

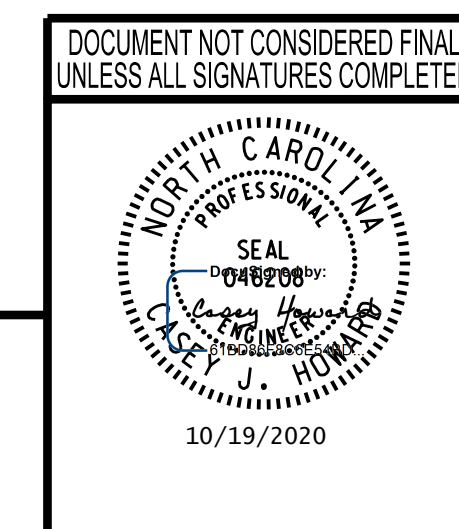


TYPICAL GIRDER SECTION
DAMAGE OF GIRDER LOCATIONS

PROJECT NO. 15BPR.19
NEW HANOVER COUNTY
BRIDGE NO. 640021

SHEET 10 OF 14

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
RALEIGH
SUPERSTRUCTURE
GIRDER & DIAPHRAGM
REPAIRS
SPAN 10



wsp
WSP USA Inc.
434 FAYETTEVILLE STREET
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RALEIGH, NC 27601
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LICENSE NO. F-0165

REVISIONS						SHEET NO. S-18 TOTAL SHEETS 58
NO.	BY:	DATE:	NO.	BY:	DATE:	
1			3			
2			4			

DRAWN BY: _____ DATE: _____
CHECKED BY: _____ DATE: _____