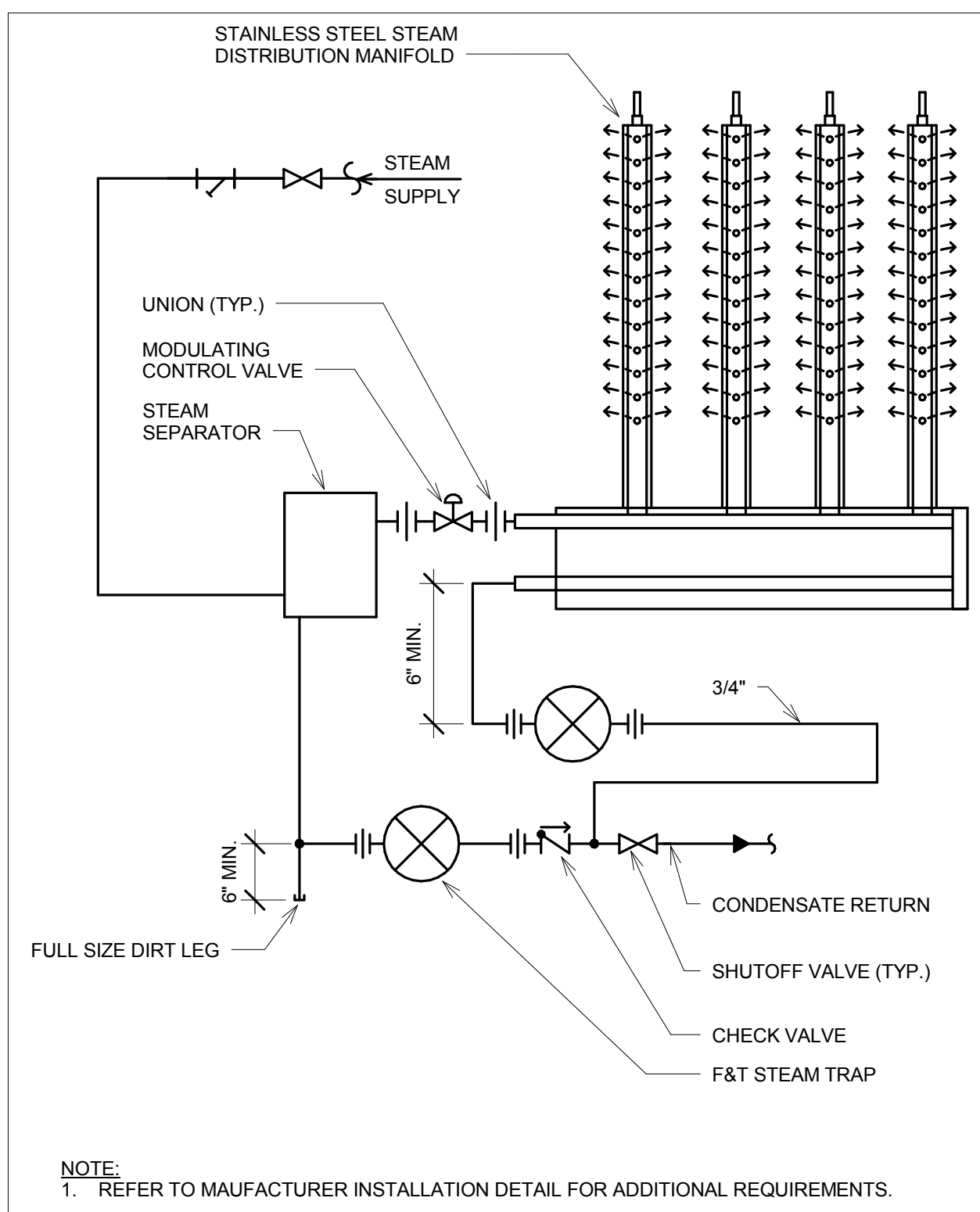
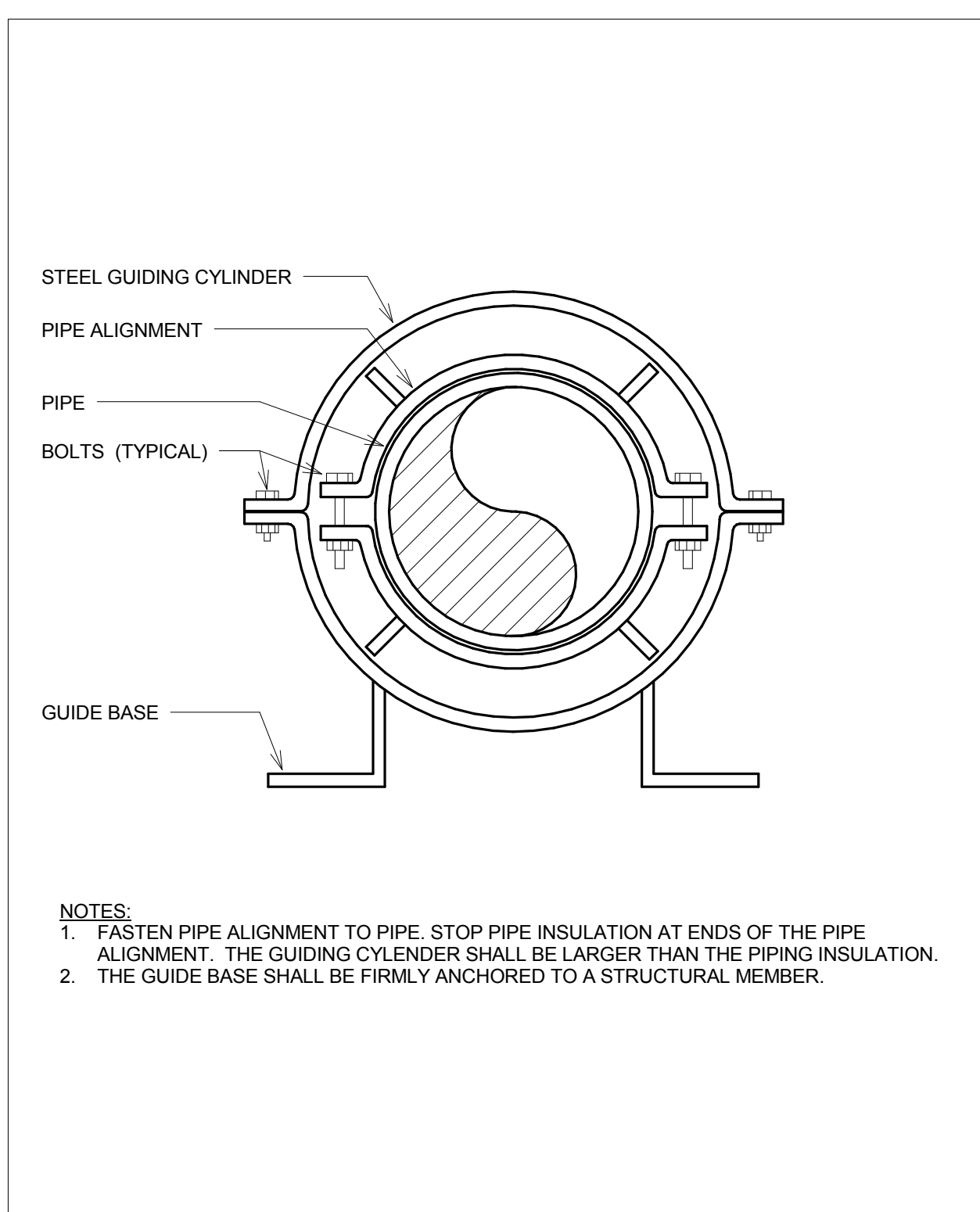


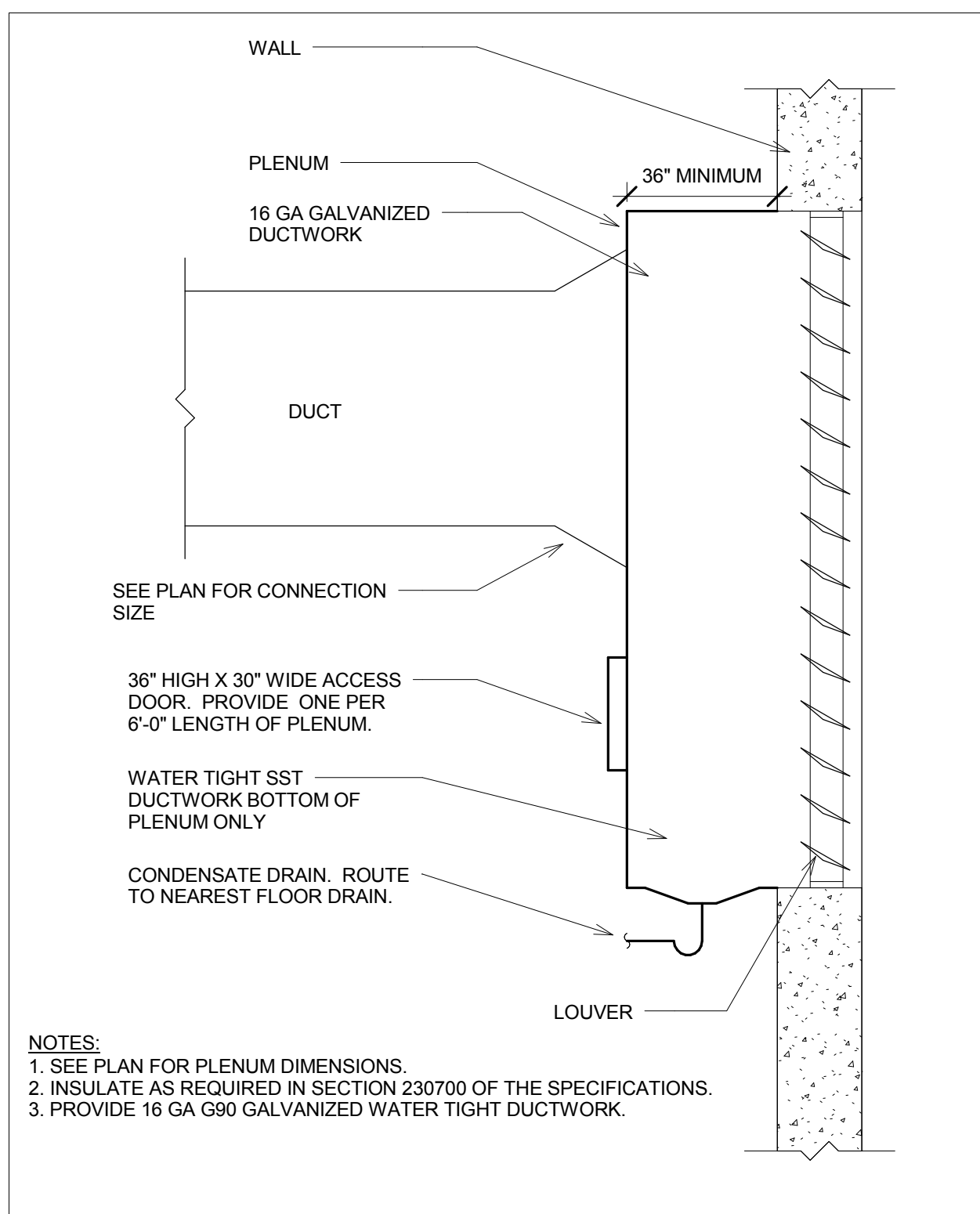
5 PRV FAN DETAIL
NOT TO SCALE



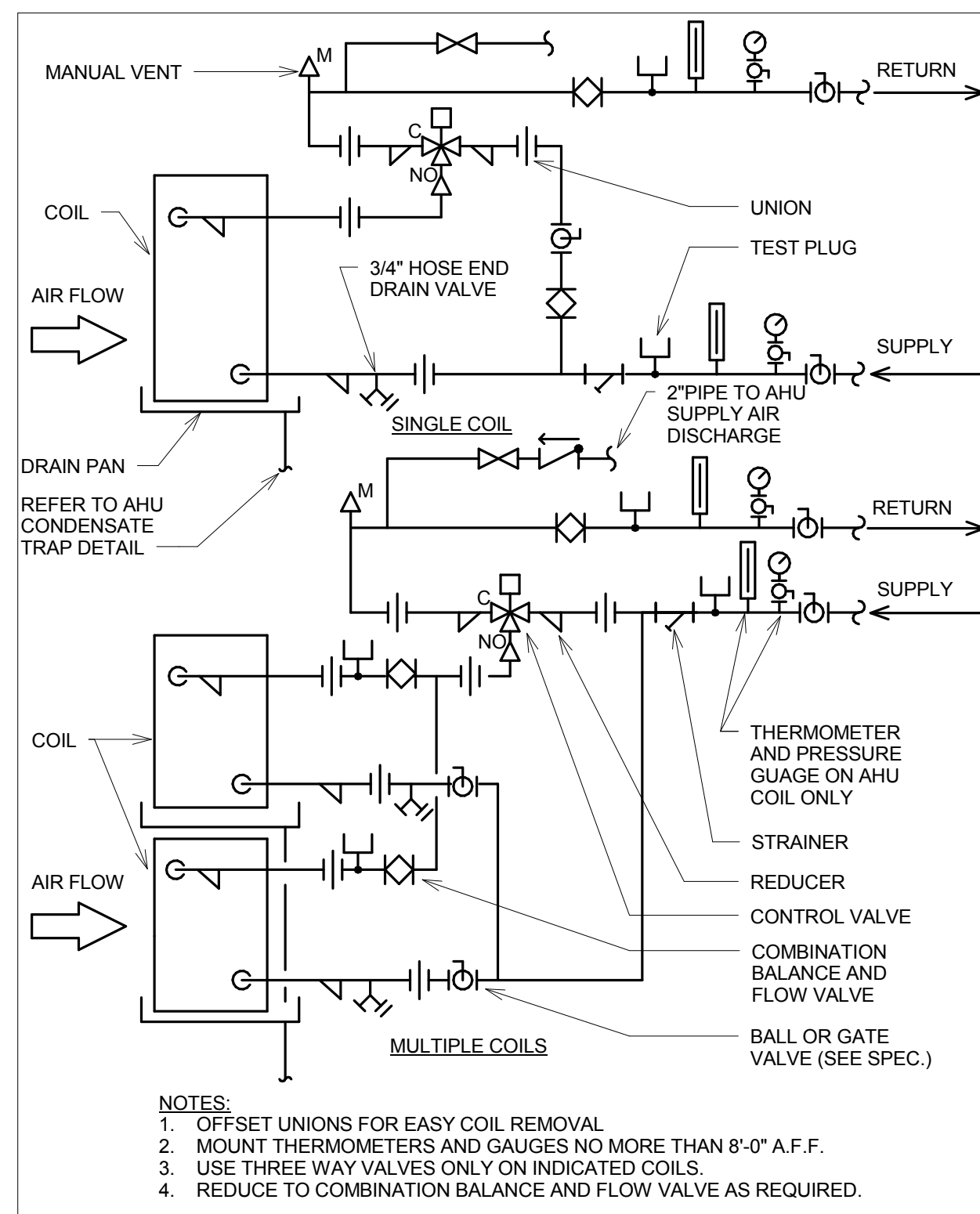
10 AIR HANDLING UNIT HUMIDIFIER DETAIL
NOT TO SCALE



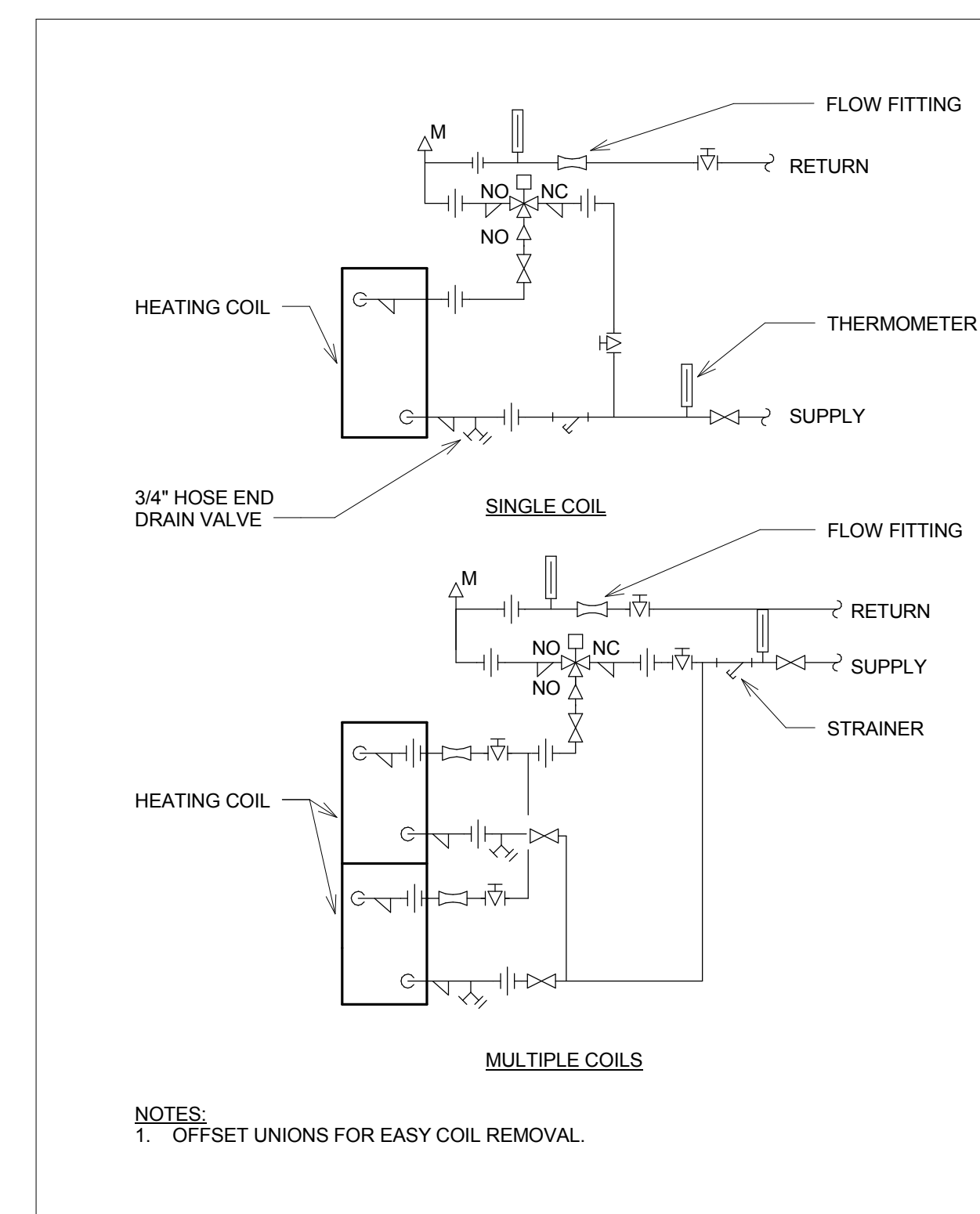
15 PIPE GUIDE DETAIL
NOT TO SCALE



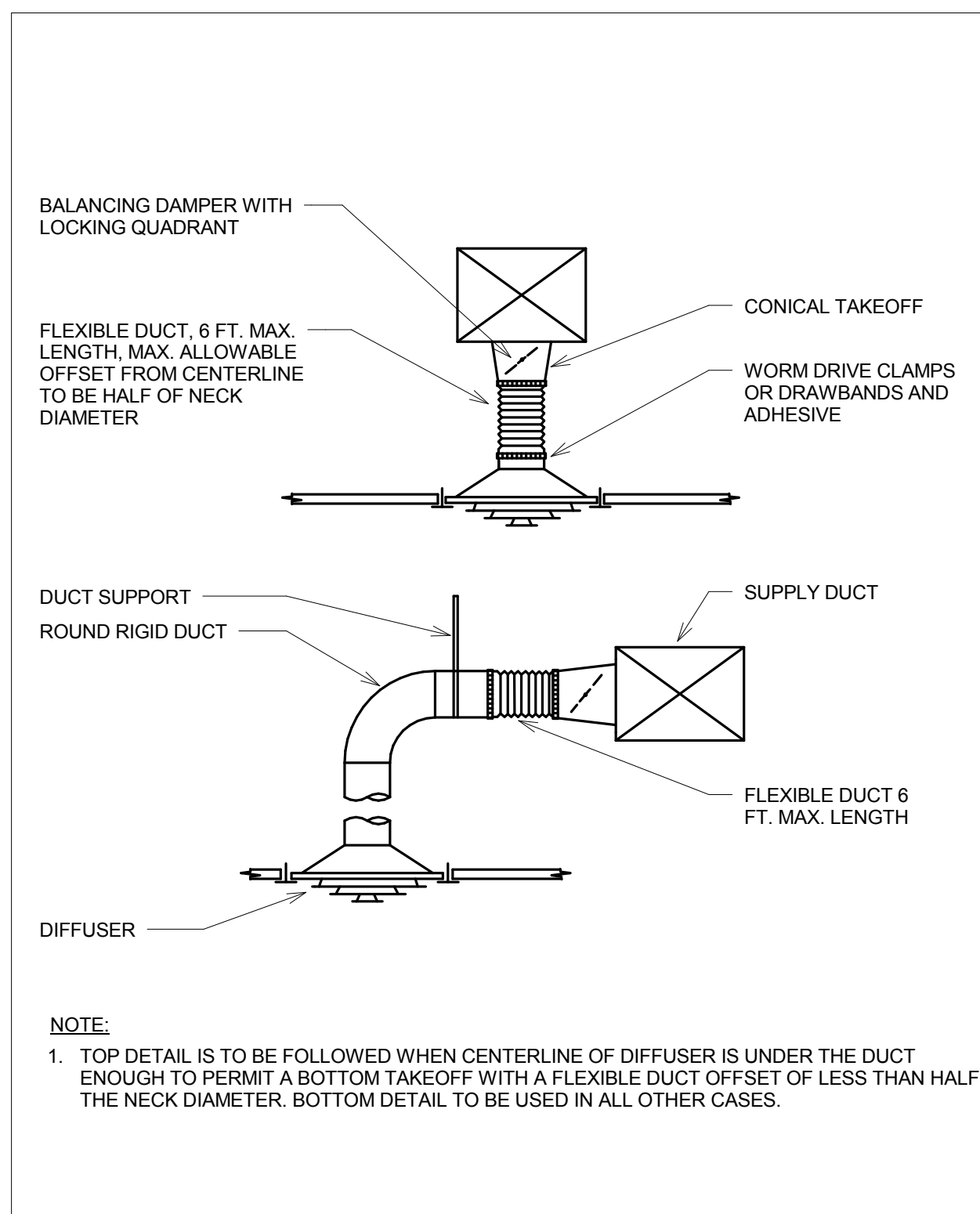
4 DUCTED LOUVER CONNECTION DETAIL
NOT TO SCALE



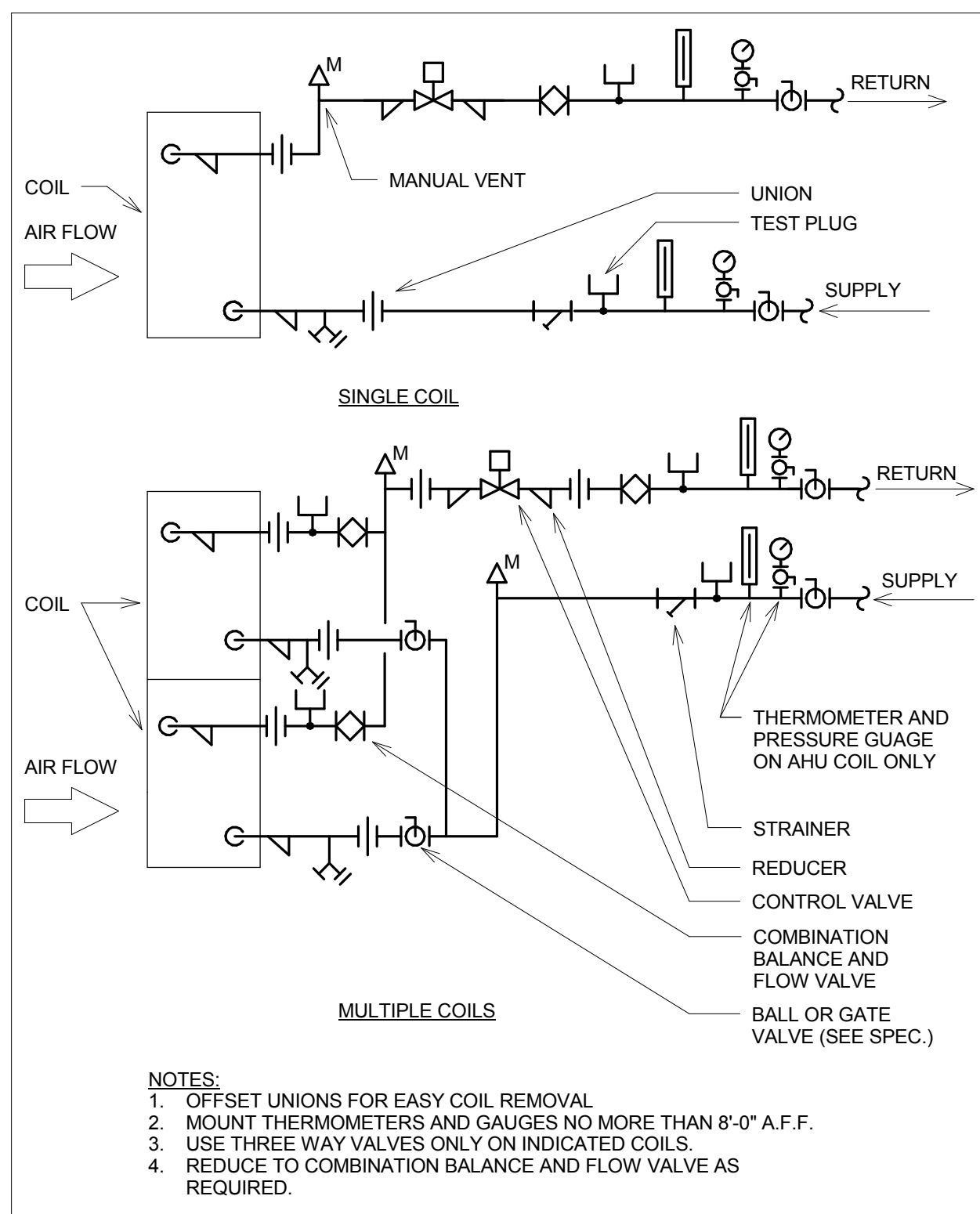
9 AHU CHILLED WATER COIL PIPING DETAIL (3-WAY VALVE)
NOT TO SCALE



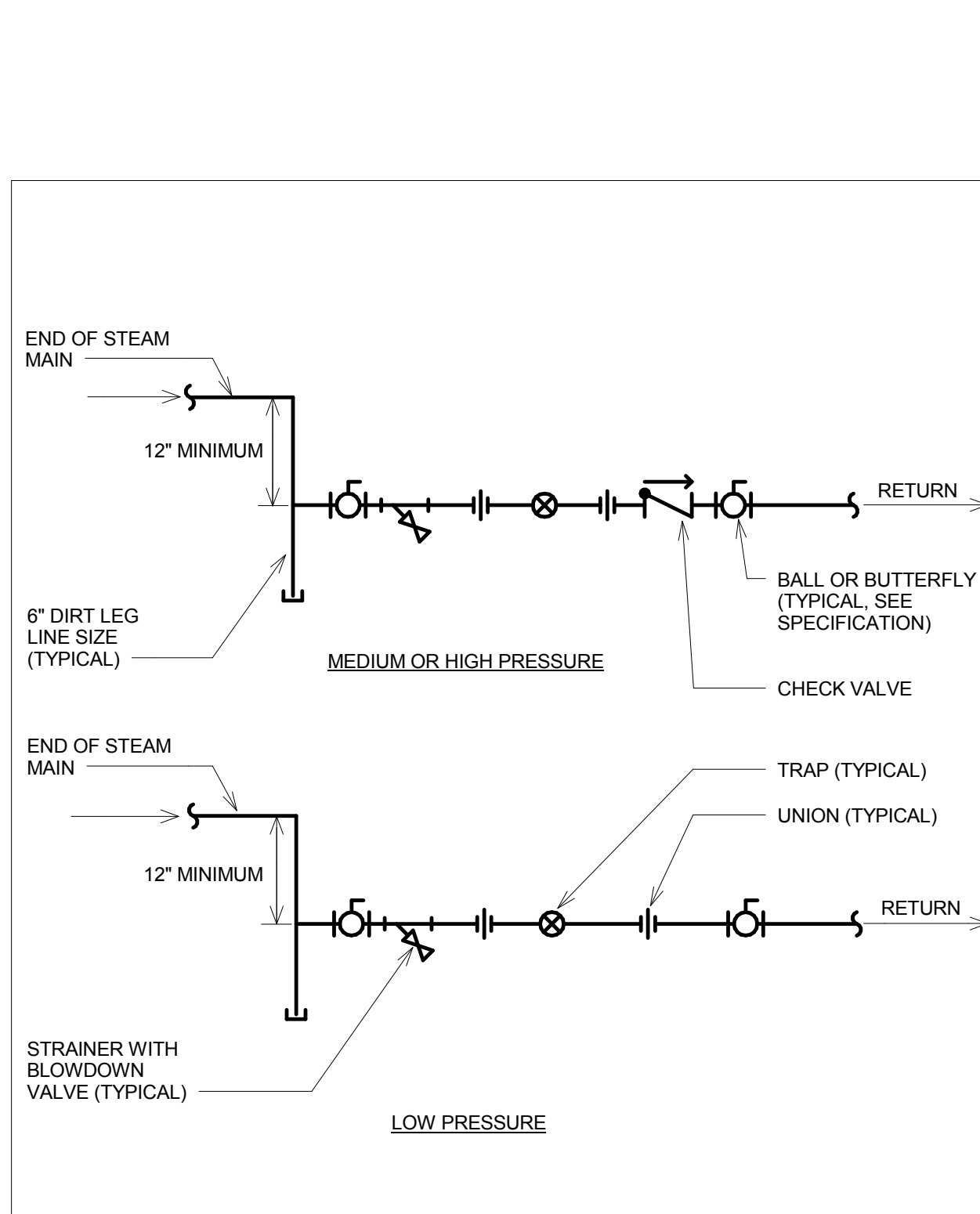
14 HEATING COIL PIPING DETAIL (3-WAY VALVE)
NOT TO SCALE



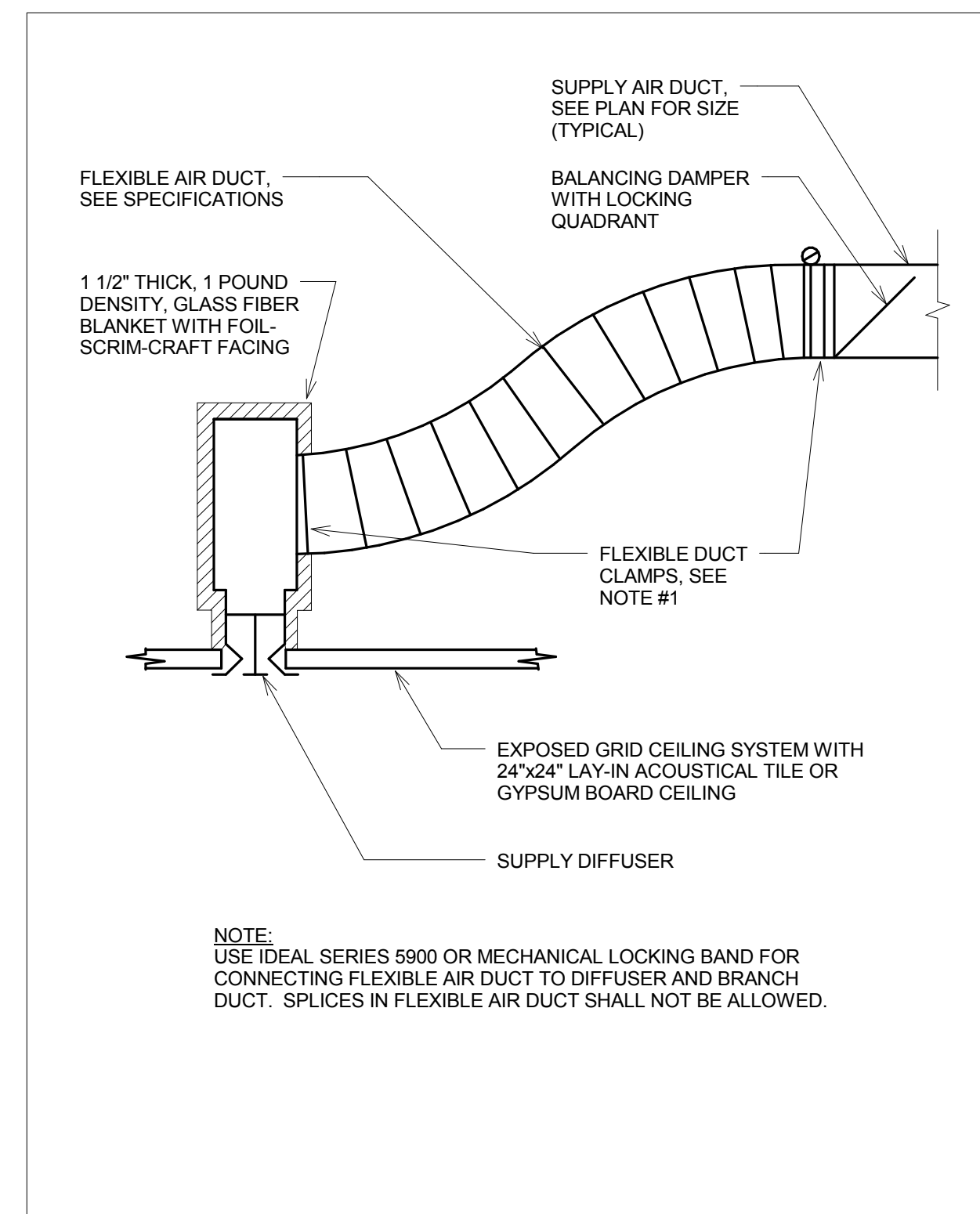
3 CEILING DIFFUSER RUNOUT DETAIL
NOT TO SCALE



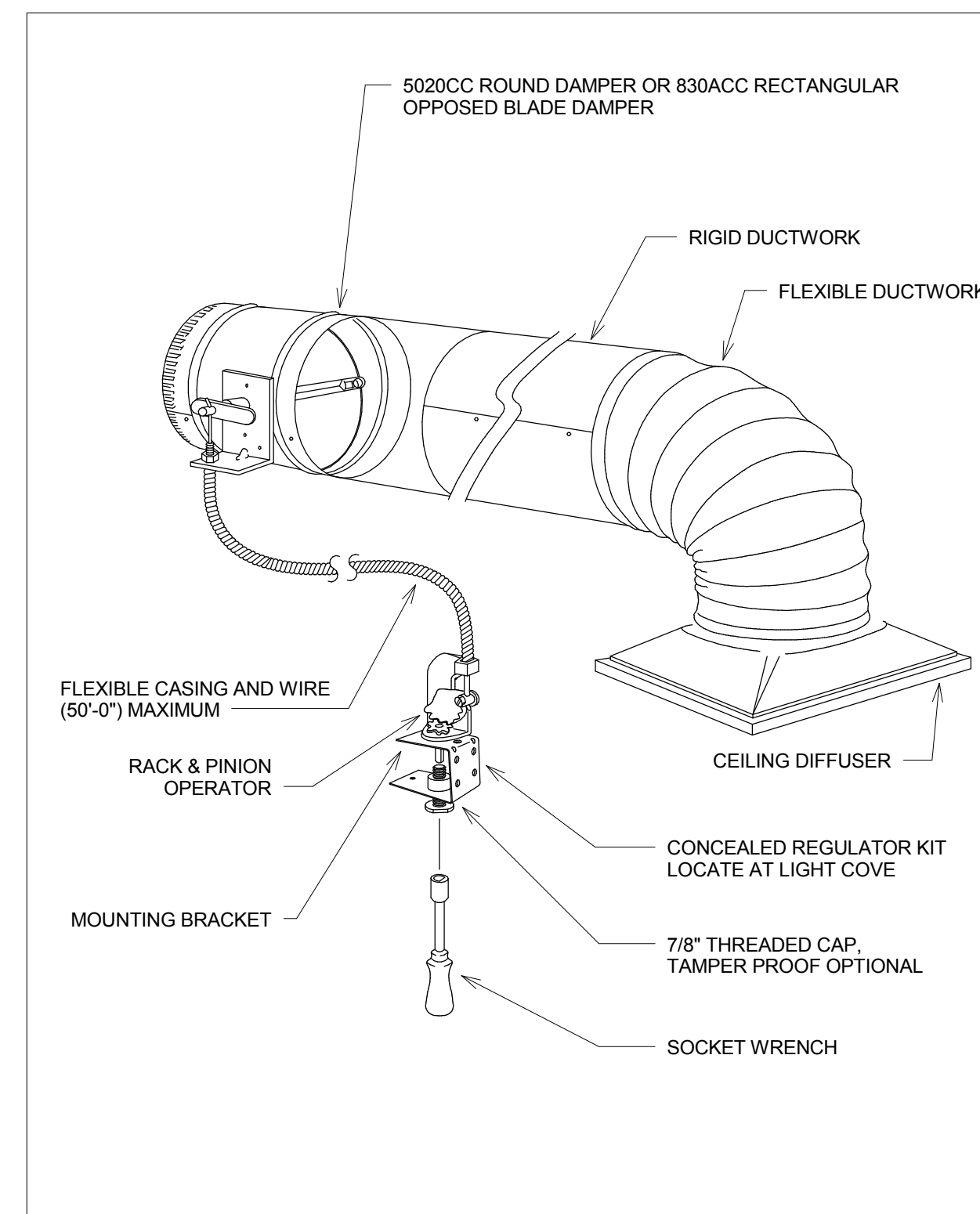
8 HEATING COIL PIPING DETAIL (2-WAY VALVE)
NOT TO SCALE



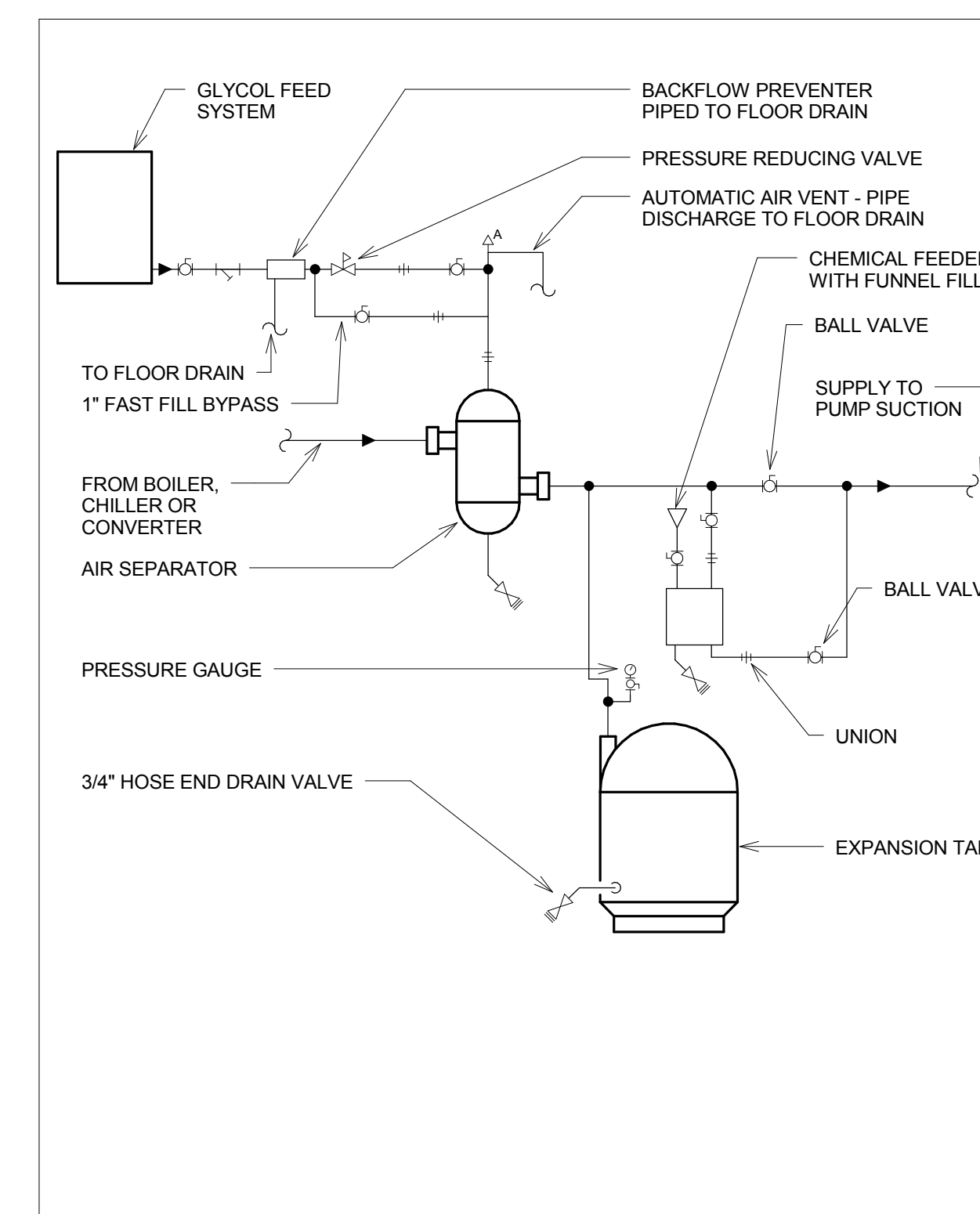
13 END OF MAIN STEAM TRAP DETAIL
NOT TO SCALE



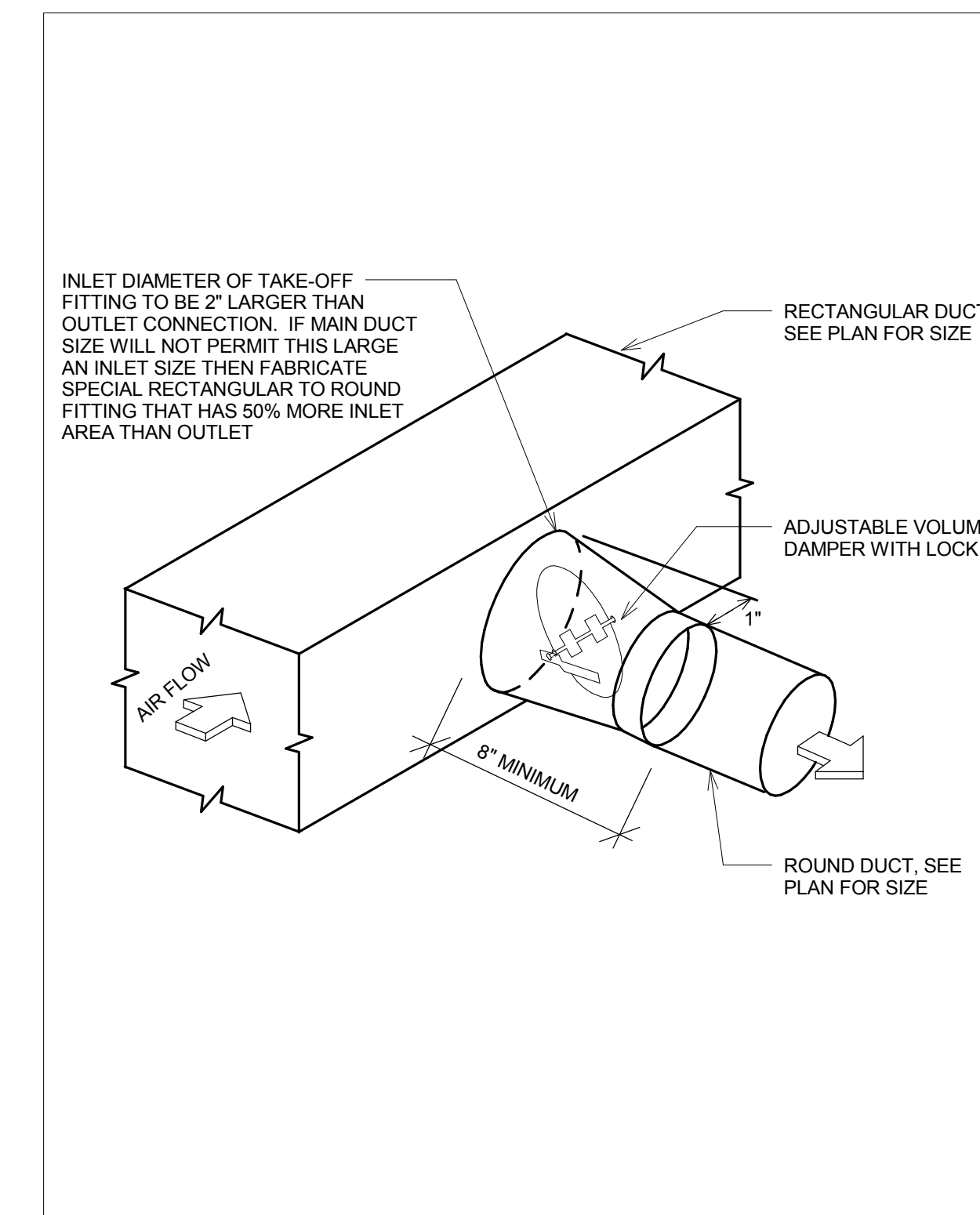
2 DUCT TO LINEAR DIFFUSER CONNECTION (TYPICAL) DETAIL
NOT TO SCALE



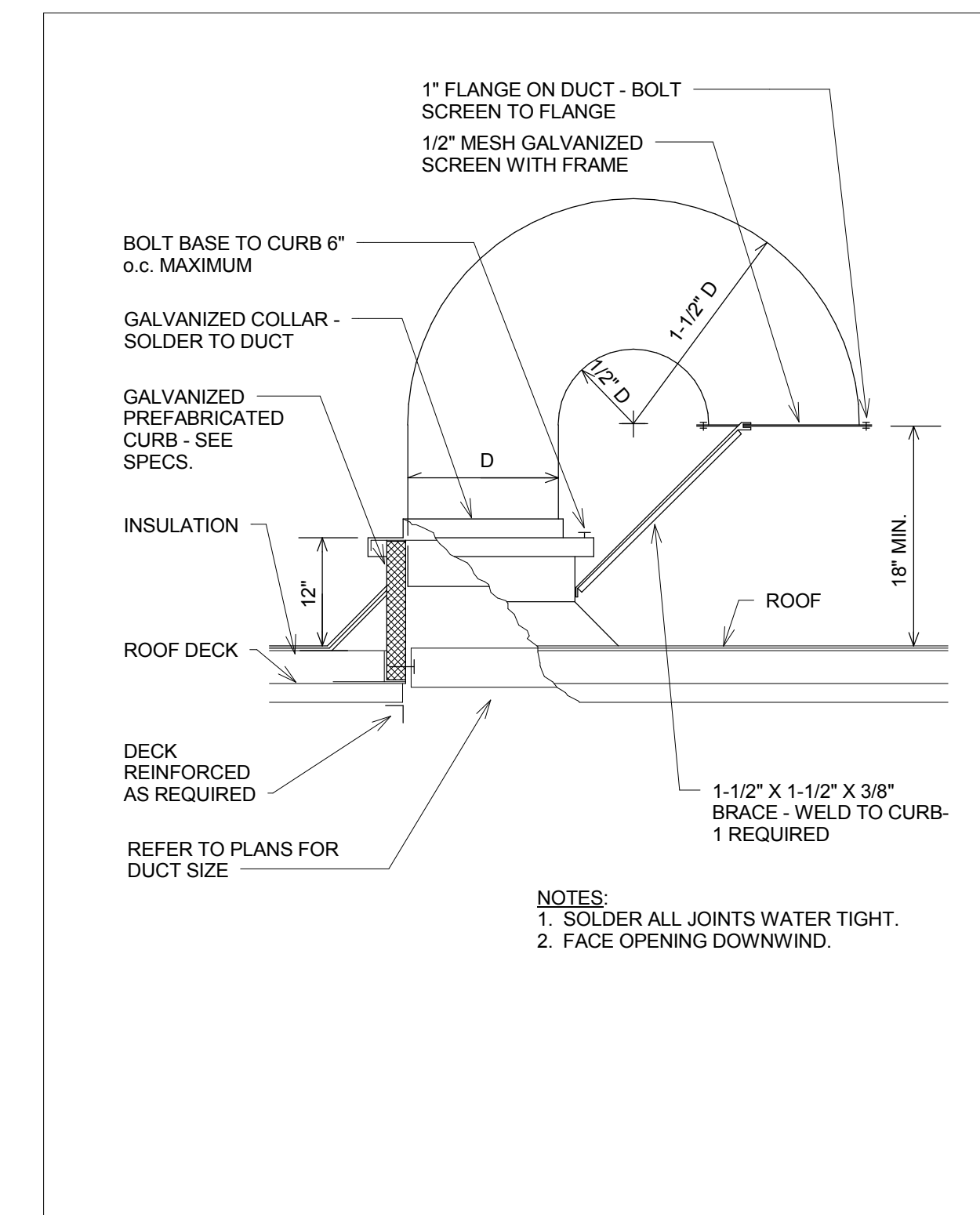
7 REMOTE REGULATOR SYSTEM
NOT TO SCALE



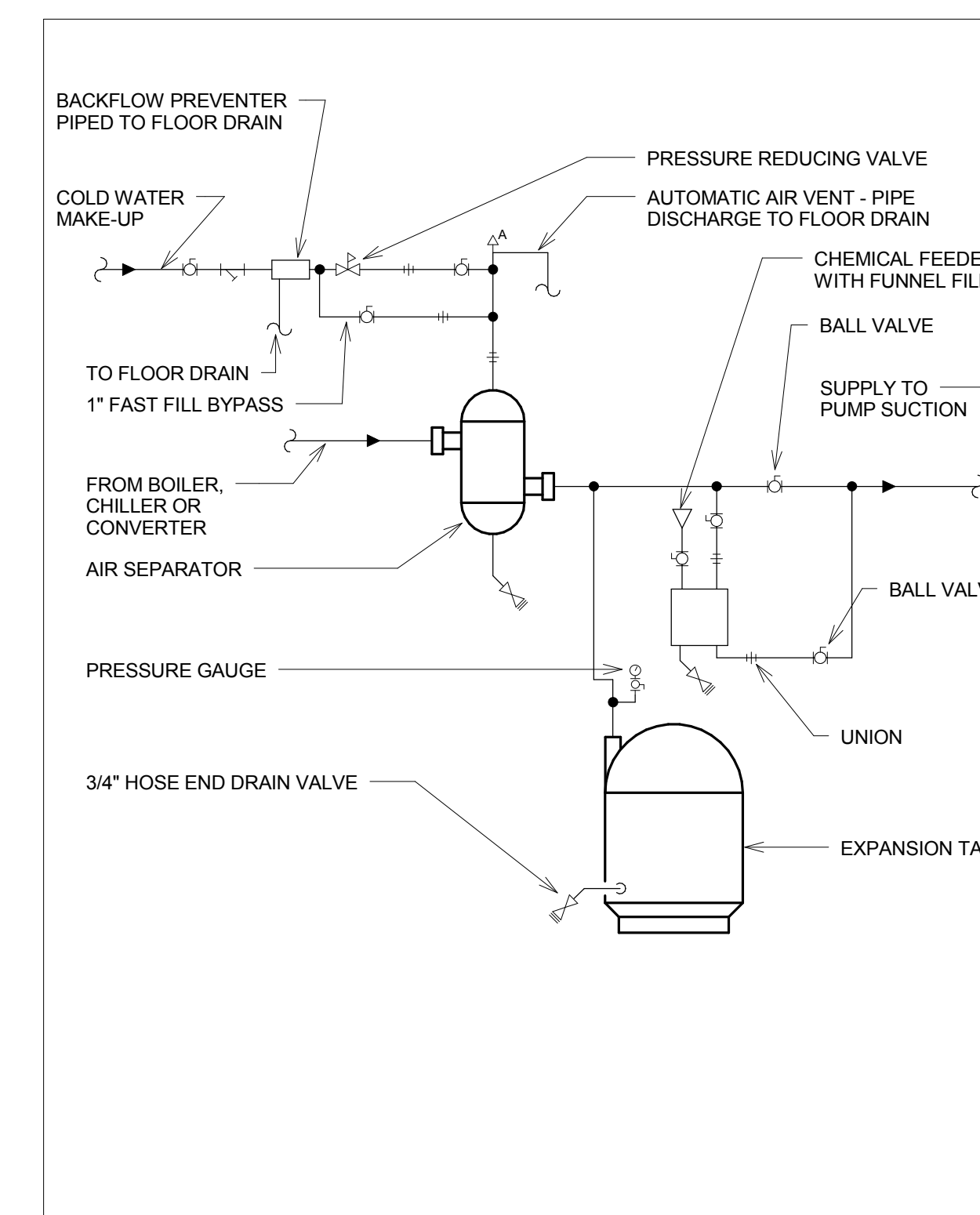
12 DIAPHRAGM EXPANSION TANK AND AIR SEPARATOR WITH GLYCOL FEED SYSTEM PIPING DETAIL
NOT TO SCALE



1 DUCT TAKE-OFF TO DIFFUSER (TYPICAL) DETAIL
NOT TO SCALE



6 ROOF GOOSENECK DETAIL
NOT TO SCALE



11 DIAPHRAGM EXPANSION TANK AND AIR SEPARATOR PIPING DETAIL
NOT TO SCALE

100% OWNER REVIEW
NOT FOR CONSTRUCTION
12/16/2011



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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 Engineer under the laws of the State of Minnesota.

Signature
Registration No.
Date 11/17/2011

APPROVED: SERVICE LINE DIRECTOR	DATE	APPROVED: INJECTION CONTROL NURSE	DATE
APPROVED: GLWS COORDINATOR	DATE	APPROVED: PATIENT SAFETY	DATE
APPROVED: PROJECTS SECTION MANAGER	DATE	APPROVED: CHIEF OF POLICE	DATE
APPROVED: DIRECTOR F&E	DATE	APPROVED: SAFETY MANAGER	DATE

TRAINING TITLE MECHANICAL DETAILS	PROJECT TITLE LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT	12/16/2011 POST SCALE AS NOTED PROJECT NO. 2032.001.00	12/16/2011 AS NOTED PROJECT NO. 2032.001.00
APPROVED: CHIEF OF STAFF	DATE	BUILDING NO. DM	TRAINING NO. BB
APPROVED: MEDICAL CENTER DIRECTOR	DATE	LOCATION 4801 VETERANS DR. SAINT CLOUD, MN	TRAINING NO. M401

