

**NOTES**

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.

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR EPOXY RESIN INJECTION, SEE SPECIAL PROVISIONS.

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

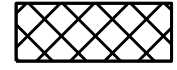
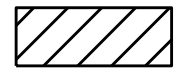

SHOTCRETE REPAIRS MAY BE REPLACED WITH CONCRETE REPAIRS WITH THE APPROVAL OF THE ENGINEER.

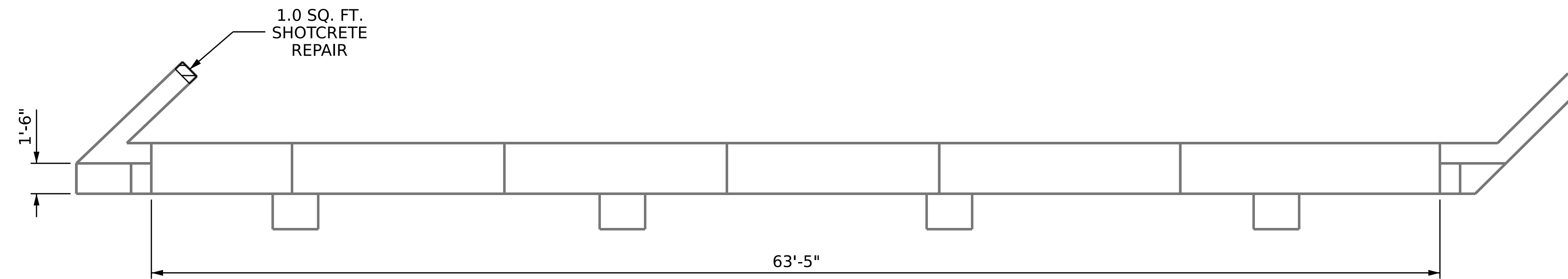
CLEAN AND REMOVE DEBRIS FROM THE TOP OF THE CAP AND APPLY EPOXY PROTECTIVE COATING. EPOXY COATING SHALL BE APPLIED TO THE TOP SURFACE OF THE CAP. THE CONTRACTOR SHALL NOT COAT THE AREA OF THE CAP BENEATH THE MASONRY PLATES. FOR EPOXY COATING, SEE SPECIAL PROVISIONS.

**AS-BUILT REPAIR QUANTITY TABLE**

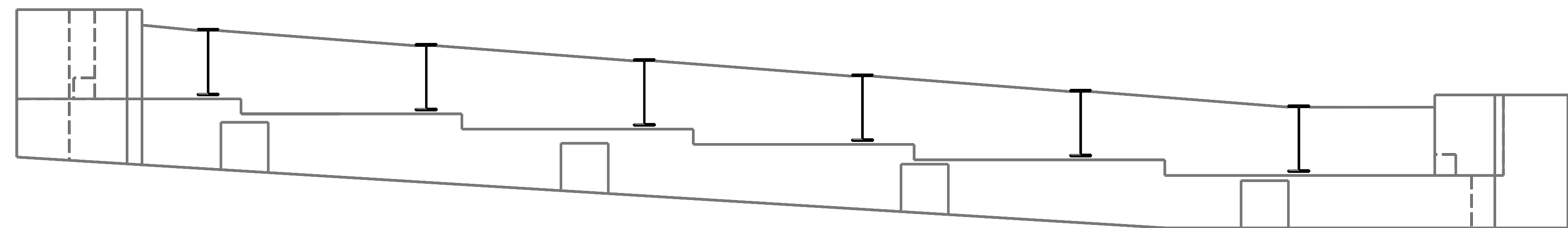
END BENT 1	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SQ. FT.	VOLUME CU. FT.	AREA SQ. FT.	VOLUME CU. FT.
CAP	0.0	0.0		
CURTAIN WALL	0.0	0.0		
WING	1.0	0.5		
CONCRETE REPAIRS	AREA SQ. FT.	VOLUME CU. FT.	AREA SQ. FT.	VOLUME CU. FT.
CAP	0.0	0.0		
EPOXY RESIN INJECTION		LIN. FT.		LIN. FT.
CURTAIN WALL		0.0		
CAP		0.0		
EPOXY COATING		SQ. FT.		SQ. FT.
TOP OF CAP		92.0		

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

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

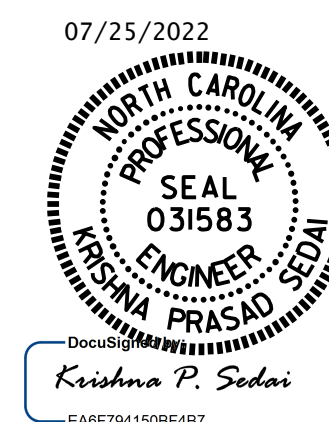


PLAN



ELEVATION  
END BENT 1

PROJECT NO. I-5950  
DAVIDSON COUNTY  
BRIDGE NO. 280137



STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
RALEIGH

**END BENT 1**

DRAWN BY : A. SORSENGINH DATE : 3/2022  
CHECKED BY : E. BAYISSA DATE : 5/2022

DOCUMENT NOT CONSIDERED  
FINAL UNLESS ALL  
SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	TOTAL SHEETS
1			3			21
2			4			