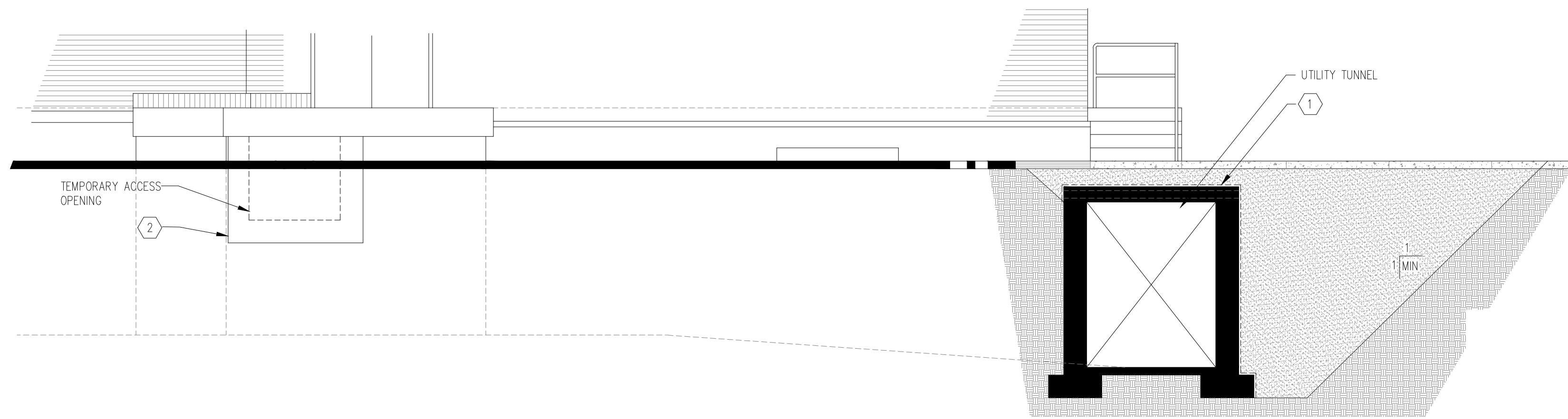
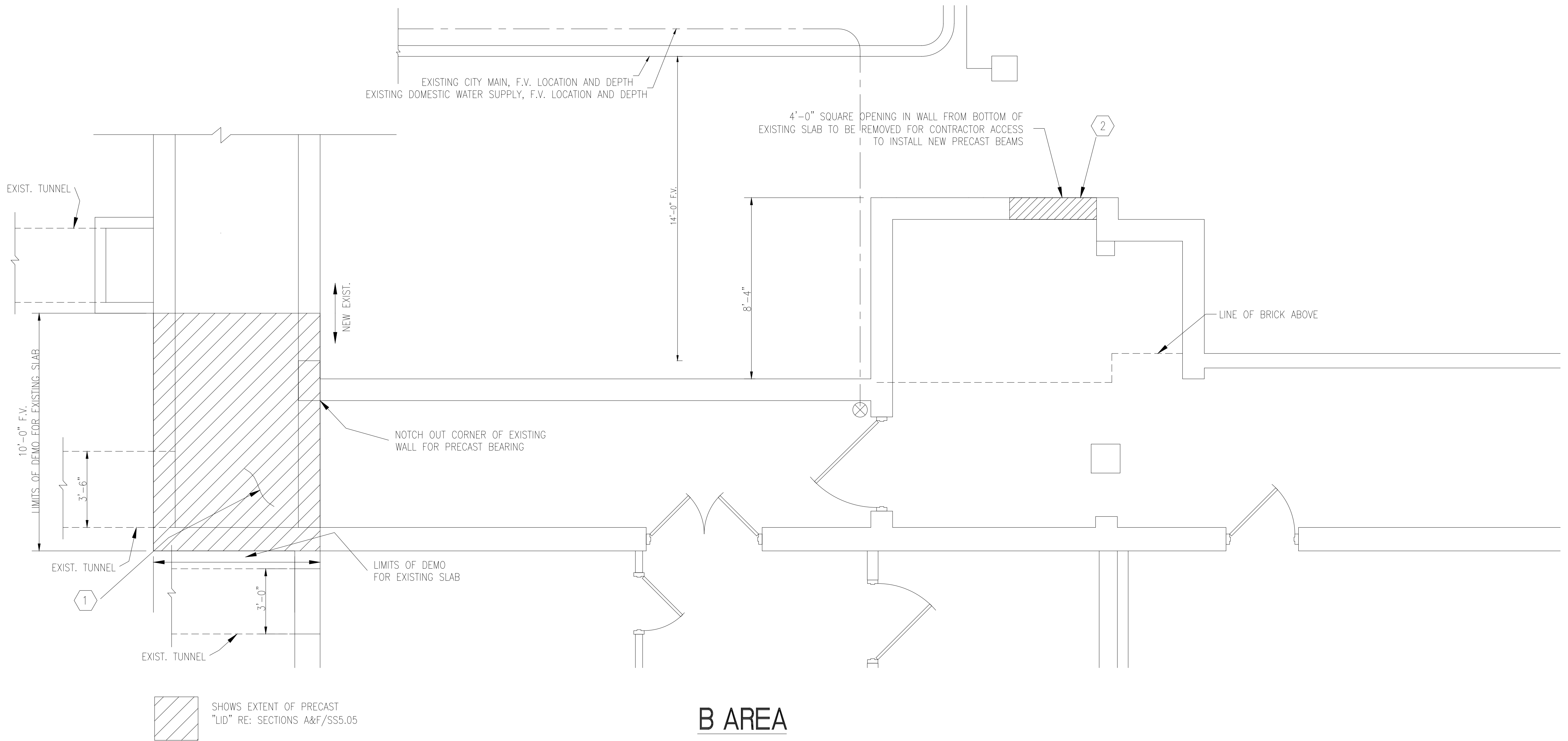
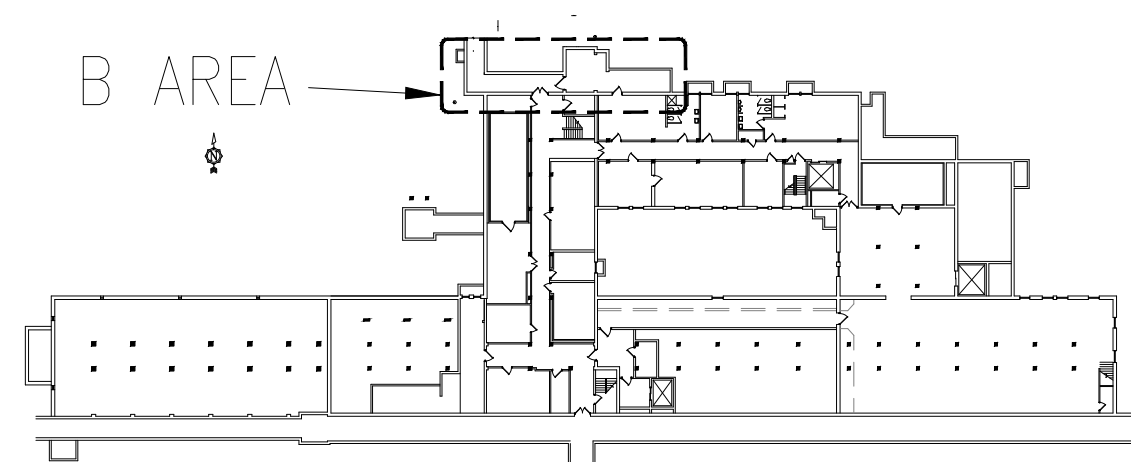


ASBESTOS KEYED SHEET NOTES

- 1 REMOVE ASBESTOS-CONTAINING WATERPROOFING FROM SLAB TO A POINT PAST SAW CUT LINE PRIOR TO REMOVAL OF SLAB.
- 2 REMOVE ASBESTOS-CONTAINING WATERPROOFING FROM ENTIRE AREA PAST SAW CUT LINES PRIOR TO REMOVAL OF ACCESS OPENING.



PARTIAL SITE PLAN/BUILDING 4 TUNNEL LEVEL-NORTH ELEVATION



BUILDING 4 KEY PLAN NTS

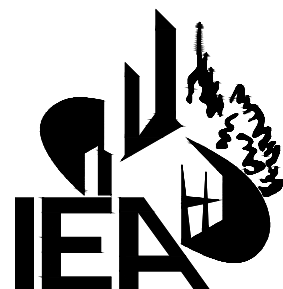
NO	REVISION	DATE

INSTITUTE FOR ENVIRONMENTAL ASSESSMENT

I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Certified Asbestos Project Designer in the State of Minnesota

SIGNATURE: *[Signature]*

Date: 1/23/2015 Certification # AD2355



TECHNICAL SERVICES AND CONSULTING  
1225 TOWER AVE  
SUPERIOR, WI 54880  
715-392-1879

I HEREBY CERTIFY that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly Licensed Architect under the laws of the State of Minnesota.

SIGNATURE: \_\_\_\_\_

TYPED OR PRINTED NAME: Evan Aljpe

DATE: 1/23/15 REG. NO: 22927

APPROVED: SERVICE LINE DIRECTOR	DATE: _____	APPROVED: INJECTION CONTROL NURSE	DATE: _____
APPROVED: GEMS COORDINATOR	DATE: _____	APPROVED: PATIENT SAFETY	DATE: _____
APPROVED: PROJECTS SECTION MANAGER	DATE: _____	APPROVED: CHIEF OF POLICE	DATE: _____
APPROVED: DIRECTOR FIN	DATE: _____	APPROVED: SAFETY MANAGER	DATE: _____

DRAWING TITLE BUILDING 4 ASBESTOS REMOVAL			
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR			
DATE: _____			
APPROVED: CHIEF OF STAFF			
DATE: _____			
APPROVED: HEALTH CARE SYSTEM DIRECTOR			
DATE: _____			

PROJECT TITLE 05B-14-247 REPAIR FOUNDATIONS BUILDINGS 4, 7, 20 St. Cloud VA Health Care System Main Campus, St. Cloud, Minnesota			
PROJECT NO.			
BUILDING NO 04	CHECKED BY NJD	DRAWN MJP	DRAWING NO. HA-1 (2)
LOCATION VA MEDICAL CENTER ST.CLOUD, MN 56303			FIGS. 3 OF 17

