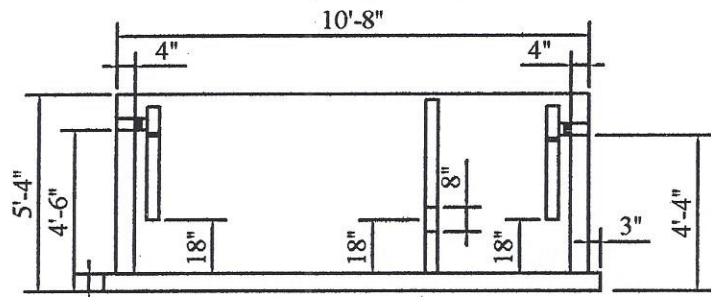
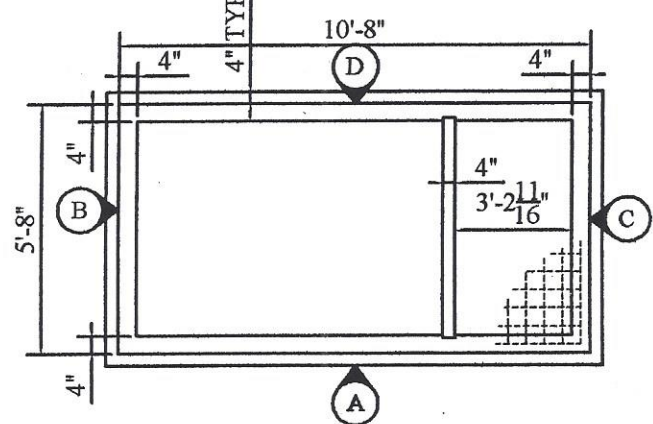
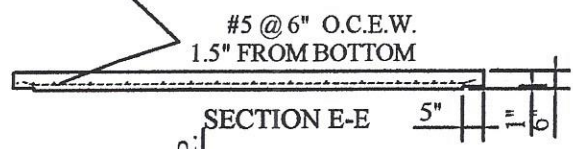


TYPICAL WALL REINFORCEMENT
#4 BARS AT 12" O.C.E.W
CENTER IN WALLS

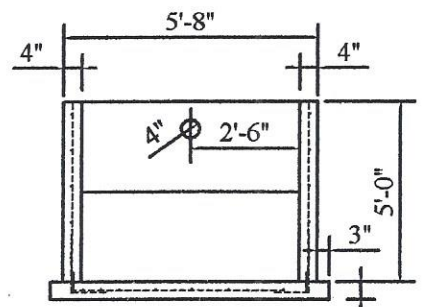
BAFFLE REINFORCEMENT #4 BARS
AT 12" O.C.E.W. CENTER IN BAFFLES

TYPICAL BASE REINFORCEMENT #4
BARS AT 12" O.C.E.W. CENTER IN BASE

TYPICAL TOP SLAB REINFORCEMENT #5
BARS AT 12" O.C.E.W. CENTER IN BASE



ELEVATION A
ELEVATION D OPPOSITE HAND



ELEVATION C
ELEVATION B OPPOSITE HAND



I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION OR REPORT
WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL
SUPERVISION, AND THAT I AM A DULY LICENSED PROFESSIONAL
ENGINEER UNDER THE LAWS OF THE STATE OF IOWA.

Eric Horlyk
ERIC HORLYK

DATE 8/26/2011 REG. NO. 10382

MY REGISTRATION EXPIRES 31 DECEMBER 20 13
SHEETS COVERED 1