

## DRAWING TRANSMITTAL

PROJECT NAME THOMP	PSON HEALTHCARE				JOB No. SY140363					Dis	cipli	ne	CIV Sheet 1				<b>Of</b> 1		
MONA	VALE																		
To Company Name & Address	Attention			Туре	e & No.	of Co	pies		(P-F	Print A	A3 - Prii	nt D-	Disk	EF - E	lectron	ic File )	)		
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									Date	e Of I	ssue								
We enclose copies of drawings listed under. Da				01	21	28													
Please destroy, or remove from use,		Month		04	04	10													
all previous revisions.		Year		20	20	20													
Drawing Register		Dwg N	lo.						lss	ue Sta	atus								
COVER SHEET, LEGENDS AND NOTES		C1.0	1	Α	Α	В													
DETAILS - SHEET 1		C1.0	5	Α	В	С													
DETAILS - SHEET 2		C1.0	6	Α	Α	В													
EXISTING SERVICES AND SURVEY PLAN		C3.0	0	Α	Α	Α													
CIVIL WORKS PLAN		C3.0	1	Α	в	С													
CATCHMENT PLAN		C3.1	5	Α	Α	В													
SOIL EROSION AND SEDIMENT CONTROL PLAN		C5.0	1	Α	Α	в													
SOIL EROSION AND SEDIMENT CONTROL DETAILS		C5.0	2	Α	Α	Α													

## **Reason For Issue**

A - Approval M - Amended R - Review	B - P - T -	C - Construction Q - Requested X - Information	Α	Α	Α						
		Authorised By :	SK	SK	SК						