
 CONCRETE REPAIR
 SHOTCRETE REPAIR
 ERI EPOXY RESIN INJECTION

EXISTING
 J - JACKET
 E - ENCAPSULATION
 P - PILE

NOTES:

REPAIR LOCATIONS AND ESTIMATE OF QUANTITIES ARE GIVEN WITH THE BEST INFORMATION AVAILABLE. IF ADDITIONAL REPAIRS NOT SHOWN ON THE DRAWINGS ARE DEEMED NECESSARY BY THE INSPECTOR OR ENGINEER, THE CONTRACTOR SHALL NOTE ON THE DRAWINGS THE APPROXIMATE LOCATION AND DESCRIPTION OF THE REPAIRS AND ADJUST THE ACTUAL QUANTITIES ENTERED INTO THE REPAIR QUANTITY TABLE.

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

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR EPOXY RESIN INJECTION, SEE SPECIAL PROVISIONS.

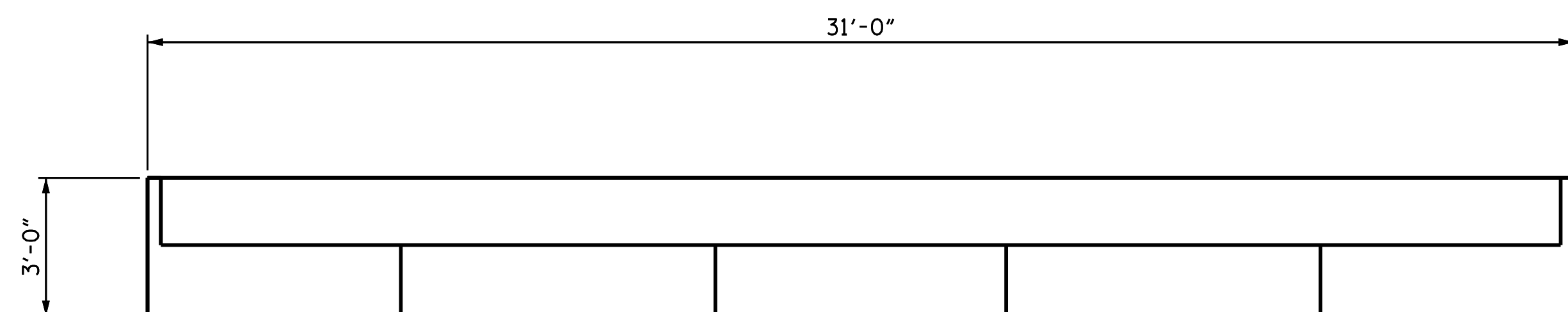
CONCRETE REPAIRS MAY BE SUBSTITUTED IN LIEU OF SHOTCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

SPAN 26
SPAN 25

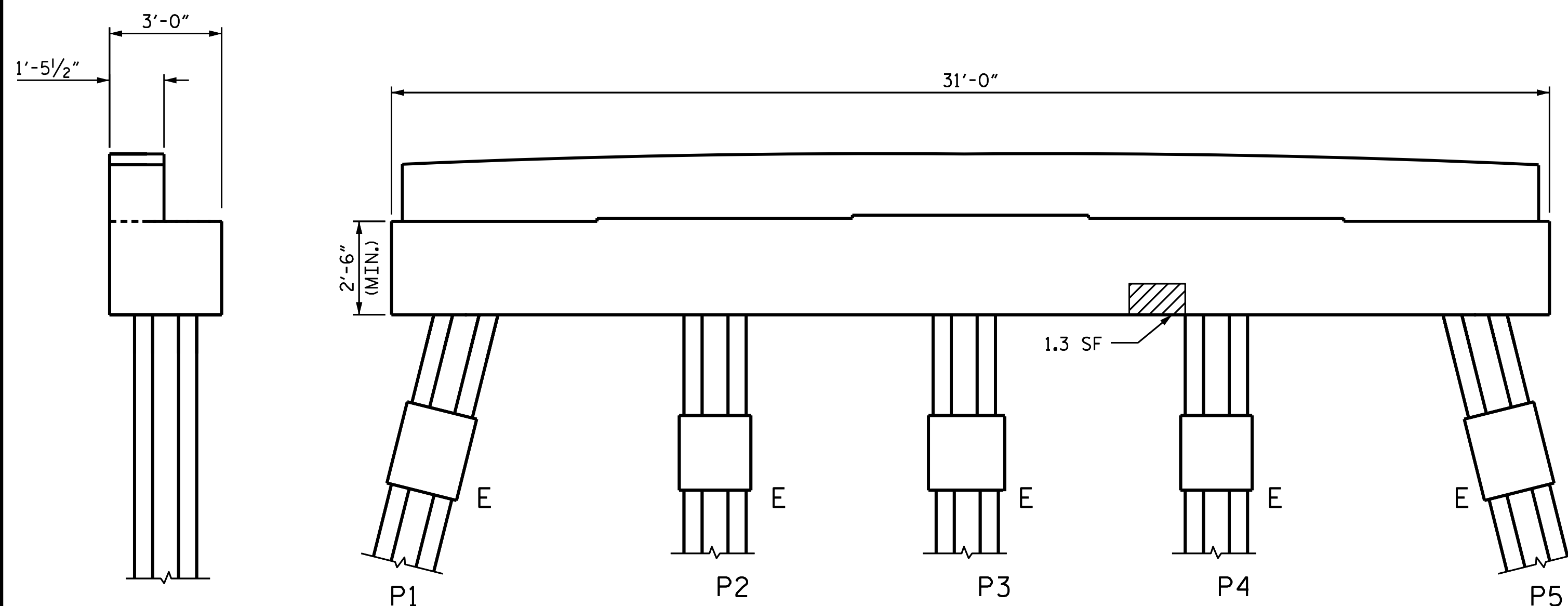
REPAIR QUANTITY TABLE

| BENT 25 | QUANTITIES | | | |
|-----------------------|------------|-----------|---------|-----------|
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIR | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP (VERTICAL FACE) | 1.9 | 1.0 | | |
| CAP (HORIZONTAL FACE) | 0.0 | 0.0 | | |
| COLUMN | 0.0 | 0.0 | | |
| CONCRETE REPAIR | | | | |
| CAP (VERTICAL FACE) | 0.0 | 0.0 | | |
| CAP (HORIZONTAL FACE) | 0.0 | 0.0 | | |
| COLUMN | 0.0 | 0.0 | | |
| EPOXY RESIN INJECTION | | LF | | LF |
| CAP | | 0.0 | | |
| COLUMN | | 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.

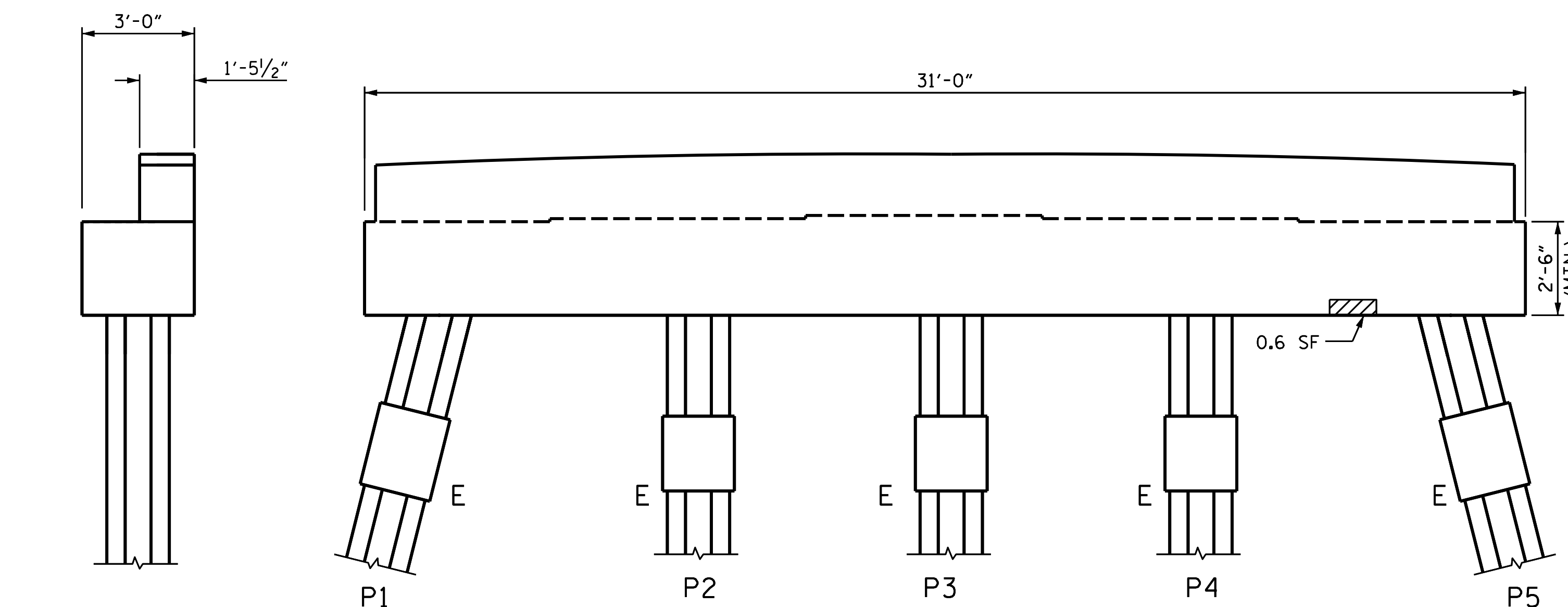


TOP OF CAP



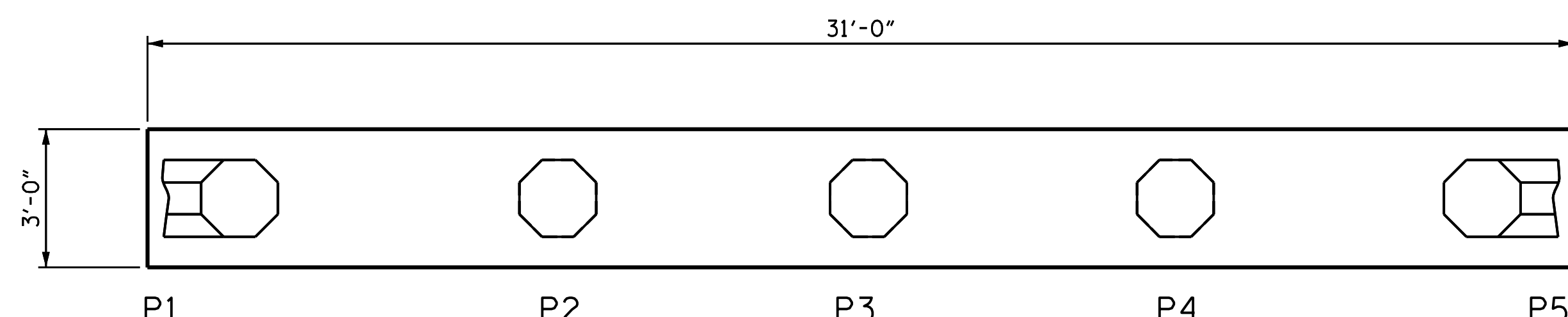
NORTH END

ELEVATION
(WEST SIDE)



SOUTH END

ELEVATION
(EAST SIDE)



BOTTOM OF CAP

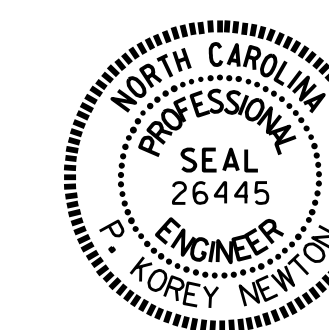
SPAN 25
SPAN 26

PROJECT NO. 15BPR.56
BEAUFORT COUNTY
 BRIDGE NO. 060028

SHEET 25 OF 48

STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH

SUBSTRUCTURE
 BENT 25 REPAIR



DocuSigned by:
 P. Corey Newton
 AFFE39D14318407
 01/27/2022

DRAWN BY : S. T. SANDOR DATE : .05/2021
 CHECKED BY : W. C. SMITH DATE : .06/2021

DOCUMENT NOT CONSIDERED
 FINAL UNLESS ALL
 SIGNATURES COMPLETED

| REVISIONS | | | | | | SHEET NO. |
|-----------|-----|-------|-----|-----|-------|--------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | S3-43 |
| 1 | | | 3 | | | TOTAL SHEETS |
| 2 | | | 4 | | | 78 |