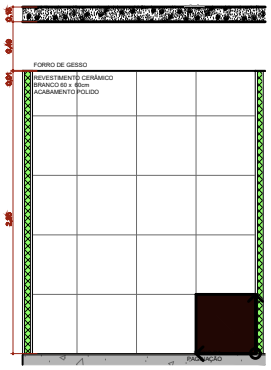


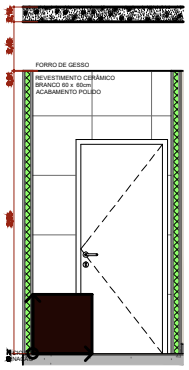

**A.M.7 DML**

Escala:1:25



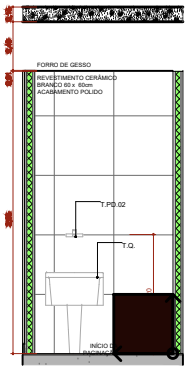

**A.M.07 VISTA 1**

Escala:1:25



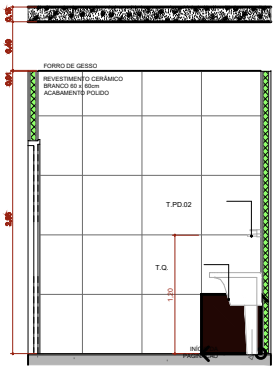

**A.M.07 VISTA 2**

Escala:1:25



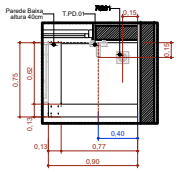

**A.M.07 VISTA 3**

Escala:1:25



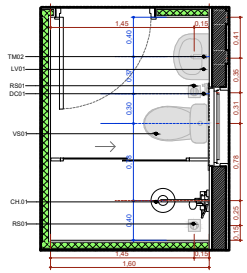

**A.M.07 VISTA 4**

Escala:1:25



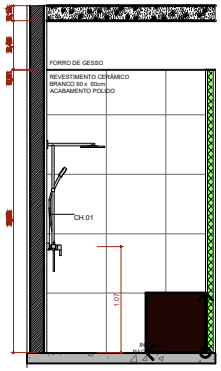

**A.M.10 Higienização dos pés**

Escala:1:25



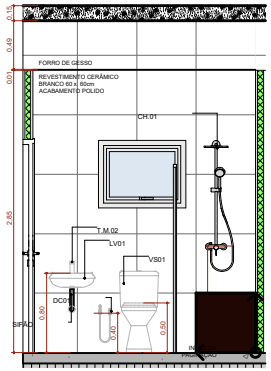

**A.M.8 Banh. Func. Masc.**

Escala:1:25



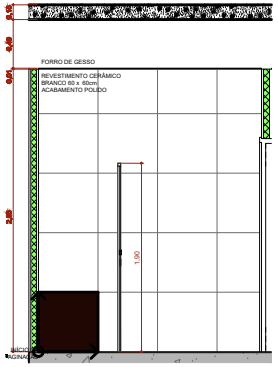

**A.M.08 VISTA 1**

Escala:1:25



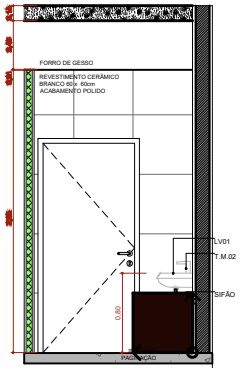

**A.M.08 VISTA 2**

Escala:1:25



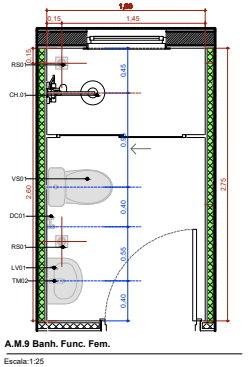

**A.M.08 VISTA 3**

Escala:1:25



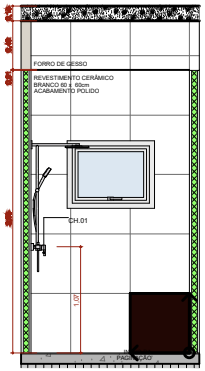

**A.M.08 VISTA 4**

Escala:1:25



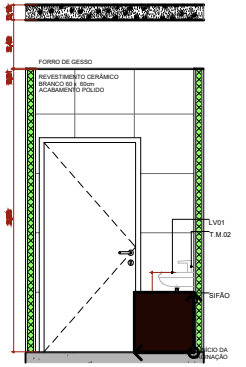

**A.M.9 Banh. Func. Fem.**

Escala:1:25



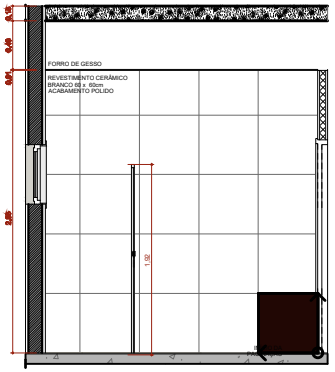

**A.M.09 VISTA 1**

Escala:1:25



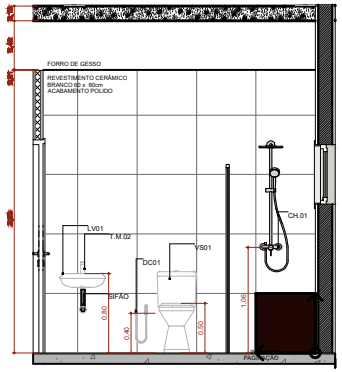

**A.M.09 VISTA 2**

Escala:1:25



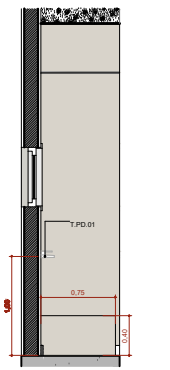

**A.M.09 VISTA 3**

Escala:1:25



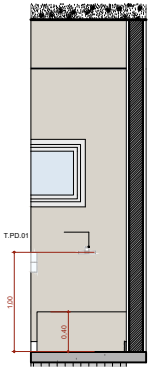

**A.M.09 VISTA 4**

Escala:1:25




**A.M.10 VISTA 1**

Escala:1:25




**A.M.10 VISTA 2**

Escala:1:25

Documento assinado digitalmente

gov.br

**MARCOS DOMINGOS DA SILVA**

Data: 09/03/2026 19:50:41-0300

Verifique em https://validar.iti.gov.br

TÍTULO DO PROJETO

**Unidade Básica de Saúde Porte 1 Comunidade Willimon _PMU**

PROPRIETÁRIO

**PREFEITURA MUNICIPAL DE UIRAMUTÃ**

**SECRETARIA MUNICIAL DE SAÚDE**

CNPJ

**12.409.570/0001-19**

ENDEREÇO

Comunidade Indígena Willimon- Uiramutã / RR - CEP: 69358-000, sob as coordenadas COORDENADAS : 4,634028 N, 60,177250 W

TÍTULO DA PRANCHA

# DETALHAMENTO ÁREAS MOLHADAS 02

DESCRIÇÃO DA ETAPA

**PROJETO EXECUTIVO**

| NOME PRANCHA - ARQUIVO | REVISÃO | UNIDADE | DATA | ESCALA |
|---|---|---|---|---|
| MS_UBS1_PE_AQ 12.12_R00 | R01 | METROS | 04/09/2024 | INDICADA |

DIREITOS AUTORAIS RESERVADOR CONFORME LEGISLAÇÃO NACIONAL E INTERNACIONAL

FOLHA A1
84,10 x 59,40