

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.

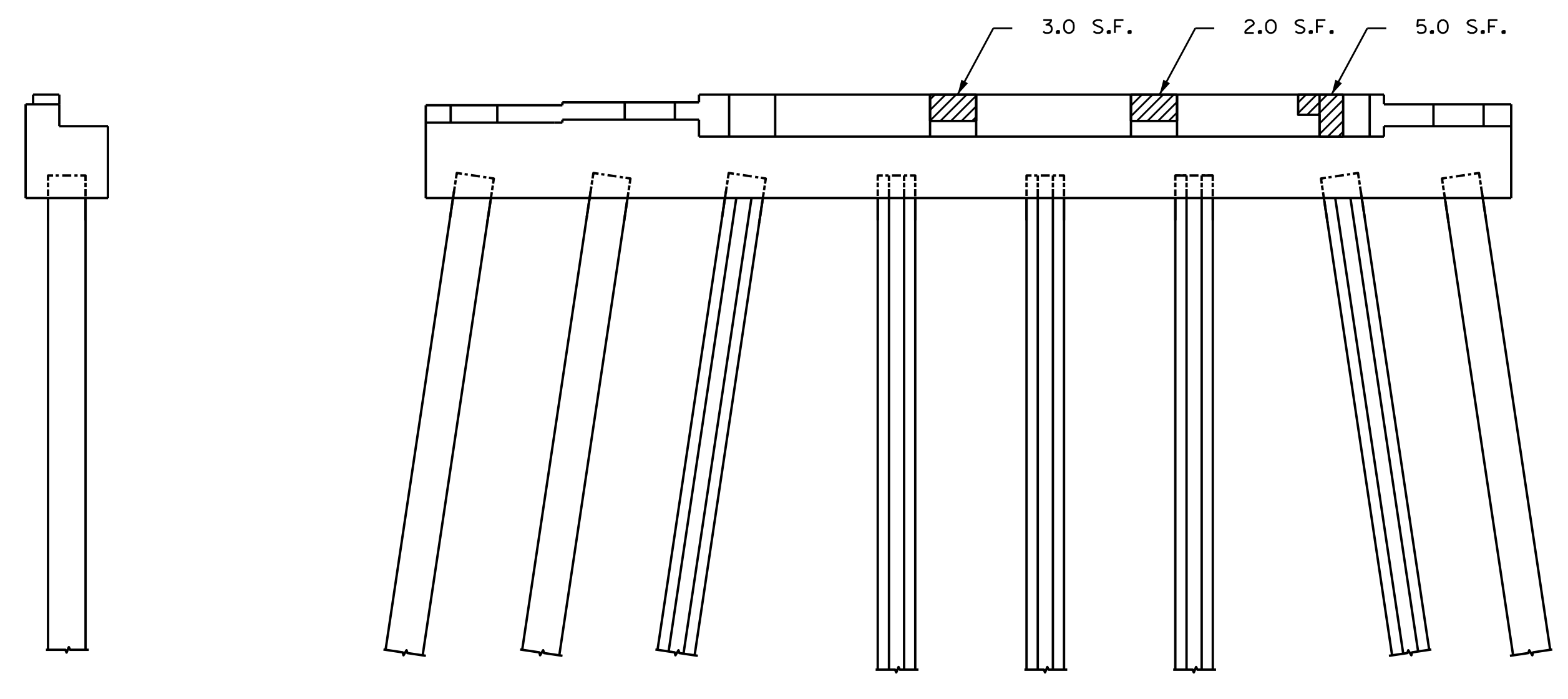
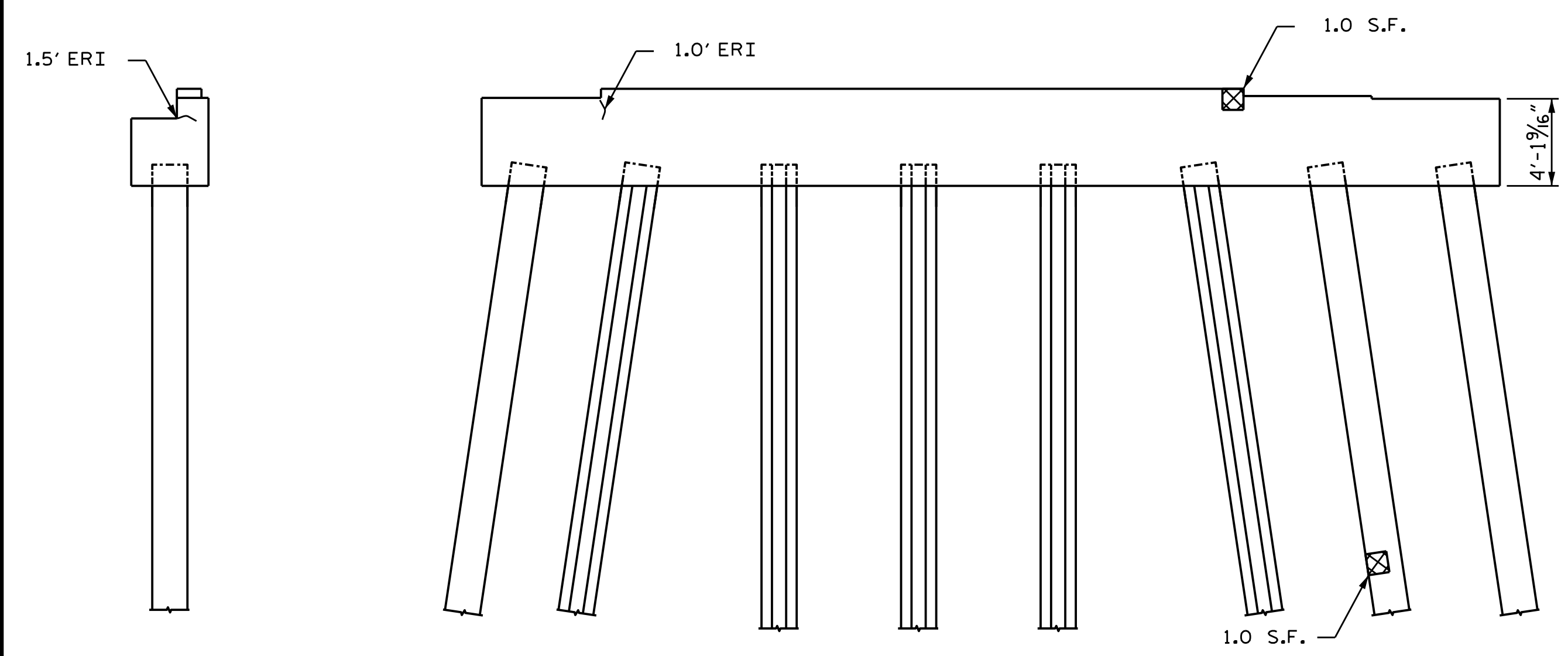
FOR EPOXY RESIN INJECTION, SEE SPECIAL PROVISIONS.

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

FOR BRIDGE JACKING, SEE BRIDGE JACKING DETAILS SHEET.

| REPAIR QUANTITY TABLE | | | | |
|-----------------------|------------|-----------|---------|-----------|
| BENT 1 | QUANTITIES | | | |
| | ESTIMATE | | ACTUAL | |
| SHOTCRETE REPAIR | AREA SF | VOLUME CF | AREA SF | VOLUME CF |
| CAP (VERTICAL FACE) | 1.0 | 0.5 | | |
| CAP (HORIZONTAL FACE) | 8.0 | 4.0 | | |
| COLUMN | 1.0 | 0.5 | | |
| CONCRETE REPAIR | | | | |
| CAP (VERTICAL FACE) | 10.0 | 5.0 | | |
| CAP (HORIZONTAL FACE) | 10.5 | 5.3 | | |
| COLUMN | 0.0 | 0.0 | | |
| EPOXY RESIN INJECTION | | LF | LF | LF |
| CAP | | 2.5 | | |
| COLUMN | | 0.0 | | |

VALUES IN CHART REPRESENT ESTIMATED REPAIR QUANTITIES AFTER REMOVAL OF UNSOUND CONCRETE, MIN. OF 1" BEHIND REBAR AND MIN. 1" CL TO SAWCUT. SEE REPAIR DETAILS.

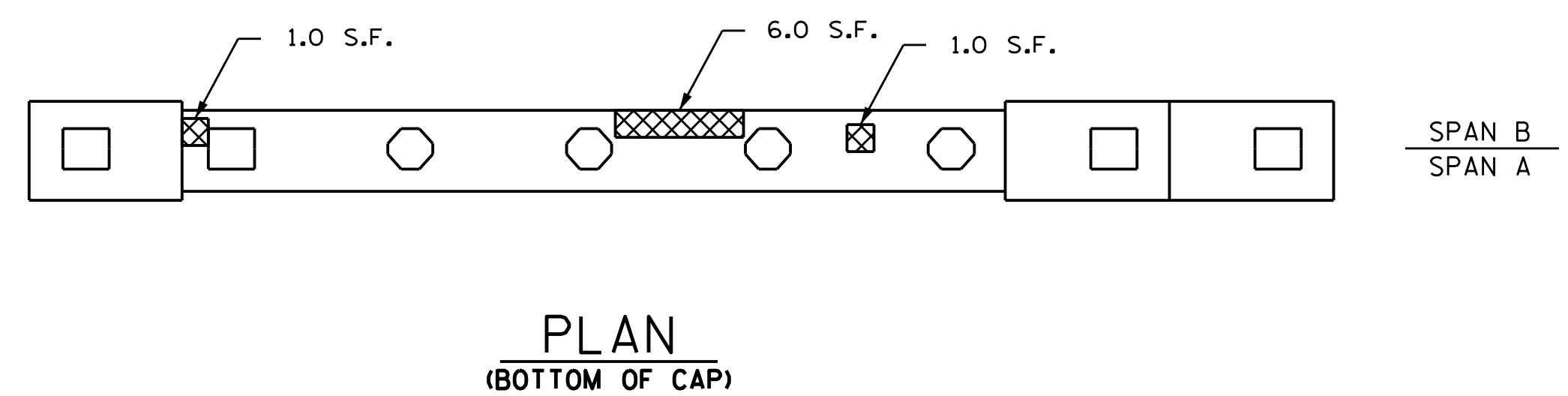


END VIEW
(WEST FACE)

ELEVATION
(SOUTH FACE)

END VIEW
(EAST FACE)

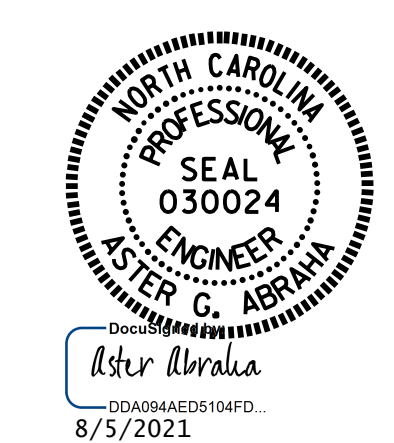
ELEVATION
(NORTH FACE)



REPAIR KEY

- CONCRETE REPAIR AREA (FORM AND POUR)
- SHOTCRETE REPAIR AREA
- EPOXY RESIN INJECTION (ERI)

PROJECT NO. HI-0008
JOHNSTON COUNTY
 BRIDGE NO. 500106
 SHEET 1 OF 5



STATE OF NORTH CAROLINA
 DEPARTMENT OF TRANSPORTATION
 RALEIGH
SUBSTRUCTURE
BENT 1

DRAWN BY : A. Y. GODFREY / G. AYES DATE : .04/2021
 CHECKED BY : S. WANCE DATE : .07/2021

DOCUMENT NOT CONSIDERED
 FINAL UNLESS ALL
 SIGNATURES COMPLETED

| REVISIONS | | | | | | SHEET NO. |
|-----------|-----|-------|-----|-----|-------|--------------|
| NO. | BY: | DATE: | NO. | BY: | DATE: | S1-15 |
| 1 | | | 3 | | | TOTAL SHEETS |
| 2 | | | 4 | | | 48 |