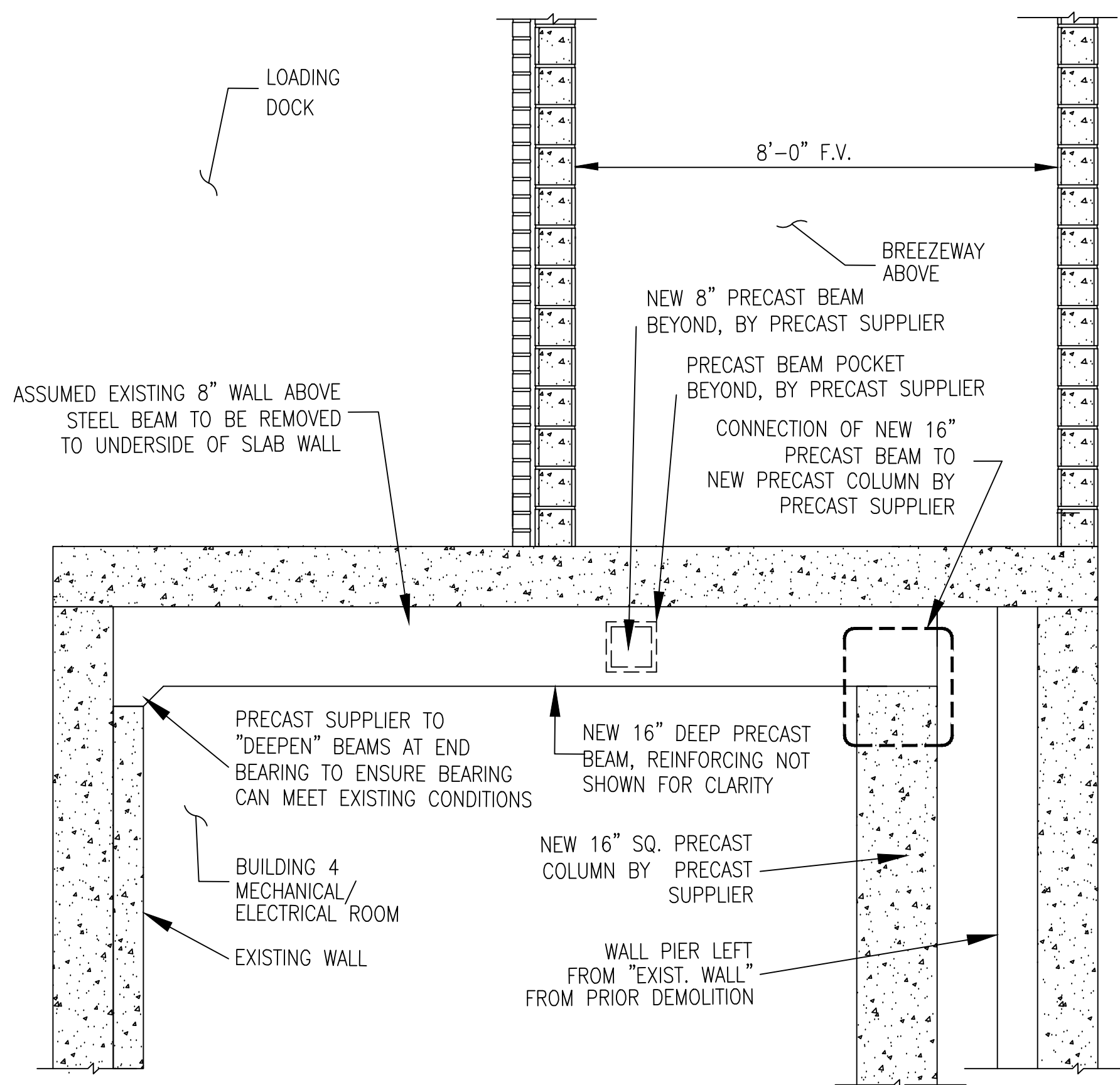
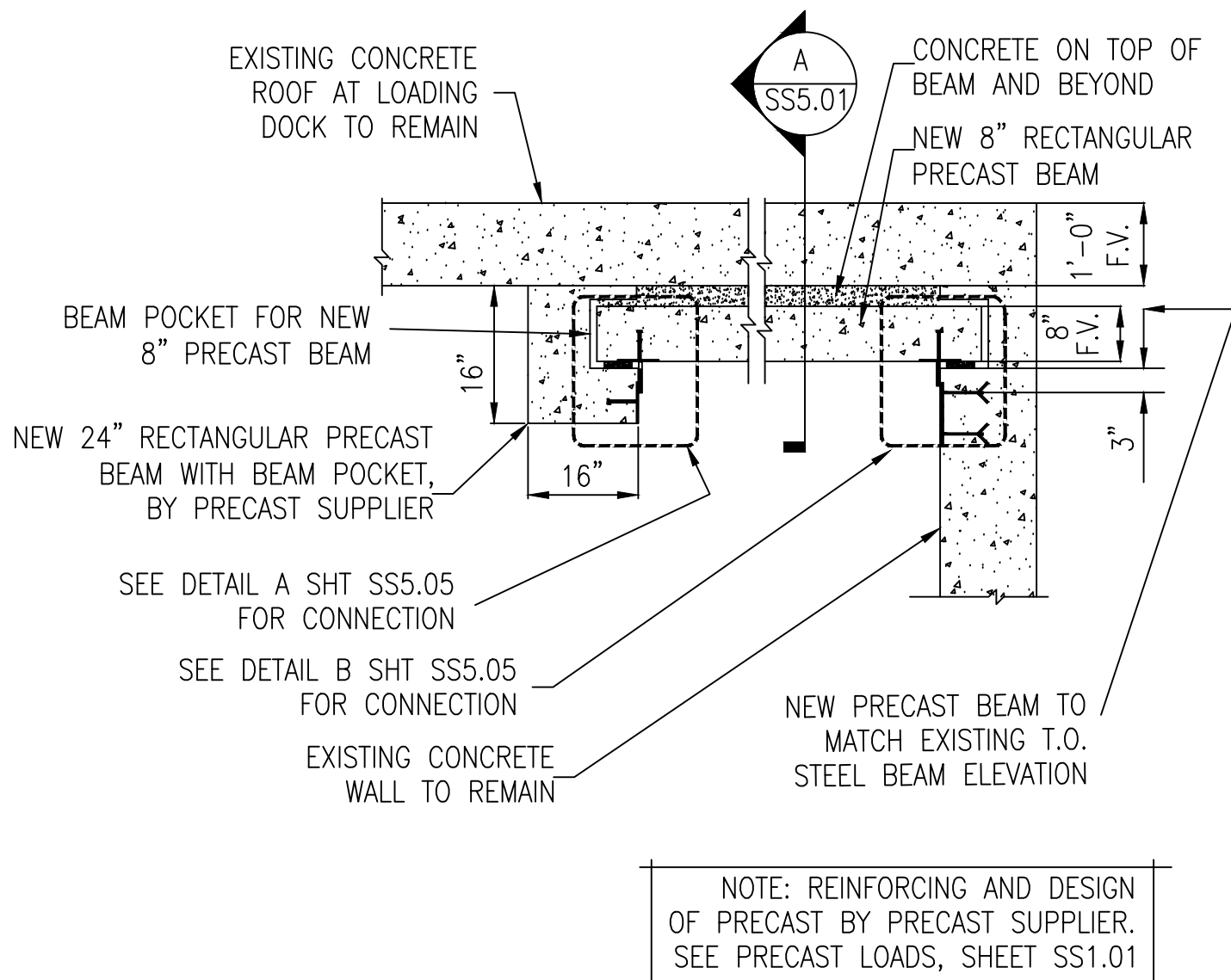


SECTION A 1/2" = 1'-0"

RE: SHEET SS1.01

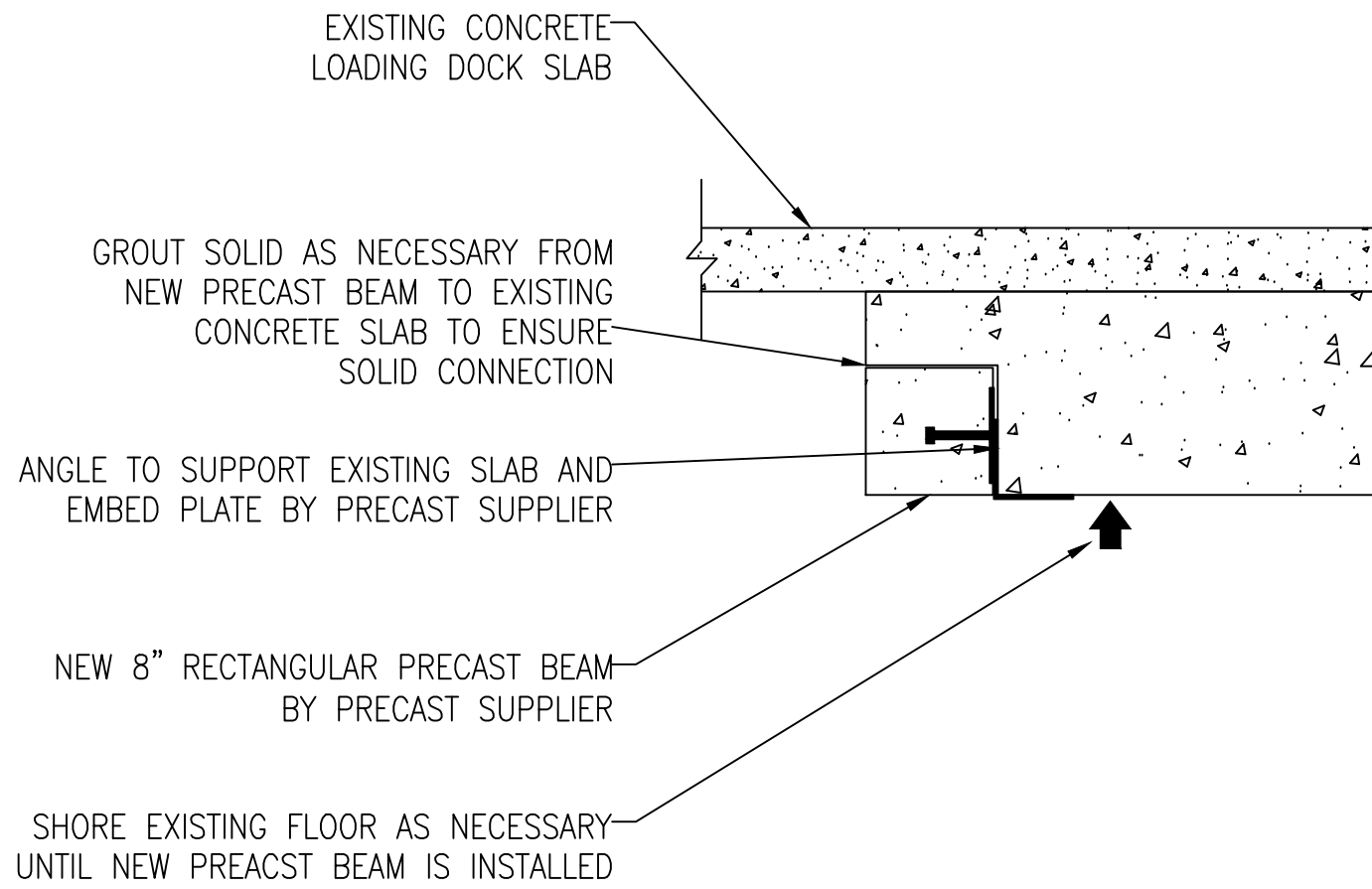


SECTION B 1/2" = 1'-0"

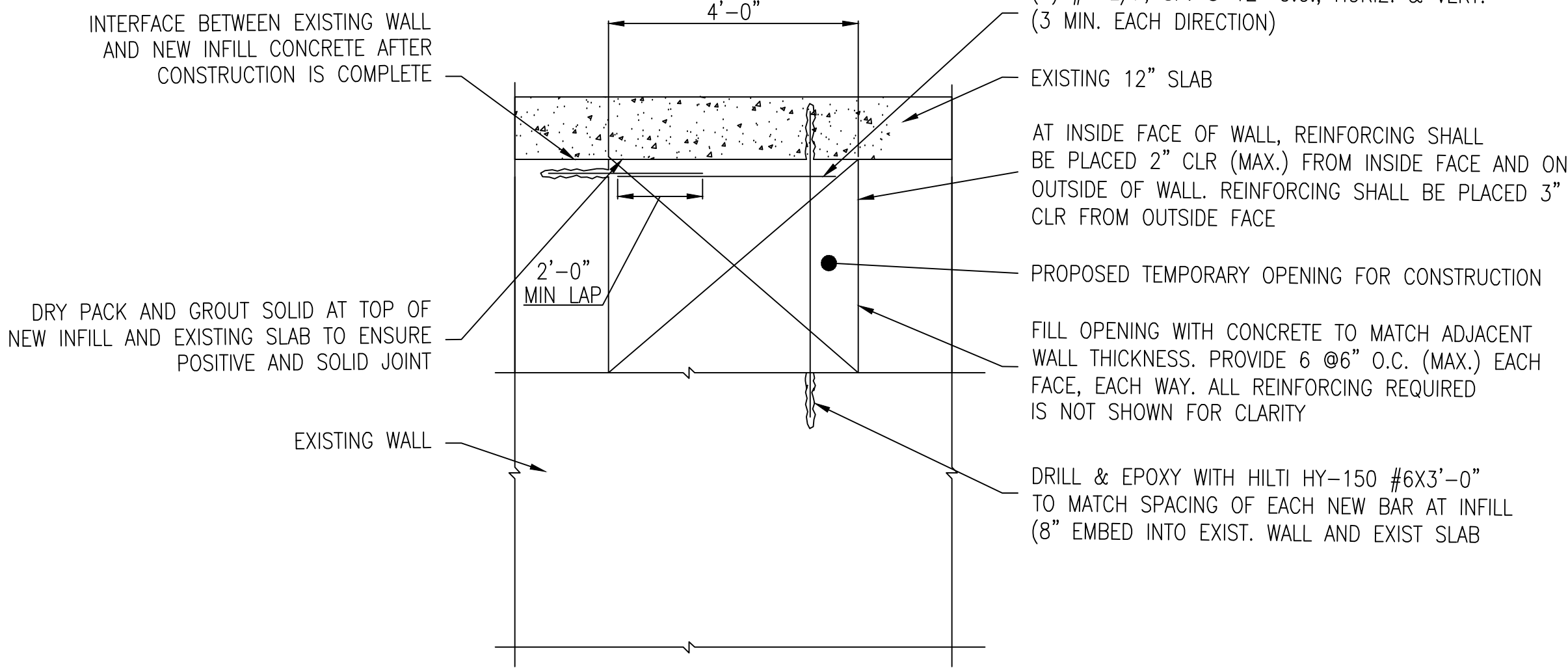
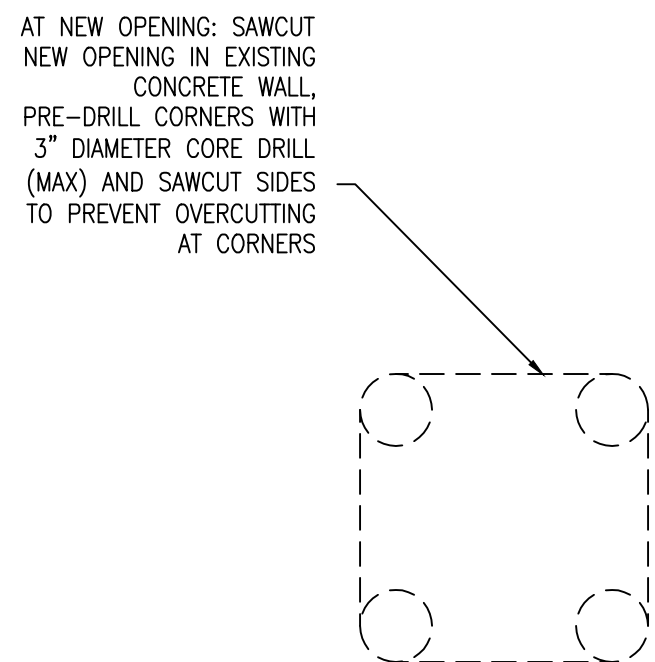


SECTION C 1/2" = 1'-0"

RE: SHEET SS1.01

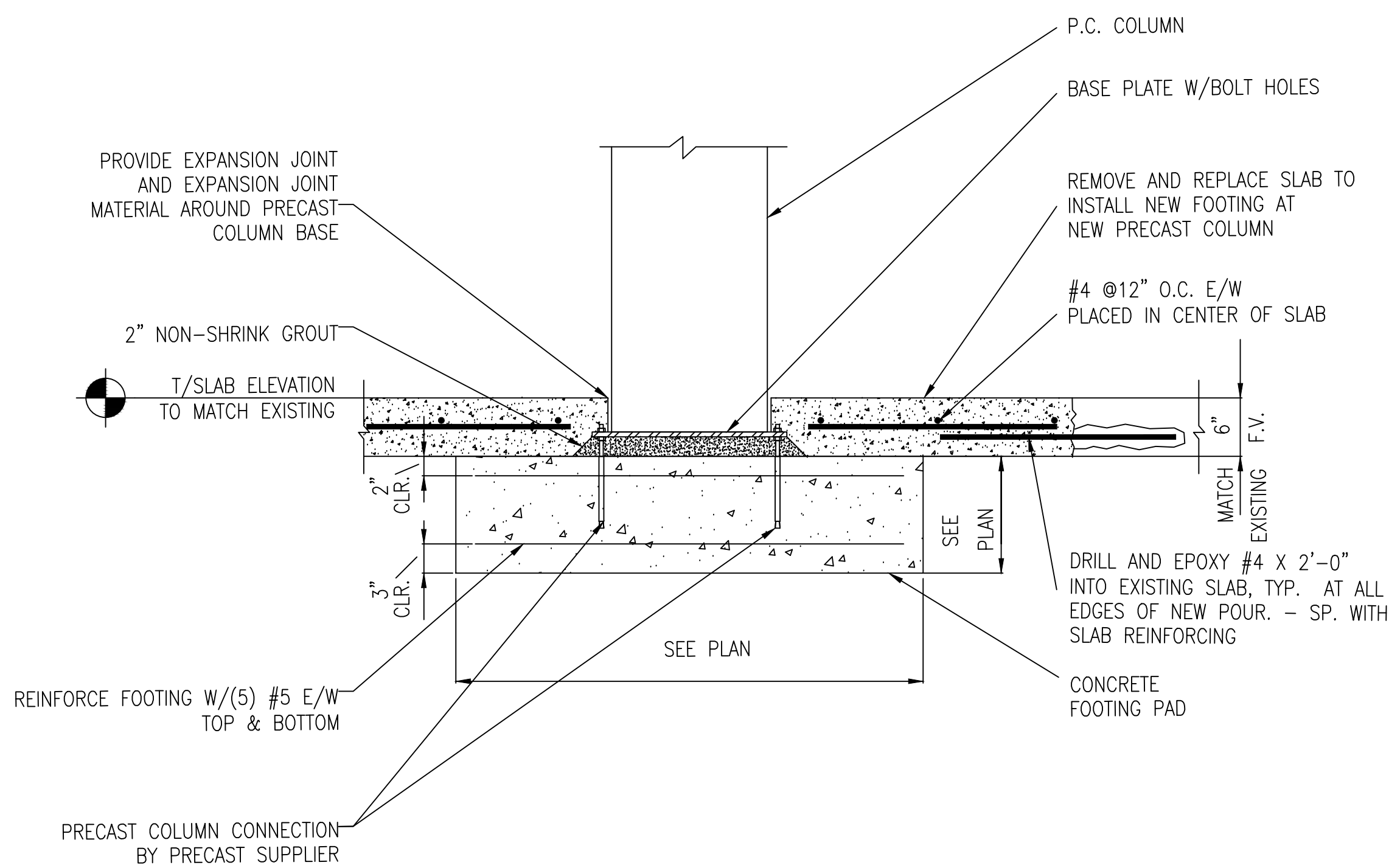


DETAIL A 1" = 1'-0"

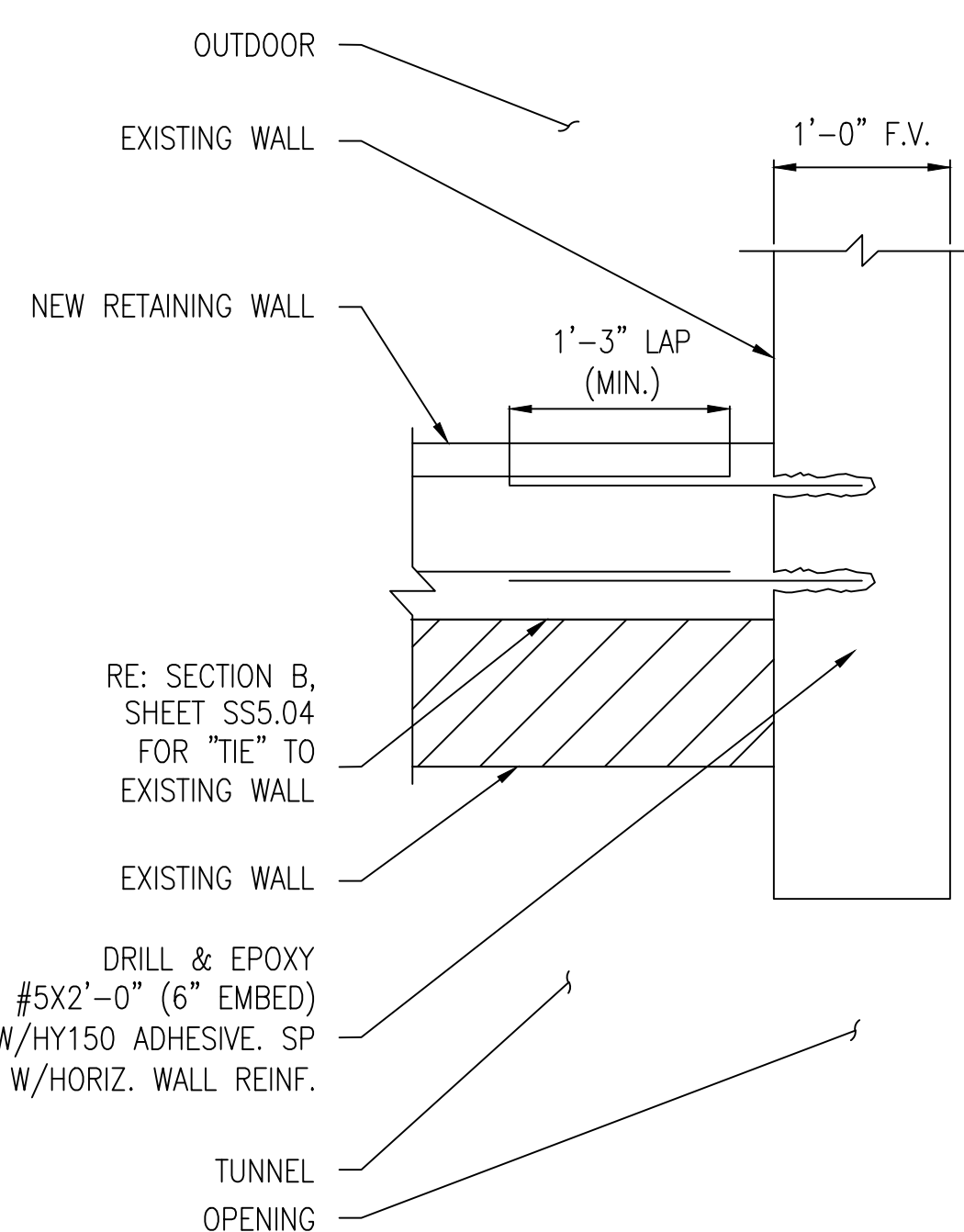


ELEVATION E 1/2" = 1'-0"

RE: SHEET SS1.01



SECTION F 1" = 1'-0"



PLAN VIEW G 1" = 1'-0"

TYPICAL CONNECTION AT BOTH ENDS OF NEW RETAINING WALL

NO	REVISION	DATE



701 Washington Ave. N. Ste 200 | Minneapolis, MN 55401 | 612.338.2029



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 Professional Engineer under the laws of the State of Minnesota.
SIGNATURE: *Shawna L. Kratsch*
TYPED OR PRINTED NAME: SHAWNIA L. KRATSCHE
DATE: 01/23/2015 REG. NO.: 50979

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 FMS	DATE:	APPROVED: SAFETY MANAGER	DATE:

DRAWING TITLE BUILDING 4 DETAILS	PROJECT TITLE SS5-14-247 REPAIR FOUNDATIONS BUILDINGS 4, 7, 50 St. Cloud VA Health Care System Main Campus, St. Cloud, Minnesota
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR	DATE:
APPROVED: CHIEF OF STAFF	DATE:
APPROVED: HEALTH CARE SYSTEM DIRECTOR	DATE:

BUILDING NO 04	CHECKED BY SLK	DRAWN JMH
LOCATION VA MEDICAL CENTER ST. CLOUD, MN 56303	DRAWING NO. SS5.01	DATE 01/23/2015

