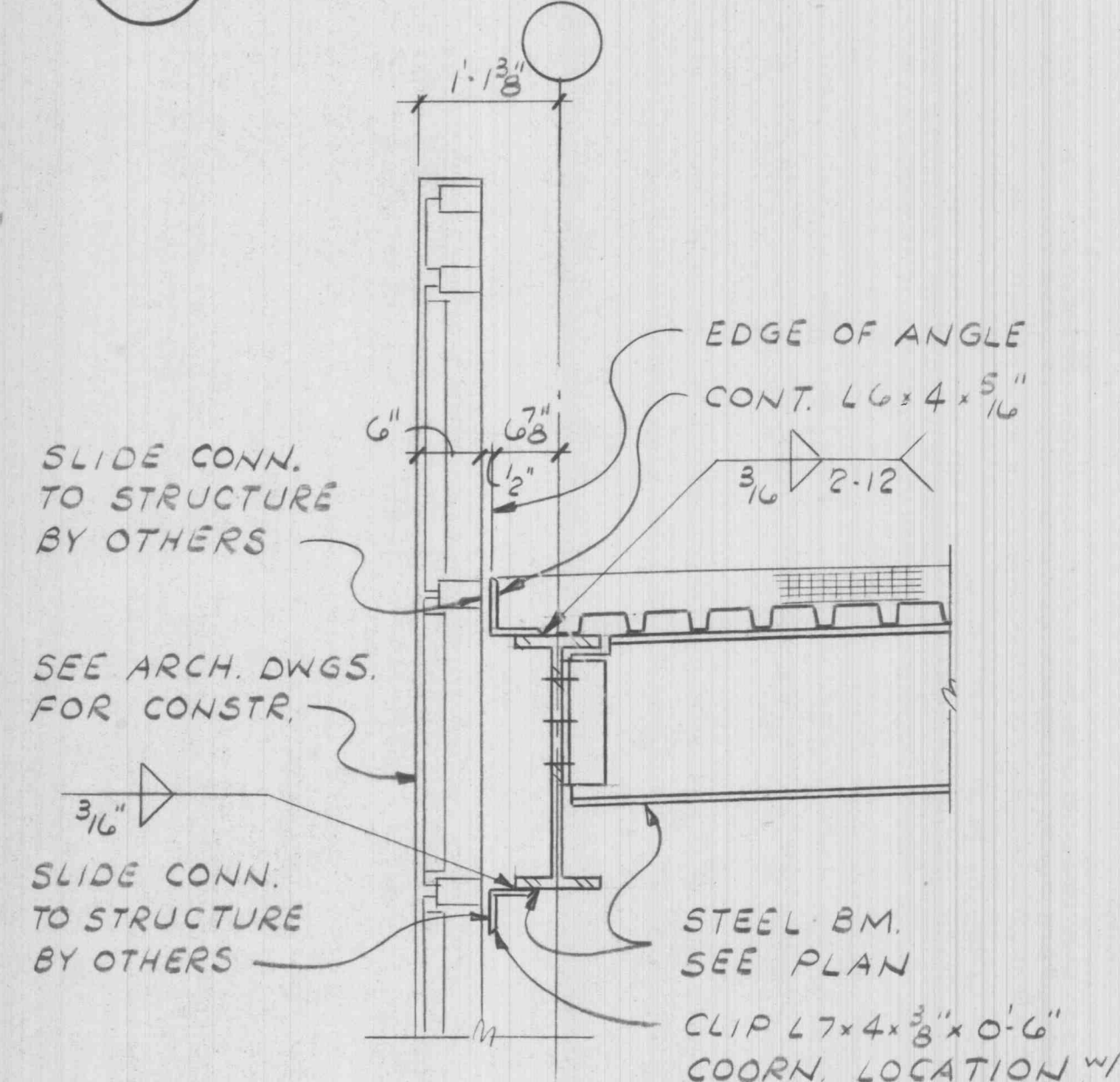
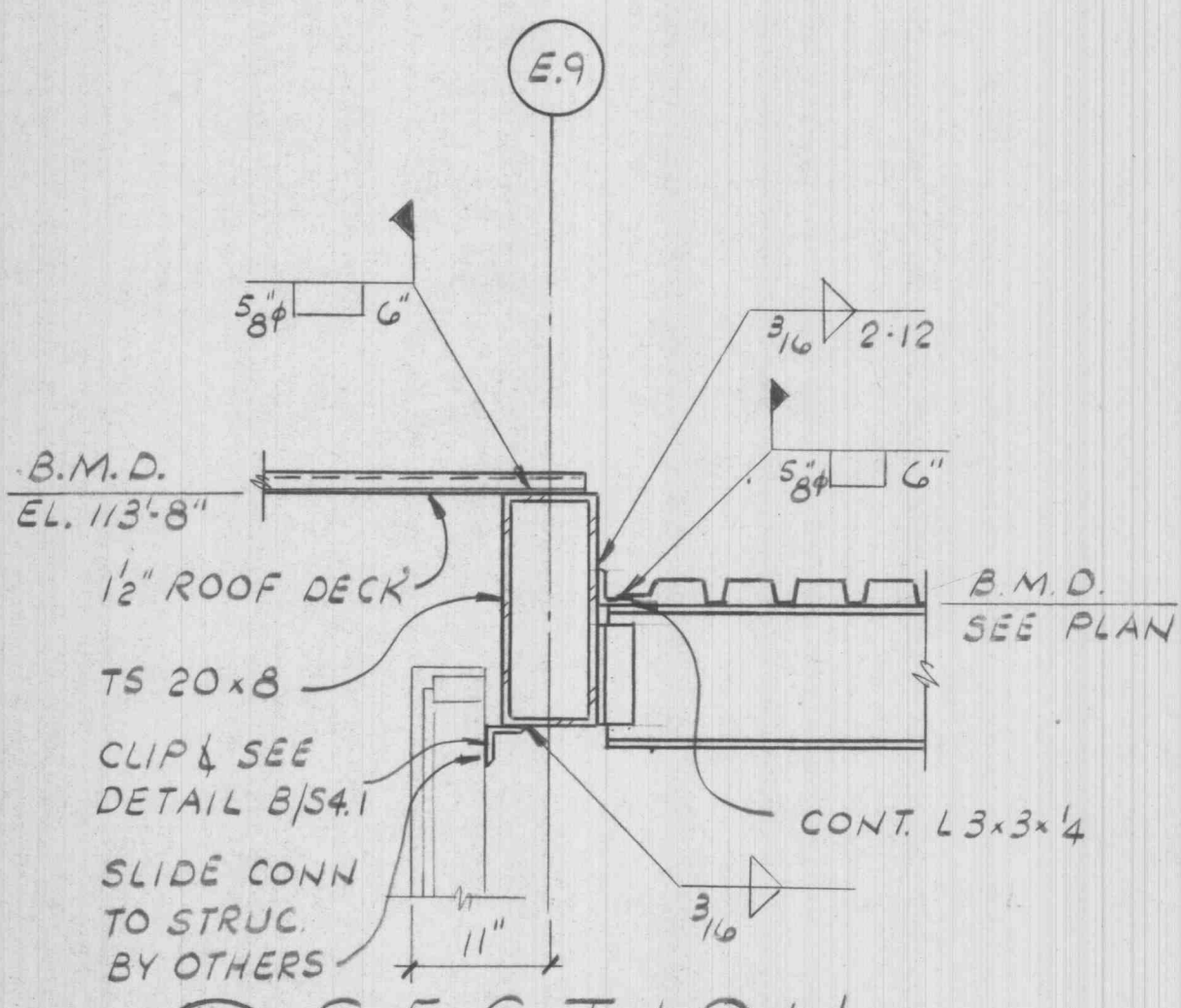


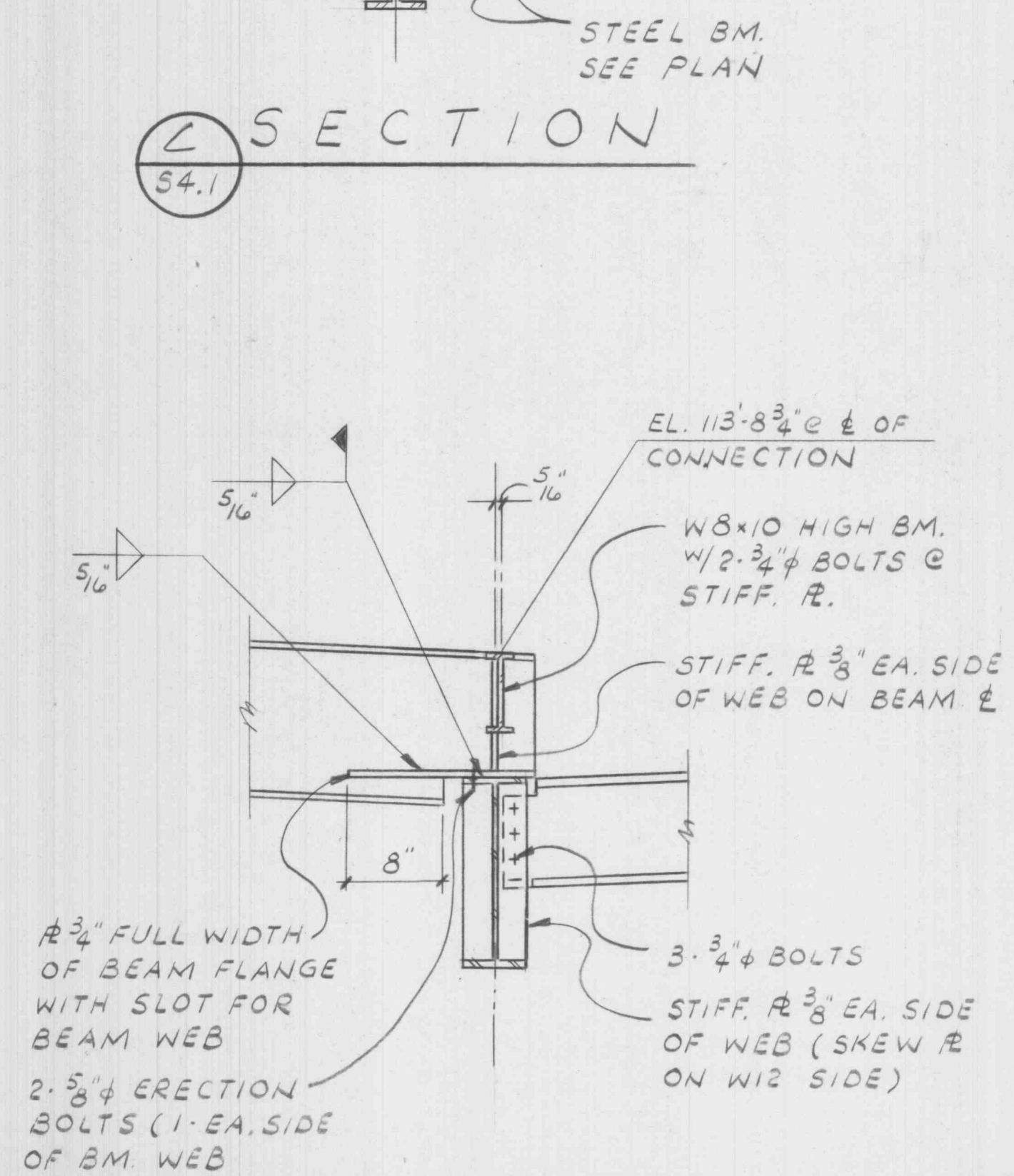
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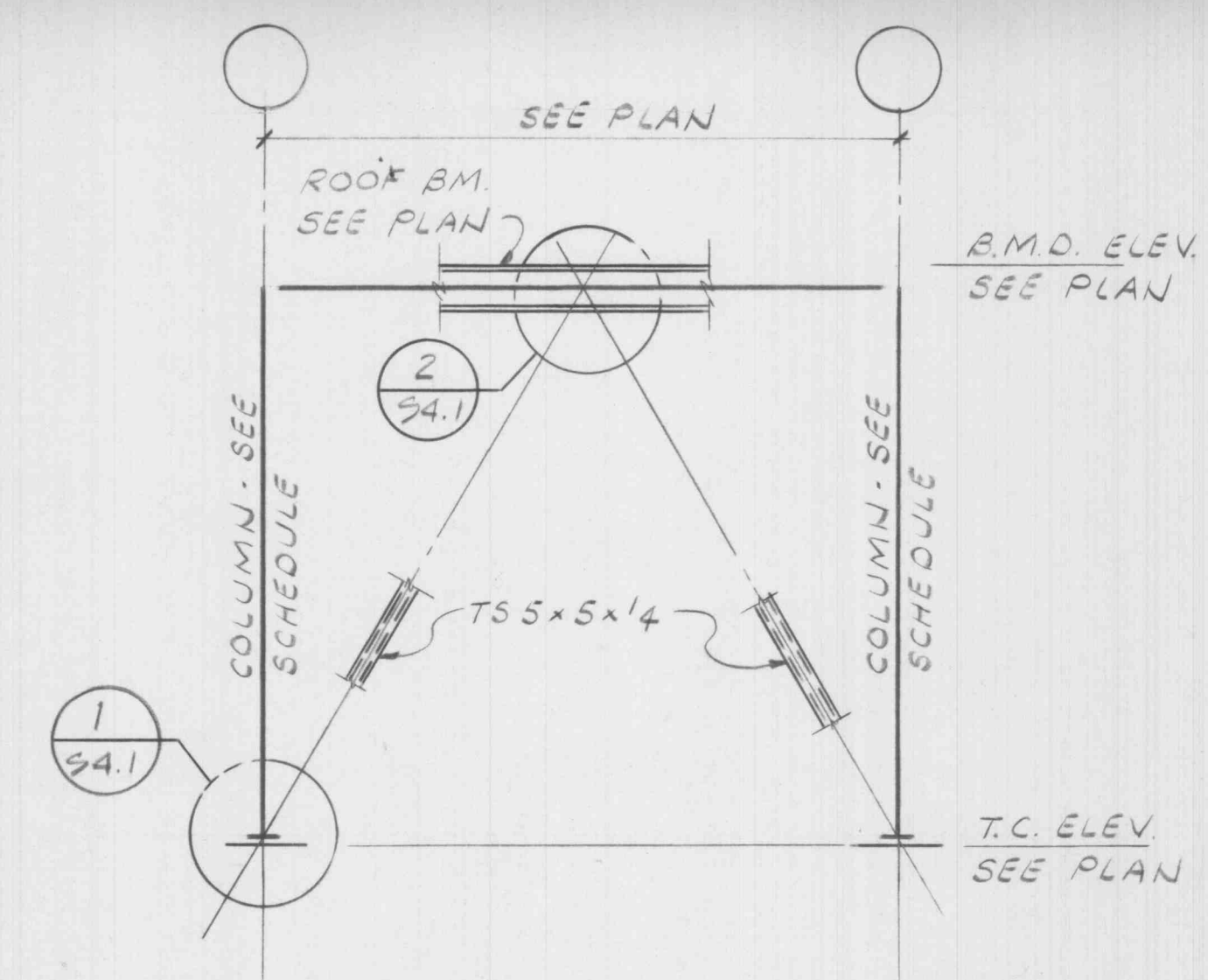
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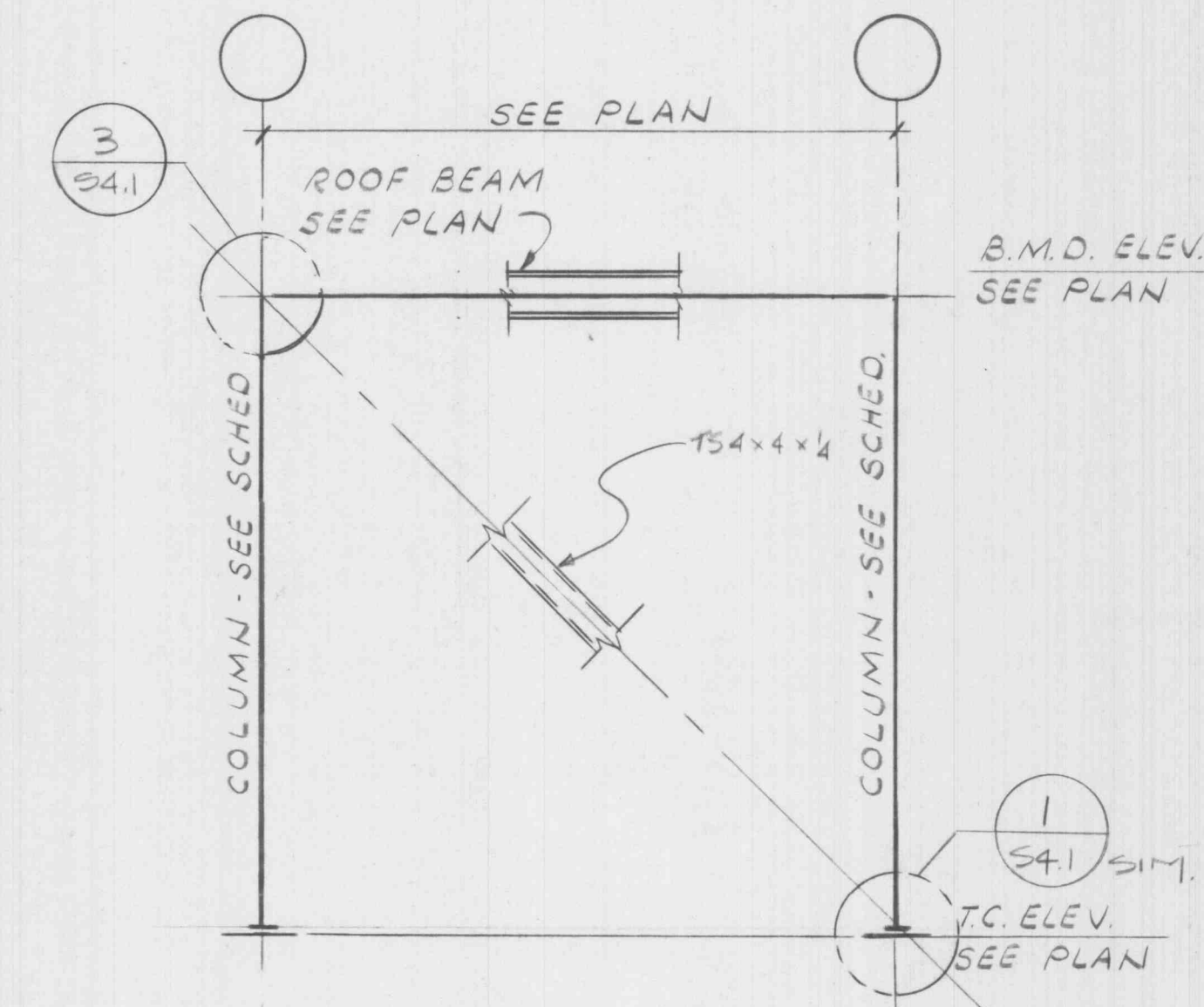
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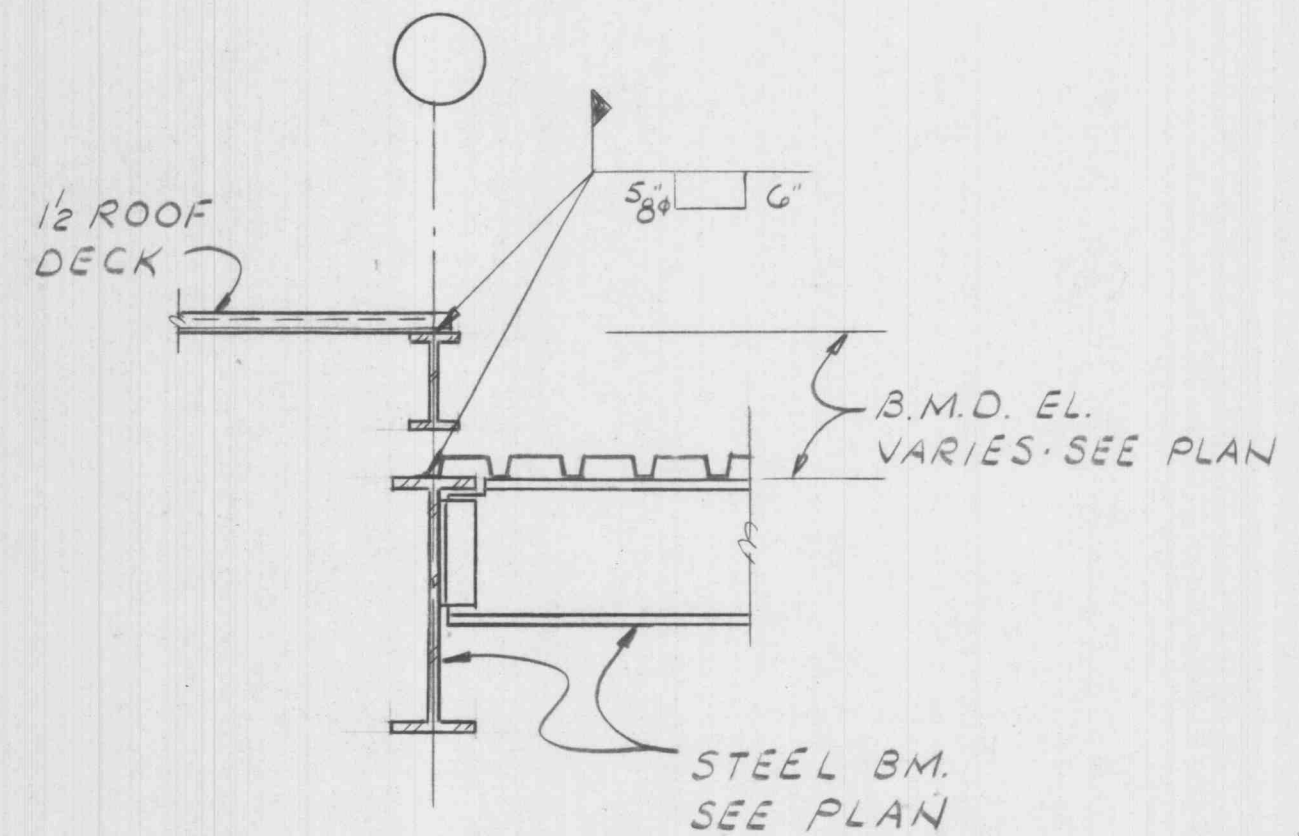
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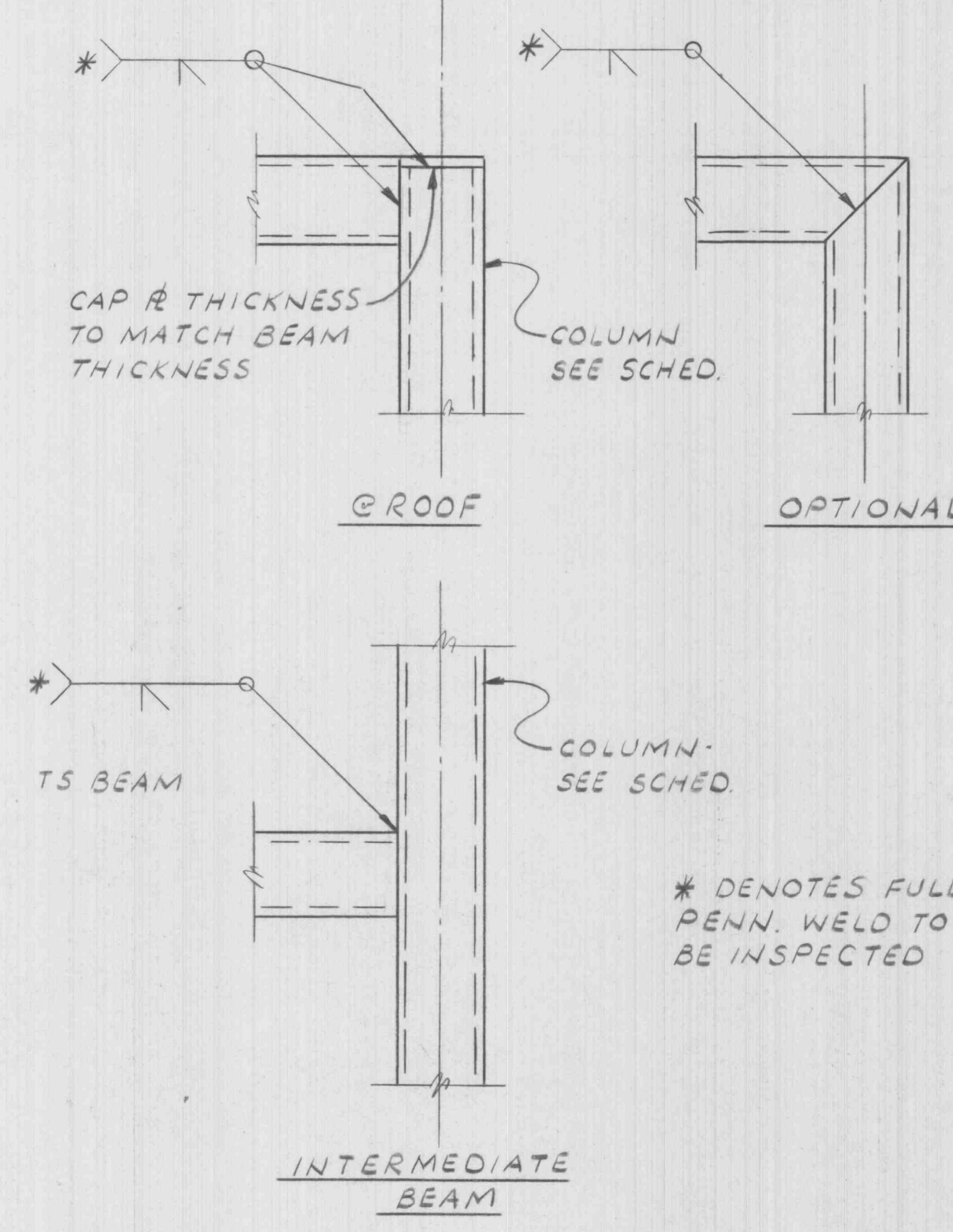
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BRACE DENOTED THUS (D) ON PLAN



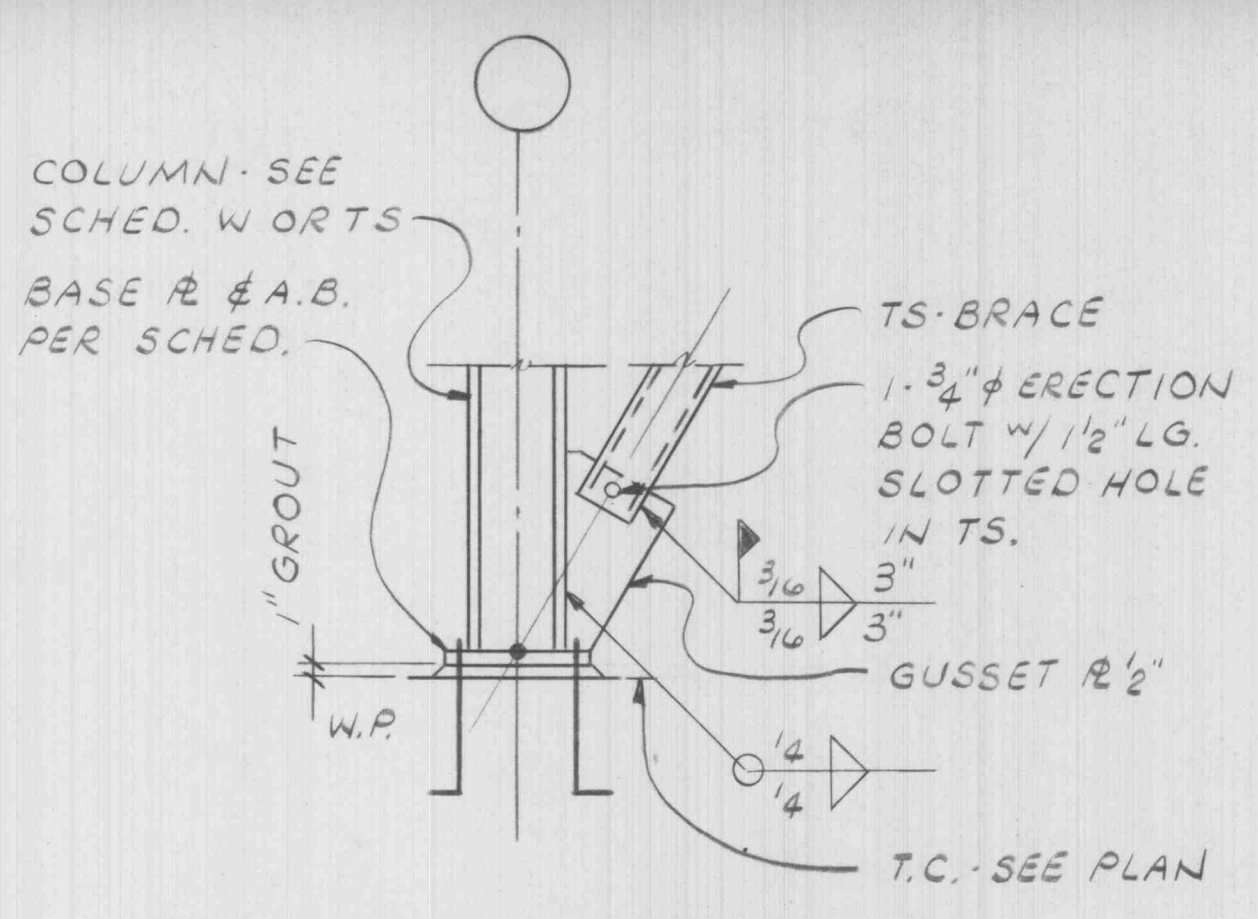
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BRACE DENOTED THUS (D) ON PLAN



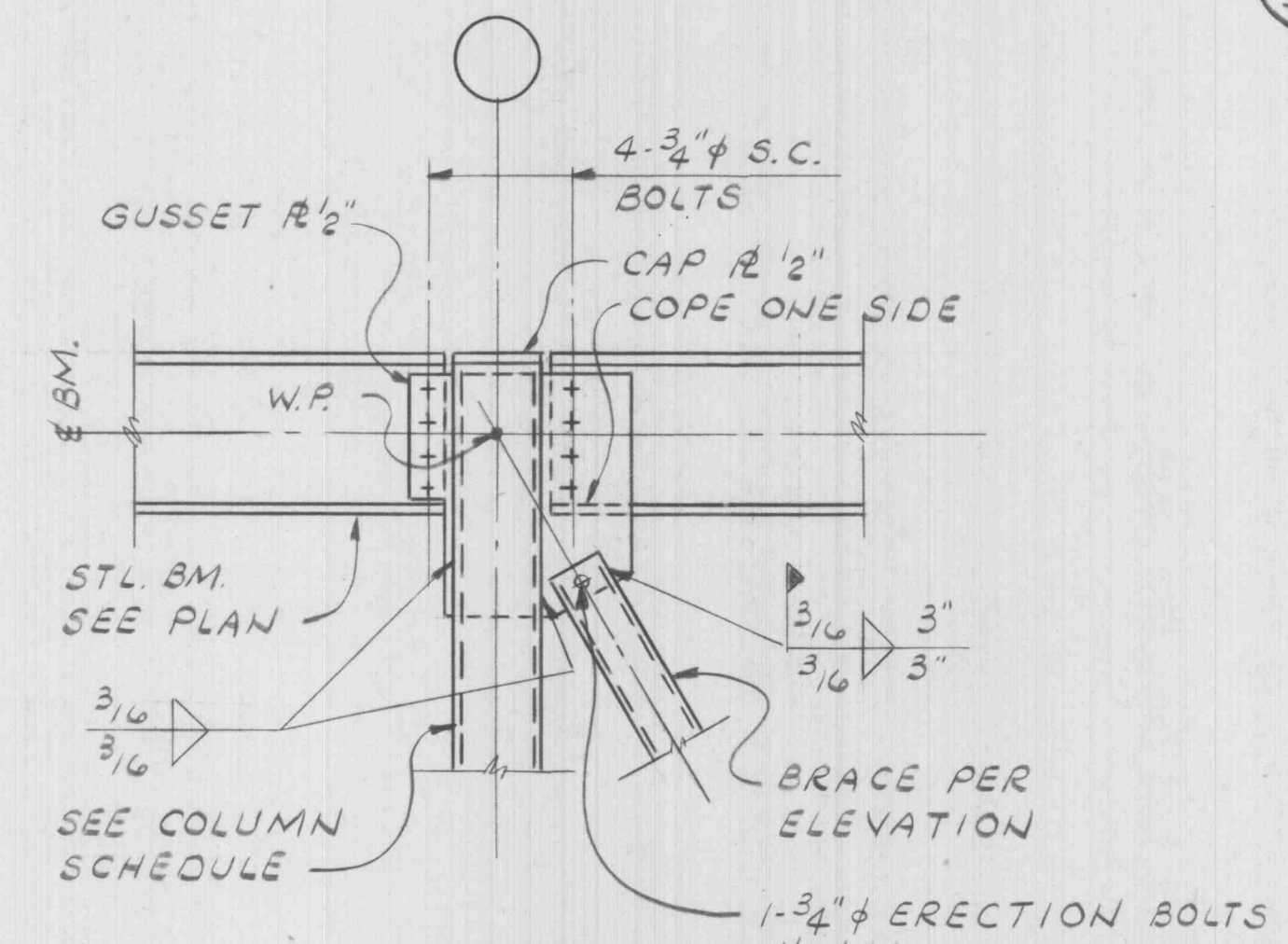
SECTION 2
S4.1



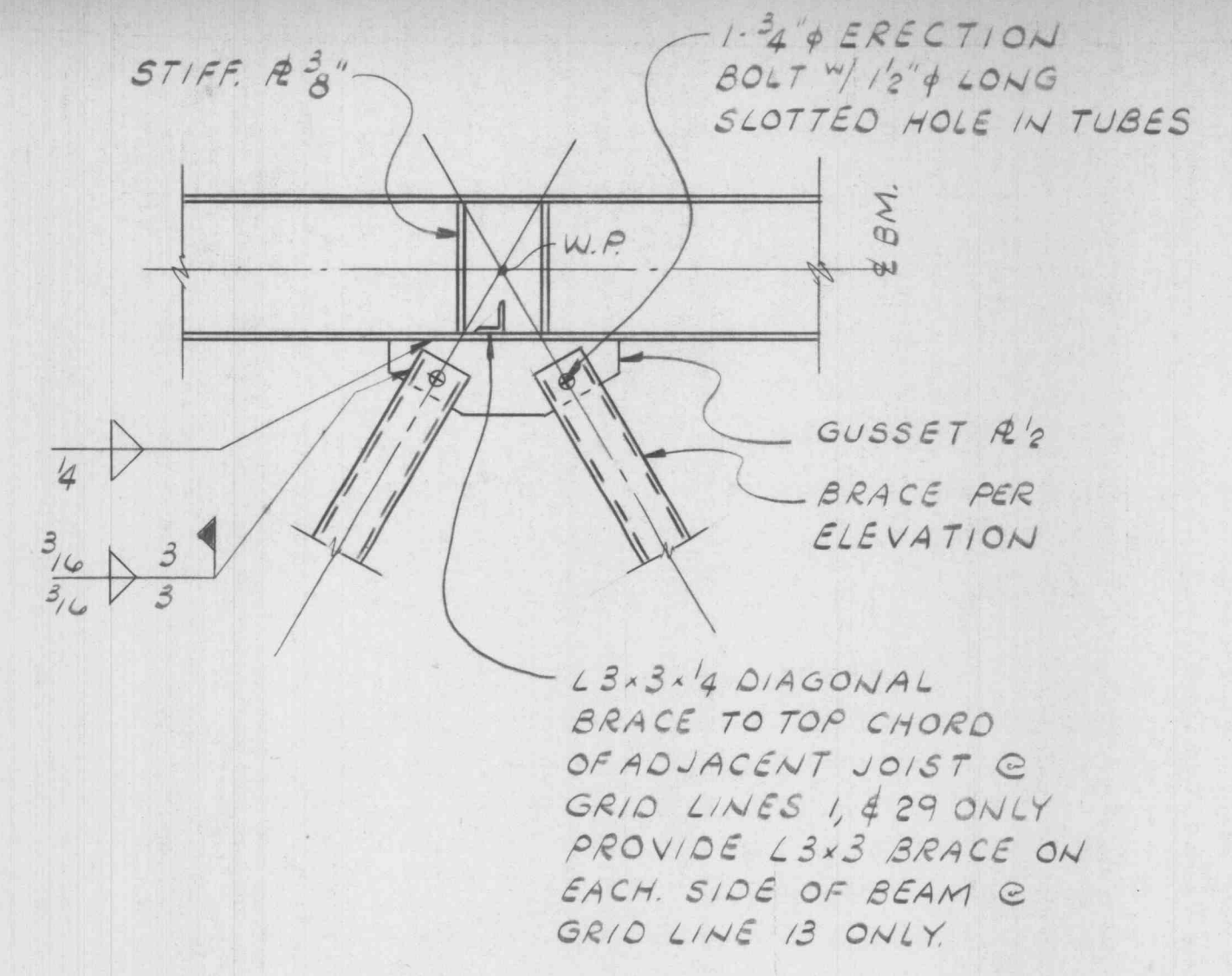
TYP. TUBE TO COLUMN CONNECTION



DETAIL 1
S4.1

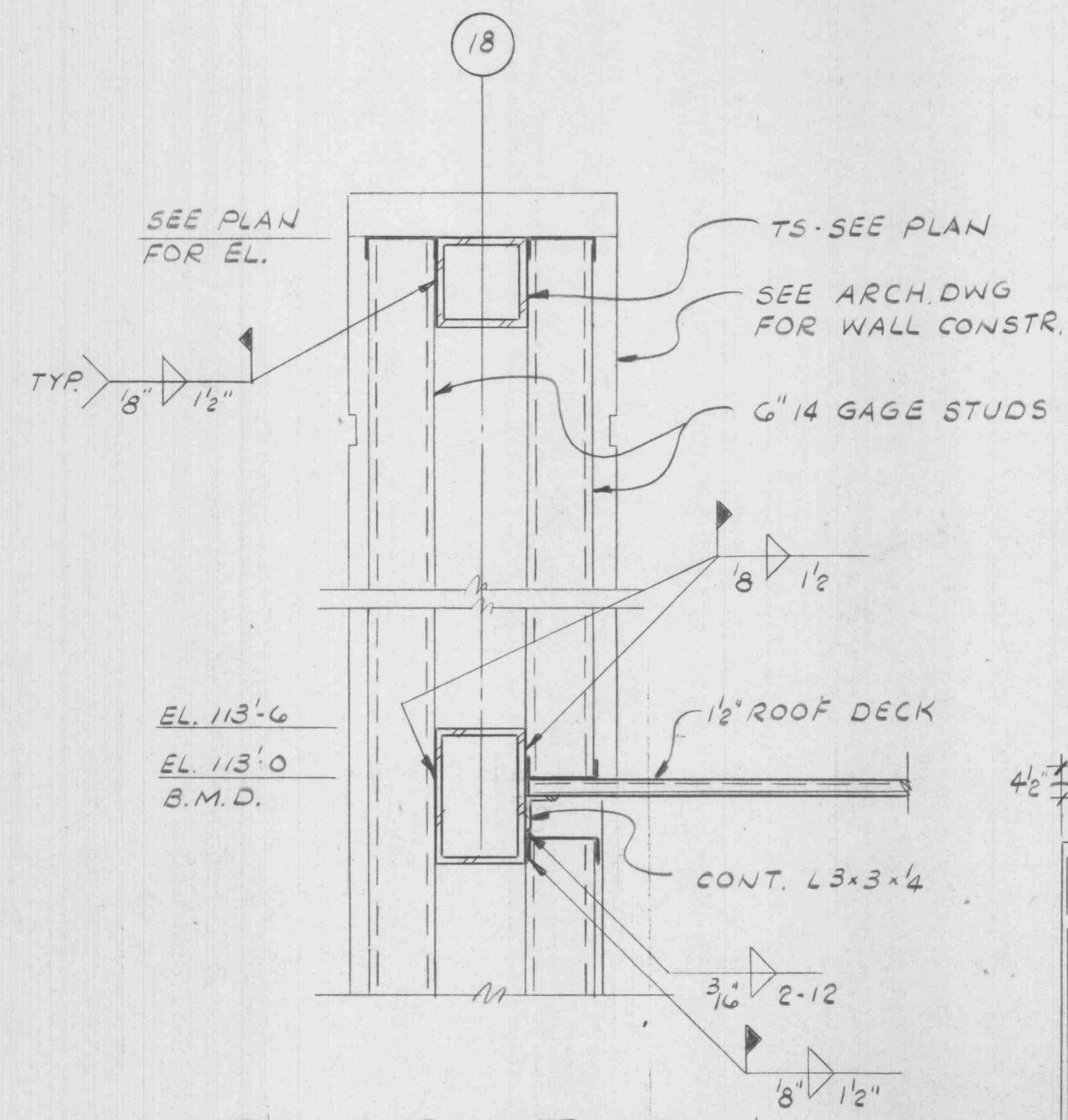


DETAIL 3
S4.1

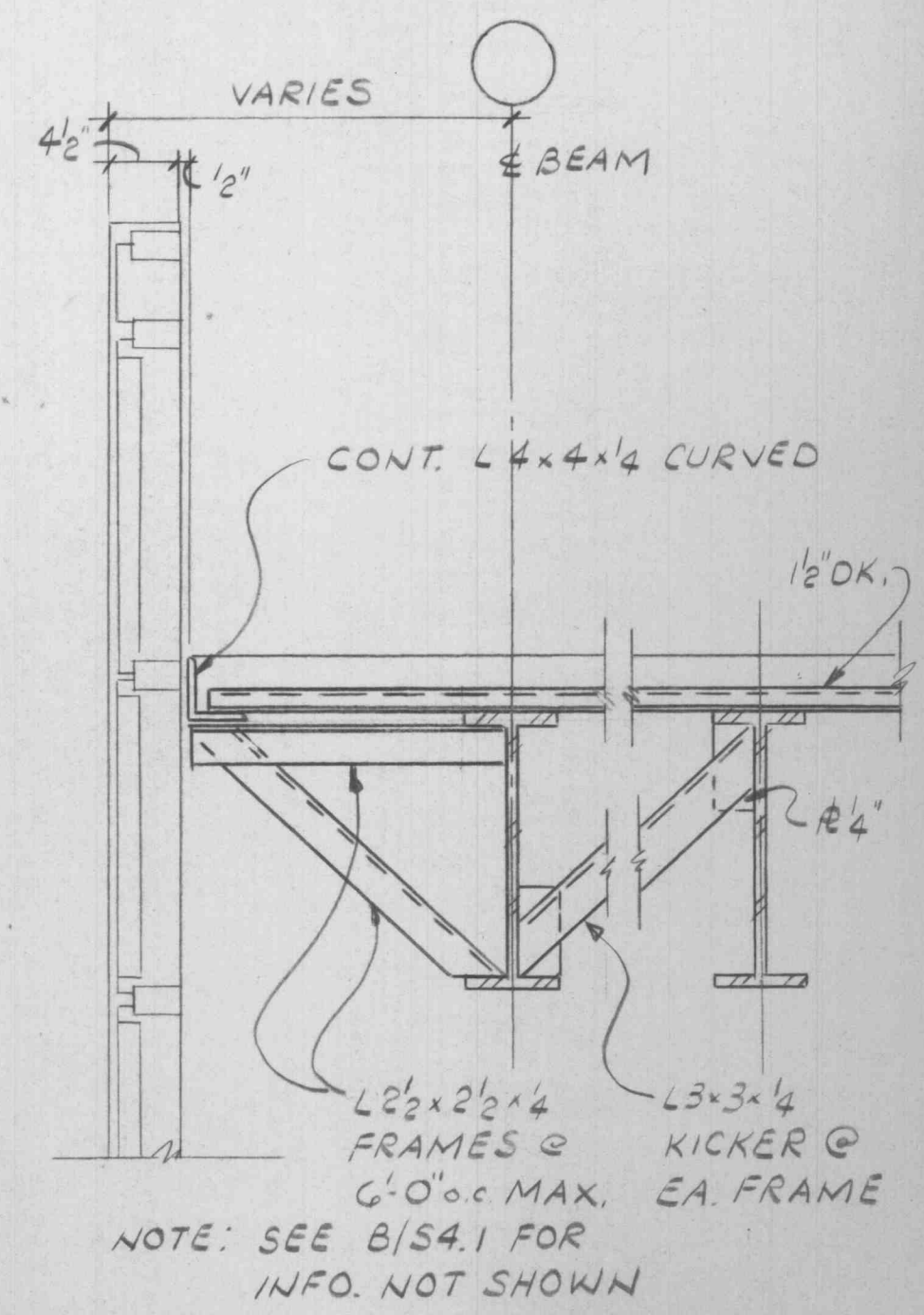


DETAIL 2
S4.1

H CONC. SLAB @ MECH. ROOF TOP UNITS
S4.1



F SECTION
S4.1



G SECTION
S4.1

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

Signature: _____
Date: _____

Wischmeyer
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BJC HEALTH SYSTEM

Project:
BJC - O'Fallon Family Health Center

O'Fallon, Missouri

Revisions
SECTIONS AND DETAILS

Prj # _____
Date: 11-14-97
Sheet Contents

Sheet No.
S4.1
The Wischmeyer Architects, Inc. 1007(c)