

NOTES

REPAIR LOCATIONS AND ESTIMATE OF QUANTITIES AREBASED 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.

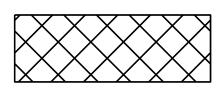
FOR SECTION B-B, SEE JOINT DETAILS SHEET.

PAYMENT FOR CLASS II SURFACE PREPARATION IS BASED ON THE SQUARE FEET OF ADDITIONAL DEMOLITION REQUIRED FOLLOWING HYDRO-DEMOLITION OF THE BRIDGE DECK, SEE SPECIAL PROVISIONS.

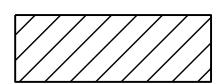
FOR LMC-VES OVERLAY, SEE SPECIAL PROVISIONS.

FOR SILANE BARRIER RAIL TREATMENT, SEE SPECIAL PROVISIONS.

FOR BRIDGE JOINT DEMOLITION, SEE SPECIAL PROVISIONS.



BRIDGE JOINT DEMOLITION



CLASS II SURFACE PREPARATION

AS-BUILT REPAIR QUANTITY TABLE

| DECK SURFACE REPAIR - SPAN B | | | | |
|-------------------------------------|----------------|--------|--|--|
| | ESTIMATE | ACTUAL | | |
| CLASS II SURFACE PREPARATION | 0.0 SQ. YDS. | | | |
| SCARIFYING BRIDGE DECK | 580.0 SQ. YDS. | | | |
| HYDRO-DEMOLITION OF BRIDGE DECK | 580.0 SQ. YDS. | | | |
| LATEX MODIFIED CONCRETE -VES | 24.2 CU.YDS. | | | |
| PLACING & FINISHING LMC-VES OVERLAY | 580.0 SQ. YDS. | | | |
| GROOVING BRIDGE FLOORS | 4866.0 SQ.FT. | | | |
| | | | | |

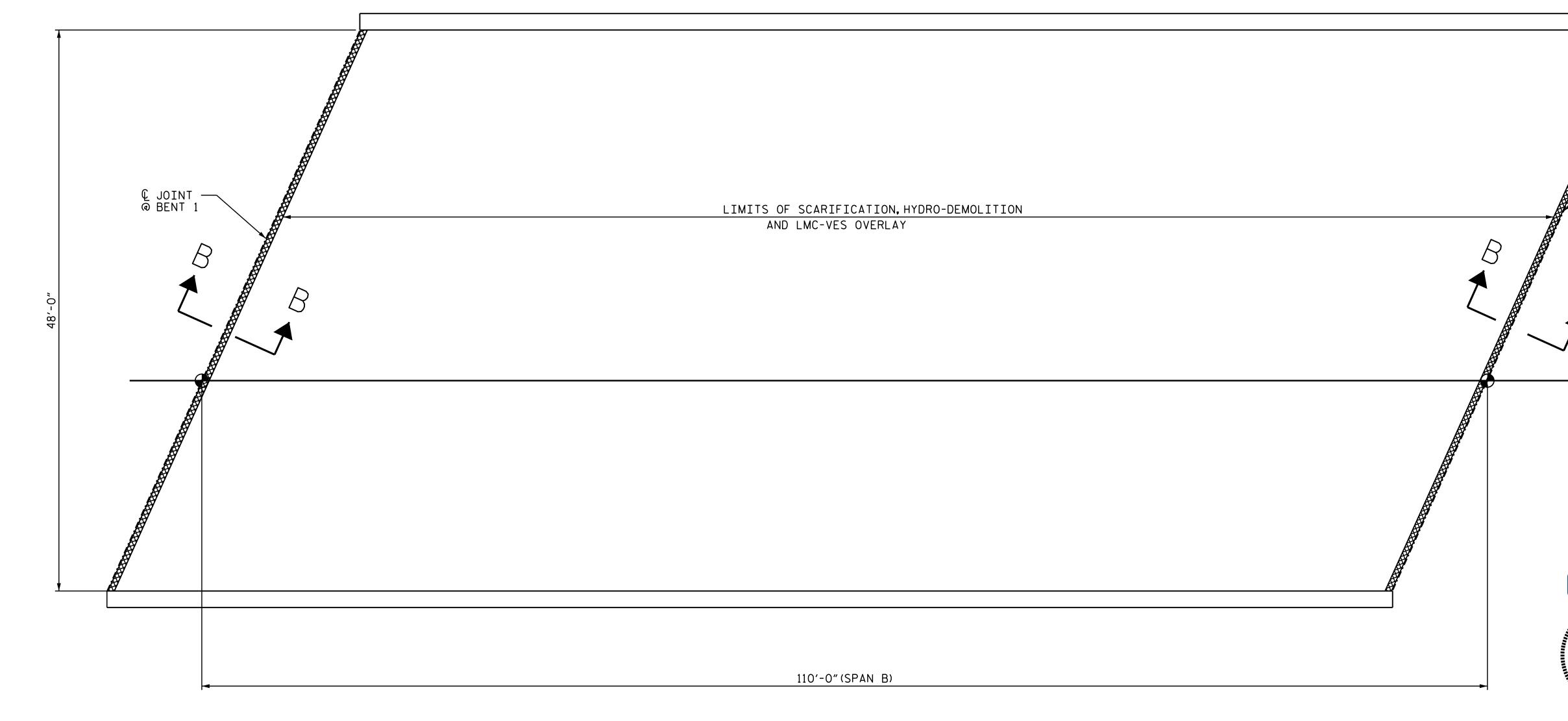
SHOTCRETE REPAIRS - SPAN B

| | ESTIMATE | | ACTUAL | |
|-----------------------|----------------|------------------|----------------|------------------|
| | AREA SQ.FT. | VOLUME CU.FT. | AREA SQ.FT. | VOLUME CU.FT. |
| CONCRETE BARRIER RAIL | 0.0 | 0.0 | | |

SILANE BARRIER RAIL TREATMENT- SPAN B

| | ESTIMATE | ACTUAL |
|--|--------------|--------|
| SURFACE PREPARATION FOR CONCRETE BARRIER | 844.0 SQ.FT. | |
| SILANE BARRIER RAIL TREATMENT | 844.0 SQ.FT. | |

-€ JOINT @ BENT 2



PROJECT NO. 15BPR.51 GASTON COUNTY BRIDGE NO. 350046

SHEET 2 OF 6

STATE OF NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
RALEIGH

DECK SURFACE REPAIR SPAN B

SHEET NO. S1-06

TOTAL SHEETS 67

REVISIONS DATE: DATE: BY: DOCUMENT NOT CONSIDERED FINAL UNLESS ALL SIGNATURES COMPLETED

SPAN B

___ DATE : <u>11/2021</u> ___ DATE : <u>11/2021</u>

GHOLAMREZA KOUCHEKI

H.A. LOCKLEAR

DRAWN BY : ___

CHECKED BY : .