

PROJECT LOCATION

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 REV
 BY
 DATE
 DESCRIPTION

 6
 BB
 05/31/23
 QE-007582 FACILITY ROOM NAME CHANGES

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 ENGINEER UNDER
THE LAWS OF THE STATE OF

Date 05/31/23 LIC NO 50819

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DESIGNED BY: DM CHECKED BY: RS APPROVED BY: TM

PID-7903