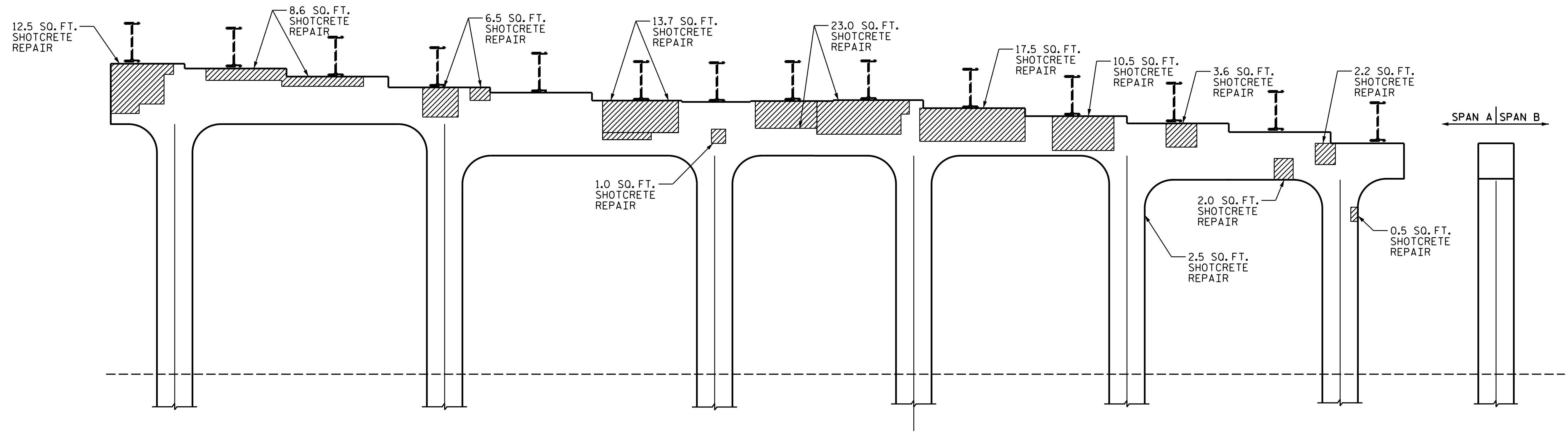


PLAN - TOP OF CAP



ELEVATION

END VIEW

NOTES

REPAIR LOCATIONS AND ESTIMATE OF QUANTITIES ARE GIVEN BASED ON THE BEST INFORMATION AVAILABLE. IF ADDITIONAL REPAIRS NOT SHOWN ON THE DRAWINGS ARE DEEMED NECESSARY BY THE ENGINEER, THE ENGINEER SHALL NOTE ON THE DRAWINGS THE APPROXIMATE LOCATION AND DESCRIPTION OF THE REPAIRS AND ENTER THE ACTUAL QUANTITIES INTO THE AS-BUILT REPAIR QUANTITY TABLE.

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.

CONCRETE REPAIRS MAYBE SUBSTITUTED IN LIEU OF SHOTCRETE REPAIRS WITH THE APPROVAL 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.

SHOTCRETE REPAIR AREA

CONCRETE REPAIR AREA

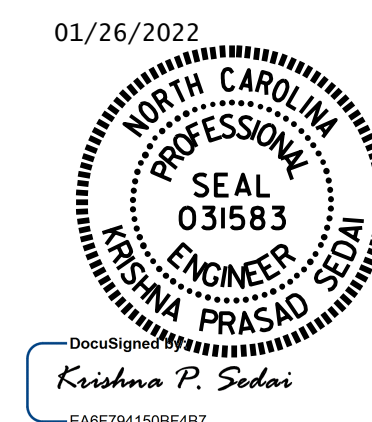
ERI - EPOXY RESIN INJECTION

| AS-BUILT REPAIR QUANTITY TABLE | | | | |
|--------------------------------|--------------|----------------|--------------|----------------|
| BENT 1 SPAN A FACE | QUANTITIES | | | |
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIRS | AREA SO. FT. | VOLUME CU. FT. | AREA SO. FT. | VOLUME CU. FT. |
| CAP | 101.1 | 50.6 | | |
| COLUMN | 3.0 | 1.5 | | |
| CONCRETE REPAIRS | AREA SO. FT. | VOLUME CU. FT. | AREA SO. FT. | VOLUME CU. FT. |
| CAP | 22.7 | 11.4 | | |
| COLUMN | 0.0 | 0.0 | | |
| EPOXY RESIN INJECTION | | LIN. FT. | LIN. FT. | |
| CAP | | 0.0 | | |
| COLUMN | | 0.0 | | |
| EPOXY COATING | | SO. FT. | SO. FT. | |
| TOP OF BENT CAP | | 228.5 | | |

VALUES IN CHART REPRESENT ESTIMATED REPAIR TOTALS AFTER REMOVAL OF UNSOUND CONCRETE, MINIMUM OF 1" BEHIND REBAR AND MINIMUM 2" CLEARANCE TO SAWCUT. SEE "TYPICAL CAP AND COLUMN REPAIR DETAILS" SHEET.

PROJECT NO. 15BPR.55
 FORSYTH COUNTY
 BRIDGE NO. 330078

SHEET 1 OF 2



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH

**BENT 1
 SPAN A FACE**

DRAWN BY : E. BAYISSA DATE : 09/2020
 CHECKED BY : A. SORSENGINH DATE : 07/2021

DOCUMENT NOT CONSIDERED
 FINAL UNLESS ALL
 SIGNATURES COMPLETED

| REVISIONS | | | | | | SHEET NO. |
|-----------|-----|-------|-----|-----|-------|--------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | S1-15 |
| 1 | | | 3 | | | TOTAL SHEETS |
| 2 | | | 4 | | | 79 |