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PLAN NOT VALID WITHOUT ORIGINAL WET STAMP

PROJECT NAME:

PROJECT NAME

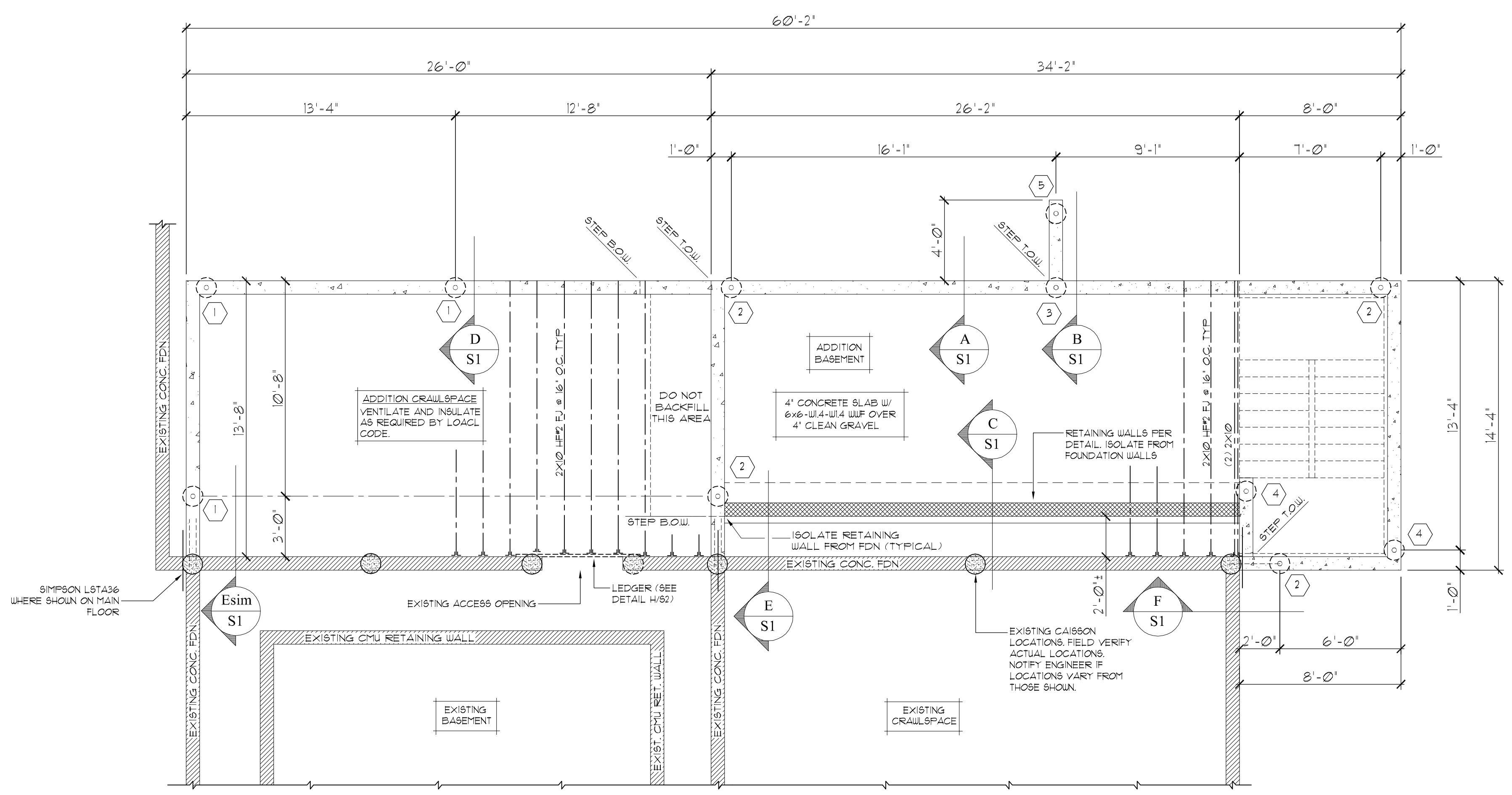
PROJECT DESCRIPTION
 STREET ADDRESS
 CITY, STATE

CLIENT:
 YOUR COMPANY NAME
 STREET ADDRESS
 CITY, STATE
 Contact: Your Name
 Your Number

HELICAL PILE LAYOUT & DETAILS

NO.	DATE	REVISION/ISSUE

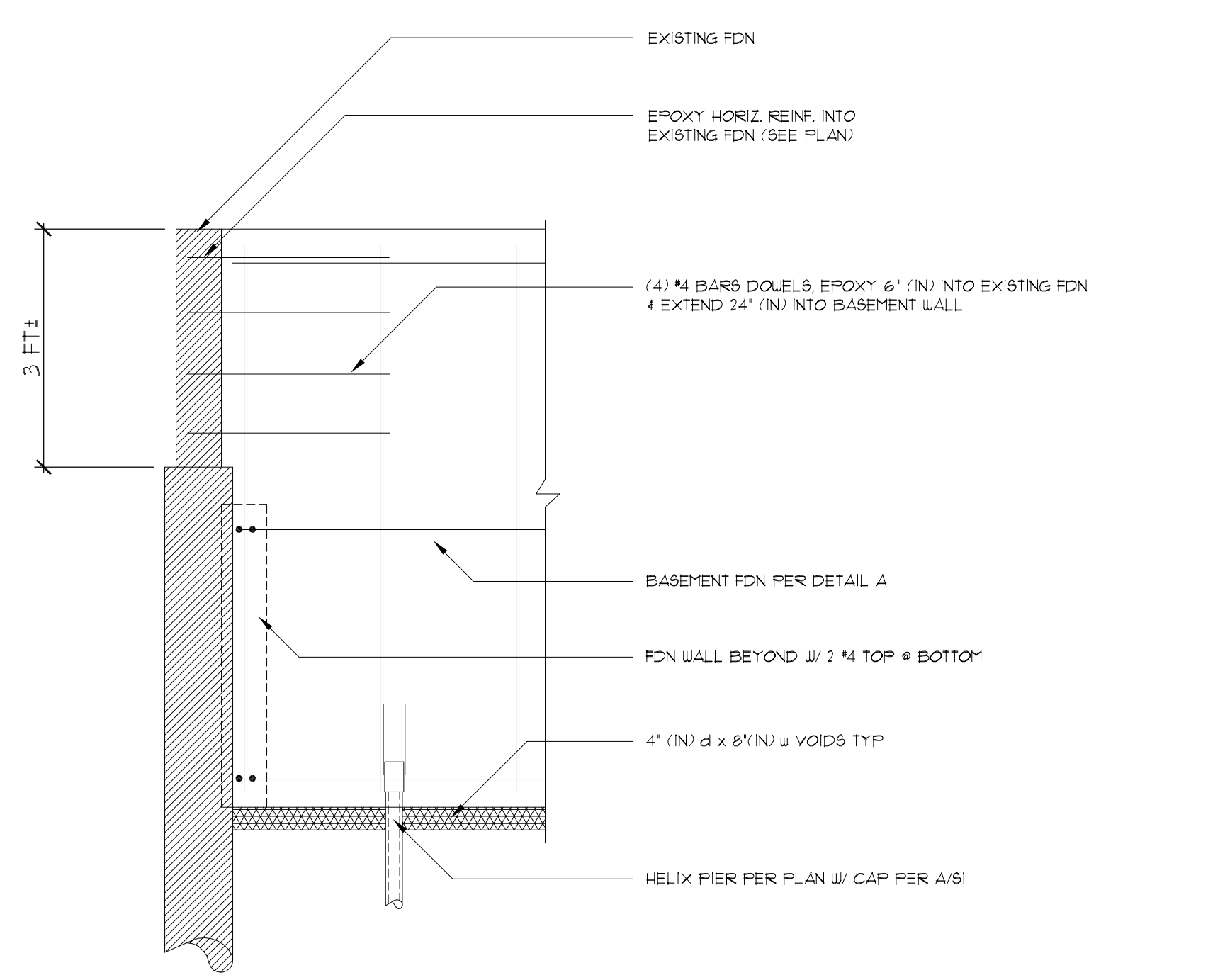
DESIGNED BY: MMB DATE: 5/26/09
 DRAWN BY: MMB SCALE: AS SHOWN
 CHECKED BY: HAP
 PROJECT NO: RMB25



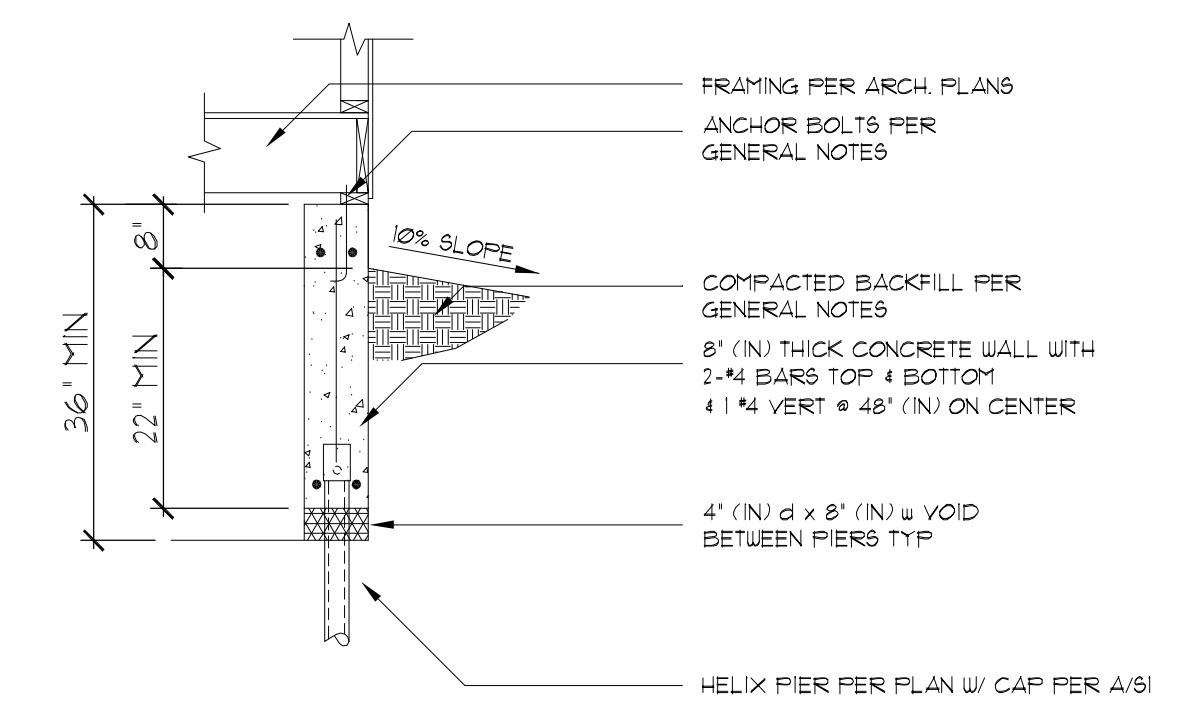
FOUNDATION PLAN

SCALE 1/4" = 1'-0"

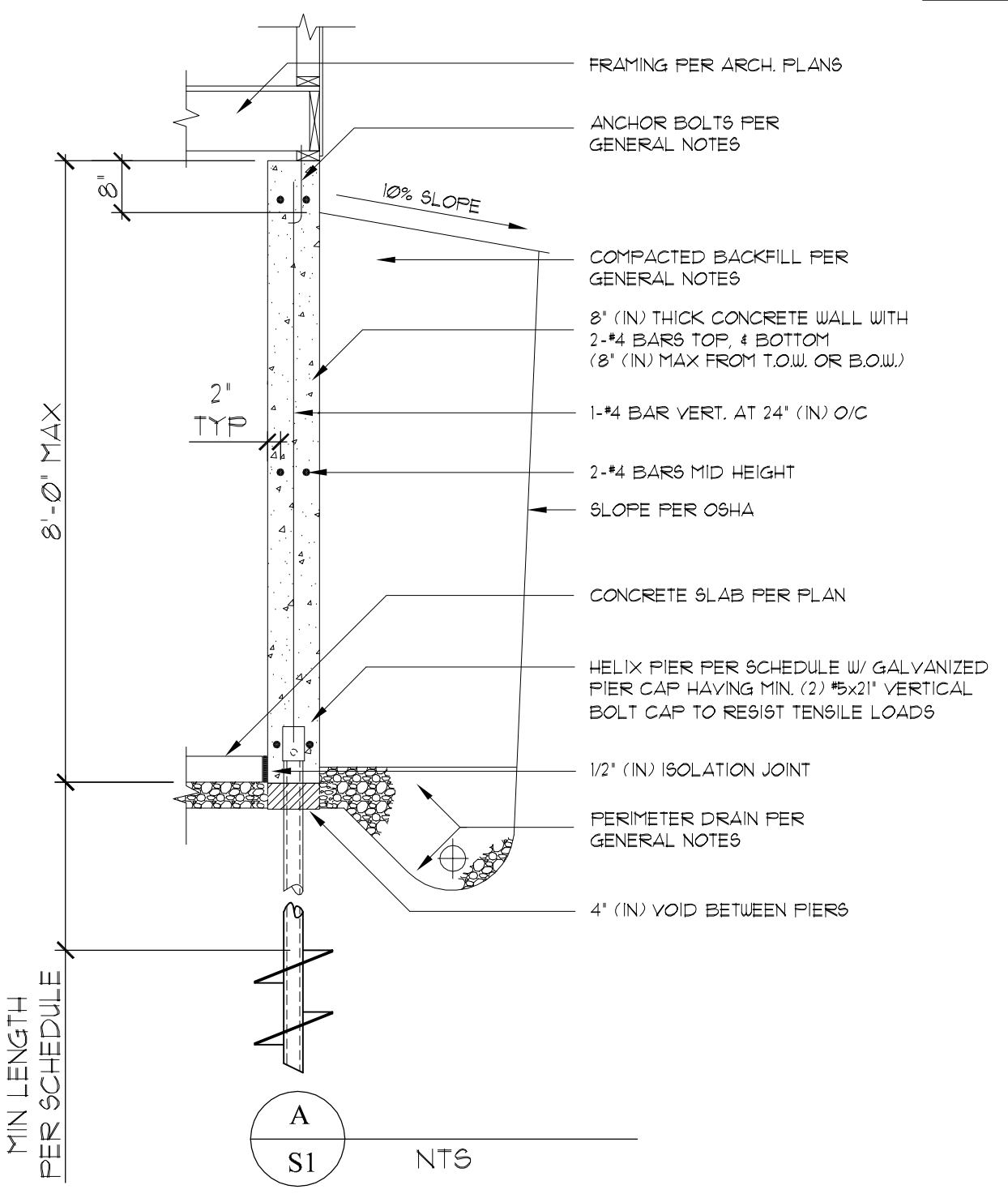
HELIX FOUNDATION SCHEDULE				
SYMBOL	QUANTITY	CAPACITY	UPLIFT CAPACITY	MIN. LENGTH (SEE A/S1)
①	3	15 KIPS	22 KIPS	14 FT
②	4	30 KIPS	14 KIPS	9 FT
③	1	41 KIPS	14 KIPS	9 FT
④	2	15 KIPS	14 KIPS	9 FT
⑤	1	15 KIPS	22 KIPS	9 FT



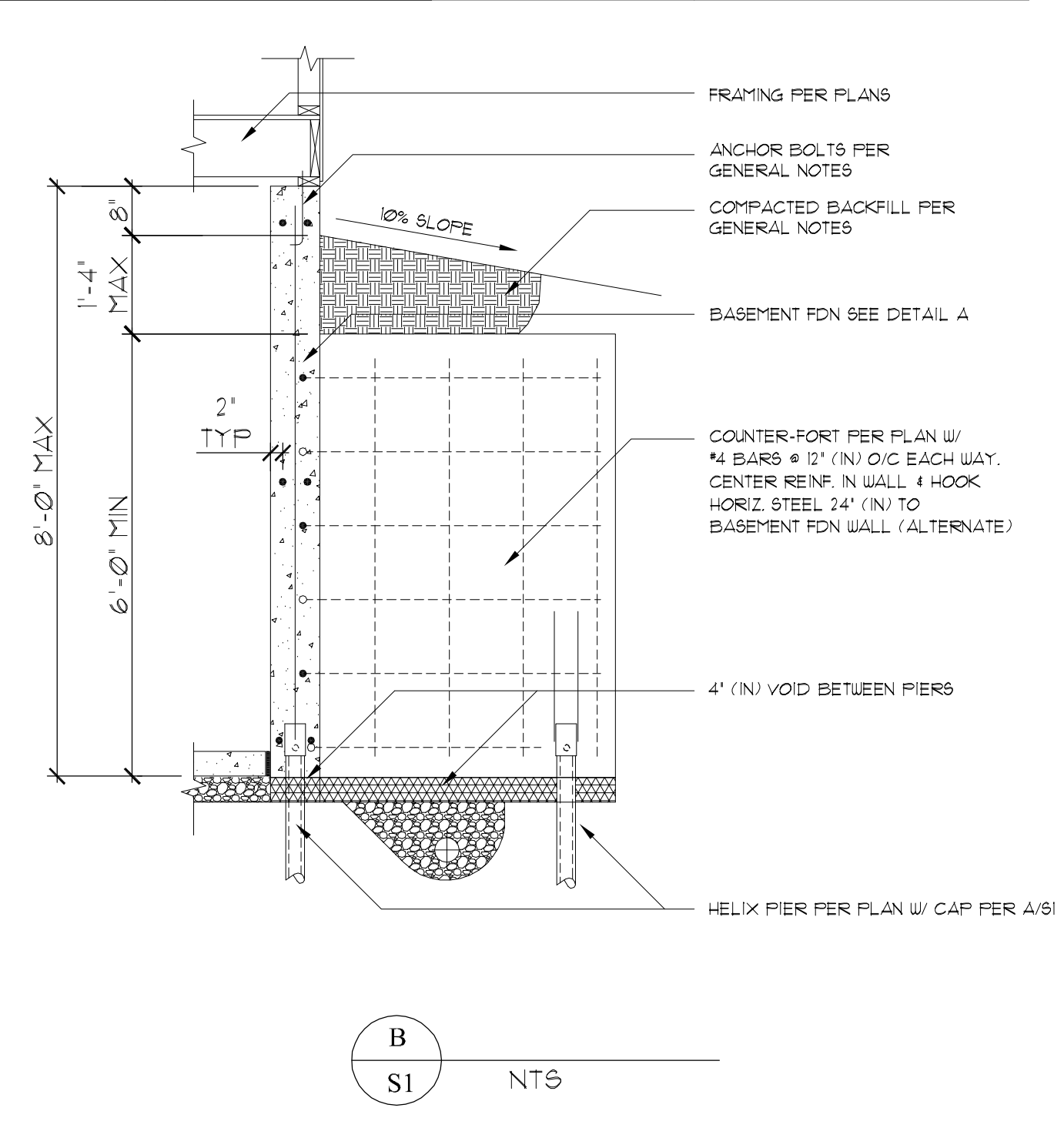
F S1 NTS



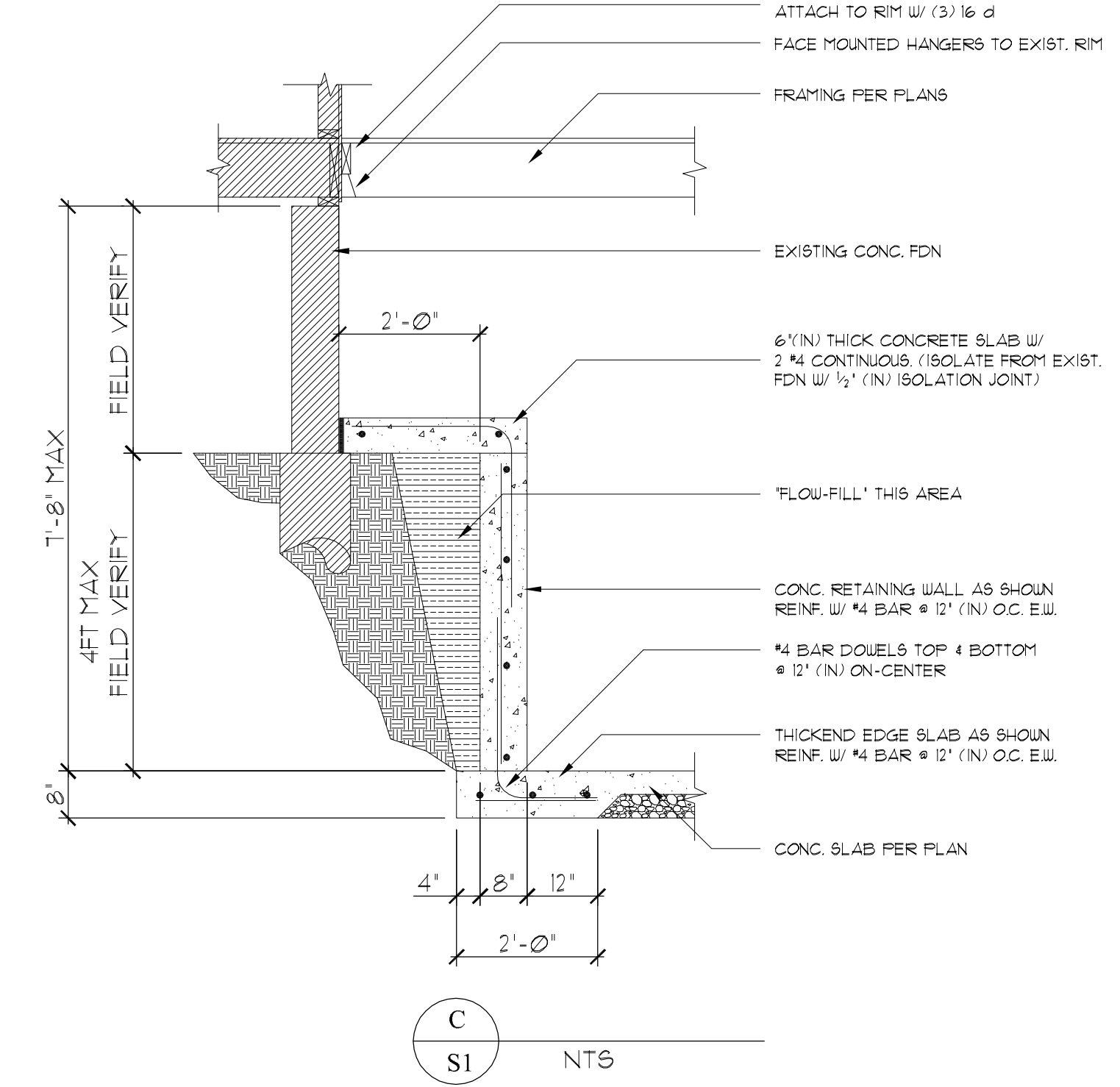
D S1 NTS



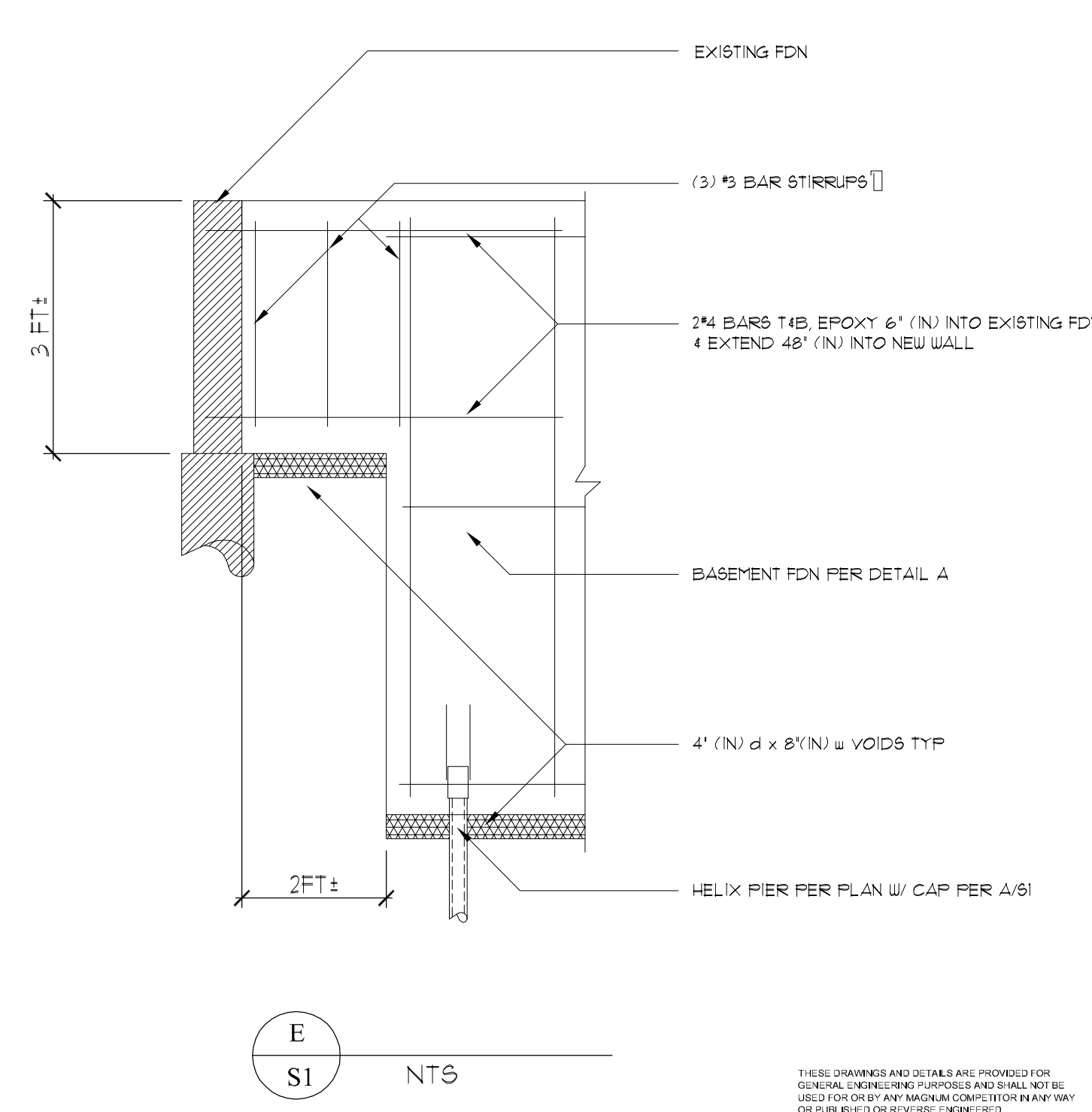
A S1 NTS



B S1 NTS



C S1 NTS



E S1 NTS

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