

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.

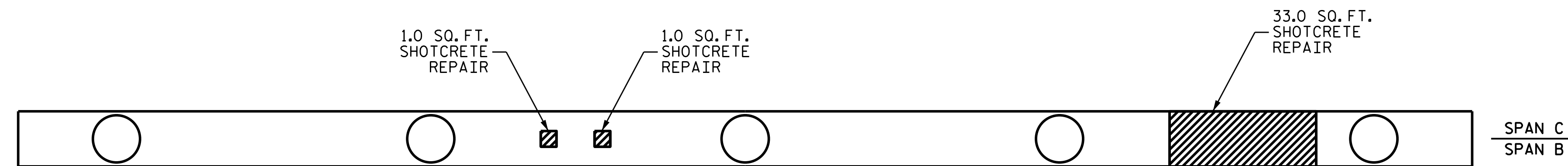
FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

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

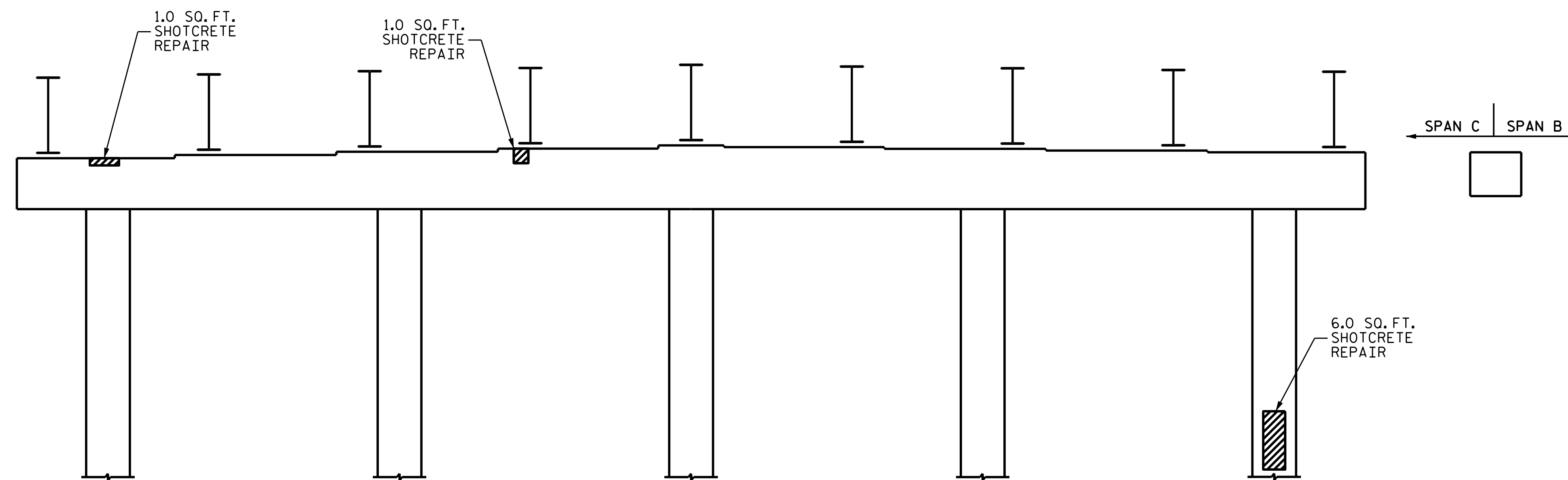
AS-BUILT REPAIR QUANTITY TABLE

BENT 2 SPAN C FACE	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SQ. FT.	VOLUME CU. FT.	AREA SQ. FT.	VOLUME CU. FT.
CAP	37.0	18.5		
COLUMN	6.0	3.0		
CONCRETE REPAIRS	AREA SQ. FT.	VOLUME CU. FT.	AREA SQ. FT.	VOLUME CU. FT.
CAP	0.0	0.0		
COLUMN	0.0	0.0		
EPOXY RESIN INJECTION		LIN. FT.		LIN. FT.
CAP		0.0		
COLUMN		0.0		
EPOXY COATING		SQ. FT.		SQ. FT.
TOP OF BENT CAP		0.0		

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

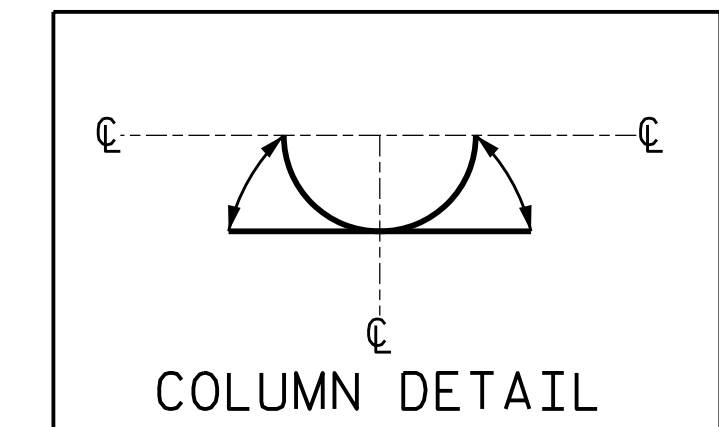


BOTTOM OF CAP



ELEVATION

END VIEW



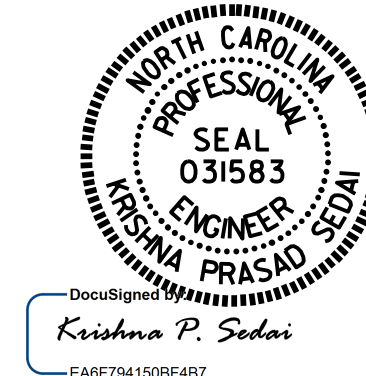
COLUMN DETAIL

- SHOTCRETE REPAIR AREA
- CONCRETE REPAIR AREA
- AREA PREVIOUSLY ACCOUNTED FOR ON ADJACENT FACE
- ERI - EPOXY RESIN INJECTION

PROJECT NO. 15BPR.55
FORSYTH COUNTY
 BRIDGE NO. 330392

SHEET 2 OF 2

01/26/2022



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH
SUBSTRUCTURE REPAIRS
BENT 2
SPAN C FACE

DRAWN BY : T.S. PARRISH DATE : 05/2021
 CHECKED BY : E. BAYISSA DATE : 07/2021

DOCUMENT NOT CONSIDERED
 FINAL UNLESS ALL
 SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	S3-18
1			3			TOTAL SHEETS
2			4			79