

AS-BUILT REPAIR QUANTITY TABLE

| REPAIRS BENT 5 | QUANTITIES | | | |
|-----------------------|------------|-----------|---------|-----------|
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIRS | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP | 3.9 | 2.0 | | |
| COLUMN | 1.0 | 0.5 | | |
| CONCRETE REPAIRS | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP | 0.0 | 0.0 | | |
| EPOXY RESIN INJECTION | | LN. FT. | | LN. FT. |
| CAP | | 7.0 | | |
| COLUMN | | 16.0 | | |
| EPOXY COATING | | SO. FT. | | SO. FT. |
| TOP OF BENT CAP | | 141.0 | | |

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.

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 ENGINEER, THE ENGINEER WILL NOTE ON THE DRAWINGS THE APPROXIMATE LOCATION AND DESCRIPTION OF THE REPAIRS AND ADJUST THE ACTUAL QUANTITIES ENTERED INTO THE REPAIR QUANTITY TABLE.

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

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

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

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

FOR EPOXY RESIN INJECTION, SEE SPECIAL PROVISIONS.

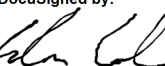
CLEAN AND REMOVE DEBRIS FROM THE TOP OF THE CAP AND APPLY EPOXY PROTECTIVE COATING. EPOXY COATING SHALL BE APPLIED TO THE TOP SURFACE OF THE CAP. THE CONTRACTOR SHALL NOT COAT THE AREA OF THE CAP BENEATH THE MASONRY PLATES. FOR EPOXY COATING, SEE SPECIAL PROVISIONS.

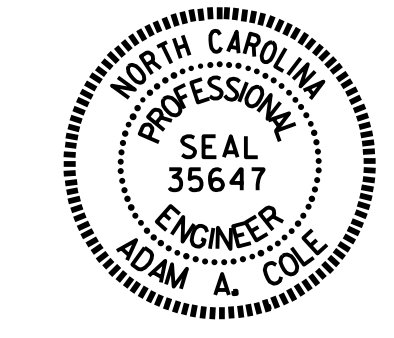
 SHOTCRETE REPAIR AREA

 CONCRETE REPAIR AREA

 ERI - EPOXY RESIN INJECTION

PROJECT NO. I-5746C
 MECKLENBURG COUNTY
 BRIDGE NO. 590048

DocuSigned by:




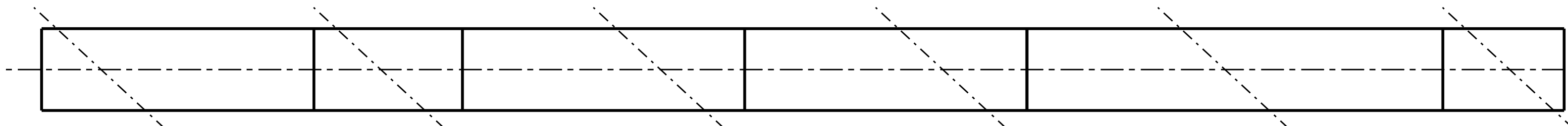
8/23/2021

STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH

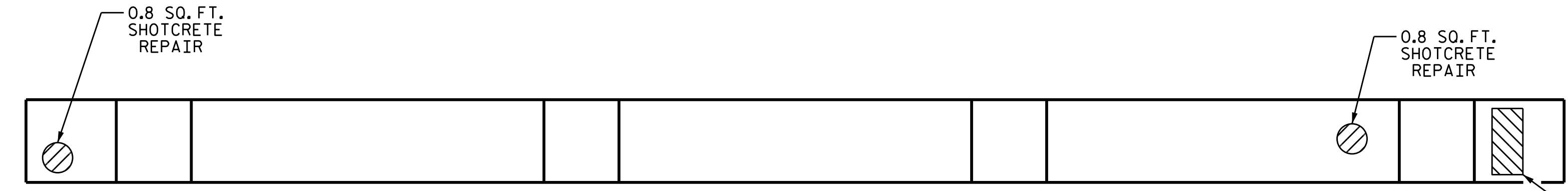
BENT 5

| REVISIONS | | | | | | SHEET NO. |
|-----------|-----|-------|-----|-----|-------|--------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | TOTAL SHEETS |
| 1 | | | 3 | | | S2-12 |
| 2 | | | 4 | | | 274 |

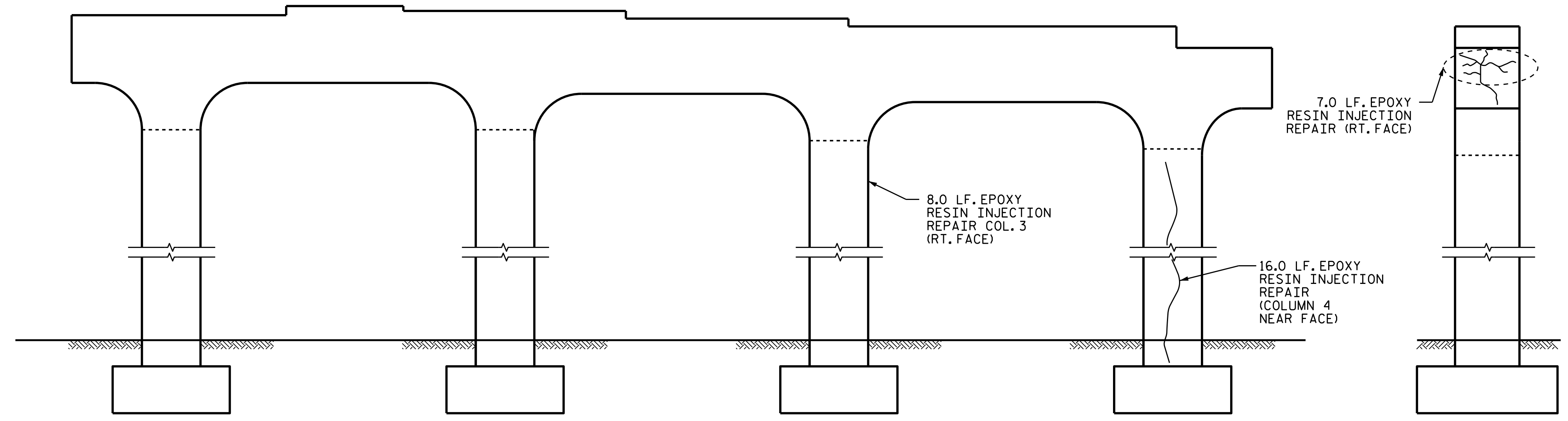
DOCUMENT NOT CONSIDERED FINAL UNLESS ALL SIGNATURES COMPLETED



PLAN - TOP OF CAP

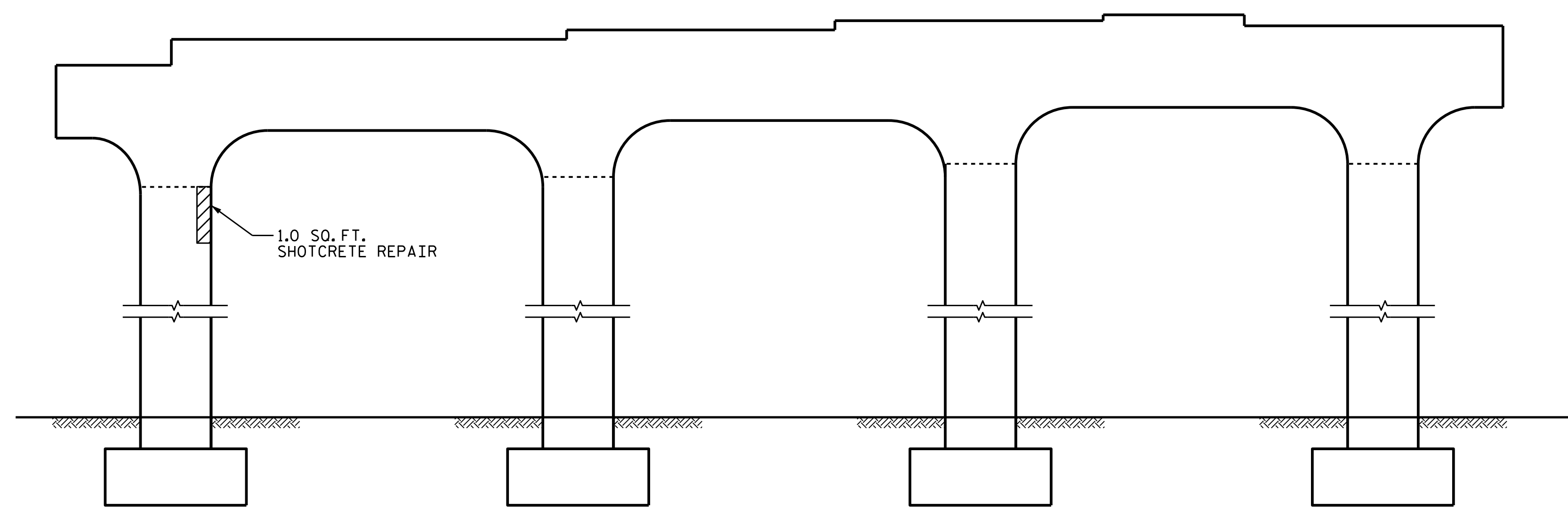


PLAN - BOTTOM OF CAP



SPAN E VIEW - ELEVATION

END ELEVATION



SPAN F VIEW - ELEVATION

END ELEVATION

DRAWN BY : M. G. SHAIKH DATE : .05/2021
 CHECKED BY : H. LOCKLEAR DATE : .06/2021