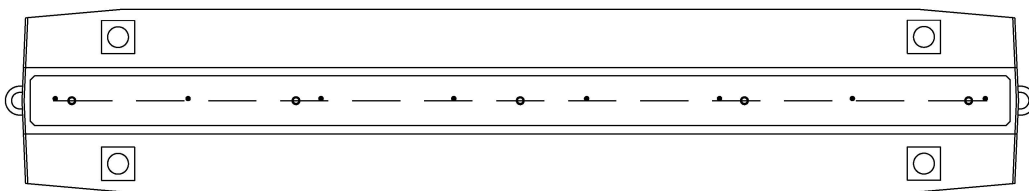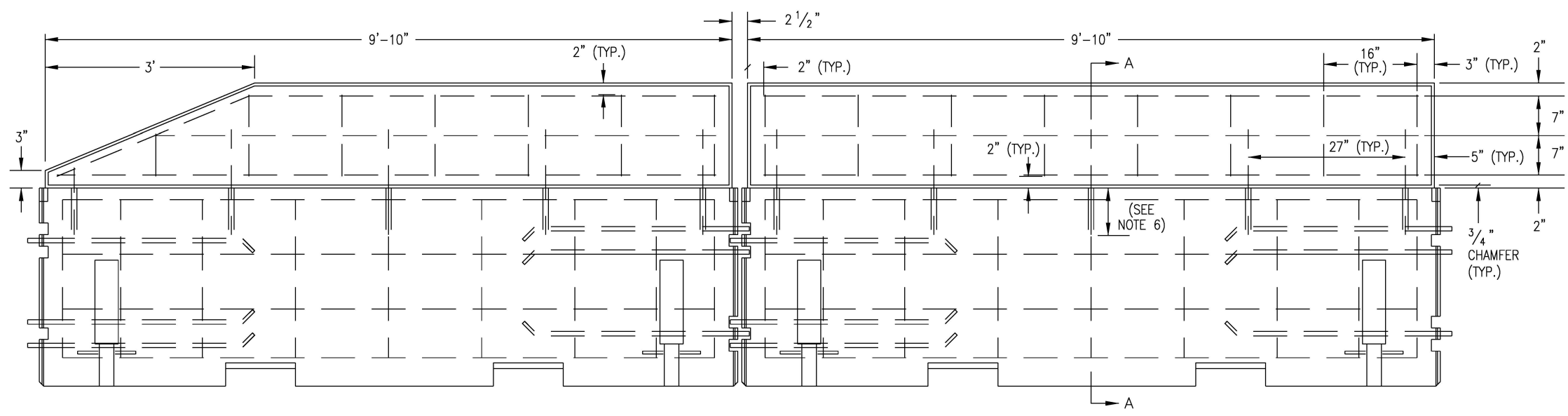ISOMETRIC
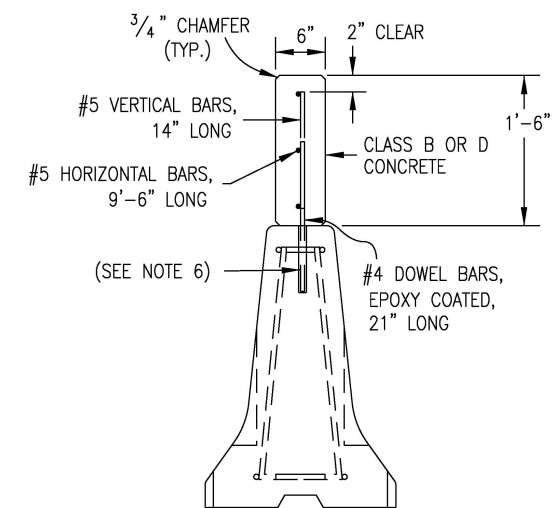
PLAN

GENERAL NOTES

1. CONCRETE GLARE SCREEN SHALL BE USED ONLY ON PERMANENT INSTALLATIONS OF PRECAST TYPE 7 CONCRETE BARRIER. REFER TO STANDARD M-606-14, SHEET 3 OF 3 FOR STABILIZATION PIN REQUIREMENTS.

2. ALL INSTALLATIONS REQUIRE END ANCHORAGES OR ATTACHMENT TO EXISTING PERMANENT CONCRETE BARRIER. REFER TO STANDARD M-606-13, SHEET 1 OF 4 FOR ANCHORAGE DETAILS.

3. CONCRETE SHALL BE CLASS B OR D.

4. ALL REINFORCEMENT SHALL BE 2 IN. CLEAR OF THE NEAREST FACE OF CONCRETE UNLESS OTHERWISE SHOWN. REINFORCING BARS SHALL BE TIED TOGETHER AT ALL INTERSECTIONS.

5. APPROVED NON-SHRINK CHEMICAL GROUT SHALL BE USED FOR SETTING THE CONCRETE GLARE SCREEN.

6. WHEN CONCRETE GLARE SCREEN IS PLACED ON AN EXISTING PERMANENT PRECAST TYPE 7 PORTABLE BARRIER WALL, DOWELS SHALL BE EMBEDDED 13 IN. INTO THE BARRIER WALL AND SET WITH AN APPROVED NON-SHRINK CHEMICAL GROUT. EMBEDMENT HOLES SHALL BE $\frac{3}{4}$ IN. DIAMETER AND DRILLED OR FORMED TO A DEPTH OF $\frac{1}{4}$ IN. BELOW THE TIP OF THE DOWEL.
IF THE CONTRACTOR PROPOSES A SHORTER EMBEDMENT LENGTH, THE PROPOSAL SHALL BE SUBMITTED IN WRITING AND A PULLOUT TEST PERFORMED TO DEMOSTRATE THE SHORTER EMBEDMENT LENGTH PROVIDES ADEQUATE BOND. A WRITTEN APPROVAL ACCEPTING THE PROPOSAL SHALL BE ISSUED BY THE ENGINEER BEFORE PROCEEDING WITH PRODUCTION.

7. ALL INCIDENTAL WORK AND MATERIALS SUCH AS CONNECTING PINS, ANCHORS PINS, NON-SHRINK CHEMICAL GROUT, EXCAVATION FOR END ANCHORAGE, ETC., WILL NOT BE PAID FOR SEPARATELY BUT SHALL BE INCLUDED IN THE WORK.

ELEVATION BARRIER WITH GLARE SCREEN

SECTION A-A

- $\frac{3}{4}$" CHAMFER (TYP.)
- 2" CLEAR
- #5 VERTICAL BARS, 14" LONG
- CLASS B OR D CONCRETE
- #5 HORIZONTAL BARS, 9'-6" LONG
- (SEE NOTE 6)
- #4 DOWEL BARS, EPOXY COATED, 21" LONG

Computer File Information		Sheet Revisions			Colorado Department of Transportation	CONCRETE GLARE SCREEN FOR PRECAST TYPE 7 CONCRETE BARRIER	Project No./Code
Creation Date: 07/31/19	(R-X)	mm/dd/yy	XXXXXXX	XXXXXX			XXXXX/XXXX
Designer Initials: JBK	(R-X)	mm/dd/yy	XXXXXXX	XXXXXX	Street Address Office location City, CO Zip code Phone: XXX-XXX-XXXX Fax: XXX-XXX-XXXX	Designer: XXXXXXXX	D-606-15
Last Modification Date: 07/31/19	(R-X)	mm/dd/yy	XXXXXXX	XXXXXX		Detailer: XXXXXXXX	Sheet Number: 1 of 1
Detailer Initials: LTA	(R-X)	mm/dd/yy	XXXXXXX	XXXXXX	Region, Unit	Sheet Subset: XXXXXXX Subset Sheets: XXX of XXX	Project Sheet Number: XX
CAD Ver.: MicroStation V8 Scale: Not to Scale Units: English	(R-X)	mm/dd/yy	XXXXXXX	XXXXXX	Intials/Intials		