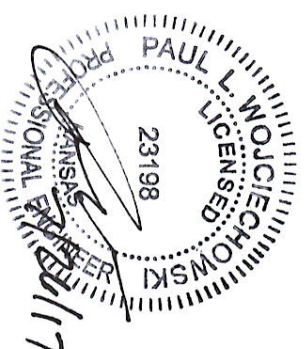
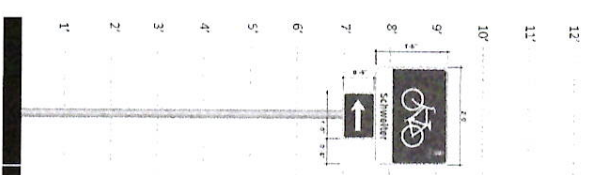


**SIGN SCHEDULE**

SIGN ID	TRAVEL DIRECTION	SIGN TYPE	ARROW DIRECTION	DESTINATION NAME	CODE	MILES	TRAVEL TIME (MIN)	PHASE	NOTES
19.1	Westbound	Turn Sign	R	St. Francis Medical District				1	

**WAYFINDING DETAIL**



TURN SIGN

**DESIGNED:**

NO.	DATE	ITEM
1	05.09.17	MILEAGE AND SIGN 2324 ADDITION
2	07.11.17	WAYFINDING DESIGN INTENT

**REVISIONS**

NO.	DATE	ITEM
1	05.09.17	MILEAGE AND SIGN 2324 ADDITION
2	07.11.17	WAYFINDING DESIGN INTENT

**KEY NOTES:**

Reference Wichita Wayfinding Plan for dimensions, materials, and construction notes for the roadway directional Reference Wichita Wayfinding Plan for all colors, text, and logo information.  
 All improvements shall occur within public right of way. City to verify and approve final location.  
 City to field verify location prior to installation.  
 Contractor to verify exact locations for all underground and overhead utilities prior to installation and avoid all conflicts.  
 Contractor to calculate all message after state locations are approved by project owner.

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 PLANNING + DESIGN  
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 Portland, Oregon, 97211  
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**City of Wichita**  
**Master Bicycle Plan**  
 Wichita, Kansas

SHEET NO.  
**19 OF 28**