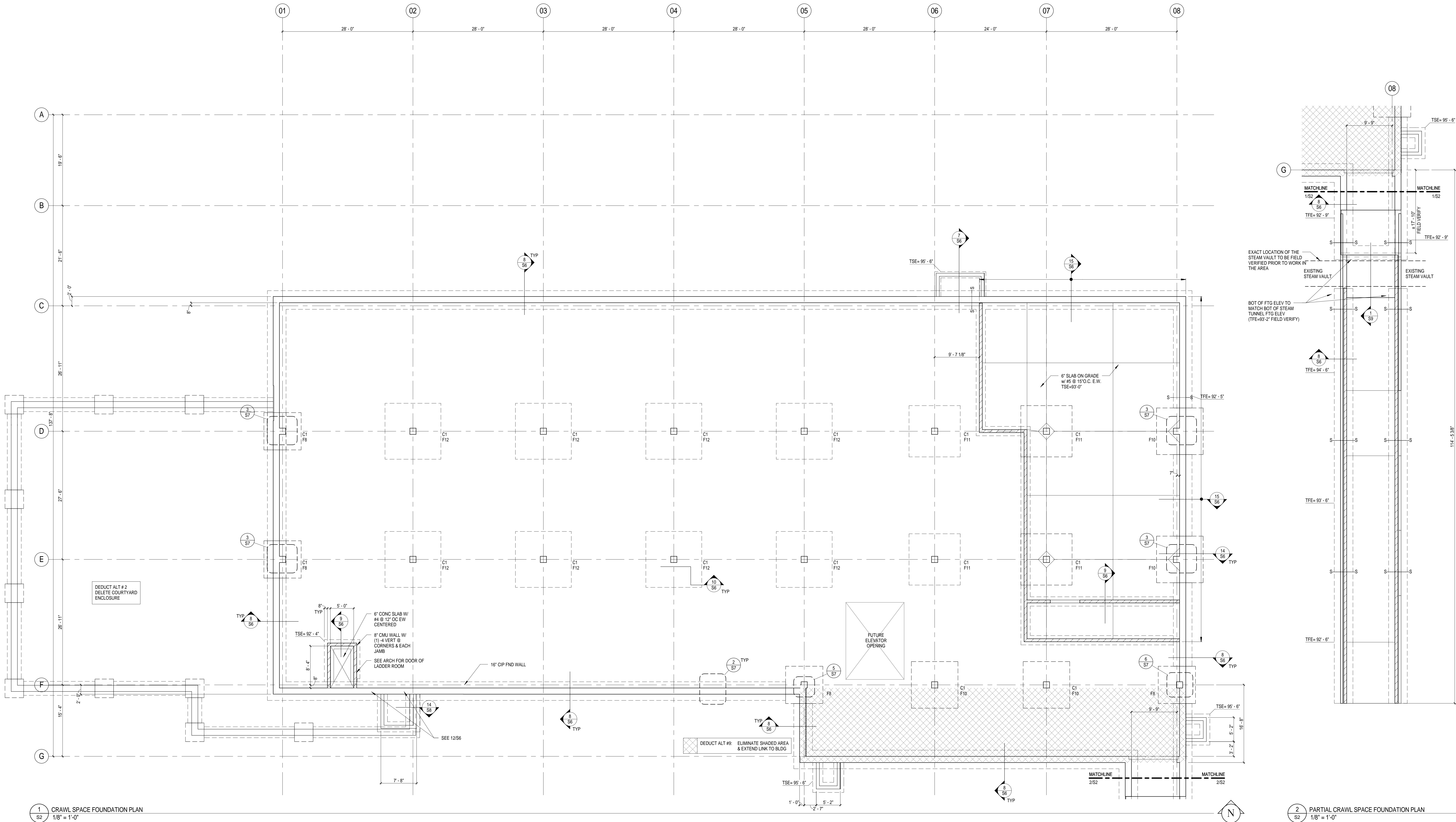


FOOTING SCHEDULE			
MARK	SIZE	DEPTH	REINFORCING
F4	4'-0" x 4'-0"	12"	(4) #5 E.W. T&B
F8	8'-0" x 8'-0"	24"	(8) #7 E.W. T&B
F10	10'-0" x 10'-0"	30"	(8) #8 E.W. T&B
F11	11'-0" x 11'-0"	36"	(11) #8 E.W. T&B
F12	12'-0" x 12'-0"	36"	(13) #8 E.W. T&B

P/C COLUMN SCHEDULE			
MARK	SIZE	BASE PLATE	
		SIZE	ANCHOR BOLTS
C1	16" x 16"		

- FOUNDATION PLAN NOTES:
1. REFER TO THE GENERAL STRUCTURAL NOTES ON SHEET S1.
  2. TOP OF FOOTING ELEVATION (TFE) FOR CONCRETE SHEARWALLS AND COLUMN FOOTINGS VARY. SEE PLAN.
  3. S - S - S - DENOTES STEPPED FOOTING. SEE 1/36.
  4. FOR TYPICAL CORNER BAR REINFORCING SEE 11/36, 12/36 & 13/36.
  5. ALL COLUMNS AND FOOTINGS ARE CENTERED ON GRIDS AND WALL FOOTING ARE CENTERED BELOW WALL UNO.
  6. DATUM ELEVATION 1048.5 ± 100'-0" VERIFY W/ CIVIL.
  7. TOP OF FOOTING ELEVATION (TFE) ± 92'-9" UNO.
  8. SLAB ON GRADE THICKNESS AND REINFORCING VARIES. SEE PLAN.
  9. 'C1' DENOTES CONTROL CONSTRUCTION JOINTS. FOR TYPICAL SLAB ON GRADE DETAILS. SEE 5/36.
  10. 'F1' - DENOTES COLUMN FOOTING MARK. SEE SCHEDULE ON THIS SHEET FOR SIZE AND REINFORCING.
  11. 'C1' - DENOTES PRECAST COLUMN MARK. SEE SCHEDULE ON THIS SHEET FOR SIZE.
  12. ——— DENOTES ELECTRICAL. SLEEVE. COORDINATE SIZE AND LOCATION WITH ELECTRICAL.
  13. FOR CURB LOCATIONS AND DIMENSIONS. SEE ARCH.
  14. SEE MECH FOR SIZES AND LOCATIONS OF HOUSE KEEPING PADS.



1 CRAWL SPACE FOUNDATION PLAN  
1/8" = 1'-0"

2 PARTIAL CRAWL SPACE FOUNDATION PLAN  
1/8" = 1'-0"

NOT FOR CONSTRUCTION

No. \_\_\_\_\_

REVISION \_\_\_\_\_

DATE \_\_\_\_\_

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healthcare facilities solutions

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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 Architect under the laws of the State of Minnesota.

Signature \_\_\_\_\_

Registration No. \_\_\_\_\_

Date \_\_\_\_\_

APPROVED: SERVICE LINE DIRECTOR	DATE _____	APPROVED: INFECTION 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 CRAWL SPACE FOUNDATION PLAN		PROJECT TITLE ST. CLOUD VA HEALTH CARE SYSTEM		DATE 12/16/11	
APPROVED: CHIEF OF STAFF		BUILDING No. _____		PROJECT NO. 2022.001.00	
APPROVED: MEDICAL CENTER DIRECTOR		CHECKED BY KWI		DRAWN RPO	
LOCATION 4801 VETERANS DRIVE, ST CLOUD MN		DRAWING NO. 52		CHGS. _____	

VAMC SAINT CLOUD MN