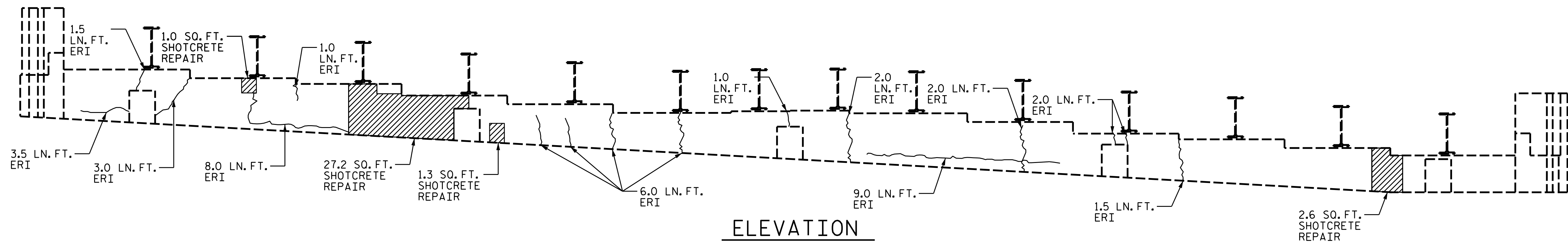
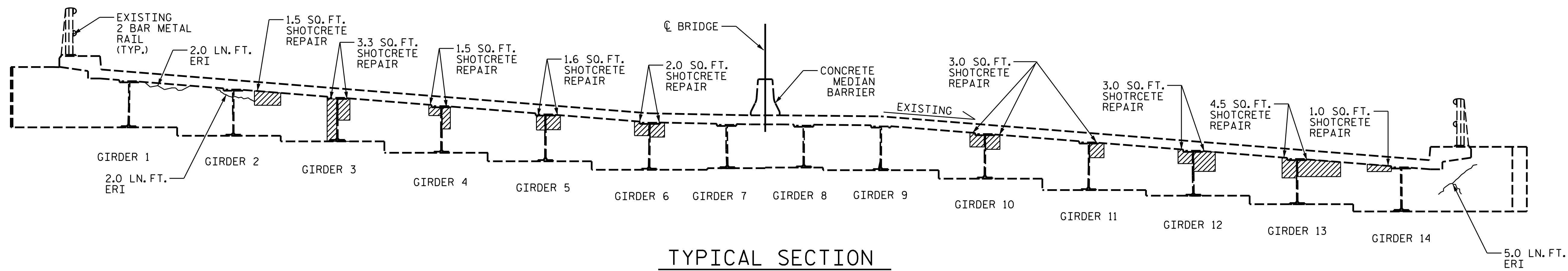


PLAN



ELEVATION



TYPICAL SECTION

NOTE:

REPAIR LOCATIONS AND ESTIMATE OF QUANTITIES ARE BASED ON 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 LOCATIONS AND DESCRIPTION OF THE REPAIRS AND ENTER THE ACTUAL QUANTITIES INTO THE AS-BUILT REPAIR QUANTITY TABLE.

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

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

FOR SHOTCRETE REPAIR, SEE SPECIAL PROVISIONS.

FOR CONCRETE REPAIR, 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.

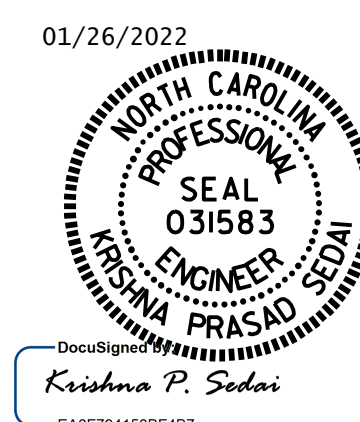
- CONCRETE REPAIR AREA
- SHOTCRETE REPAIR AREA
- EPOXY RESIN INJECTION (ERI)

AS-BUILT REPAIR QUANTITY TABLE

| END BENT 2 | QUANTITIES | | | |
|-----------------------|--------------|----------------|--------------|----------------|
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIRS | AREA SQ. FT. | VOLUME CU. FT. | AREA SQ. FT. | VOLUME CU. FT. |
| CAP | 32.1 | 16.1 | | |
| CURTAIN WALL | 21.4 | 10.7 | | |
| CONCRETE REPAIRS | AREA SQ. FT. | VOLUME CU. FT. | AREA SQ. FT. | VOLUME CU. FT. |
| CAP | 1.8 | 0.9 | | |
| EPOXY RESIN INJECTION | | LIN. FT. | | LIN. FT. |
| CURTAIN WALL | | 9.0 | | |
| CAP | | 42.5 | | |
| EPOXY COATING | AREA SQ. FT. | | AREA SQ. FT. | |
| TOP OF CAP | 148.0 | | | |

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

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



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH

END BENT 2

DRAWN BY : E. BAYISSA DATE : 09/2020
 CHECKED BY : A. SORSENGINH DATE : 08/2021

| REVISIONS | | | | | | SHEET NO. |
|-----------|-----|-------|-----|-----|-------|--------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | S1-21 |
| 1 | | | 3 | | | TOTAL SHEETS |
| 2 | | | 4 | | | 79 |

DOCUMENT NOT CONSIDERED FINAL UNLESS ALL SIGNATURES COMPLETED