

AS-BUILT REPAIR QUANTITY TABLE

END BENT 1	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SO. FT.	VOLUME CU. FT.	AREA SO. FT.	VOLUME CU. FT.
CAP	0.0	0.0		
CURTAIN WALL	1.0	0.5		
CONCRETE REPAIRS	AREA SO. FT.	VOLUME CU. FT.	AREA SO. FT.	VOLUME CU. FT.
CAP	0.0	0.0		
CURTAIN WALL	0.0	0.0		
EPOXY RESIN INJECTION	LIN. FT.		LIN. FT.	
CURTAIN WALL	10.0			
CAP	14.0			
EPOXY COATING	SQ. FT.		SQ. FT.	
TOP OF END BENT CAP	91.4			
FLOWABLE FILL	CU. YDS.		CU. YDS.	
FRONT OF END BENT CAP	4.0			

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.

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.

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

FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

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.

FOR EPOXY RESIN INJECTION, SEE SPECIAL PROVISIONS.

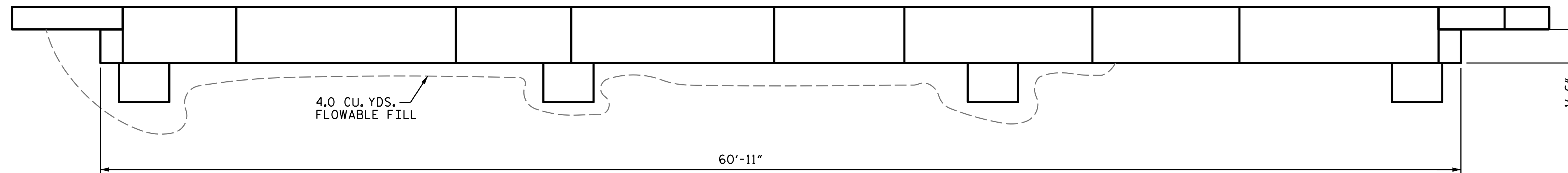
FOR FLOWABLE FILL, SEE SPECIAL PROVISIONS.

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

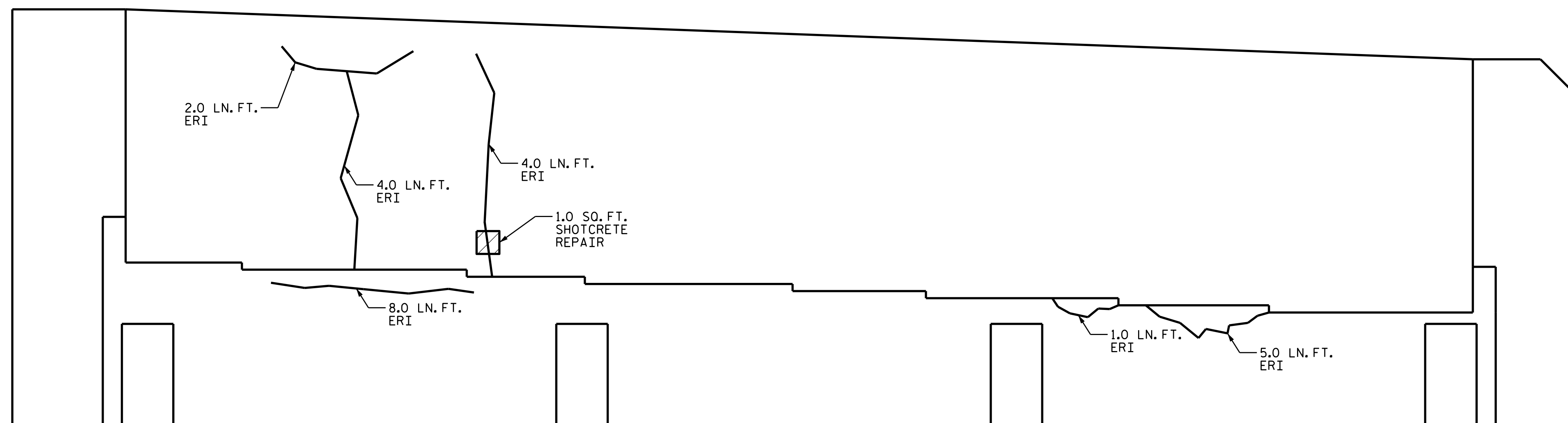
▣ CONCRETE REPAIR

▨ SHOTCRETE REPAIR

— EPOXY RESIN INJECTION (ERI)

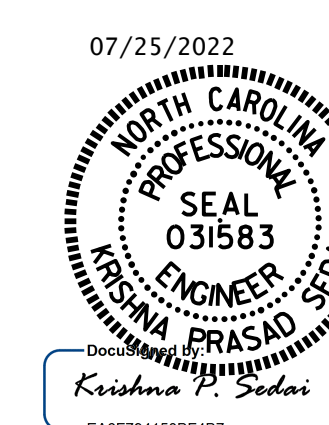


PLAN



ELEVATION

PROJECT NO. I-5950
DAVIDSON COUNTY
 BRIDGE NO. 280171



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH

END BENT 1

DRAWN BY : CRUIZ DATE : 09/2021
 CHECKED BY : H.A. LOCKLEAR DATE : 04/2022

DOCUMENT NOT CONSIDERED
 FINAL UNLESS ALL
 SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	
1			3			99-09
2			4			TOTAL SHEETS 15