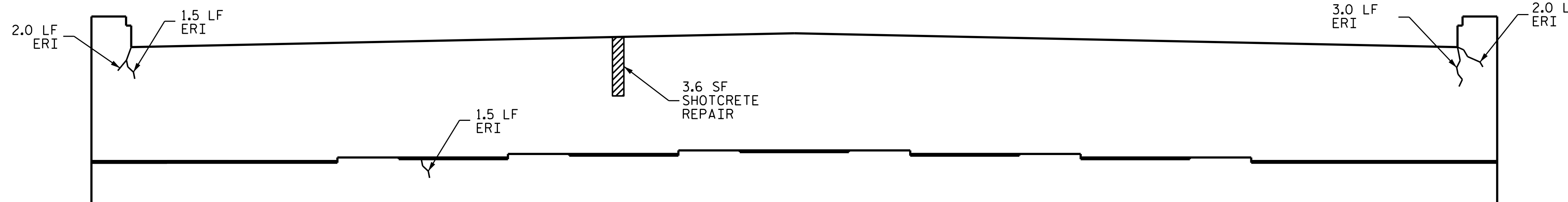


PLAN
(END BENT 1)



ELEVATION
(END BENT 1)

AS-BUILT REPAIR QUANTITY TABLE

| END BENT 1 | QUANTITIES | | | |
|-----------------------|--------------|----------------|--------------|----------------|
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIRS | AREA SQ. FT. | VOLUME CU. FT. | AREA SQ. FT. | VOLUME CU. FT. |
| CAP | 0.0 | 0.0 | | |
| CURTAIN WALL | 3.6 | 1.8 | | |
| WING WALL | 2.5 | 1.3 | | |
| CONCRETE REPAIRS | AREA SQ. FT. | VOLUME CU. FT. | AREA SQ. FT. | VOLUME CU. FT. |
| CAP | 0.0 | 0.0 | | |
| CURTAIN WALL | 0.0 | 0.0 | | |
| WING WALL | 0.0 | 0.0 | | |
| EPOXY RESIN INJECTION | LIN. FT. | | LIN. FT. | |
| CAP | 1.5 | | | |
| CURTAIN WALL | 4.5 | | | |
| WING WALL | 4.0 | | | |
| EPOXY COATING | SQ. FT. | | SQ. FT. | |
| CAP | 618.5 | | | |

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.

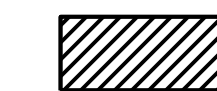
SHOTCRETE REPAIRS MAYBE SUBSTITUTED IN LIEU OF CONCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR EPOXY RESIN INJECTION, SEE SPECIAL PROVISIONS.

FOR "TYPICAL CAP AND COLUMN REPAIR DETAILS," SEE SHEET SD-01.



SHOTCRETE REPAIR AREA



CONCRETE REPAIR AREA



ERI - EPOXY RESIN INJECTION

PROJECT NO. I-5831A
MADISON COUNTY
 BRIDGE NO. 560547



DocuSigned by:
Amber M. Lee
03/18/2022

STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH
 END BENT 1

DRAWN BY : CL BRIGHT DATE : 04/2019
 CHECKED BY : H.A. LOCKLEAR DATE : 02/2022

DOCUMENT NOT CONSIDERED
 FINAL UNLESS ALL
 SIGNATURES COMPLETED

| REVISIONS | | | | | | SHEET NO. |
|-----------|-----|-------|-----|-----|-------|--------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | S3-15 |
| 1 | | | 3 | | | TOTAL SHEETS |
| 2 | | | 4 | | | 24 |