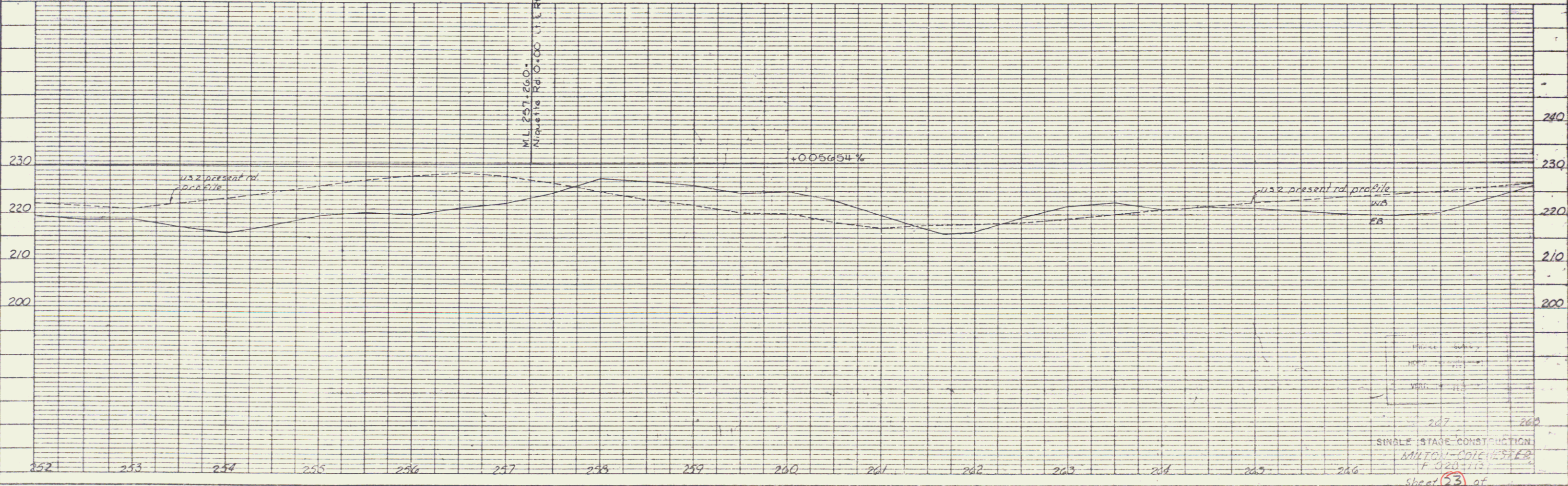


PLAN  
 DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_  
 CHECKED: \_\_\_\_\_  
 IN CHARGE: \_\_\_\_\_  
 NO. OF SHEETS: \_\_\_\_\_

PROFILE  
 DATE: \_\_\_\_\_  
 BY: \_\_\_\_\_  
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K-E PLATE 1, PLAN PROFILE  
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