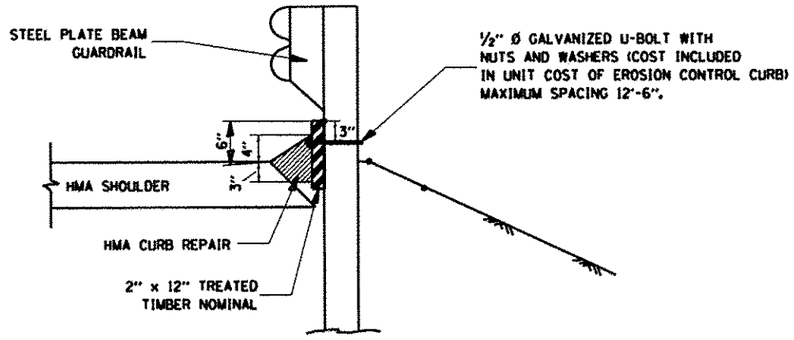
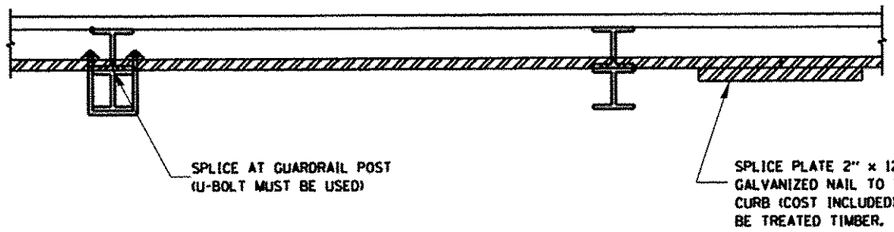


SIDE VIEW



TOP VIEW

NOTE:
THE TREATED TIMBER SHALL BUTT TOGETHER AT THE GUARDRAIL POST OR SPLICED AS SHOWN ON THE DETAIL.

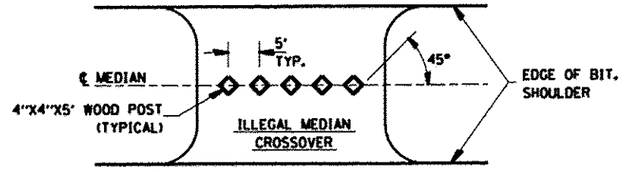
THE TREATED TIMBER SHALL BE TREATED IN ACCORDANCE TO ARTICLE 1007.12 AND ALL PRESERVATIVES SPECIFIED IN THE ARTICLE WILL BE ALLOWED.

THE PRICE FOR EROSION CONTROL CURB SHALL INCLUDE THE U-BOLTS ATTACHING THE TREATED TIMBER TO THE GUARDRAIL POSTS, TREATED TIMBER, AND THE NECESSARY GRADING TO COMPLETE THIS WORK.

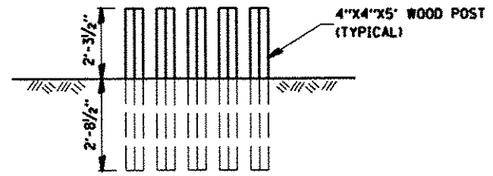
HMA CURB REPAIR SHALL BE MEASURED AND PAID FOR AT CONTRACT UNIT PRICE PER TON.

HMA CURB REPAIR SHALL BE IN ACCORDANCE WITH SECTION 408 OF THE STANDARD SPECIFICATIONS.

TIMBER CURB & HMA CURB REPAIR



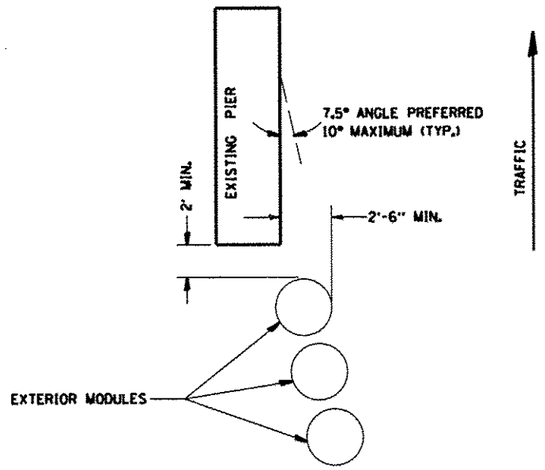
PLAN



ELEVATION

WOOD POST DETAIL

IMPACT ATTENUATOR LAYOUT PLAN



TYPICAL EXTERIOR MODULE LAYOUT

NOTES:

1. THE PAY ITEM "REPLACE IMPACT ATTENUATORS, (NON-REDIRECTIVE), TEST LEVEL 3" HAS BEEN INCLUDED TO REPLACE INDIVIDUAL DAMAGED SAND MODULES.
2. REPLACEMENT MODULES SHALL MATCH THE KIND OF MODULES THAT ARE REMAINING.
3. IMPACT ATTENUATORS SHALL BE IN ACCORDANCE WITH SECTION 643 FOR IMPACT ATTENUATORS.
4. THIS SHEET SHOWS THE LAYOUT INFORMATION FOR REPLACEMENT OF SAND MODULES (IMPACT ATTENUATORS) AT A TYPICAL INTERSTATE LOCATION.
5. ADJACENT SAND MODULE IMPACT ATTENUATORS THAT ARE NOT DAMAGED, BUT HAVE BEEN SHIFTED LATERALLY FROM THEIR ORIGINAL POSITION SHALL BE REALIGNED OR MOVED BACK TO THEIR ORIGINAL POSITION, AS DIRECTED BY THE ENGINEER. REALIGNMENT OR MOVING OF ADJACENT UNDAMAGED MODULES SHALL NOT BE PAID FOR SEPARATELY BUT SHALL BE CONSIDERED INCLUDED IN THE COST OF REPLACEMENT. THE WORK TO REALIGN OR SHIFT UP TO 2 MODULES SHALL BE INCLUDED WITH EACH REPLACED SAND MODULE IMPACT ATTENUATOR.

• D-3 HIGHWAY DAMAGE REPAIR 2015

FILE NAME • #FILEL#	USER NAME • #USER#	DESIGNED -	REVISED -	STATE OF ILLINOIS DEPARTMENT OF TRANSPORTATION	TIMBER CURB & BITUMINOUS CURB REPAIR & GUARD POST DETAIL & IMPACT ATTENUATOR PLAN	F.A. RTE.	SECTION	COUNTY	TOTAL SHEETS	SHEET NO.
		DRAWN -	REVISED -			V&B.	•	V&B.	45	9
	PLOT SCALE • #SCALE#	CHECKED -	REVISED -					CONTRACT NO. 66D15		
	PLOT DATE • #DATE#	DATE -	REVISED -		SCALE: ____ SHEET NO. __ OF __ SHEETS STA. ____ TO STA. ____	FED. ROAD DIST. NO. _	ILLINOIS	FED. AID PROJECT		