

|                  |          | AS-BUILT REPAIR QUANTITY TABL  |                |  |                      |                  |  |
|------------------|----------|--|----------------|--|----------------------|------------------|--|
|                  |          | BENT 8 SPAN J FACE   | ESTI           | QUANTITIES<br>ESTIMATE ACTUAL                          |                      |                  |  |
|                  |          | SHOTCRETE REPAIRS  | AREA<br>SQ.FT. | VOLUME<br>CU.FT.                                       | AREA<br>SQ.FT.       | VOLUME<br>CU.FT. |  |
| 7                |          | CAP<br>COLUMN  | 0.0            | 0.0  |                      |                  |  |
| SPAN J<br>SPAN H |          | CONCRETE REPAIRS   | AREA<br>SQ.FT. | VOLUME<br>CU.FT.                                       | AREA<br>SQ.FT.       | VOLUME<br>CU.FT. |  |
|                  |          | CAP<br>COLUMN  | 0.0            | 0.0  |                      |                  |  |
|                  |          | EPOXY RESIN INJECTION  | LIN.FT. LIN    |  | .FT.                 |                  |  |
|                  |          | CAP<br>COLUMN  |                | 0.0  |                      |                  |  |
|                  |          | NOTES:   Repairs locations and estimate of ouantities are given by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary by appendix not any the drawings are deemed necessary and the drawing are deemed necessary and the |                |  |                      |                  |  |
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|                  |          | DocuSigned by:<br>Krishna P. Sedai<br>EAGF79415000000000000000000000000000000000000  | RIDGE N        | GOMER<br>0. 6<br>STATE OF NORTH<br>ENT OF TH<br>RALEIG | CAROLINA<br>RANSPORT | OUNTY            |  |
|                  | END VIEW | SEAL<br>031583<br>PRASAD   | SI             | BENT<br>PAN J  | 8<br>FACE            |                  |  |

JIAN UTACL PRASAD INIT 11/18/2021 SHEET NO. REVISIONS DOCUMENT NOT CONSIDERED FINAL UNLESS ALL 1 SIGNATURES COMPLETED 2 DATE: NO. BY: S1-28 DATE: BY: TOTAL SHEETS **34**