



- General Notes:
1. All partitions are type A-1 unless otherwise noted.
 2. Verify placement of dental equipment and required rough-in locations with dental equipment supplier.
 3. Verify size of undercounter equipment. Modify adjacent cabinet size if required and provide fillers to match cabinets at edges.

I hereby certify that the portion of this technical submission described below was prepared by me or under my direct supervision and I am a duly registered architect under the laws of the state of Missouri.

Name: Steven E. Lichtenfeld
 Signature: _____
 Date: 11/14/97

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BJC HEALTH SYSTEM

Project:
BJC - O'Fallon Family Health Center

**2360 Highway K
 O'Fallon, Missouri
 63366**

Revisions

Prj # 97049
 Date: 11/14/97
 Sheet Contents
FLOOR PLAN

Sheet No.
A2
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FLOOR PLAN

1/8"=1'-0"

