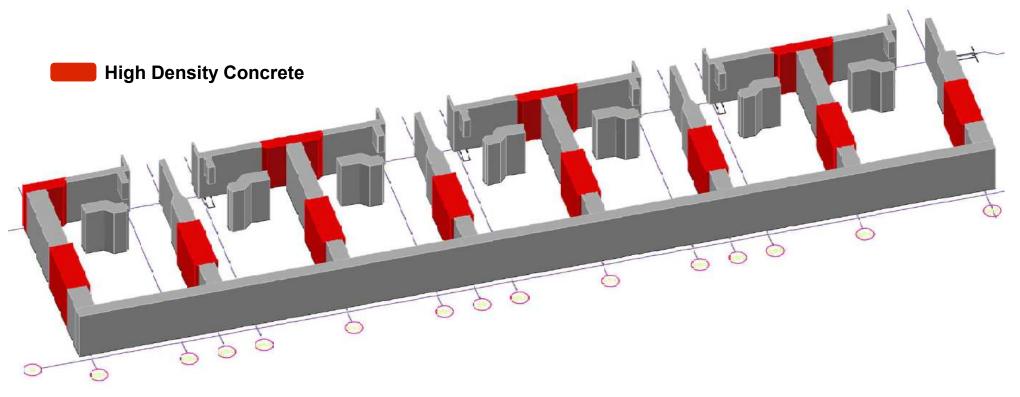
ACI Convention Minneapolis, Minnesota April 15, 2013

obert Quattrociocchi, EllisDon



- Construction began in 2004 for the Lakeridge Health Centre North Wing Expansion (Oshawa, Ontario)
- New cancer treatment facility housing 7 radiation therapy bunkers



- 12 Segments of bunker walls were comprised of high density (HD) concrete (3,950 kg/m<sup>3</sup> wet and 3,850 kg/m<sup>3</sup>) @ 25 MPa
- Thickness of high density walls ranged from 800mm (31") to 1,500mm (59")
- Required to attenuate gamma ray radiation from linear accelerators
- Remainder of walls were regular density concrete (2,400 kg/m<sup>3</sup>) to be poured concurrently with HD walls



- Hematite aggregate from Brazil
- Specific Gravity = 5
- 20mm (3/4") nominal



- Benificated Hematite sand from Quebec, Canada
- Specific Gravity = 4.9
- FM = 1.8

#### Cost for HD Concrete = 1,000 per m<sup>3</sup> (760 per yd<sup>3</sup>) !!

Here's the problem.....



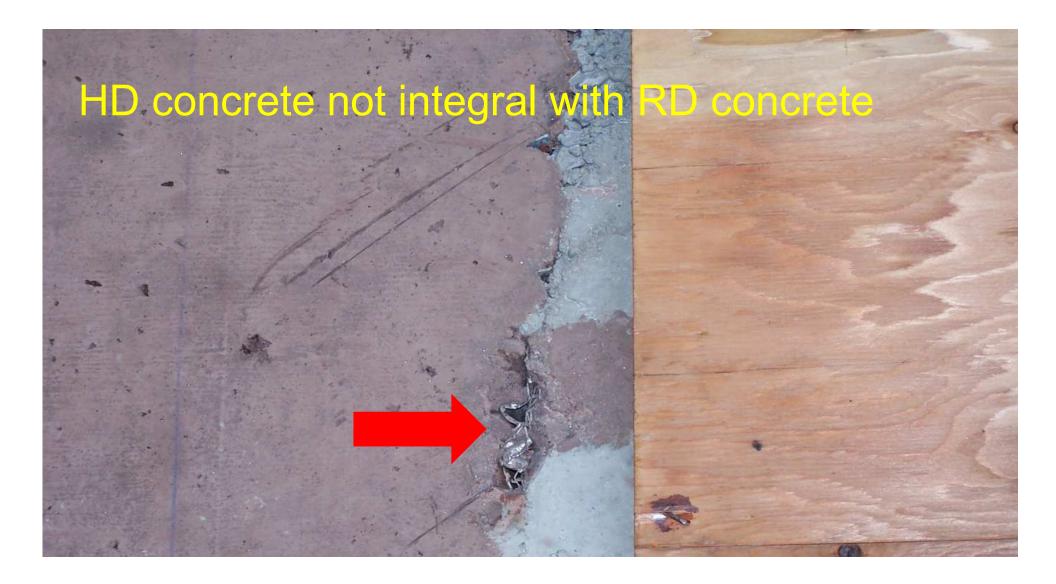
# What's with all the honeycombing?

13/10/200

Why all the honeycombing?

Low slump (well below target)
High slump (well above target)
3<sup>rd</sup> party testing took way too long
Improper consolidation
HD concrete poured in alternating 6" lifts with RD concrete (extended pour duration)
Issues integrating HD concrete with RD concrete
Yada yada yada ......









# HD Concrete Repair Procedure:

Take #1

"The Conventional Approach"



- High density grout to a "drypack" consistency
- Steel shot used as coarse aggregate (SG=7.8)
- Hematite sand used for fine aggregate (SG=4.9)
- Shrinkage Compensating Admixture
- Latex bonding agent
- Mixed in 30L mortar mixer

- Affected zones chipped out to sound material
- Perimeter areas benched to provide min <sup>1</sup>/<sub>2</sub>" ledge
- Exposed base substrate washed with high pressure sprayer

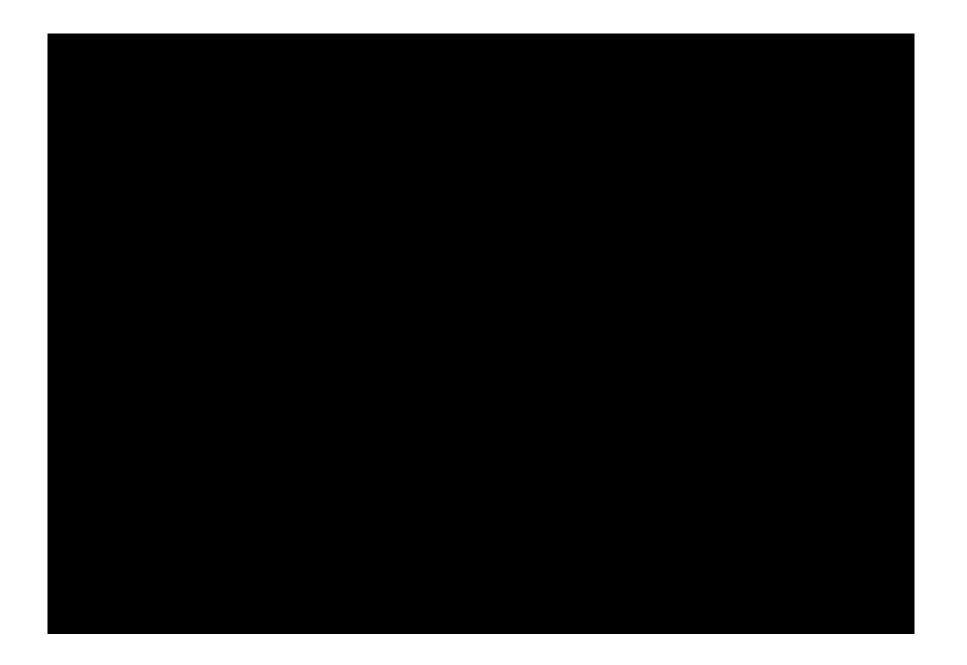




- Tapcons with tie-wire set into base substrate for transfer of shrinkage strains at bond line
- 10m rebar added for shrinkage restraint if depth of repair permitted



- Mortar "thrown" at the surface in layers
- Highly labour intensive / time consuming
- Issues with weight of material for use in a vertical repair
- Issues with achieving complete filling around rebar



There has to be a better way.....





- Sounding or tapping process indicated potential for voids
- Ultrasonic Pulse Velocity (corelated to results from cores) used to verify integrity of patches
- Results indicated that several patches had delaminated / contained voids
- We needed another approach.....and fast!!!



# HD Concrete Repair Procedure:

Take #2

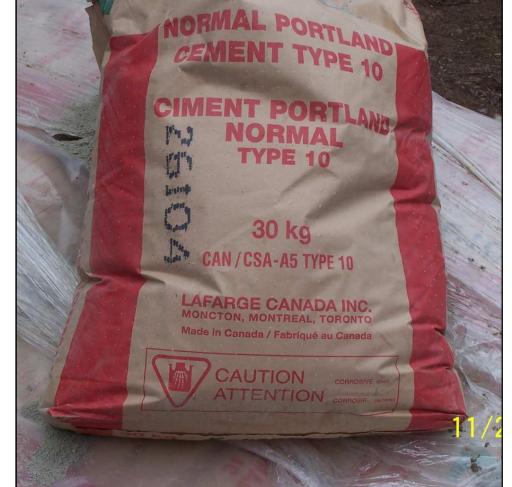
"The SCC Approach"

- We couldn't get it wrong a 3<sup>rd</sup> time!
- Decided to apply "SCC Technology" to solve our problem
- Some recent experience with SCC, but never in repair applications
- Our new mix had to:
  - Be pourable
  - Have high flow properties
  - Optimize density
  - Be stable (no segregation)
  - Prevent or mitigate shrinkage
  - Reduce the overall labour component / schedule

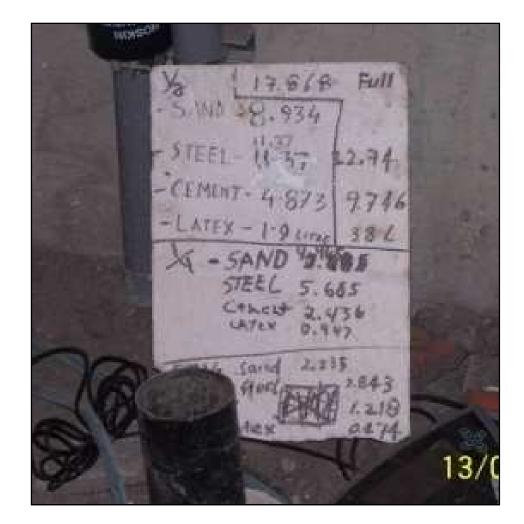
- Targeted 4,000 kg/m<sup>3</sup> wet density
- Steel shot (SG=7.8)
- Hematite sand (SG=4.9)
- Type 10 cement
- HRWR polycarboxylate based (ASTM C 494 Type A & F)
- VMA liquid cellulose based
- Shrinkage Compensating Admixture
- Latex bonding agent



- High paste volume required:
  - due to shape and gradation of Hematite sand
  - due to void ratios of both the sand and steel shot
  - to act as carrier for high density aggregate
  - for filling around rebar
- 720 kg/m<sup>3</sup> of Type 10 used for flowable mix



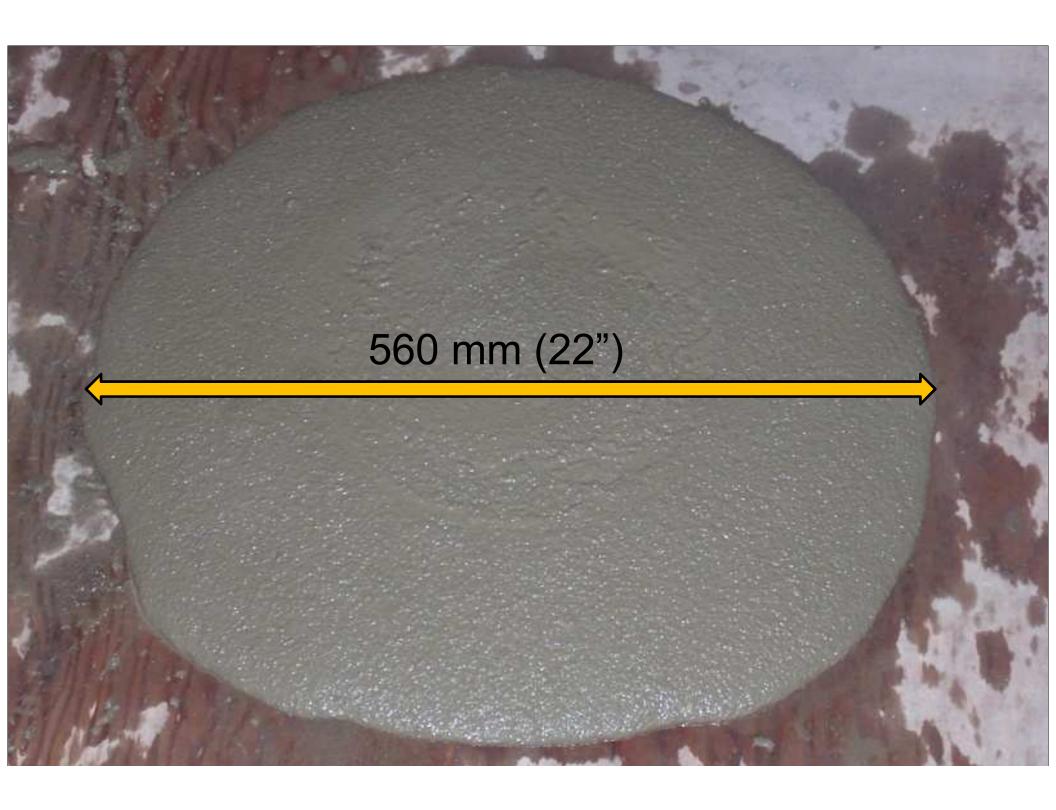
- Preliminary trials performed in the field
- Initially targeted 650mm
   (26") slump flow
- We were achieving the flow we needed, but mix was unstable
- Experienced segregation issues at this slump flow level





To increase stability while maintaining our spread we:

- Reduced water content
- Increased HRWR
- Increased VMA
- Trial & Error process
- The results.....



#### High Density SCC Recipe:

- 5 liter batch
- Butter mixer with blend of steel shot, sand, cement and water
- Add steel shot
- Add cement and blend
- Add sand to mixture
- Add 90% of water & SRA
- Add HRWR and 5% of water
- Add VMA and remainder of water
- Mix until consistency achieved
- Check slump flow (if not min. 560mm, temper with HRWR)



 Forms installed with a beak extending 75mm (3") above patch

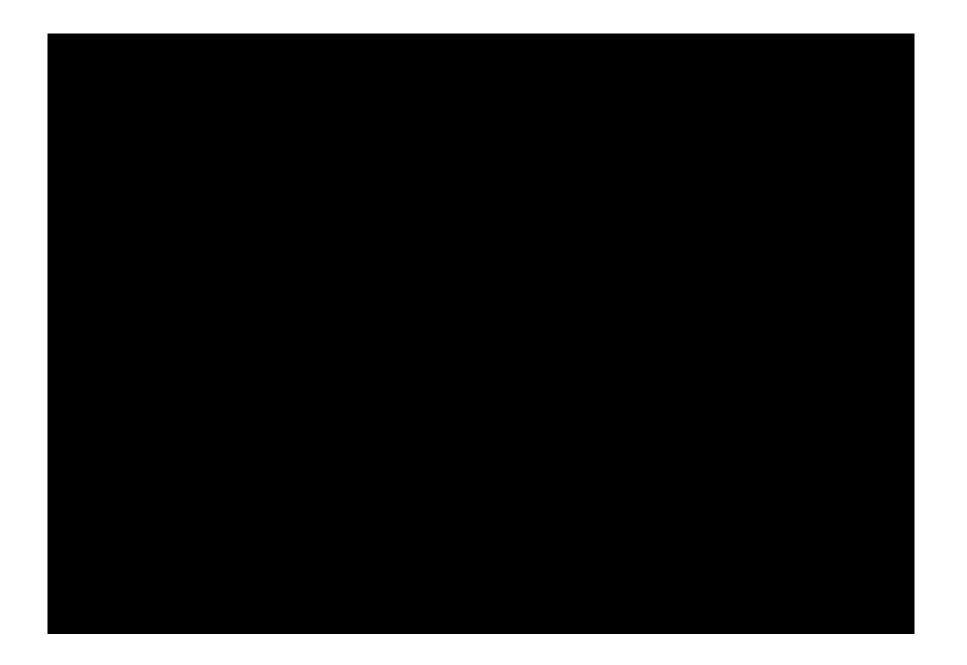
 Perimeter of forms and joints sealed with caulking

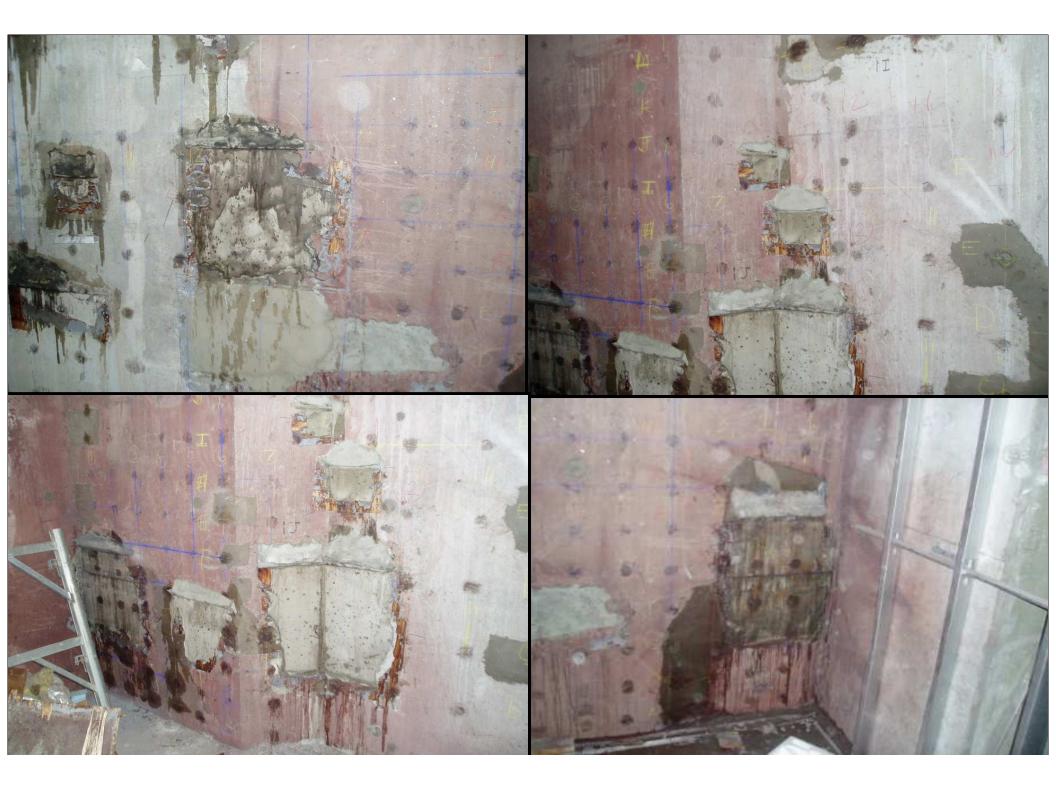
Drainage hole with plug installed at bottom of form to check for water tightness and for preconditioning

#### Placing:

- SCC poured in 3 uniform lifts to reduce drop
- Formwork tapped after each lift to remove air bubbles
- Filled to min. 75mm (3") above patch
- Larger patches formed in segments
- After first lift was placed, another panel was installed above









#### Curing:

 Forms left in place for 3 days after placing

 Curing compound sprayed on patch upon form removal

#### Verification of Patches:

- Grout cubes taken at the beginning and end of each day to monitor strength
- Surfaces tapped with rebar to determine if hollow sounds present
- Ultrasonic Pulse Velocity testing performed once more after 7 days



#### National Oncology Centre Mount Hope, Trinidad & Tobago

#### High Density Bunker Walls:

- From October 2006 July 2007
- 4000 kg/m3 high density SCC concrete for radiation therapy bunkers
- SCC required to provide full consolidation between rebar and to flow beneath block-outs cast-in for mechanical ductwork sleeving
- Technology transfer to local readymix producers in the Caribbean
- Concrete trials performed in lab (Toronto) and in field to prove the viability of the mix
- Series of mock-ups cast on site to verify performance and constructability

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