

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.

CONTRACTOR SHALL REMOVE SURFACE CONCRETE TO VERIFY THAT SAWCUT DEPTH WILL NOT DAMAGE EXISTING REINFORCING STEEL.

SHOTCRETE REPAIRS MAY BE REPLACED WITH CONCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR EPOXY RESIN INJECTION, SEE SPECIAL PROVISIONS.

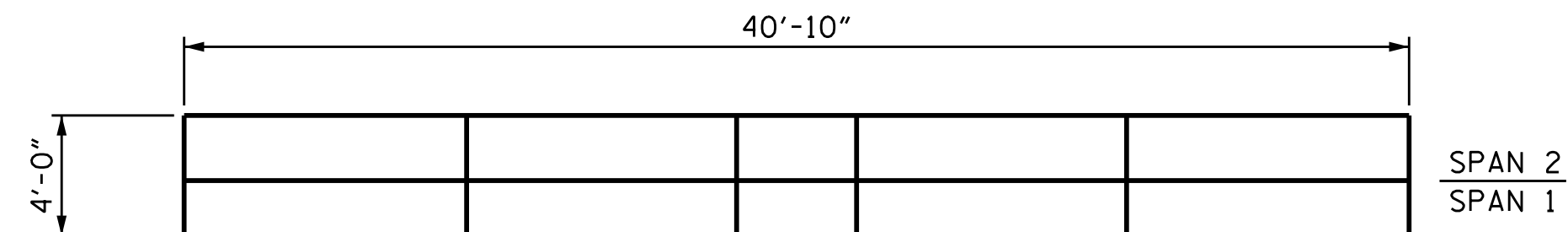
FOR REPAIR DETAILS, SEE TYPICAL CAP AND COLUMN REPAIR DETAILS SHEET.

FOR EPOXY COATING, SEE SPECIAL PROVISIONS.

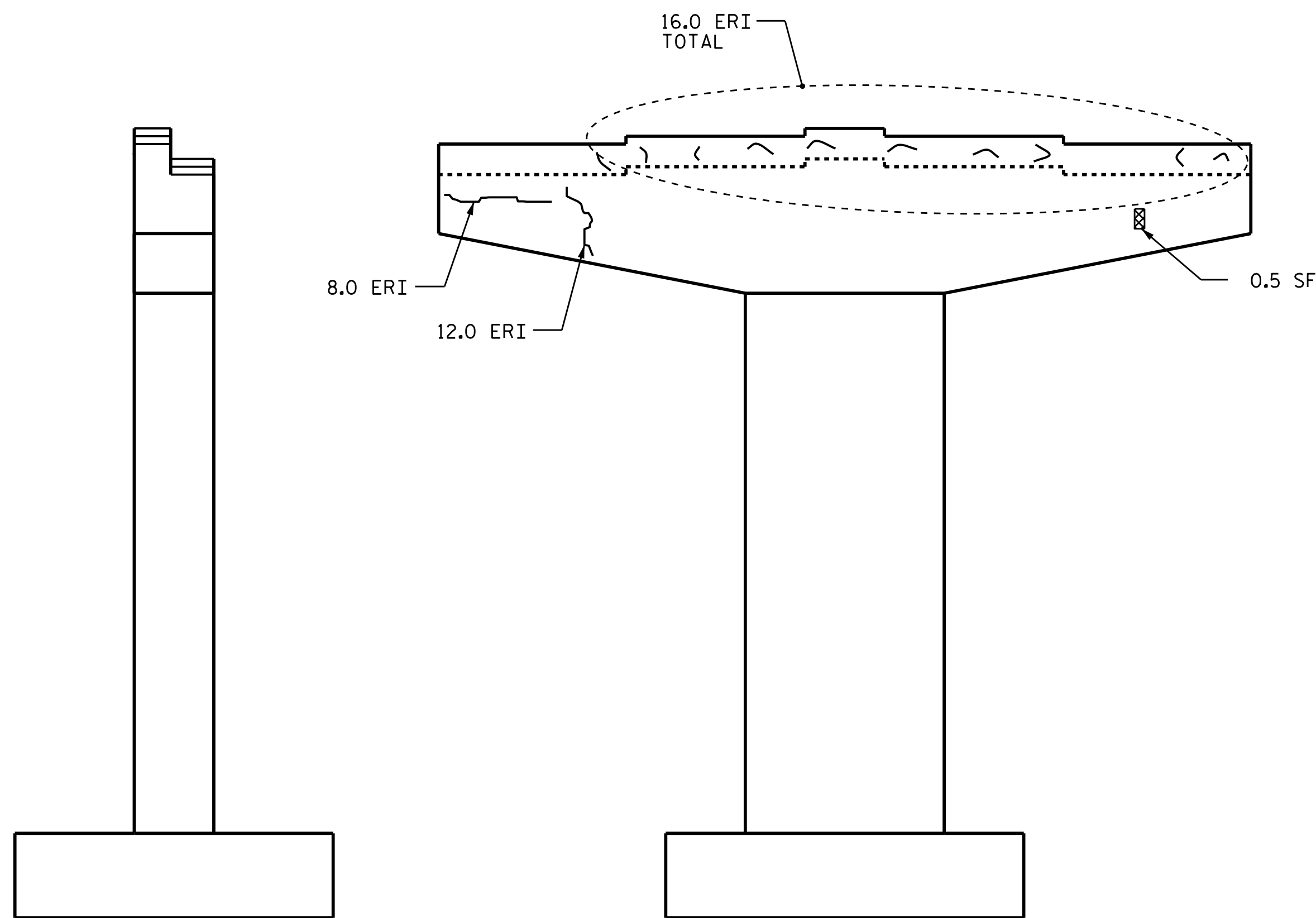
REPAIR QUANTITY TABLE

BENT 1	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
CAP (VERTICAL FACE)	0.5	0.3		
CAP (HORIZONTAL FACE, CORNER)	20.0	10.0		
COLUMN	4.6	2.3		
CONCRETE REPAIRS	AREA SF	VOLUME CF	AREA SF	VOLUME CF
CAP (VERTICAL FACE)	0.0	0.0		
CAP (HORIZONTAL FACE, CORNER)	0.0	0.0		
COLUMN	0.0	0.0		
EPOXY RESIN INJECTION		LN. FT		LN. FT
CAP		55.0		
COLUMN		0.0		
EPOXY COATING		AREA SF		AREA SF
TOP OF CAP		164.0		

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

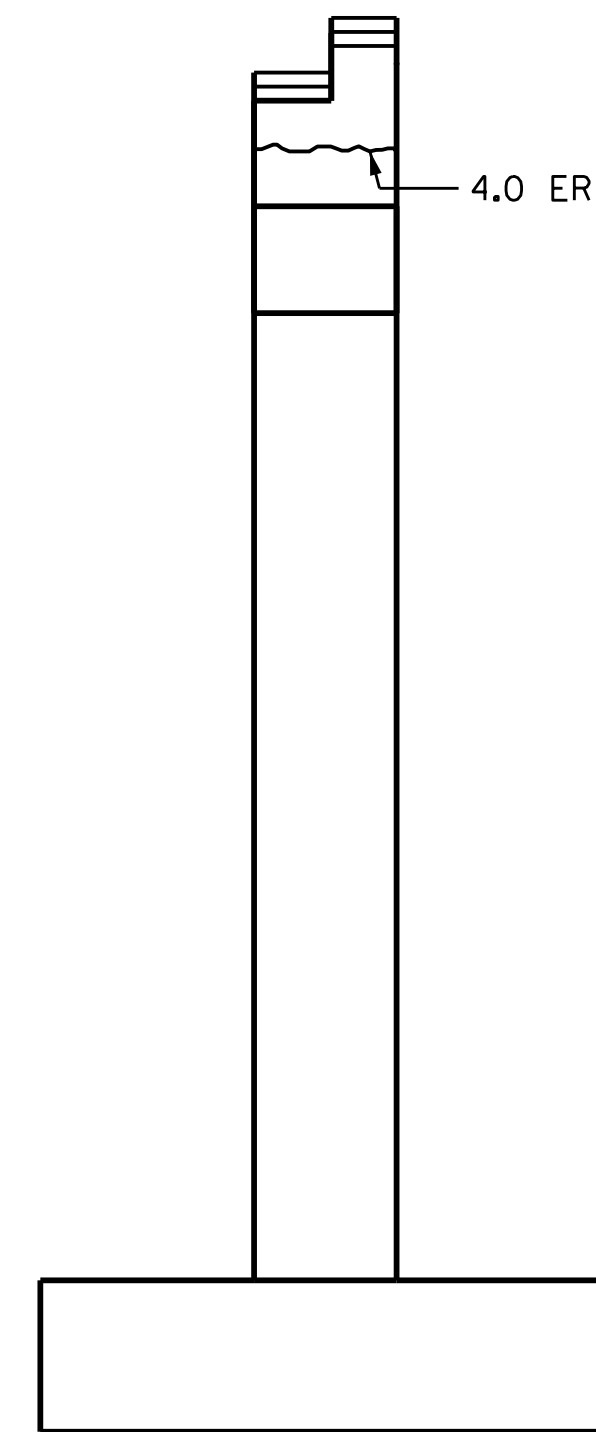


PLAN
TOP OF CAP

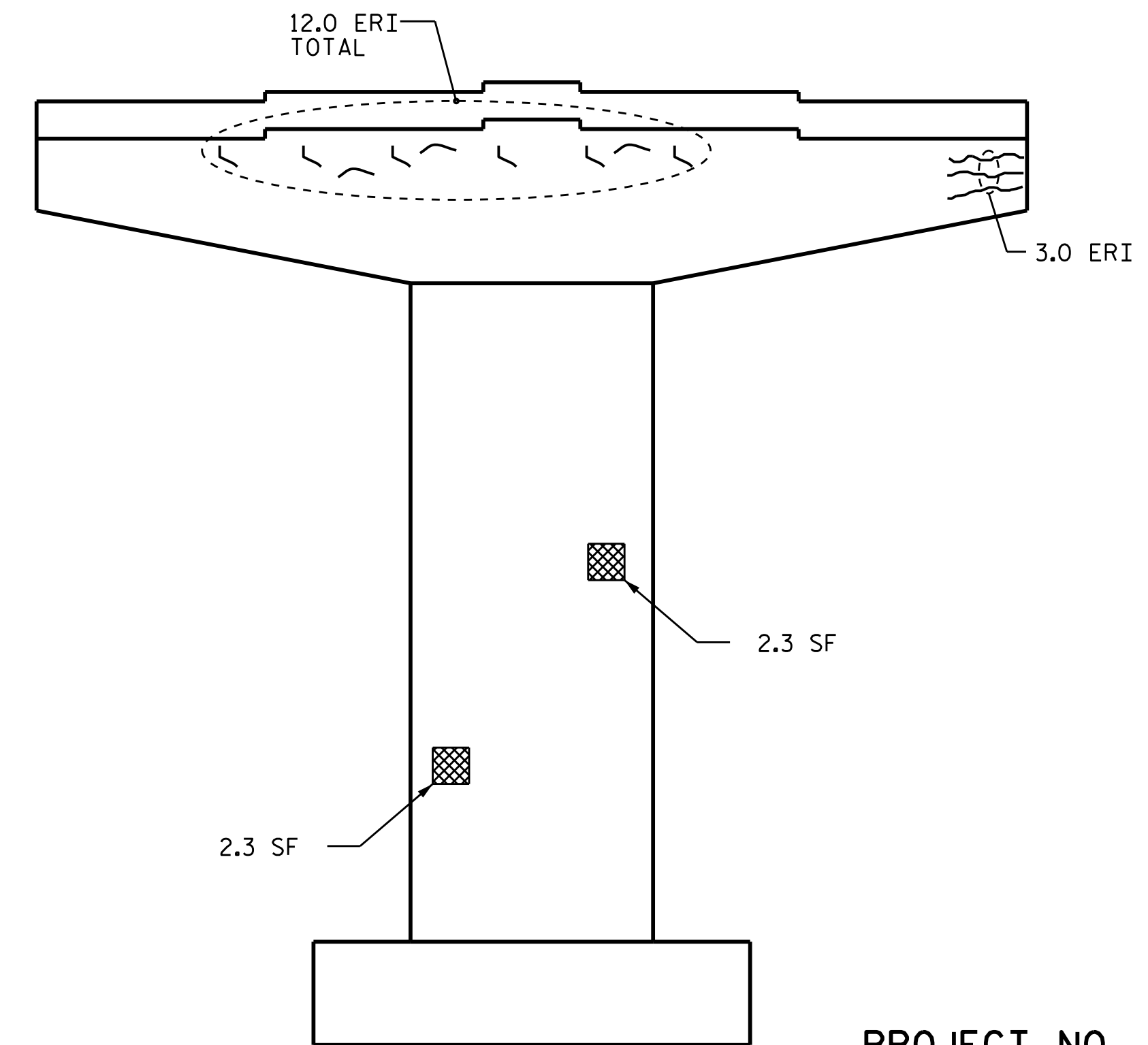


END VIEW
LOOKING EAST

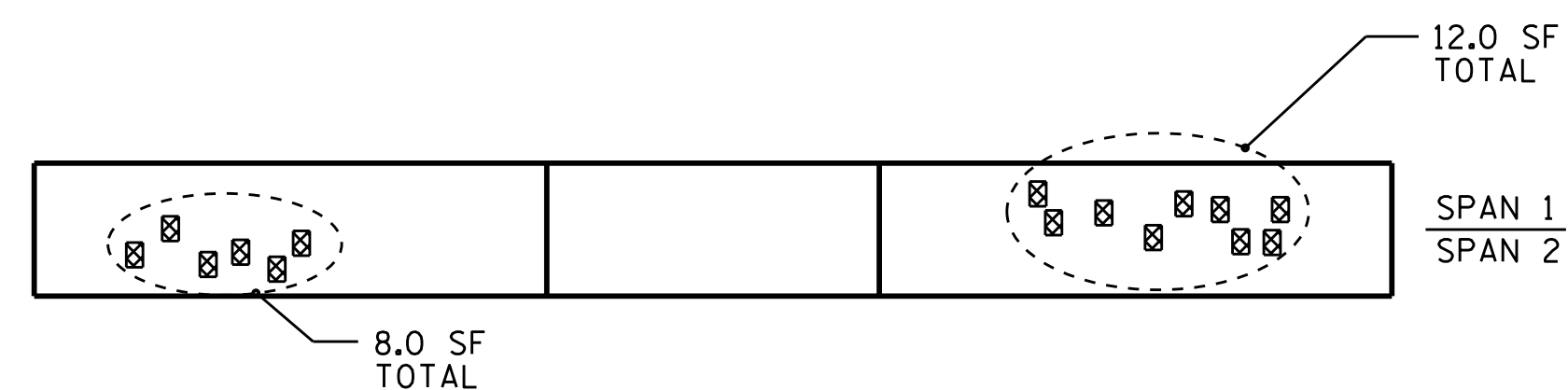
ELEVATION
LOOKING EAST



END VIEW
LOOKING SOUTH



ELEVATION
LOOKING WEST



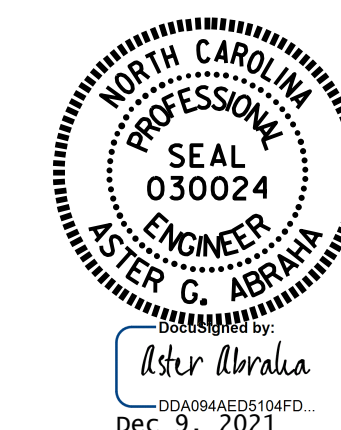
PLAN
BOTTOM OF CAP

SHOTCRETE REPAIRS

CONCRETE REPAIRS

ERI EPOXY RESIN INJECTION

PROJECT NO. 15BPR.34
HARNETT COUNTY
 BRIDGE NO. 420052



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH
**SUBSTRUCTURE
 REPAIR
 BENT 1**

DRAWN BY : M.K. BEARD / S.T. SANDOR DATE : 11/2018
 CHECKED BY : A.G. ABRAHA DATE : 12/2018

DOCUMENT NOT CONSIDERED
 FINAL UNLESS ALL
 SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	TOTAL SHEETS
1			3			S3-3
2			4			33