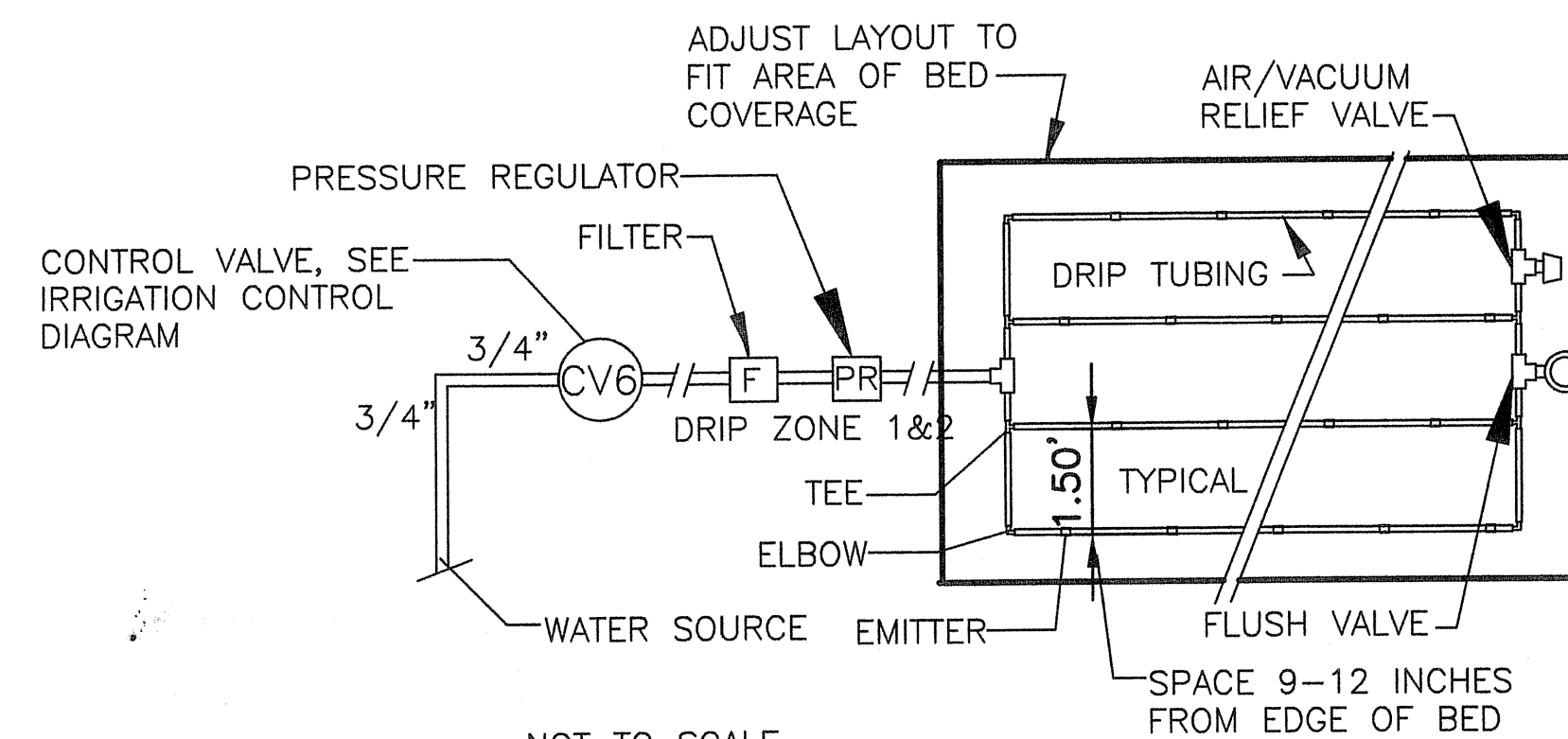
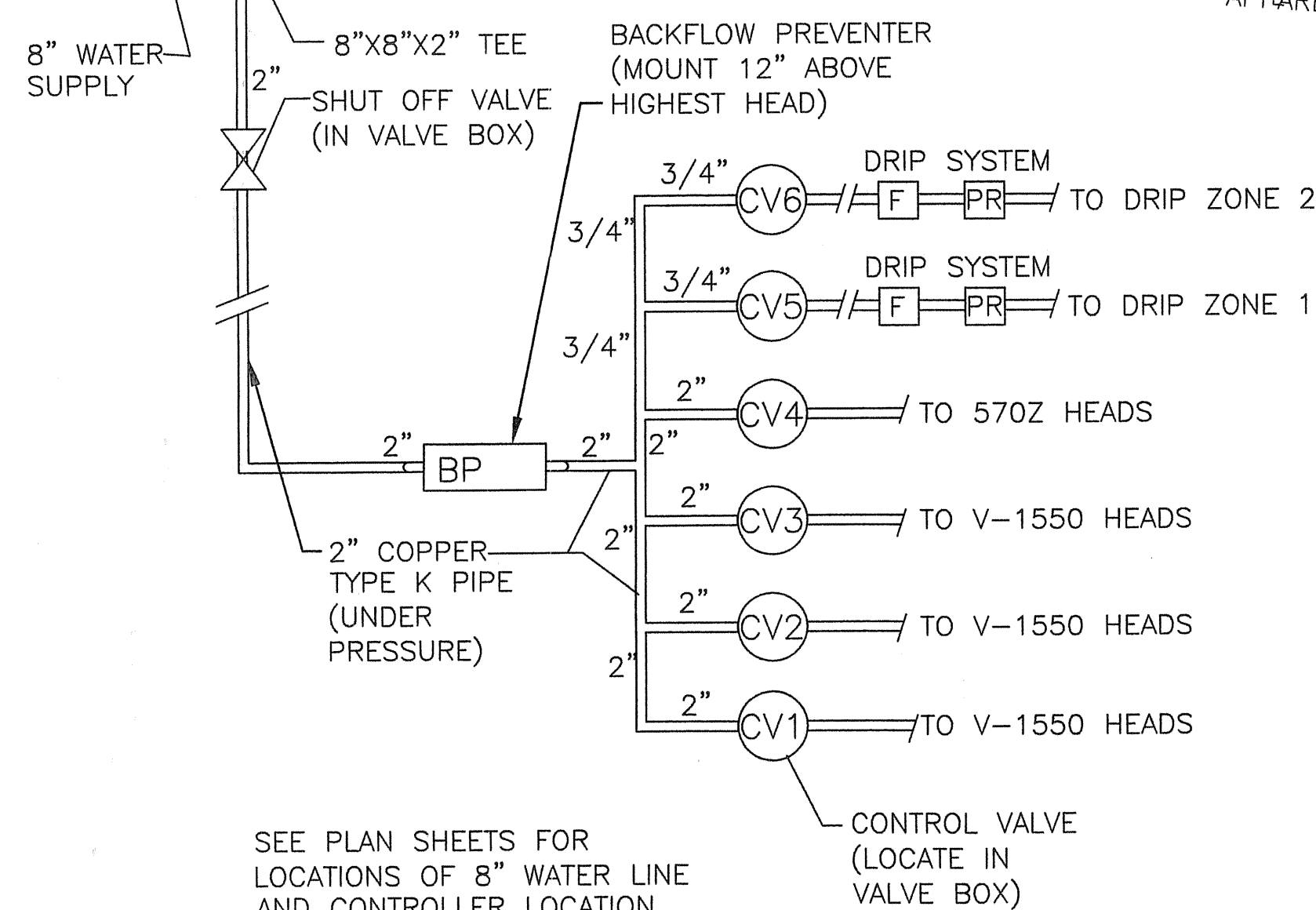
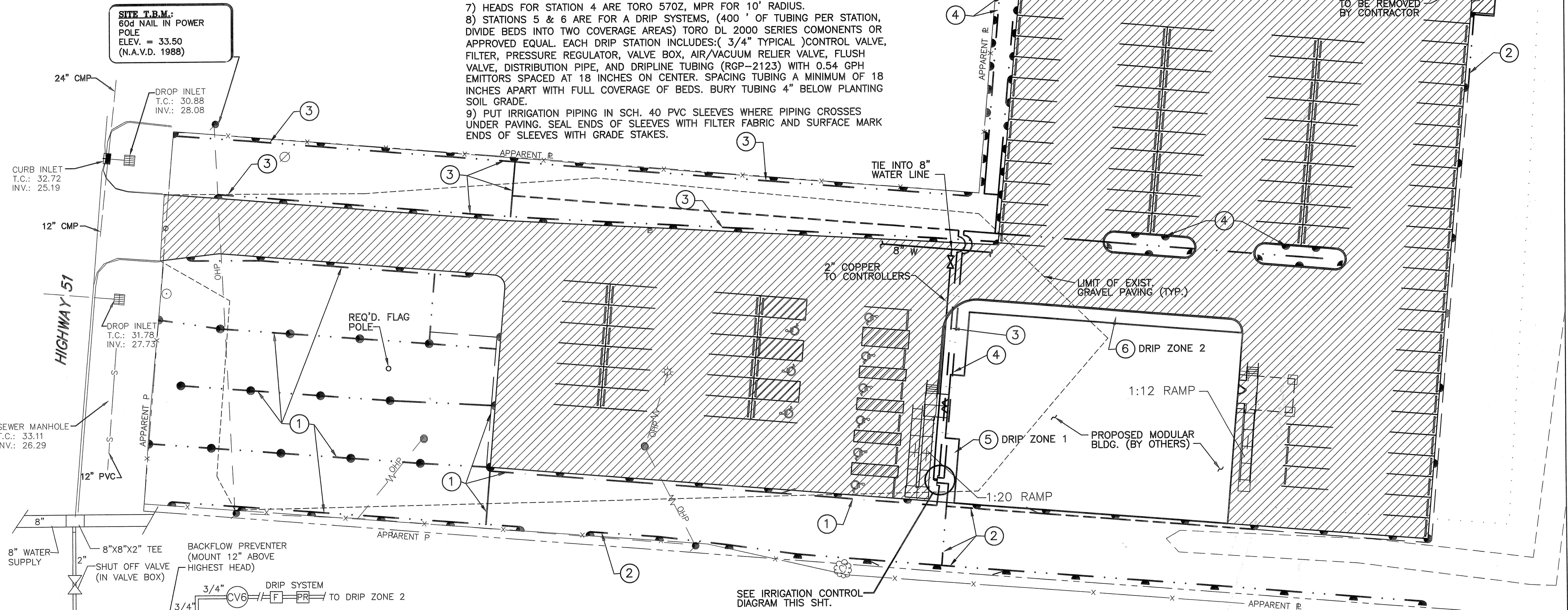


- IRRIGATION SYSTEM NOTES
(SEE SPECIFICATION SECTION 02850)
- 1) PROVIDE A COMPLETE AUTOMATIC IRRIGATION SYSTEM.
 - 2) SYSTEM DESIGN IS BASED UPON TORO COMPONENTS OR APPROVED EQUAL.
 - 3) IRRIGATION HEADS TO OPERATE AT A MINIMUM 30 PSI WITH A PERCIPITATION RATE OF 0.2 INCHES PER HOUR.
 - 4) MOUNT ALL SPRINKLER HEADS ON SWING JOINTS OR FLEX PIPE.
 - 5) BURY PRESSURE SUPPLY LINES TO VALVES WITH 18" OF COVER AND ALL NON-PRESSURE LATERALS TO SPRAY HEADS WITH 12" OF COVER.
 - 6) HEADS FOR STATIONS 1, 2 & 3 ARE TORO V-1550, NOZZLE SET 1, FOR 30' RADIUS.
 - 7) HEADS FOR STATION 4 ARE TORO 570Z, MPR FOR 10' RADIUS.
 - 8) STATIONS 5 & 6 ARE FOR A DRIP SYSTEMS, (400' OF TUBING PER STATION, DIVIDE BEDS INTO TWO COVERAGE AREAS) TORO DL 2000 SERIES COMONENTS OR APPROVED EQUAL. EACH DRIP STATION INCLUDES: (3/4" TYPICAL) CONTROL VALVE, FILTER, PRESSURE REGULATOR, VALVE BOX, AIR/VACUUM RELIER VALVE, FLUSH VALVE, DISTRIBUTION PIPE, AND DRIPLINE TUBING (RGP-2123) WITH 0.54 GPH EMITATORS SPACED AT 18 INCHES ON CENTER. SPACING TUBING A MINIMUM OF 18 INCHES APART WITH FULL COVERAGE OF BEDS. BURY TUBING 4" BELOW PLANTING SOIL GRADE.
 - 9) PUT IRRIGATION PIPING IN SCH. 40 PVC SLEEVES WHERE PIPING CROSSES UNDER PAVING. SEAL ENDS OF SLEEVES WITH FILTER FABRIC AND SURFACE MARK ENDS OF SLEEVES WITH GRADE STAKES.

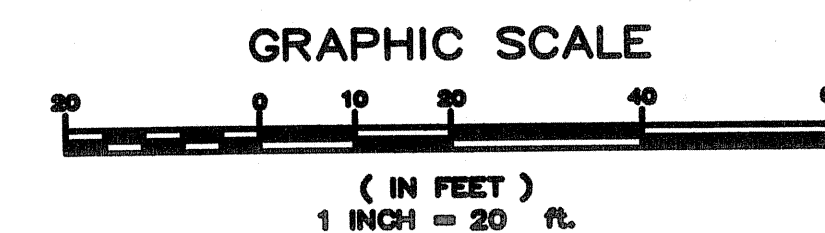


DRIP IRRIGATION ZONE DIAGRAM

(EACH DRIP ZONE SHALL COVER APPROXIMATELY 600 SQUARE FEET OF BED AREA UTILIZING 400 LINEAR FEET OF DRIP TUBING WITH EMITTERS SPACED AT 18". PROVIDE A COMPLETE SYSTEM.)

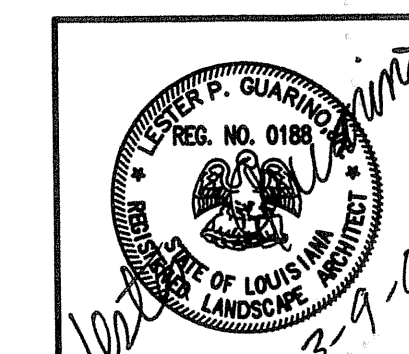
- LEGEND**
- 1" PIPE
 - 1 1/4" PIPE
 - 1 1/2" PIPE
 - 2" PIPE
 - IRRIGATION ZONE
 - IRRIGATION HEADS (SEE IRRIGATION CONTROL DIAGRAM)

IRRIGATION PLAN



IRRIGATION CONTROL DIAGRAM

(LOCATE AUTOMATIC IRRIGATION CONTROLLER ON EXTERIOR OF BUILDING IN THIS AREA) NOT TO SCALE



REV.	DATE	DESCRIPTION	BY
BURK-KLEINPETER, INC.			
ENGINEERS, ARCHITECTS, PLANNERS, ENVIRONMENTAL SCIENTISTS			
4176 CANAL STREET, NEW ORLEANS, LOUISIANA 70119-5994			
(504) 488-5901 FAX (504) 488-1714			
HAMMOND VA OUTPATIENT CLINIC			
IRRIGATION PLAN			
VICE PRES.	JOB NO.	DESIGNED M.K.R.	SCALE AS SHOWN
REVIEWER		DATE 03/06	
PLAN IN HAND	10319	CHECKED M.D.C.	FILE NO.
			10A OF 14