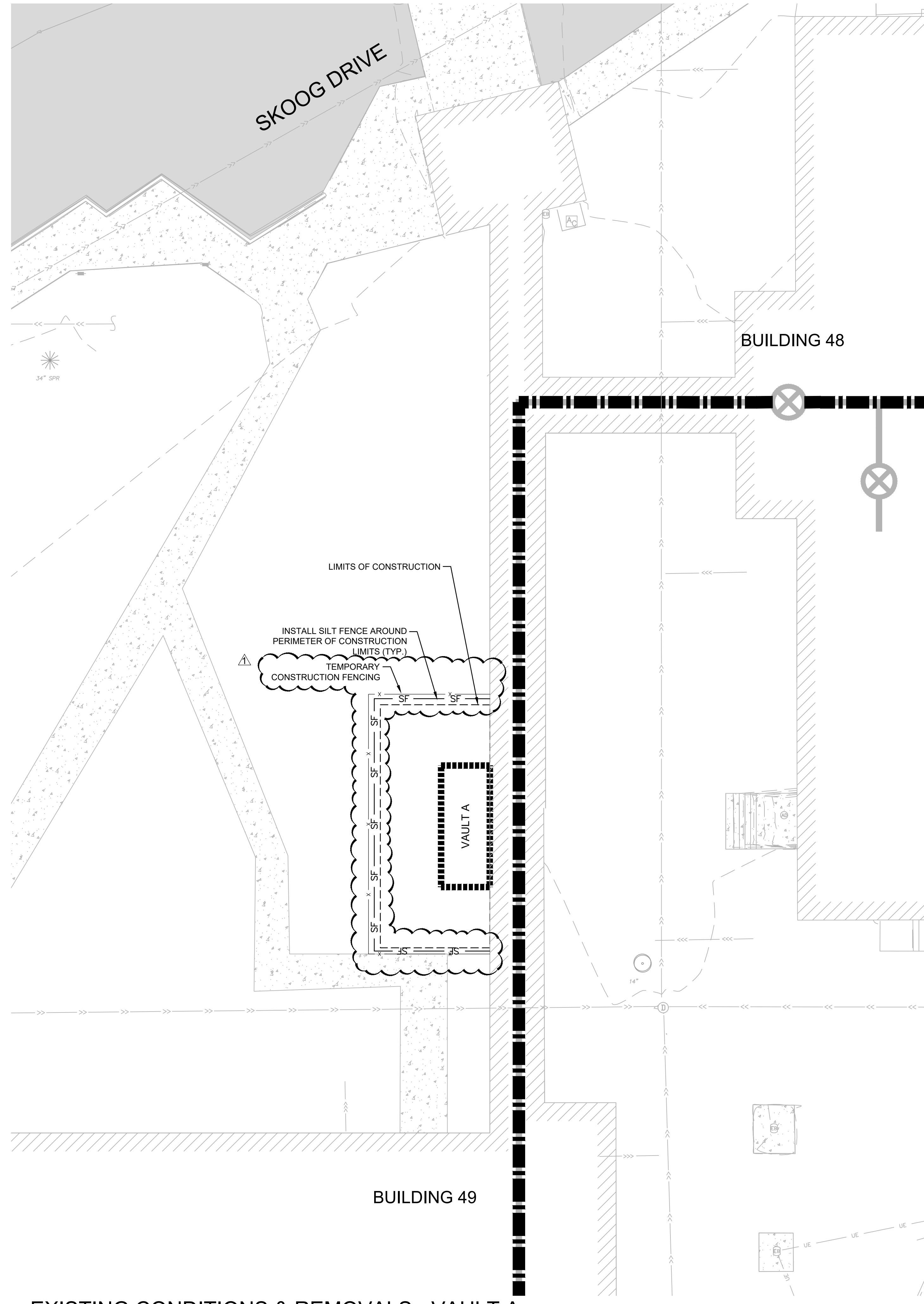


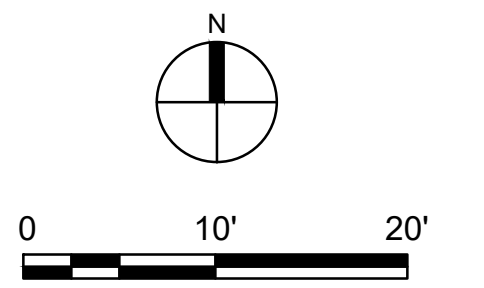
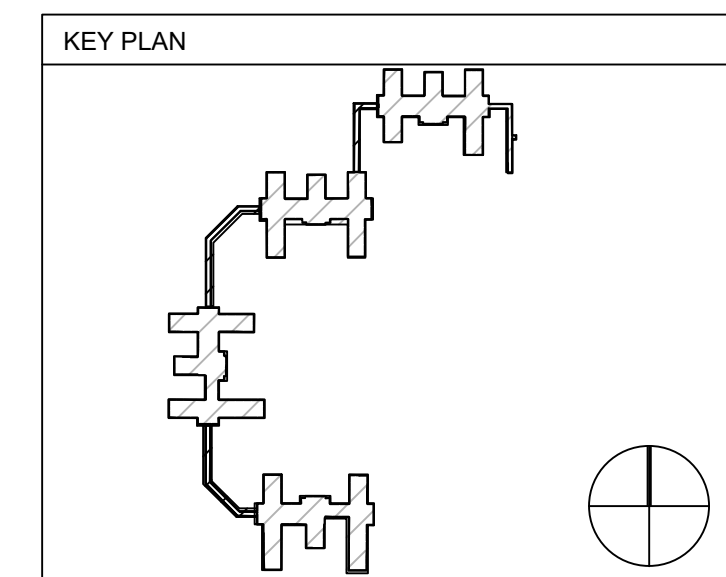
1 EXISTING CONDITIONS & REMOVALS - VAULT D
SCALE: 1" = 10'



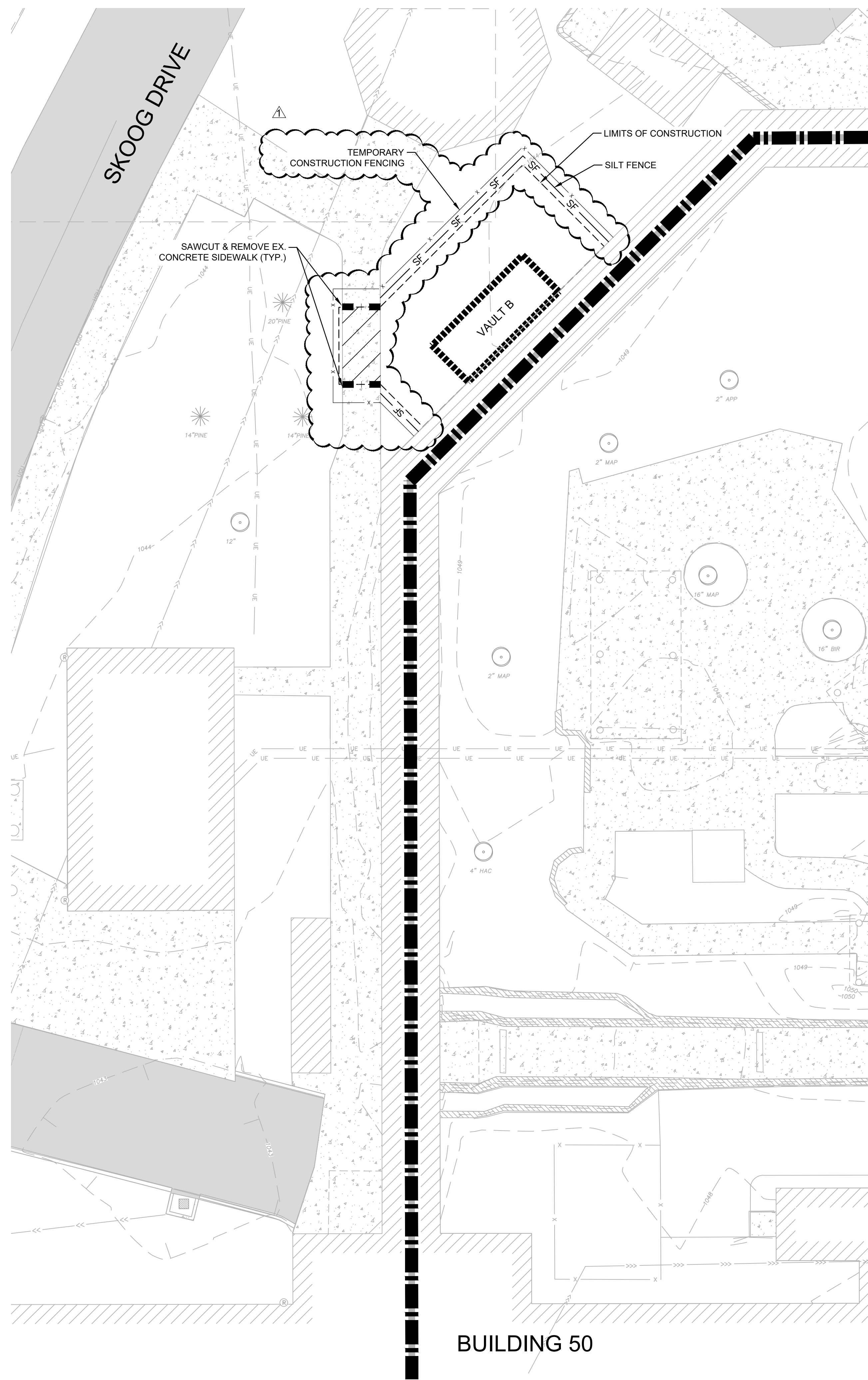
2 EXISTING CONDITIONS & REMOVALS - VAULT A
SCALE: 1" = 10'

LEGEND

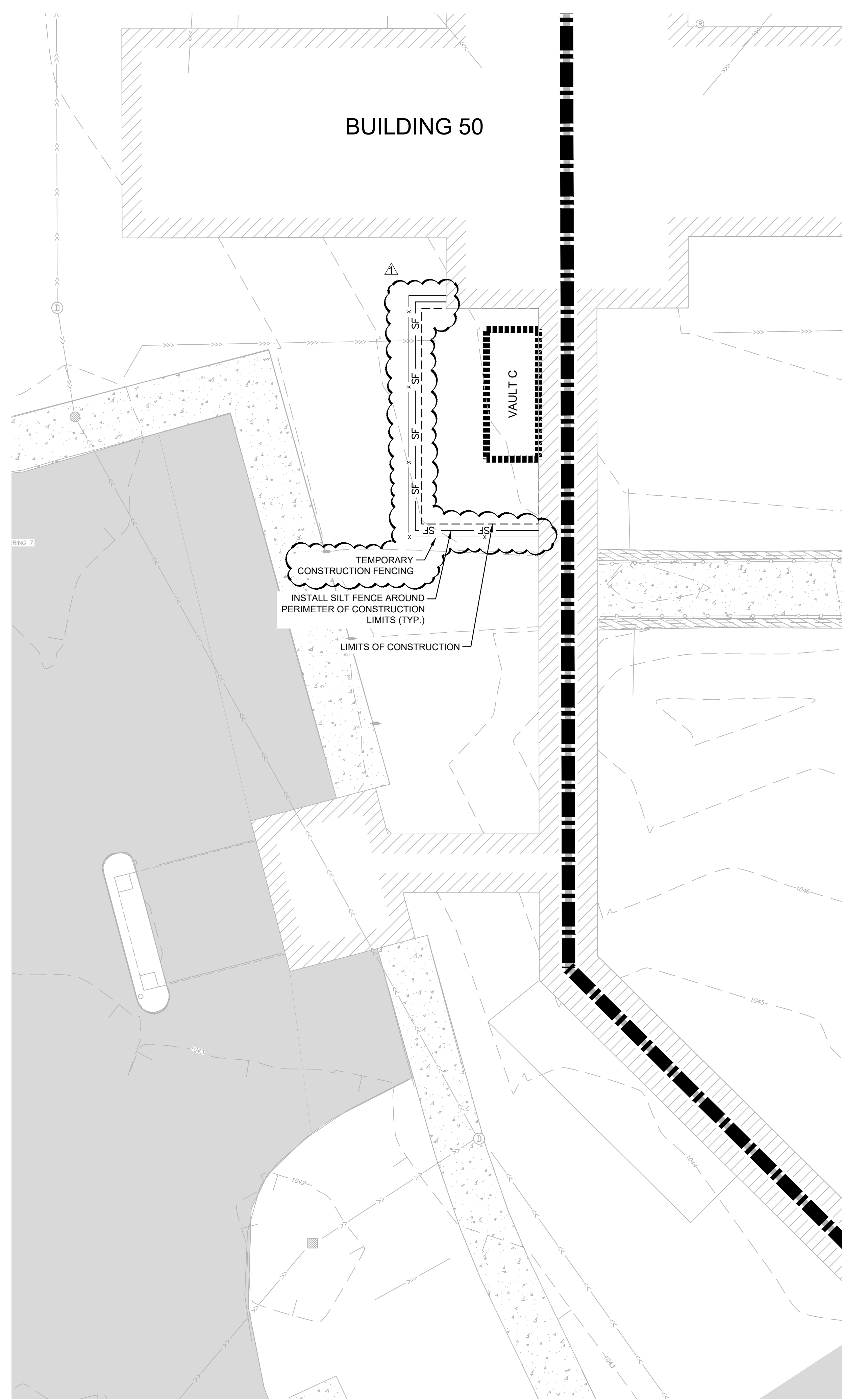
- CONSTRUCTION LIMITS
- STEAM TUNNEL
- VAULT
- EXISTING STORM PIPE
- EXISTING UNDERGROUND ELECTRIC
- EXISTING GAS
- EXISTING COMMUNICATION LINE
- EXISTING STEAM PIPE
- EXISTING STEAM VALVE
- SF SILT FENCE
- EXISTING BITUMINOUS
- EXISTING CONCRETE
- EXISTING BUILDING
- EXISTING TREE
- EXISTING RETAINING WALL
- REMOVE CONCRETE SIDEWALK
- SAWCUT
- INLET PROTECTION



<p>REVISION 1</p> <p>DATE</p>	<p>CONSULTANT</p> <p>DUNHAM</p> <p>50 South Sixth Street / Suite 1100 Minneapolis, Minnesota 55402-1540 phone: 612-465-7550 fax: 612-465-7551 web: dunhameng.com</p>	<p>ARCHITECT/ENGINEER OF RECORD</p> <p>ANDERSON</p> <p>13605 1st Ave. N. #100 Plymouth, MN 55441 P 763.412.4000 F 763.412.4090 ae-mn.com Anderson Engineering of Minnesota, LLC Proj # 17187</p>	<p>STAMP</p> <p>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.</p> <p>PRINT NAME: LEE KOPPY SIGNATURE: <i>[Signature]</i></p> <p>DATE: OCTOBER 25, 2024 LICENSE # 41267</p>	<p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p> <p>APPROVED: _____ DATE: _____</p>	<p>PROJECT TITLE</p> <p>EXISTING CONDITIONS & REMOVALS PLAN 1</p>	<p>PROJECT TITLE</p> <p>REPLACE/ADD STEAM MAINS WEST SIDE</p> <p>DATE: 10/25/2024</p> <p>PROJECT NO: 656-21-114</p> <p>DRAWING NO: D101</p> <p>COVER</p>	<p>U.S. Department of Veterans Affairs</p> <p>Veterans Health Administration</p> <p>St. Cloud VA Health Care System</p>
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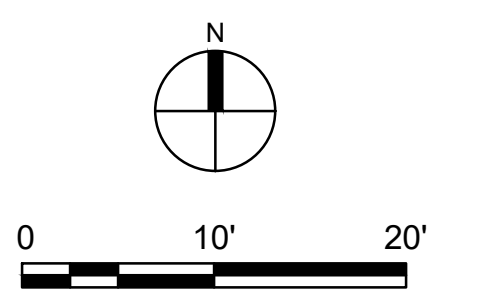
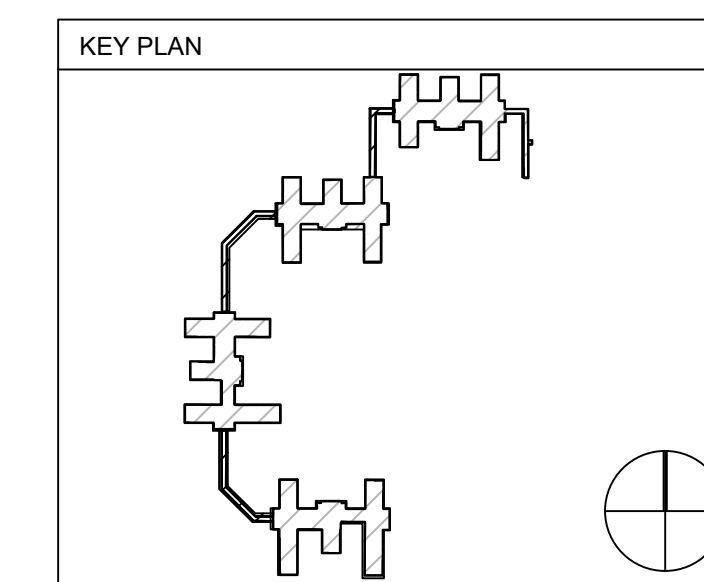


1 EXISTING CONDITIONS & REMOVALS - VAULT B
SCALE: 1" = 10'



2 EXISTING CONDITIONS & REMOVALS - VAULT C
SCALE: 1" = 10'

LEGEND	
	CONSTRUCTION LIMITS
	STEAM TUNNEL
	VAULT
	EXISTING STORM PIPE
	EXISTING UNDERGROUND ELECTRIC
	EXISTING GAS
	EXISTING COMMUNICATION LINE
	EXISTING STEAM PIPE
	EXISTING STEAM VALVE
	SILT FENCE
	EXISTING BITUMINOUS
	EXISTING CONCRETE
	EXISTING BUILDING
	EXISTING TREE
	EXISTING RETAINING WALL
	REMOVE CONCRETE SIDEWALK
	SAWCUT



REVISION	DATE	DESCRIPTION
1	3/13/2024	MECHANICAL & ELECTRICAL CONSULTING ENGINEERING

CONSULTANT
DUNHAM
 50 South Sixth Street / Suite 1100
 Minneapolis, Minnesota 55402-1540
 Phone: 612-465-7550 Fax: 612-465-7551
 Web: dunhameng.com

ARCHITECT/ENGINEER OF RECORD
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 13605 1st Ave. N. #100 Plymouth, MN 55441
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 Anderson Engineering of Minnesota, LLC Proj # 17187

STAMP
 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.
 PRINT NAME: LEE KOPPY SIGNATURE: *[Signature]*
 DATE: OCTOBER 25, 2024 LICENSE # 41267

APPROVED: _____ DATE: _____	APPROVED: PROJECT OR _____ DATE: _____	APPROVED: PATIENT SAFETY _____ DATE: _____	APPROVED: ERM MANAGER _____ DATE: _____	APPROVED: OPERATOR ENG _____ DATE: _____
APPROVED: _____ DATE: _____	APPROVED: SERVICE LINE DIRECTOR _____ DATE: _____	APPROVED: SAFETY MANAGER _____ DATE: _____	APPROVED: MCM MANAGER _____ DATE: _____	APPROVED: ASSOCIATE DIRECTOR _____ DATE: _____
APPROVED: _____ DATE: _____	APPROVED: CEM COORDINATOR _____ DATE: _____	APPROVED: CHIEF OF POLICE _____ DATE: _____	APPROVED: PROJECTS SECTION MANAGER _____ DATE: _____	APPROVED: NURSE EXECUTIVE _____ DATE: _____
APPROVED: _____ DATE: _____	APPROVED: INFECTIOUS CONTROL NURSE _____ DATE: _____	APPROVED: OF MANAGER _____ DATE: _____	APPROVED: ASSISTANT CHIEF ENGINEER _____ DATE: _____	APPROVED: CHIEF OF STAFF _____ DATE: _____

DRAWING TITLE
 EXISTING CONDITIONS & REMOVALS PLAN 2
 APPROVED: MEDICAL CENTER DIRECTOR _____ DATE: _____

PROJECT TITLE
 REPLACE/ADD STEAM MAINS WEST SIDE
 DATE: 10/25/2024
 PROJECT NO: 656-21-114
 DRAWING NO: D102
 CHECKED BY: LRK
 DESIGNED BY: MAM
 FULLY SPRINKLERED
 COVER: _____ OF _____

CONSTRUCTION DOCUMENTS

U.S. Department of Veterans Affairs
 Veterans Health Administration
 St. Cloud VA Health Care System