

# SOUTH LOOP DISTRICT POLE DESIGN (NON-BREAKAWAY)

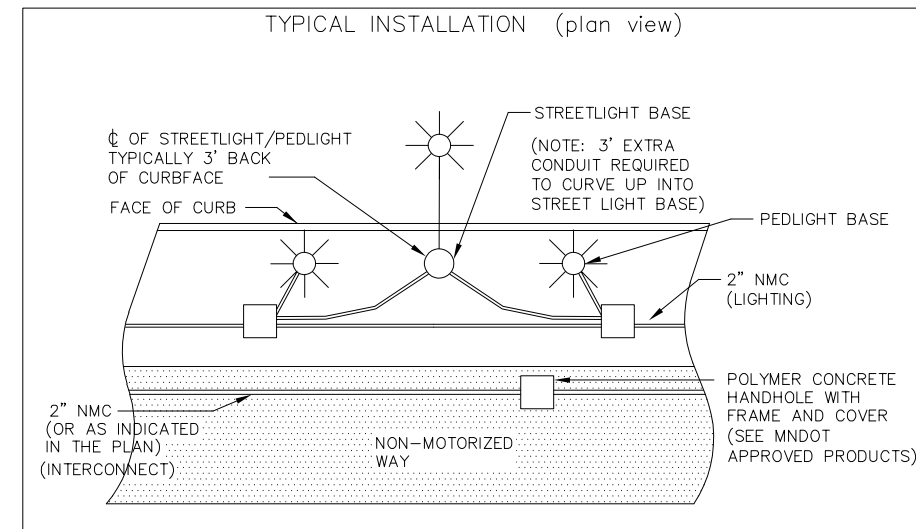
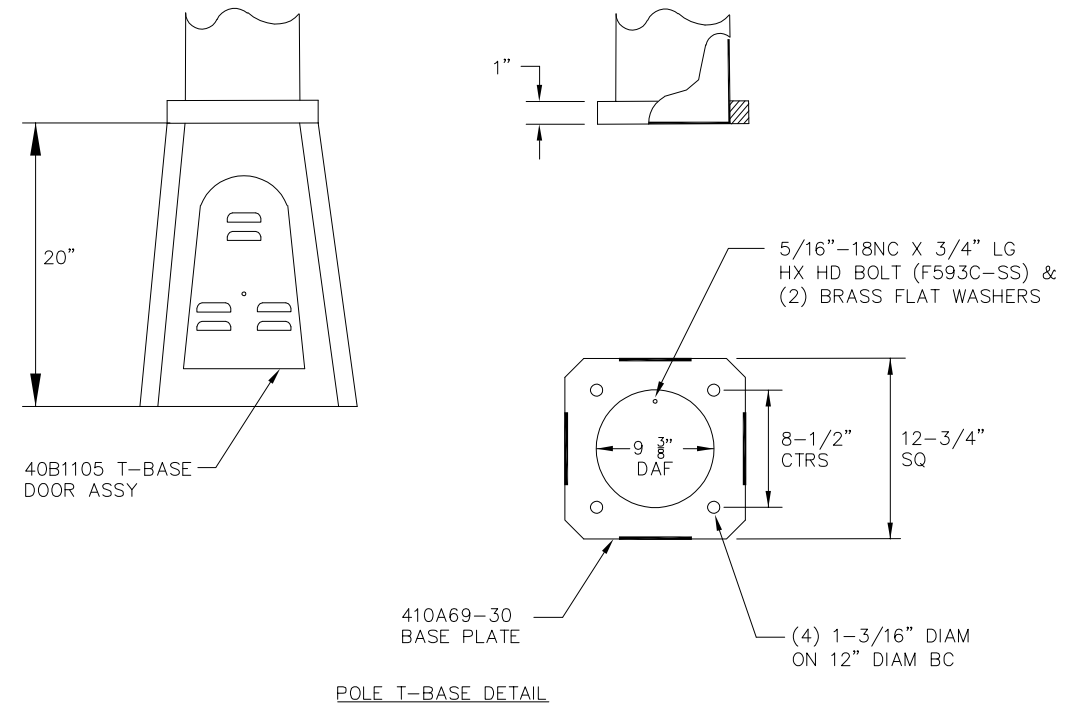
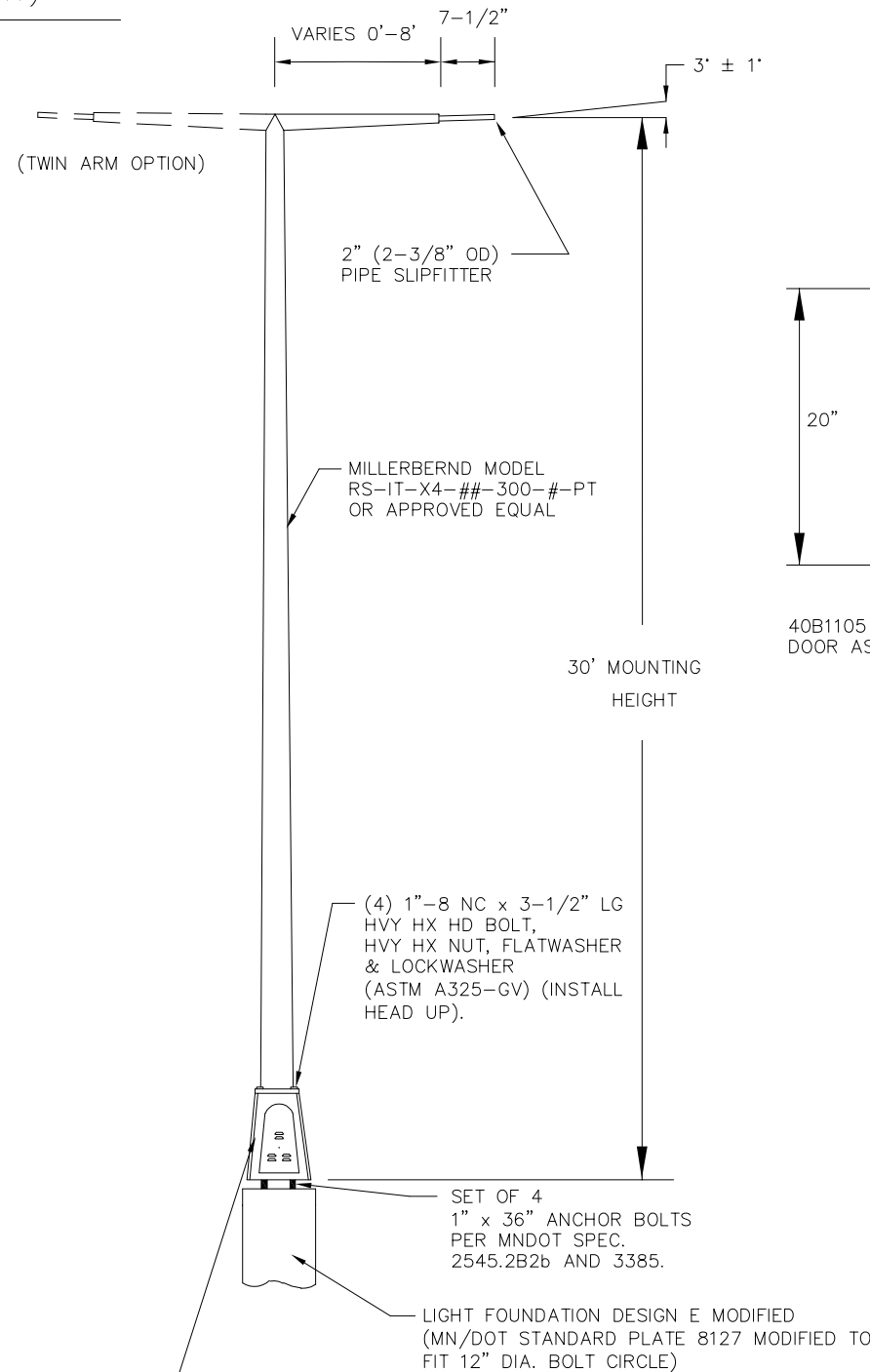
POLES SHALL BE ROUND TAPERED WITH 0'-8' ARM.  
 POLE MATERIAL SHALL BE STAINLESS STEEL ASTM A240 (TYPE 201L) 50,000 PSI MIN YIELD AFTER MILL PROCESSING.  
 LUMINAIRE SLIPFITTER MATERIAL TO BE STAINLESS STEEL ASTM A312 (TYPE 304L).  
 BASE PLATE MATERIAL TO BE STAINLESS STEEL ASTM A240 (TYPE 304L) 25,000 PSI MIN YIELD.  
 A 2" x 7-1/2" SLIPFITTER SHALL SECURE THE LUMINAIRE.

## SERVICE CABINET

SERVICE CABINET TO BE FURNISHED AND INSTALLED BY THE CONTRACTOR AS SPECIFIED IN THE PLANS, SPECIAL PROVISIONS DIVISIONS SL AND SS, AND AS APPROVED BY THE ENGINEER.

## NOTES:

- CONTRACTOR TO FURNISH AND INSTALL CONCRETE LIGHT FOUNDATION (MODIFIED DESIGN "E" MNDOT STANDARD PLATE 8127) FOR ALL 30' POLES.
- POLE FINISH SHALL BE PAINTED RAL 9011 SEMI-GLOSS GRAPHITE BLACK.
- DO NOT GROUT BETWEEN THE BASE PLATE AND FOUNDATION. AIR MUST BE ALLOWED TO FLOW THROUGH THE POLE TO PREVENT MOISTURE INSIDE THE POLE.
- CENTER OF LIGHT POLE BASES SHALL BE 3' BEHIND FACE OF CURB.
- POLE BASE AND HANDHOLE LOCATIONS SHALL BE AS APPROVED BY THE ENGINEER. ALL CONDUIT IN COMMON HANDHOLES SHALL CONFORM TO TYPICAL INSTALLATION DETAIL FOUND ON THIS SHEET.
- NO LIGHTING CONDUIT SHALL BE PLACED IN IRRIGATION LINES SUCH AS SPRINKLER SYSTEM LINES, ETC.
- CONTRACTOR SHALL FURNISH AND INSTALL SERVICE CABINETS AS SPECIFIED IN THE PLANS, SPECIAL PROVISIONS DIVISIONS SL AND SS AND WHERE LOCATED AND APPROVED BY THE ENGINEER.
- CONTRACTOR SHALL FURNISH AND INSTALL PHOTOELECTRIC CONTROL AND CHECK SWITCH IN THE SERVICE CABINET.



EXAMPLE: R S I T X4-##-300-2-PT  
 ROUND STAINLESS STEEL ARM TYPE INCLINE BEAM TRANSFORMER BASE  
 PAINTED IF TWIN ARM MOUNTING HEIGHT (TO SLIPFITTER)  
 ##=ARM LENGTH (FT) or 1S=NO ARM, TENON ON TOP or 1FS=NO ARM, SIDE DRILLED

SOUTH LOOP DISTRICT  
 POLE DESIGN  
 STREETLIGHT  
 (NON-BREAKAWAY)

1700 W. 86TH ST.  
 BLOOMINGTON, MN 55431  
 PHONE (952) 563-8700  
**CITY OF BLOOMINGTON**  
 MINNESOTA  
 ENGINEERING DIVISION  
 PUBLIC WORKS DEPARTMENT  
 200X-XXX STREET IMPROVEMENT PROJECT

DATE	DESCRIPTION	BY

I HEREBY CERTIFY THAT THIS PLAN WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION AND THAT I AM A FULLY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MINNESOTA.  
 XXXX XX XX XX  
 LIC. #  
 XXXX XXXX

DRAWN: SAJ  
 CHECKED: XXX  
 APPROVED: XXX  
 SHEET: OF