

AS-BUILT REPAIR QUANTITY TABLE

END BENT 2	QUANTITIES			
	ESTIMATE		ACTUAL	
SHOTCRETE REPAIRS	AREA SQ. FT.	VOLUME CU. FT.	AREA SQ. FT.	VOLUME CU. FT.
CAP	2.9	1.5		
CURTAIN WALL	5.9	3.0		
CONCRETE REPAIRS	AREA SQ. FT.	VOLUME CU. FT.	AREA SQ. FT.	VOLUME CU. FT.
CAP	1.0	0.5		
EPOXY RESIN INJECTION		LIN. FT.		LIN. FT.
CURTAIN WALL		0.0		
CAP		0.0		
EPOXY COATING		SQ. FT.		SQ. FT.
TOP OF BENT CAP		93.3		
CURTAIN WALL		375.6		

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.


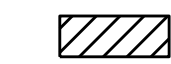

FOR CONCRETE REPAIRS, SEE SPECIAL PROVISIONS.

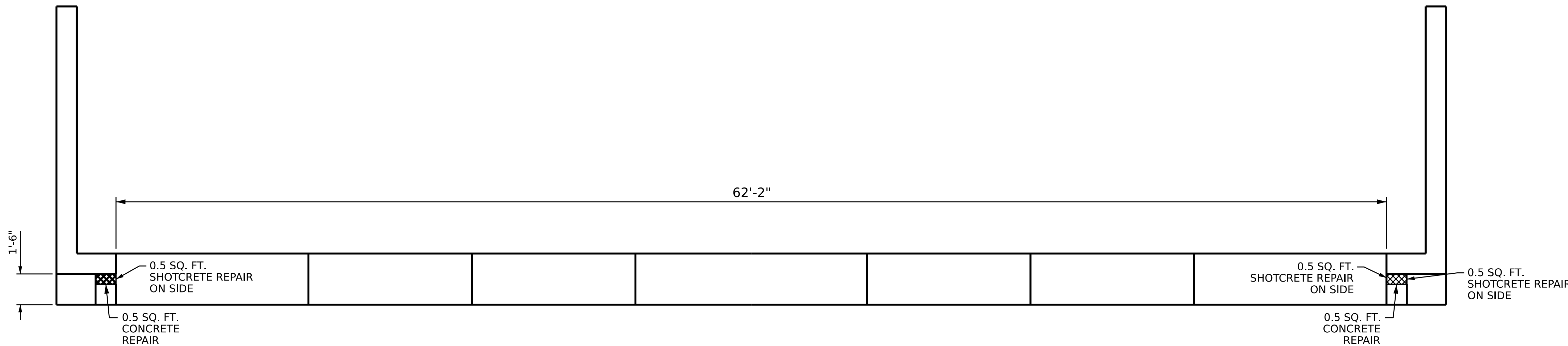
FOR SHOTCRETE REPAIRS, SEE SPECIAL PROVISIONS.

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.

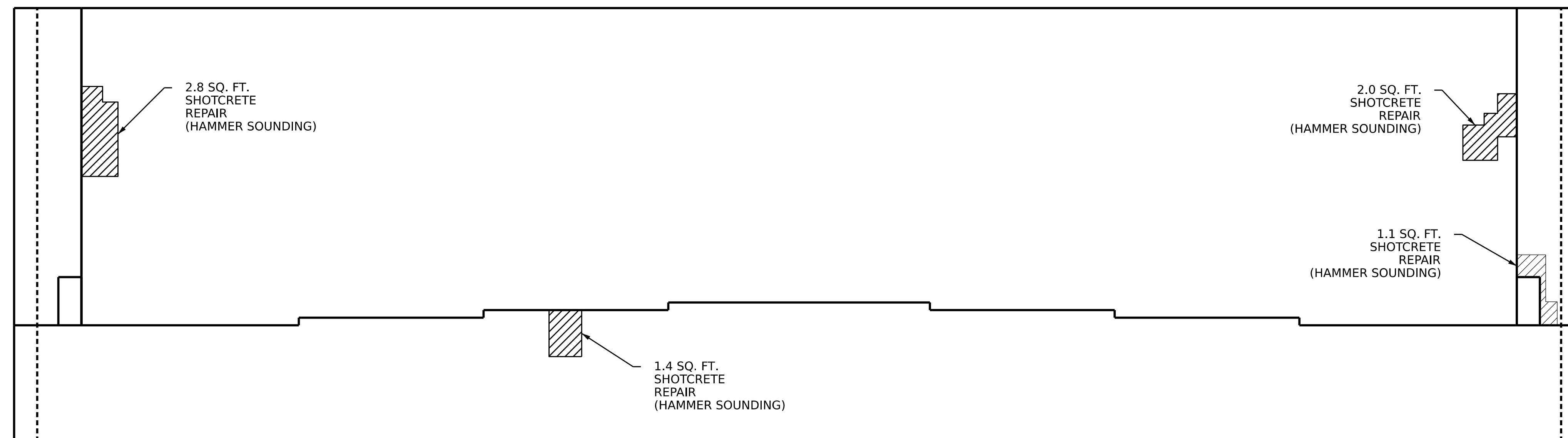
FOR EPOXY RESIN INJECTION, SEE SPECIAL PROVISIONS.

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

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



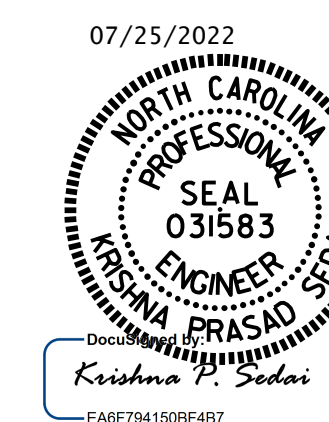
PLAN



ELEVATION

END BENT 2

PROJECT NO. I-5950
DAVIDSON COUNTY
 BRIDGE NO. 280174



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH
**SUBSTRUCTURE REPAIR
 END BENT 2**

DRAWN BY : CRUIZ DATE : 02/2022
 CHECKED BY : K. PUROHIT DATE : 04/2022

DOCUMENT NOT CONSIDERED
 FINAL UNLESS ALL
 SIGNATURES COMPLETED

REVISIONS						SHEET NO.
NO.	BY:	DATE:	NO.	BY:	DATE:	TOTAL SHEETS
1			3			12
2			4			