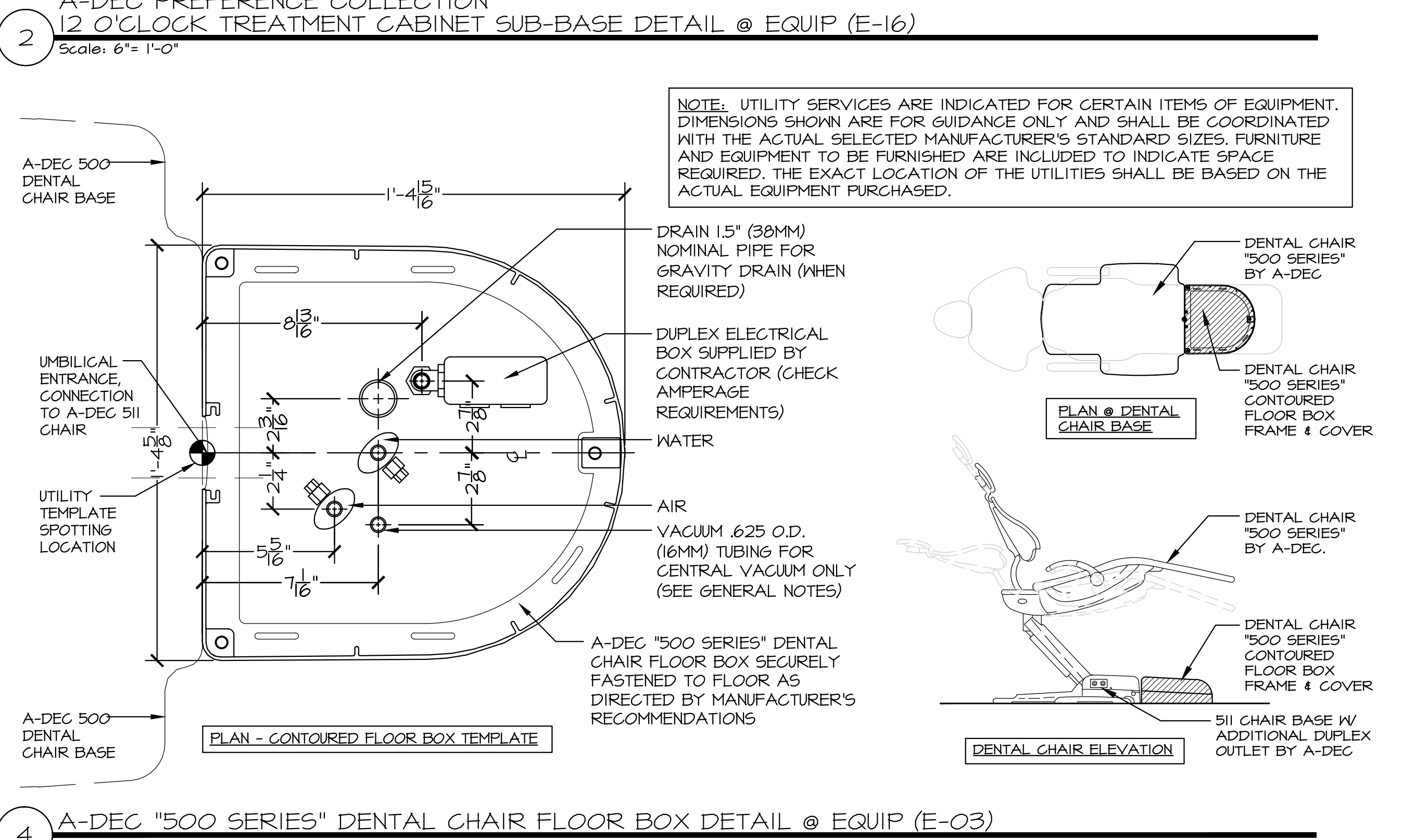
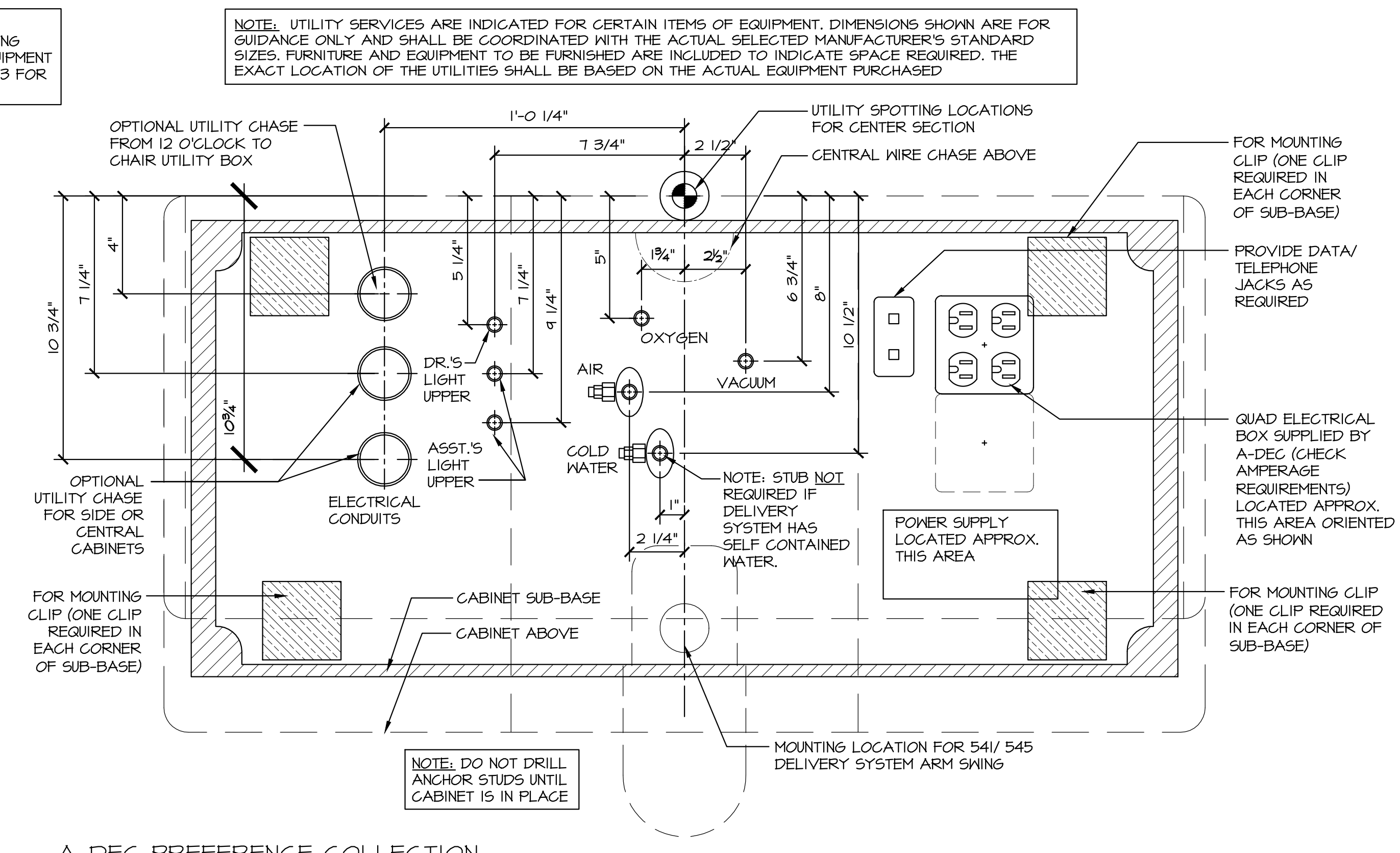
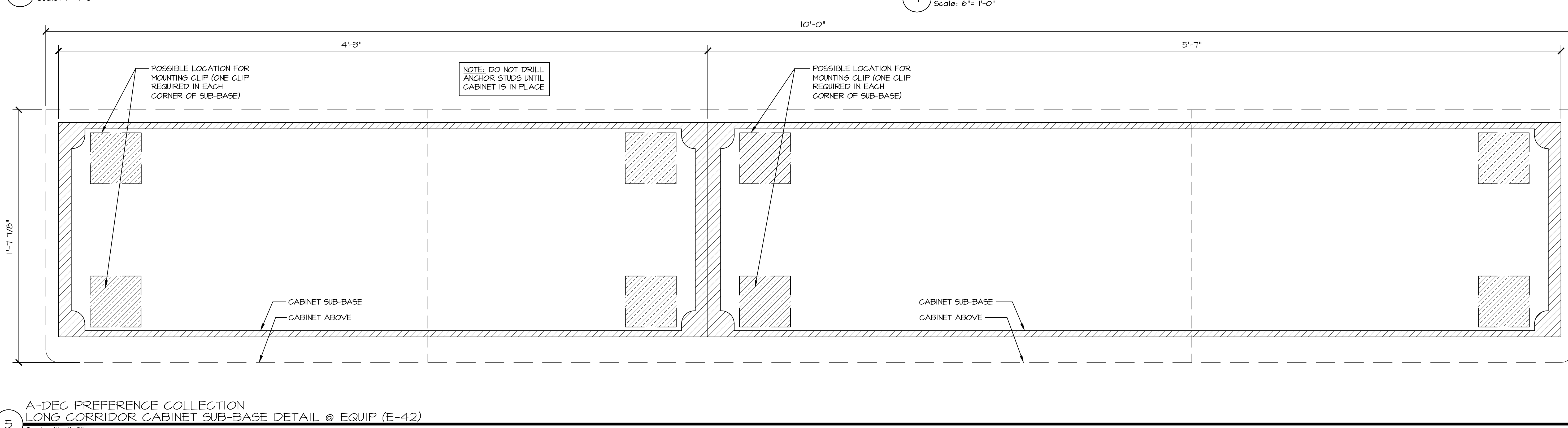
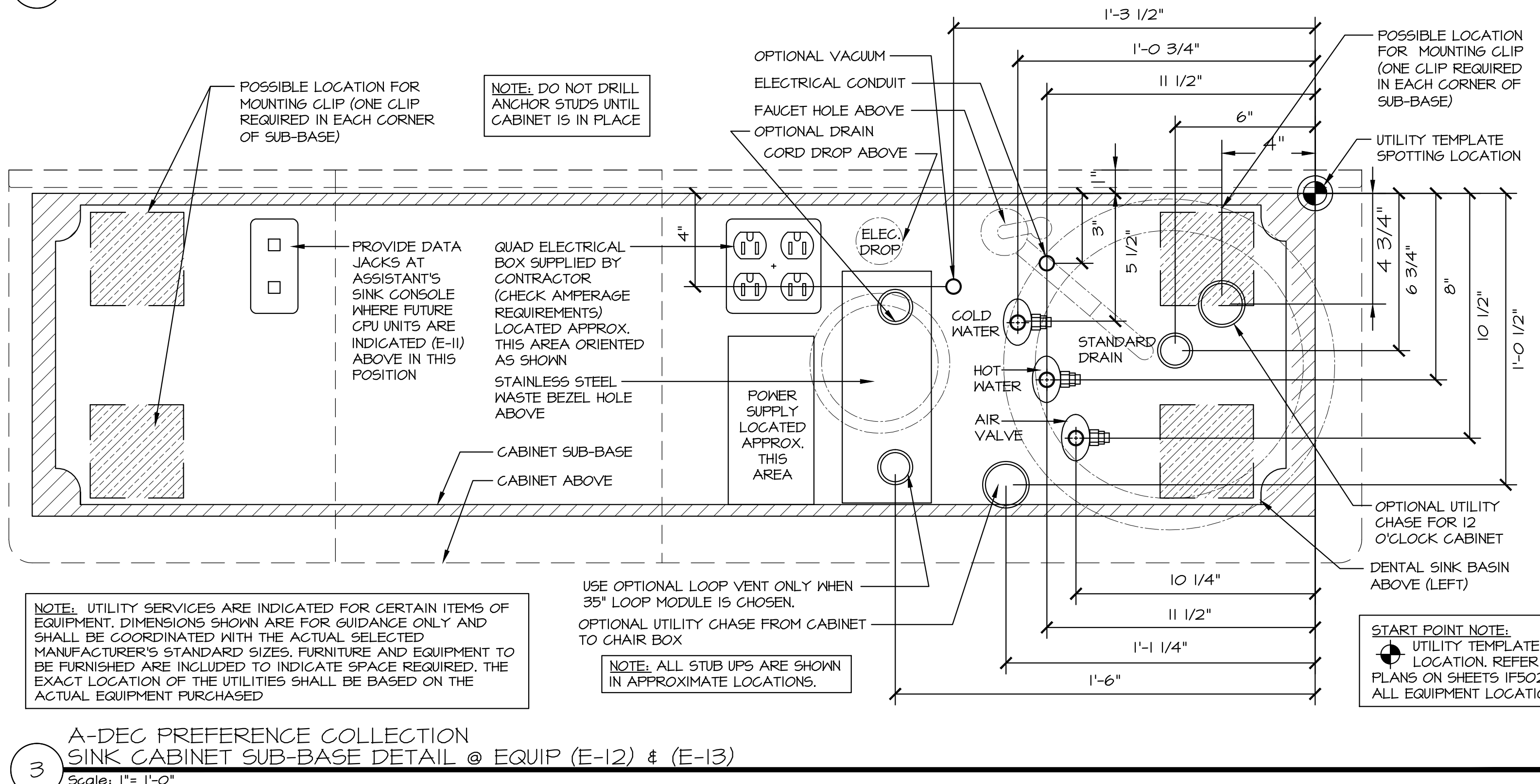
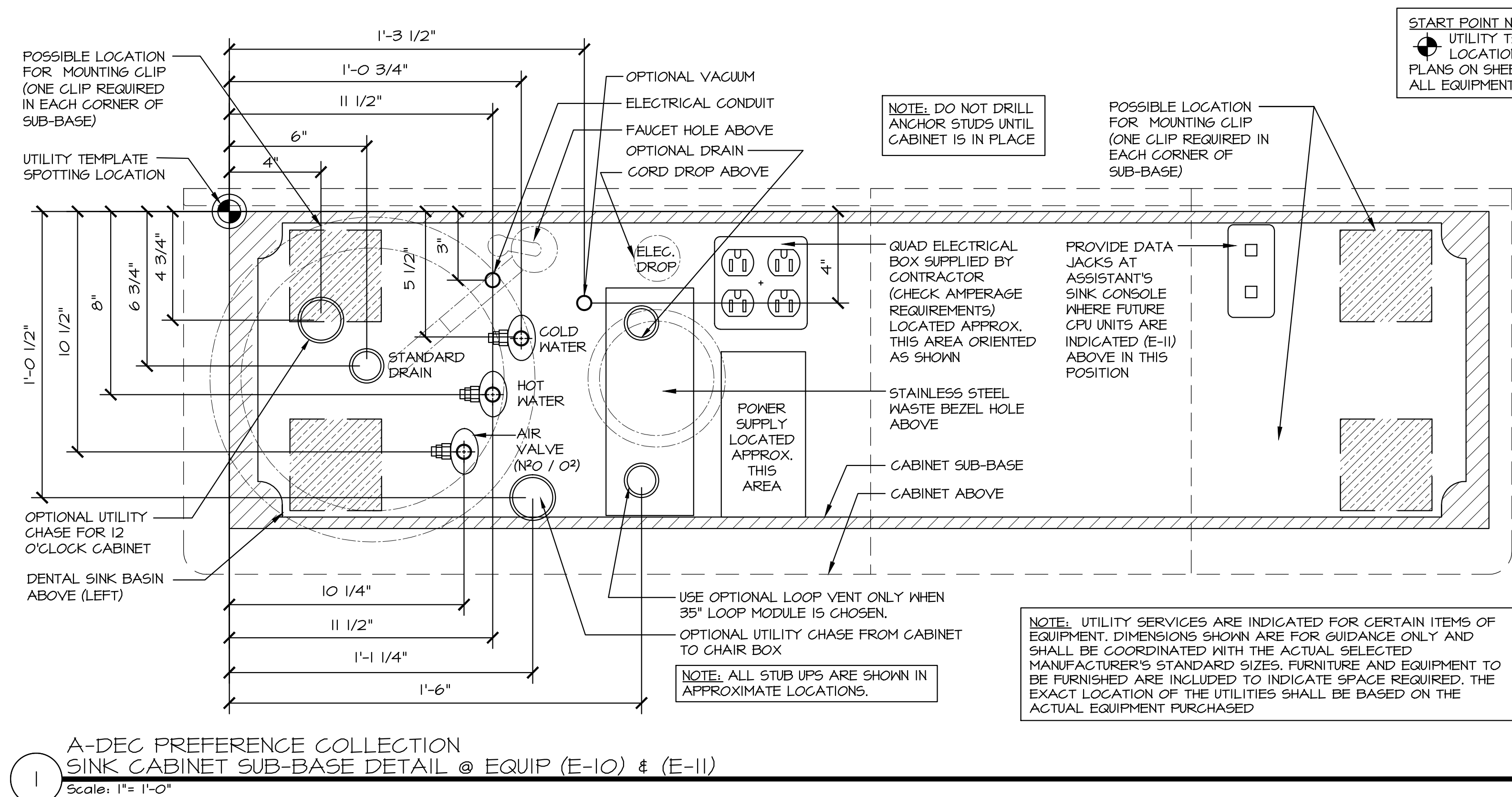
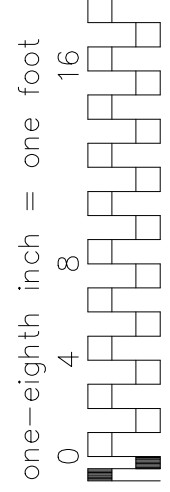
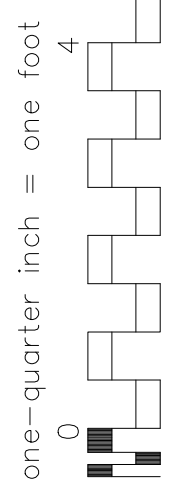
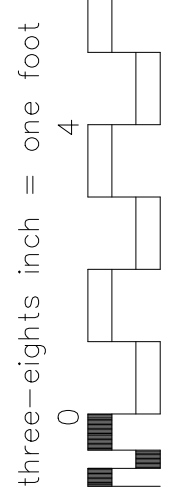
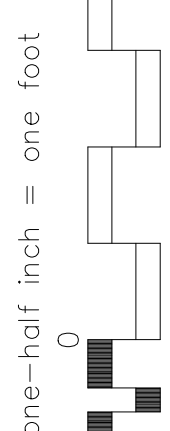
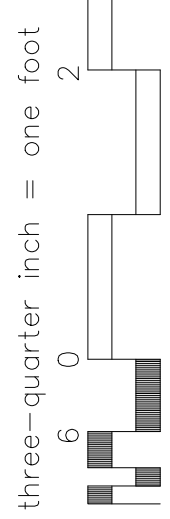
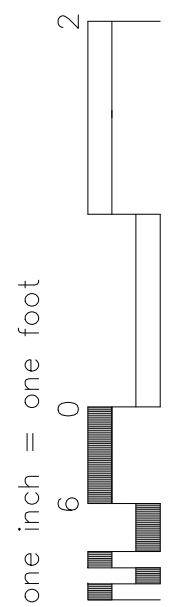
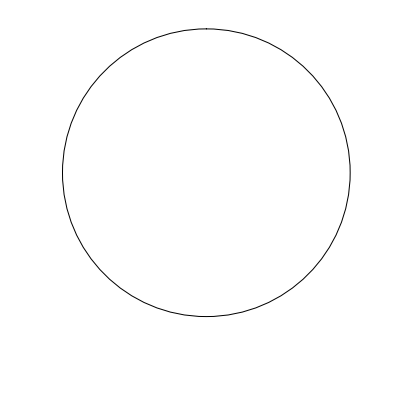
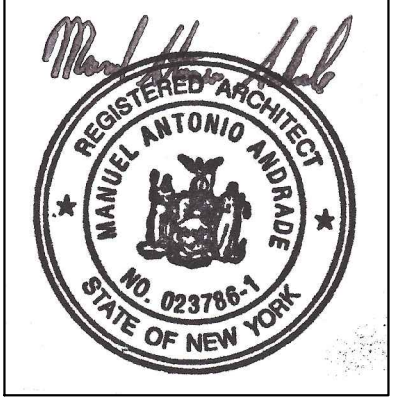
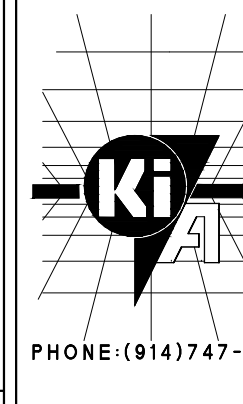
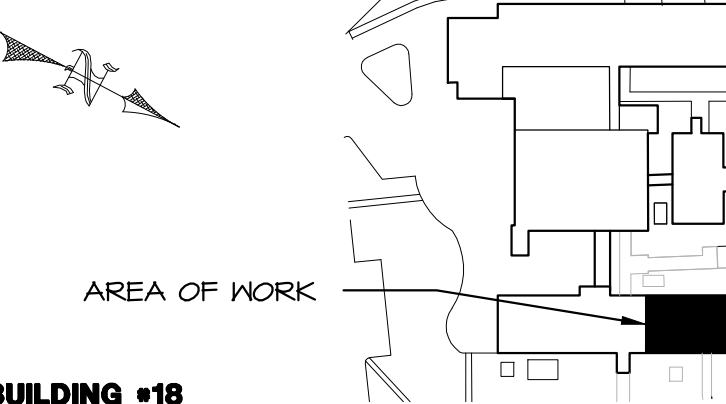



IF THIS SHEET IS NOT 30" x 42" FULL SIZE, USE GRAPHIC SCALES



 KIA V4136	 REGISTERED ARCHITECT MANUEL ANTONIO MORALES NO. 023760 STATE OF NEW YORK	Revisions VA FORM 08-6231, DEC 1989	Date	 <b>KENNETH IRVING, ARCHITECT P.C.</b> 4 MEMORIAL PLAZA, SUITE 301, PLEASANTVILLE, N.Y. 10570 PHONE: (914) 747-0002 • E-MAIL: mandraoe@kiorch.com • FAX: (914) 747-9211	NOTE AND READ CAREFULLY: The Contractor shall consult and study the requirements of each and every drawing and each specification section of this contract so that he /she may become acquainted with the project as a whole in order to determine how the work of his/hers subcontractor or vendor may affect the work required under this contract. Written Specifications are part of this contract	<b>KEY PLAN</b>  AREA OF WORK <b>BUILDING #18</b>	Drawing Title <b>DENTAL EQUIPMENT DETAILS @ DENTAL OPERATORIES</b>		Project Title <b>Renovation to Dental Clinic Building 18 Hudson Valley Healthcare System Castle Point, New York</b>		Date <b>04/23/2012</b>	 Office of Facilities DEPARTMENT OF VETERANS AFFAIRS
							Approved: Division Chief	Building Number <b>18</b>	Checked <b>MA</b>	Drawn <b>DW,JTL, DC</b>	Project No. <b>620A4-09-110</b>	