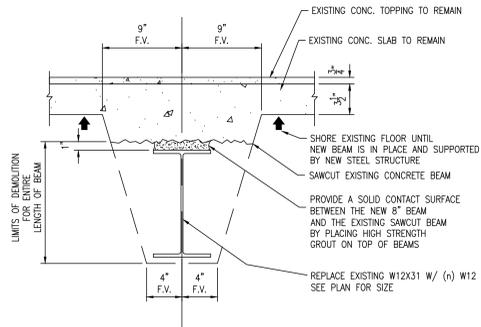
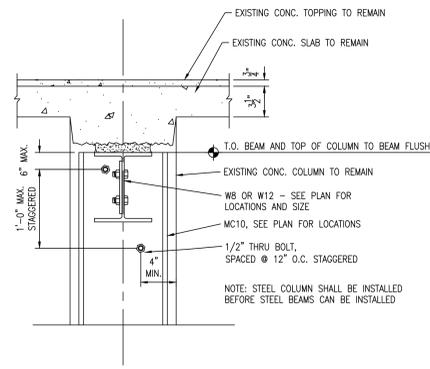


NOTES:
 1. F.V. INDICATES FIELD VERIFY DIMENSIONS BEFORE CUTTING BEAM
 2. REFER TO ARCHITECTURAL FOR BEAM WRAP

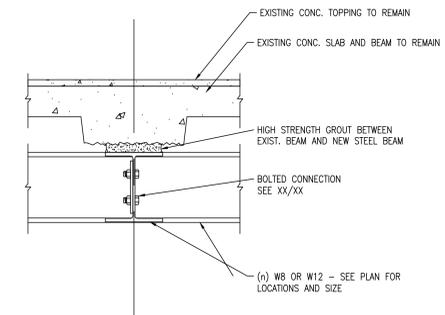
SECTION A 1 1/2" = 1'-0"
 RE: SHEET SS1.02



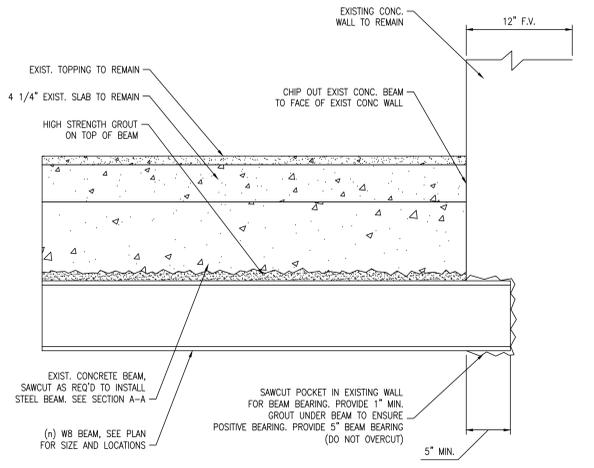
SECTION B 1 1/2" = 1'-0"
 RE: SHEET SS1.02



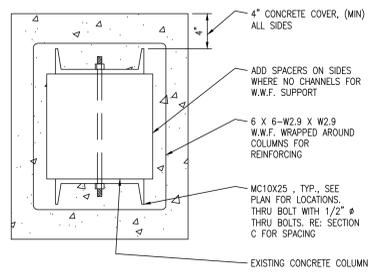
SECTION C 1 1/2" = 1'-0"
 RE: SHEET SS1.02



SECTION D 1 1/2" = 1'-0"
 RE: SHEET SS1.02

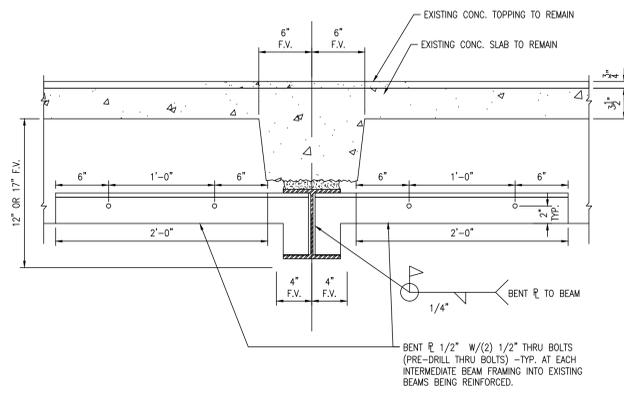


SECTION E 1 1/2" = 1'-0"
 RE: SHEET 5

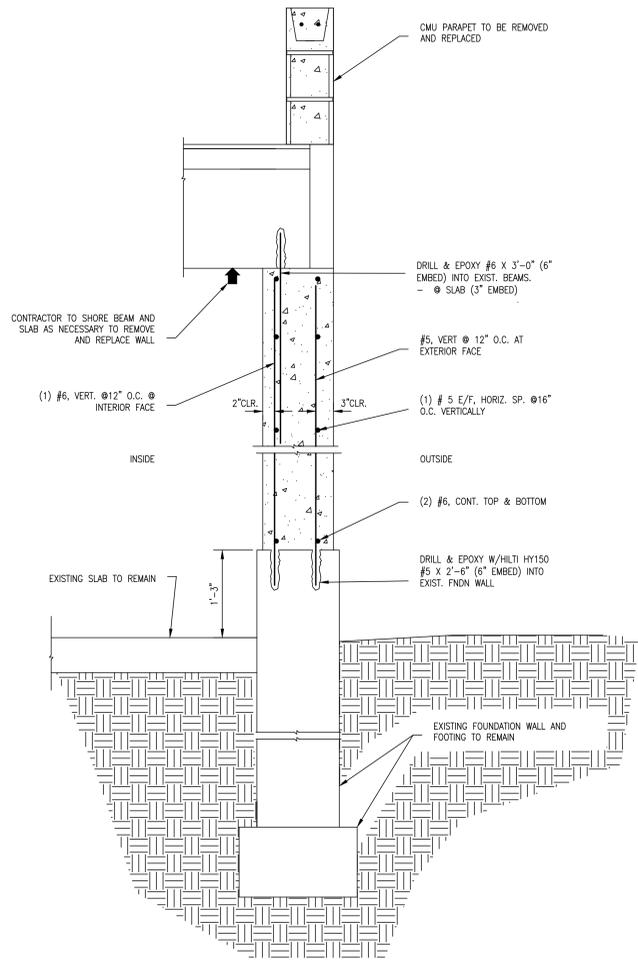


NOTE: AT LOCATIONS WHERE 3 NEW STEEL BEAMS ARE FRAMING INTO EXISTING COLUMN, PROVIDE CHANNEL FRAMING ON ALL 4 SIDES OF EXISTING COLUMN. THRU-BOLTING SHALL BE STAGGERED AS SUCH TO AVOID THRU-BOLTING FROM OTHER DIRECTION AND SP. @24\"/>

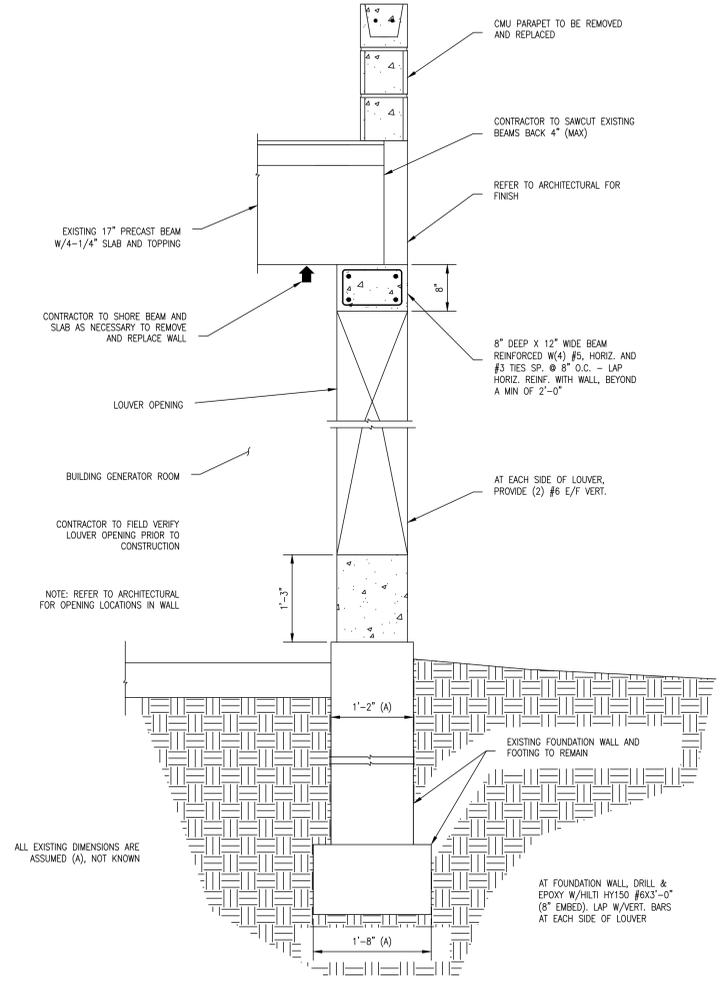
PLAN DETAIL F 1 1/2" = 1'-0"
 RE: SHEET SS1.02



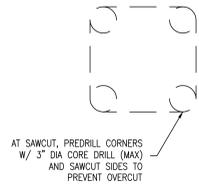
SECTION G 1 1/2" = 1'-0"
 RE: SHEET SS1.02



SECTION H 1" = 1'-0"
 RE: SHEET SS1.02



SECTION J 1" = 1'-0"
 RE: SHEET SS1.02



SAWCUT DETAIL (NO SCALE)

WARNING
 LOCATION OF ALL UNDERGROUND UTILITIES SHALL BE VERIFIED BY THE CONTRACTOR. CALL BEFORE DIGGING.
 MINNESOTA ONE-CALL SYSTEM 1-800-252-1166 REQUIRED BY MN STATUTE 21B.

NO	REVISION	DATE



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: *Shamina L. Kratsch*
 TYPED OR PRINTED NAME: SHAMINA L. KRATSCHE
 DATE: 01/23/2015 REG. NO.: 50979

APPROVED: SERVICE LINE DIRECTOR	DATE:	APPROVED: DIRECTOR CONTROL NURSE	DATE:
APPROVED: EMS 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		PROJECT TITLE	
BUILDING 7 DETAILS		088-14-247 804R FOUNDATIONS	
APPROVED: ASSOCIATE HEALTH CARE SYSTEM DIRECTOR		DATE:	
APPROVED: CHIEF OF STAFF		DATE:	
APPROVED: HEALTH CARE SYSTEM DIRECTOR		DATE:	
BUILDING NO:	CHECKED BY:	DRAWN BY:	PROJECT NO.:
7	SLK	JMH	
LOCATION:	DRAWING NO.:	PROJECT SCALE AS NOTED	
VA MEDICAL CENTER ST. CLOUD, MN 56303	SS15.022	CALL BEFORE DIGGING	
	01/23/15	MINNESOTA ONE-CALL SYSTEM 1-800-252-1166 REQUIRED BY MN STATUTE 21B	

