McGRATH SUB-REGIONAL HEALTH CENTER

McGrath, Alaska AN-08-GK7 AS-BUILT DRAWINGS

Construction Documents Set

Denali Commission

510 L Street Suite 410, Peterson Tower Anchorage, Alaska 99501 Main Phone: (907) 271-1414 Phone: (907) 271-1189 Toll Free: (888) 480-4321 Fax: (907) 271-1415 http://www.denali.gov Nancy Merriman - Project Manager

Alaska Native Tribal Health Consortium

Department of Environmental Health and Engineering Central Engineering Services 1901 Bragaw Street, Ste 200 Anchorage, Alaska 99508 Phone: 800-560-8637 Ext#3604 Fax: (907) 729-3638 E-Mail: mtdickerson@anthc.org http://www.anthc.org Ted Dickerson- Project Manager



Code Information:

V-B (Non-Sprinkled) Occupancy Group:

Actual Building SF.: 6,113 sf.

Index

G-001 - Cover Sheet, Index V-101 - Survey Control

C-001- Civil Legend

C-101 - Overall Site Plan

C-503- Fence and Gate Details

Civil

C-102 - Detailed Site Plan C-103- Grading Plan- North C-104 - Grading Plan - South C-105 - Horizontal Control C-301 - Onsite Wastewater System Plan and Profile C-302- Civil Sections C-303- Site Section C-401 - Concrete Parking Pad Details C-501 - Civil Details C-502- Sign Details

Architectural

A-001 - Abbreviations, General Notes, and Drawing Symbols A-101 - Site PlanA-102 - Floor Plan A-103 - Reflected Ceiling Plan A-104 - Roof Plan A-201 - Exterior Elevations A-301 - Building Sections A-401 - Wall Sections A-402 - Interior Elevations A-403- Interior Elevations & Details A-501 - Details A-601 - Finish Schedule, Wall Assemblies, & Details

A-602 - Door/Frame Schedule & Details

Furniture & Equipment

Q-101 - Furniture Plan Q-102 - Exam Room Casegoods Q-103 - Exam Room Casegoods Q-104 - Trauma Exam Casegoods Q-105 - Office Workstations Typical Q-106 - Furniture Schedule

Dental

D-101 - Dental Plan D-102 - Dental Plans D-103 - Dental Details D-104 - Dental Details D-105 - Dental Details

Structural

S1.0 - General Notes S2.0 - Foundation Plan S2.1 - Foundation Details S2.2 — Foundation Details Roof Framing Plan S3.1 — Roof Details S4.0 - Shearwall Framing Plan S5.0 - Truss Profiles

Mechanical

MO.1 - Equipment, Legend & Abbreviations M0.2 - Equipment Shedules M1.1 — Crawlspace Plumbing Plan M1.2 - Plumbing Plan M2.1 - HVAC Plan

M3.1 - Mechanical Room and Sections

M4.1 — Mechanical Diagrams and Details

Electrical

M5.1 - Mechanical Details

E1.1 - Legend, Fixture Schedule and Details E1.2 - Electrical Site Plan E2.1 — Lighting Plan

E2.2 — Crawlspace Lighting and Power Plan E3.1 — Power Plan

E3.2 - Enlarged Power Plans

E3.3 — Single Line Diagram and Panel Schedules E4.1 - Signal Plans

E4.2 - Signal Details

Project Team

Civil: CRW Engineering Group, LLC Anchorage, Alaska Phone: 907-562-3252 Fax: 907-561-2273 Email: mschoming@crweng.com

Architectural: Kluge and Associates Kenai, Alaska Phone: 907-283-3698 Fax: 907-283-9083 Email: Kluge@alaska.net

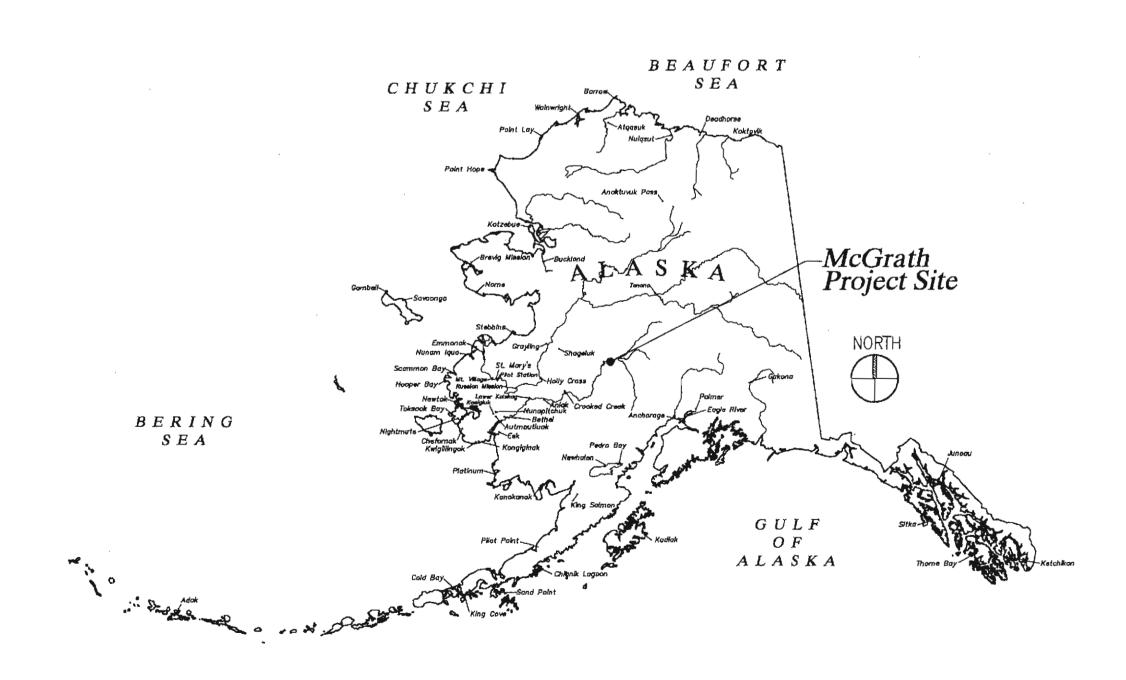
Dental Supplier: Burkhart Dental Supply Company Tacoma, WA Phone: 253-474-7761 Fax: 253-212-4983 Contact: Carter Barnes

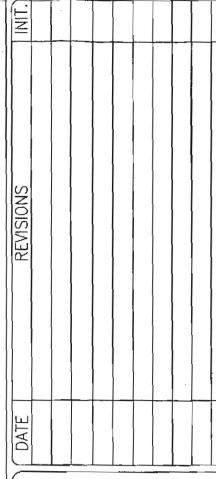
Structural:

Wm J. Nelson and Associates Kenai, Alaska Phone: 907-283-3583 Fax: 907-283-4514 Email: bnelson@alaska.net

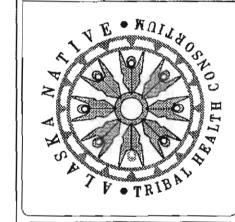
Mechanical/Electrical: Hay, Zietlow & Associates Anchorage, Alaska Phone: 907-562-1012 Email: alec@HZA-ENG.COM Email: brett@HZA-ENG.COM

Furniture Supplier: Capital Office Systems Anchorage, AK Phone:907-777-1522 Fax: 907-777-1516 Contact: Mary Whalen



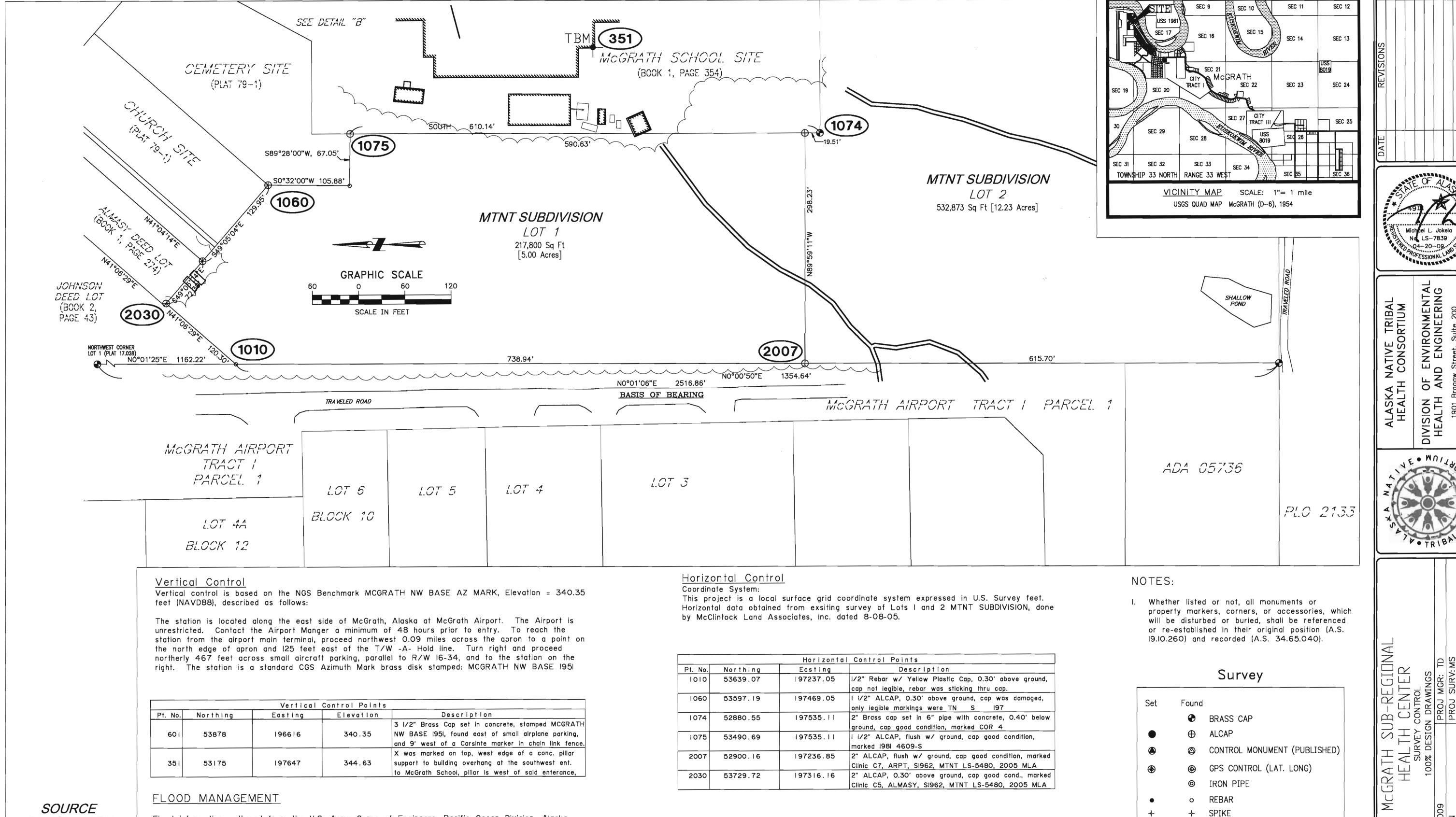






GIONAL McGRATH SUB-REG HEALTH CENTE

SHEET G-001 1 OF 1G



SOURCE **BENCH MARK** ø (601)

FLOOD MANAGEMENT

Flood information gathered from the U.S. Army Corps of Engineers, Pacific Ocean Division, Alaska District, Civil Works Branch, Floodplain Management Services website. http://www.poa.usace.army.mil/en/cw/fld_haz/mcgrath.htm Floodplain Manager (907) 753-2610

Comments:

340.0 MSL Recommended building elevation 337.7 MSL 100-year flood, or Base Flood Elevation 339.0 MSL Potential ice jam flood

Significant flooding also occurred in 1957. It was reported that if the 1957 flood had been I foot higher it would have inundated nearly all of the ground in the community. The 1991 flood caused 20 to 30 homes to be flooded.

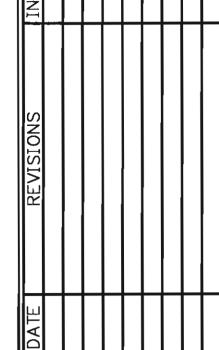
		<u>Horizon</u> tal	Control Points
Pt. No.	Northing	Easting	Description
1010	53639.07	197237.05	1/2" Rebar w/ Yellow Plastic Cap, 0.30' above ground, cap not legible, rebar was sticking thru cap.
1060	53597.19	197469.05	I I/2" ALCAP, 0.30' obove ground, cap was damaged, only legible markings were TN S 197
1074	52880.55	197535.11	2" Brass cap set in 6" pipe with concrete, 0.40' below ground, cap good condition, marked COR 4
1075	53490.69	197535.11	l I/2" ALCAP, flush w/ ground, cap good condition, marked 1981 4609-S
2007	52900.16	197236.85	2" ALCAP, flush w/ ground, cap good condition, marked Clinic C7, ARPT, SI962, MTNT LS-5480, 2005 MLA
2030	53729.72	197316.16	2" ALCAP, 0.30' above ground, cap good cond., marked Clinic C5, ALMASY, SI962, MTNT LS-5480, 2005 MLA

Set	Found	
	•	BRASS CAP
	\oplus	ALCAP
	(2)	CONTROL MONUMENT (PUBLISHED)
⊕	⊕	GPS CONTROL (LAT. LONG)
	0	IRON PIPE
•	0	REBAR
+	+	SPIKE
PK +	PK	PK OR MAG NAIL
ТВМ +	ТВ М - 	ТВМ
⊡		HUB
100	00	Control Point Number

V-101 SHEET 1 OF 1

CIVIL/SURVEY LEGEND

COMMON ABBREVIATIONS SITE PLAN **SYMBOLS EXISTING** <u>PROPOSED</u> Electric & Telephone STRUCTURES Water Communication ACRYLONITRILE BUTADIENE STYRENE INVERT INV ALUMINUM LIFT STATION ROADS (PAVED) ☆ LIGHT POLE Proposed Existing LINEAR FEET **ASPHALT** UTILITY POLE ROADS (UNPAVED) FIRE HYDRANT ELECTRIC PED MANHOLE AUTOMATIC WATER HEATER WATER VALVE ELECTRIC METER BOTTOM OF CURB MAXIMUM PROPERTY LINE WATER KEY BOX GUY ANCHOR BOTTOM MINIMUM **GUY POLE** AIR RELIEF VAILVE COMMUNICATIONS LINE NON-FROST SUSCEPTIBLE CENTERLINE ELECTRICAL TRANSFORMER BLOW OFF VALVE NORMALLY CLOSED CLEANOUT N.C. POWER LINE NORMALLY OPEN TELEPHONE PED CONCRETE N.O. TELEPHONE BOOTH SEWER SERVICE LINE ancererance and a second and a NORTH CHAIN LINK CABLE PED COLD WATER NOT TO SCALE SATELLITE DISH WATER SERVICE LINE CONCRETE NUMBER SEWER LINE CORRUGATED METAL PIPE OFFSET Survey Sanitary Sewer DIAMETER OUTSIDE DIAMETER WATER LINE POUNDS PER SQUARE INCH DRAWING Found Proposed Existing FORCE MAIN BRASS CAP (3 3/4") POWER POLE EAST BRASS CAP (3 1/4") SEWER MANHOLE 90° ELBOW PRESSURE TANK SEWER CLEANOUT **ELEVATION** REQUIRED CONTROL MONUMENT (PUBLISHED) UTILIDOR SEPTIC VENT RESIDENTIAL EFFLUENT PUMPING STATION **EQUIVALENT** GPS CONTROL (LAT. LONG) SEPTIC CLEANOUT FEET, FOOT SIMILAR IRON PIPE (MONITOR TUBE) RAILROAD FINISHED FLOOR SOUTH SEWAGE LIFT STATION SOIL ABSORPTION SYSTEM CONTOUR ----340 -----..... 340 PK OR MAG NAIL RESIDENTIAL EFFLUENT FLANGE FLG STAINLESS STEEL PUMP STATION FORCE MAIN STATION DRAINAGE SWALE FOUND STEEL CONCRETE, 4" THICK GAGE TOP OF CURB TREATED WATER GALVANIZED **DETAIL LEGEND** Miscellaneous CONCRETE, 6" THICK **TYPICAL** GRADE BREAK GRV UNLESS OTHERWISE NOTED -VIEW TITLE GRAVEL U.O.N. AGGREGATE BASE COURSE TEST PIT WASTE WATER TREATMENT FACILITY HEATED GLYCOL RETURN WWTF CALL OUT BUBBLE SOILS BORE X-XXX WATER TREATMENT PLANT HEATED GLYCOL SUPPLY -SHEET NUMBER PREPARED SUBGRADE SIGN/PRIVATE WATER STORAGE TANK HIGH DENSITY POLYETHYLENE SIGN/TRAFFIC -VIEW TITLE WEST HORSEPOWER SUBBASE MATERIAL BOLLARD SECTION INDICATOR WOOD HOSE BIBB GATE POST -SHEET NUMBER UNCLASSIFIED MATERIAL HOT WATER FLAG POLE INSIDE DIAMETER **TOPSOIL** INTERSECTION CALL BEFORE YOU DIG!!! ROCK LINE DITCH Locate Call Center of Alaska, Inc. Statewide 800-478-3121 265-2520 552-3760 333-2411 524-3391 Alaska Railroad Military Fuel Lines State Storm Drains City of McGrath





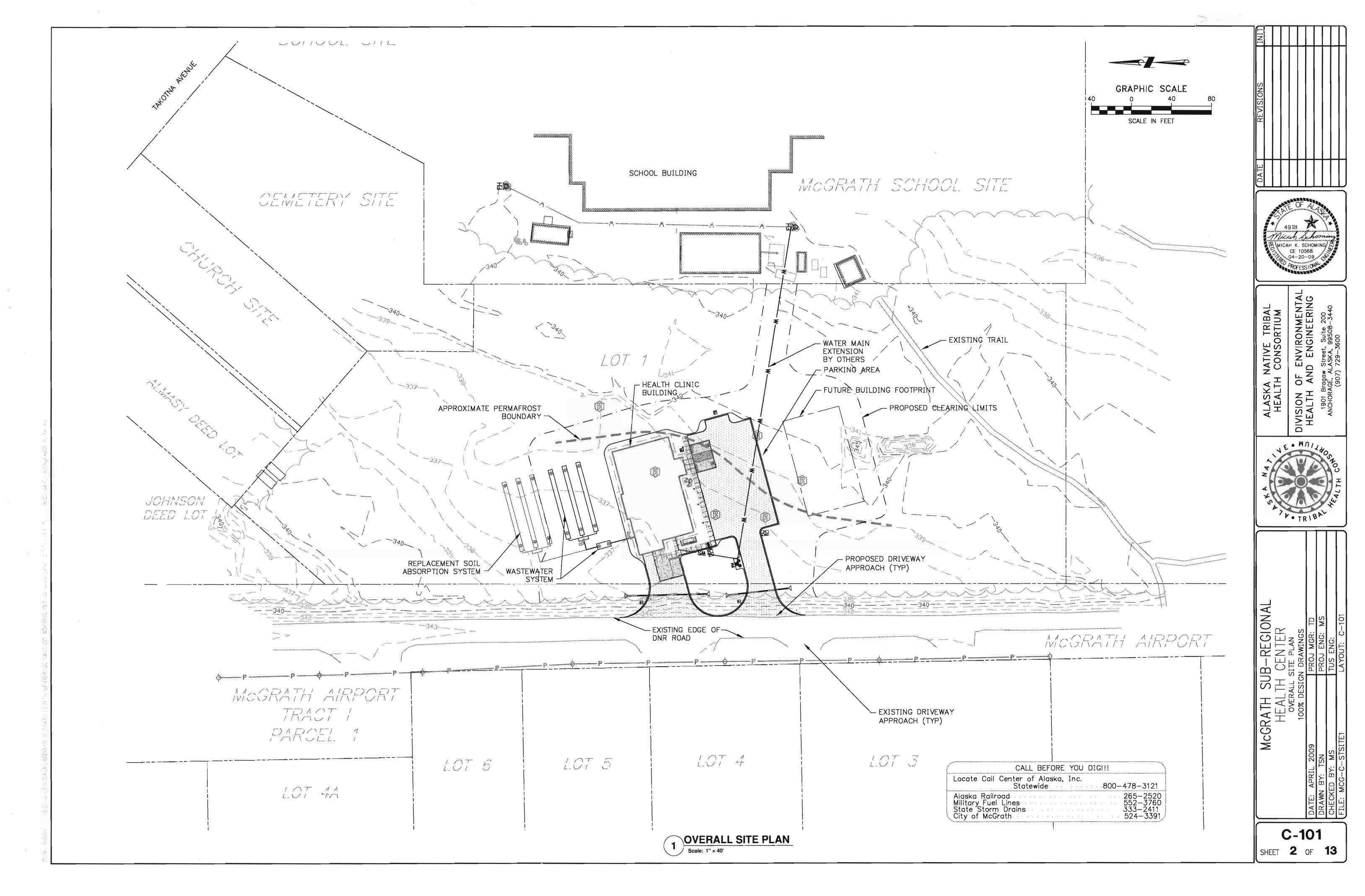
DIVISION OF ENVIRONMENTAL
HEALTH AND ENGINEERING
1901 Bragaw Street, Suite 200

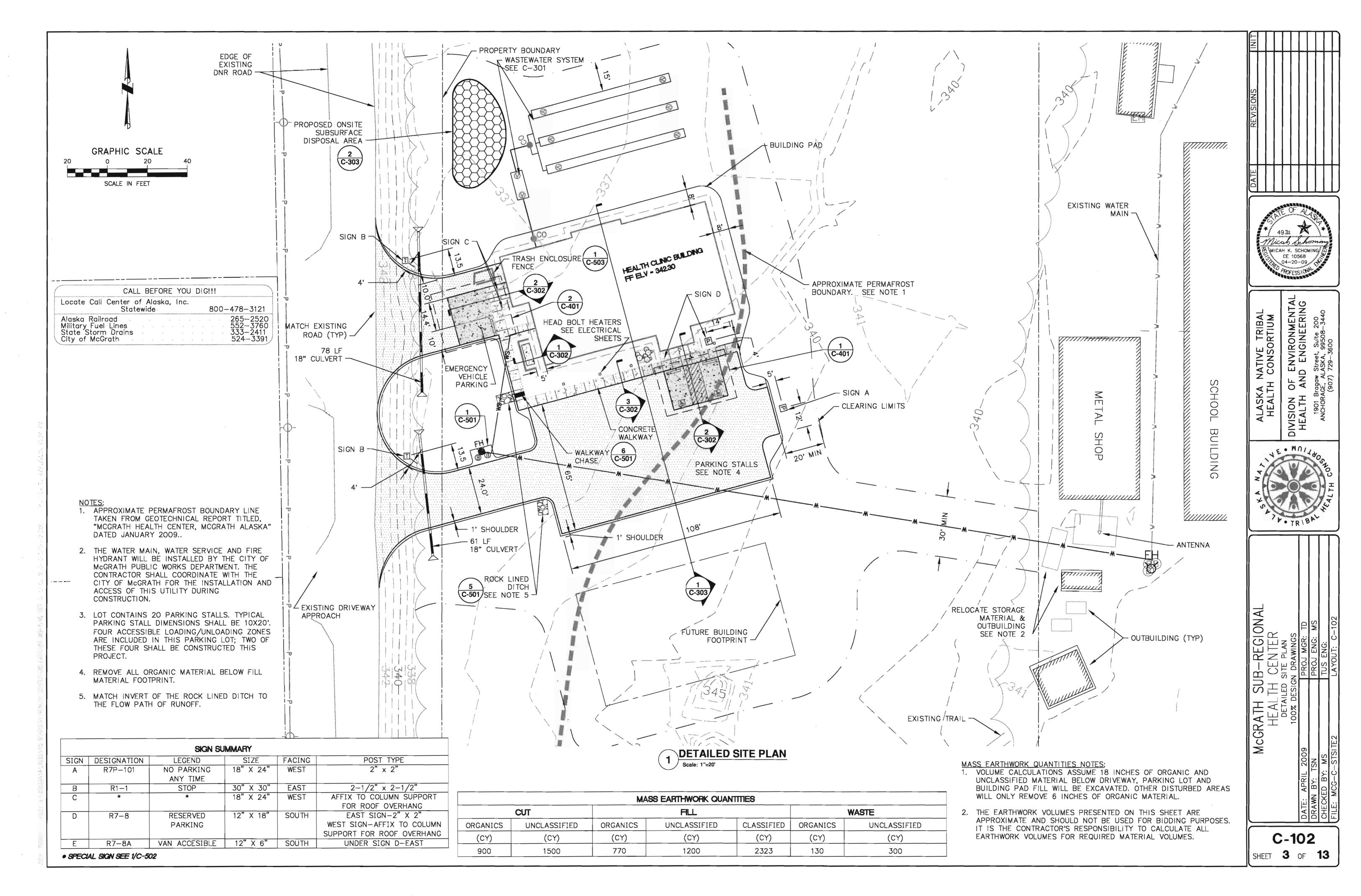


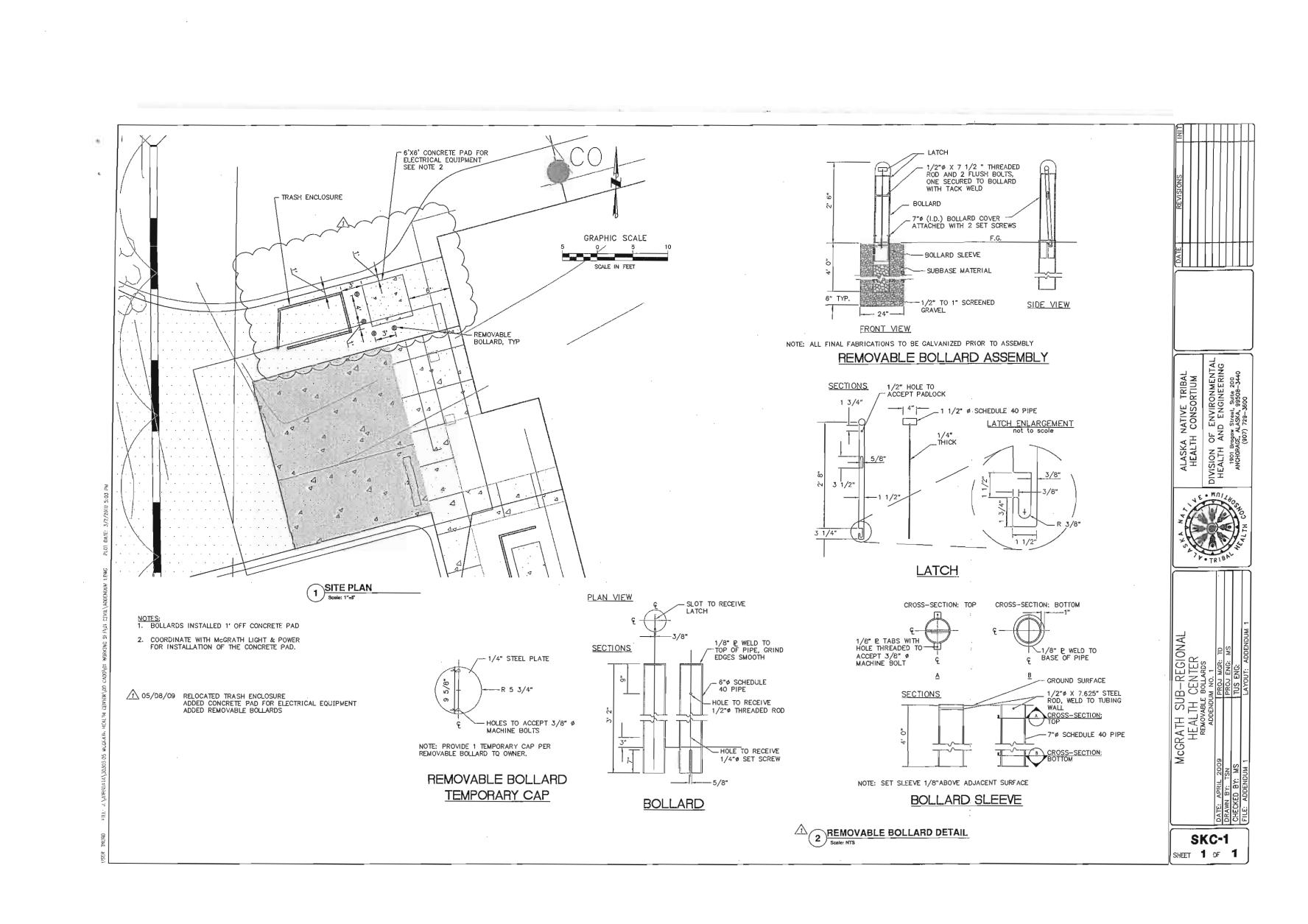
MCGRATH SUB-REGIONAL
HEALTH CENTER
CIVIL LEGEND
100% DESIGN DRAWINGS
109
PROJ MGR: TD
PROJ ENG: MS

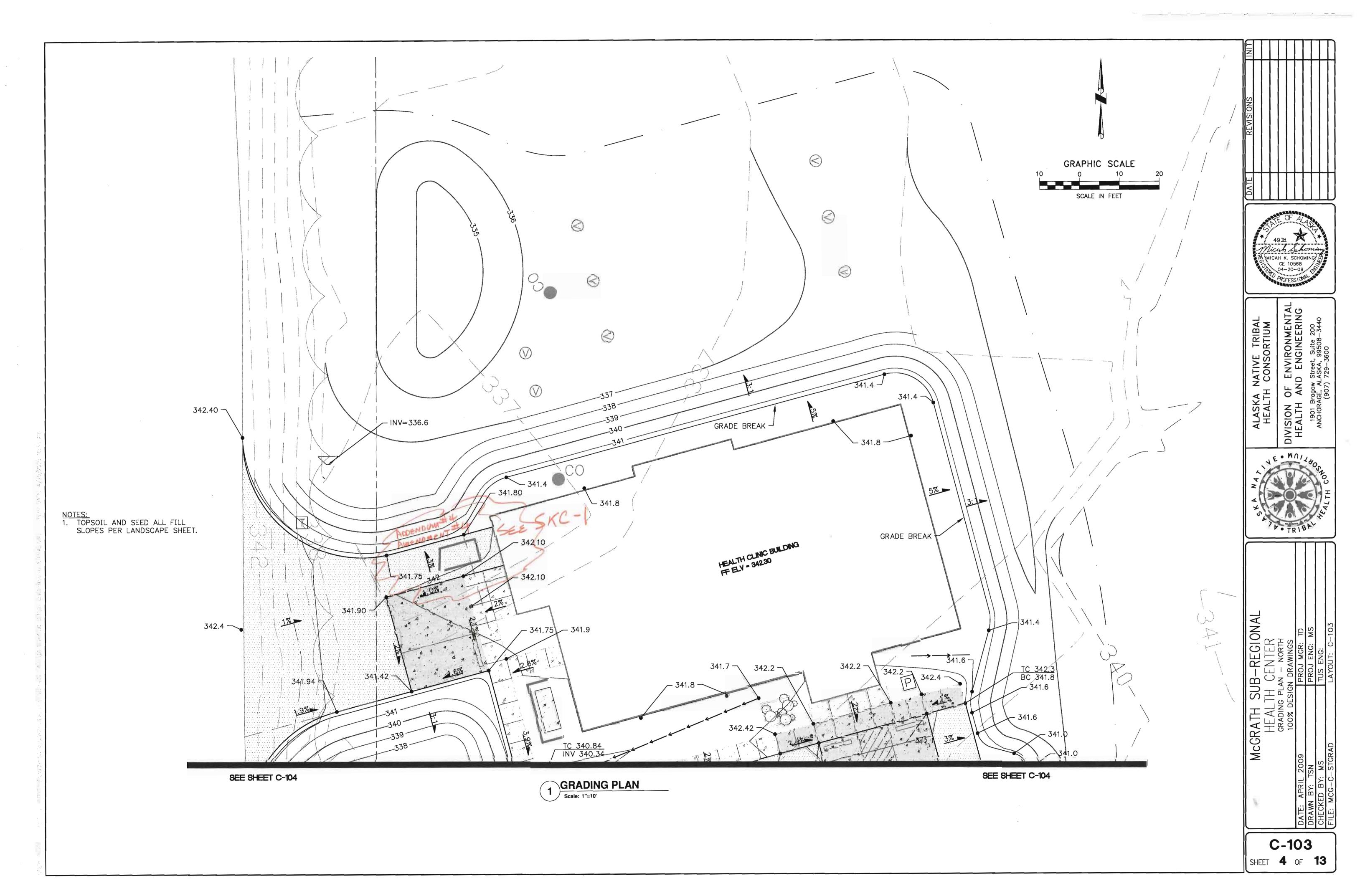
DATE: APRIL 2009
DRAWN BY: TSN
CHECKED BY: MS

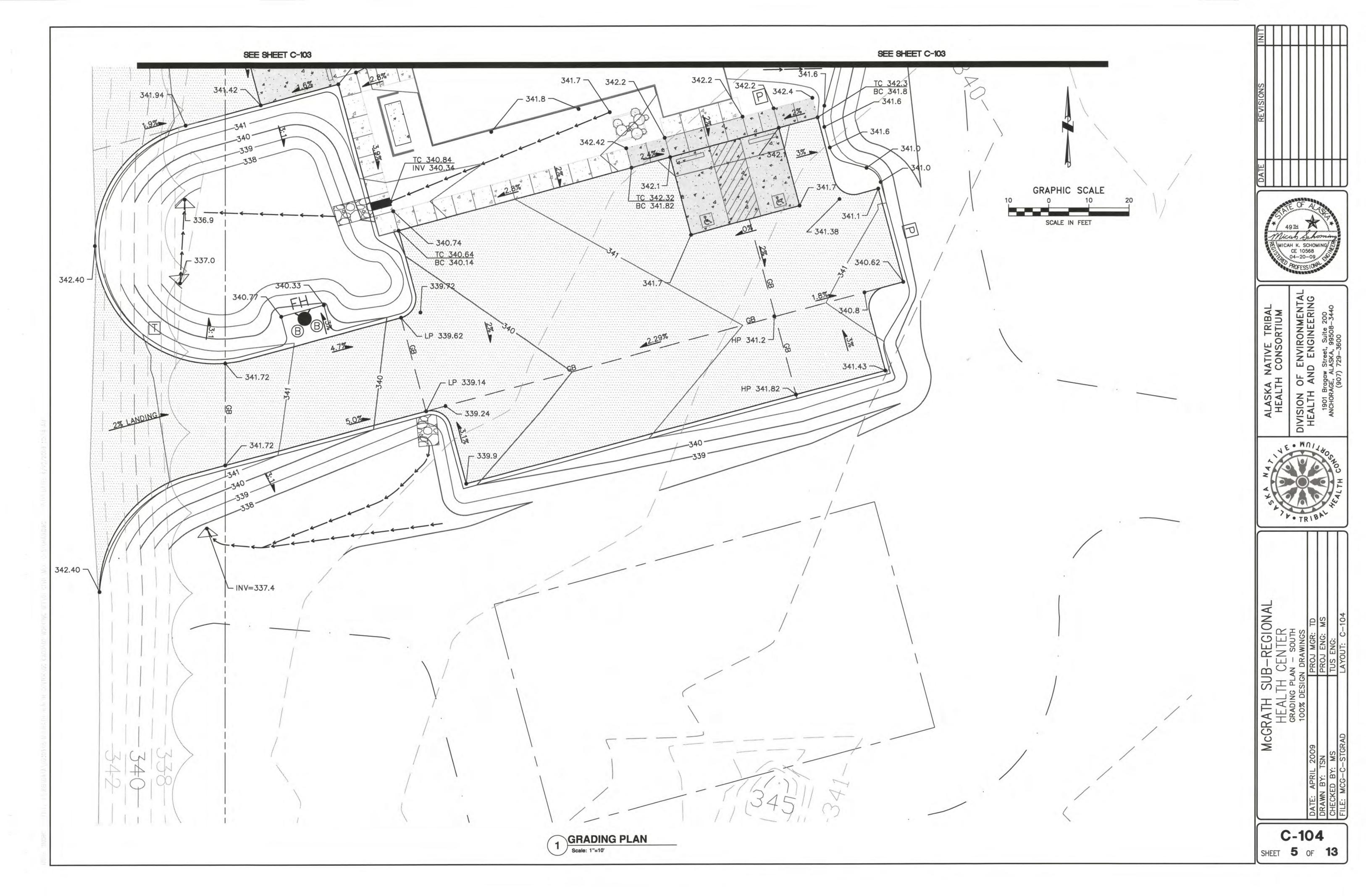
C-001 SHEET 1 OF 13

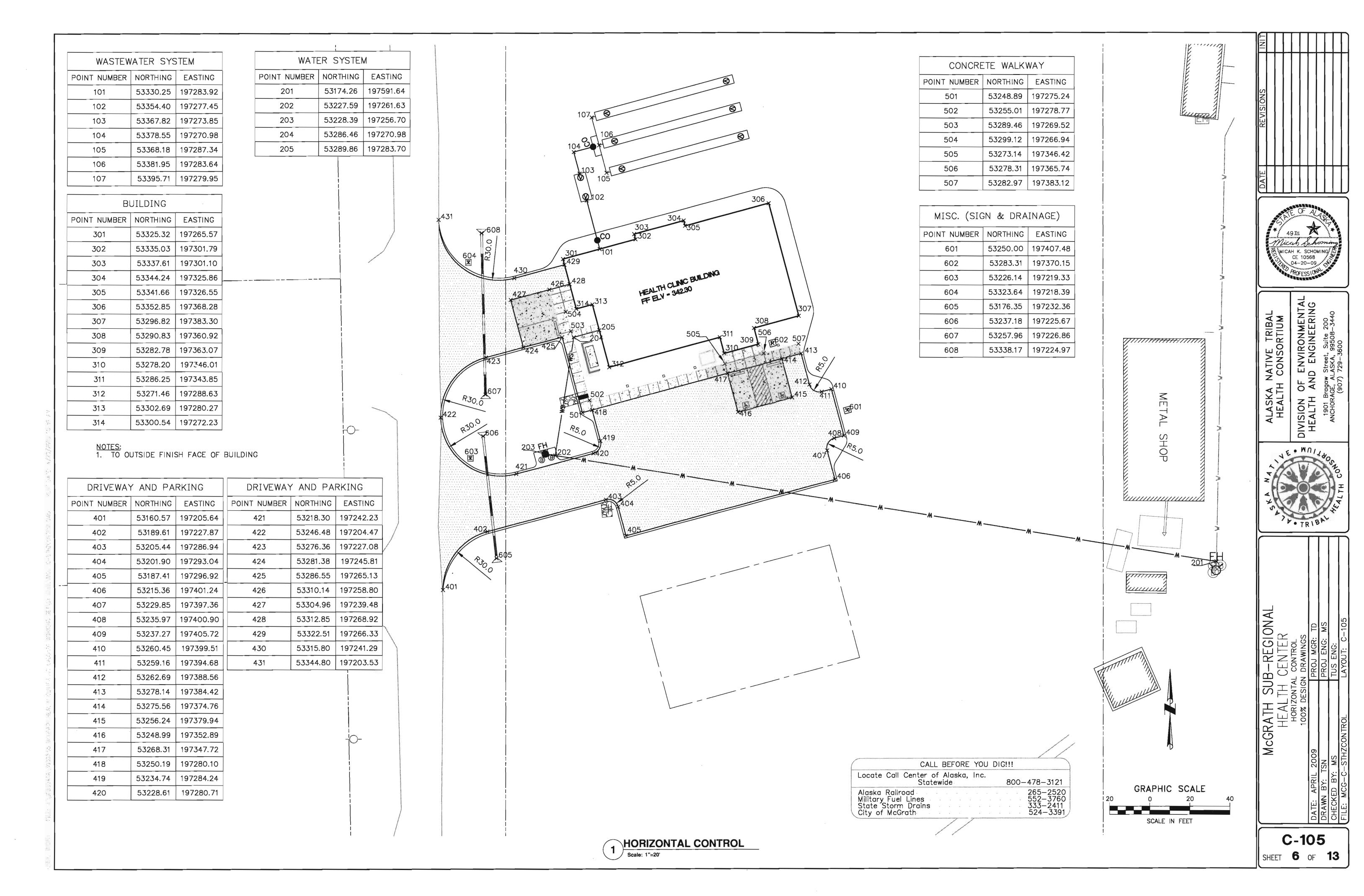


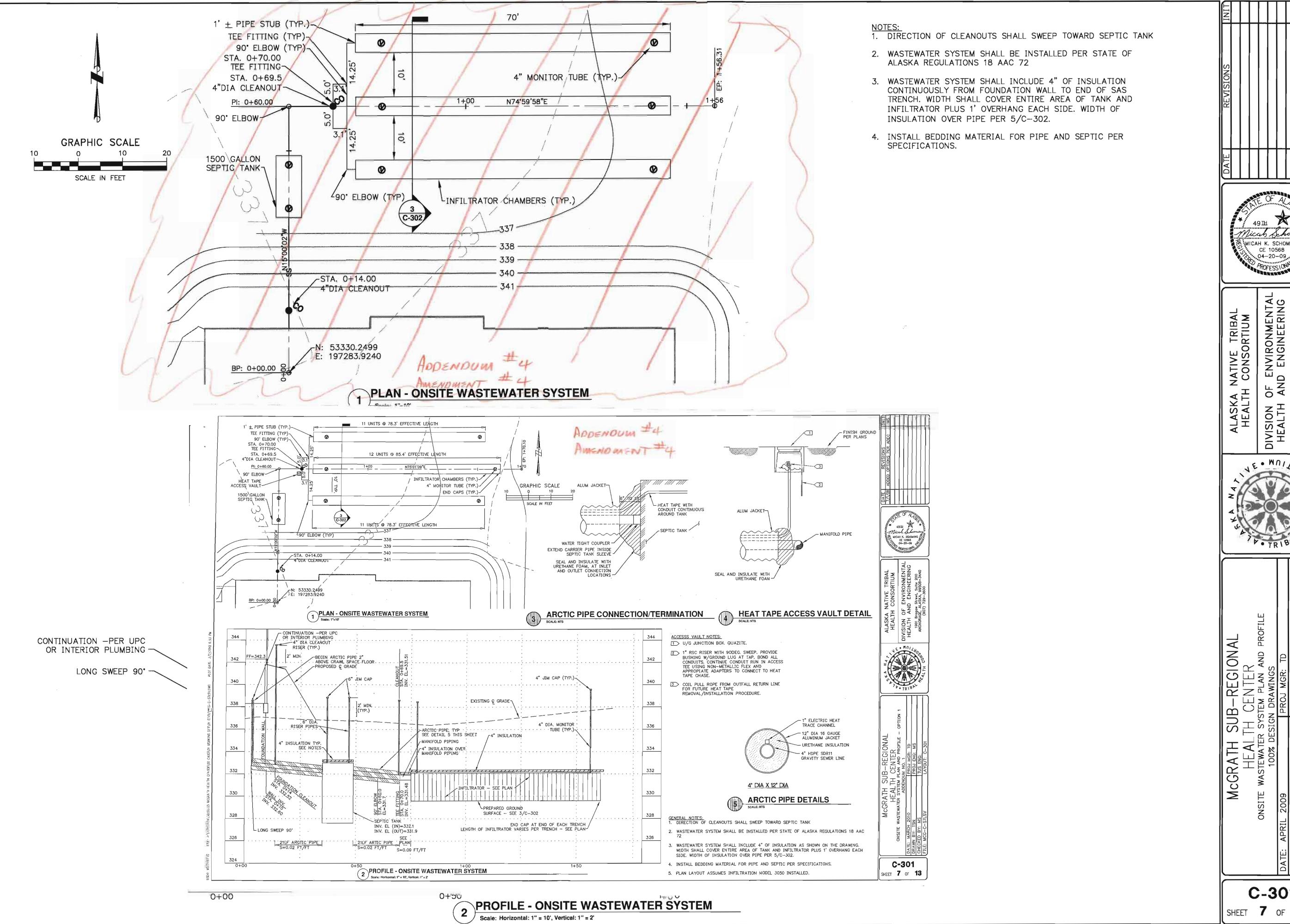






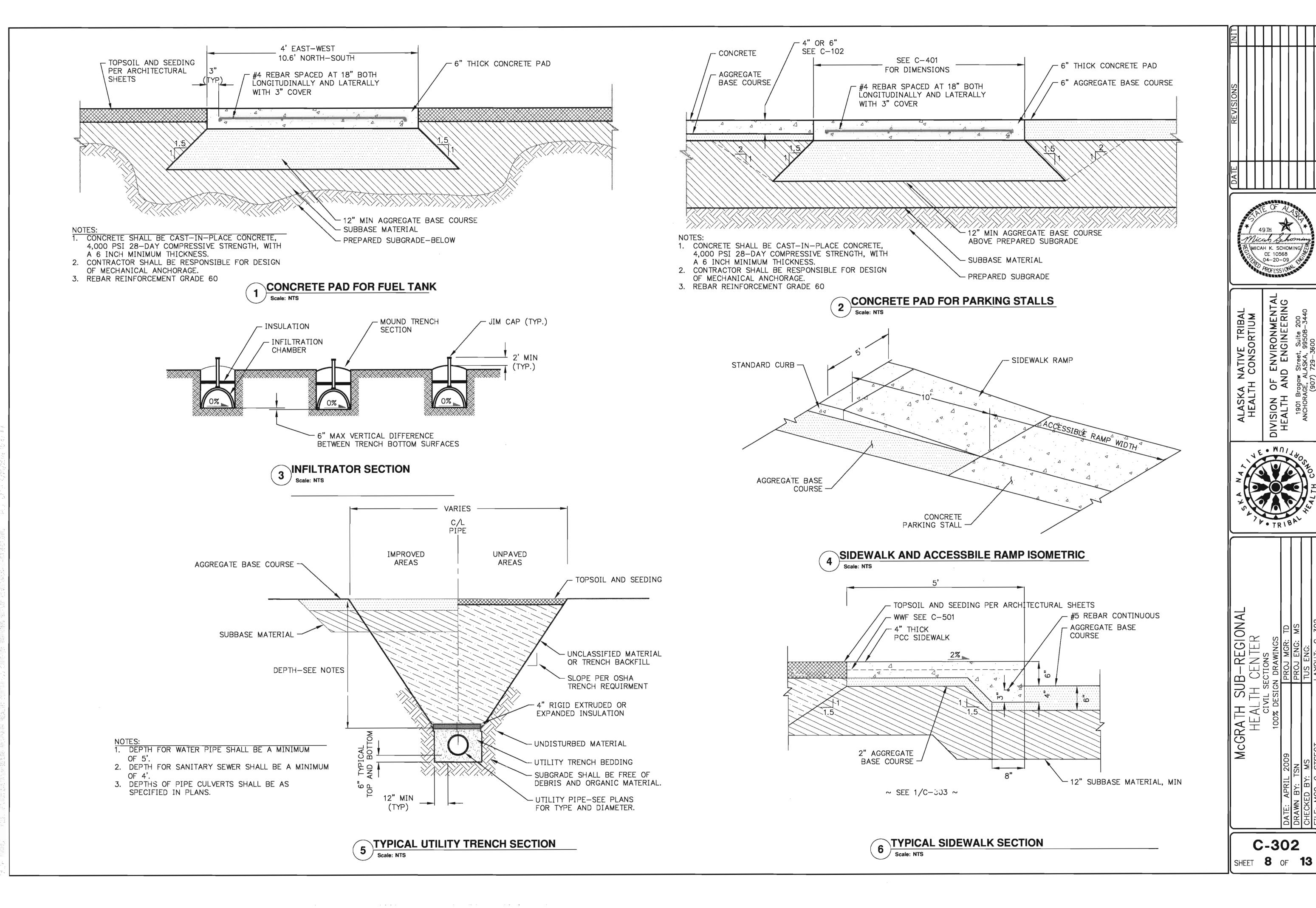


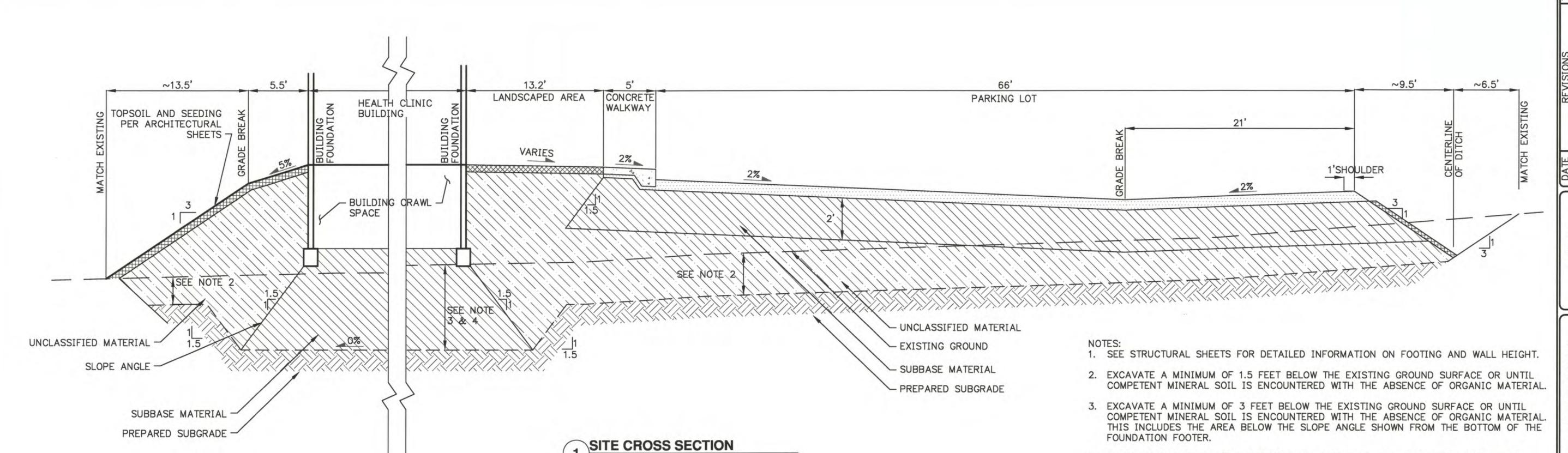




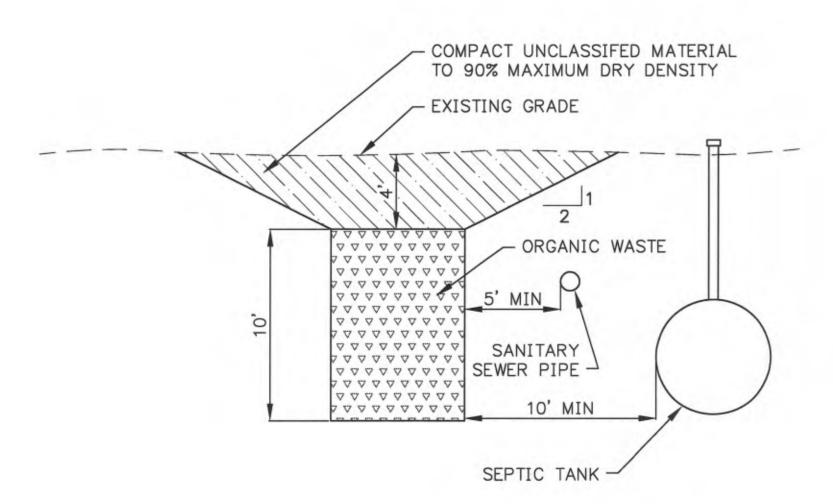
C-301

SHEET **7** OF **13**





Scale: NTS



ONSITE SUBSURFACE DISPOSAL AREA

Scale: NTS



OF ENVIRONMENTAL

I AND ENGINEERING

Bragaw Street, Suite 200

AGE, ALASKA, 99508—3440 NATIVE TRIBAL CONSORTIUM ALASKA I DIVISION HEALTH

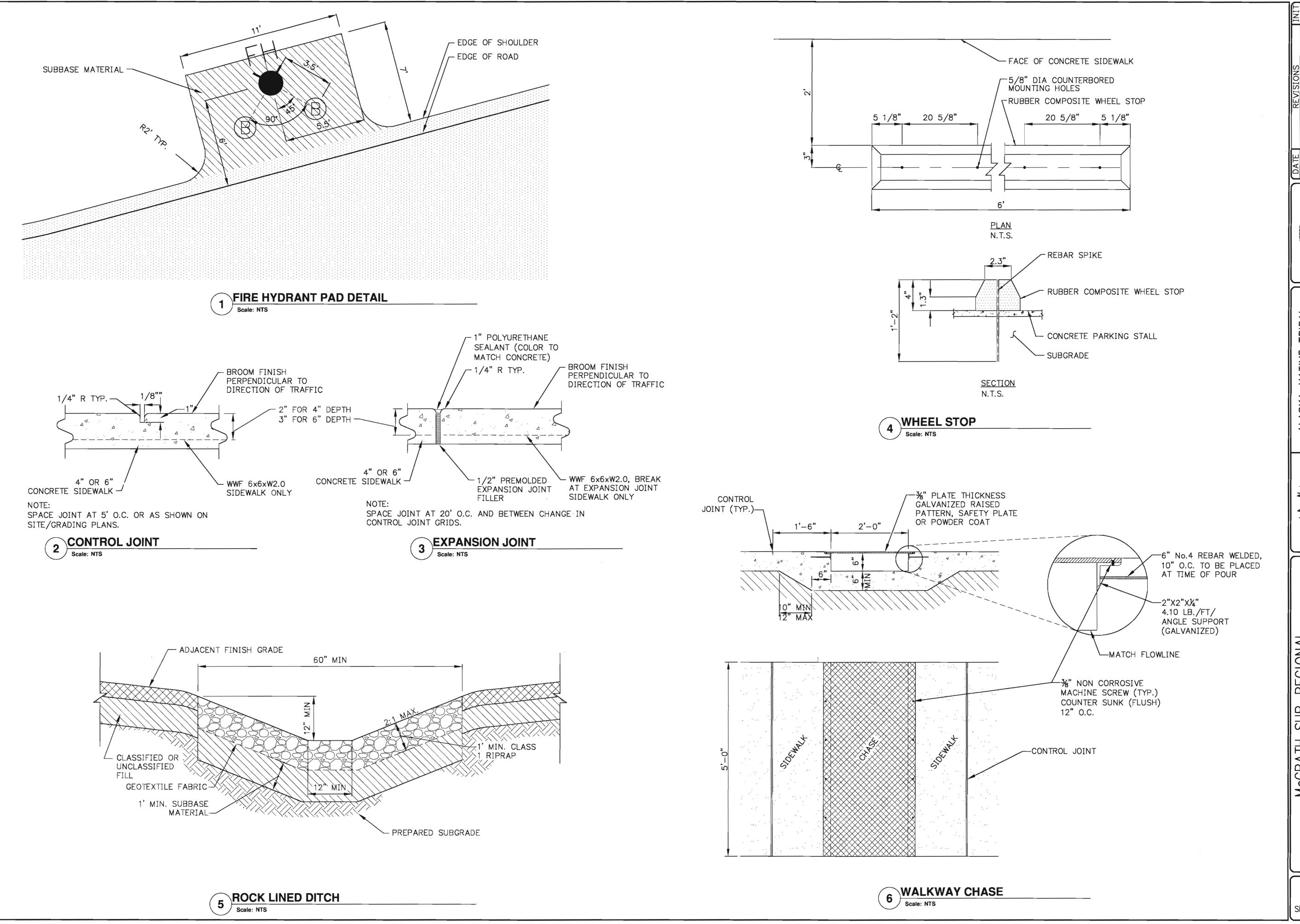
4. PLACE FOOTER FOUNDATION DIRECTLY ON NATIVE IN-SITU SOIL WHEN BOTTOM OF FOOTER ELEVATION IS MORE THAN 3 FEET BELOW EXISTING GROUND SURFACE.

McGRATH HEAL

C-303



C-401 SHEET 10 OF 13



DATE REVISIONS IN



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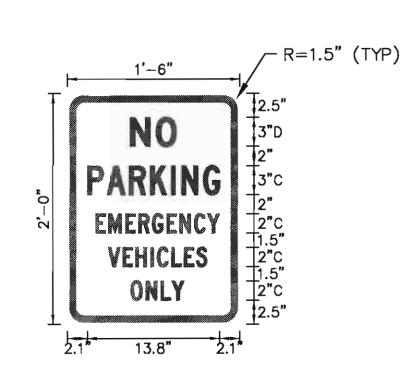
ALASKA NATIVE TRIBAL
HEALTH CONSORTIUM
DIVISION OF ENVIRONMENTA
HEALTH AND ENGINEERING

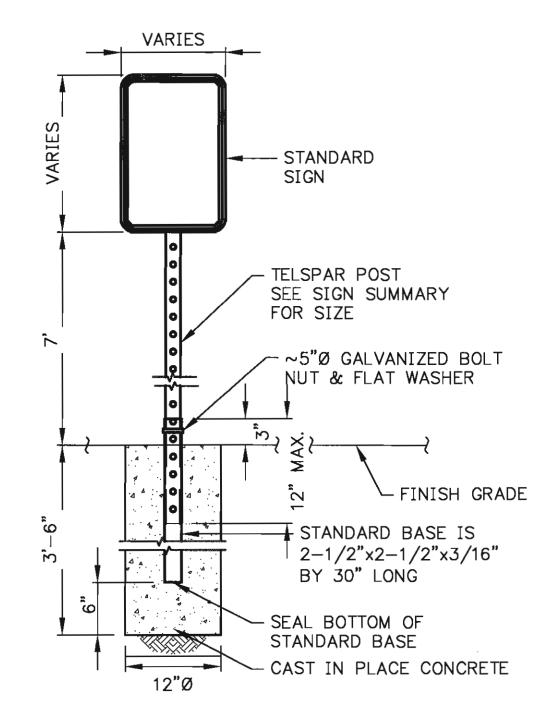
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MCGRATH SUB-REGIONAL
HEALTH CENTER
CIVIL DETAILS
100% DESIGN DRAWINGS
APRIL 2009
N BY: TSN
REG BY: MS
TUS ENG: MS

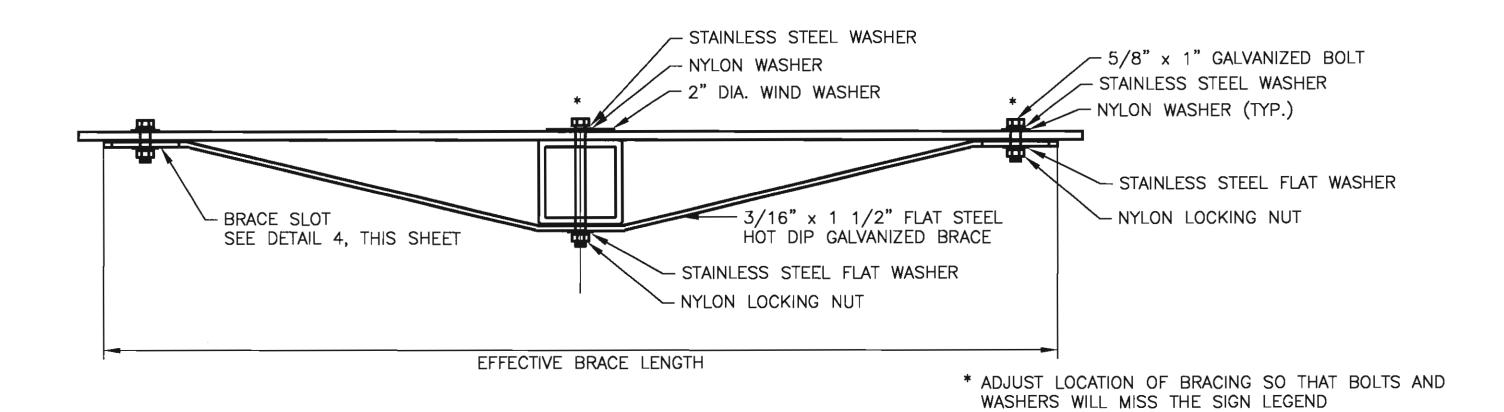
C-501 SHEET 11 OF 13





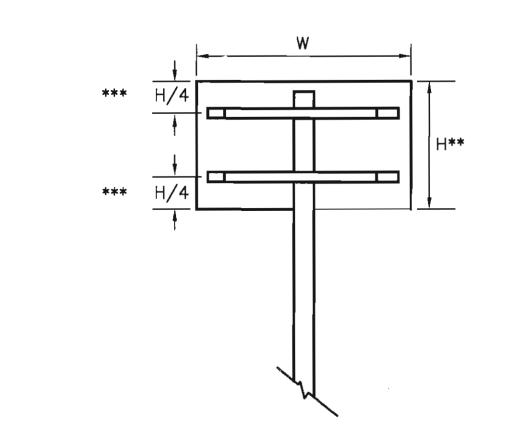


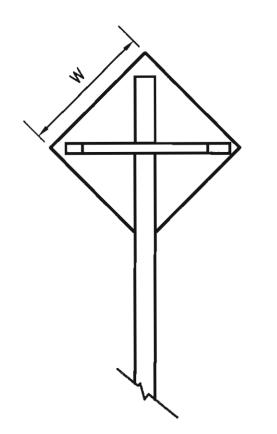
2 SIGN POST DETAIL
Scale: NTS

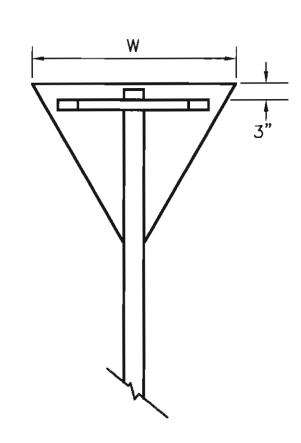


SIGN WIDTH(W)	EFFECTIVE BRACE LENGTH					
WIDTH(W)	WARNING	YIELD	OTHER			
30"	36"	24"	24"			
36"	42"	30"	30"			
42"	48"	1	36"			
48"	TWO POSTS	36"	42"			

5 TUBE POST SIGN BRACING
Scale: NTS







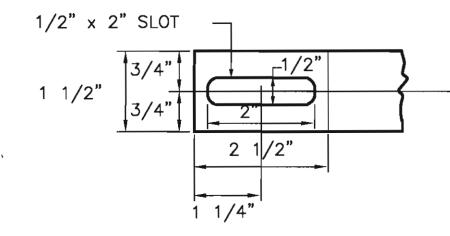
*** USE ONE BRACE WHEN H ≤ 18"

USE TWO BRACES WHEN 18"< H < 48"

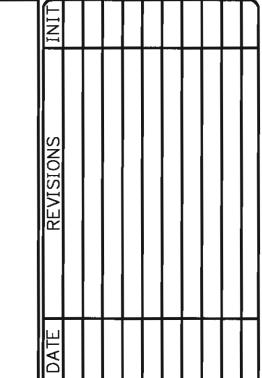
USE THREE BRACES WHEN H ≥ 48"

** POSITION OF BRACE MAY BE VARIED TO MATCH PREDRILLED MOUNTING HOLES IN PANEL

3 SIGN BRACING PLACEMENT
Scale: NTS



4 DETAIL OF BRACE SLOT
Scale: NTS



49 IH

Micab Schoming

MICAH K. SCHOMING

CE 10568
04-20-09

PROFESSIONAL

ALASKA NATIVE TRIBAL
HEALTH CONSORTIUM
DIVISION OF ENVIRONMENTAL
HEALTH AND ENGINEERING

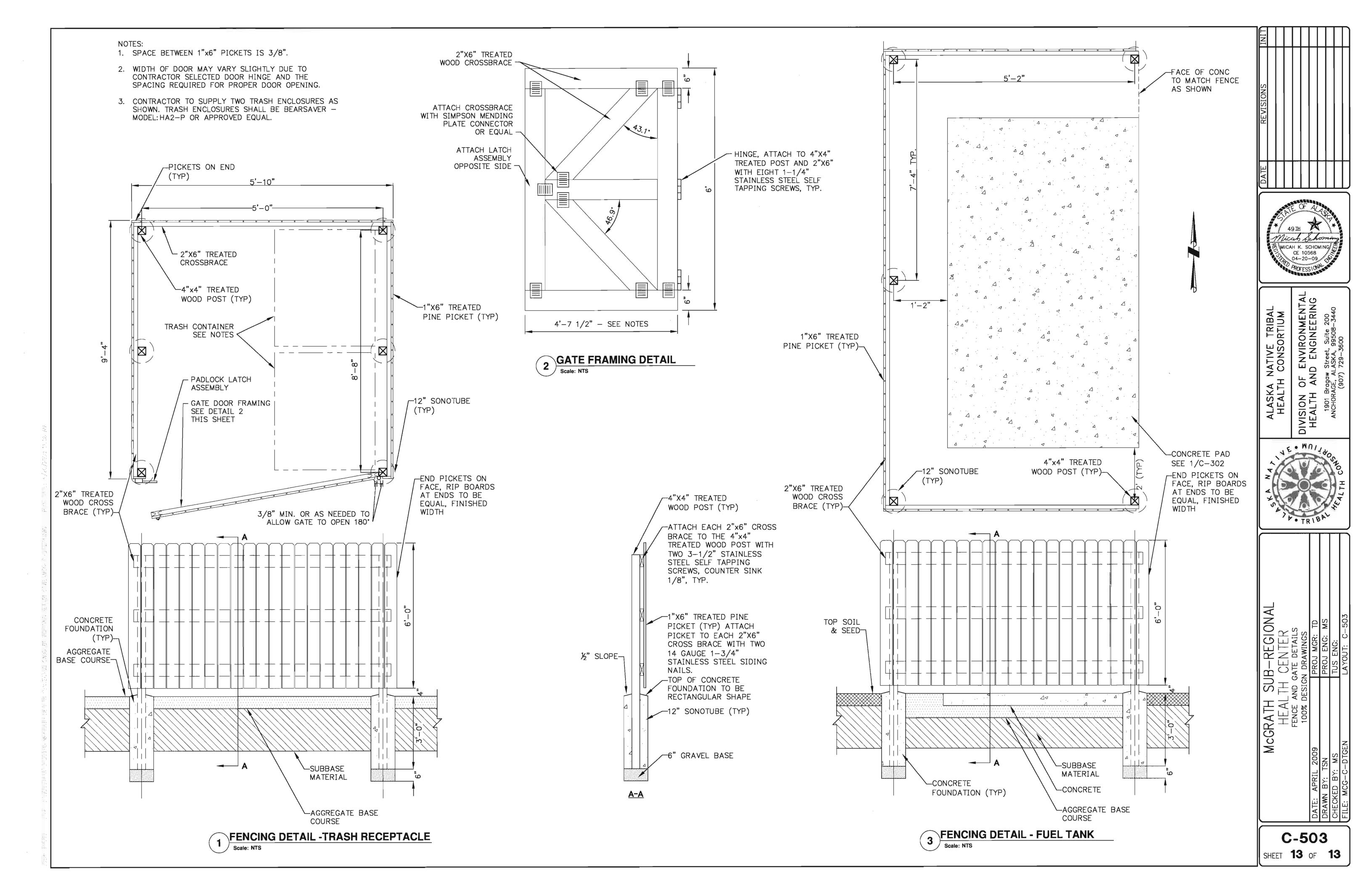
A LEIBY A LEIBY A LINE A LITH CONSOLITE MULTIPLE A LITH CONSOLITE A LITH C

JB-REGIONAL
CENTER
DETAILS
SN DRAWINGS
PROJ MGR: TD
PROJ ENG: MS
TUS ENG:

McGRATH SUB-REGIC
HEALTH CENTER
SIGN DETAILS
100% DESIGN DRAWINGS

HEAL SI 100% DI DATE: APRIL 2009 DRAWN BY: TSN

C-502 SHEET 12 OF 13

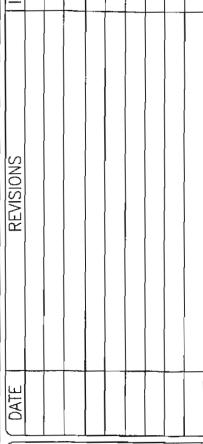


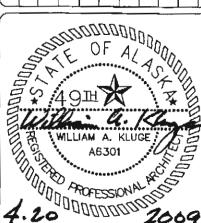
GENERAL NOTES

SUMMARY OF WORK:

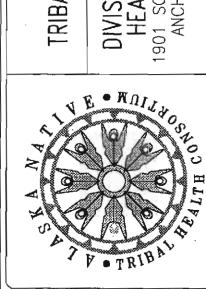
THE SCOPE OF WORK SHOWN IN THE CONTRACT DOCUMENTS ADDRESSES THE WORK REQUIRED TO COMPLETE THE NEW CONSTRUCTION OF A HEALTH CLINIC FOR THE VILLAGE OF MCGRATH, ALASKA.

- ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE MOST RECENT ADOPTED EDITION OF THE INTERNATIONAL BUILDING CODE, NFPA, JCAHO, INTERNATIONAL MECHANICAL CODE, NATIONAL ELECTRICAL CODE, UNIFORM PLUMBING CODE AND ALL LOCAL AND ALASKA STATE CODE REGULATIONS AND AMENDMENTS
- THESE DRAWINGS ARE SUPPLIED TO THE GENERAL CONTRACTOR AND OTHERS FOR THEIR USE ON THIS SPECIFIC PROJECT. ALL COPIES OF THESE DRAWINGS SHALL REMAIN THE PROPERTY OF ANTHC AND SHALL NOT BE RE-USED OR REPRODUCED WITHOUT PERMISSION FROM ANTHO.
- THE ORGANIZATION OF THESE DRAWINGS IS NOT INTENTED TO CONTROL THE DIVISION OF WORK AMONG SUB-CONTRACTORS. THE DIVISION OF THE WORK SHALL BE THE SOLE RESPONSIBILITY OF THE GENERAL CONTRACTOR.
- CONTRACTORS ARE RESPONSIBLE FOR CONFORMING TO ALL APPLICABLE LOCAL CODES AND TRADE STANDARDS.
- CONTRACTORS SHALL TAKE ALL NECESSARY PRECAUTIONARY MEASURES TO PROTECT THE PUBLIC AND ADJACENT PROPERTIES FROM DAMAGE THROUGHOUT CONSTRUCTION. CONTRACTOR ASSUMES ALL LIABILITY FOR DAMAGES INCURRED DURING CONSTRUCTION.
- CONTRACTOR SHALL PROVIDE ALL LABOR, EQUIPMENT AND MATERIALS REQUIRED TO COMPLETE ALL WORK AS SHOWN OR AS IMPLIED ON THESE DRAWINGS.
- CONTRACTOR SHALL PROVIDE AND MAINTAIN ALL FACILITIES FOR LIGHT, HEAT AND POWER WITHIN THE PREMISES AND IN THE CONSTRUCTION AREA DURING THE ENTIRE CONSTRUCTION PERIOD. PROVIDE NECESSARY MATERIALS AND LABOR FOR POWER CONNECTIONS FOR MACHINES, PORTABLE, ETC. AS USED BY OTHER TRADES REGARDLESS OF SIZE.
- CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS IN THE FIELD PRIOR TO CONSTRUCTION. IF A CONDITION NOT COVERED IN THE DRAWINGS IS ENCOUNTERED, OR IF A DIMENSIONAL ERROR IS FOUND, THE CONTRACTOR SHALL NOTIFY THE ARCHITECT BEFORE COMMENCING WITH THAT PORTION OF THE WORK.
- 9. ALL COMPONENTS, EQUIPMENT, ETC., SHALL BE INSTALLED PER MANUFACTURERS PRINTED RECOMMENDATIONS
- 10. CONTRACTOR SHALL BE RESPONSIBLE FOR THE REMOVAL OF ALL RUBBISH AND DEBRIS RESULTING FROM CONSTRUCTION.
- 11. ALL COLOR SELECTION SHALL BE PER THE COLOR SCHEDULE OR IF NOT ON THE COLOR SCHEDULE THEN SUBMIT TO THE CONTRACTING OFFICER FOR APPROVAL.
- 12. ALL DIMENSIONS ARE TO FACE OF STUDS, FACE OF PANEL SHEATHING, GRID LINES, FACE OF ROUGH OPENING, UNLESS INDICATED OTHERWISE.
- 13. CAULK ALL JOINTS, PROVIDE BACKER ROD AS NEEDED. AND PROVIDE FLASHING AND COUNTER FLASHING AS NEEDED TO PROVIDE COMPLETE WEATHER PROOF INSTALLATION.





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SUB-REGIONAL
TH CENTER
RAL NOTES & DRAWING SYMBG

McGRATH SU HEALTH

SHEET A - 0011 OF 13A

CORR. CARPET FIN. FL. **DRAWING SYMBOLS** A0.2

> STRUCTURAL OR REFERENCE GRIDS

- ITEM NO. OF THIS DRAWING

DRAWING TITLE

SHEET NO. TO WHICH THIS DWG.-REFERS

ELEVATION

W1 WALL ASSEMBLY TYPE

-ROOM NUMBER CORRIDOR → ROOM NAME

REFERENCE NORTH

(109)

DOOR NUMBER

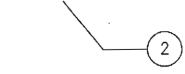
CONTROL OR DATUM POINT

GRAPHIC SCALE

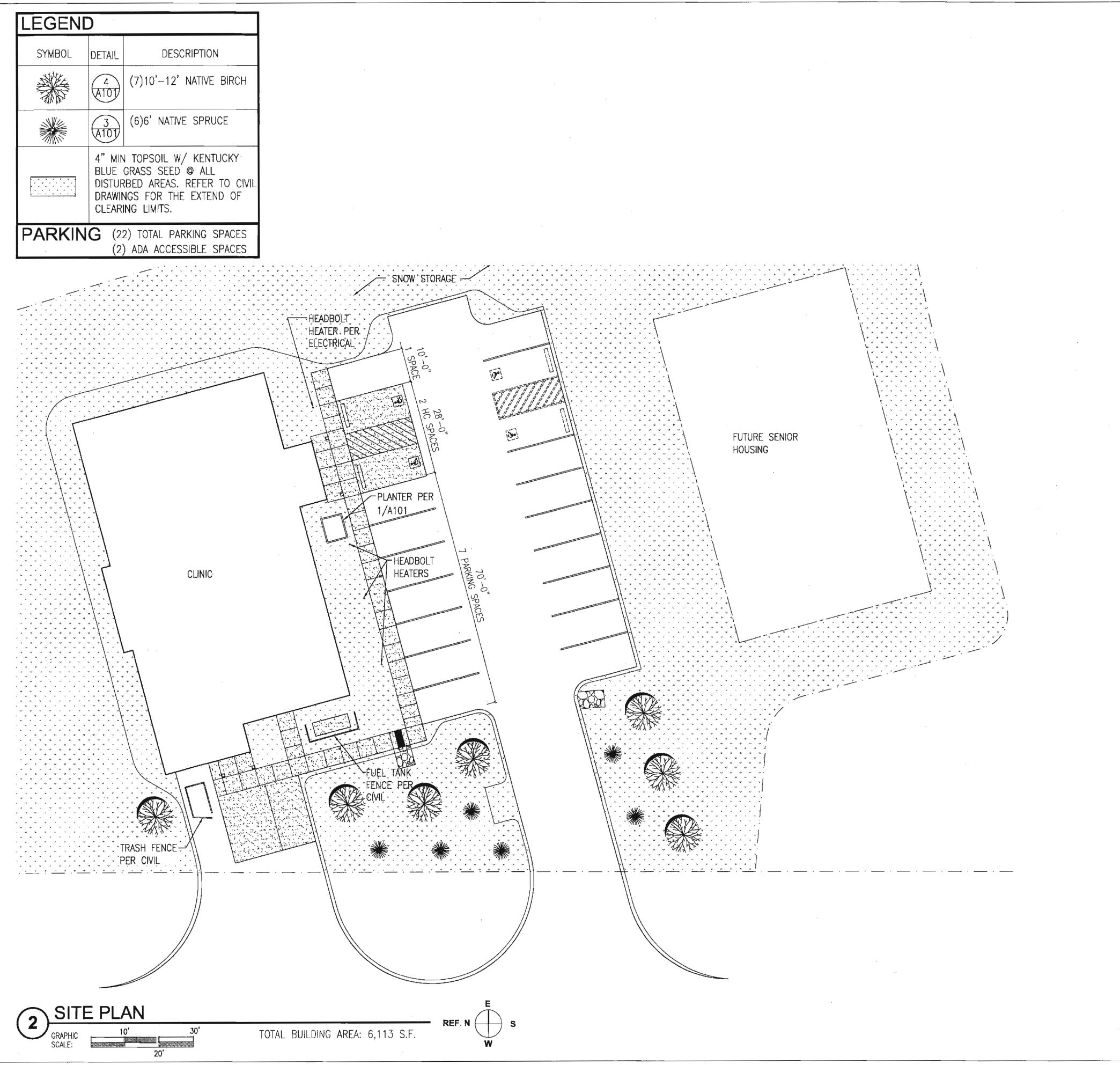


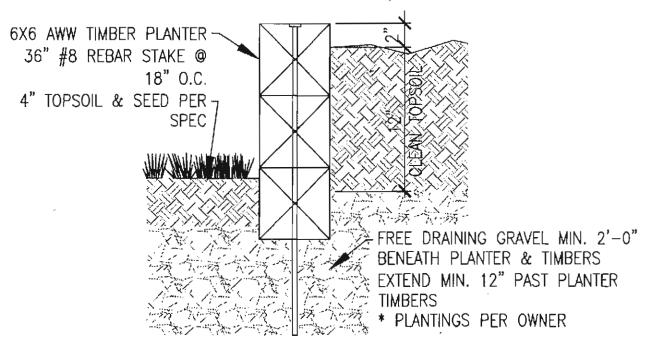
WINDOW TYPE



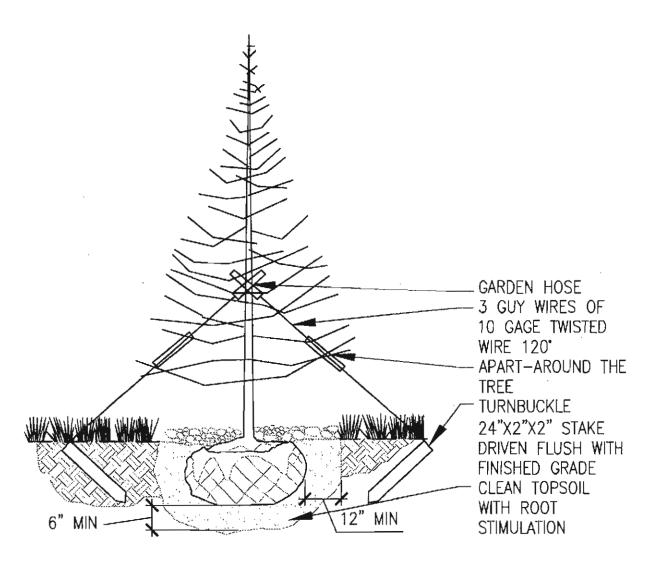


SHEET NOTE

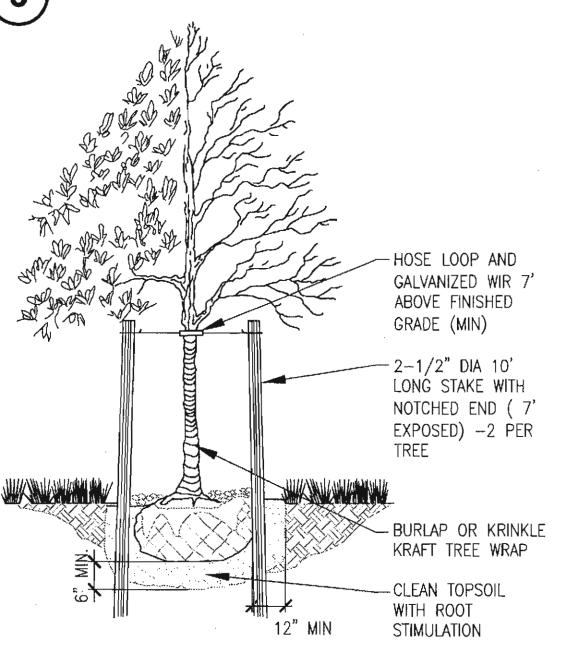




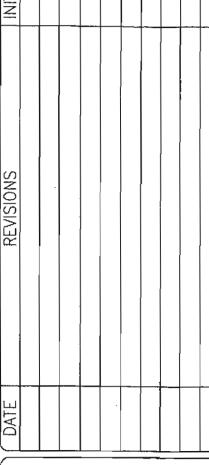
1 PLANTER DETAIL

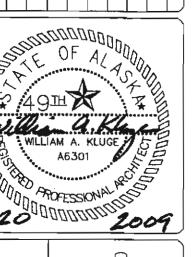


EVERGREEN PLANTING DETAIL



DECIDUOUS PLANTING DETAIL



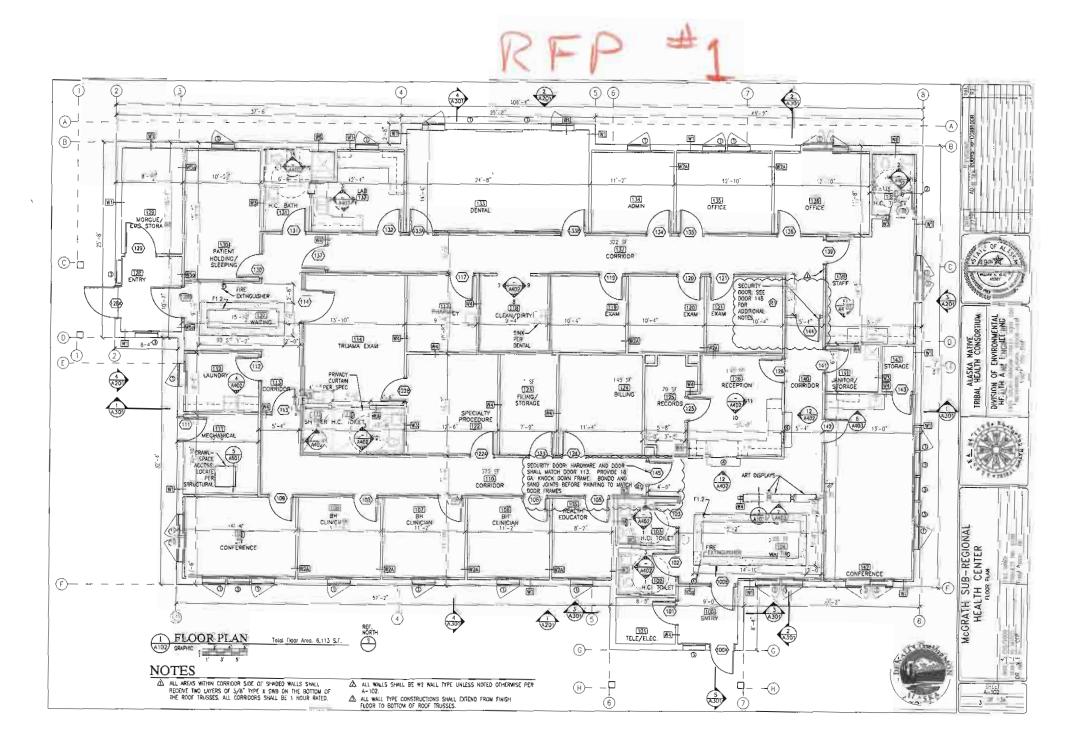


ALASKA NATIVE HEALTH CONSORTIUM DIVISION OF ENVIRONMENTAL HEALTH AND ENGINEERING
1901 SOUTH BRAGAW STREET, SUITE 2C ANCHORAGE, ALASKA, 99508-3440



McGRATH SUB-REGIONAL HEALTH CENTER

SHEET A-101 2 OF 13A



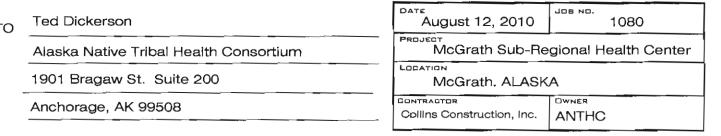
ARCHITECTURAL SECTION

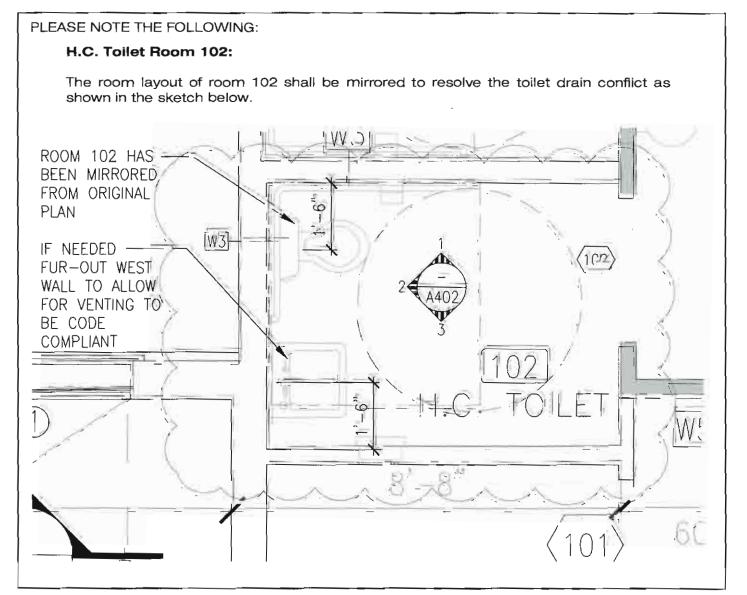


Drawing A-102 of the construction documents ADD two fire extinguishers with cabinets. One fire extinguisher and cabinet shall be mounted on the south wall of Waiting Room 104 two feet from the west wall. The second fire extinguisher and cabinet shall be mounted on the north wall of Waiting Room 127 five feet from the west wall. Fire extinguishers and Cabinets shall be provided and installed per Project Manual section 10520.

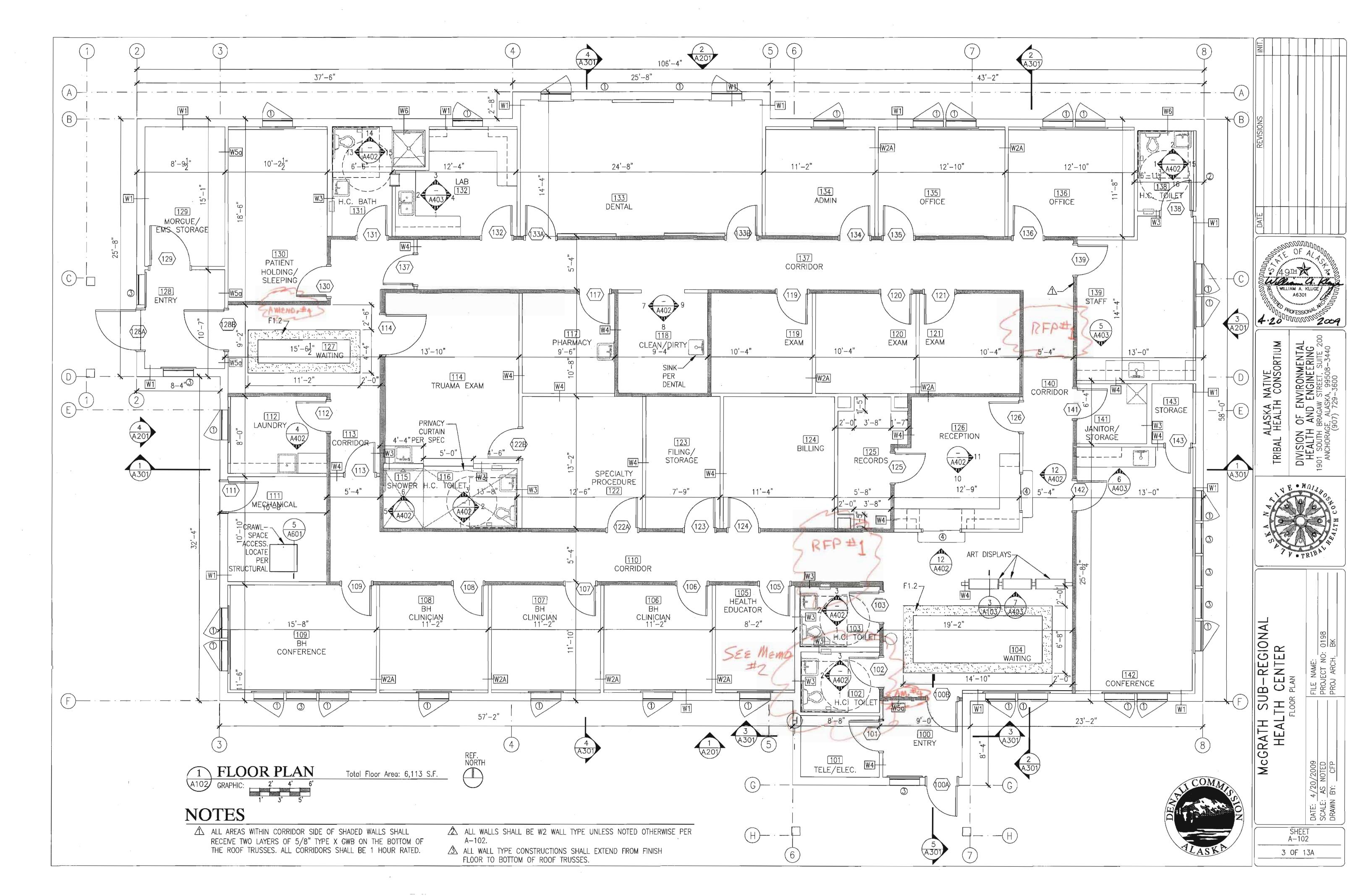


MEMO 2

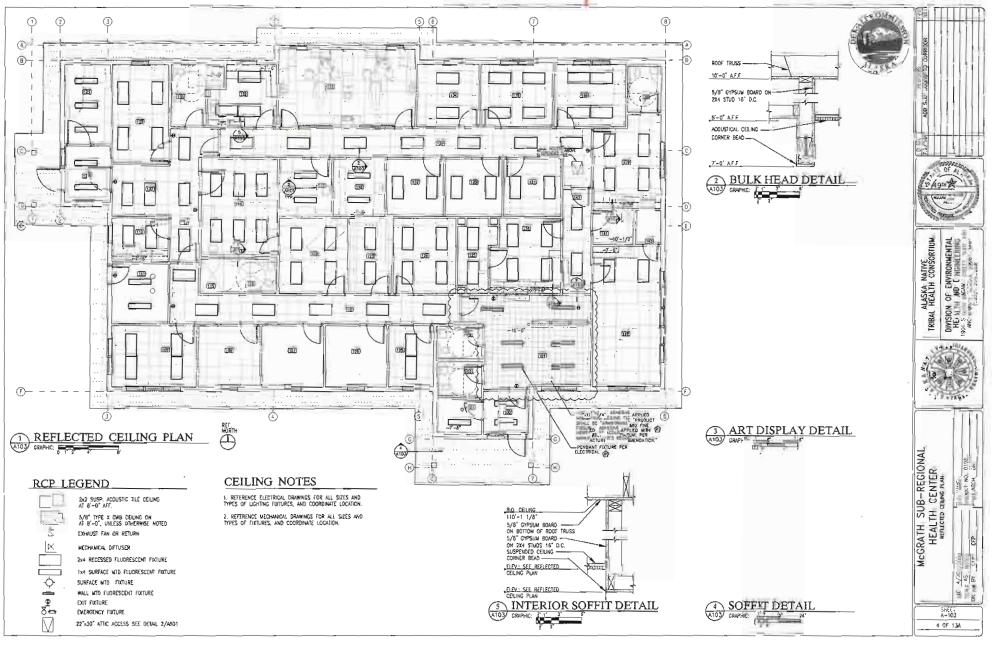


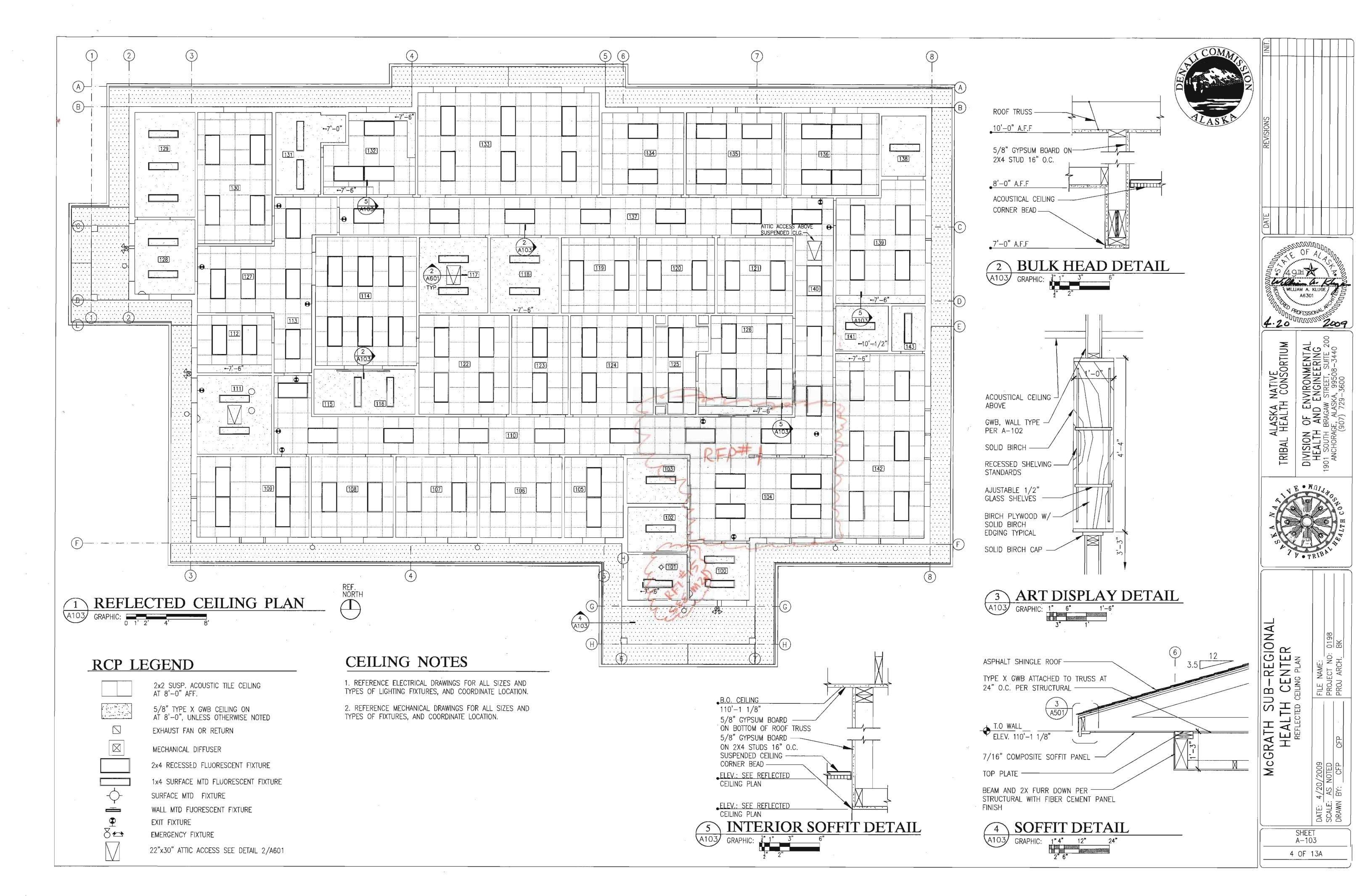


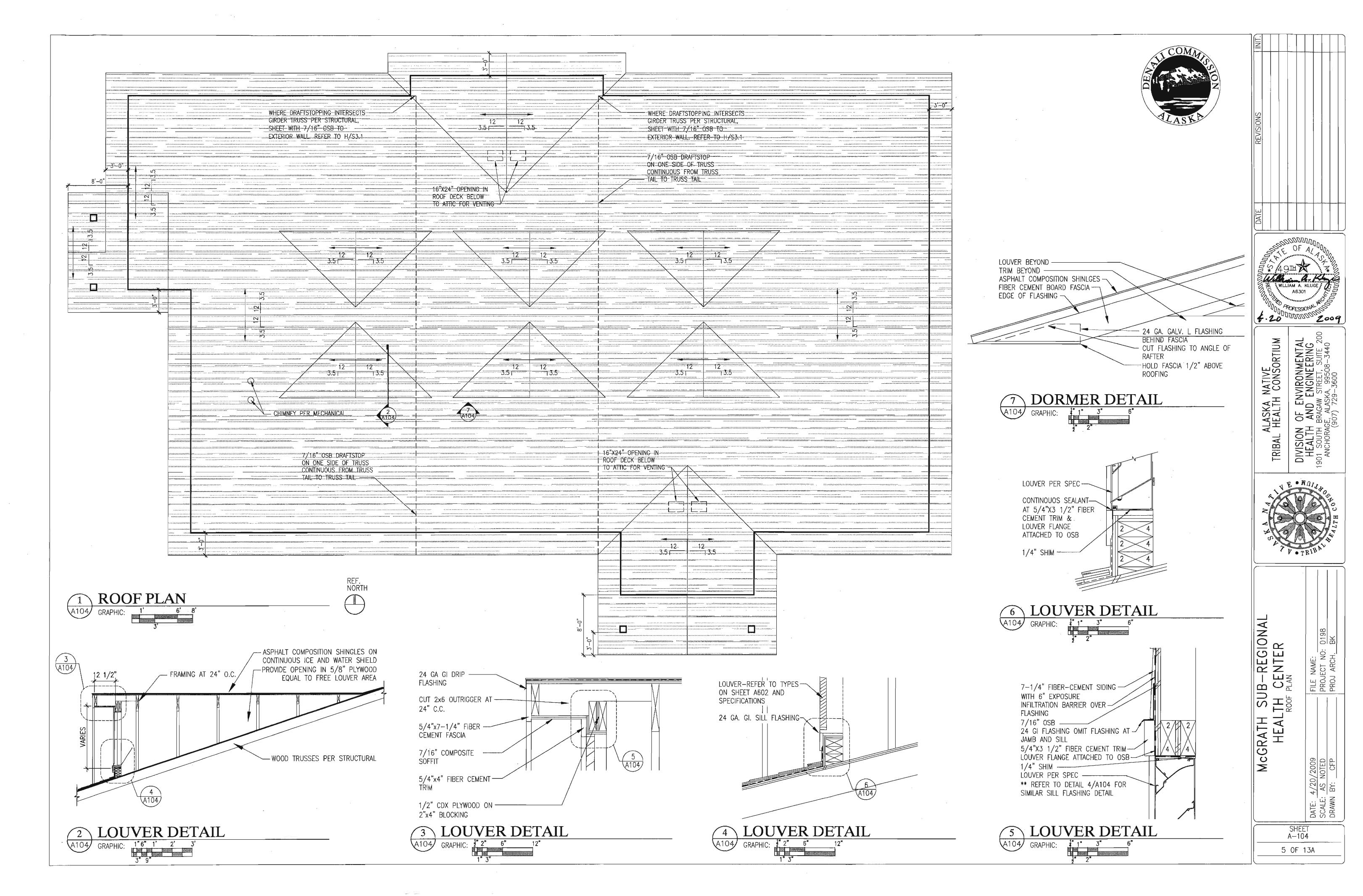




RFP#1







COLLINS CONSTRUCTION, INC. P.O. BOX 871827 WASILLA, AK 99687

PHONE: (907) 376-8299

FAX: (907) 373-5468

McGrath Health Clinic	<u>RFI#: 08</u>
(PROJECT)	
Hollow Metal submittal review	June 30, 2010
REFERENCE: (DRAWING OR SPEC.)	(DATE)
A60 coating as submitted and then it could step increase in cost. Please advise of your desire as	
	Greg Waisanen
(DATE)	(REQUESTED BY)
RESPONSE:	
Please use the G90 coating.	Chos Tara
	(ARCHITECT / ENGINEER SIGNATURE)
RESPONSE NEEDED BY:	
RESPONSE NEEDED BY:	7.6.2010
RESPONSE NEEDED BY:	7.6.2010 (DATE)
ACTION REQUIRED BY:	
ACTION REQUIRED BY:RESOLUTION:	(DATE)
ACTION REQUIRED BY:	(DATE) contract documents if any architect / engineer
ACTION REQUIRED BY:RESOLUTION:	(DATE) contract documents if any architect / engineer
ACTION REQUIRED BY:	(DATE) contract documents if any architect / engineer

COLLINS CONSTRUCTION, INC. P.O. BOX 871827

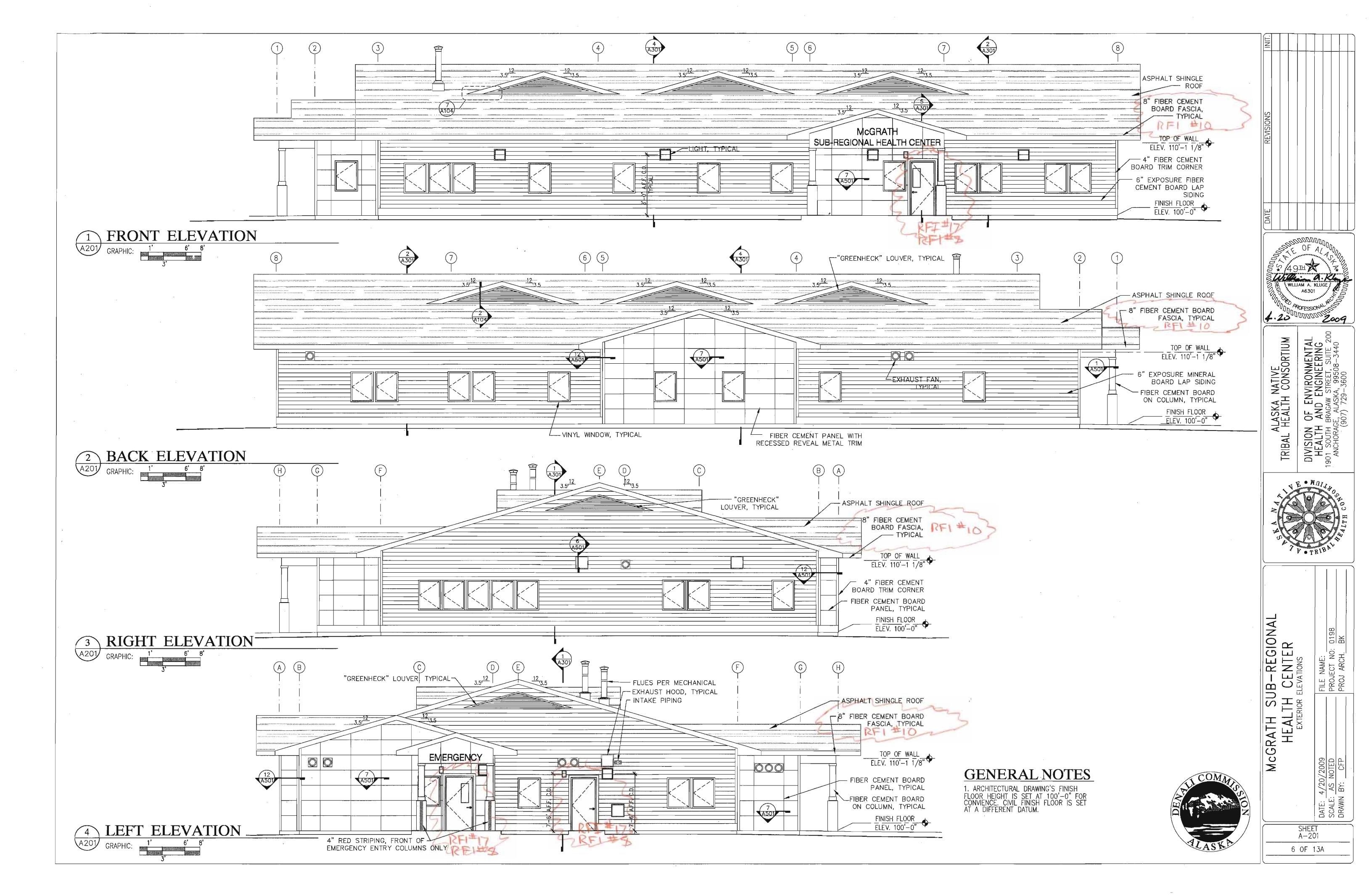
PHONE: (907) 376-8299

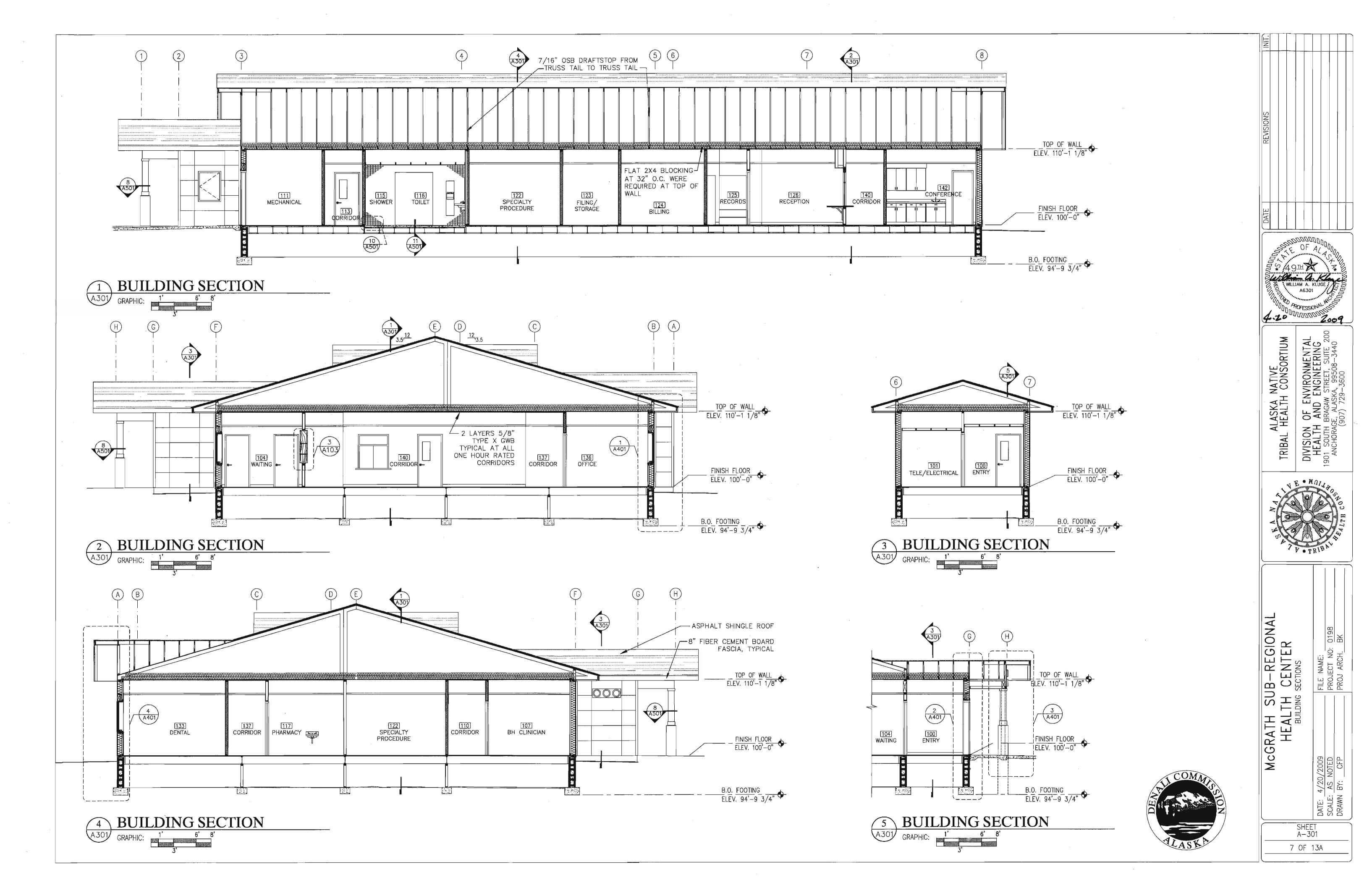
WASILLA, AK 99687

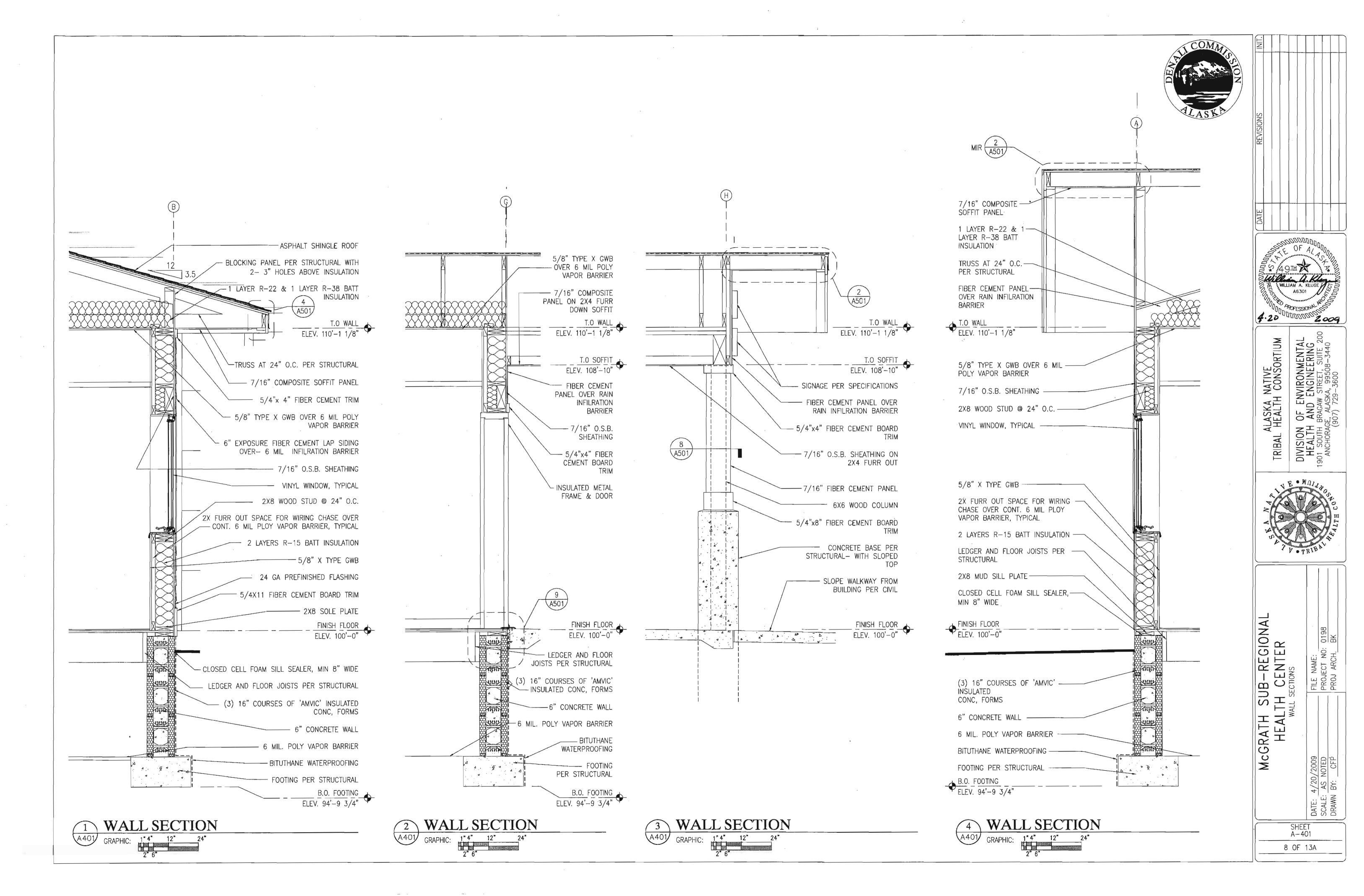
REQUEST FOR INTERPRETATION

FAX: (907) 373-5468

(PROJECT)	
REFERENCE: (DRAWING OR SPEC.)	September 7,2010 (DATE)
TELEVICE (DIMINING ON SIZES)	(21.1.2.)
DESCRIPTION: could you please provide the	color for the exterior doors
	Greg Waisanen
(DATE)	(REQUESTED BY)
RESPONSE:	
Refer to the Paint Submittal. Exterior Doors shall	be EPS 30. Color: Arrow Wood
	Chas Tax
RESPONSE NEEDED BY: 9-7-10	(ARCHITECT / ENGINEER SIGNATURE)
	9.8.2010
ACTION REQUIRED BY:	(DATE)
RESOLUTION:	
Notification must be given in accordance with the	contract documents if any architect / engineer
response / description causes any change to contra	•
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	STICUTION TNICE
	RUCTION, INC. 871827
P.O. BOX 2 PHONE: (907) 376-8299 WASILLA, A	871827 K 99687 FAX: (907) 373-5468
P.O. BOX 2 PHONE: (907) 376-8299 WASILLA, A REQUEST FOR INT AcGrath Health Clinic	871827 K 99687 FAX: (907) 373-5468
P.O. BOX 2 PHONE: (907) 376-8299 WASILLA, A REQUEST FOR INT McGrath Health Clinic PROJECT)	871827 K 99687 FAX: (907) 373-5468 TERPRETATION RFI #: 10
P.O. BOX 2 PHONE: (907) 376-8299 WASILLA, A REQUEST FOR INT McGrath Health Clinic PROJECT) Colors	871827 K 99687 FAX: (907) 373-5468 TERPRETATION
P.O. BOX 2 PHONE: (907) 376-8299 REQUEST FOR INT McGrath Health Clinic PROJECT) Colors REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: The trim color chosen for the tomooth boards. Can the trims be textured in lieu	FAX: (907) 373-5468 TERPRETATION RFI #: 10 July 13, 2010 (DATE) rim boards "Iron Gray" is not available on of smooth? Iron Gray is available on trim cedar mill texture of the lap siding.
P.O. BOX 2 PHONE: (907) 376-8299 REQUEST FOR INT AcGrath Health Clinic PROJECT) Colors REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: The trim color chosen for the tomooth boards. Can the trims be textured in lieu	FAX: (907) 373-5468 TERPRETATION RFI #: 10 July 13, 2010 (DATE) rim boards "Iron Gray" is not available on of smooth? Iron Gray is available on trim
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P.O. BOX 2 PHONE: (907) 376-8299 WASILLA, A REQUEST FOR INT McGrath Health Clinic PROJECT)	FAX: (907) 373-5468 FERPRETATION RFT #: 10 July 13, 2010 (DATE) rim boards "Iron Gray" is not available on trim cedar mill texture of the lap siding. Greg Waisanen (REQUESTED BY) Take (ARCHITECT / ENGINEER SIGNATURE) 7.13.2010 (DATE)







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		N. a.		

COLLINS CONSTRUCTION, INC.

PHONE: (907) 376-8299 WASILLA, AK 99687

P.O. BOX 871827

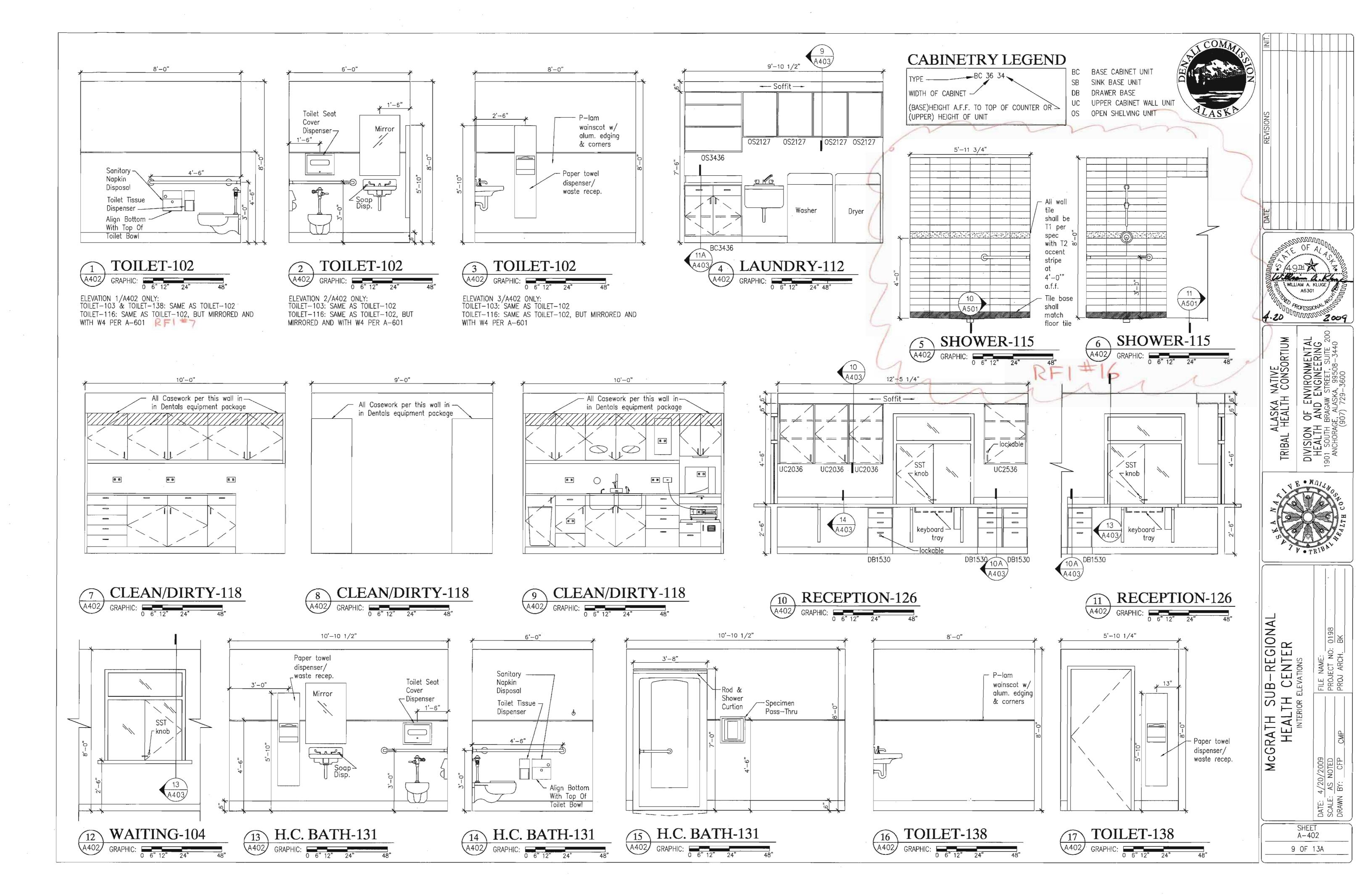
FAX: (907) 373-5468

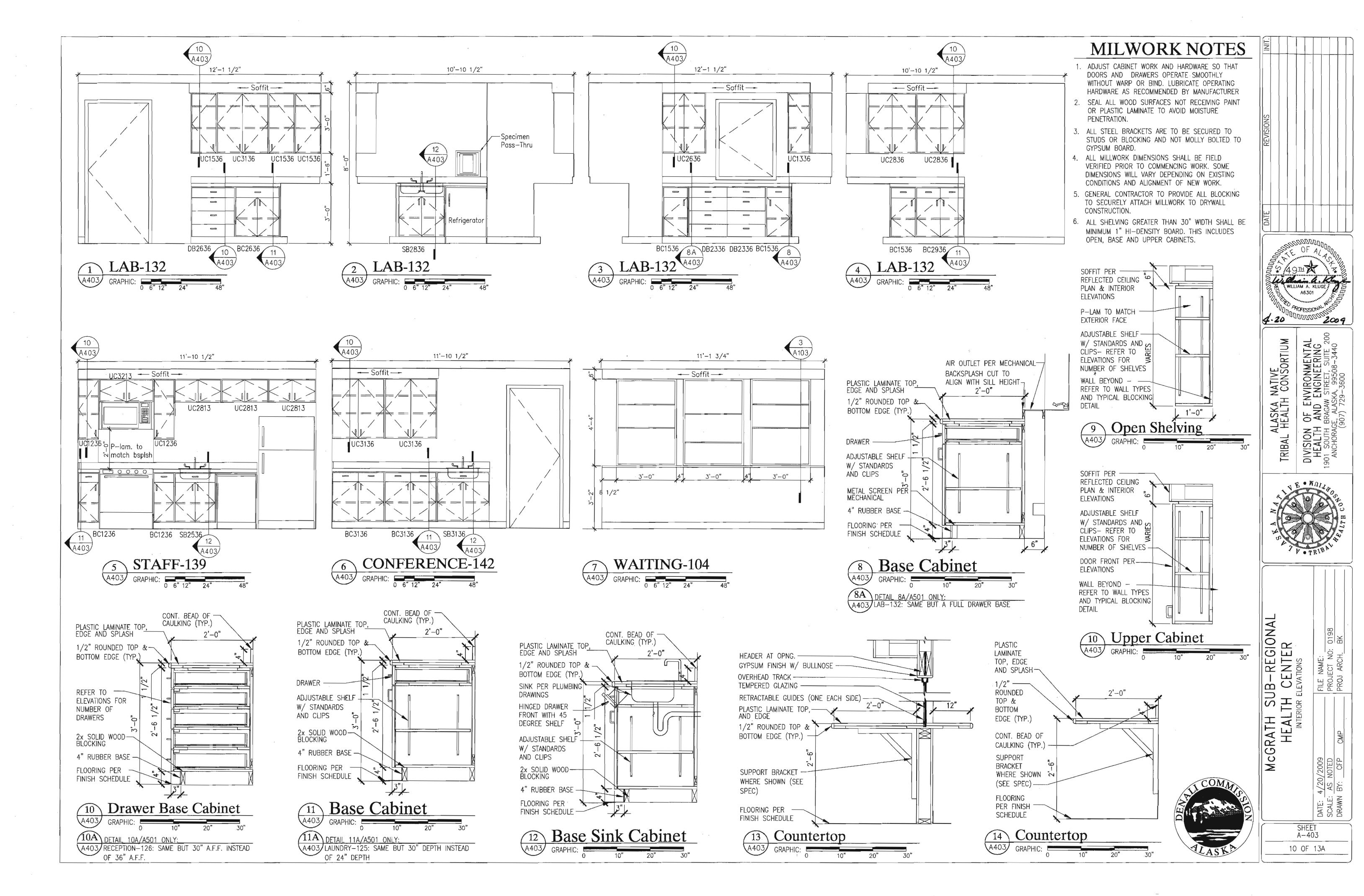
McGrath Health Clinic (PROJECT)	<u>RFI #:16</u>
Shower 115	August 30, 2010
REFERENCE: (DRAWING OR SPEC.)	(DATE)
DESCRIPTION: could you please verify the height bars	for the shower valves, head and slide
	Dave Brown
(DATE)	(REQUESTED BY)
RESPONSE:8-30-10	
72" A.F.F. Please reference the diagram to the right for applicable ADA requirements.	33-36 33-36
	Chas Tax
RESPONSE NEEDED BY:	(ARCHITECT / ENGINEER SIGNATURE
	9.30.2010
	(DATE)
ACTION REQUIRED BY:RESOLUTION:	
	Control of the contro
COLLINS CONSTRUC	CTION, INC.
P.O. BOX 871	·
PHONE: (907) 376-8299 WASILLA, AK 9	9687 FAX: (907) 373-5468
REQUEST FOR INTE	RPRETATION
	Ala.
AcGrath Health Clinic PROJECT)	<u>RFI #:07</u>
1:3 A 402 & finish schedule REFERENCE: (DRAWING OR SPEC.)	(DATE)
REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: details 1 through 3 on sheet A-402 c	6-29-2010 all out a P-lam wainscot in room 116, the
DESCRIPTION: details 1 through 3 on sheet A-402 conish schedule calls out ceramic tile on these walls. Ple	6-29-2010 all out a P-lam wainscot in room 116, the
REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: details 1 through 3 on sheet A-402 clinish schedule calls out ceramic tile on these walls. Ple	6-29-2010 all out a P-lam wainscot in room 116, the ase advise ag per the construction documents.
DESCRIPTION: details 1 through 3 on sheet A-402 clinish schedule calls out ceramic tile on these walls. Please See Notes to the see walls are to the control of the control	6-29-2010 all out a P-lam wainscot in room 116, the ase advise ag per the construction documents.

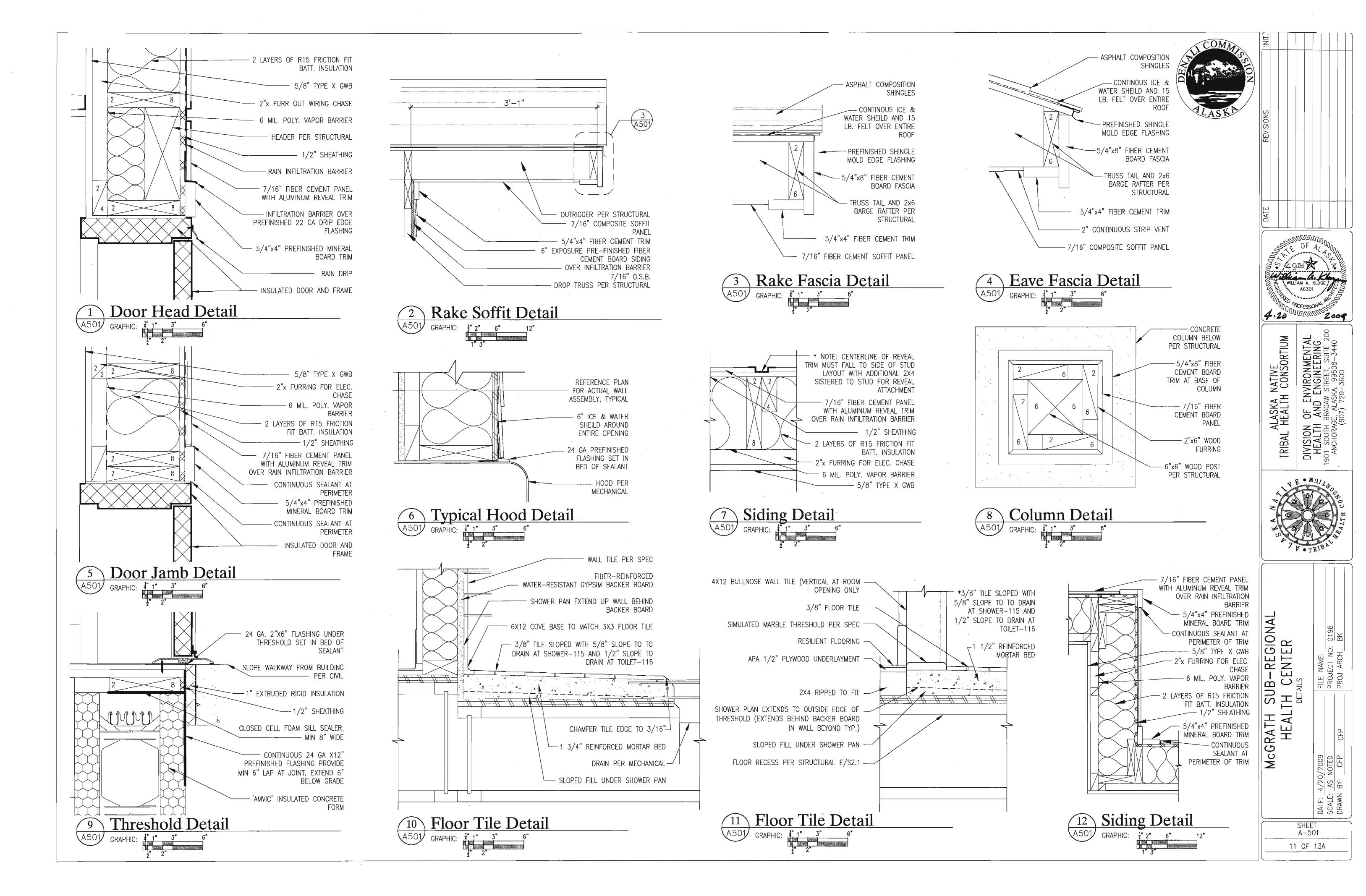
6.30.2010

ACTION REQUIRED BY: ______RESOLUTION:

Notification must be given in accordance with the contract documents if any architect / engineer response / description causes any change to contract documents.







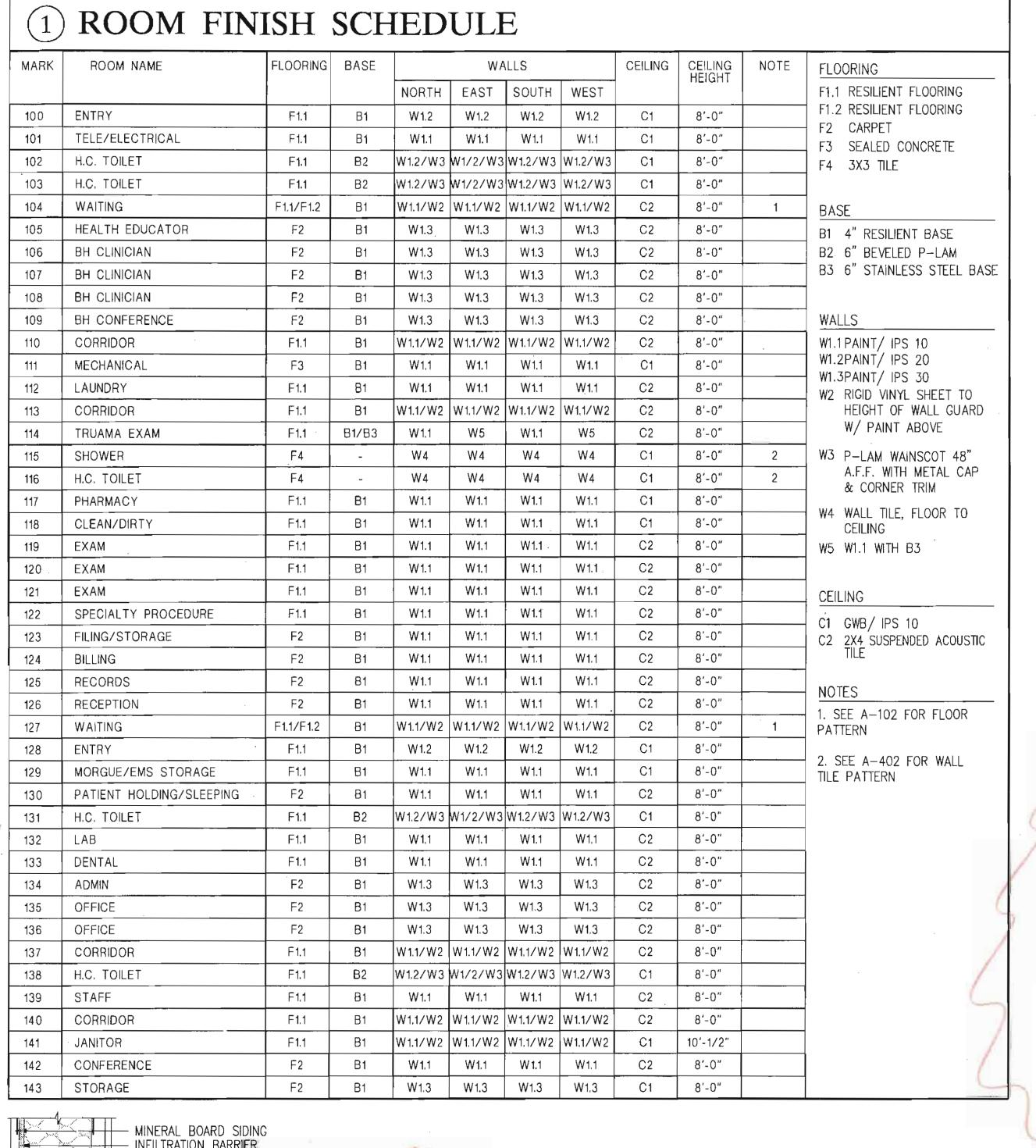
COLLINS CONSTRUCTION, INC.

P.O. BOX 871827

PHONE: (907) 376-8299 WASILLA, AK 99687

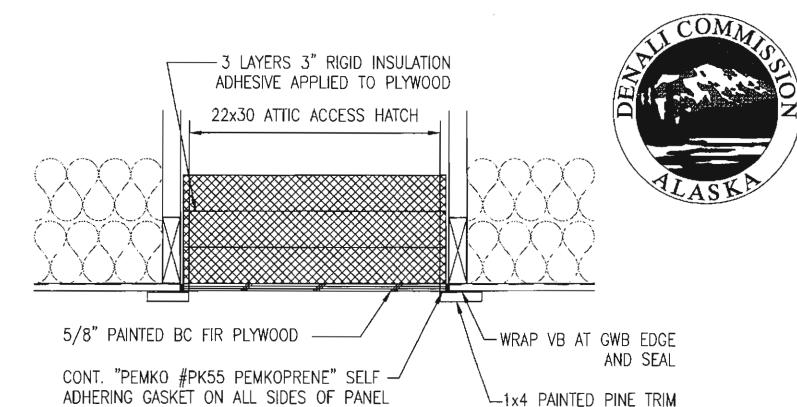
FAX: (907) 373-5468

McGrath Health Clinic	RFI #:12
(PROJECT)	
Floor coverings REFERENCE: (DRAWING OR SPEC.)	(DATE)
DESCRIPTION: There is no call out for self coverage. Please confirm this is correct. Also F1 floor underlayment, detail says typ., is this throughout	assembly shows ½" plywood
	(REQUESTED BY)
(DATE)	(REQUESTED DIT)
RESPONSE: Cove base is not required on this project. Install ½' Provide a spec. sheet to architect for suggested under	erlayment material.
	Chas Tax
RESPONSE NEEDED BY:	(ARCHITECT / ENGINEER SIGNATURE
	7.30.2010
ACTION REQUIRED BY:	(DATE)
RESOLUTION:	
Notification must be given in accordance with the cresponse / description causes any change to contract	contract documents if any architect / engineer t documents.
COLLINS CONSTR	RUCTION, INC.
P.O. BOX	,
PHONE: (907) 376-8299 WASILLA, A	K 99687 FAX: (907) 373-5468
REQUEST FOR INT	TERPRETATION
McGrath Health Clinic	ERPRETATION RFI #:09
McGrath Health Clinic PROJECT) S. 3.0	RFI #:09
McGrath Health Clinic PROJECT) S. 3.0	RFI #:09
McGrath Health Clinic PROJECT)	July 8, 2010 (DATE) t hand corner of sheet S 3.0 " 2 x 8 wall
McGrath Health Clinic PROJECT) S. 3.0 REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: There is a note in the upper lefted at 24" on center Typ. Line up with truss about the study at 24" on center Typ. Line up with truss about the study at 24" on center Typ. Line up with truss about the study at 24" on center Typ. Line up with truss about the study at 24" on center Typ. Line up with truss about the study at 24" on center Typ. Line up with truss about the study at 24" on center Typ. Line up with truss about the study at 24" on center Typ. Line up with truss about the study at 24" on center Typ.	July 8, 2010 (DATE) t hand corner of sheet S 3.0 " 2 x 8 wall ove" wall type 1 A -601 calls for the
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McGrath Health Clinic PROJECT) S. 3.0 REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: There is a note in the upper left tud at 24" on center Typ. Line up with truss above a sterior walls @ 16" O.C. Are these walls to be 16" or 24" O.C.? or is it the odd a stud under every other truss? DATE) RESPONSE: The walls referenced above shall be a change wall type 1 A-601 to 24" O.C. Regarding insulation already on-site, used as long as they are cut true and	July 8, 2010 (DATE) It hand corner of sheet S 3.0 " 2 x 8 wall ove" wall type 1 A -601 calls for the e intent to frame the walls 16" O.C. and Greg Waisanen (REQUESTED BY) At 24" O.C. per structural. Please in lieu of 16" O.C. two pieces of insulation may be fit tight within each stud bay.
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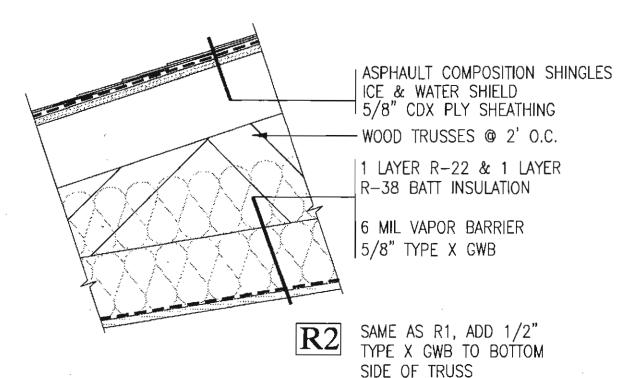


GENERAL FINISH NOTES

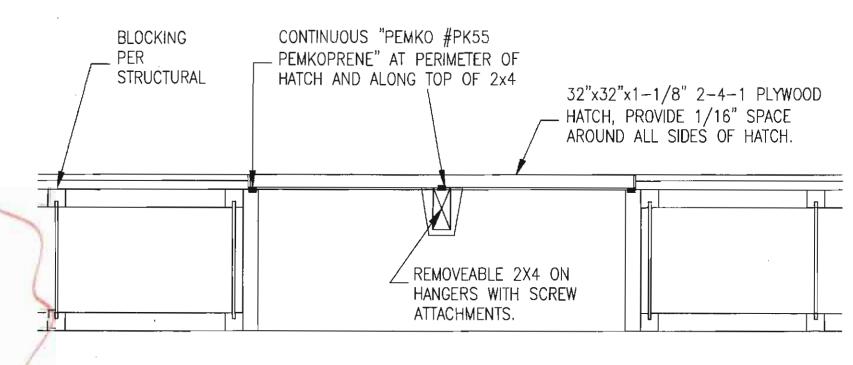
- 1. THE CONTRACTOR SHALL PROPERLY PREPARE THE SURFACES PER FINISH MANUFACTURER'S SPECIFICATIONS PRIOR TO APPLICATION OF FINISH. ALL FINISHES AND ADJOINING SURFACES SHALL REMAIN FREE OF GLUE, PLASTER AND PAINT EXCESS.
- 2. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR ALL COORDINATION BETWEEN TRADES TO INSURE PROPER INSTALLATION OF FINISH FOR COLORS AND QUALITIES.
- 3. PREPARE FLOOR AREAS AS REQUIRED TO RECEIVE FLOOR FINISHES, INCLUDING FLASH PATCHING REQUIRED TO LEVEL TO 1/4" IN 20' AND SMOOTH FLOOR.
- 4. ANY CHANGE IN FLOOR FINISH SHALL OCCUR AT CENTERLINE OF DOOR OR CASED OPENING UNLESS OTHERWISE NOTED. E INTERIOR FINISHES, IN MEANS OF EGRESS, SHALL BE CLASS "A" FIRE RATED.
- 5. PROVIDE ACOUSTICAL SEALANT AT ALL EDGES AND PENETRATIONS THROUGH ACOUSTICAL WALLS.
- 6. ALL WALLS ARE TO EXTEND TO STRUCTURE ABOVE AS APPROPRIATE. REFERENCE WALL SECTIONS SHEETS A4.3 AND A4.4. 3. ALL DIMENSIONS ARE TO FACE OF FRAMING TYPICAL UNIFSS OTHERWISE
- 7. REFER TO SHEET F1.1 FOR MODULAR CABINETRY/FURNISHINGS PROVIDED AND INSTALLED BY OWNER. CONTRACTOR SHALL BE RESPONSIBLE FOR COORDINATING ALL ROOM FINISHES, PLUMBING AND ELECTRICAL ITEMS IMPACTING SAID ROOM FURNISHINGS
- 8. ALL FLOOR BASE SHALL BE SEALED TO FLOORING WITH A FINE BEAD OF SEALANT AT THE BOTTOM EDGE OF THE BASE.



2 ATTIC ACCESS HATCH

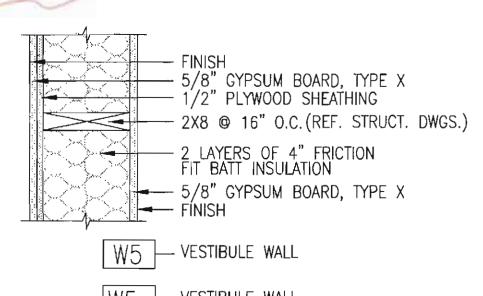


TYP. ROOF ASSEMBLY

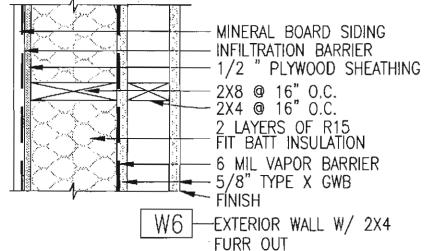


F1 TYP. FLOOR ASSEMBLY

5 CRAWL SPACE ACCESS HATCH A601 GRAPHIC: NOT TO SCALE



WALL TYPE W5, REPLACE 2X8 @ 16" O.C., WITH 2X4 @ 16" O.C.



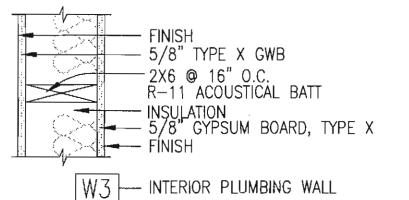
FURR OUT

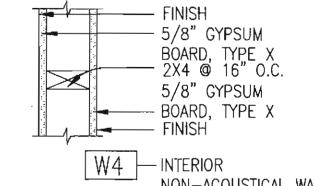
INFILTRATION BARRIER 1/2 " PLYWOOD SHEATHING - 2X8 @ 16" O.C. — A BLE WALLS ONLY

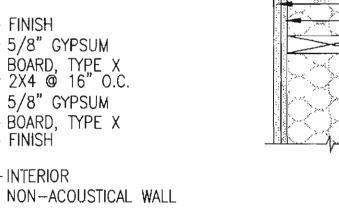
2 LAYERS OF R15 BEARING WALLS O 24" WIRING CHASE WITH 2"x2" STUDS AND — 5/8" TYPE X GWB -2X4 @ 16" O.C. 2"x4" TOP AND BOTTOM PLATES R-11 ACOUSTICAL BATT - 6 MIL VAPOR BARRIER INŞULATION - 5/8" TYPE X GWB 5/8" TYPE X GWB FÍNISH — FÍNISH W1 -EXTERIOR WALL W2 — INTERIOR ACOUSTICAL

WALL ASSEMBLIES GRAPHIC: 0 2" 4" \ A601∠

WALL TYPE W2 WITH 2 LAYER OF 5/8" GWB EA. SIDE OF WALL INSTEAD OF ONE. ADD RC1 CHANNEL 24" O.C. WALL TYPE W2a ONLY





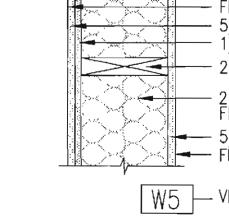


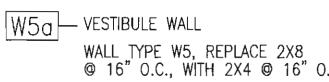
- FINISH (SEE ROOM FINISH SCHEDULE)

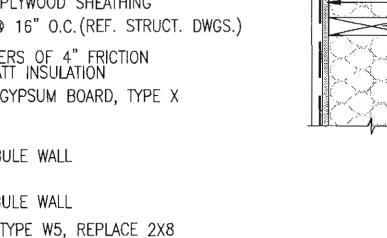
— BCI 5000 x 11 7/8" JOISTS @ 16" O.C.

1/2" PLYWOOD UNDERLAYMENT

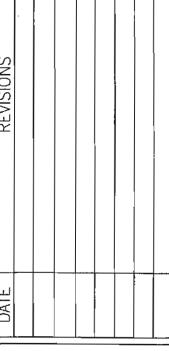
— 3/4" PLYWOOD SUBFLOOR

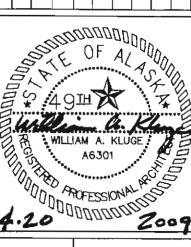






GRATH SU HEALTH FINISH SCHEDULE C W





OF ENVIRONMENTAL
I AND ENGINEERING
BRAGAW STREET, SUITE 20C
GE, ALASKA, 99508-3440 H.A. DIVISION HEALTH 901 SOUTH E ANCHORAGE TRIBAL



SUB-REGIONAL
TH CENTER

DATE: 4/20/2009 SCALE: AS NOTED DRAWN BY: CFP

SHEET A-601 12 OF 13A

1. ALL WALLS SHALL BE W2 TYPICAL UNLESS OTHERWISE NOTED PER A-102.

COLLINS CONSTRUCTION, INC.

PHONE: (907) 376-8299

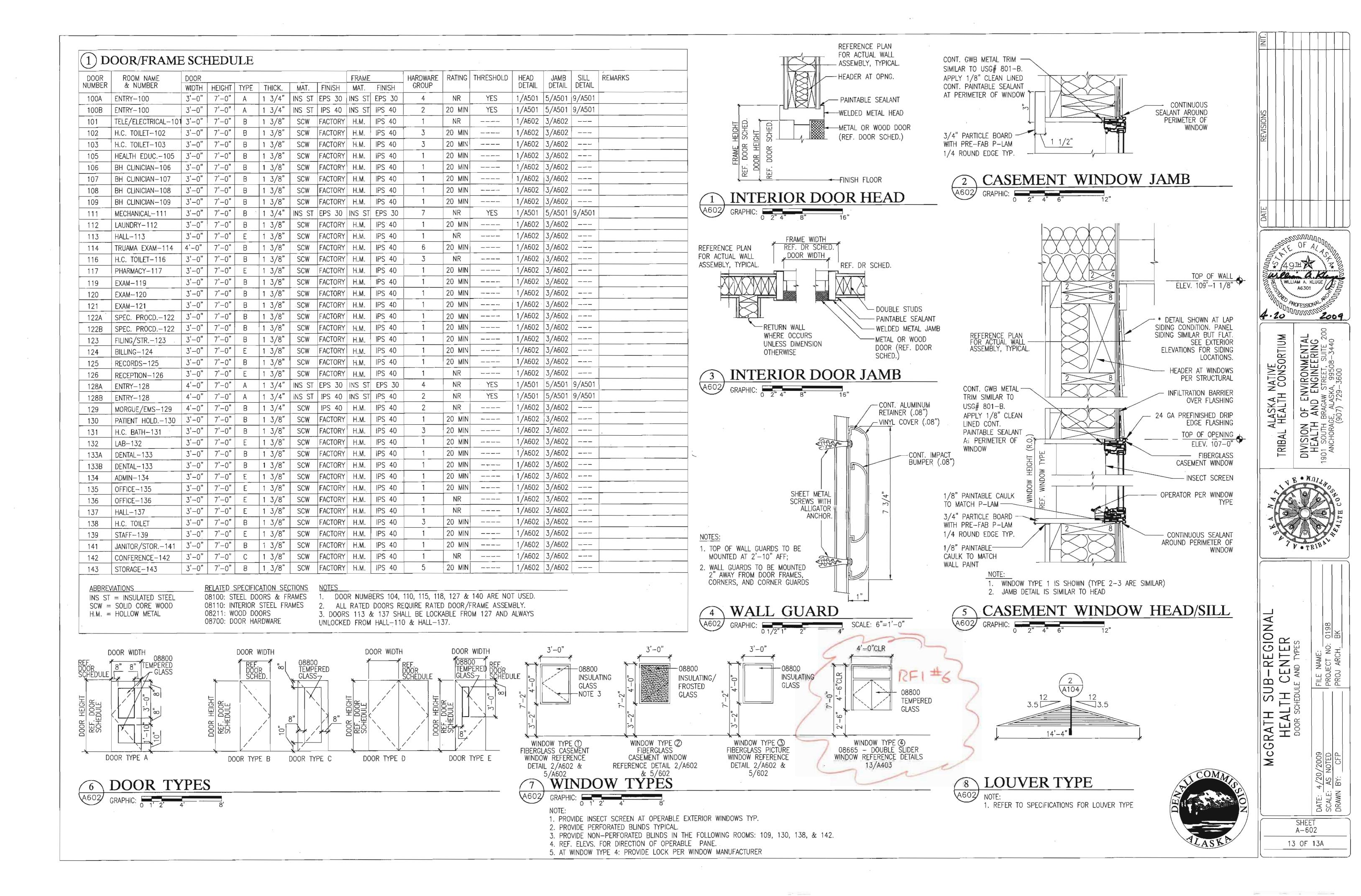
P.O. BOX 871827 WASILLA, AK 99687

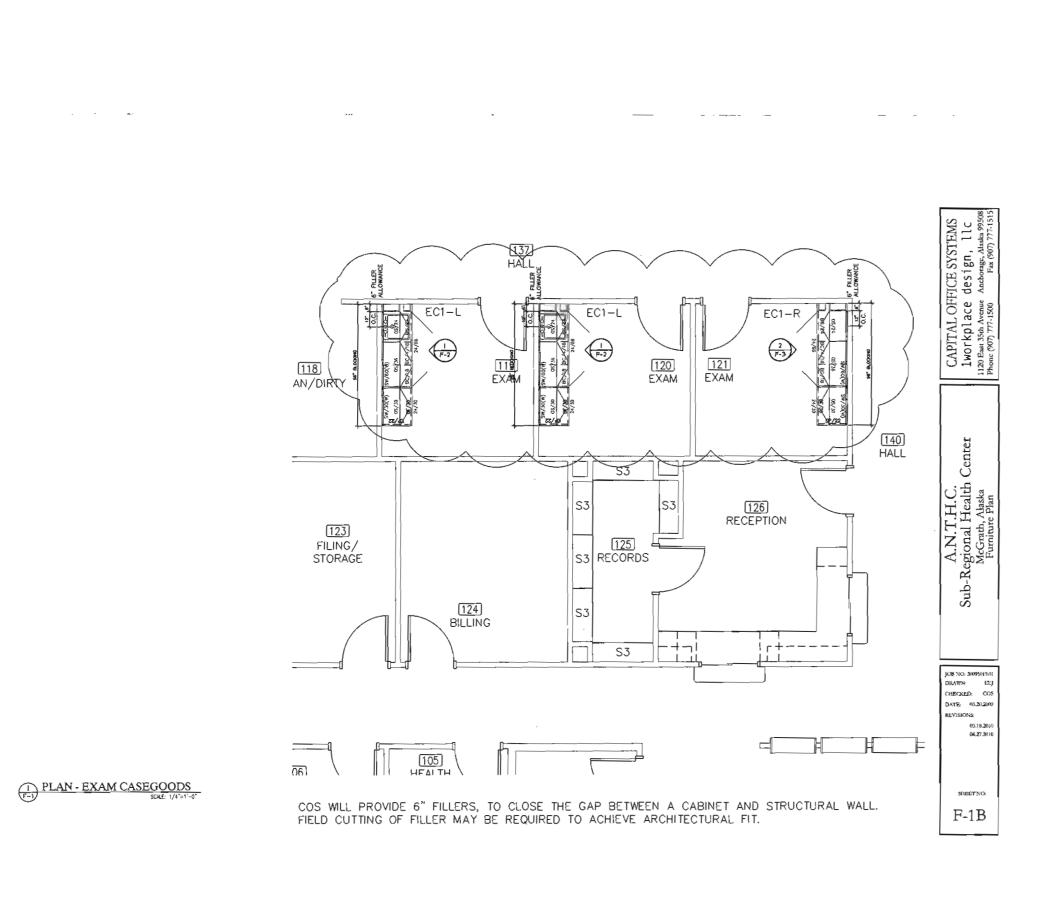
FAX: (907) 373-5468

REQUEST FOR INTERPRETATION <u>RFI #: 6</u> McGrath Health Clinic (PROJECT)

REFERENCE: (DRAWING OR SPEC.)	(DATE)
	2 directs us to see detail 13 on A403. These do no ther does not as well as one is sliding and the other
	Greg Waisanen
(DATE)	(REQUESTED BY)
RESPONSE:	TYPE 4 on A-602, "Double Slider" this is a sliding som in the window.
RESPONSE NEEDED BY:	(ARCHITECT / ENGINEER SIGNATUR
RESI ONSE NEEDED B1.	
	7.2.2010
ACTION REQUIRED BY:	(DATE)
RESOLUTION:	

Notification must be given in accordance with the contract documents if any architect / engineer response / description causes any change to contract documents.





PLAN - EXAM CASEGOODS
SCRE 1/4"=1"-0"

COS WILL PROVIDE 6" FILLERS, TO CLOSE THE GAP BETWEEN A CABINET AND STRUCTURAL WALL.

FILL COURT OF FILLER MAY BE REQUIRED TO ACHIEVE ARCHITECTURAL FIT.

FILL COURT OF FILLER MAY BE REQUIRED TO ACHIEVE ARCHITECTURAL FIT.

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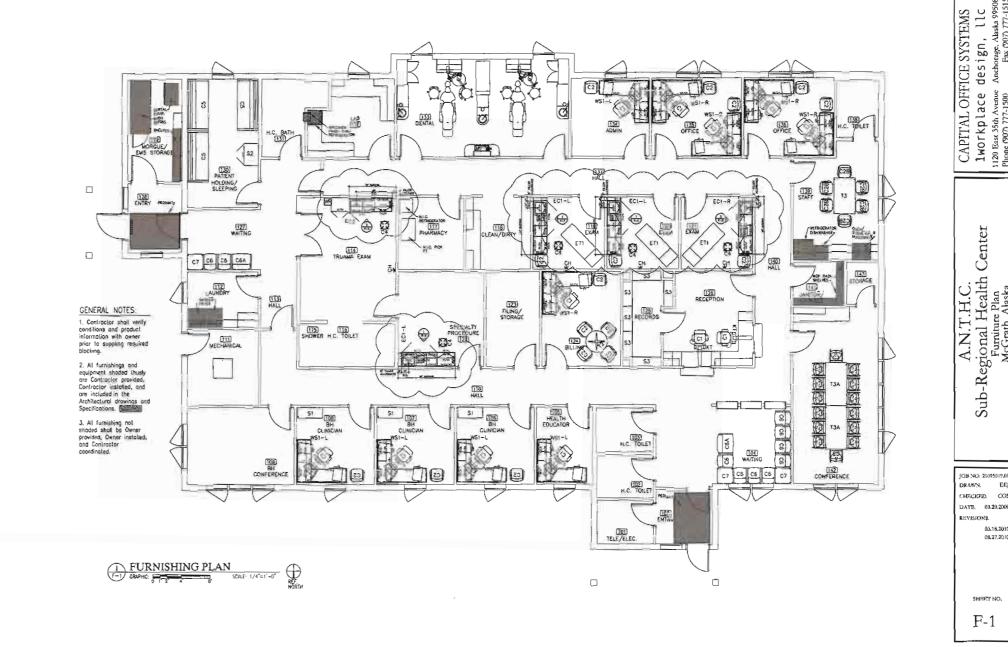
FILL COURT OF FILLER MAY BE REQUIRED TO ACHIEVE ARCHITECTURAL FIT.

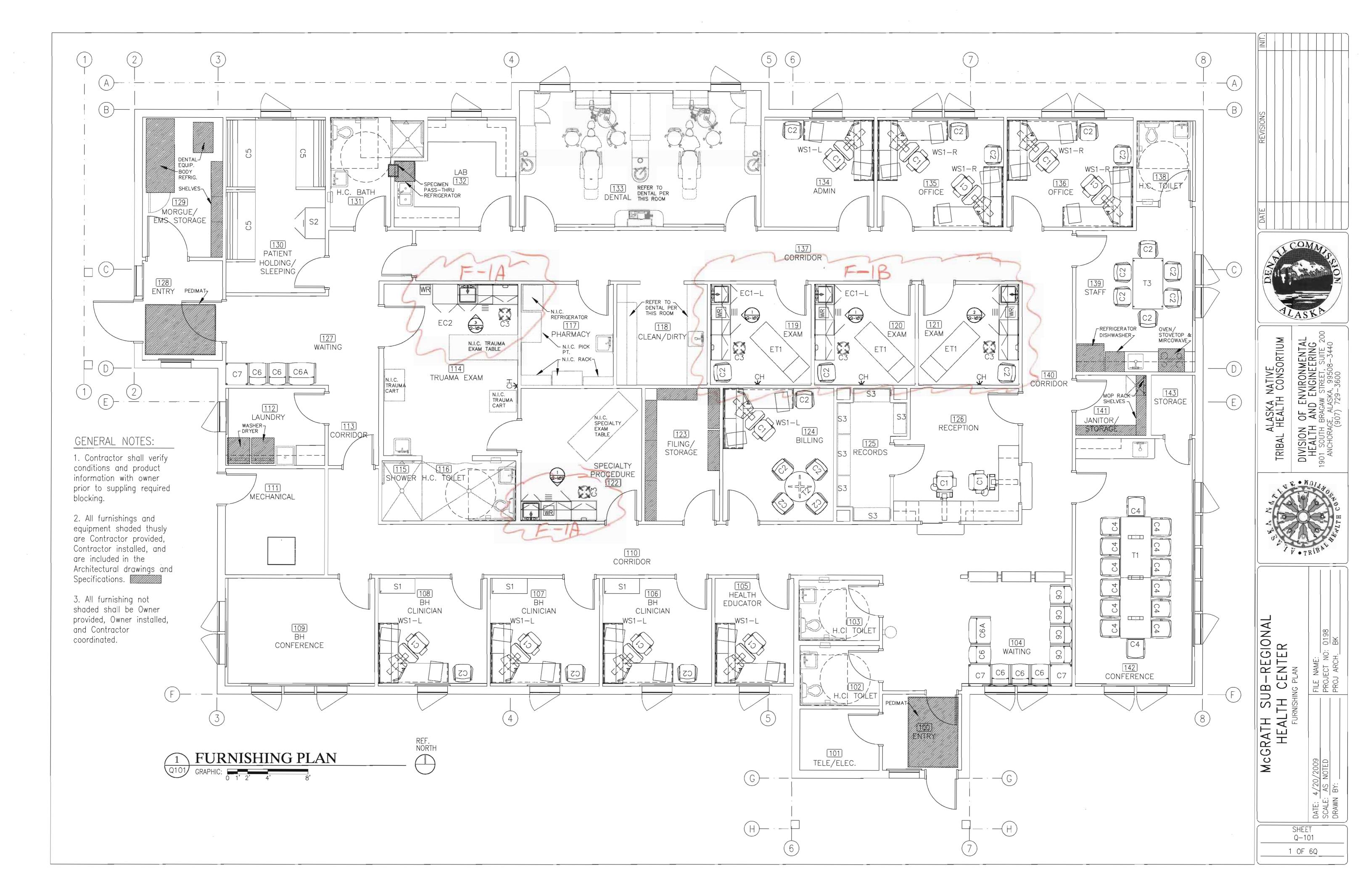
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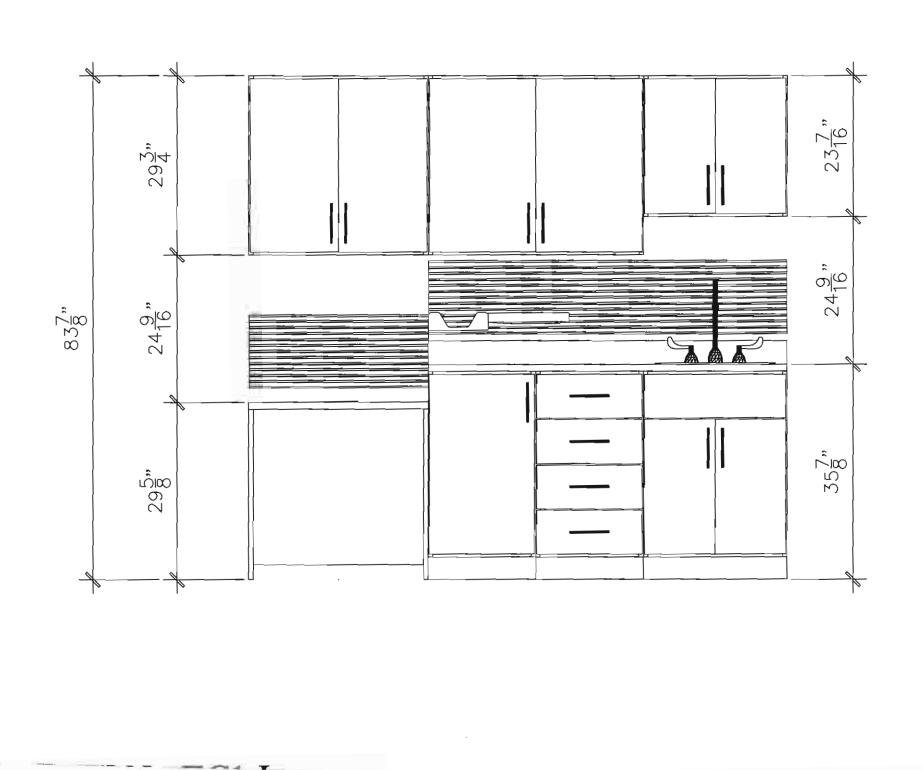
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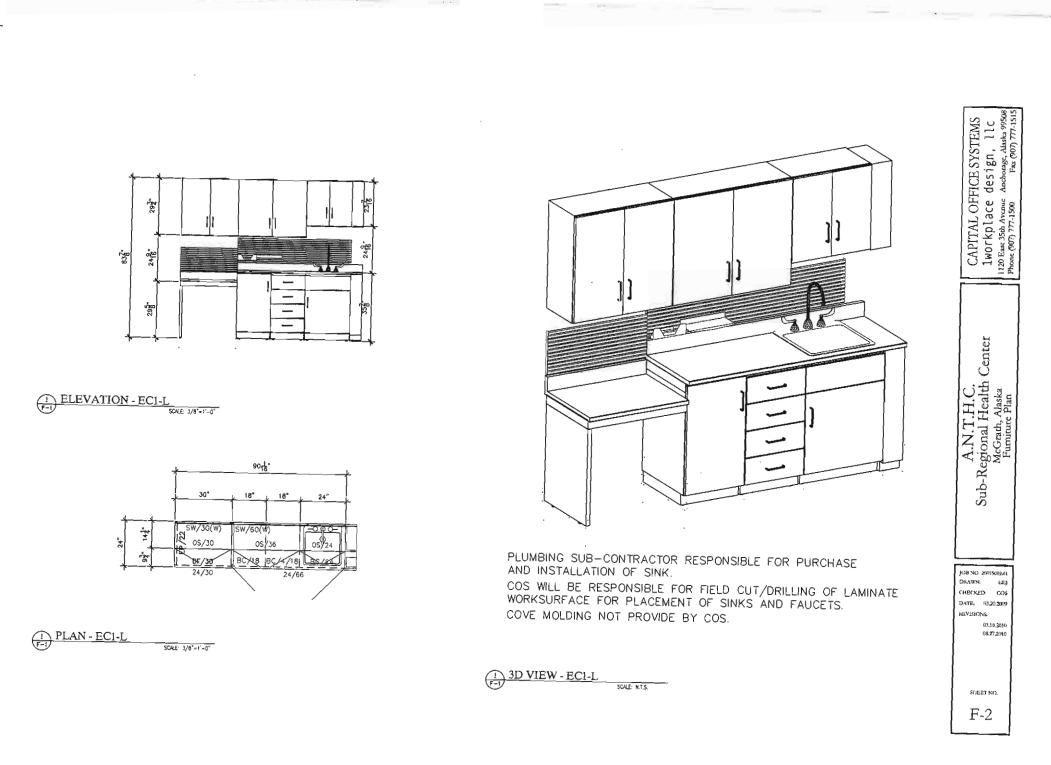
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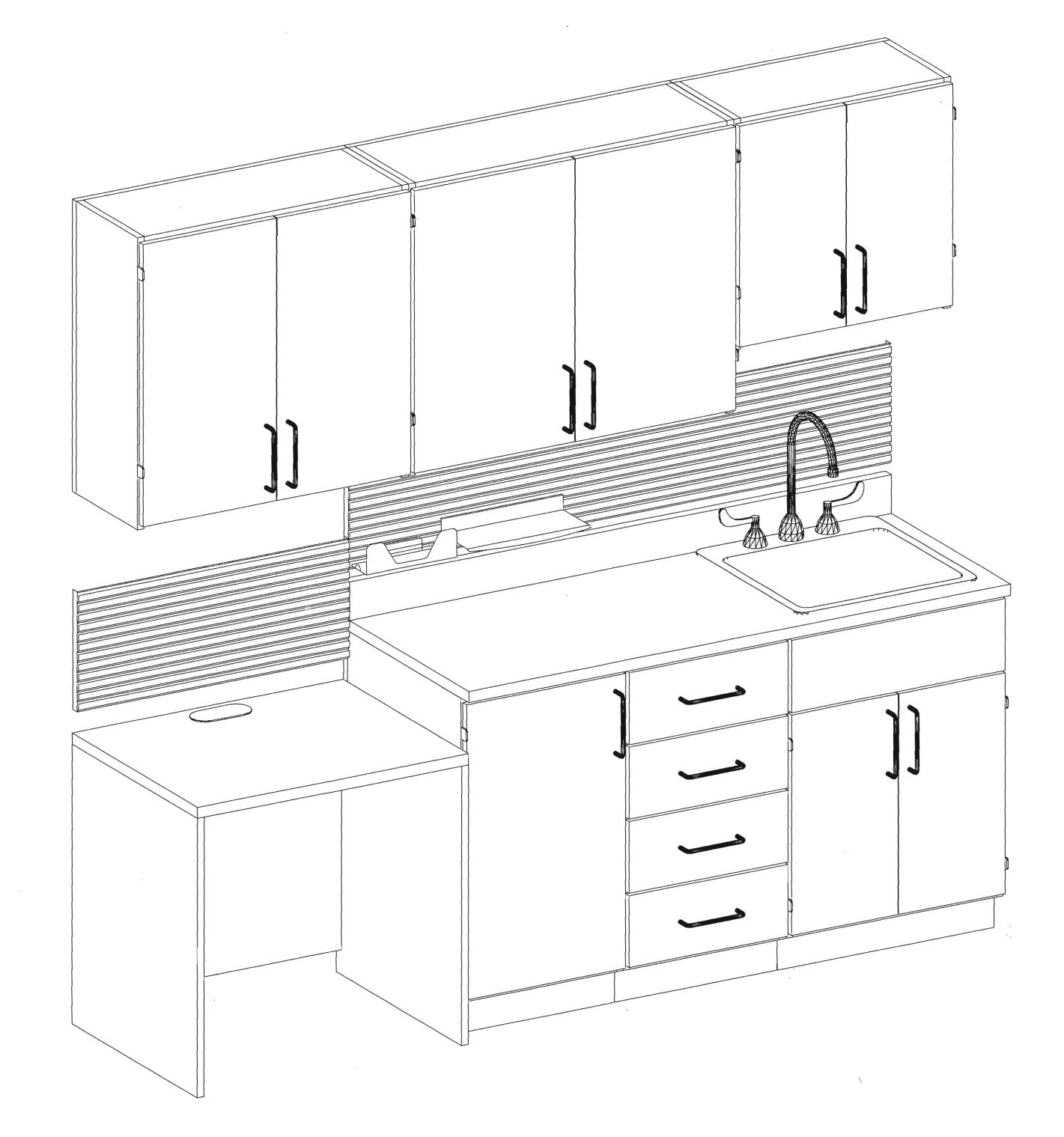
FILL COURT OF FILLER MAY BE REQUIRED TO ACHIEVE ARCHITECTURAL FIT.

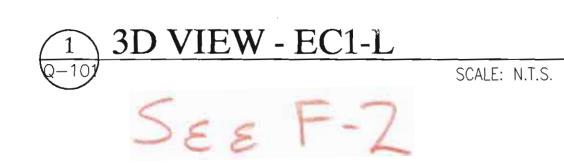








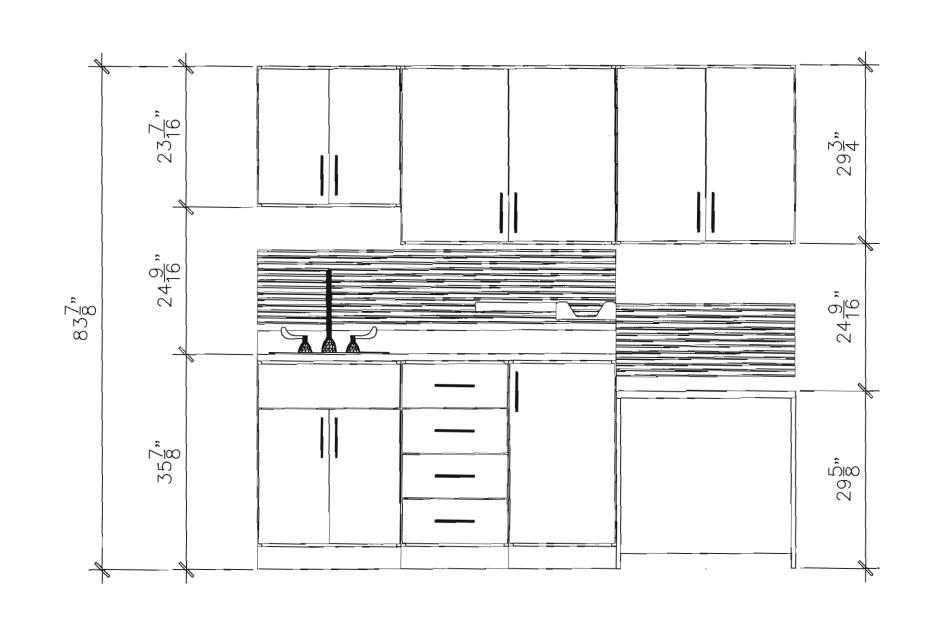




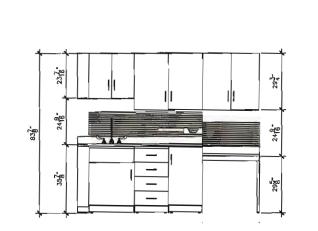
McGRATH SUB-REGIONAL
HEALTH CENTER
FURNISHING PLAN

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

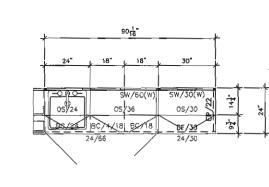
> SHEET Q-102 2 OF 6Q



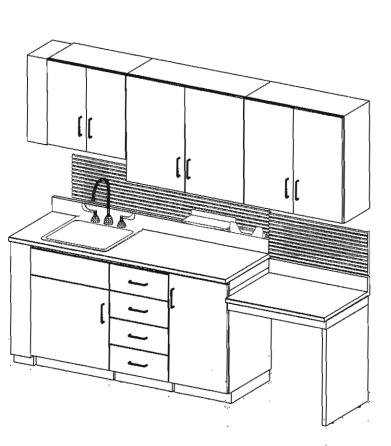




2 ELEVATION - EC1-R SCAE: 3/8"=1"-0"

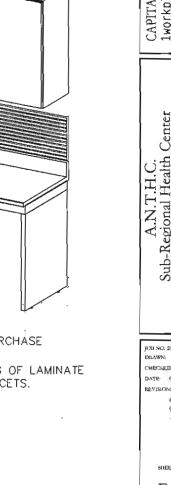


2 PLAN - EC1-R SCAE: 1/8"+1"-0"

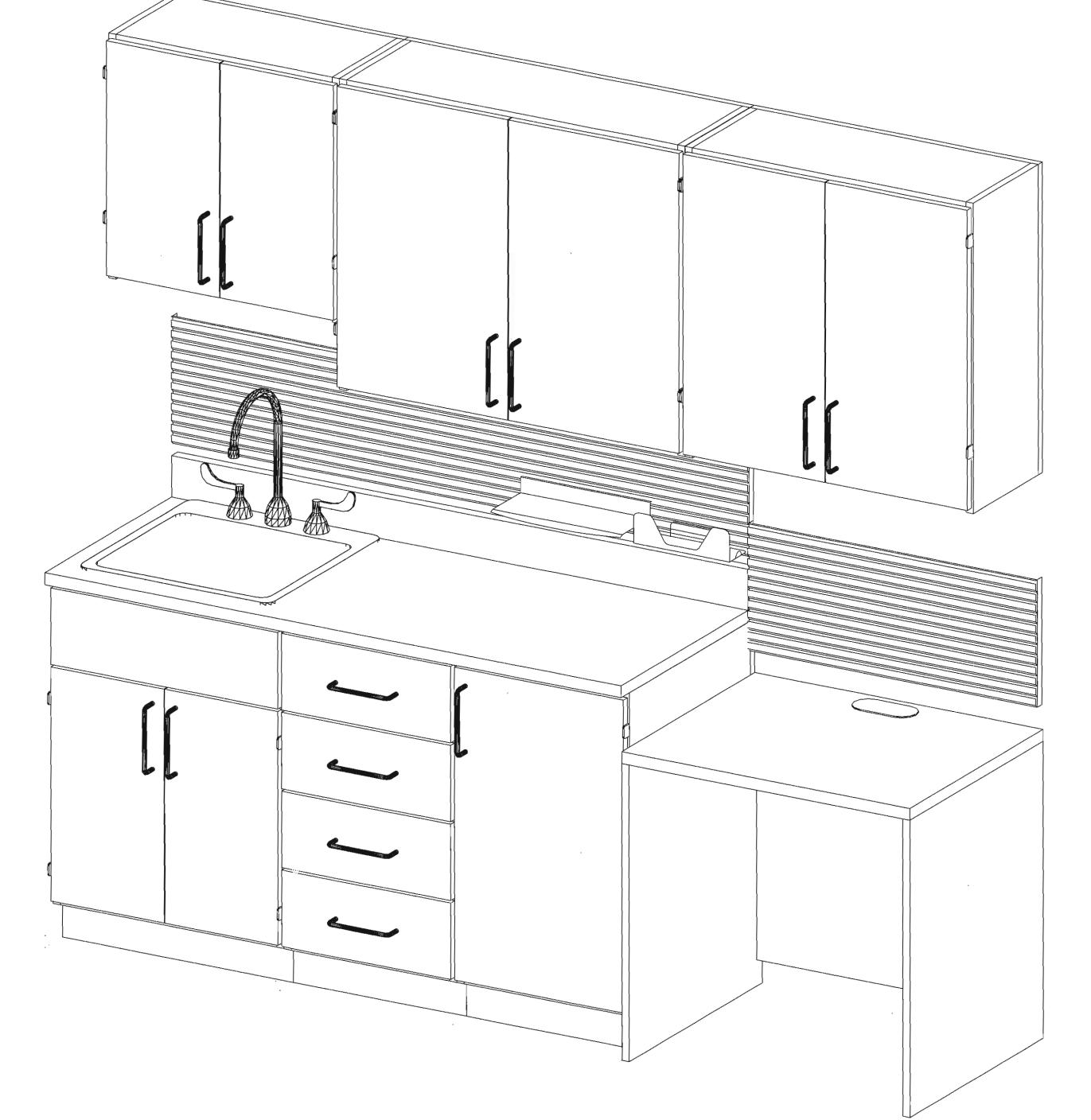


PLUMBING SUB-CONTRACTOR RESPONSIBLE FOR PURCHASE AND INSTALLATION OF SINK. COS WILL BE RESPONSIBLE FOR FIELD CUT/DRILLING OF LAMINATE WORKSURFACE FOR PLACEMENT OF SINKS AND FAUCETS.
COVE MOLDING NOT PROVIDE BY COS.

2 3D VIEW - EC1-R SCAE N.T.S.







SCALE: N.T.S.

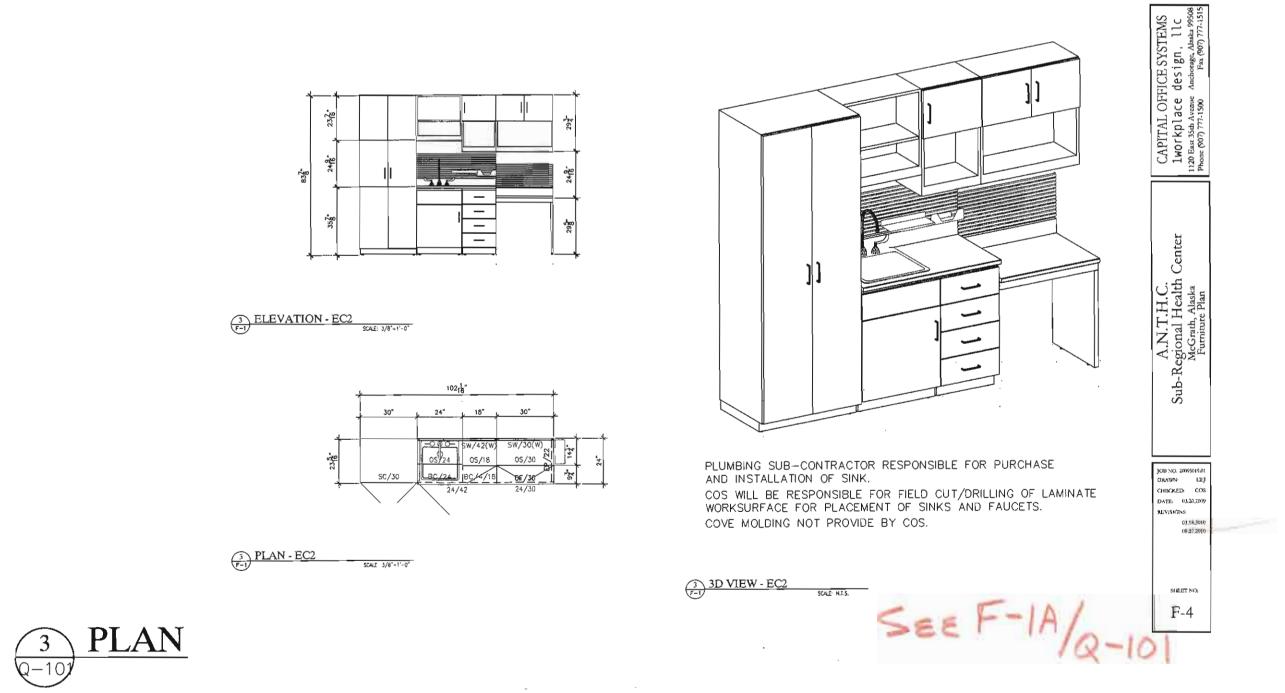


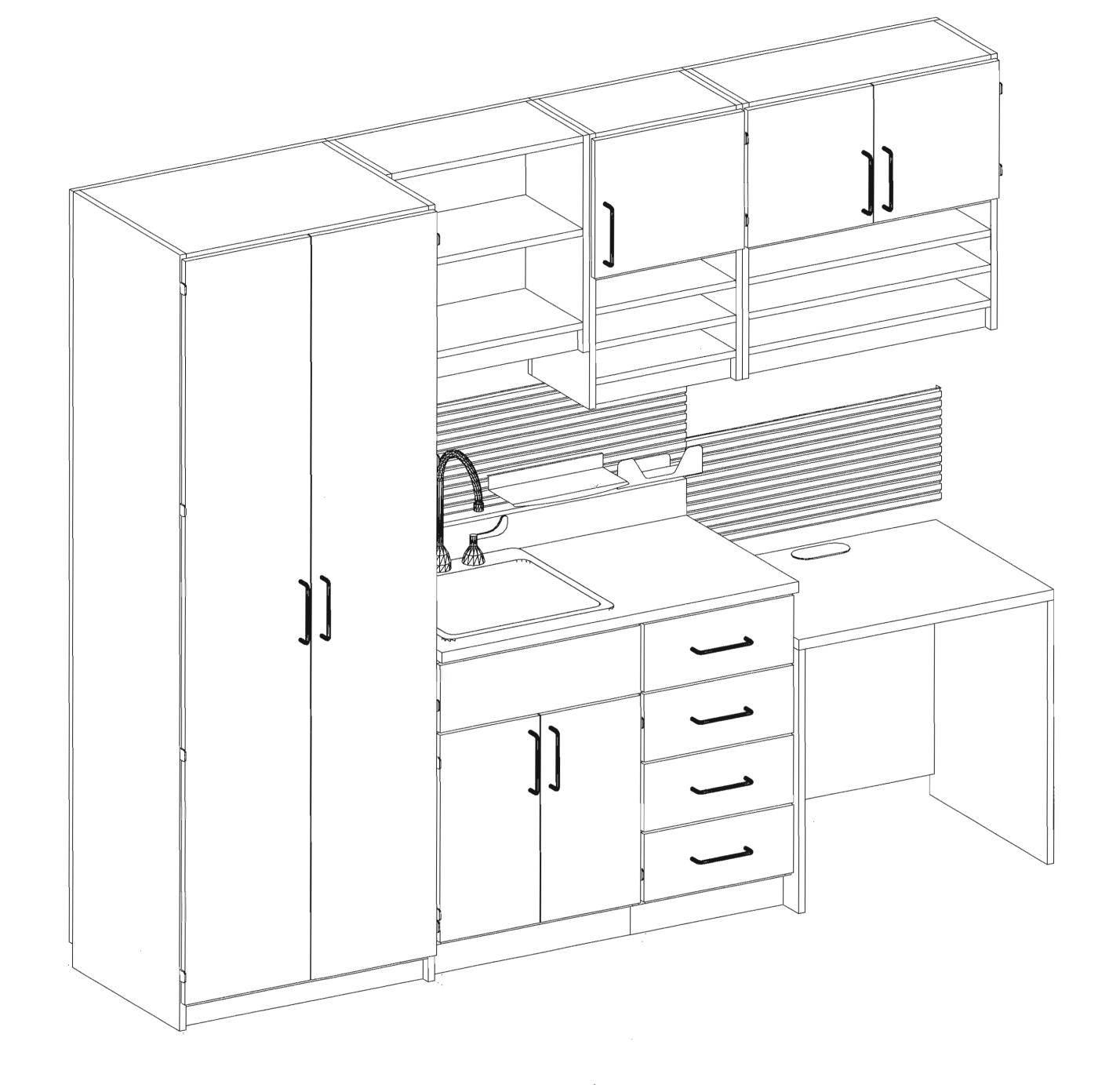
McGRATH SUB-REGIONAL
HEALTH CENTER
FURNISHING PLAN

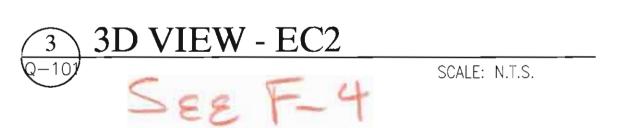
SHEET Q-103 3 OF 6Q



3 ELEVATION - EC2

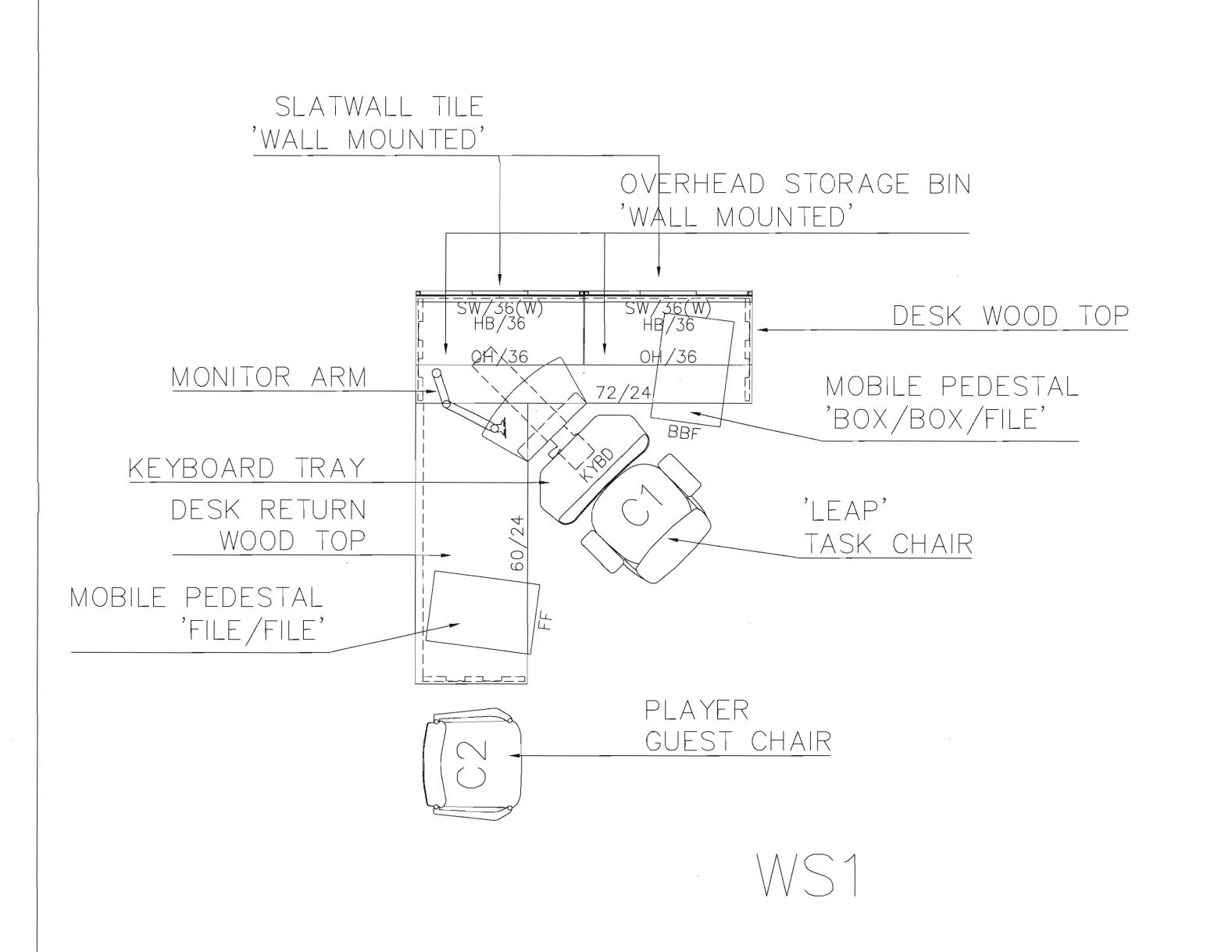


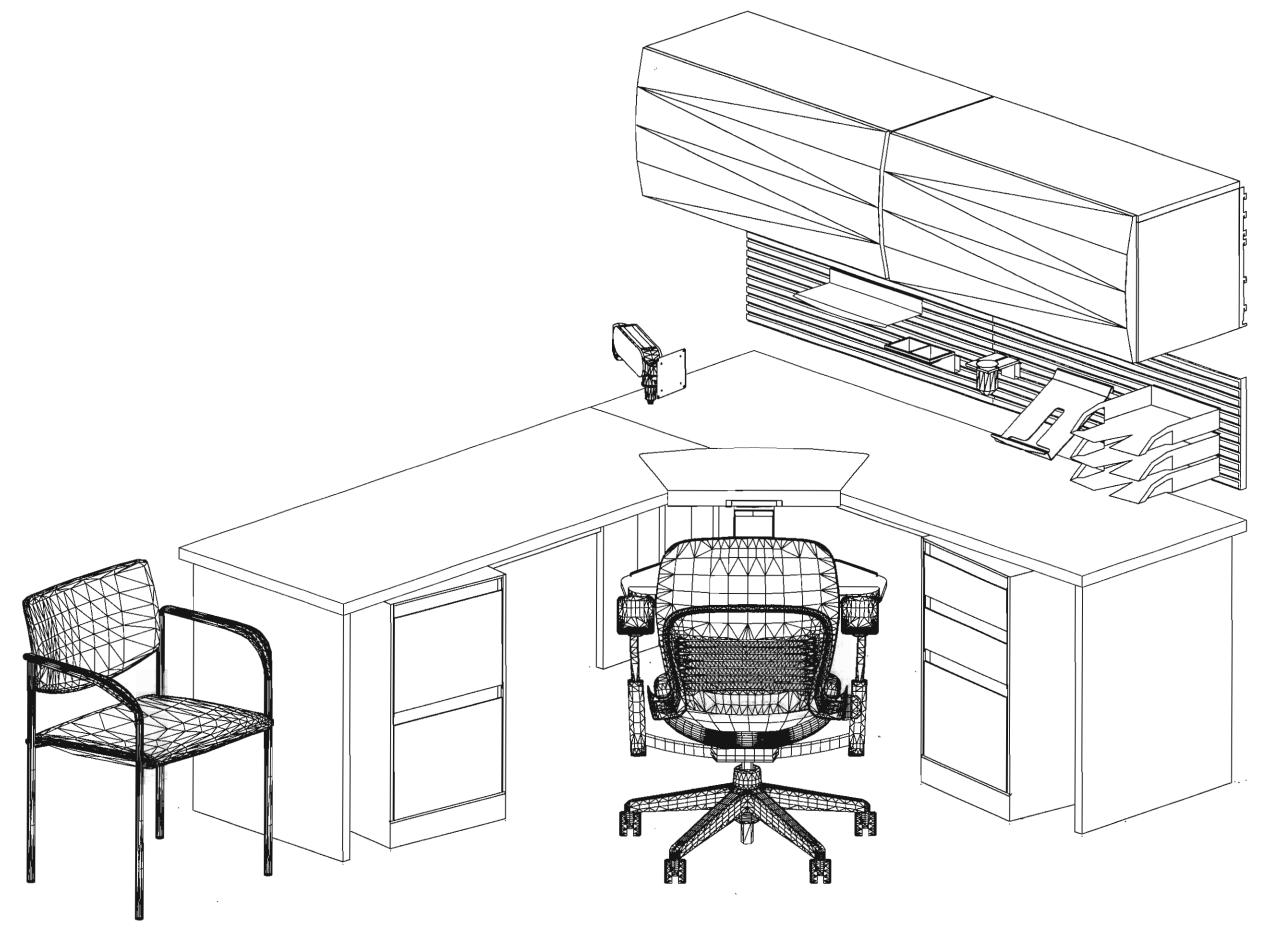




McGRATH SUB-REGIONAL HEALTH CENTER

SHEET Q-104 4 OF 6Q



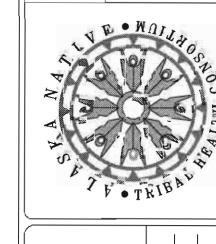






WST 3D VIEW - OFFICE WORKSTATION





McGRATH SUB-REGIONAL HEALTH CENTER

SHEET Q-105 5 OF 6Q

	FURN	ITURE LEGEND:					
	CI	'LEAP' TASK CHAIR					
	C2	'PLAYER' GUEST CHAIR					
-	C3	VERGE' STOOL					
	C4	'REINHARD' CONFERENCE CHAIR					
	C5	'SIESTA' SLEEPER					
	C6	OUTLOOK 'HAWTHORNE' SINGLE SEAT, ARM, CHAIR					
	C6A	OUTLOOK 'HAWTHORNE' BARIATRIC, SINGLE SEAT CHAIR					
	СТ	OUTLOOK 'HAWTHORNE' TABLE, WD EDGE					
	71	'CONVENE' CONFERENEC TABLE, LAMINATE, WD EDGE WITH TWO POWER UNITS					
	T2	'AU LAIT' TABLE, LAMINATE, WD EDGE					
*	T 3	'ARRIVA' TABLE, LAMINATE					
	S 1	LATERAL FILE, 4 DRAWER					
	5 2	'SHAKER' WARDROBE, WOOD, DOUBLE DOOR W/DRAWER					
	6 3	HIGH DENSITY FILING, OPEN SHELF, LEGAL					
	EŤI	'ACCESS' HIGH-LOW EXAM TABLE					
	WR	WASTE CAN, SQUARE STEEL					
	СН	COAT HOOK					

FURNITURE LEGEND:				
WS1	OFFICE WORKSTATION			
ECI	EXAM RM CASEGOODS			
EC2	TRAUMA EXAM CASEGOODS			

١		
	FURN	HTURE LEGEND:
-	CI	'AMIA' TASK CHAIR
p6.	'SITA' ART CHAIR	
-	C2B	'SITA' SIDE CHAIR
_	C3	'VERBEY' ARM CHAIR
	C4	'YERGE' STOOL
	CS	'SIESTA' SLEEPER
	C6	OUTLOOK "HAUTHORNE" BNOLE SEAT, ARM, CHAIR
	C&A	OUTLOOK 'HAUTHORNE' BARIATRIC, SINGLE SEAT CHAIR
	C 7	CUTLOOK "HAWTHOWNE" TABLE, UD EDGE
Ī	T2	'AU LAIT' TAIDLE, LAMINATE, WO EDGE
-	T3	'SPECTRA' FOLDING TABLE, RECTANGLE, LAMINATE (36' × 60")
	TBA	'SPECTRA' FOLDING TABLE, RECTANGLE, LAMINATE (36' X T2')
	ėi.	LATERAL FILE, 4 DRAWER
	0 2	'SHAKER' WARDROBE, WOOD, DOUBLE DOOR W/DRAWER
	6 3	HIGH DENSITY FILING, OPEN SHELF, LEGAL (4-POST, 13' HIGH)
	EΠ	'ACCESS' HIGH-LOW EXAM TABLE
	u#	WASTE CAN, SQUARE STEEL
İ	СН	солт носк

FURNITURE LEGEND

FURNITURE LEGEND:					
ws:	OFFICE WORKSTATION (KICK FREESTANDING)				
ECI	EXAM RM CASEGOODS (FOLIO)				
EC2	TRAINA EXAM CASEGOODS (FOLIO)				
					

Furniture Plan

JOB NED 2019/501/Juli ONAWN: LEEJ CMECIGED: COS OATE: 10-20.2009 MALVISIONS: 03.18.2016 08.27.2010

F-6

TRIBAL HEALTH CONSORTIUM
TRIBAL HEALTH CONSORTIUM
DIVISION OF ENVIRONMENTAL
HEALTH AND ENGINEERING
1901 SOUTH BRAGAW STREET, SUITE 200
ANCHORAGE, ALASKA, 99508—3440
consoleration (907) 729—3600

F • WALL

PLAN
E NAME:

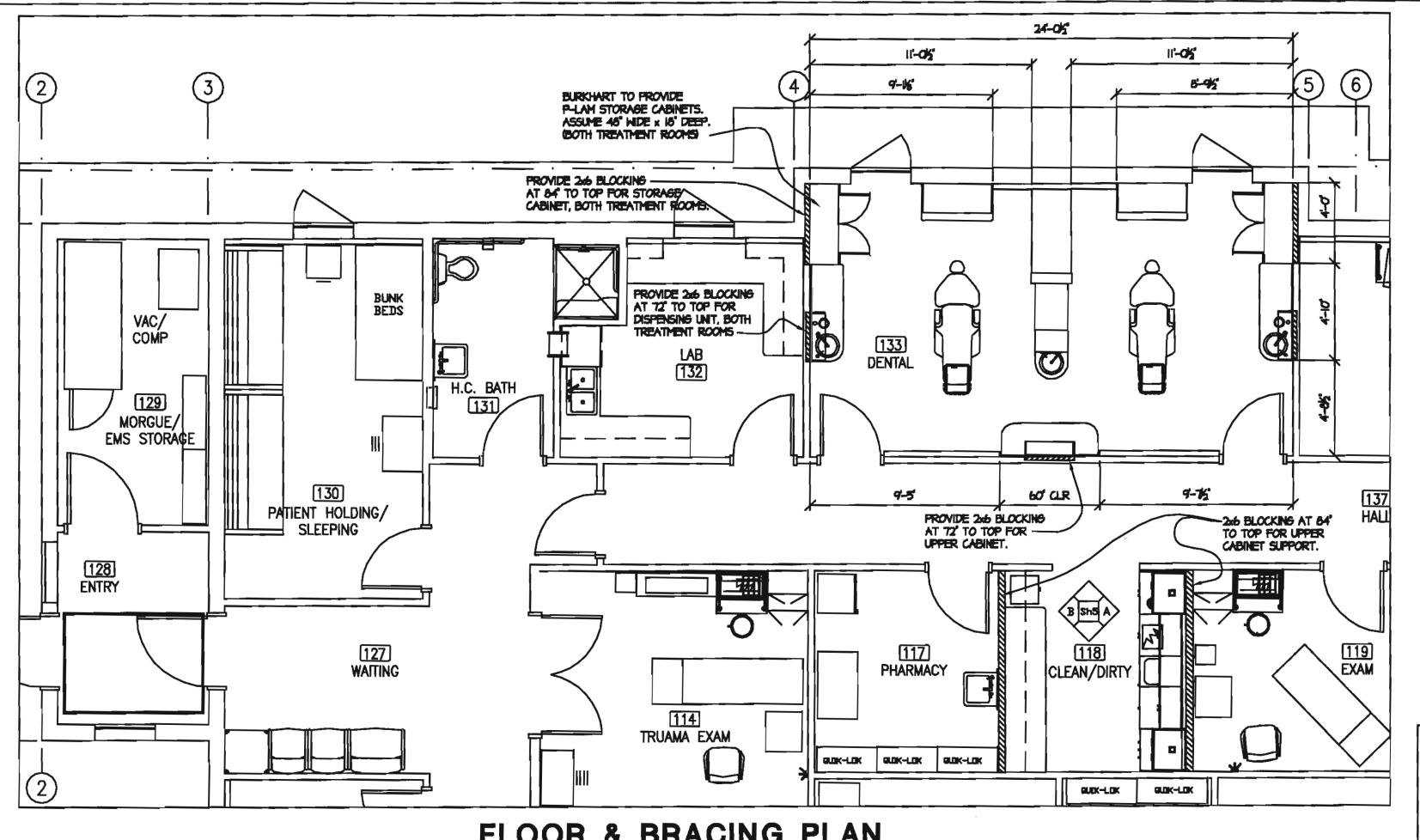
McGRATH SUB-REGIONAL
HEALTH CENTER
FURNISHING PLAN

: 3/25/2009 F. AS NOTED

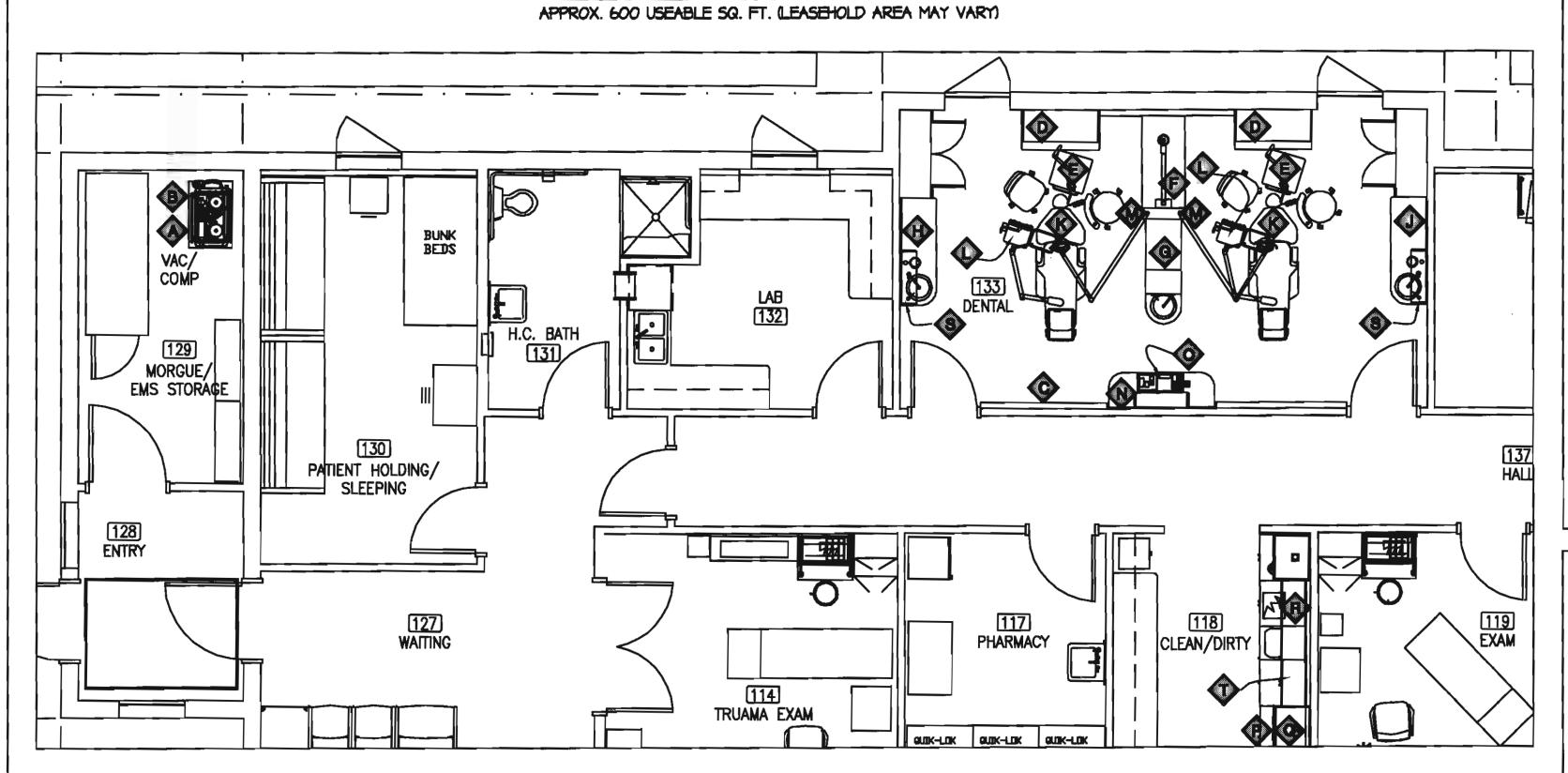
SHEET Q-106

Q-106 6 OF 6Q

FURNITURE L	EGEND
SEE	F-6



FLOOR & BRACING PLAN



EQUIPMENT SCHEDULE PLAN

DENTAL EQUIPMENT PLACEMENT SCHEDULE

ITEM #	MANUFACTURER/DESCRIPTION	MODEL #	QUANTITY	FURNISHED & INSTALLED BY: B=BURKHART O=OTHERS	ANCHORED TO: FLOOR, WALL, OR CEILING	REMARKS/DETAILS
	AIR TECHNIQUES DENTAL VACUUM SYSTEM	STS 6	1	FB IB	MECH ROOM	
	AIR TECHNIQUES DENTAL AIR SYSTEM	AIRSTAR 30	1	FB IB	MECH ROOM	
	AIR TECHNIQUES REMOTE CONTRAL PANEL	_	1	FB IB	WALL MOUNT	
	ADEC TREATMENT CONSOLE	5580.42	2	FB IB	SITS ON FLOOR	
	ADEC ASSISTANT'S DELIVERY UNIT	4635	2	FB IB	ATTACH TO 5580	
	PLANMECA INC. INTRAORAL X-RAY SYSTEM	INTRA	1	FB IB	CABINET MOUNT	
	ADEC CENTRAL CONSOLE	5543.TB	1	FB IB	SITS ON FLOOR	
	ADEC ACCESSORY CONSOLE	5531.58	1	FB IB	SITS ON FLOOR	SINK LEFT
	ADEC ACCESSORY CONSOLE	5531.58	1	FB IB	SITS ON FLOOR	SINK RIGHT
	ADEC CASCADE DENTAL CHAIR	1040	2	FB IB	SITS ON FLOOR	
	ADEC RADIUS DELIVERY SYSTEM	2122	2	FB IB	ATTACH TO CHAIR	
*	ADEC PREFERENCE MOUNT CABINET LIGHT	6300	2	FB IB	ATTACH TO CENTRAL	
	ADEC ACCESSORY CONSOLE	5531.58	1	FB IB	SITS ON FLOOR	ROUNDED BOTH ENDS NO SINK PACKAGES
0	AIR TECHNIQUES FILM PROCESSOR	PERIPRO	1	FB 18		
	SCICAN STERILIZER	STATIM 2000	1	FB 18		
0	ADEC Sterilizer	IJZA	1	FB 18		
	WHALEDENT RECESSED ULTRASONIC CLEANER	UC300R	11	FB 18		
	ADEC DISPENSING UNIT	5730.29	2	FB 18		
	SCICAN DISTILLER SYSTEM	AQUASTATIC	1	FB 18	VERIFY LOCATION	

GENERAL NOTES

Listed requirements show only the services, connections and fixtures required for the dental office equipment shown; and these drawings do not provide for the electrical, mechanical and structural requirements for the building or office as a whole.

These drawings are going to be used as coordination drawings for the General contractor. The general is obligated to coordinate rough—ins dimensions with Burkhart.

) General contractor to schedule walk—through meeting with all applicable contractors and a Burkhart representative to review dental equipment details, manufacturer's specification sheets and manufacturer's templates before commencing construction. The personnel actually doing the work must be present at this meeting. This usually takes place after the framing has been completed and before any mechanical has been run. If pouring of a concrete slab is involved, then this meeting

At this meeting we will furnish or make available any templates and plans necessary for the placement of electrical, plumbing and backing for the dental equipment we will be providing. If the doctor is reusing some of his or her existing equipment, then the contractor is responsible for making sure that the appropriate connections are provided. Although we will help as much as possible, it will most likely require a trip by the contractor to the doctor's existing office.

3) General contractor to schedule rough—in inspection with all applicable contractors and a Burkhart representative to inspect all dental plumbing and wiring prior to sheetrocking or pouring of concrete. Our office needs to be notified at least 72 hours in advance for the Burkhart branch office city area. and 72 hours for all areas outside city limits. If the general contractor elects to continue without an inspection by our office, then he assumes all responsibilities for missing or incorrectly installed

4) Any Burkhart or tenant provided items requiring installation by contractor during construction will be delivered to job site. When the contractor or his representative takes possession of these items, he becomes responsible for their safekeeping and condition.

5) Burkhart equipment installation requires approximately 1—2 days for each operatory, however time may vary depending on the configuration of equipment. Contractor to schedule with Burkhart the number of days needed at least thirty days in advance. Schedule required days for after completion of construction and before occupancy of tenant.

6) The contractor shall obtain and pay for all permits. The contractor shall coordinate and schedule all required code official inspections.

7) Contractor to verify with tenant all items (including their dimensions and their mechanical requirements) that are not supplied by Burkhart. These items might include but are not limited to: dishwasher, trash compactor, clothes washer and dryer, etc.

8) Notify Burkhart if ceiling height in the operatories is less than $7^{\prime}-8^{\prime\prime}$ (92°). Ceiling height may effect equipment installation.

LEGEND

(A) All wood backing and bracing to be of fire resistant or substitute for other material if required by local code. Verify structural application with Burkhart and architect / designer.

(B) Notify Burkhart if ceiling height in the operatories in less than $7^{\circ}-8^{\circ}$ (92"). Ceiling height may effect equipment installation.

Miscellaneous wood backing, see notes for details. Verify size and location with Burkhart Dental. All dental x-rays require backing.

See manufacturer's templates provided by Burkhart.

All framing, bracing, door sizes, floor levels, cabinet heights, rest room and lunch room facilities (if any) and other design details should be madified to comply with latest Americans With Disabilities Act (A.D.A.) guidelines and similar State requirements. Architect or Contractor must submit plans to building and other local officials as necessary for compliance with all Federal, State and Local building codes, including A.D.A. guidelines, before commencing work. Notify Burkhart of any changes that would modify any dental treatment rooms and/or any dental cabinet layout.

The Contractor should furnish all electrical, plumbing, and structural requirements listed, as this is necessary before the dental equipment can be installed. Burkhart, will furnish the dental equipment. Check all measurements with the actual building dimensions, or Architect's plans. The specifications shown on this plan have <u>not</u> been declared for compliance with Federal, State or Local building codes and regulations.

Listed requirements show only the services, connections and fixtures required for the dental office equipment shown; and these drawings do not provide for the electrical, mechanical and structural requirements for the building or office

See Mechanical and Electrical Sheets for further Information.

THIS IS A SUGGESTED PLAN WITH SPECIFICATIONS FOR THE DENTAL EQUIPMENT ONLY.

> DO NOT SCALE FROM THESE DRAWINGS. USE CALLED-OUT DIMENSIONS ONLY.

DENTAL EQUIPMENT SPECIFIC TO THESE SPECIFICATIONS CAN BE AQUIRED FROM:



DENTAL SUPPLY COMPANY 2502 South 78th Street Tacoma, Washington 98409 2000 Industry Way, Unit N-1 Anchorage, Alaska 99515

Attn: Carter Barnes Phone: 1-866-324-1983 Fax: 1-866-947-2978 B-REGIONAL CENTER 8 SU ALTH DENTA McGRAT 里

N OF ENVIRONMENTAL

"H AND ENGINEERING

"H BRAGAW STREET, SUITE 200

"MGE, ALASKA, 99508-3440

(907) 729-3600

DIVISION HEALTH 901 SOUTH ANCHORAG

ALASKA NATIVE HEALTH CONSORTIUM

TRIBAL

D-101 1 OF 5D



ELECTRICAL & PLUMBING LEGEND ALL ITEMS NOT MARKED WITH A CHECK ARE NOT APPLICABLE TO THIS JOB or 4x4 electrical box. Electrical autiets not specified are 18" above floor or 6" above countertop. All autiets above countertop should be verified with cabinet elevations for conflict with backsplashes. B) If dimensions of electrical and utility locations are not specified, verify and discuss locations with Burkhart and designer and owner / tenant. C) If required by code, provide a separate disconnect switch for each x-ray location, verify. D) Burkhart equipment installers are not licensed contractors. Consequently, the final "hard" electrical and plumbing connections must be made by the applicable contractors at the time of equipment installation. E) Recommended lighting information: a) Strip type fluorescent task lighting (locations with doctor. b) See pians by others for general and decorative lighting and wall switching. c) Provide minimum 150-200 foot-candles illumination at countertop height (30-32") in all operatories. This level of Humination is typically achieved with 12-4" fluorescent tubes (3-4 tube flutures or 2-6 tube flutures), configured above operatory work surfaces, with flutures using a 78 cell parabolic louver and clear flut acrylic overlay. Fluorescent tubes should meet the following specifications: Color Rendering Index (CRI): 90 or above Color Preference Index (CPI): 90 or above Spectral Energy Distribution (SED): Natural Dayligh Color Temperature in Degrees Kelvin (K): 5500 K Wattage: 40 Examples of tubes that meet these general specifications: GE Chroma 50, Aurora V. Spectrafite, Vitalite. F) The contractor shall verify location and design of building utilities, including water, gas, air, vacuum, vents, electrical and waste lines in remainder of drawing set. G) Notify Burkhart If ceiling height in the operatories is less than 7'-8" (92"). Ceiling height may effect equipment installation. H) All equipment, including low voltage items, which requires hard wiring to be connected by contractor. i) Some of the dental equipment provided by Bukhart requires mud rings, rough—in boxes, and cover plates. Contractor provide and install as required per manufacturer's instructions J) Data processing equipment, terminal locations and wiring by others. K) All vacuums to be hooked up by contractor as well as sinks, mixing valves, nitrous controls and autiets, developing tanks, etc. Many areas require back flow prevention—consult local codes and install as necessary. = 110 volt duplex outlet. (Additional outlets may be required if noted with specific equipment.) See plans by others for any additional outlets. Dental operating light location. Provide 110 volt electrical per manufacturer's specifications. This product draws 3 amps. Confer with Burkhart for ceiling height requirements. Provide wood backing per mig's specifications. See bracing / backing for more information. Flex whip to the area hole drilled to transformer box at install. Light is switched. See manufacturer's templates provided by Burthart. Dental x-ray component location. Provide 110 volt wiring on separate grounded circuit from circuit panel to each location. This product draws 8 amps. Confer with Burkhart for ceiling height requirements. Requires data processing equipment Provide and install disconnect switch for each x-ray head location. See manufacturer's templates provided by Burkhart. X-ray remote switch location. Single gang box. Button and cover provided by Burkart. Provide the required number of stranded color coded wires from ♠ OR ♠ locations as noted on plan and per manufacturer's specifications. install ratg provided cables from Burkhart. See manufacturer templates provided by Burkhart for termination information. indicates conduit stub-out location. Provide 2" conduit unless noted otherwise. Consult B.D.S. for details. Do not connect stub-outs. — · — Indicates conduit and / or cable routing. Indicates cable routing Conduit to be installed continuously between stub-outs where indicated. Contractor Install CAT—5 cabling to all (A) locations. Exhaust fan or other. Provide and switch separately at convenient wall location. When installed in a mechanical room, exhaust fan should be thermostatically controlled. Must supply adequate air intake to allow airflow through room. Maintain temperatures between 40 and 90 degrees F. Mechanical room equipment produces heat: Air Compressor 2252 BTU/hour Vacuum 13649 BTU/hour _____ BTÚ/hour Distiller FORCED AIR AND HVAC INPUT MUST BE USED IN ADDITION TO AN EXHAUST FAN IF NORMAL AMBIENT TEMPERATURES VARY FROM SPECIFIED OPERATING TEMPERATURE RANGE. See plans by others for additional exhaust fons that may be required. 5) Provide wall switch at height indicated. Provide general lilumination switches at heigher height in dark room. Dental unit utility center location. Provide 110 volt hardwire connection. This product draws __8_ amps. Provide 110 volt autiet. This product draws _____ amps. Provide compressed air for instrumentation devices with shut-off valves, (3/8" angle stop valves or 3-piece ball valves as required by local codes.) Provide vacuum. Provide waste. Provide gas. Provide hot water. Provide cold water.

Provide law voltage wires. See manufacturer's templates provided by Burkhart.

Provide 110 volt autiet. This product draws __8__ amps.

valves or 3-piece ball valves as required by local codes.)

Provide low voltage wires.

See manufacturer's templates provided by Burkhart.

Provide 110 volt hardwire connection. This product draws _____ amps.

Dental compressed air for instrumetation devices location. NFPA 99C Level 3 installation. Provide (3 wire w/ground), single phase wiring per manufacturer's specifications. Provide

Provide 110 voit dedicated circuit, This product draws _____ amps.

Provide receptacle. Verify finish configuration with Burkhart Dental.

See manufacturer's templates provided by Burkhart.

1/2" minimum i.D. capper air lines to termination locations as noted on plan. Provide 3/8" angle stop valves or 3—place ball valves as required by local codes, install wires to control panel

location per mfg specifications. See symbol. Notify Burkhart of voltage variance in building electrical supply. See Burkhart for details. Provide 2" Intake to freeh air, per NFPA.

Provide 220 valt 30 amp dedicated circuit. This product draws __6_ ampe.

Dental unit utility center location.

☐ Provide vacuum.

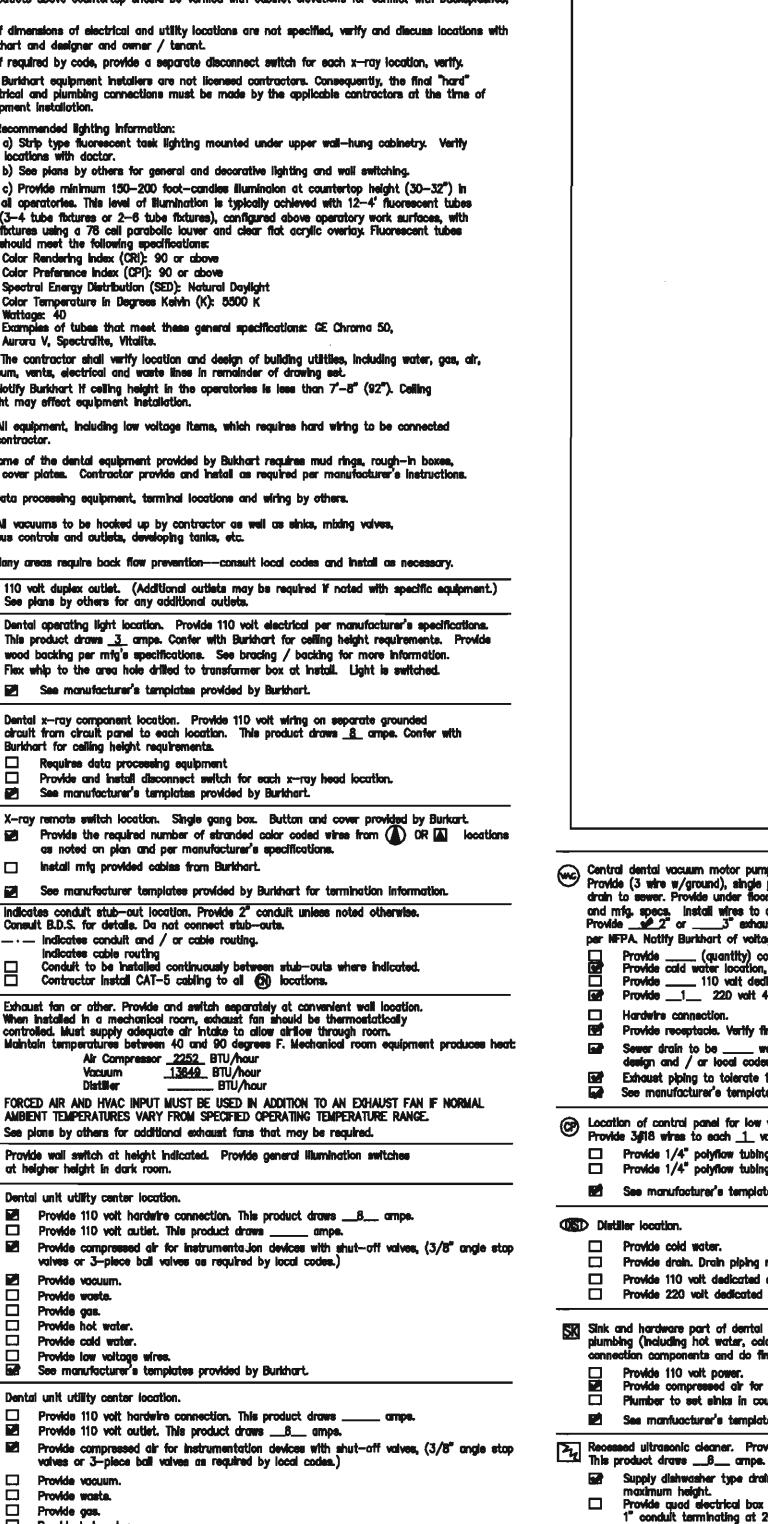
Provide waste.

Provide hot water.

Provide cold water.

Hardwire connection.

Provide gas.



Provide hot water

Provide drain.

☐ Provide cold water.

☐ Provide hot water.

Sterilizer location.

Central dental vacuum motor pump location. NFPA 99C Level 3 Installation.

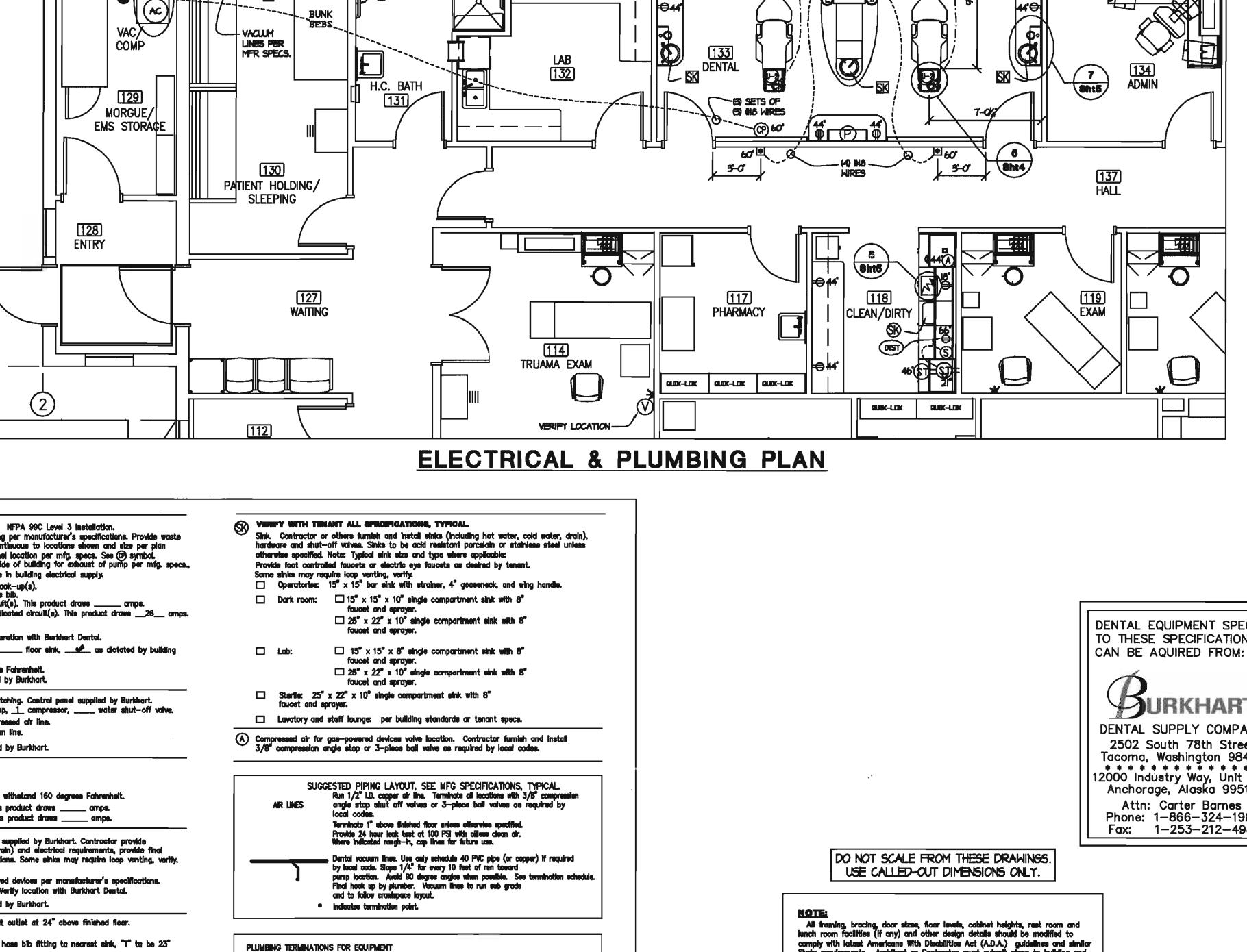
Provide (3 wire w/ground), single phase wiring per manufacturer's specifications. Provide waste drain to sewer. Provide under floor piping continuous to locations shown and size per plan and mfg. specs. Install wires to control panel location per mfg. specs. See \$\infty\$ symbol. Provide ____3" exhaust to outside of building for exhaust of pump per mfg. specs. per NFPA. Natify Burkhart of voltage variance in building electrical supply. Provide _____ (quantity) cold water hook—up(s).
Provide cold water location, 3/4" hose bib.
Provide _____ 110 valt dedicated circuit(s). This product draws _____ amps. Provide __1__ 220 voit 40 amp dedicated circuit(s). This product draws __26__ amps. Provide receptacle. Verify finish configuration with Burkhart Dental. Sewer drain to be ____ wall drain, ____ floor sink, ___ cs dictated by building design and / or local codes. Exhaust piping to tolerate 180 degrees Fahrenheit. See manufacturer's templates provided by Burkhart. CP Location of control panel for low voltage switching. Control panel supplied by Burkhart.

Provide 3/18 wires to each 1 vacuum pump, 1 compressor, 4 water shut-off valve. Provide 1/4" polyflow tubing to compressed air line. Provide 1/4" polyflow tubing to vacuum line. See manufacturer's templates provided by Burkhart. Provide drain. Drain piping required to withstand 160 degrees Fahrenheit. Provide 110 volt dedicated circuit. This product draws _____ amps. Provide 220 volt dedicated circuit. This product draws _____ amps. Sink and hardware part of dental equipment supplied by Burkhart. Contractor provide plumbing (including hot water, oold water, drain) and electrical requirements, provide final in components and do final connections. Some sinks may require loop venting, verify. Provide 110 volt power.

Provide compressed air for gas—powered devices per manufacturer's specifications. Plumber to set sinks in countertops. Verify location with Burkhart Dental. See manfuacturer's templates provided by Burkhart. Recessed ultrasonic cleaner. Provide 110 volt outlet at 24" above finished floor. Supply dishwasher type drain "T" with hose bib fitting to necrest sink, "T" to be 23" maximum height.

Provide guad electrical box for remote timer at 44" directly above unit with
1" conduit terminating at 24" adjacent to duplex 110 voit outlet below counter. REQUIRED BY SERVICE DEPARTMENT Operatory - 1-1/2" stub up in each operatory terminating in 3/4" female pipe thread Provide cold water
Provide separate drain for ultrasonic. Pump - 1-1/2" - 2" (VERIFY) female pipe thread Water - 3/8" compression fitting (angle stop) See manfuacturer's templates provided by Burkhart. Compressed dir for Instrumentation Devices Systems: At compressor $-1/2^{\circ}$ female pipe thread In operatory -3/8° compression angle stop or 3-piece ball valves as required by local codes Provide 110 voit dedicated circuit. This product draws __12_ amps. Automatic Processor:
Water — 3/4" male "garden hose" bib fitting
Drain — separate "P" trap for processor Provide 220 voit dedicated circuit. This product draws __9.2_ armse. Handplace Dalivery System sin Operatories: Water — 3/8" compression fitting (Angle Stap) Air — See air compressor systems See manfuacturer's templates provided by Burkhart.

1 \ 2 ` Sht3 Sht3



8ht4

- 2 CONDUIT-

Sht3 Sht4

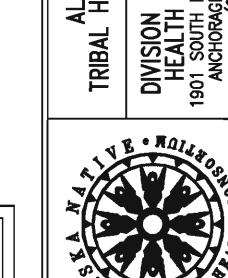
ALASKA NATIVE HEALTH CONSORTIUM DENTAL EQUIPMENT SPECIFIC

TO THESE SPECIFICATIONS

JURKHART

137

HALL



OF ENVIRONMENTAL
I AND ENGINEERING
BRAGAW STREET, SUITE 200
GE, ALASKA, 99508-3440
(907) 729-3600

DENTAL SUPPLY COMPANY 2502 South 78th Street Tacoma, Washington 98409 12000 Industry Way, Unit N-1 NA Anchorage, Alaska 99515 Attn: Carter Barnes GOI Phone: 1-866-324-1983 Fax: 1-253-212-4981 -RE(

comply with latest Americans With Disabilities Act (A.D.A.) guidelines and similar State requirements. Architect or Contractor must submit plans to building and other local officials as necessary for compliance with all Federal, State and Local building codes, including A.D.A. guidelines, before commencing work. Notify
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THIS IS A SUGGESTED PLAN WITH SPECIFICATIONS FOR THE DENTAL EQUIPMENT ONLY.



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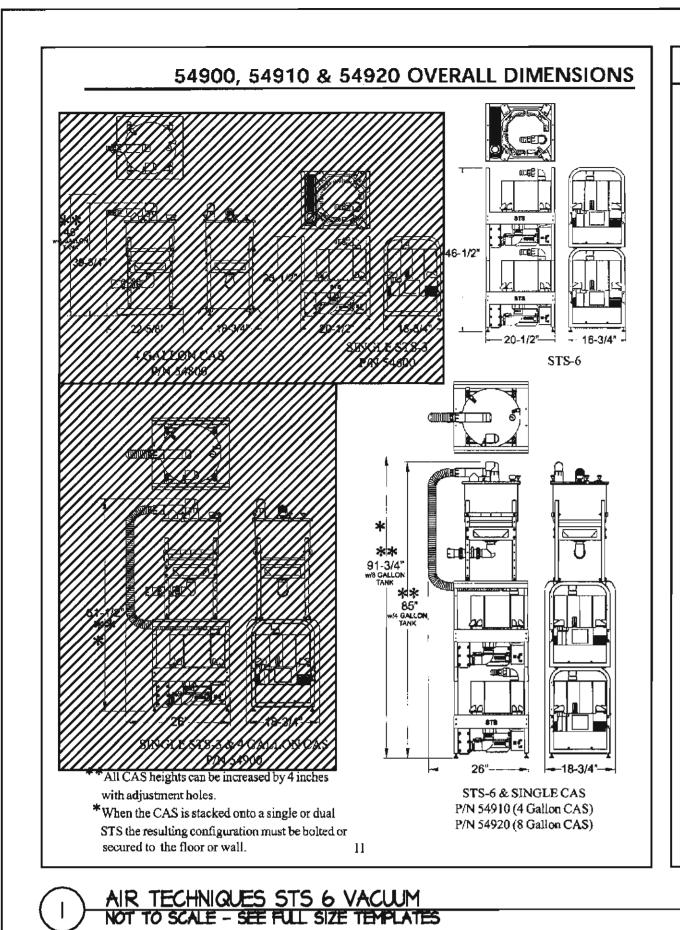
ALTH DENTAL 4/20/2009 AS NOTED BY:

D-201

2 OF 5D

FILE NAME: PROJECT NO: PROJ ARCH.

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Optional utility chase for 12 o'clock cabinet

Optional utility chase / for 12 o'clock cabinet

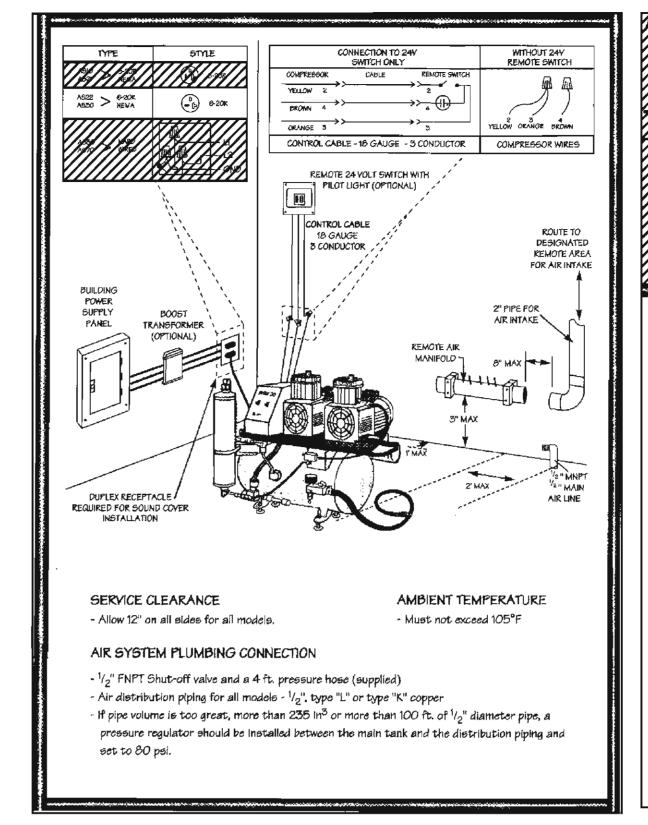
TE REQUIREMENTS		
ELECTRICAL	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	STS-6 54910 STS-6 54920
Minimum circuit preaker rating		2 each 20A 1 each 40A
Wire size AWG ninimum gauge		2 each #12 1 each #8
Receptacle	/////sh/s/s///	2 Nema 6-15 R
PLUMBING		2 STS-3 in Tundem
Exhaust		2" sch. 40 pipe
Ambient Temperature	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	40° - 104° F (5° - 40° C)
Main Line Diameter I.D. in Inches (min)		1-1/2"
End Fitting At STS		1-1/2" FNPT
Riser Diameter ID		1/2"
Branch Line Dia. I.D. (min)		1"
Drain Line	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1-1/2" Schedule 40 Pipe
Wash-Out Line	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3/4" Garden Hose
VOTE: Suction piping must Use PVC Schedule CODUCT SPECIFICAT ELECTRICAL	40 or Copper Type M.	10 feet of run torwards the pump ranch Line Dia, I.D. (min) STS-6
VOLTAGE (MIN/MAX)		200/250
FULL LOAD AMPS		26
STARTING AMPS		130
FREQUENCY		60Hz
MAXIMUM VACUUM In H		14
VACUUM LEVEL (PRESE	т) tь нд	10
	V/////////	
WEIGHT Lbs.		220

20-1/2 x 16-3/4 x 46-1/2"

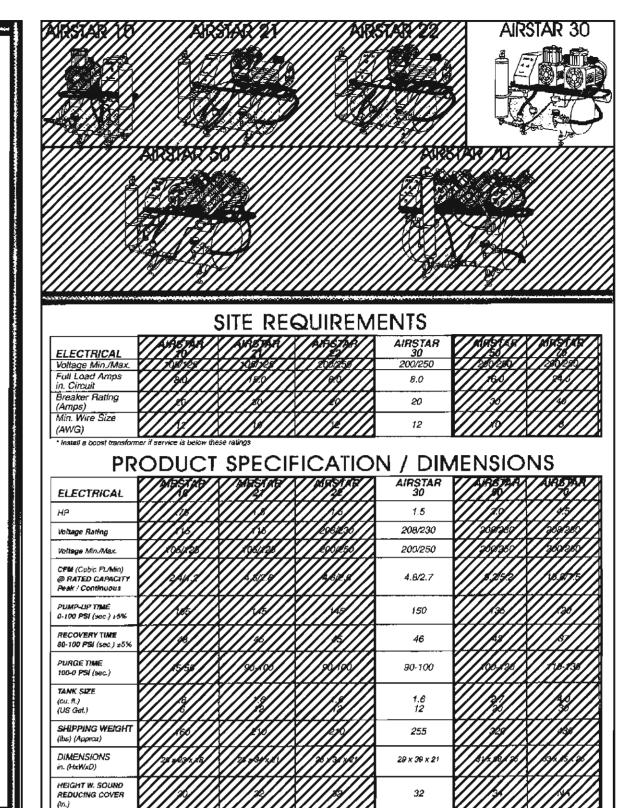
22-5/8 x 18-3/4 x 46°

STS™ DIMENSIONS in (WxDxH)

CAS™ DIMENSIONS in (WxDxH)



AIR TECHNIQUES AIRSTAR 30 COMPRESSOR NOT TO SCALE - SEE FULL SIZE TEMPLATES



ALASKA NATIVE HEALTH CONSORTIUM TRIBAL

DO NOT SCALE FROM THESE DRAWINGS.

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URKHART DENTAL SUPPLY COMPANY 2502 South 78th Street Tacoma, Washington 98409

Anchorage, Alaska 99515 Attn: Carter Barnes Phone: 1—866—324—1983 Fax: 1-253-212-4981

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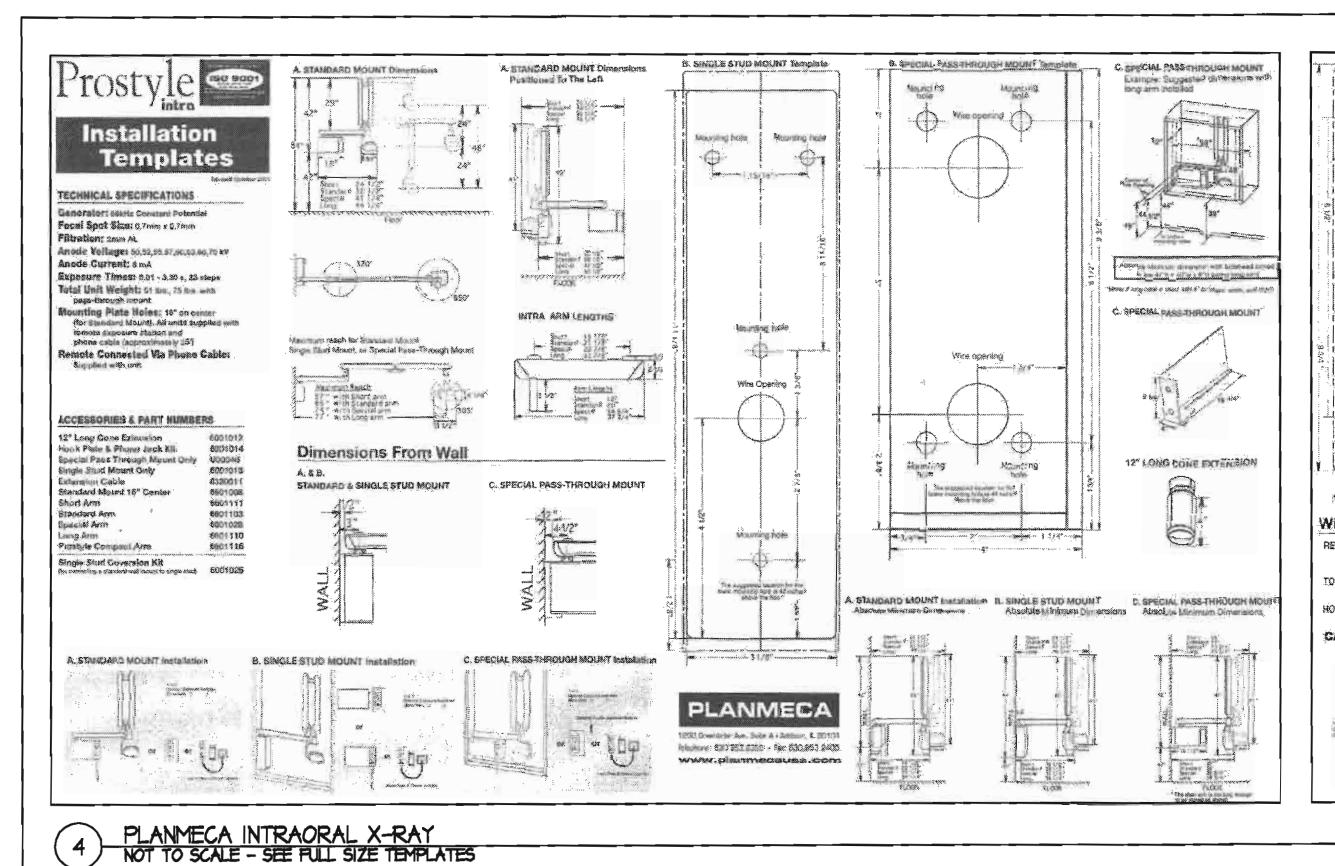
as a whole.

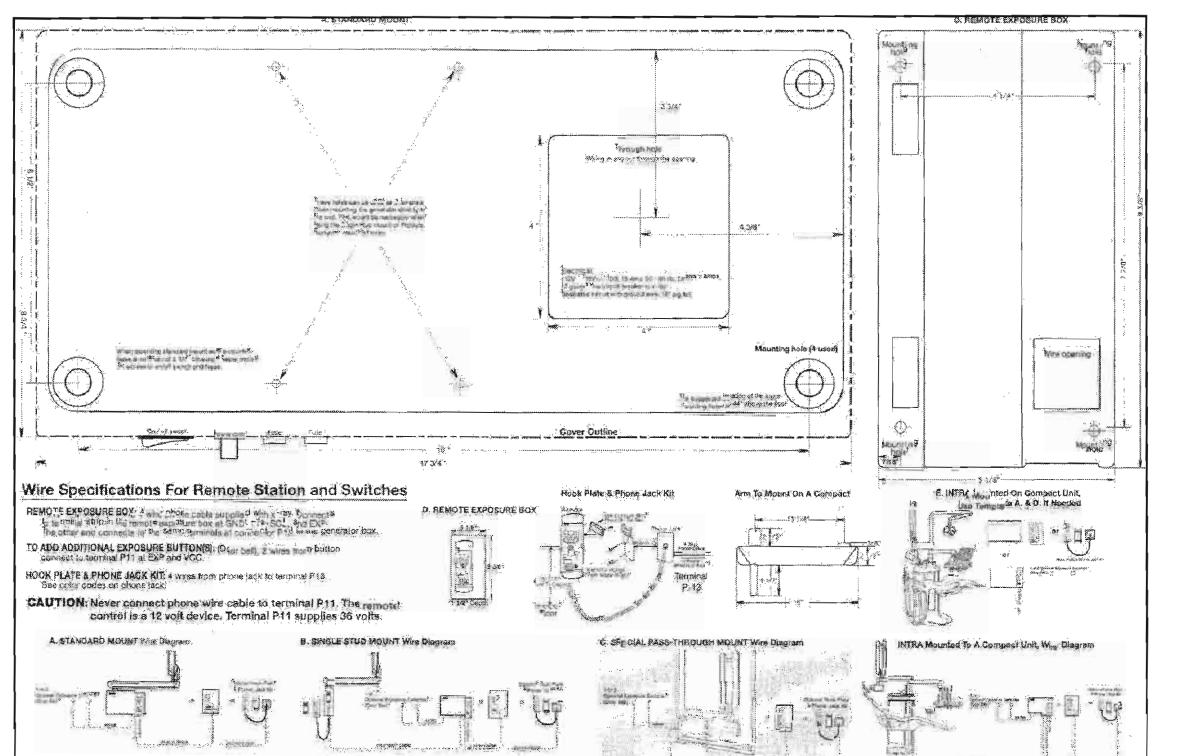
SPECIFICATIONS FOR THE DENTAL EQUIPMENT ONLY.

CGRATH HEA

SUB-REGIONAL TH CENTER

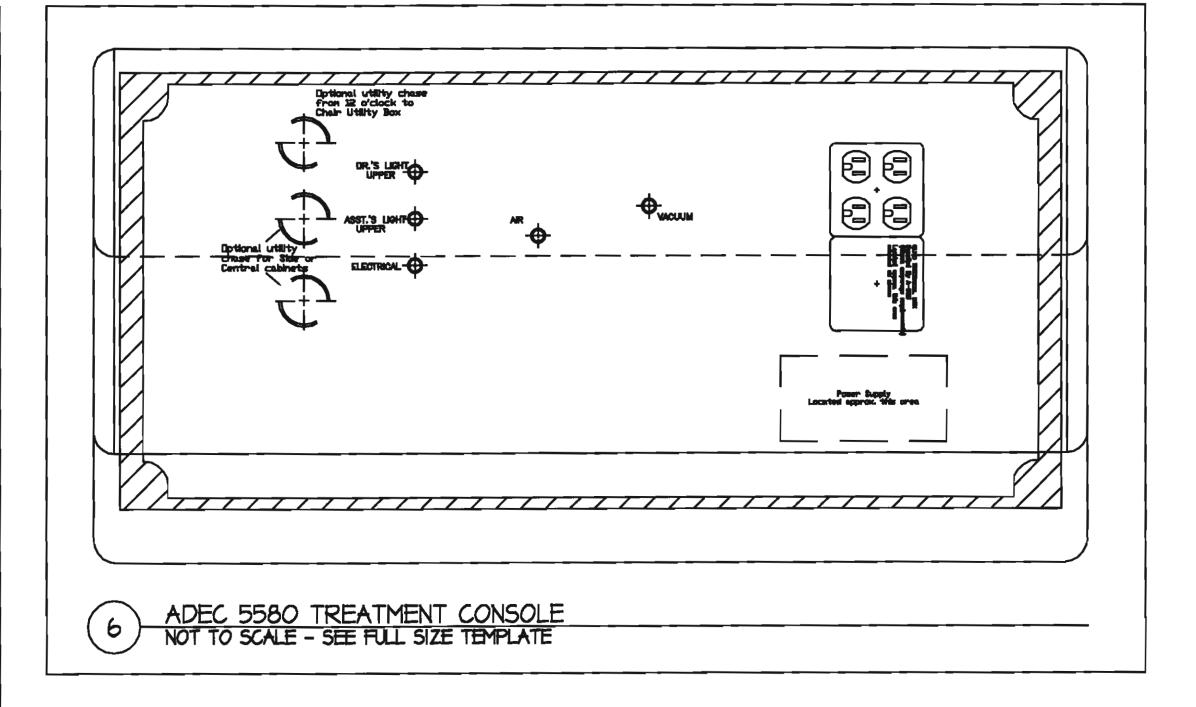
SHEET D-301 3 OF 4D





AIR QUAD ELECTRICAL BOX SUPPLIED BY CONTRACTOR (Check amperage Requirements) Heater 300 Watt Multipurpose Power Supply

ADEC CONTOURED FLOOR BOX NOT TO SCALE - SEE FULL SIZE TEMPLATE



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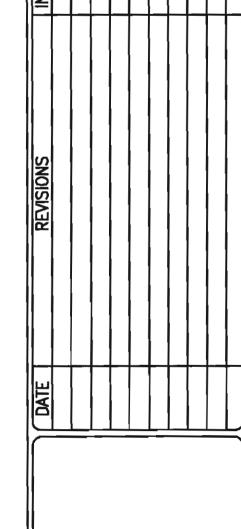
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DIVISION HEALTH

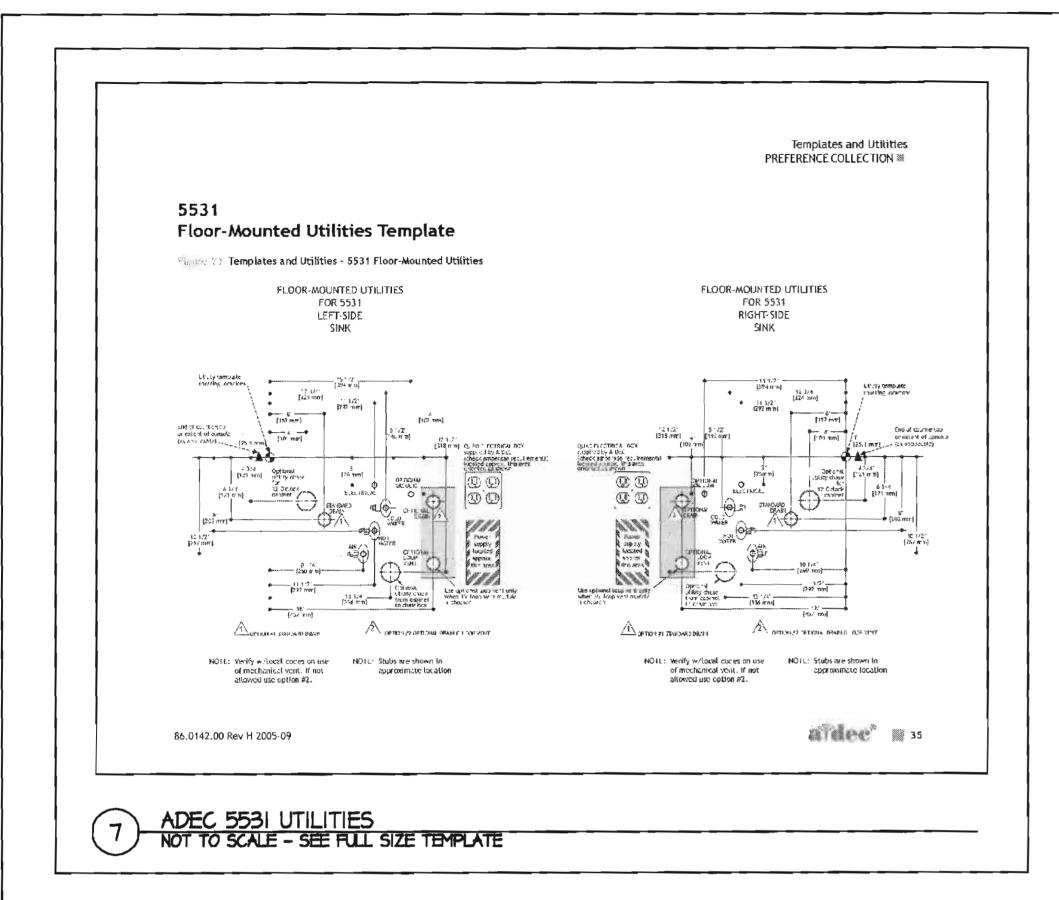


SUB-REGIONATH CENTER

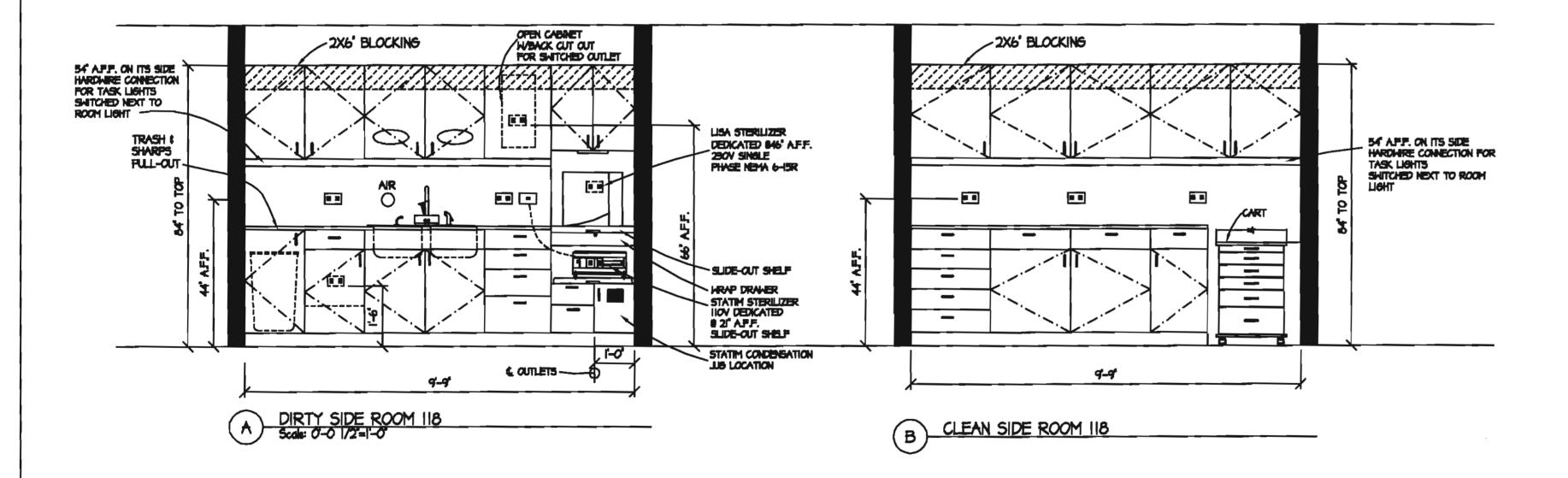
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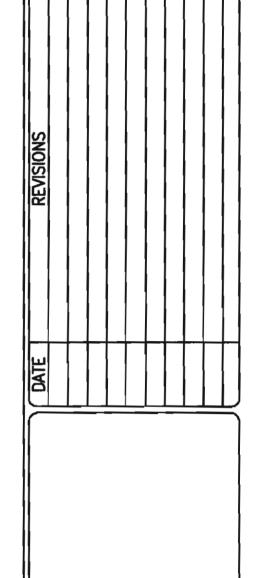
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DIVISION HEALTH



H SUB-REGIONAL ALTH CENTER DENTAL DETAILS

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SHEET D-501

5 OF 5D

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URKHART DENTAL SUPPLY COMPANY

DENTAL EQUIPMENT SPECIFIC

TO THESE SPECIFICATIONS

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GENERAL STRUCTURAL NOTES AND **SPECIFICATIONS**

GENERAL

ALL MATERIALS AND CONSTRUCTION SHALL CONFORM TO REQUIREMENTS OF THE INTERNATIONAL CODE COUNCIL INTERNATIONAL BUILDING CODE (IBC) 2006 EDITION. WHERE EXPLICIT DETAILS ARE NOT SHOWN OR DESCRIBED. THE MINIMUM REQUIREMENTS OF THE ABOVE CODE SHALL APPLY. UNLESS OTHERWISE NOTED, ALL CODES, STANDARDS AND OTHER PUBLICATIONS CITED SHALL REFER TO THE LATEST FDITION.

LOCATION

THESE PLANS ARE FOR THE CONSTRUCTION OF THE MCGRATH SUBREGIONAL HEALTH CENTER IN MCGRATH, ALASKA.

DESIGN LOADS

IN ADDITION TO DEAD LOADS, THE FOLLOWING LIVE LOADS WERE USED FOR DESIGN:

ROOF: 60 P.S.F. (SNOW - 2 MONTH DURATION) PLUS DRIFTING WIND: 100 MPH, EXPOSURE C SEISMIC: Ss=0.373, S1=0.13, SITE CLASS D. SEISMIC DESIGN CATAGORY C

LATERAL LOADS ARE RESISTED BY WOOD SHEAR WALLS AND DIAPHRAGMS.

PREPARATION OF A SAFE AND SUITABLE BUILDING SITE SHALL BE COMPLETED PRIOR TO CONSTRUCTION OF FOUNDATIONS AND SLABS. NO SITE INVESTIGATION OR SOILS BORINGS WERE PERFORMED BY THE ENGINEER. THE FOUNDATION DESIGN IS BASED ON THE "GEOTECHNICAL REPORT FOR THE PROPOSED MCGRATH HEALTH CENTER" PREPARED BY NORTHERN GEOTECHNICAL ENGINEERING FOR CRW ENGINEERING GROUP OF ANCHORAGE, ALASKA. IN THIS REPORT IT IS STATED THAT PERMAFROST IS PRESENT ON THE SITE, AND A DIAGRAM ROUGHLY DELINEATES THE EXTENT OF PERMANENTLY FROZEN SOILS. IN ORDER TO REDUCE THE POSSIBILITY OF DIFFERENTIAL SETTLEMENT, THE BUILDING HAS BEEN LOCATED ON A PORTION OF THE SITE THAT IS ASSUMED TO HAVE NO PERMAFROST PRESENT. A CONVENTIONAL STRIP FOOTING FOUNDATION SYSTEM HAS BEEN USED, WITH 3000 PSF BEARING CAPACITY AS RECOMMENDED IN THE GEOTECH REPORT, CONTACT OWNERS REPRESENTATIVE AND ENGINEER FOR DIRECTION IF PERMAFROST OR FROZEN SOILS ARE ENCOUNTERED WITHIN THE LIMITS OF THE BUILDING EXCAVATION.

FOUNDATIONS

EXCAVATE AND REMOVE ALL ORGANIC MATTER, DEBRIS AND FROST SUSCEPTIBLE SOILS FROM UNDER THE BUILDING FOOTPRINT AND TO 24" BEYOND THE BUILDING FOOTPRINT, PLACE ALL INTERIOR AND EXTERIOR FOOTINGS ON NATURAL UNDISTURBED, NON-FROST SUSCEPTIBLE (N.F.S.) SOIL OR ON COMPACTED NON-FROST SUSCEPTIBLE GRAVEL BACKFILL FREE OF ORGANIC MATTER AND DEBRIS, AND CONFORMING TO THE FOLLOWING GRADATION:

NON-FROST SUSCEPTIBLE GRAVEL BACKFILL SIEVE: PERCENT PASSING:

0 - 5

100 80 - 100 30 - 70

NO MORE THAN 3% OF PARTICLES BY WEIGHT SHALL BE FINER THAN 0.02 MM. BACKFILLSHALL BE PLACED IN LIFTS NOT EXCEEDING 12 INCHES IN LOOSE THICKNESS AND COMPACTED TO 95% OF MAXIMUM DENSITY IN ACCORDANCE WITH ASTM SPECIFICATION D-1557.

FOUNDATION INSULATION

NFOUNDATION INSULATION SHALL BE 'DOW HIGHLOAD 40' EXTRUDED POLYSTYRENE INSULATION, 'BLUEBOARD' OR 'INSULFOAM' HIGH DENSITY EXPANDED POLYSTYRENE. WITH 40 PSI MIMIMUM COMPRESSIVE STRENGTH.

SLABS ON GRADE

#200

INTERIOR SLABS: PREPARE THE SITE BY REMOVING ALL ORGANIC SOILS AND DEBRIS. AFTER EXCAVATION, COMPACT THE EXISTING SOIL TO 95% OF MAXIMUM DENSITY AND BACKFILL WITH A MINIMUM OF 8" OF NON-FROST SUSCEPTIBLE GRAVEL AND COMPACT AS DESCRIBED ABOVE. PLACE REINFORCING STEEL AT MID-DEPTH OF SLAB AND SUPPORT AT 4'0/C MAXIMUM WITH WELL CURED CONCRETE BLOCKS OR APPROVED METAL CHAIRS, DO NOT SUPPORT ON STONES, PROVIDE PREFORMED CONTROL OR CONSTRUCTION JOINTS (C.J.) AT LOCATIONS SHOWN ON THE PLANS AND AT 20' O/C MAXIMUM.

EXTERIOR SLABS: PROVIDE A MINIMUM OF 72 INCHES OF NON-FROST SUSCEPTIBLE GRAVEL BELOW SLAB CONFORMING TO THE GRADATION AND COMPACTION REQUIREMENTS DESCRIBED ABOVE FOR FOUNDATIONS.

DRAINAGE: SLOPE ALL EXTERIOR SLABS ADJACENT TO BUILDINGS TO DRAIN AWAY FROM BUILDING PERIMETER AT 1/8" PER FOOT MINIMUM SLOPE.

CONCRETE

MIXING, SELECTION OF MATERIALS, AND PLACING OF ALL CONCRETE SHALL CONFORM TO THE REQUIREMENTS OF THE IBC, CHAPTER 19. AN AIR ENTRAINING AGENT SHALL BE USED IN ALL CONCRETE MIXES FOR CONCRETE WORK WHICH IS TO BE EXPOSED TO EARTH OR WEATHER.

AIR ENTRAINMENT SHALL BE 5% +/- 1% BY VOLUME. ALL CONCRETE SHALL HAVE A MINIMUM 28 DAY COMPRESSIVE STRENGTH (F'C) = 3000 P.S.I. EXCEPT CONCRETE GROUT FOR MASONRY WALLS WHICH SHALL HAVE A MINIMUM 28 DAY COMPRESSIVE STRENGTH (F'c)= 2000 P.S.I. CONCRETE FOR INTERIOR AND EXTERIOR SLABS SHALL CONTAIN 1.6 POUNDS OF 'FORTA FIBRE D15' COLLATED FIBRILLATED POLYPROPYLENE FIBER PER CUBIC YARD OF CONCRETE. THE FIBER SHALL BE THOROUGHLY MIXED INTO THE CONCRETE IN TRANSIT TO THE SITE, IN ACCORDANCE WITH THE FIBER MANUFACTURER'S RECOMMENDATIONS.

REINFORCING STEEL

UNLESS NOTED OTHERWISE, ALL REINFORCING STEEL SHALL BE DEFORMED BARS CONFORMING TO IBC CHAPTER 19. REINFORCING BARS SHALL BE GRADE 60. REINFORCING STEEL SHALL BE SECURELY TIED IN PLACE WITH #16 DOUBLE ANNEALED IRON WIRE. REINFORCING IN FOOTINGS SHALL BE SUPPORTED ON WELL CURED CONCRETE BLOCKING OR APPROVED METAL CHAIRS. REINFORCING BARS SHALL BE SPLICED BY A LAP OF AT LEAST 30 BAR DIAMETERS, A MINIMUM LAP FOR ALL BARS SHALL BE 24". CONCRETE COVER OVER REINFORCING SHALL BE 3" FOR CONCRETE CAST AGAINST EARTH, CONCRETE COVER FOR FORMED CONCRETE THAT WILL BE EXPOSED TO WEATHER OR EARTH SHALL BE 2" MINIMUM FOR #6 THROUGH #18 BARS AND 1 1/2" MINIMUM FOR #5 BARS AND SMALLER, INCLUDING WELDED WIRE FABRIC (WWF). OTHER REINFORCEMENT SHALL HAVE A MINIMUM COVERAGE OF NOT LESS THAN 3/4".

ANCHOR BOLTS AND CONCRETE EXPANSION ANCHORS

ANCHOR BOLTS, THREADED RODS AND CONCRETE EXPANSION ANCHORS SHALL CONFORM TO ASTM A 307. CONCRETE EXPANSION ANCHORS (KB) SHALL BE "HILTI KWIK BOLT II" CONCRETE EXPANSION ANCHORS OR STRUCTURAL EQUIVALENT. INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS. ANCHOR BOLTS SHALL BE PROVIDES WITH HEX HEAD NUTS AND 2"x2"x1" STEEL PLATE WASHERS. WHERE BOLTS OR RODS ARE USED WITH CEDAR SILL PLATES, BOLTS, NUTS AND WASHERS SHALL BE GALVANIZED. ALL FASTENERS IN CONTACT WITH PRESSURE TREATED WOOD SHALL BE HOT DIPPED GALVANIZED OR SHALL BE STAINLESS STEEL. PROVIDE %" X 10" ANCHOR BOLTS AT 48" O/C SPACING UNLESS NOTED OTHERWISE AND WITHIN 6" OF WALL OPENINGS AND BUILDING CORNERS.

POWER FASTENERS

POWER FASTENERS FOR CONNECTION TO CONCRETE, GROUTED MASONRY, OR STEEL SHALL BE POWDER ACTUATED HILTI X-AL-H HEAVY DUTY DOME HEAD NAILS WITH 0.177 INCH SHANK DIAMETER. MINIMUM FASTENER EMBEDMENT SHALL BE 1 3/8". NAIL LENGTH SHALL BE AS REQUIRED TO ACHIEVE SPECIFIED MINIMUM PENETRATION INTO SUBSTRATE.

ADHESIVE ANCHORING SYSTEM

THREADED ROD ANCHORS AND REINFORCING BAR DOWELS SHALL BE SET IN SIMPSON ACRYLIC TIE ADHESIVE OR STRUCTURAL EQUIVALENT. ADHESIVE ANCHORS SHALL BE INSTALLED IN ACCORDANCE WITH THE ADHESIVE MANUFACTURER'S RECOMMENDED INSTALLATION PROCEDURES, MINIMUM EMBEDMENT IN CONCRETE FOR ALL ANCHORS SHALL BE 31/2" UNLESS NOTED OTHERWISE.

SAWN LUMBER AND TIMBER

LUMBER SHALL CONFORM TO THE CLASSIFICATION, DEFINITION, AND GRADING REQUIREMENTS OF IBC CHAPTER 23 WITH ALLOWABLE UNIT STRESSES AS GIVEN IN THE AMERICAN FOREST & PAPER ASSOCIATION 'NATIONAL DESIGN SPECIFICATION 2001 SUPPLEMENT', TABLE 4A. LUMBER SHALL BE GRADE MARKED BY THE WEST COAST LUMBER INSPECTION BUREAU /WESTERN WOOD PRODUCTS ASSOCIATION.

SPECIES 4 X AND LARGER DOUGLAS FIR #2 BEARING WALL PLATES HEM FIR #2 BEARING WALL STUDS HEM FIR #2 ALL OTHER LUMBER HEM FIR #2

ALL LUMBER SHALL BE FASTENED IN CONFORMANCE WITH TABLE 2304.9.1 OF THE IBC, UNLESS NOTED OTHERWISE. FASTENERS SHALL BE GALVANIZED UNLESS OTHERWISE NOTED. FASTEN ALL JOIST BLOCKING TO PLATES WITH (4) 16D MINIMUM AND FASTEN ALL WALL PLATES TO WOOD FLOORS WITH 16D AT 6" ON CENTER TYPICAL. DOUBLE TOP PLATES SHALL OVERLAP 10' - 0" MINIMUM AND SHALL BE SPLICED TOGETHER WITH 16D NAILS AT 6" ON CENTER MINIMUM UNLESS NOTED

PROVIDE JOIST/BEAM HANGERS WITH LOAD CAPACITY EQUAL TO SUPPORTED MEMBER SHEAR LOAD CAPACITY FOR ALL MEMBERS NOT OTHERWISE PROVIDED WITH DIRECT BEARING SUPPORT. PROVIDE A MINIMUM OF (2) KING STUDS AND (2) CRIPPLE STUDS FOR ALL BEARING WALL HEADERS. PROVIDE A MINIMUM OF (1)KING STUD AND (1) CRIPPLE STUD AT NON-BEARING WALL HEADERS, PROVIDE SOLID BLOCKING SUPPORT FOR BEAMS AND HEADERS CONTINUOUS DOWN TO FOUNDATIONS. MINIMUM HEADER OVER OPENINGS IN BEARING WALLS SHALL BE 4X12 DF#1 UNLESS NOTED OTHERWISE.

BOLT HEADS AND NUTS BEARING AGAINST WOOD TO BE PROVIDED WITH FLAT WASHERS. SOLID BLOCKING OF NOT LESS THAN 2" NOMINAL THICKNESS SHALL BE PROVIDED AT ENDS AND AT ALL SUPPORTS OF JOISTS AND RAFTERS, UNLESS SHOWN OTHERWISE. BEAM AND JOIST HANGERS SHALL HAVE A CAPACITY EQUAL TO THE SHEAR STRENGTH OF THE BEAM OR JOIST WHICH IT IS SUPPORTING, UNLESS NOTED OTHERWISE. ALL METAL FRAMING ANCHORS AND HANGERS SHOWN ON DRAWINGS SHALL BE "STRONG TIE CONNECTORS" AS MANUFACTURED BY SIMPSON COMPANY OR APPROVED EQUAL. ALL SIMPSON CONNECTORS IN CONTACT WITH PRESSURE TREATED WOOD SHALL BE TYPE 304 OR TPYE 316 STAINLESS STEEL.

PRESSURE TREATED WOOD

ALL WOOD INDICATED AS PRESSURE TREATED, (PT) SHALL BE PRESSURE TREATED (PT) IN ACCORDANCE THE AMERICAN WOOD PRESERVER'S ASSOCIATION STANDARD U1-02. THE PRESERVATIVE SHALL BE ALKALINE COPPER QUAT (ACQ). ALL WOOD SHLL BE TREATED TO A RETENTION OF 0.60 PCF AS REQUIRED FOR 'GROUND CONTACT' ALL PRESSURE TREATED WOOD SHALL BE APPROPRIATELY MARKED ATTESTING TO COMPLIANCE WITH THESE REQUIREMENTS, LUMBER SHALL BE DRIED AFTER TREATMENT TO A MOISTURE CONTENT OF 19% OR LESS. ALL BOLTS. NAILS AND SIMPSON CONNECTORS IN CONTACT WITH PRESSURE TREATED WOOD SHALL BE TYPE 304 OR TYPE 316 STAINLESS STEEL.

GLUED LAMINATED STRUCTURAL UNITS

MATERIALS, MANUFACTURE, AND QUALITY CONTROL OF GLUED LAMINATED STRUCTURAL UNITS (GLULAM) SHALL CONFORM TO IBC CHAPTER 23 WITH ALLOWABLE STRESSES AS DEFINED IN AMERICAN FOREST & PAPER ASSOCIATION 'NATIONAL DESIGN SPECIFICATION 2001 SUPPLEMENT', TABLE 5A, AND SHALL BE DOUGLAS FIR, COMBINATION 24F-V8. DF/DF. GLUE LAMINATED STRUCTURAL UNITS SHALL BE GRADE MARKED BY THE AMERICAN INSTITUTE OF TIMBER CONSTRUCTION, AITC.

WOOD TRUSSES

STATE OF ALASKA.

WOOD TRUSSES SHALL BE DESIGNED FABRICATED AND INSTALLED IN ACCORDANCE WITH THE TRUSS PLATE INSTITUTE'S DESIGN SPECIFICATION FOR METAL PLATE CONNECTED WOOD TRUSSES (TPI-78). TRUSS PROFILES SHALL BE AS SHOWN ON THE DRAWINGS. INSTALL AND BRACE TRUSSES IN ACCORDANCE WITH MANUFACTURERS RECOMMENDATIONS. TRUSS SHOP DRAWINGS SHALL BE PROVIDED BY THE TRUSS SUPPLIER AND SHALL BEAR THE SEAL

OF A PROFESSIONAL ENGINEER LICENSED TO PRACTICE CIVIL ENGINEERING IN THE

PLYWOOD

ALL PLYWOOD SHALL CONFORM TO UBC STANDARD 23-2 AND SHALL BE AMERICAN PLYWOOD ASSOCIATION GRADE TRADE MARKED, PLYWOOD SHALL BE GROUP I OR GROUP II DOUGLAS FIR. ALL PANELS SHALL BE NOMINAL 4' X 8' PANELS. UTILIZE FULL SHEETS WHEREVER POSSIBLE, LAY FACE GRAIN OF ROOF AND FLOOR SHEATHING PANELS PERPENDICULAR TO JOISTS AND WITH PANEL CONTINUOUS OVER THREE OR MORE SPANS. STAGGER END JOINTS OF SUCCESSIVE COURSES 4' - O". WALL SHEATHING SHALL BE INSTALLED WITH THE FACE GRAIN PARALLEL TO STUDS, (LONG DIMENSION VERTICAL).

ROOF SHEATHING: SHALL BE 5/8" THICK GRADE APA 40/20 SPAN RATED PLYWOOD WITH EXTERIOR GLUE. ROOF SHEATHING SHALL BE FASTENED TO END SUPPORTS WITH 10D GALVANIZED NAILS AT 6" O/C. AT BLOCKED DIAPHRAGM LOCATIONS, FASTEN PLYWOOD TO FRAMING AT ALL PANEL EDGES WITH 10D GALVANIZED NAILS @ 4" O/C. AT ALL LOCATIONS, FASTEN PLYWOOD TO INTERMEDIATE SUPPORTS WITH 10D GALVANIZED NAILS AT 12 INCHES ON CENTER, PROVIDE 2X4 BLOCKING ALONG ALL PANEL EDGES WHERE SHOWN ON THE DRAWINGS. FASTEN ROOF SHEATHING TO BLOCKING OVER EXTERIOR WALLS WITH 10D GALVANIZED NAILS AT 4" O/C.

ORIENTED STRAND BOARD (OSB)

ALL ORIENTED STRAND BOARD SHALL CONFORM TO UBC STANDARD 23-3 AND SHALL BE AMERICAN PLYWOOD ASSOCIATION GRADE TRADE MARKED. ALL PANELS SHALL BE NOMINAL 4' X 8' PANELS. UTILIZE FULL SHEETS WHEREVER POSSIBLE, LAY STRENGTH AXIS OF ROOF AND FLOOR SHEATHING PANELS PERPENDICULAR TO SUPPORTS AND WITH PANEL CONTINUOUS OVER THREE OR MORE SPANS, STAGGER END JOINTS OF SUCCESSIVE COURSES 4'.

OSB WALL SHEATHING: SHALL BE 7/16" PANELS WITH EXTERIOR GLUE. UNLESS NOTED OTHERWISE ON THE DRAWINGS, WALL SHEATHING SHALL BE FASTENED TO FRAMING WITH 8D GALVANIZED NAILS 3" O/C ALONG PANEL EDGES AND 12" O/C ALONG INTERMEDIATE SUPPORTS. WALL SHEATHING SHALL BE BLOCKED AT ALL EDGES WITH NOMINAL 2" SOLID BLOCKING.

MANUFACTURED WOOD JOISTS

FABRICATED WOOD JOISTS SHALL BE OF THE SIZE INDICATED ON THE DRAWINGS AND AS MANUFACTURED BY BOISE CASCADE OR APPROVED EQUAL. FOLLOW MANUFACTURER'S RECOMMENDATIONS FOR INSTALLATION, HANDLING AND ERECTION OF FLOOR JOISTS, PROVIDE WEB STIFFENERS PER MANUFACTURER'S RECOMMENDATIONS AND ON BOTH SIDES OF WEBS WHERE JOISTS ARE SUPPORTED BY JOIST HANGERS. PROVIDE BLOCKING PANELS AT SUPPORTS AND ENDS OF JOISTS. PROVIDE FULL THICKNESS BACKER PLATE BETWEEN DOUBLE JOISTS WHERE JOIST IS FRAMED PERPENDICULAR INTO A DOUBLE JOIST. PROVIDE SOLID RIM JOISTS AROUND FULL PFRIMETER OF FLOOR SYSTEM. UNLESS NOTED OTHERWISE ON THE DRAWINGS, PROVIDE LAMINATED VENEER LUMBER HEADERS, WITH DEPTH EQUAL TO JOIST DEPTH, AT ALL OPENINGS IN FLOOR AND ROOF SYSTEMS. UNLESS NOTED OTHERWISE, PROVIDE FACE MOUNT JOIST HANGERS WITH CAPACITY EQUAL TO THE FULL SHEAR CAPACITY OF THE JOIST AT ALL JOISTS WHERE JOIST IS NOT SUPPORTED BY DIRECT

STRUCTURAL STEEL AND CONNECTORS

STRUCTURAL STEEL SHALL CONFORM TO UBC CHAPTER22, FOR ASTM SPECIFICATION A-36, FY = 36 K.S.I. EXCEPT WHERE NOTED OTHERWISE. STEEL TUBING (TS) SHALL CONFORM TO ASTM A500, GRADE B, FY = 46 K.S.I. DESIGN, FABRICATION AND ERECTION SHALL BE IN ACCORDANCE WITH THE IBC CHAPTER 22, DIVISION IX, ALLOWABLE STRESS DESIGN. MACHINE BOLTS (MB) SHALL CONFORM TO ASTM 307 AND SHALL BE PROVIDED WITH STANDARD HEX HEAD NUTS CONFORMING TO ASTM A563. GRADE A AND HARDENED STEEL CIRCULAR WASHERS CONFORMING TO ASTM F436. ALL WELDING SHALL CONFORM TO AMERICAN WELDING SOCIETY D1.1. WELD ALL FAYING SUREFACES WITH CONTINUOUS 3/16" FILLET WELD (MINIMUM) UNLESS OTHERWISE NOTED. ELECTRODES SHALL BE A.W.S. E-70. ANCHOR ALL COLUMNS WITH MINIMUM (4) 3/4" X 10" ANCHOR BOLTS UNLESS SHOWN OTHERWISE. PROVIDE ADEQUATE LATERAL BRACING FOR STRUCTURE DURING CONSTRUCTION.

SPECIAL INSPECTION

OWNER SHALL PROVIDE A SPECIAL INSPECTION PROGRAM IN ACCORDANCE WITH IBC CHAPTER 17. SPECIAL INSPECTIONS SHALL INCLUDE:

1. PERIODIC INSPECTION OF FILLET WELDS SINGLE PASS FILLET WELDS NOT EXCEEDING % INCH IN SIZE.

2. PERIODIC INSPECTION OF FLOOR AND ROOF DECK WELDING. 3. VISUAL INSPECTION OF ALL WELDS PRIOR TO COMPLETION.

SPECIFICATIONS

1. INSPECTION OF REINFORCING STEEL AND PLACEMENT, PRIOR TO POURING

CONCRETE. 2. SUBMITTAL OF CONCRETE MIX DESIGN TO VERIFY CONFORMANCE TO

3. TESTING OF CONCRETE MATERIALS FOR CONCRETE USED IN THE CONSTRUCTION OF THE UNDERGROUND WATER STORAGE TANK WALLS AND LID. PROVIDE CONCRETE TEMPERATURE, SLUMP, ENTRAINED AIR CONTENT AND COMPRESSIVE STRENGTH TESTS FOR EACH TRUCKLOAD BATCH OF CONCRETE.



NATIVE CONSORTIUM G AL ONME INEE! NVIRC ENGI V STRE SKA, 99 OF E SK. ALA! BAL DIVISI HEA 901 SO ANCH

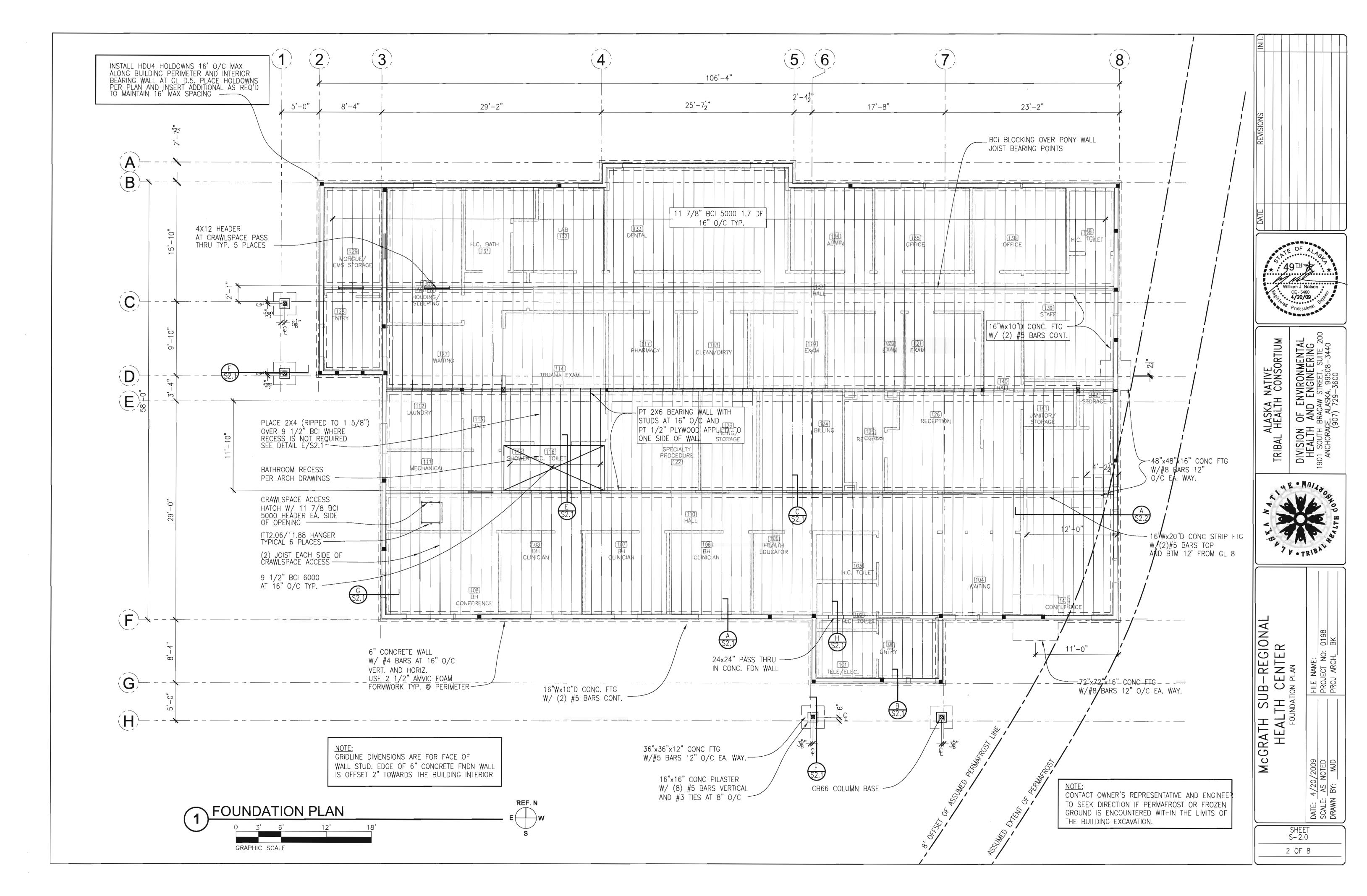


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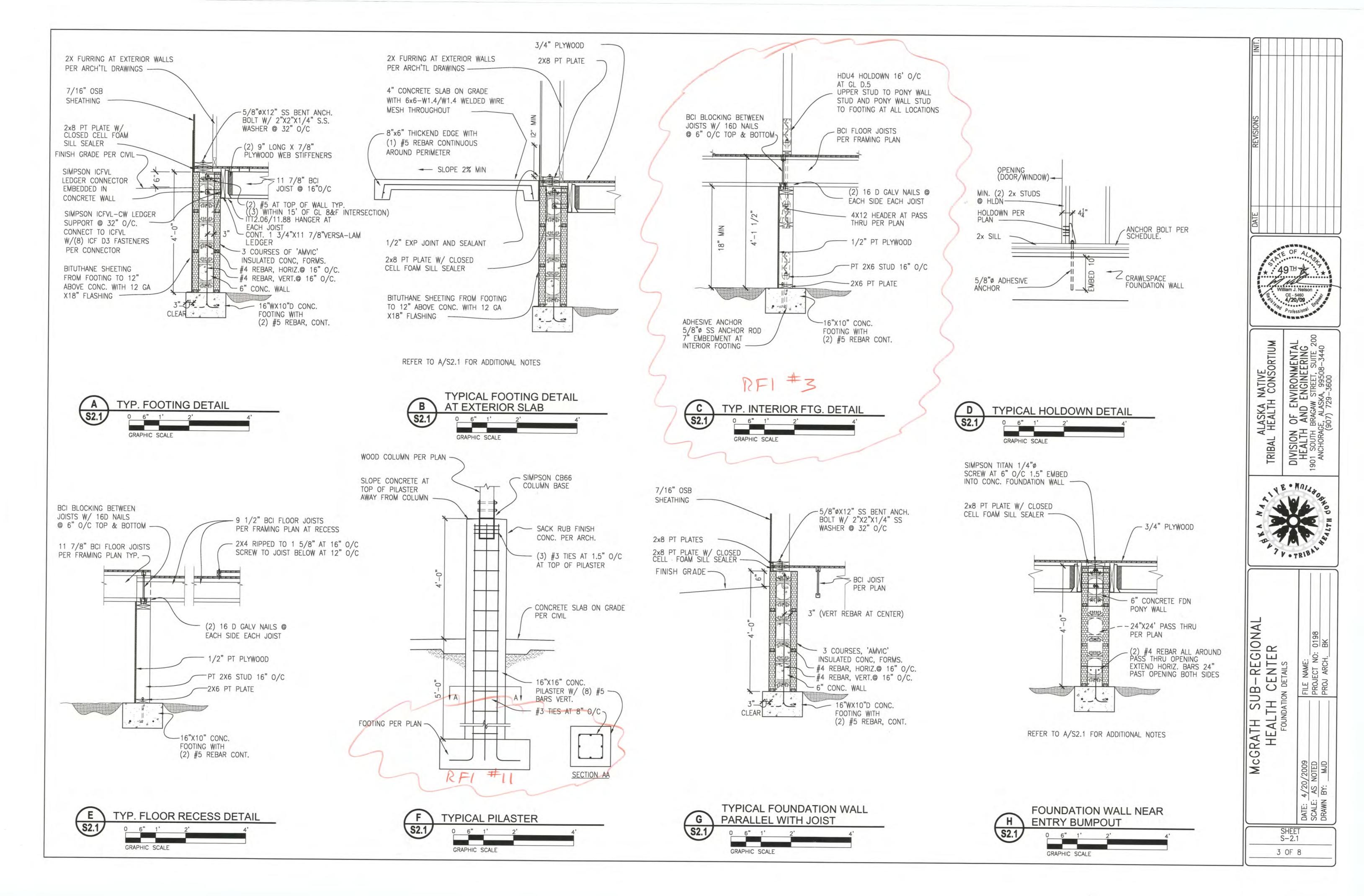
COLLINS CONSTRUCTION, INC. P.O. BOX 871827 PHONE: (907) 376-8299 WASILLA, AK 99687 FAX: (907) 373-5468

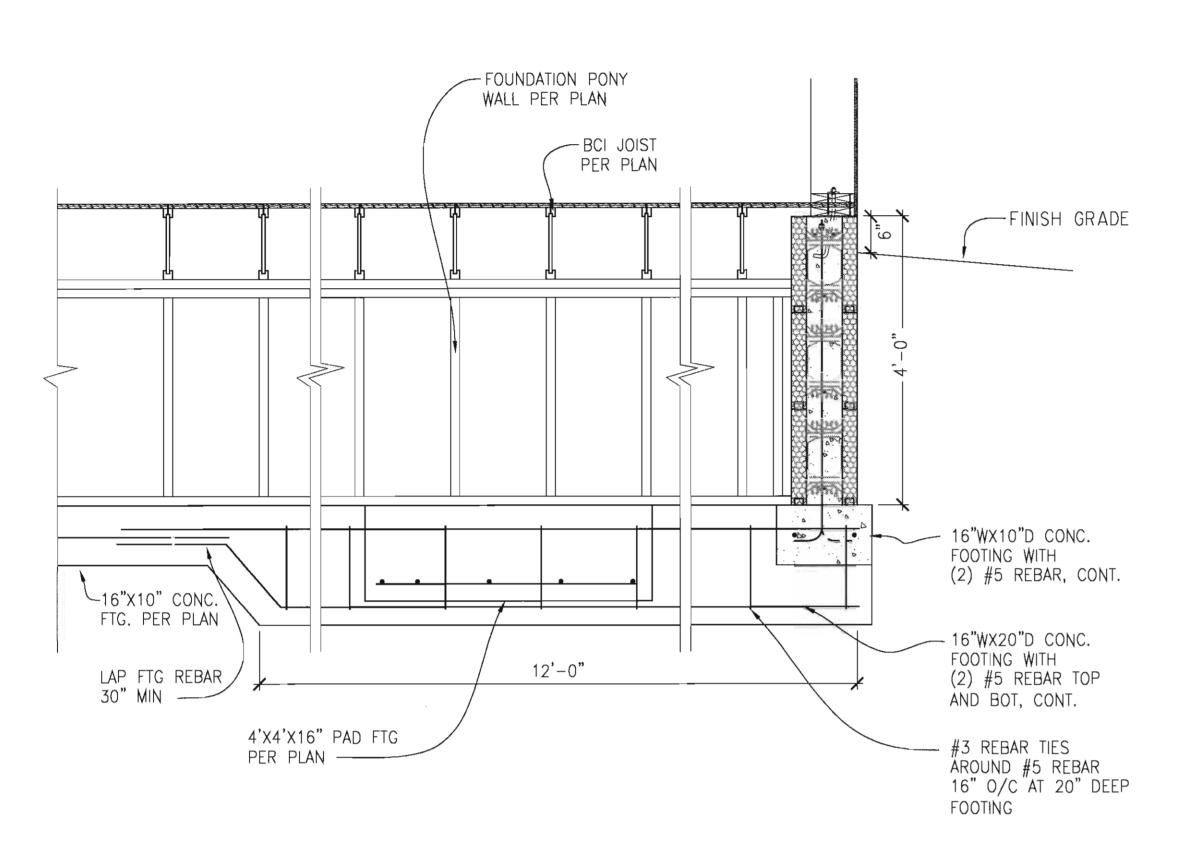
REQUEST FOR INTE	RPRETATION
McGrath Health Clinic	RFI #: 11
(PROJECT)	
Detail F S 2.1 REFERENCE: (DRAWING OR SPEC.)	July 14, 2010 (DATE)
REFERENCE: (DRAWING OR SPEC.)	(DAIL)
DESCRIPTION: The footings for the 4 pilasters we are the same as the building foundation instead of 5 sheet S 2.1. Will this be acceptable with the addition footings? Please let me know asap please.	' below finish grade as per detail F on
	Greg Waisanen
(DATE)	(REQUESTED BY)
RESPONSE:	
This results in an 18" difference in the elevation of tinstallation.	the footing between design and
Place 4" of rigid insulation over the top of the footing at the top of footing elevation.	ng and 4' beyond the edge of the footing,
	M. Dura
RESPONSE NEEDED BY: 7-14-10	(ARCHITECT / ENGINEER SIGNATURE)
	7-14-10
ACTION REQUIRED BY:	(DATE)
RESOLUTION:	-
Notification must be given in accordance with the cont response / description causes any change to contract do	
	7."
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COLLINS CONSTRU	
P.O. BOX 871	1827
	1827
P.O. BOX 871	1827 99687 FAX: (907) 373-5468 RPRETATION
P.O. BOX 871 PHONE: (907) 376-8299 WASILLA, AK REQUEST FOR INTE	1827 99687 FAX: (907) 373-5468 RPRETATION
P.O. BOX 871 PHONE: (907) 376-8299 WASILLA, AK	1827 99687 FAX: (907) 373-5468
P.O. BOX 877 PHONE: (907) 376-8299 WASILLA, AK REQUEST FOR INTE McGrath Health Clinic (PROJECT) C-S 2.1	1827 99687 FAX: (907) 373-5468 RPRETATION
P.O. BOX 877 PHONE: (907) 376-8299 WASILLA, AK REQUEST FOR INTE McGrath Health Clinic (PROJECT)	1827 99687 FAX: (907) 373-5468 RPRETATION RFI #: 3
P.O. BOX 877 PHONE: (907) 376-8299 WASILLA, AK REQUEST FOR INTE McGrath Health Clinic (PROJECT) C-S 2.1	1827 99687 FAX: (907) 373-5468 RPRETATION RFI #: 3 6-15-10 (DATE)
P.O. BOX 877 PHONE: (907) 376-8299 WASILLA, AK REQUEST FOR INTE McGrath Health Clinic (PROJECT) C-S 2.1 REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: could you please confirm the naili	1827 99687 FAX: (907) 373-5468 RPRETATION RFI #: 3 6-15-10 (DATE) ng schedule for the plywood on the
P.O. BOX 877 PHONE: (907) 376-8299 WASILLA, AK REQUEST FOR INTE McGrath Health Clinic (PROJECT) C-S 2.1 REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: could you please confirm the naili	1827 99687 FAX: (907) 373-5468 RPRETATION RFI #: 3 6-15-10 (DATE)
P.O. BOX 877 PHONE: (907) 376-8299 WASILLA, AK REQUEST FOR INTE McGrath Health Clinic (PROJECT) C-S 2.1 REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: could you please confirm the naili	FAX: (907) 373-5468 RPRETATION RFI #: 3 6-15-10 (DATE) Ing schedule for the plywood on the
P.O. BOX 877 PHONE: (907) 376-8299 WASILLA, AK REQUEST FOR INTE McGrath Health Clinic (PROJECT) C-S 2.1 REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: could you please confirm the naili crawl space walls (DATE)	FAX: (907) 373-5468 RPRETATION RFI #: 3 6-15-10 (DATE) Ing schedule for the plywood on the Greg Waisanen (REQUESTED BY)
P.O. BOX 871 PHONE: (907) 376-8299 REQUEST FOR INTE McGrath Health Clinic (PROJECT) C-S 2.1 REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: could you please confirm the nailic crawl space walls (DATE) RESPONSE: The Crawl space walls should be nailed with 8d nail	FAX: (907) 373-5468 RPRETATION RFI #: 3 6-15-10 (DATE) Ing schedule for the plywood on the Greg Waisanen (REQUESTED BY) Is at 6" o/c at panel edges and 12" o/c in the treated wood note on S-1.0.
P.O. BOX 871 PHONE: (907) 376-8299 REQUEST FOR INTE McGrath Health Clinic (PROJECT) C-S 2.1 REFERENCE: (DRAWING OR SPEC.) DESCRIPTION: could you please confirm the nailic crawl space walls (DATE) RESPONSE: The Crawl space walls should be nailed with 8d nail	FAX: (907) 373-5468 RPRETATION RFI #: 3 6-15-10 (DATE) Ing schedule for the plywood on the Greg Waisanen (REQUESTED BY)

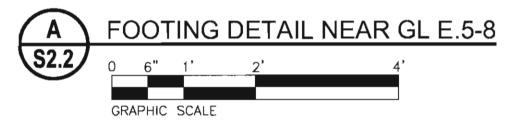
(DATE)

Notification must be given in accordance with the contract documents if any architect / engineer response / description causes any change to contract documents.

ACTION REQUIRED BY: ______RESOLUTION:







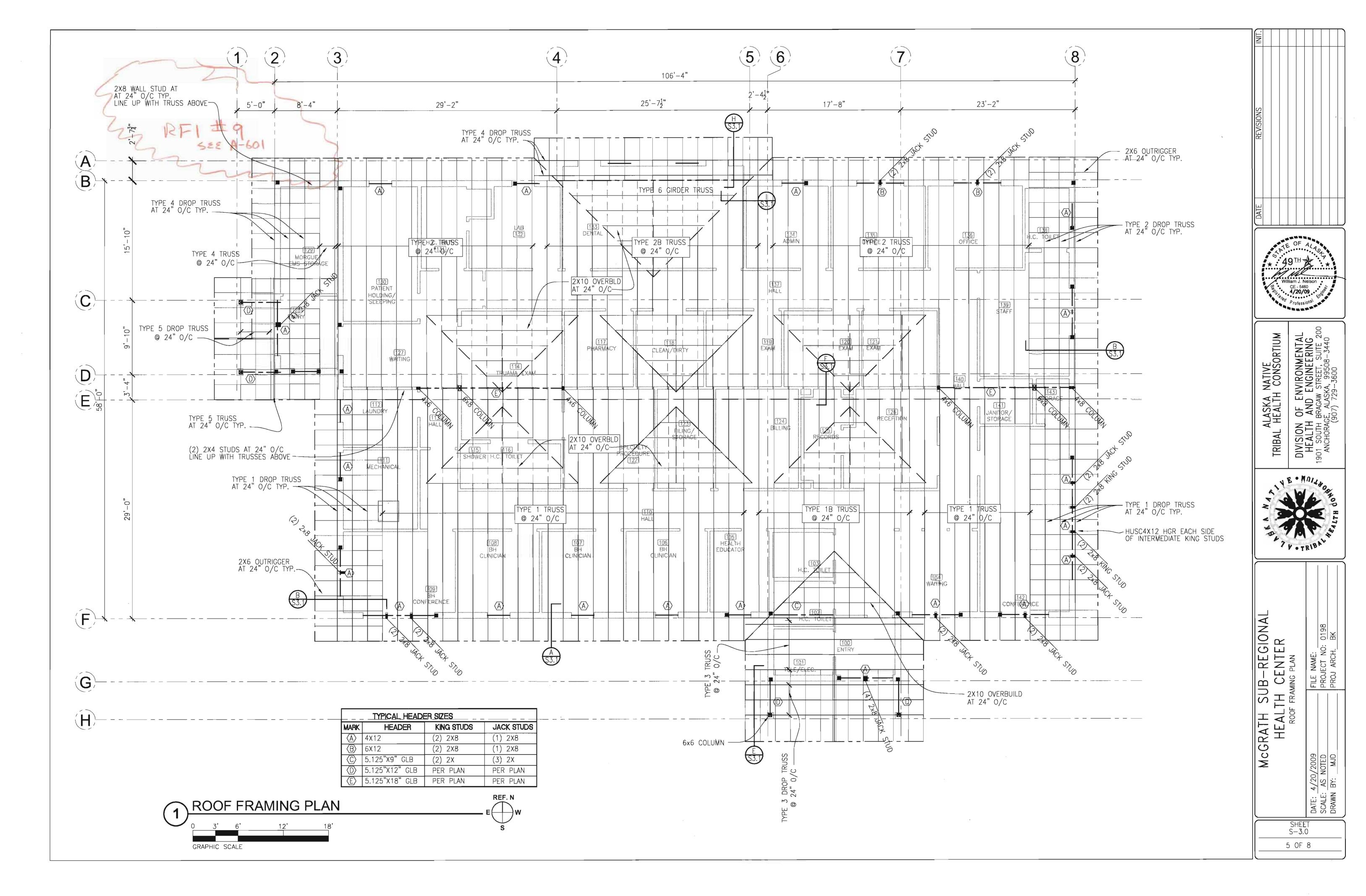


DIVISION OF ENVIRONMENTAL
HEALTH AND ENGINEERING
1901 SOUTH BRAGAW STREET, SUITE 200
ANCHORAGE, ALASKA, 99508—3440
(907) 729—3600 ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



McGRATH SUB-REGIONAL
HEALTH CENTER
FOUNDATION DETAILS

SHEET S-2.2 4 OF 8



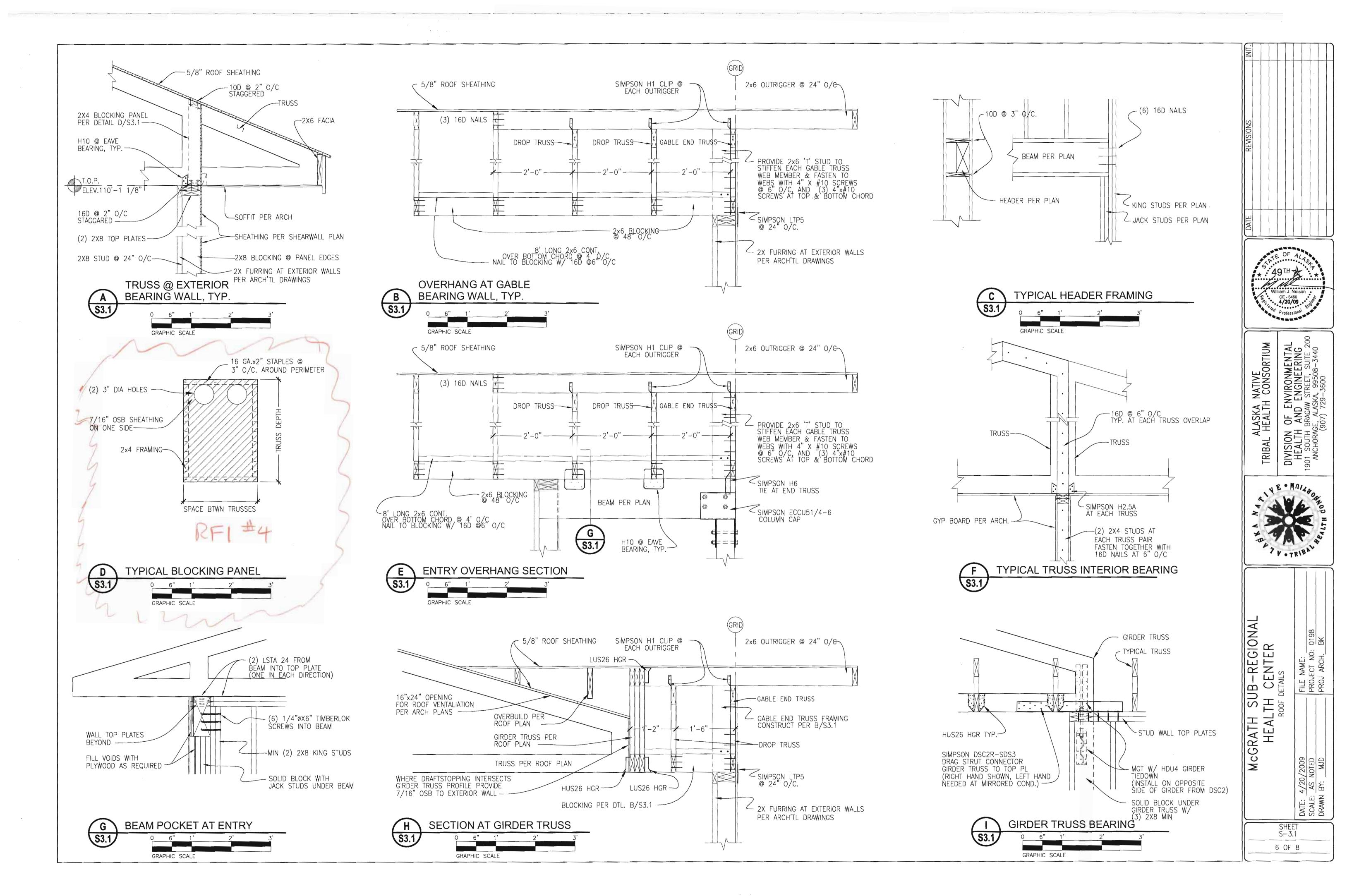
COLLINS CONSTRUCTION, INC. P.O. BOX 871827

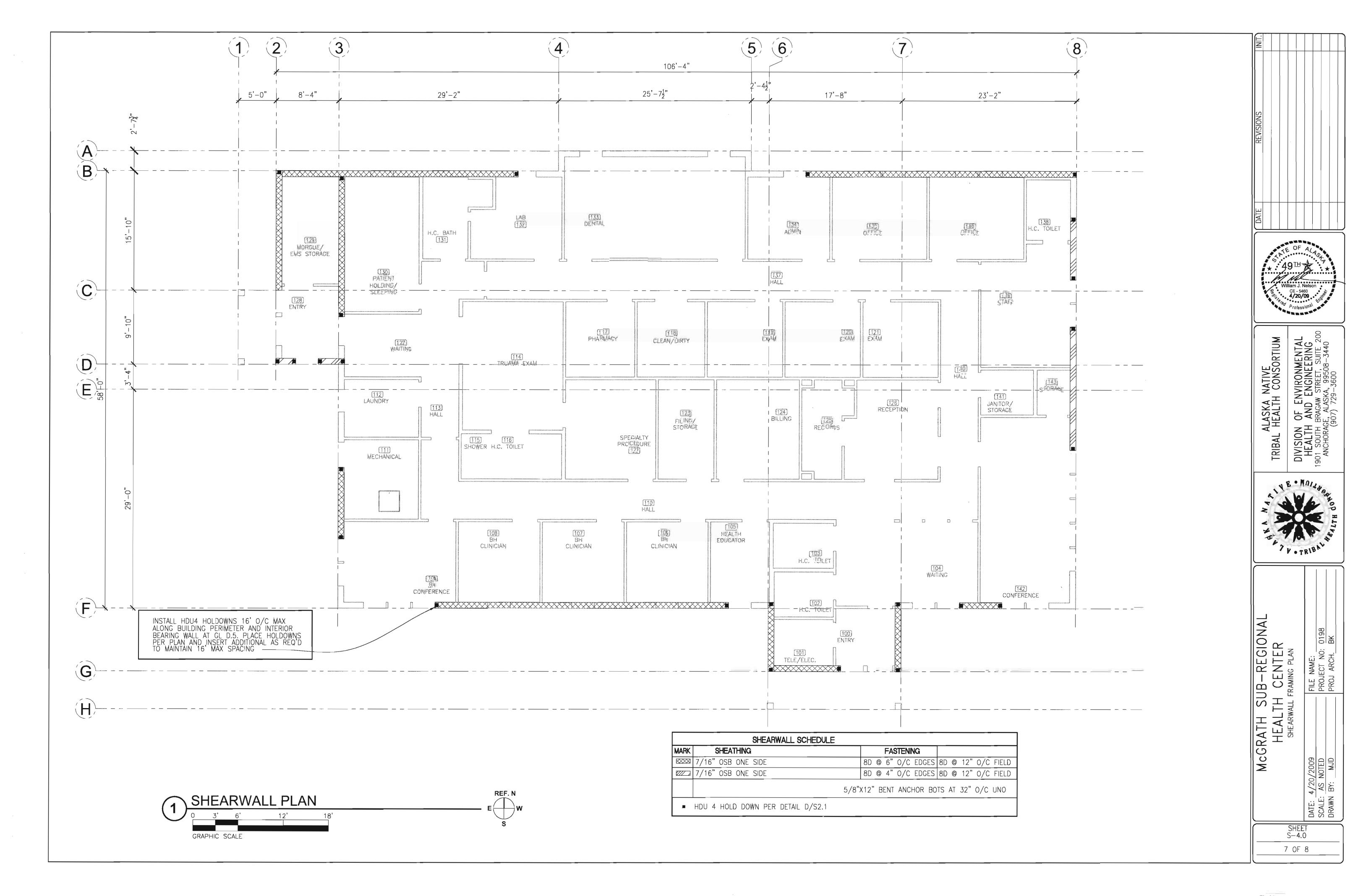
PHONE: (907) 376-8299 WASILLA, AK 99687

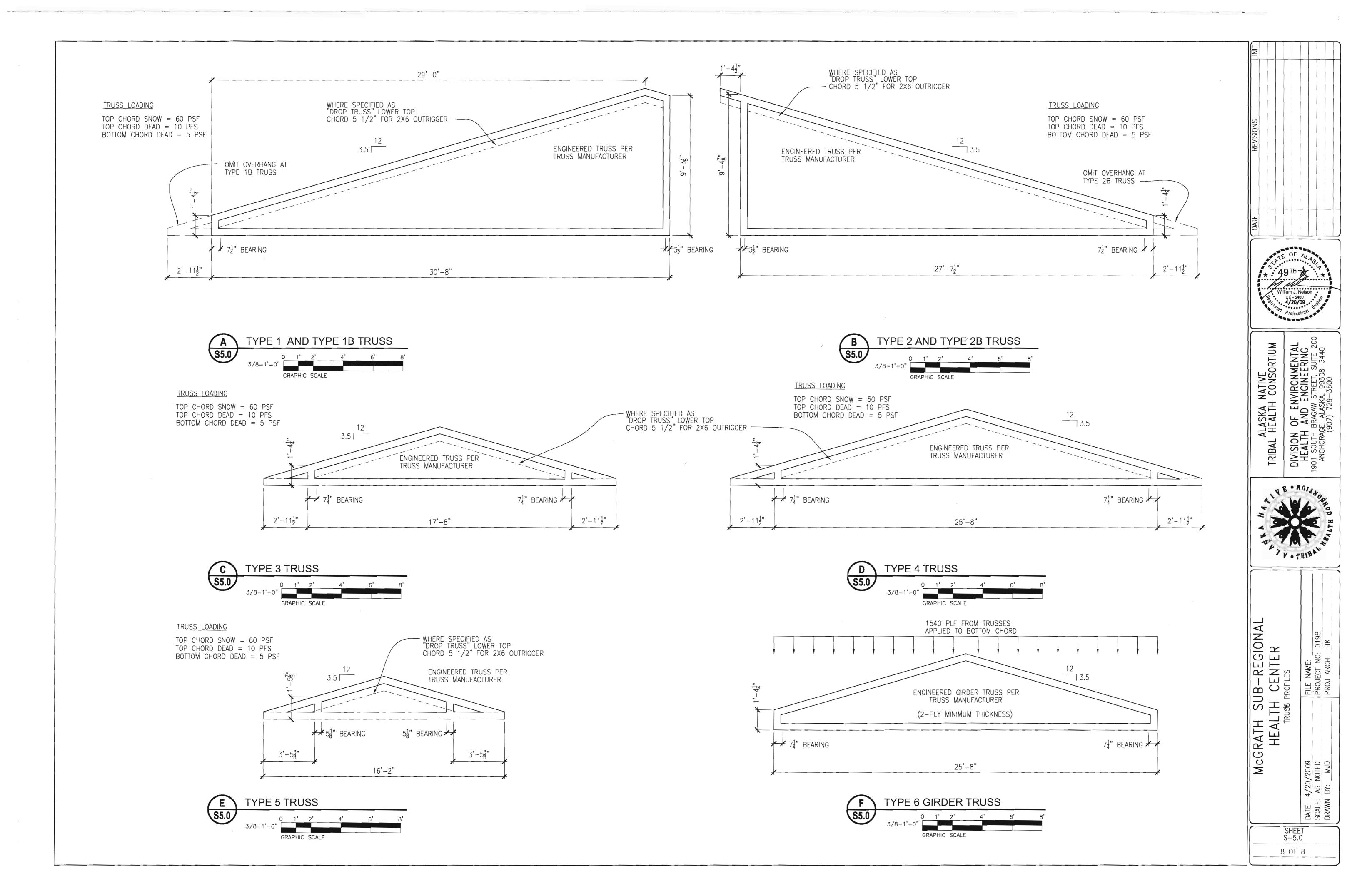
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FAX: (907) 373-5468

REQUEST FOR INTERPRETATION				
McGrath Health Clinic	RFI#: 4			
(PROJECT)				
D -S 3.1	6-15-10			
REFERENCE: (DRAWING OR SPEC.)	(DATE)			
DESCRIPTION: can we use nails in lieu of stap	les for this detail?			
	Greg Waisanen			
(DATE)	(REQUESTED BY)			
(DATE) RESPONSE:				
It is acceptable to replace the staples in detail Dapanel edges.	/S3.1 with 8d nails at 6" o/c at the blocking			
	M. Dura			
RESPONSE NEEDED BY:	(ARCHITECT / ENGINEER SIGNATURE)			
	6/17/10			
	(DATE)			
ACTION REQUIRED BY:RESOLUTION:	,			
Notification must be given in accordance with the oresponse / description causes any change to contract	•			







\ DDD	EVIATIONS
AD AFF	ACCESS DOOR ABOVE FINISHED FLOOR
AMPS	ABOVE FINISHED FLOOR AMPERES
	AIR PRESSURE DROP ARCHITECTURAL
	AIR SEPARATOR ASSEMBLY
AWT	AVERAGE WATER TEMPERATURE
	BOILER BASEBOARD
BDD	BACKDRAFT DAMPER
	BRITISH THERMAL UNIT / HOUR COMBUSTION AIR
CFM	CUBIC FEET PER MINUTE CEILING
CONT	CONTINUED
	CLEANOUT CONNECTION
CP	CIRCULATION PUMP CABINET UNIT HEATER
CW	COLD WATER
Ø DA	DIAMETER DENTAL AIR
DC	DUCT COIL
DEG DN	DEGREE DOWN
DVAC DWG	DENTAL VACUUM DRAWING
E/A	EXHAUST AIR
EAT EF	ENTERING AIR TEMPERATURE EXHAUST FAN
ET EXH	EXPANSION TANK EXHAUST
EWT	ENTERING WATER TEMPERATURE
ESP EGT	EXTERNAL STATIC PRESSURE ENTERING GLYCOL TEMPERATURE
FT FPM	FEET PER MINUTE
FPF	FINS PER FOOT
F FCO	FAHRENHEIT FLOOR CLEAN OUT
FOT	FUEL OIL TANK
FW FR	FIRE WATER FRACTIONAL
GPH GPM	GALLONS PER HOUR GALLONS PER MINUTE
GR	GREASE TRAP
GT HB	GLYCOL TANK HOSE BIBB
HC HD	HEATING COIL HEAD
HGR	HEATING GLYCOL RETURN
HGS HRV	HEATING GLYCOL SUPPLY HEAT RECOVERY VENTILATOR
HW HWG	HOT WATER HOT WATER GENERATOR
HP	HORSEPOWER
ID IN	INSIDE DIAMETER INCHES
LAT LF	LEAVING AIR TEMPERATURE LINEAL FEET
LGT	LEAVING GLYCOL TEMPERATURE
LWT MAX	LEAVING WATER TEMPERATURE MAXIMUM
MBH	THOUSAND BTU PER HOUR MANUFACTURER
MFGR MIN	MINIMUM
MTD NC	MOUNTED NOISE CRITERIA
N.C.	NORMALLY CLOSED
NTS	NORMALLY OPEN NOT TO SCALE
OC O/A	ON CENTER OUTSIDE AIR
OD	OUTSIDE DIAMETER
PD PG	PRESSURE DROP PROPYLENE GLYCOL
PH PRV	PHASE PRESSURE REDUCING VALVE
PSI	POUNDS PER INCH
	RADIANT HEATING GLYCOL RETURN
RGS	RADIANT HEATING GLYCOL SUPPLY REVOLUTIONS PER MINUTE
S/A	SUPPLY AIR
SP TEMP	STATIC PRESSURE TEMPERATURE
TSP TSTAT	TOTAL STATIC PRESSURE
TYP	TYPICAL
UH V	UNIT HEATER VENT
VTR	VENT THROUGH ROOF
WC WG	WATER COLUMN WATER GAGE
wco w	WALL CLEAN OUT WASTE
WTD	WASTE WATER TEMPERATURE DROP

MECHANICA	AL LEGEND
1412 0111 1141 01	
	WASTE
	VENT PIPING
	COLD WATER
	HOT WATER
xxx	SEE ABBREVIATIONS FOR MEDIA
	PIPE UP
 5	PIPE DOWN
	TEE UP
	TEE DOWN
——————————————————————————————————————	UNION
101	DIRECTION OF FLOW
——————————————————————————————————————	ISOLATION VALVE
——————————————————————————————————————	2-WAY CONTROL VALVE
	CHECK VALVE
	BALANCE VALVE
*	PRESSURE/TEMPERATURE RELIEF VALVE
	THERMOMETER
\otimes	FLOOR CLEANOUT
	FLOOR DRAIN
	FLOOR SINK
\boxtimes	SUPPLY AIR UP & DOWN (SQUARE)
	EXHAUST AIR UP & DOWN (SQUARE)
\bigcirc	ROUND DUCT UP & DOWN
①	THERMOSTAT OR SENSOR
Tip (REVERSE ACTING THERMOSTAT
H	HUMIDISTAT SENSOR
1	SHEET NOTES
<u>XX</u> :XXX -	- CFM
	- DIFFUSER OR GRILLE TYPE
	- DETAIL NUMBER - SHEET LOCATED ON
BB-1	- BASEBOARD DESIGNATION
\1.0 12'/	- ACTIVE LENGTH

	MBING FIXTURE SCHED									
			MINIMU	M CONNEC			-			
SYMBOL	FIXTURE	CW	HW	WASTE	VENT	TRAP	MANUFACTURER	MODEL	COLOR	TRIM / REMARKS
WC-1	WATER CLOSET - FLOOR MOUNT - ADA	1/2"		3"	2"		KOHLER	HIGHLINE K-3493	WHITE	ELONGATED BOWL, COVER, SPLIT RIM SEAT
LV-1	LAVATORY - WALL MOUNT - ADA	1/2"	1/2"	1-1/2"	1-1/2"	1-1/4"	KOHLER	KINGSTON K-2005	WHITE	DELTA FAUCET 516 WFHDF WITH METAL GRID STRAINER, CONCEALED ARM
										SUPPORTS, WALL CARRIER FOR ADA HEIGHT, INSULATE TRAP AND HW SUPPL'
SK-1	SINK - EXAM	1/2"	1/2"	2"	1-1/2"	2"	PER FF&E PACK	AGE		PER FF&E PACKAGE
SK-2	SINK - SPECIALTY PROCEDURE	1/2"	1/2"	2"	1-1/2"	2"	PER FF&E PACK	AGE	:	PER FF&E PACKAGE
SK-3	SINK - BAR	1/2"	1/2"	2*	1-1/2"	1-1/2"	JUST	SL-1617-A-GR	STAINLESS	DELTA FAUCET 3579 WFHDF, RIGID
SK-4	SINK - KITCHEN	1/2"	1/2"	2"	1-1/2"	1-1/2"	JUST	SLX-1617-A-GR	STAINLESS	DELTA FAUCET 3579 WFHDF, RIGID
SK-5	SINK - DOUBLE COMPARTMENT - LAB	1/2"	1/2"	2"	1-1/2"	2"	JUST	DL-1829-A-GR	STAINLESS	DELTA FAUCET 711-WFHDF, HAWS 7610 EMERGENCY EYEWASH, SWING
SK-6	SINK	1/2"	1/2"	2"	1-1/2"	2"	PER DENTAL EQ	UIPMENT SUPPLIER	STAINLESS	PER DENTAL EQUIPMENT SUPPLIER
SK-7	SINK - LAUNDRY	1/2"	1/2"	2"	1-1/2"	2"	FIAT	FL-1	WHITE	FIAT FAUCET A-1
SK-8	SINK - SERVICE	1/2"	1/2"	3"	2"	3"	FIAT	MSB-2424	WHITE	FIAT FAUCET 830-AA, 832-AA HOSE AND BRACKET, E-77-AA VINYL
										BUMPERGUARD, 889-CC MOP HANGER
DS-1	SINK - DENTAL	1/2"	1/2"	3"	2"	3"	PER DENTAL EQ	ER DENTAL EQUIPMENT SUPPLIER		PER DENTAL EQUIPMENT SUPPLIER
SH-1	SHOWER - ADA	1/2"	1/2"	2"	1-1/2"	2"	FIAT	3636.01F	WHITE	RPW1111HDF, 60" FLEX HOSE, ADJUSTABLE WALL BRACKET,
										ADJUSTABLE MAXIMUM TEMP., INTEGRAL CHECK STOPS,
										PRESSURE BALANCED, VACUUM BREAKER
SV-1	SHOWER VALVE	1/2"	1/2"				DELTA	1305-WSHDF		RPW1111HDF, 60" FLEX HOSE, ADJUSTABLE WALL BRACKET,
		,							•	ADJUSTABLE MAXIMUM TEMP., INTEGRAL CHECK STOPS,
										PRESSURE BALANCED, VACUUM BREAKER
DF-1	DRINKING FOUNTAIN - SINGLE - ADA	1/2"		1-1/2"	1-1/2"	1-1/4"	HAWS	1109	STAINLESS	FRONT PUSH BUTTON, 6800 SUPPORT CARRIER, 6700 MOUNTING PLATE
WB-1	WASHER BOX	3/4"	3/4"	2"	1-1/2"	2"	GUY GRAY	T200		DRAIN ADAPTOR FOR DWV COPPER
FD-1	FLOOR DRAIN			2"	1-1/2"	2"	J.R. SMITH	2010-WF		ROUND TOP, TRAP PRIMER CONNECTION
FD-2	FLOOR DRAIN			2"	1-1/2"	2"	J.R. SMITH	DX-2005		ROUND TOP, TRAP PRIMER CONNECTION
HB1	HOSE BIBB - FROST PROOF	3/4"					WOODFORD	MODEL 65		WITH TEE HANDLE, VACUUM BREAKER

EXPA	ANSION TANK SCH	IEDULE							
SYMBOL	MFGR / MODEL	FUNCTION	FLUID	TOTAL VOLUME (GALLONS)	ACCEPTANCE VOLUME (GALLONS)	DIMENSIONS	MATERIAL	LABEL	REMARKS
ET-1	AMTROL / SX-40V	HYDRONIC EXPANSION	50% P.G.	20	11.3	15"ø x 32"	STEEL/BUTYL		
ET-2	AMTROL / ST-12	DOMESTIC HW EXPANSION	WATER	4.4	3.2	11"ø x 15"	STEEL/BUTYL	IAPMO	APPROVED FOR POTABLE WATER USE

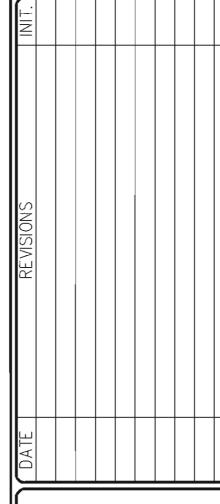
GLYC	COL MAKE-U	P TANK SCHE	DULE				
			E1.110	CAPACITY	DIMENSIONS		
SYMBOL	MFGR / MODEL	FUNCTION	FLUID	(GALLONS)	DIMENSIONS	MATERIAL	REMARKS
GT-1	AXIOM / MF200	GLYCOL MAKE UP	50% P.G.	6.6	12"x12"x16"H	PLASTIC	LOW LEVEL ALARM, ELECTRIC CORD AND PLUG

TAN	K SCHEDULE							
SYMBOL	MFGR / MODEL	FUNCTION	FLUID	CAPACITY (GALLONS)	DIMENSIONS	MATERIAL	LABEL	REMARKS
F0T-1	ACE TANK / AC00550U2K4	FUEL OIL STORAGE	F.O.	550	48"ø x 75"	STEEL	UL	DOUBLE WALL, ABOVE GROUND, SKID MOUNTED

НОТ	WATER GENERA	TOR SO	CHEDI	JLE								
		DOMESTIC	HOT WATER			HEATING M	EDIUM					
CAMBOI	MEOD / MODE	RECOVERY		ГИС	LACT	FLUID	FLOW	WPD	ГСТ	LOT	LADEL	DEMARKS
SYMBOL	MFGR / MODEL	(GPH)	(GAL)	EWT	LWT	FLUID	(GPM)	(FT HD)	EGT	LGT	LABEL	REMARKS
HWG-1	AMTROL / WHS-60ZC-DW	268	60	40°F	120°F	50% P.G	7	10'	180°F	150°F		DOUBLE WALL VENTED COIL

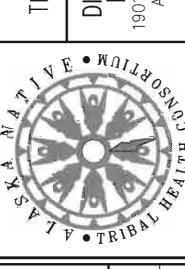
PUM	P SCHEDULE							
					LIEAD	мото	R DATA	
SYMBOL	MFGR / MODEL	SERVICE	FLUID	GPM	HEAD FT.	HP	VOLTS/PH	REMARKS
CP-1	GRUNDFOS / UPS 40-160/2	PERIMETER HEAT	50% P.G.	28.4	25'	3/4	208/3	SET INITIALLY AT SPEED ONE
CP-2	GRUNDFOS / UPS 40-160/2	PERIMETER HEAT	50% P.G.	28.4	25'	3/4	208/3	BACKUP TO <u>CP-1</u> , SET INITIALLY AT SPEED ONE
CP-3	GRUNDFOS / UP 26-96F	HOT WATER GENERATOR	WATER	7	17'	1/12	120/1	
CP-4	GRUNDFOS / UP 15-18 B7	HOT WATER CIRCULATION	WATER	2	4'	1/25	120/1	BRONZE CONSTRUCTION







ALASKA NATIVE
TRIBAL HEALTH CONSORTIUM
DIVISION OF ENVIRONMENTAL
HEALTH AND ENGINEERING
ANCHORAGE, ALASKA, 99508-3440
(907) 729-3600



IONS
IE: 08167-M01

VAME: LAYOUT1

MENT SCHEDULES

D & ABBREVIATIONS

FILE NAME: 0

McGRATH
HEAL
EQUIPM
ATE: 04/20/09
SALE: AS NOTED

SHEET MO.1 1 OF 8M

SEQUENCE OF OPERATION

BOILERS (B-1 AND B-2)
BOILER CONTROLLER SHALL CONTROL BOILER CIRCULATION PUMPS AND
FIRE BOILER TO MAINTAIN SUPPLY TEMPERATURE BETWEEN 180'F AND
150'F BASED ON OUTSIDE AIR TEMPERATURE. BOILER CONTROLLER SHALL
SHUT DOWN BOILER AND LEAD SYSTEM CIRCULATION PUMP, CP-1 OR
CP-2, ON OUTSIDE AIR TEMPERATURES OF 65'F (ADJUSTABLE) AND
HIGHER. ON CALL FOR HEAT FROM THE HOT WATER GENERATOR
CIRCULATION PUMP, CP-3 SHALL OPERATE, CONTROL VALVE SHALL OPEN
AND BOILER SHALL FIRE TO MAINTAIN BOILER TEMPERATURE OF 180'F
(ADJUSTABLE). REDUNDANT HIGH LIMIT CONTROLLER SHALL DISABLE
BOILER ABOVE 210'F. AT LOW WATER CONDITION, LOW WATER CUT-OFF
SHALL DISABLE BOILER, PROVIDE MANUAL RESET.

CIRCULATION PUMP (CP-1 AND CP-2) CP-1 AND CP-2 LEAD DESIGNATION SHALL BE BY PUMPS MANUAL DISCONNECTS.

CIRCULATION PUMP (CP-3)
PUMP SHALL RUN AS INDICATED UNDER BOILER SEQUENCE.

CIRCULATION PUMP (CP-4)
PUMP SHALL RUN CONTINUOUSLY.

HOT WATER GENERATOR (<u>HWG-1</u>)
WATER HEATER'S AQUASTAT SHALL CALL FOR HEAT TO MAINTAIN TANK
WATER TEMPERATURE OF 115'F (ADJUSTABLE). CONTROL VALVE SHALL
OPEN AND CIRCULATION PUMP, <u>CP-3</u>, SHALL OPERATE. COORDINATE
WITH BOILER CONTROL SEQUENCE.

BASEBOARD RADIATION (BB-1 AND BB-2)
ON SECOND STAGE OF HEAT ZONE THERMOSTAT SHALL CYCLE ZONE CONTROL VALVE TO MAINTAIN SPACE TEMPERATURE.

CABINET UNIT HEATERS (CUH-1 AND CUH-2)
THERMOSTAT SHALL CYCLE BLOWER TO MAINTAIN SPACE TEMPERATURE.

UNIT HEATER ($\underline{UH-1}$, $\underline{UH-2}$ AND $\underline{UH-3}$)
THERMOSTAT SHALL CYCLE BLOWER TO MAINTAIN SPACE TEMPERATURE.

EXHAUST FAN ($\underline{\text{EF}}-1$, $\underline{\text{EF}}-2$, $\underline{\text{EF}}-3$, $\underline{\text{EF}}-4$ AND $\underline{\text{EF}}-6$) ON-OFF CONTROL VIA WALL MOUNTED SWITCH.

EXHAUST FAN (EF-5 AND EF-7)
ON TEMPERATURE RISE ABOVE LINE VOLTAGE THERMOSTAT SETPOINT (ADJUSTABLE) FAN SHALL OPERATE.

EXHAUST FAN (EF-9)
ON TEMPERATURE RISE ABOVE LINE VOLTAGE THERMOSTAT SETPOINT
(ADJUSTABLE) FAN SHALL OPERATE AND VENTILATION OPENING CONTROL DAMPER SHALL OPEN.

EXHAUST FAN (<u>EF-8</u>)
ON-OFF CONTROL VIA HUMDISTAT. ON HUMIDITY RISE ABOVE SETPOINT (ADJUSTABLE) FAN SHALL OPERATE.

HEAT RECOVERY VENTILATOR (HRV-1)
UNIT SHALL OPERATE CONTINUOUSLY DURING OCCUPIED HOURS, BASED
ON 7-DAY, 24-HOUR PROGRAM AS DETERMINED BY OWNER. UNIT
MOUNTED ELECTRONIC CONTROLLER SHALL CONTROL FAN SPEED.
HUMIDISTAT SHALL INCREASE SPEED AUTOMATICALLY AS REQUIRED TO
MAINTAIN 50% RH. ELECTRONIC CONTROLLER SHALL AUTOMATICALLY
ENGAGE DEFROST CYCLE AS REQUIRED TO MAINTAIN HEAT TRANSFER
COIL FROST FREE. REMOTE DIGITAL ELECTRONIC TIMERS SHALL ENGAGE
HRV IF UNIT IS OFF, OR BOOST HRV TO HIGH SPEED IF UNIT IS ON,
FOR 20-MINUTE TIME DURATION.

DUCT COIL (<u>DC-1</u>)
THREE WAY CONTROL VALVE SHALL MODULATE TO MAINTAIN DUCT
SUPPLY AIR TEMPERATURE (65°F ADJUSTABLE). PROVIDE CONTACTS ON
VALVE SO THAT ON GREATER THAN 10% OPEN A CALL FOR HEAT IS
PROVIDED TO THE BOILER.

BOIL	ER SCHEDULE								
				GROSS INPUT	GROSS IBR	E	BURNER		
SYMBOL	MFGR / MODEL	FLUID	FUEL	(MBH)	OUTPUT (MBH)	HP	VOLTS/PH	LABEL	REMARKS
B-1	ENERGY KINETICS / EK-2 FRONTIER	50% P.G.	OIL	196	175.5	FR	120/1	UL	30 PSI RELIEF VALVE, SWING AWAY BURNER DOOR
B-2	ENERGY KINETICS / EK-2 FRONTIER	50% P.G.	OIL	196	175.5	FR	120/1	UL	30 PSI RELIEF VALVE, SWING AWAY BURNER DOOR

DUC	T COIL SO	CHEDULE											
SYMBOL	MFGR	SIZE	CFM	AIR P.D. (IN. W.C.)	VELOCITY (FPM)	EAT	LAT	GPM	FLUID	EFT	LFT	WPD (FT. HD.)	REMARKS
DC-1	TITUS	PER MFGR	415	<0.12	<700	55°F	70°F	0.5	50% P.G.	180°F	150°F	<1	HEIGHT NOT TO EXCEED ADJACENT DUCT HEIGHT

BASI	EBOARD RADIATIO	N SCH	EDULI	E									
SYMBOL	MFGR / MODEL	OUTPUT (BTU/LF)	FLUID	EGT	LGT	TUBE SIZE	ELEMENT FIN SIZE	FIN PER FOOT	FIN THICKNESS		I	ENCLOSURE THICKNESS	REMARKS
BB-1	STERLING / JV14B-S	1,120	50% P.G.	180°F	160°F	3/4"	4-1/4" X 3-5/8"	50	0.020"	1	18"	16 GAUGE	SLOPE TOP ENCLOSURE
BB-2	STERLING / C3/4-435	980	50% P.G.	180°F	160°F	3/4"	4-1/4" X 3-5/8"	50	0.020"	1			BARE ELEMENT

UNIT	HEATER SCHE	DULE									
		CAPACITY					WPD	:	MOTOR	DATA	
SYMBOL	MFGR / MODEL	MBH	GPM	FLUID	EGT	LGT	FT HD	CFM	HP	VOLTS/PH	REMARKS
UH-1	MODINE / HC-47	22.7	3.2	50% P.G.	180°F	160°F	<1'	730	1/12	120/1	
UH-2	MODINE / HC-18	9.2	1.3	50% P.G.	180°F	160°F	<1'	340	1/60	120/1	
UH-3	MODINE / HC-18	9.2	1.3	50% P.G.	180°F	160°F	<1'	340	1/60	120/1	
CUH-1	MODINE / CW-03	16.2	2.2	50% P.G.	180°F	160°F	<1'	330	1/30	120/1	
CUH-2	MODINE / CW-03	16.2	2.2	50% P.G.	180°F	160°F	<1'	330	1/30	120/1	

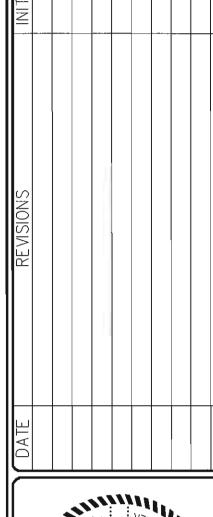
AIR S	SEPARATOR SCH	EDULI	E				
SYMBOL	MFGR / MODEL	FLUID	GPM	WPD (FT. HD)	INLET/OUTLET SIZE	DIMENSIONS	REMARKS
AS-1	SPIROTHERM / VJR 200TM	50% P.G.	34.9	<3'	2"	10.8"H × 4.0"ø	

HEAT	Γ RECOVERY VEN	ITILATO	OR SCHEDU	LE		
		AIRFLOW (CFM)	TSP @ HIGH SPEED		EC. DATA	
SYMBOL	MFGR / MODEL	(CFM)	(IN. WG)	WATTS	VOLTS/PH	REMARKS
HRV-1	LIFEBREATH / 500 DCS	415	0.5	610	120/1	BALANCE DAMPERS/AIR FLOW STATION, PROGRAMMABLE CONTROLLER WITH DEHUMIDISTAT, TIME CLOCK,
		-				REMOTE DIGITAL TIMER

FAN :	SCHEDULE									
					TSP	МОТ	OR DATA			
SYMBOL	MFGR / MODEL	TYPE	SERVICE	CFM	(IN. WG)	AMPS	VOLTS/PH	DRIVE	SONES	REMARKS
EF-1	GREENHECK / SP-B90	CENTRIFUGAL	TOILET EXHAUST	75	0.25	0.65	120/1	DIRECT	< 5	WALL CAP, BACKDRAFT DAMPER
EF-2	GREENHECK / SP-B90	CENTRIFUGAL	TOILET EXHAUST	75	0.25	0.65	120/1	DIRECT	<5	WALL CAP, BACKDRAFT DAMPER
EF-3	GREENHECK / SP-B90	CENTRIFUGAL	TOILET EXHAUST	75	0.25	0.65	120/1	DIRECT	<5	WALL CAP, BACKDRAFT DAMPER
EF-4	GREENHECK / SP-B90	CENTRIFUGAL	TOILET EXHAUST	75	0.25	0.65	120/1	DIRECT	< 5	WALL CAP, BACKDRAFT DAMPER
EF5	GREENHECK / SP-B200	CENTRIFUGAL	MORGUE EXHAUST	166	0.25	2.2	120/1	DIRECT	<6	WALL CAP, BACKDRAFT DAMPER
EF6	GREENHECK / SP-B90	CENTRIFUGAL	LAB EXHAUST	,75	0.25	0.65	120/1	DIRECT	<5	WALL CAP, BACKDRAFT DAMPER
EF-7	GREENHECK / SP-B150	CENTRIFUGAL	TELE/ELECTRICAL COOLING	150	0.25	1.7	120/1	DIRECT	<5	WALL CAP, BACKDRAFT DAMPER
EF-8	GREENHECK / SP-B150	CENTRIFUGAL	CRAWLSPACE EXHAUST	150	0.25	1.7	120/1	DIRECT	<5	WALL CAP, BACKDRAFT DAMPER
EF-9	GREENHECK / CSP-A510	CENTRIFUGAL	MECHANICAL ROOM COOLING	405	0.25	3.11	120/1	DIRECT	< 5	WALL CAP, BACKDRAFT DAMPER

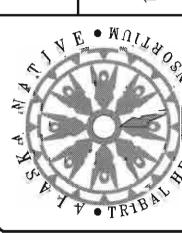
GRIL	LE - REGISTER -	DIFFUS	SER SO	CHEDULE					
SYMBOL	MFGR / MODEL	TYPE	SERVICE	MATERIAL	FINISH	FACE SIZE	DIFFUSER NECK SIZE	THROW	REMARKS
SA	LIFEBREATH / TECHGRILLE	DIFFUSER	S/A	POLYPROPYLENE	WHITE	6.25"ø	5"ø"	4-WAY	ROUND FACE, AIRFLOW ADJUSTABLE BY POSITIONING CENTER CONE
SB	LIFEBREATH / TECHGRILLE	DIFFUSER	S/A	POLYPROPYLENE	WHITE	7.5 " ø	6"ø"	4-WAY	ROUND FACE, AIRFLOW ADJUSTABLE BY POSITIONING CENTER CONE
SC	TITUS / CT-PP-0	GRILLE		ALUMINUM	WHITE	4"WIDE			LENGHT TO MATCH CABINET LENGTH COORDINATE WITH ARCHITECTURAL
EA	LIFEBREATH / TECHGRILLE	DIFFUSER	E/A	POLYPROPYLENE	WHITE	6.25"ø	5"ø"	4-WAY	ROUND FACE, AIRFLOW ADJUSTABLE BY POSITIONING CENTER CONE
EB	LIFEBREATH / TECHGRILLE	DIFFUSER	E/A	POLYPROPYLENE	WHITE	7.5 " ø	6"ø"	4-WAY	ROUND FACE, AIRFLOW ADJUSTABLE BY POSITIONING CENTER CONE
TA	TITUS / CT-700L	GRILLE	T/A	ALUMINUM	WHITE	18/6			WITH AUXILIARY FRAME, MOUNT LOW IN DOOR







ALASKA NATIVE
TRIBAL HEALTH CONSORTIUM
DIVISION OF ENVIRONMENTAL
HEALTH AND ENGINEERING
ANCHORAGE, ALASKA, 99508-3440



MLES

AME: 08167-M02

T NAME: LAYOUT1

McGRATH SUB-REGIONAL
HEALTH CENTER
EQUIPMENT SCHEDULES

DATE: 04/20/09 SCALE: AS NOTED

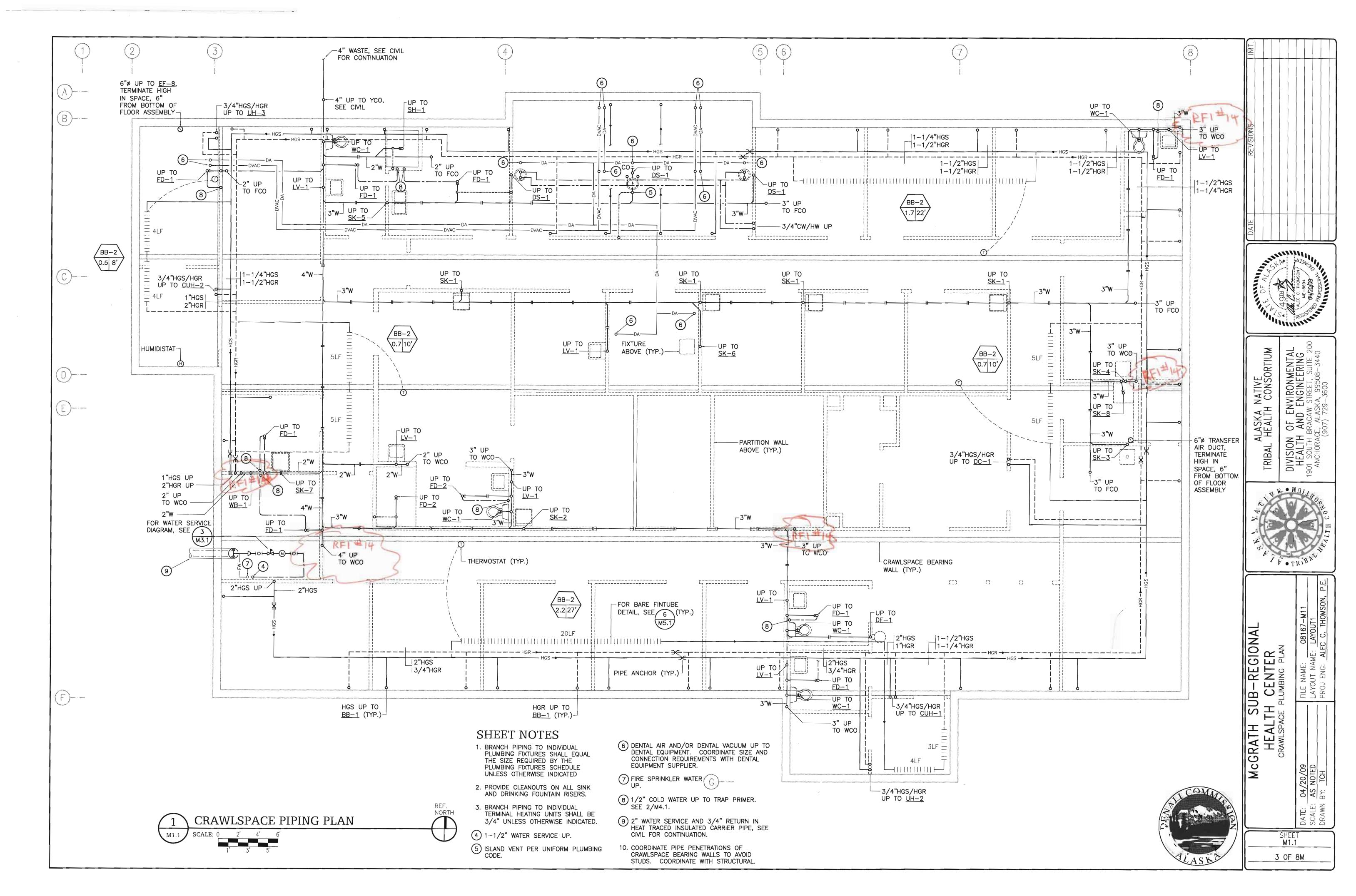
M0.2 2 OF 8M

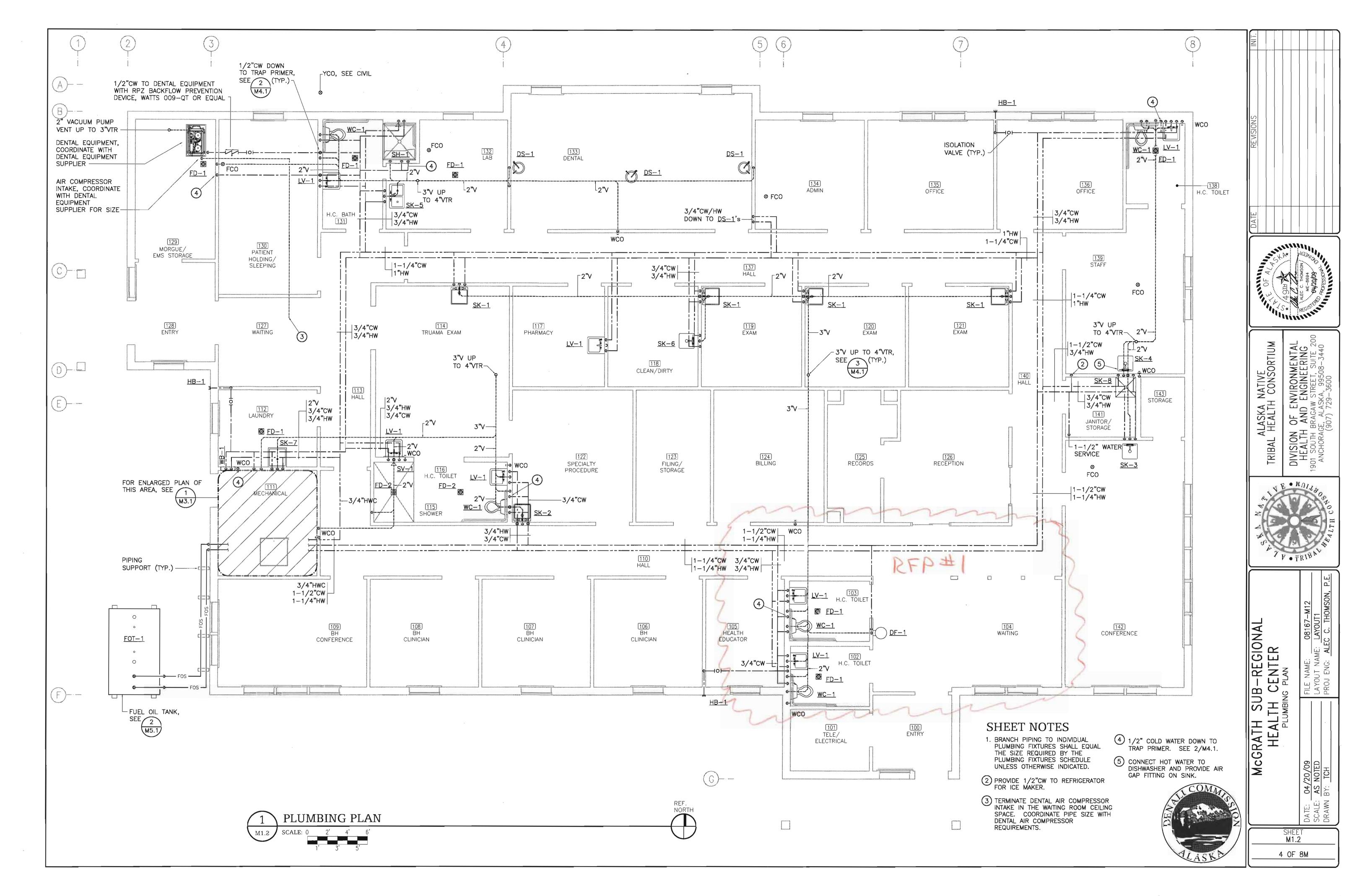
COLLINS CONSTRUCTION, INC. P.O. BOX 871827

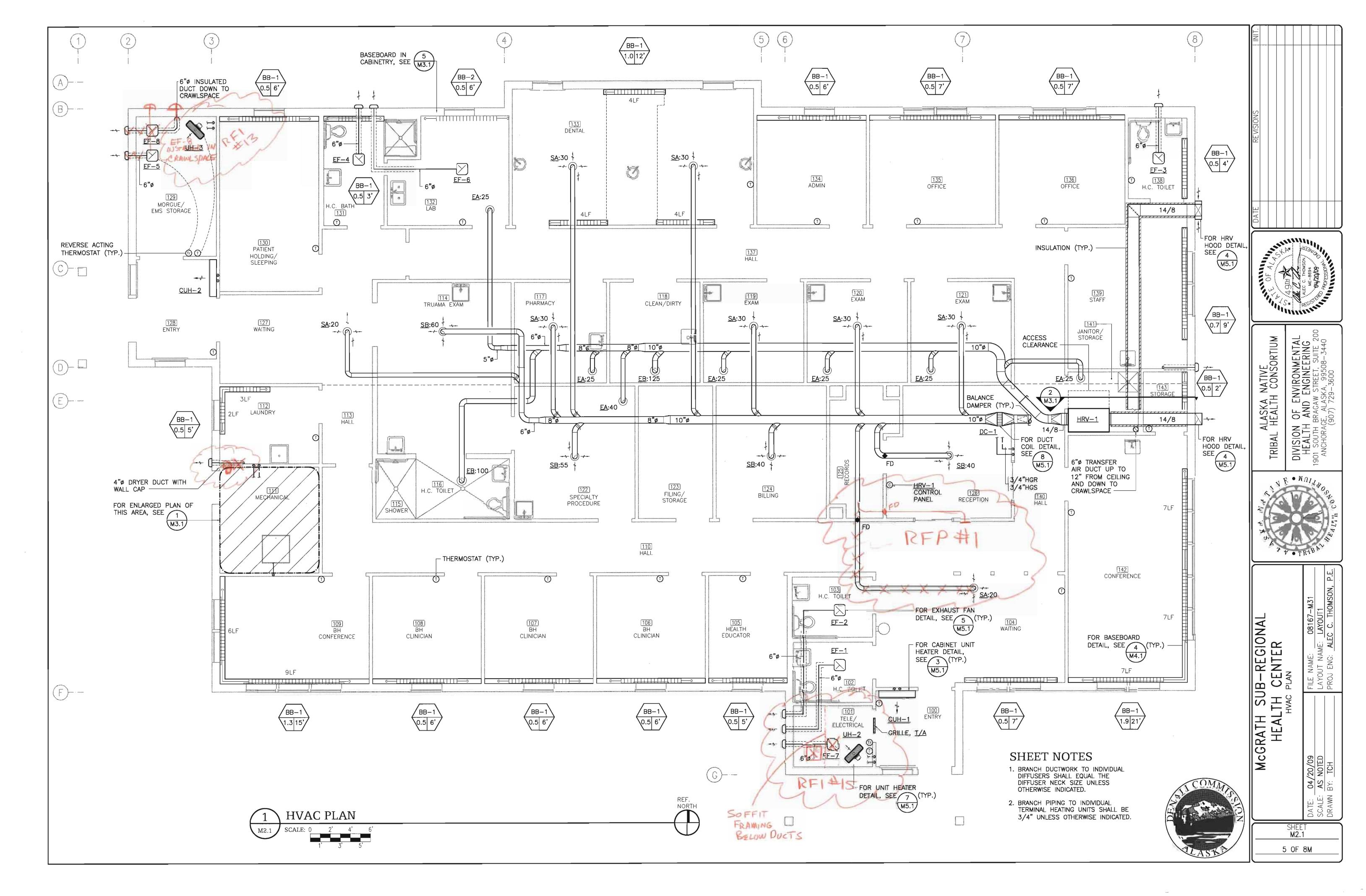
PHONE: (907) 376-8299 WASILLA, AK 99687

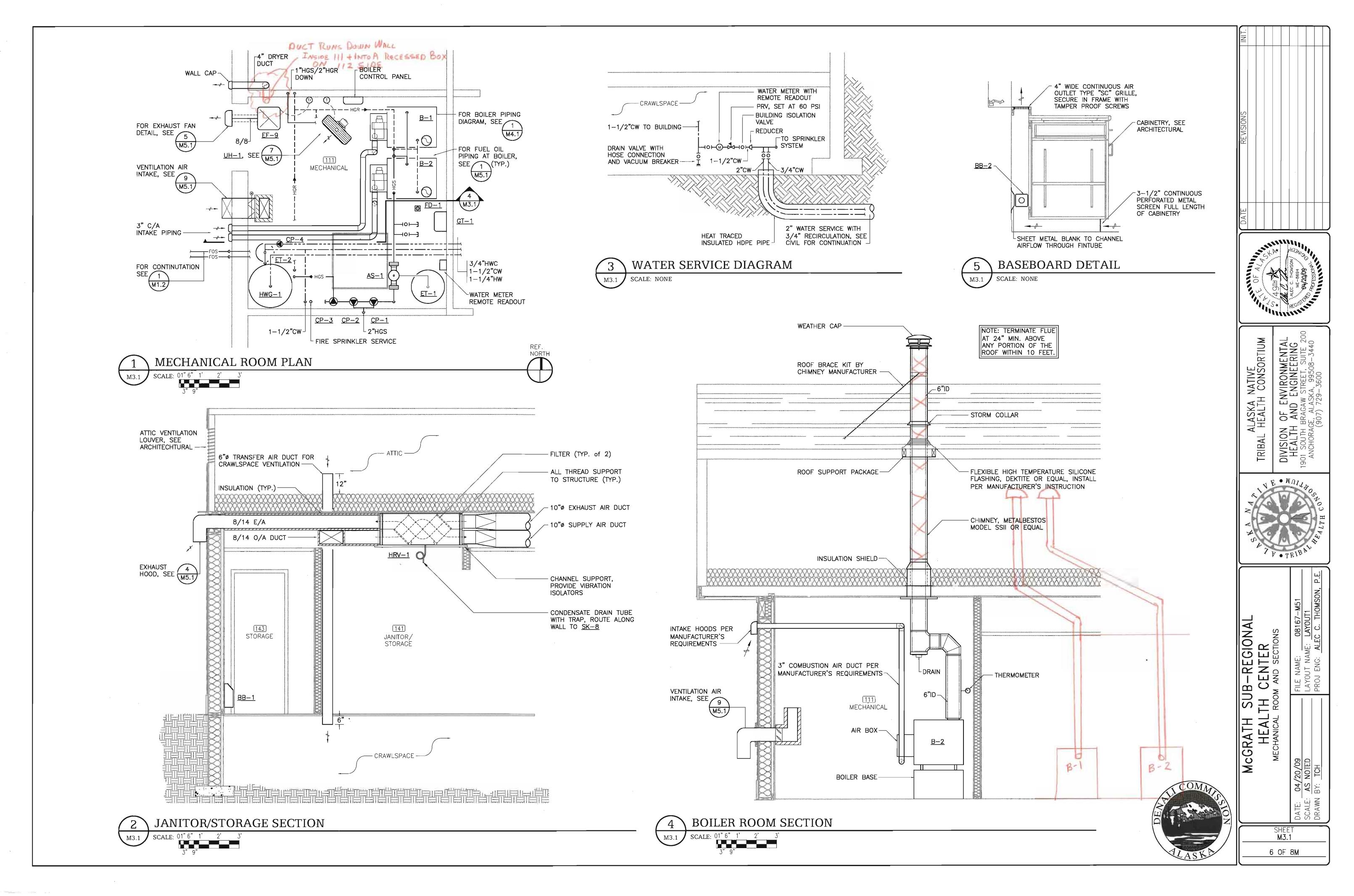
FAX: (907) 373-5468

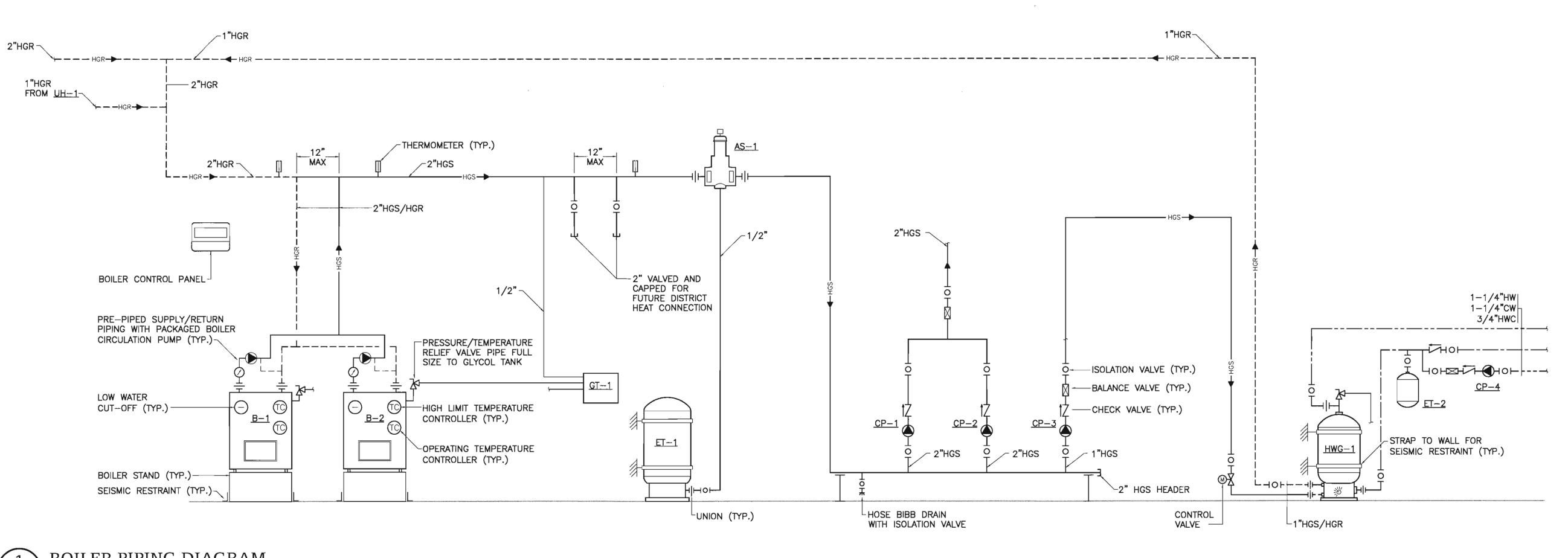
REQUEST FOR IN	FERPRETATION	
McGrath Health Clinic (PROJECT)	<u>RFI#:1</u>	4_
M1.1	August 12, 2010	
REFERENCE: (DRAWING OR SPEC.)	(DATE).
DESCRIPTION: Sheet M1.1 shows both floor a outs are shown in 2 x 4 walls which will not allo clean outs in the crawl space or option 2 change	w enough room. Can we option 1 loca	
	Dave Brown	
	(REQUESTED BY	Y)
floor clean outs as suggested above. Relo E.5 to 111 Mechanical. Relocate 2" clean	cate 4" clean out along grids 3.5 out along grids 3.5 and E.5 to 1	an 11
floor clean outs as suggested above. Relo E.5 to 111 Mechanical. Relocate 2" clean Mechanical. Relocate 3" clean out along Relocate 3" clean out along grids 7.5 and	ocate 4" clean out along grids 3.5 out along grids 3.5 and E.5 to 1 grids 6 and E.5 to 110 Corridor	an 11
floor clean outs as suggested above. Relo E.5 to 111 Mechanical. Relocate 2" clear Mechanical. Relocate 3" clean out along Relocate 3" clean out along grids 7.5 and out along grids 8 and B to 138 Toilet.	ocate 4" clean out along grids 3.5 out along grids 3.5 and E.5 to 1 grids 6 and E.5 to 110 Corridor	an 11 · ·lea
RESPONSE: We have no objection to chan floor clean outs as suggested above. Relocate 2.5 to 111 Mechanical. Relocate 2.7 clean Mechanical. Relocate 3.7 clean out along Relocate 3.7 clean out along grids 7.5 and out along grids 8 and B to 138 Toilet. RESPONSE NEEDED BY: 8-13 ACTION REQUIRED BY:	ocate 4" clean out along grids 3.5 out along grids 3.5 and E.5 to 1 grids 6 and E.5 to 110 Corridor D to 143 Storage. Relocate 3" c	and 11 · · · · · ·
floor clean outs as suggested above. Relo E.5 to 111 Mechanical. Relocate 2" clean Mechanical. Relocate 3" clean out along Relocate 3" clean out along grids 7.5 and out along grids 8 and B to 138 Toilet.	cate 4" clean out along grids 3.5 out along grids 3.5 and E.5 to 1 grids 6 and E.5 to 110 Corridor D to 143 Storage. Relocate 3" c	an 11 · ·lea



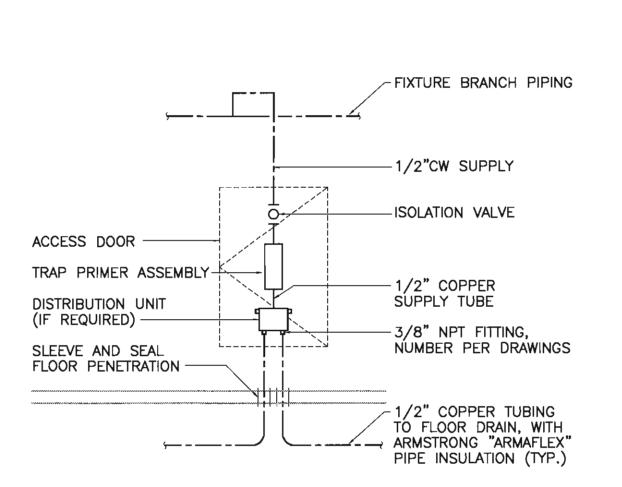




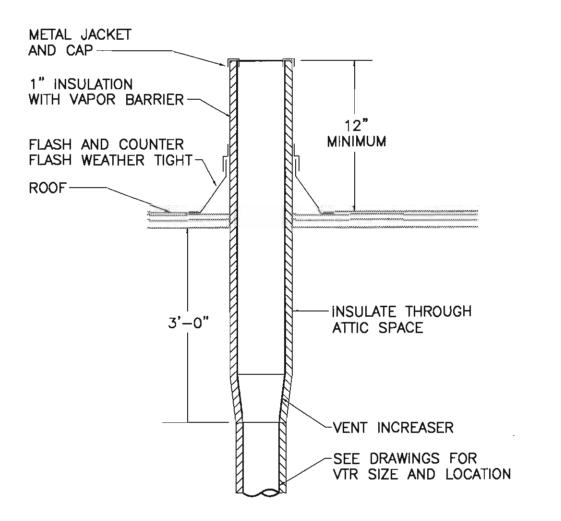




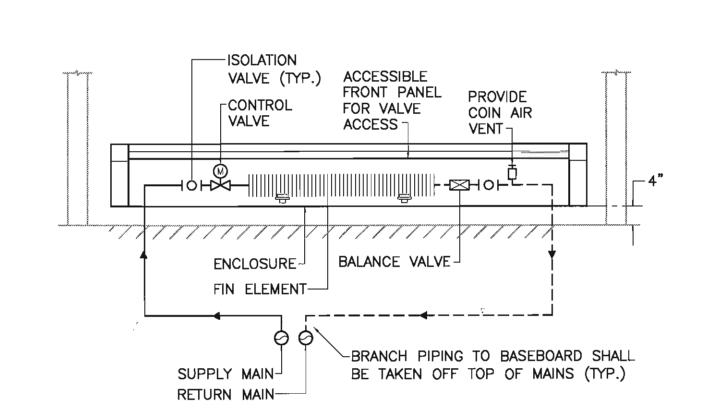
BOILER PIPING DIAGRAM SCALE: NONE







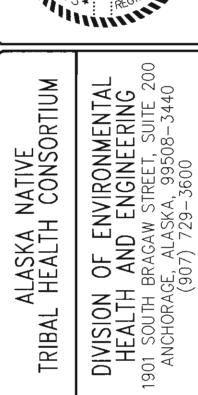




$\overline{4}$	BASEBOARD DETAIL
M4.1	SCALE: NONE



=										
REVISIONS										
DATE										
	OF ALAS HATTANSON BE E-8694 SON									





McGRAT HE

M4.17 OF 8M

COLLINS CONSTRUCTION, INC.

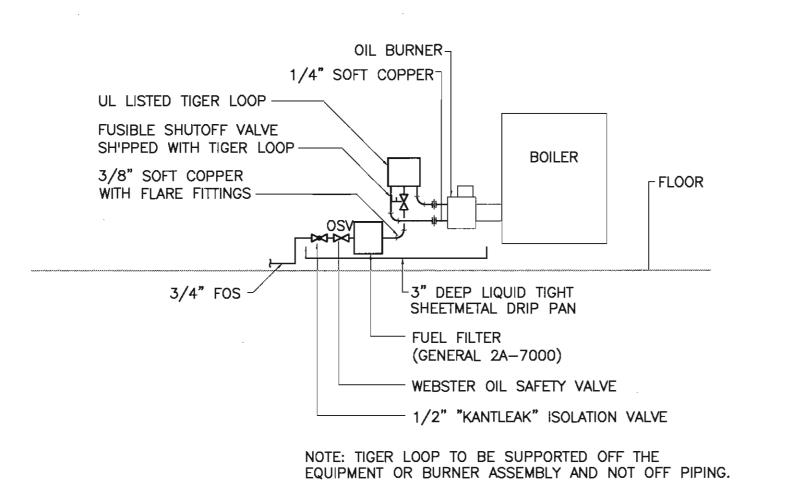
PHONE: (907) 376-8299

P.O. BOX 871827 WASILLA, AK 99687

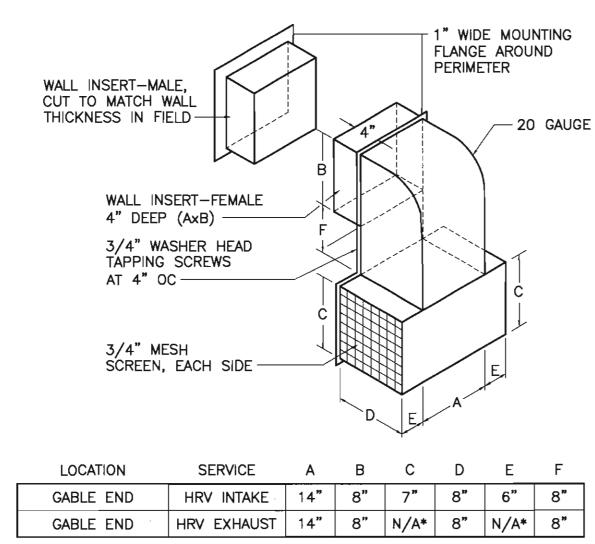
FAX: (907) 373-5468

REQUEST FOR IN	TERPRETATION
McGrath Health Clinic (PROJECT)	<u>RFI #:21</u>
M5.1 detail 3	November 2, 2010
REFERENCE: (DRAWING OR SPEC.)	(DATE)
DESCRIPTION: detail 3 on sheet M 5.1 does n however the equipment schedule calls out flows	
	Greg Waisanen
November 3, 2010 RESPONSE:	(REQUESTED BY)
Per 15120 3.01.0 a balance valve is required. In valve on the return piping.	istall balance valve upstream of the isolation
	Alec C. Thomson, P.E.
RESPONSE NEEDED BY: 11-2-10	(ARCHITECT / ENGINEER SIGNATURE)
	11-3-10
ACTION REQUIRED BY:RESOLUTION:	(DATE)
Notification must be given in accordance with the	contract documents if any architect / engineer

response / description causes any change to contract documents.

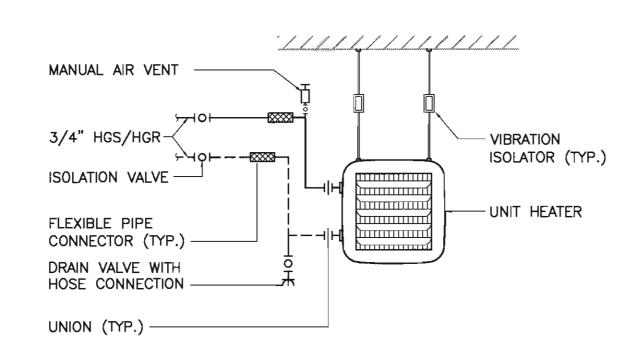






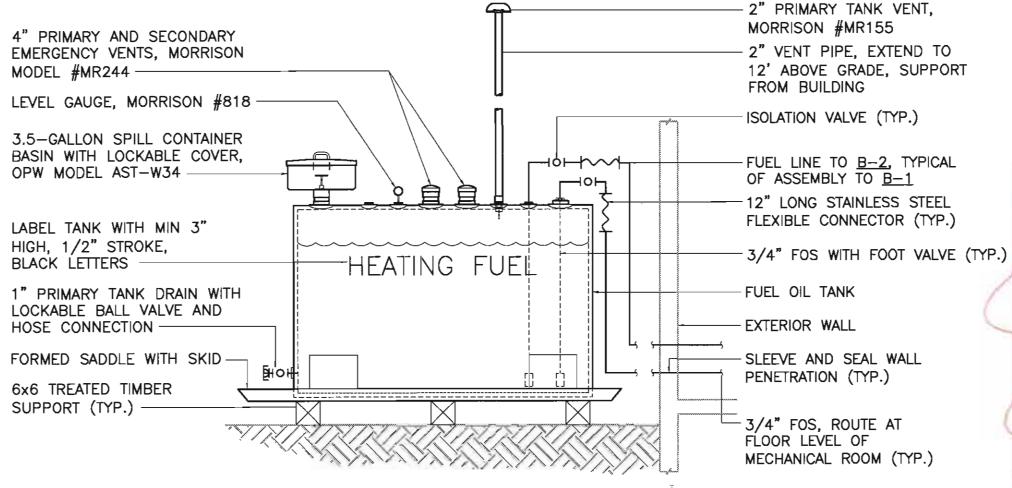
* ARCTIC TEE NOT REQUIRED, TERMINATE WITH DOWN DISCHARGE



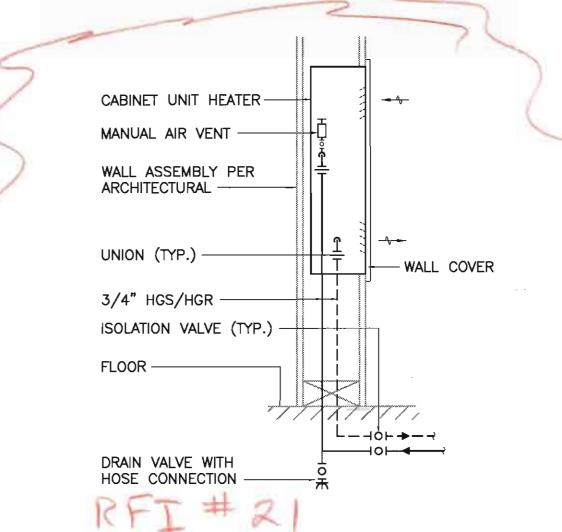


7 UNIT HEATER DETAIL

SCALE: NONE

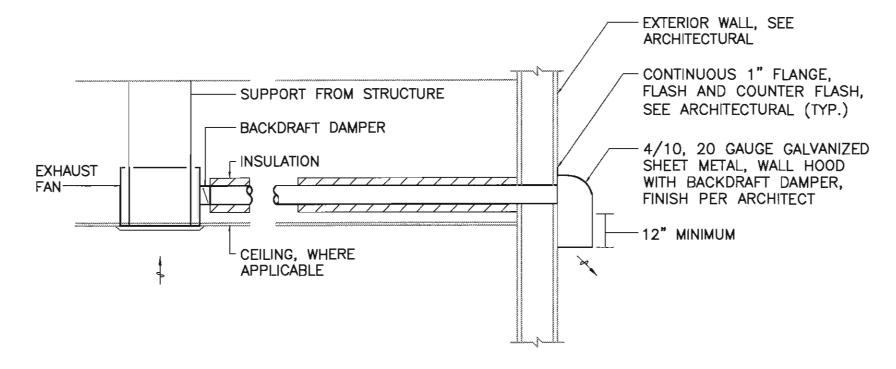






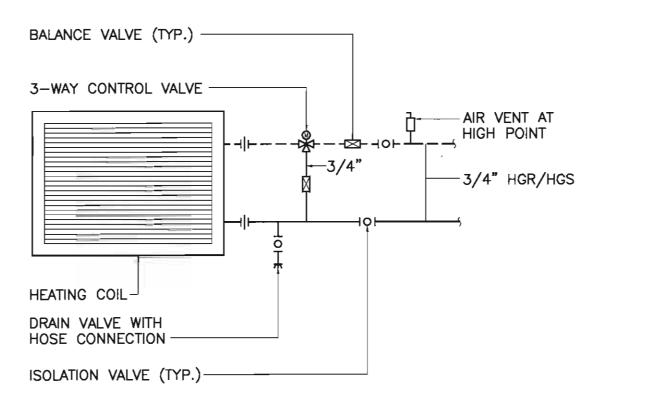
3 CABINET UNIT HEATER DETAIL

SCALE: NONE

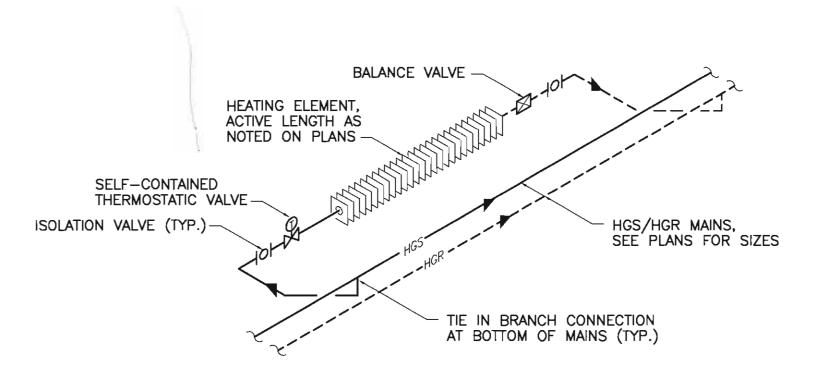


EXHAUST FAN DETAIL

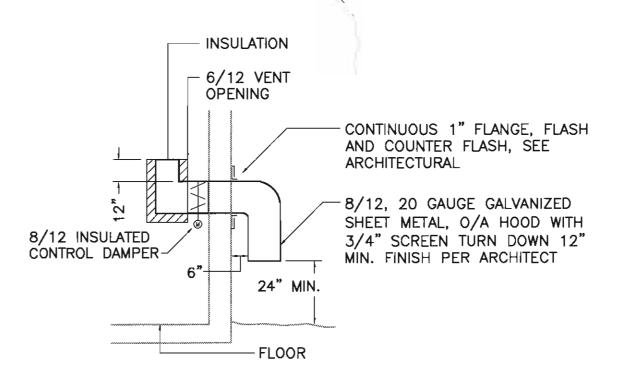
SCALE: NONE















	RATH SUB-REGION HEALTH CENTER MECHANICAL DETAILS	FILE NAME: 0
	McGRATH SUB-REGION HEALTH CENTER	DATE: 04/20/09
Π	SHE	ΕT

DIVISION OF ENVIRONMENTAL
HEALTH AND ENGINEERING
1901 SOUTH BRAGAW STREET, SUITE 200

ALASKA NATIVE L HEALTH CONSORTIUM

TRIBAL

SHEET M5.1 8 OF 8M

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RFP #1

ELECTRICAL SYMBOLS LECEND Outs minute - source success of the second se		LIGHT FIXTURE - SURFACE WALL MOUNTED LIGHT RIXTURE - SURFACE MOUNTED LIGHT RIXTURE - SURFACE MOUNTED 2**4* FLUORESCORT FIXTURE - SURFACE MOUNTED 1**4* FLUORESCORT FIXTURE - SURFACE MOUNTED 1**4* FLUORESCORT FIXTURE - RECESS MOUNTED 1**4* FLUORESCORT FIXTURE - SURFACE MOUNTED 1**4* FLUORESCORT FIXTURE - SURFACE MOUNTED 1**4* LIGHT RIXTURE - WALL MOUNTED FLUORESCORT FIXTURE - SURFACE MOUNTED 1**4* FLUORESCORT FIXTURE - SURFACE MOUNTED 1**4* FLUORESCORT FIXTURE - SURFACE MOUNTED 1**4* LIGHT - WALL MOUNTED 1**4* LIGHT - WALL MOUNTED 1**4* LOWER CASE LETTER RELEATES SANCHARD CONTINUE 1** MILL LOWER SHITCH AND FOUR WAY SWITCH OCCUPANCY SELECTE MINTON OCCUPANCY SELECTE MINTON PLOT LIGHT SWITCH LIGHT STRICK! LIGHT SWITCH LIGHTED TOGGLE SWITCH SPEED COMMITCH.		PANEL MILEO RECEPTACE SUMBRAPLEX RECEPTACE J INCICIES SUPPLY SHAWON DIRECT J INCICIES SUPPLY SHAWON DIRECT J INCICIES SUPPLY SHAWON DIRECT LINCIDAD BOX FILOR MOUNTED DEVICE (DUPLEX REC. SHOWN) DECONNECT SWITCH USED DISCONNECT SWITCH COMPANDION MOTOR STARTER DECONNECT FRACTICANAL UP MOTOR SWITCH MOTOR TELECOMMUNICATION DUTIET	((A2) A3) B3)	MODEL NUMBER LINFONIA #25P G 2 32 ** 10 0 06910 ** 5505T ** 120 00910 ** 120 00910 ** 120 00910 ** 120 00910 ** 120 00910	AND STOODS AND GRADE STATE TROTTER WITH ACTULE LOSS. PROVIDE WITH LERROUSEN HERROUSEN HERROUSEN HATERY WHERE REJECTED ON THE DRAWNINGS. 2244 SPECIFICATION GRADE TROTTER WITH ACTULE LOSS WITH 1-2 LUMP GRADES, 1-1 Using the Control of the Control	TYPE F2578	QUANTITY 2 3	RECESSED	CDITING
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DETAIL NOTES: April Control C	110 ± 22	TIMER SWITCH	- 5		> \	2/	4FT-R4-120-GEB10- (EL)-SCT-C518-FX/24-	WRING, ADJUSTABLE CABLE GRIPPERS, MOUNTING	F3218	2	PEHOANT	CEILING
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	ELECTRICAL SY	MBOLS	LEGEND
Ю	LIGHT FIXTURE - SURFACE WALL MOUNTED		PANEL
<u>Ф</u>	LIGHT FIXTURE - SURFACE MOUNTED	0	DUPLEX RECEPTACLE
	FLUORESCENT FIXTURE - RECESS MOUNTED 2'x4'	*************************************	GROUND FAULT CURRENT INTERRUPTER RECEPTACLE
	FLUORESCENT FIXTURE - SURFACE MOUNTED 1'x4'	+	QUADRAPLEX RECEPTACLE
	FLUORESCENT FIXTURE - RECESS MOUNTED 1'x4'	⊜ 11	# INDICATES SUPPLY BRANCH CIRCUIT
Z	FLUORESCENT FIXTURE - RECESS MOUNTED 2'x2'	•	SPECIAL PURPOSE RECEPTACLE
	FIXTURE WITH EMERGENCY BATTERY BACK-UP	6	DUPLEX RECEPTACLE-SWITCHED
	SEE NOTE 4 ON LIGHTING PLANS	0	JUNCTION BOX
	LIGHT FIXTURE - SURFACE MOUNTED	⊙	FLOOR MOUNTED DEVICE (DUPLEX REC. SHOWN)
	LIGHT FIXTURE - WALL MOUNTED	Ch	DISCONNECT SWITCH
<u> </u>	FLUORESCENT STRIP FIXTURE — SURFACE MOUNTED	ď	FUSED DISCONNECT SWITCH
0	FLUORESCENT FIXTURE — SURFACE MOUNTED 4'	⊠ ¹	COMBINATION MOTOR STARTER DISCONNECT
8	EXIT LIGHT — CEILING MOUNTED	\$	FRACTIONAL HP MOTOR SWITCH
Ю	EXIT LIGHT — WALL MOUNTED	6	MOTOR
\$	SINGLE POLE SWITCH	Ħ	TELECOMMUNICATION OUTLET
\$ □□□	LOWER CASE LETTER INDICATES SWITCHING CONTROL	0	FA SMOKE DETECTOR
\$ ₃ \$ ₄	THREE WAY SWITCH AND FOUR WAY SWITCH	D 135'F	FA HEAT DETECTOR (FIXED TEMP. NOTED)
\$ 0s	OCCUPANCY SENSOR SWITCH	Ø	FA HORN STROBE
\$ P	PILOT LIGHT SWITCH		FA MANUAL PULL STATION
\$.	LIGHTED TOGGLE SWITCH		BELL
\$ sc	SPEED CONTROL SWITCH PROVIDED BY MECHANICAL	×	STROBE
\$ _{TMR}	TIMER SWITCH	KP	KEY PAD
	CONDUIT, CONCEALED	NL	NIGHT LIGHT
#10	NUMBER AND SIZE OF WIRES (NO SLASHES = 3#12)	GF	GROUND FAULT CIRCUIT INTERRUPTER
A-2	HOMERUN TO PANEL (PANEL AND CIRCUIT No.)	ЕМ	FIXTURE WITH EMERGENCY BATTERY BACK UP
4─>	SELF-CONTAINED EMERGENCY LIGHT	\sim	NOTE TAG (No. INDICATES NOTE)
46	REMOTE HEAD ASSOCIATED W/ EMERGENCY LIGHT	$\langle X \rangle$	FIXTURE IDENTIFICATION (LETTER INDICATES TYPE)
GEN	INDICATES FIXTURE OR DEVICE CONNECTED TO	\bigcirc	TELEVISION OUTLET
	GENERATOR STANDBY PANEL M	<u>@</u>	SECURITY SYSTEM INTRUSION DETECTOR
AC	ABOVE COUNTER - REFERENCE MOUNTING	FS	FIRE SMOKE DAMPER
	HEIGHT SCHEDULE ON THIS SHEET	TP	TEMPERATURE PROBE
CLG	CEILING MOUNTED	00	CARBON DIOXIDE DETECTOR
WP	WEATHERPROOF		
FACP	FIRE ALARM CONTROL PANEL		

FIRE	ALARM & INTRUSION DETE SYSTEM CONTROL PANEL	CTION (IF REQUIRED)
	IDC	~ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
SECURITY KEYPAD	IDC	
None constant	IDC	• · · · · · · · · · · · · · · · · · · ·
SECURITY KEYPAD	NAC	₩P ————————————————————————————————————
INTRUSION DETECTORS (MOTION)	AUTO DIALER	DED. PHONE LINES (2)
TEMPERATURE SENSOR		,
		→ 120 VAC
TEMPERATURE PROBE(CRAWL SPACE)	BATTERY BACK-UP	
	FIRE ALARM CONTROL PANEL	-
DETAIL NOTES:	(FACP)	

- 1. REFERENCE DRAWINGS AND SPECIFICATIONS FOR PROPOSED QUANTITY AND LOCATION OF DEVICES AND ADDITIONAL REQUIREMENTS. PROVIDE NUMBER OF INITIATING (IDC), NOTIFICATION (NAC) AND SUPERVISORY (SC) LOOPS AS REQUIRED. CONTRACTOR IS RESPONSIBLE FOR PROVIDING COMPLETE FIRE ALARM DESIGN IN COMPLIANCE WITH GOVERNING CODES INCLUDING ANY NECESSARY DEVICES AND DETECTORS NOT SHOWN IN THESE DRAWINGS SUCH AS DOOR HOLDOPENS, DETECTORS IN CRAWLSPACE, ATTIC OR ABOVE CEILING SPACES.
- 2. INSTALL TEMPERATURE SENSOR CONTROLLER IN MECHANICAL ROOM AND CONNECT ALARM CONTACTS TO FIRE ALARM PANEL FOR DIAL OUT ANNUNCIATION OF LOW TEMPERATURE CONDITION. FIELD LOCATE SENSING BULBS IN CRAWLSPACE.
- 3. PROVIDE ALL NECESSARY AUXILIARY CONTACTS, CONNECTIONS, ETC. TO PROVIDE A COMPLETE SYSTEM.



7.05	MANUFACTURER AND		LAI	MP	MOUNTING			
TYPE	MODEL NUMBER	DESCRIPTION	TYPE	QUANTITY	TYPE	HEIGHT		
(A2)	LITHONIA #2SP G 2 32 A12125 120 GEB10 W/ BODINE B50ST	2X4 SPECIFICATION GRADE STATIC TROFFER WITH ACRYLIC LENS. PROVIDE WITH EMERGENCY BATTERY WHERE INDICATED ON THE DRAWINGS.	F25T8	2	RECESSED	CEILING		
$\langle A3 \rangle$	LITHONIA #2SP G 3 32 A12125 120 GEB10 W/ BODINE B50ST	2X4 SPECIFICATION GRADE TROFFER WITH ACRYLIC LENS WITH 1-2 LAMP BALLAST AND 1-1 LAMP BALLAST. PROVIDE WITH EMERGENCY BATTERY WHERE INDICATED ON THE DRAWINGS.	F25T8	3	RECESSED	CEILING		
(B3)	LITHONIA #2SRT-G332-FW- A12125V-120-GEB10- RIF1 W/ BODINE B50ST	2X4 SPECIFICATION GRADE SEALED TROFFER WITH ACRYLIC LENS WITH 1-2 LAMP BALLAST AND 1-1 LAMP BALLAST. PROVIDE WITH EMERGENCY BATTERY WHERE INDICATED ON THE DRAWINGS.	F25T8	3	RECESSED	CEILING		
(C2)	LITHONIA #AW 2 32 AR 120 GEB10 W/ BODINE B50ST	1X4 WRAPAROUND STYLE FLUORESCENT FIXTURE WITH ACRYLIC LENS. PROVIDE WITH EMERGENCY BATTERY WHERE INDICATED ON THE DRAWINGS.	F25T8	2	SURFACE	CEILING		
(E)	DAYBRITE #VIS-150-12-X-G	INCANDESCENT VAPOLET FIXTURE WITH GLASS GLOBE, GUARD & MOUNTING AS SUITABLE FOR CRAWLSPACE AND ATTIC LOCATION	100 W	1	SURFACE	CRAWLSPAC AND ATTIC		
(F)	LITHONIA #TWL 35S PE LPI	HIGH PRESSURE SODIUM WALL PACK STYLE AREA LIGHT WITH INTEGRAL PHOTOCELL AND -20°F BALLAST	35W HPS	1	SURFACE	SEE ARCH ELEVATION		
(G)	LITHONIA #TWP 150S PE1 LP1	HIGH PRESSURE SODIUM WALL PACK STYLE AREA FLOOD LIGHT WITH INTEGRAL PHOTOCELL AND -20°F BALLAST	150W HPS	1	SURFACE	SEE ARCH ELEVATION		
P	LITHONIA #LQM S W 3 R 120 EL N	EMERGENCY EXIT LED RED. PROVIDE WITH MOUNTING AND QUANTITY OF DIRECTIONAL ARROWS AS SHOWN ON DRAWINGS.	LED	ACTION OF THE PROPERTY OF THE PARTY OF THE P	CENTER	ABOVE DOOR		
4	LITHONIA PAR 36 SEALED AND GASKETED 6V EMERGENCY #ELA T NX H1206 EXTERIOR FLOODLIGHT W/ TWIN HEAD & WET LOCATION LISTING			2	SURFACE	WALL 7'-6' COORD. W/ ARCH. FOR LOCATION		
	LITHONIA #ELM654-RO	SELF CONTAINED EMERGENCY LIGHTING UNIT WITH MAINTENANCE FREE LEAD CALCIUM BATTERY, WITHOUT LAMP HEADS, 54W (6V) OUTPUT, FOR CONNECTION TO REMOTE HEADS		_	WALL	WALL 7'-6		
4	LITHONIA #ELM654	SELF CONTAINED EMERGENCY LIGHT WITH MAINTENANCE FREE LEAD CALCIUM BATTERY, 9W ADUSTABLE HEADS, AND 54 WATT, 6V OUTPUT FOR CONNECTION TO REMOTE HEADS.	9W 6V	2	WALL	WALL 7'6		

- 1) CATALOG NUMBERS ARE FOR GENERAL REFERENCE AND ARE NOT INCLUSIVE OF ALL OPTIONS OR REQUIREMENTS DENOTED ON PLANS AND SPECIFICATIONS.
- 2) ALL LIGHT FIXTURE LOCATIONS ARE DIAGRAMMATIC IN NATURE, REFER TO ARCHITECTURAL REFLECTED CEILING PLAN FOR EXACT LOCATIONS.

PANELBOARDS (TOP)	70"
SPECIAL SYSTEM PANELS (TOP)	66"
POWER METER BASE (CENTER LINE OF SOCKET)	66"
CONTACTORS, MOTOR STARTERS, DISCONNECT SWITCHES (TOP)	66"
RECEPTACLES (UNLESS OTHERWISE NOTED)	18"
ABOVE COUNTER DEVICES (DENOTED "AC")	SEE NOTES
WALL MOUNTED SWITCHES	46"
TELECOMMUNICATION OUTLETS (UNLESS OTHERWISE NOTED)	18"
HORNS/STROBES/HORN STROBES	80" ТО ВОТТОМ
PULL STATIONS, PUSH BUTTONS	46"

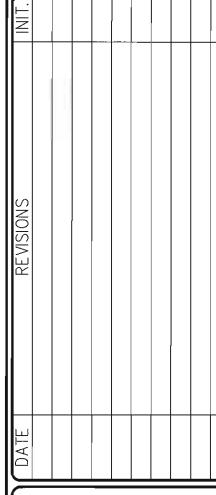
COORDINATE AND INSTALL ALL EQUIPMENT AND DEVICES WITH THE ARCHITECTURAL PLANS AND ANY SPECIFICALLY DENOTED REQUIREMENTS.

MOUNTED HEIGHTS SHALL PREVAIL UNLESS OTHERWISE NOTED OR FIELD CONDITIONS REQUIRE DEVIATION. MOUNTING HEIGHTS ARE FROM FINISHED FLOOR TO THE

CENTERLINE OF THE DEVICE UNLESS OTHERWISE NOTED. COORDINATE MOUNTING HEIGHTS AND LOCATIONS OF OUTLETS DENOTED AS ABOVE COUNTER TO BE INSTALLED 6" ABOVE COUNTERS OR BACKSPLASHES, WHICHEVER IS HIGHER. "AC"

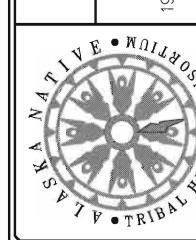
COORDINATE AND INSTALL ALL EQUIPMENT AND DEVICES RELATED TO DENTAL, PER DENTAL PLANS.







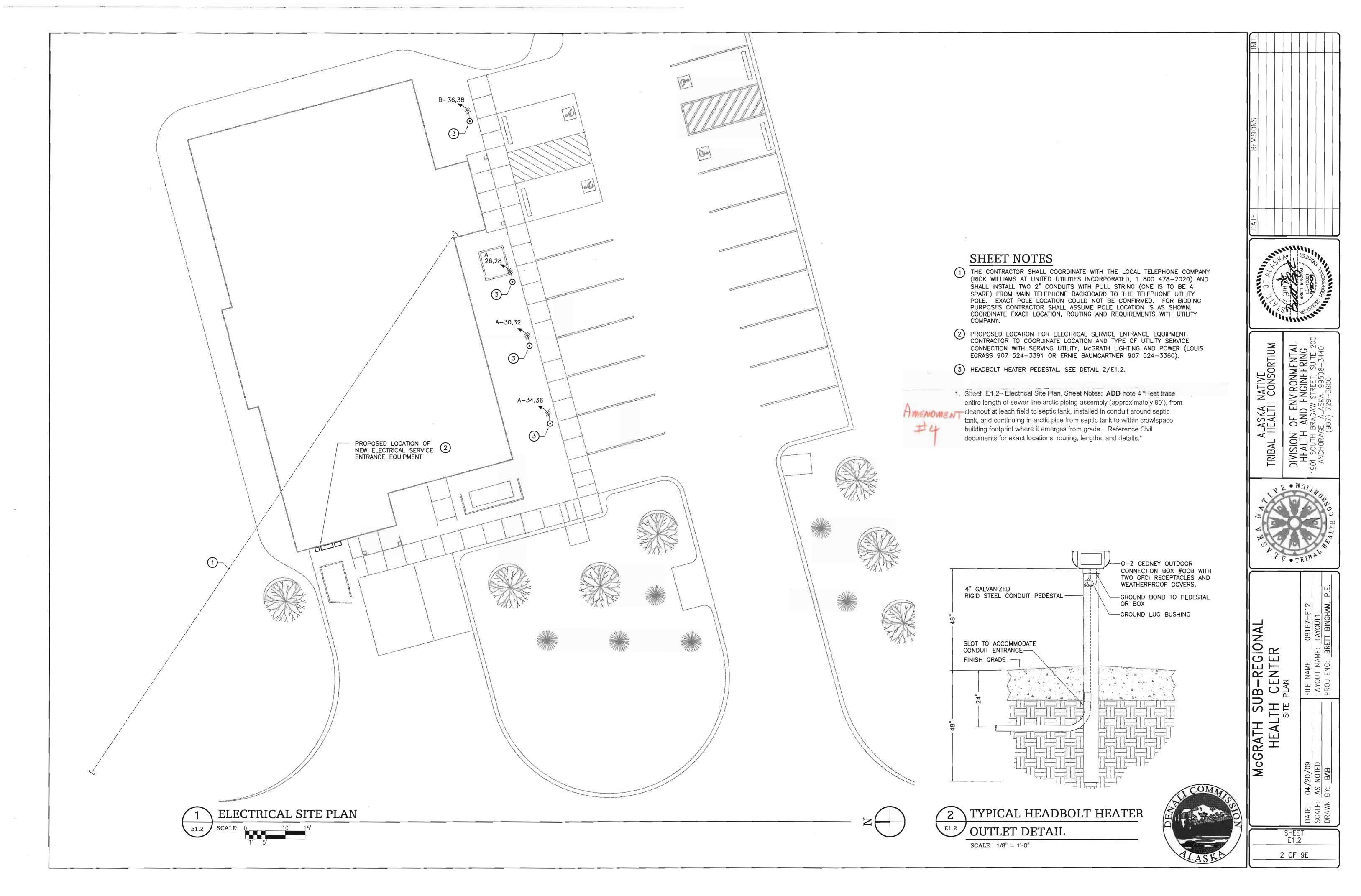
DIVISION OF ENVIRONMENTAL
HEALTH AND ENGINEERING
1901 SOUTH BRAGAW STREET, SUITE 200
ANCHORAGE, ALASKA, 99508-3440
(907) 729-3600 ALASKA NATIVE HEALTH CONSORTIUM TRIBAL



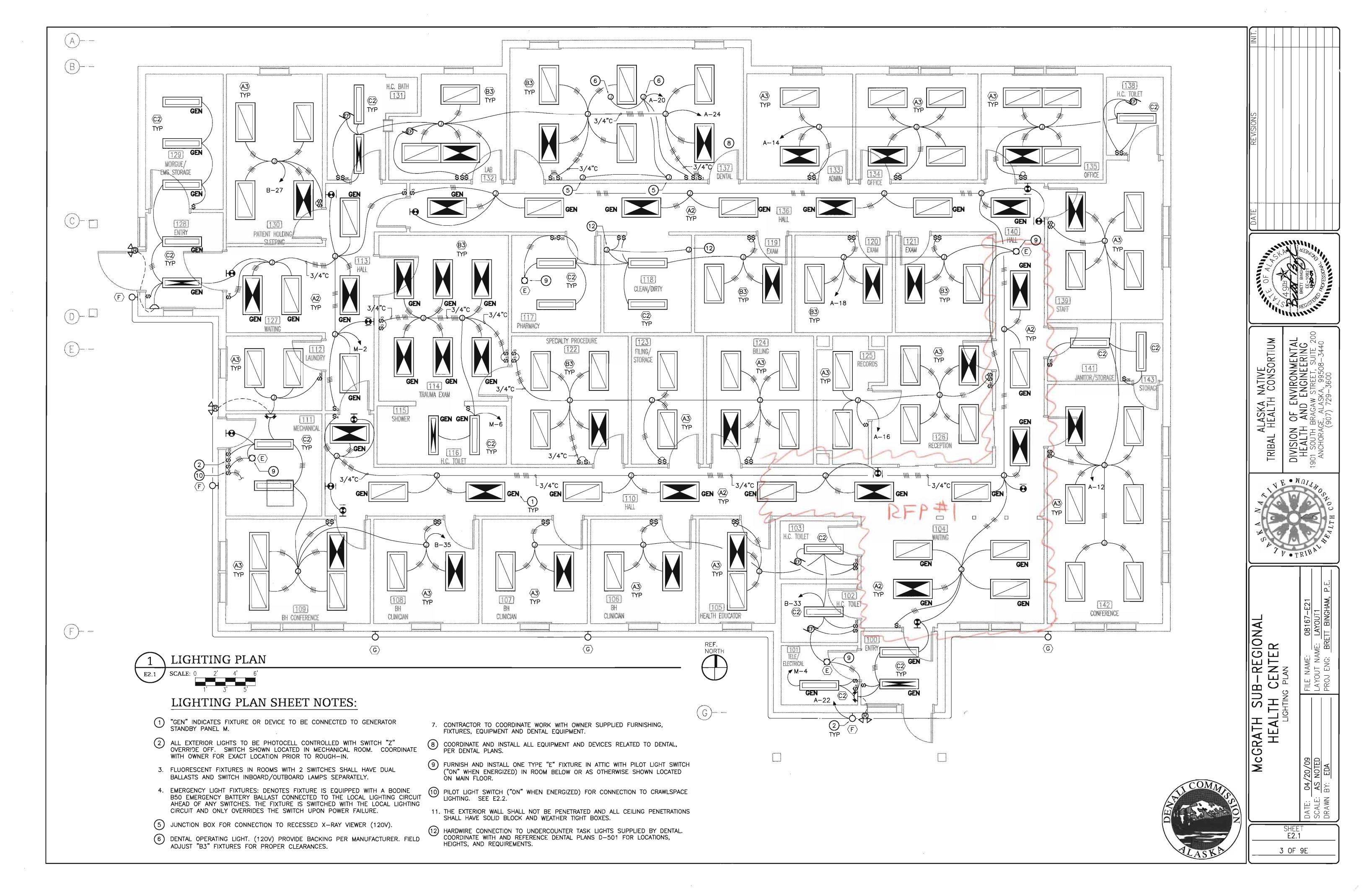
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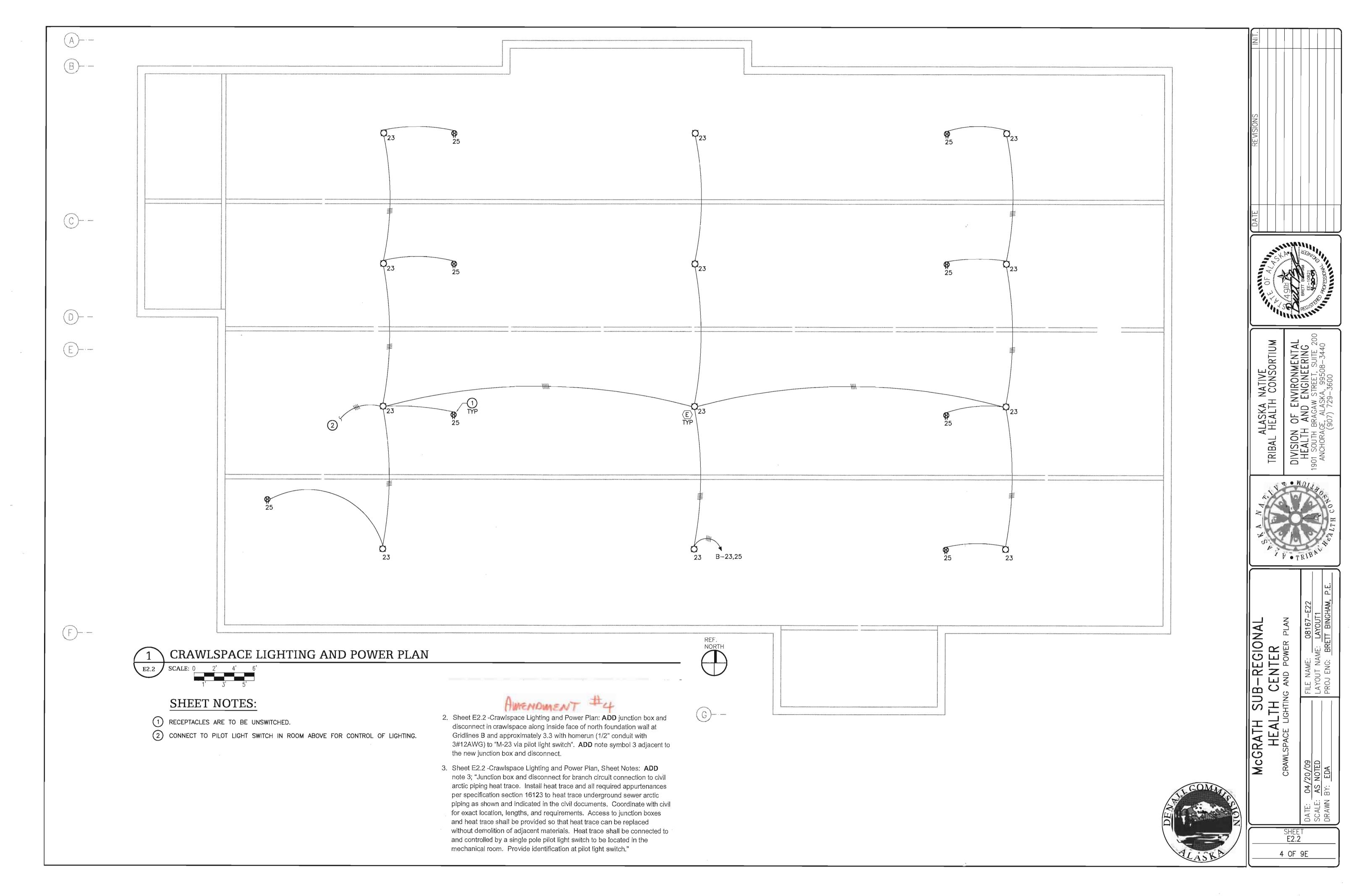
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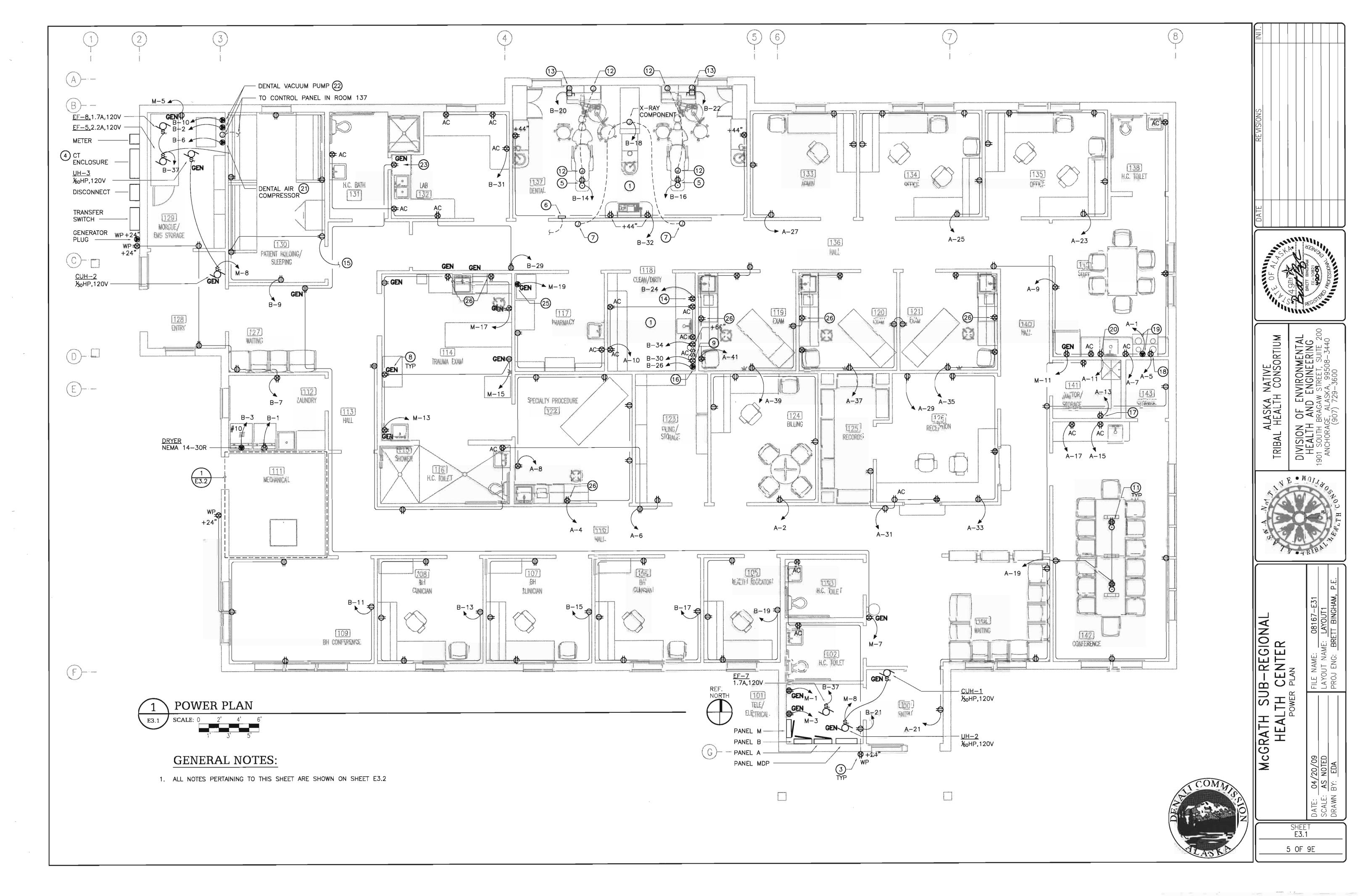
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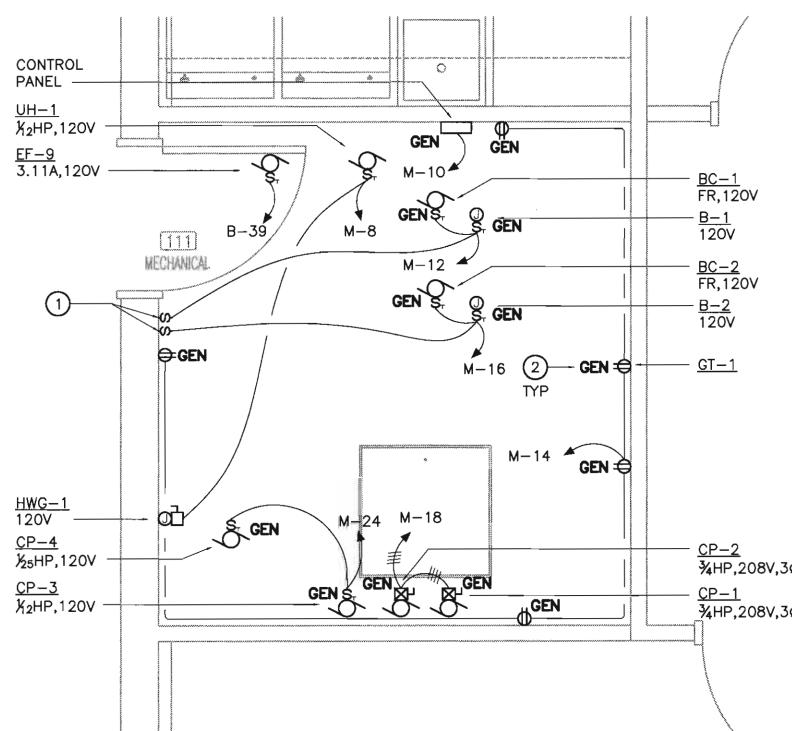


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LIGHTING PLAN SHEET NOTES:	SUB H C
ODE INDICATES FIXTURE OR BENCE TO BE CONHECTED TO GENERATOR 7. CONTRACTOR TO COORDINATE WORK WITH OWNER SUPPLIED FURNISHING. OTHER PROPERTY AND DEPTILE TO COORDINATE WORK WITH OWNER SUPPLIED FURNISHING. OTHER PROPERTY AND DEPTILE TO COORDINATE WORK WITH OWNER SUPPLIED FURNISHING.	RATH SUB
(2) ALL EXTERMS LIGHTS TO BE PHOTOCOLL CONTROLLED WITH SWITCH "Z" (3) COORDINATE AND INSTALL ALL EQUIPMENT AND OTACES RELATED TO ODMIN. WITH MARKET FOR TAX TO CONTROLLED WITH SWITCH "Z" (4) COORDINATE WITH MARKET FOR TAX TO CONTROLLED WITH SWITCH "Z" (5) COORDINATE WITH MARKET FOR TAX TO CONTROLLED WITH SWITCH "Z" OF CONTROLLED WITH SWITCH SWITCH SWITCH "Z" OF CONTROLLED WITH SWITCH SWITCH SWITCH "Z" OF CONTROLLED WITH SWITCH SW	الا قال
3. FLUDRESCENT FRYUNES IN ROOMS WITH 2 SWITCHES SHALL HAVE DUAL BALLISTS AND SWITCH INBOARD/OUTDOARD LAMPS SEPARATELY. (9) PURISH AND INSTALL ONE TIPE "2" POTURE IN ATTO WITH FILOT LIGHT SWITCH (OW WHICH DIAGNOSCIED) IN ROOM BELOW OR AS OTHERWISE SHOWN LOCATED ON MAIN FLOOR.	UOMTING 7-28-10 N
4. EMERGENCY LONG PRIVATES: OFFICING STATUTE IS COMPRESS WITH A SHOOL OFFICING STATUTE OF COLUMNS CHICAL AND CHILD OFFICIAL PROTECTION THE COLUMNS CHICAL AND CHILD OFFICIAL PROTECTION THROUGH CHICAL CHINAS CHICAL AND CHILD OFFICIAL PROTECTION HOLD CHICAGO WALL SHAPE A LOVE OF PENTIFICATION AND CHILD OFFICIAL PROTECTION CHICAGO WALL SHAPE AND CHILD OFFICIAL PROTECTION OF CHARLESPACE CHIRD. STATUTE CHILD OFFICIAL PROTECTION CHIRD CHIRD OFFICIAL CHILD OFFICIAL PROTECTION OF CHARLESPACE CHIRD. SHAPE AND CHIRD OFFICIAL CHIRD OFFIC	DATE. 0
3 JUNCTION BOX FOR CONNECTION TO REDESSED X-RAY VIDNER (1201). 3 JUNCTION BOX FOR CONNECTION TO REDESSED X-RAY VIDNER (1201). 3 JUNCTION BOX FOR CONNECTION TO REDESSED X-RAY VIDNER (1201).	SHEET E2.1
© DENTAL OPERATING LIGHT. (120M) PROVIDE BACKING PER MANUFACTURER, FIELD COORDING HITH AND RESERVED COURS. ADJUST 183' FOTURES FOR PROPER CLEARANCES COORDING HITH AND REQUIREMENTS. HEADITY, AND REQUIREMENTS.	3 OF 9E









DETAIL NOTES:

- 1) BOILER SHUT DOWN SWITCHES (RED) WITH COVERS. PROVIDE RED IDENTIFICATION LABEL FOR EACH SWITCH.
- (2) "GEN" INDICATES FIXTURE OR DEVICE TO BE CONNECTED TO GENERATOR STANDBY PANEL
- 3. COORDINATE EXACT LOCATIONS OF ELECTRICAL PANELBOARDS, DISCONNECTS, MOTOR STARTERS, ETC TO ENSURE THAT THEY HAVE NEC REQUIRED WORKING CLEARANCES.
- 4. THE EXTERIOR WALL SHALL NOT BE PENETRATED AND ALL CEILING PENTRATIONS SHALL HAVE SOLID BLOCK AND WEATHER TIGHT BOXES.

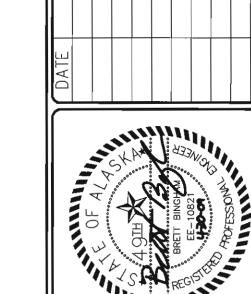
POWER PLAN SHEET NOTES:

THESE NOTES ARE TO BE REFERENCED ON SHEET E3.1

- 1 COORDINATE FINAL LOCATIONS AND REQUIREMENT OF DEVICES AND EQUIPMENT IN DENTAL 137, 129, & 118 WITH DENTAL EQUIPMENT DRAWINGS PRIOR TO ROUGH-IN.
- 2. COORDINATE EXACT LOCATIONS OF ELECTRICAL SERVICE ENTRANCE EQUIPMENT, PANELBOARDS, DISTRIBUTION EQUIPMENT, ETC TO ENSURE THAT THEY HAVE NEC REQUIRED WORKING CLEARANCES AS REQUIRED BY NEC 110.26.
- PROVIDE SURFACE MOUNTED CAST OUTLET BOXES AND USE SURFACE MOUNTED CONDUIT (IMC OR LIQUID-TIGHT FLEX WHERE APPROPRIATE) FOR ALL DEVICES AND EQUIPMENT LOCATED ON THE BUILDING EXTERIOR.
- 4 COORDINATE LOCATION AND TYPE OF UTILITY SERVICE CONNECTION WITH SERVING UTILITY.
- RECEPTACLE FOR CONNECTION OF DENTAL CHAIR. COORDINATE WITH EQUIPMENT MANUFACTURER FOR EXACT LOCATION (FLOOR OR WALL) AND TYPE OF RECEPTACLE
- 6 DENTAL CONTROL PANEL AT +60" FOR REMOTE CONTROL OF COMPRESSOR AND VAC PUMP. PROVIDE LOW VOLTAGE CONTROL WIRING AS REQUIRED BY DENTAL DRAWINGS.
- (7) PROVIDE SINGLE GANG JUNCTION BOX FOR X-RAY CONTROL STATION AT +60". PROVIDE 1/2" CONDUIT AND LOW VOLTAGE CONTROL WIRING AS REQUIRED BY DENTAL DRAWINGS TO X-RAY COMPONENT IN DENTAL EXAM ROOM.
- "GEN" INDICATES FIXTURE OR DEVICE TO BE CONNECTED TO GENERATOR STANDBY PANEL M.
- 9) STERILIZER UNIT 110 VOLTS, 12 AMPS. RECEPTACLE TO BE SWITCHED. MOUNT RECEPTACLE AT +21" (VERIFY WITH DENTAL).
- 10. COORDINATE LOCATION AND HEIGHTS OF ALL ELECTRICAL OUTLETS MOUNTED ABOVE COUNTERS, BENCHES, AND BACKSPLASHES WITH ARCHITECTURAL ELEVATIONS AND CASEWORK SHOP DRAWINGS.
- (11) COORDINATE LOCATION OF FLOOR BOX WITH OWNER PRIOR TO ROUGH-IN.
- (12) CONDUIT (2") STUB UP PER DENTAL DRAWINGS.
- (13) DENTAL UNIT UTILITY CENTER, 8 AMPS 120V.

NORTH

- 14) RECEPTACLE FOR RECESSED ULTRASONIC CLEANER. RECEPTACLE MOUNTED AT +18" (VERIFY WITH DENTAL). COORDINATE WITH DENTAL FOR PROVIDING OPTIONAL QUAD ELECTRICAL BOX FOR REMOTE TIMER AT 44" DIRECTLY ABOVE UNIT WITH 1" CONDUIT TERMINATING AT 24" ADJACENT TO DUPLEX OUTLET BELOW COUNTER.
- CONNECT TO CARBON MONOXIDE DETECTOR JUST OUTSIDE PATIENT HOLDING DOOR, SHOWN ON E4.1.
- 16 STERILIZER UNIT 220 VOLTS, 9.2 AMPS. CONTRACTOR TO COORDINATE WITH BURKHART DENTAL SUPPLY/EQUIPMENT MANUFACTURER FOR THE PROVIDING AND INSTALLING OF A BUCK N BOOST TRANSFORMER TO BOOST VOLTAGE AS NEEDED. MOUNT RECEPTACLE AT +46" (VERIFY WITH DENTAL).
- 17) HRV-1, 610W, 120V. COORDINATE WITH MECHANICAL FOR EXACT LOCATION AND HEIGHT OF RECEPTACLE.
- MICROWAVE ABOVE RANGE. COORDINATE WITH ARCHITECTURAL AND EQUIPMENT MANUFACTURER FOR EXACT LOCATION OF RECEPTACLE.
- 19 RANGE, NEMA 14-50R, 3#6, 1#10 CU. MOUNT RECEPTACLE IN LOCATION SO THAT IT IS ACCESSIBLE FROM THE FRONT OF THE RANGE BY REMOVAL OF THE RANGE DRAWER IN COMPLIANCE WITH NEC 422.33(B).
- 20 DISHWASHER, MOUNT RECEPTACLE AT +18" A.F.F.
- 21) AIR COMPRESSOR 208/230 VOLTS, 8 AMPS, MINIMUM VOLTAGE IS 200 VOLTS. ELECTRICIAN IS TO VERIFY THE VOLTAGE LEVEL AT EQUIPMENT AND COORDINATE WITH BURKHART DENTAL SUPPLY/EQUIPMENT MANUFACTURER FOR THE PROVIDING AND INSTALLING OF A BUCK N BOOST TRANSFORMER TO BOOST VOLTAGE IF NEEDED. COORDINATE RECEPTACLE TYPE WITH EQUIPMENT MANUFACTURER.
- VACUUM PUMP UNIT TWO UNITS EACH 208/230 VOLTS, 13 AMPS, MINIMUM VOLTAGE IS 200 VOLTS. ELECTRICIAN IS TO VERIFY THE VOLTAGE LEVEL AT EQUIPMENT AND COORDINATE WITH BURKHART DENTAL SUPPLY/EQUIPMENT MANUFACTURER FOR THE PROVIDING AND INSTALLING OF A BUCK N BOOST TRANSFORMER TO BOOST VOLTAGE IF NEEDED. COORDINATE RECEPTACLE TYPE WITH EQUIPMENT MANUFACTURER.
- 23 RECEPTACLE FOR UNDERCOUNTER REFRIGERATOR. COORDINATE WITH ARCHITECTURAL AND EQUIPMENT INFORMATION FOR EXACT LOCATION OF RECEPTACLE PRIOR TO ROUGH-IN.
- 24. THE EXTERIOR WALL SHALL NOT BE PENETRATED AND ALL CEILING PENETRATIONS SHALL HAVE SOLID BLOCK AND WEATHER TIGHT BOXES.
- 25) REFRIGERATOR, 208/230 VOLTS, SINGLE PHASE, 4.5A.
- 26 COORDINATE EXACT HEIGHTS AND LOCATIONS OF DEVICES WITH OWNER AND FURNITURE/CASEWORK MANUFACTURER PRIOR TO ROUGH-IN.



ALASKA NATIVE HEALTH CONSORTIUM DIVISION OF ENVIRONMENTAL HEALTH AND ENGINEERING
301 SOUTH BRAGAW STREET, SUITE 20
ANCHORAGE, ALASKA, 99508-3440 TRIBAL



NO

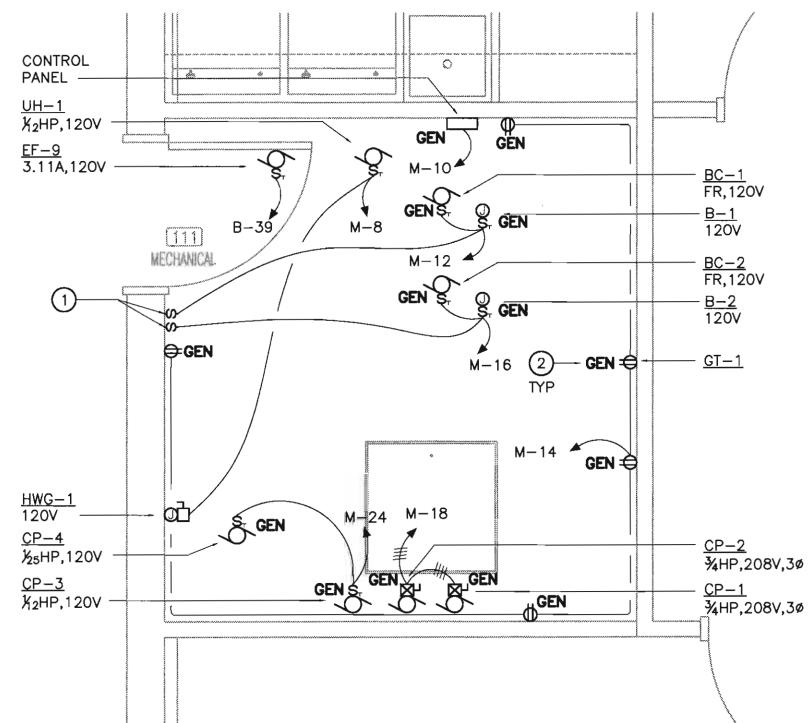
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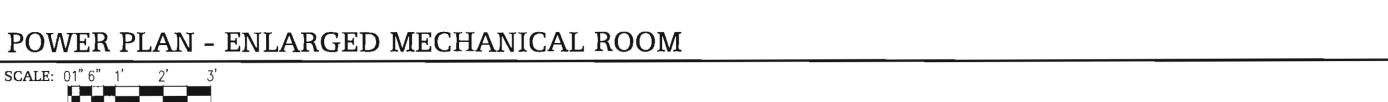
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6 OF 9E







CIVIL SECTION

1. ADD drawing SKC-1 to the 100% Design Documents. 2. Sheet C-301; DELETE this sheet and REPLACE with C-301 labeled with "Addendum 1" dated March 2010.

ELECTRICAL SECTION

- 1. Sheet E3.3 FAULT CURRENT ANALYSIS block.
- A. For Service Lateral Length DELETE "50 ft", REPLACE with "6 ft". B. For Main Disconnect - DELETE "10,600 amps", REPLACE with "16,100 amps".
- C. For MDP **DELETE** "8,100 amps", **REPLACE** with "11,000 amps". D. For Panel A - DELETE "7,800 amps", REPLACE with "10,500
- amps". E. For Panel B - **DELETE** "7,800 amps", **REPLACE** with "10,500
- F. For Manual Transfer Switch DELETE "4,000 amps", REPLACE
- with "4,600 amps".

1				
11)	NE/	10	14	6
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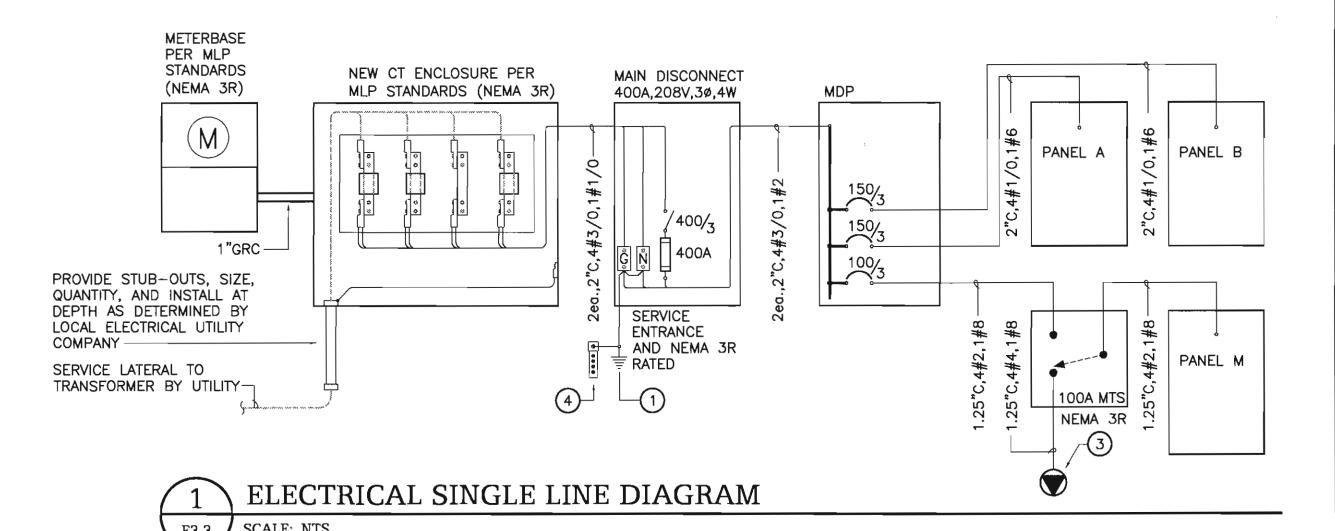
- 4. Sheet E3.3 Panel M, REPLACE spare 20 amp, single pole circuit breaker at space 23 with a 30mA GFEP type 20 amp, single pole, 120 volt circuit breaker. In the load description, ADD "Sewer Line Heat Trace". In the Phase A VA column for the new heat trace circuit, ADD "1000 VA"
- 5. Sheet Sheet E3.3 FAULT CURRENT ANALYSIS block.
 - G. For Service Lateral Length DELETE "50 ft", REPLACE with "6 ft". H. For Main Disconnect - DELETE "10,600 amps", REPLACE with
- I. For MDP DELETE "8,100 amps", REPLACE with "11,000 amps". J. For Panel A - DELETE "7,800 amps", REPLACE with "10,500
- K. For Panel B DELETE "7,800 amps", REPLACE with "10,500 amps".
- L. For Manual Transfer Switch DELETE "4,000 amps", REPLACE with "4,600 amps".

PANEL A	PANEL A SCHEDULE 120/208V,3PH,4W								
LOAD DESCRIPTION	PHASE A VA	PHASE B VA	PHASE C VA	LOAD DESCRIPTION	POLE	AMP	CKT		
1 50 REC-RANGE STAFF 139	4,000 720	_		REC-BILLING 124	1	20	2		
3 2		4,000 540		REC-SPEC. PROC 122	1	20	4		
5 20 1 REC-MICROWAVE STAFF 139			1,800 900	REC-FILE 123, HALL 110, 113, TLT	1	20	6		
7 20 1 REC-139 CNTR (E) & E WALL, 13	540 540			REC-SPEC. PROC 122	1	20	8		
9 20 1 REC-139 CNTR (W) & W WALL, 1	-	540 1,080		REC-CLN/DRTY 118, PHRMCY 11	1	20	10		
11 20 1 REC-STAFF 139 DISHWASHER			1,200 1,355	LTG-CONF, JAN, STAFF	1	20	12		
13 20 1 REC-HRV (JAN 141)	610 1,215		,	LTG-ADMIN, OFF 134,135, TLT	1	20	14		
15 20 1 REC-CONF 142 COUNTER	<u>'</u>	180 1,715		LTG-RCPTN,BILL,RCRDS,FLNG	1	20	16		
17 20 1 REC-CONF 142 COUNTER			180 1,455	LTG-EXAM,CLN/DRTY,PHRMCY	1	20	18		
19 20 1 REC-CONF 142 WALLS, FLOOR	1,260 1,120	1	,	DENTAL EXAM LT, XRAY VIEWE	1	20	20		
21 20 1 REC-STOR, JAN, HALL, WTG, ENT		1,080 940		LTG-EXTERIOR BUILDING	1	20	22		
23 20 1 REC-OFFICE 135			900 1,255	LTG-DENTAL, LAB, HC BATH	1	20	24		
25 20 1 REC-OFFICE 134	900 1,500			REC-HEADBOLT HEATER		20	26		
27 20 1 REC-OFFICE 133	•	720 1,500		REC-HEADBOLT HEATER	2		28		
29 20 1 REC-RECEPTION COPIER			1,200 1,500	REC-HEADBOLT HEATER		20	30		
31 20 1 REC-RECEPTION 126	900 1,500			REC-HEADBOLT HEATER	2		32		
33 20 1 REC-RECEPTION 126	-	720 1,500		REC-HEADBOLT HEATER		20	34		
35 20 1 REC-EXAM 120, 121			720 1,500	REC-HEADBOLT HEATER	2		36		
37 20 1 REC-EXAM 120	720			SPARE	1	20	38		
39 20 1 REC-EXAM 119, 120		720		SPARE	1	20	40		
41 20 1 REC-EXAM 119			720	SPARE	1	20	42		
CONNECTED LOAD (VA)	15,525	15,235	14,685						
CONNECTED LOAD (AMPERES)	129	127	122	126					
DEMAND LOAD (VA)	16,109	15,899	15,701	47,709					
DEMAND LOAD (AMPERES)	134	132	131	133					
AMPERE INTERRUPT RATING			AS IND	ICATED BY THE FAULT CURRENT	Γ AN A	\LYS	IS		

PANEL M		CHEDULE 20/208V,3PH,4V				22	5A M	LO
LOAD DESCRIPTION	PHASE A	PHASE B VA	PHA	SE C /A	LOAD DESCRIPTION	POLE	AMP	CKT
1 20 1 REC-DATA ROOM	360 660				LTG-MORG,ENTRY,WTG,HALL	1	20	2
3 20 1 REC-DATA ROOM		360 1,650			LTG-ELEC,ENTRY,WTG,HALLS	1	20	
5 20 1 REC-MORGUE129 FRIDGE			1,440	778	LTG-TRAUMA	1	20	(
7 15 1 REC-WTG 104, WTG 127, 13	2 FR 840 1,200				CUH-1 & 2, UH-1 & 2 & 3, HWG-1	1	20	1
9 20 1 FIRE ALARM CONTROL PAN		500 500			MECH RM CONTROL PANEL	1	20	10
11 20 1 REC-STAFF 139 FRIDGE			1,000	500	B-1, BC-1	1	20	1;
13 20 1 REC-TRAUMA EXAM 114	540 900		,		REC-MECH RM, GT-1	1	20	14
15 20 1 REC-TRAUMA EXAM 114		360 500			B-2, BC-2	1	20	1(
17 20 1 REC-TRAUMA EXAM 114			360	890	CP-1, CP-2		20	18
19 15 PHARMACY FRIDGE	470 890							2
21 2		470 890				3		2:
23 20 1 SPARE				500	CP-3, CP-4	1	20	24
25 20 1 SPARE			ĺ		SPARE	1	20	20
27 20 1 SPARE					SPARE	1	20	2
29 20 1 SPARE					SPARE	1	20	3(
31 20 1 SPARE				'	SPARE	1	20	32
33 20 1 SPARE					SPARE	1	20	34
35 20 1 SPARE					SPARE	1	20	36
37 - 1 SPACE	_		İ	•	SPACE	1	-	38
39 - 1 SPACE					SPACE	1	-	40
41 - 1 SPACE		,			SPACE	1	-	42
CONNECTED LOAD (VA)	5,860	5,230		5,468	16,558	VA		
CONNECTED LOAD (AMPERES)	49	44		46				
EMAND LOAD (VA)	6,136	5,754		5,774				
EMAND LOAD (AMPERES)	51	48		48				
MPERE INTERRUPT RATING				AS IND	ICATED BY THE FAULT CURRENT	Γ AN	ALYS	IS

PANE	L E	3			S	CHE	DULE				22	5A MI	LO
					1:	20/208V,	3PH,4V	v					
CKT	POLE	LOAD	DESCRIPTION	PHAS VA		PHAS VA		PHAS VA		LOAD DESCRIPTION	POLE	AMP	CKT
1 20	1	WASHER		1,500	1,560					DENTAL VACUUM		20	- 2
3 30	$\overline{}$	DRYER				2,500	1,560				2		
5	2							2,500	960	DENTAL COMPRESSOR		20	(
7 20	1	REC-LNDRY	/,WTG,ENTRY,MRG	900	960						2		8
9 20			NT HLDG,CO DTCTR			1,260	1,560			DENTAL VACUUM		20	10
11 20	1	REC-BH CC	NF 109					900	1,560		2		12
13 20	1	REC-CLINIC	IAN 108	720	960					REC-DENTAL CHAIR	1	20	14
15 20		REC-CLINIC				720	960			REC-DENTAL CHAIR	1	20	10
17 20		REC-CLINIC						720	960	DENTAL X-RAY	1	20	18
19 20			TH EDUCATOR 105	720	960					DENTAL UTILITY	1	20	2
21 20	1		ELEC, EXTERIOR			720	960			DENTAL UTILITY	1	20	2
23 20		LTG-CRAW						1,200		REC-ULTRASONIC CLNR (118)	1	20	2
25		REC-CRAW		1,440	1,105					REC-STERILIZER		20	2
27 20			NT HOLDING			430	1,105				2		28
29 20	1	REC-LAB C	NTR,HC BATH,HALL					720	1,440	REC-STERILIZER	1	20	3(
31 20		REC-LAB C		540	720					REC-DENTAL CABINETS	1	20	32
33 20	1	LTG-BH CLI	NIC,TLT, HLTH ED			1,080	180			REC-CLEAN/DIRTY (DISTILLER)	1	20	34
35 20	1	LTG-BH CLINK	C, CONF,MECH,LNDRY					1,140	.,	REC-HEADBOLT HEATER		20	36
37 20		EF-5,8,7		675	1,500					REC-HEADBOLT HEATER	2		38
39 20		EF-9				375				SPARE	1	20	4(
41 20	1	SPARE								SPARE	1	20	42
		LOAD (VA)			14,260		13,410		14,320	41,990			
		LOAD (AMP	ERES)		119		112		119				
DEMAND					14,650		14,178		15,145	43,973	VA		
		D (AMPERE	•		122		118		126	122			
AMPERE	INTE	RRUPT RA	TING						AS IND	ICATED BY THE FAULT CURREN	TAN	ALYS	IS

						120/208V	3PH,4W			_		400/	4
K	AMP	POLE	LOAD DESCRIPTION	PHASE A				PHASE C VA		LOAD DESCRIPTION	POLE	AMP	FX
1	*	/	PANEL A	16,109	6,136	15,899	5,754			PANEL M		*	2
		3		\dashv	L	10,000	5,754	15,701	5,774	_	3		} _
	*		PANEL B	14,650						SPACE			
3		3				14,178		15,145			3	\downarrow	4
	/		SPACE				_	15, 145		SPACE	~~	+	_
5		3								_	3	$\overline{}$] 6
		/	SPACE							SPACE	Š		
7		3									3	1	8
		Ž	SPACE			Ì				SPACE	Š		
9	_/	3		\dashv					_		3	\rightarrow	10
CON	INEC		LOAD (VA)		36,895		35,830		36,620	109,3	45 VA		4
			LOAD (AMPERES)		307		299		305		04 A		
			AD (VA)		36,895		35,830		36,620		45 VA		
DEN	1AND	LO	AD (AMPERES)		307		299		305	3	04 A		



FAULT CURRENT ANALYSIS

BASIS OF CALCULATIONS:

VARIABLE

PANEL B

PANEL M

MANUAL TRANSFER SWITCH

INFINITE MVA PRIMARY BUS UTILITY TRANSFORMER RATING 75 KVA UTILITY TRANSFORMER IMPEDANCE 1.2% VOLTAGE (LINE TO LINE) 120/208 VOLTS, 3ø SERVICE LATERAL LENGTH SERVICE LATERAL CONDUCTOR SIZE #4/0 kcmil AL CONDUCTORS PER PHASE CONDUIT TYPE NON-MAGNETIC CALCULATION SUMMARY: SHORT CIRCUIT CURRENT **LOCATION** UTILITY TRANSFORMER SECONDARY 17,349 AMPS MAIN DISCONNECT 10,600 AMPS 8,100 AMPS PANEL A 7,800 AMPS

CONTRACTOR TO CONFIRM ACTUAL VALUES OF ABOVE LISTED CALCULATION VARIABLES WITH SERVING UTILITY PRIOR TO ORDERING EQUIPMENT. IF ELECTRICAL UTILITY EQUIPMENT AND INSTALLATION DEVIATES FROM THE BASIS ITEMIZED ABOVE, THE CONTRACTOR SHALL CONSULT WITH THE ENGINEER OF RECORD TO CONFIRM THE AIC RATING REQUIRED FOR ELECTRICAL DISTRIBUTION EQUIPMENT. ALL EQUIPMENT SHALL BE RATED FOR AVAILABLE FAULT CURRENT.

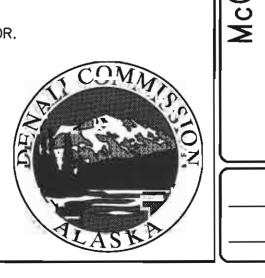
7,800 AMPS

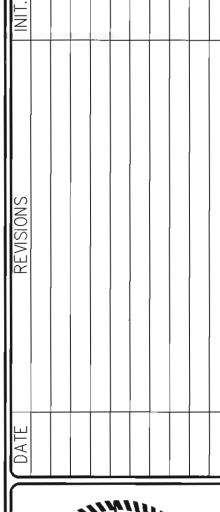
4,000 AMPS

4,000 AMPS

DETAIL NOTES:

- 1) PROVIDE GROUNDING ELECTRODE SYSTEM AS FOLLOW: #1/0 CU. TO WATER MAIN, #1/0 CU. TO BUILDING STEEL, 20' OF #4 CU. ENCASED IN FOOTING CONCRETE AND BONDED TO REBAR. AND #6 CU. TO 2 DRIVEN ROD ELECTRODES.
- 2. IMMEDIATELY UPON PROJECT INCEPTION THE CONTRACTOR SHALL COORDINATE WITH THE LOCAL ELECTRICAL UTILITY COMPANY (McGRATH LIGHTING AND POWER, LOUIS ENGRASS 907 524-3391 or ERNIE BAUMGARTNER 907 524-3360) FOR THE INSTALLATION OF A NEW ELECTRICAL SERVICE TO THE BUILDING AS SHOWN. ALL EQUIPMENT AND INSTALLATION SHALL COMPLY WITH THE LOCAL ELECTRICAL UTILITY COMPANY STANDARDS AND THE LATEST ADOPTED NEC.
- (3) WEATHERPROOF 60 AMP, 208 VOLT, FOUR WIRE MALE RECEPTACLE FOR PORTABLE GENERATOR SUPPLY TO BUILDING. PROVIDE TO OWNER A MATCHING FEMALE PLUG FOR WIRING TO GENERATOR.
- (4) INTERSYSTEM BONDING TERMINATION PER NEC 250.94 FOR CONNECTION TO COMMUNICATIONS BONDING AND GROUNDING CONDUCTORS.







ALASKA NATIVE HEALTH CONSORTIUM TRIBAL[']



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E3.3 7 OF 9E

COLLINS CONSTRUCTION, INC. P.O. BOX 871827

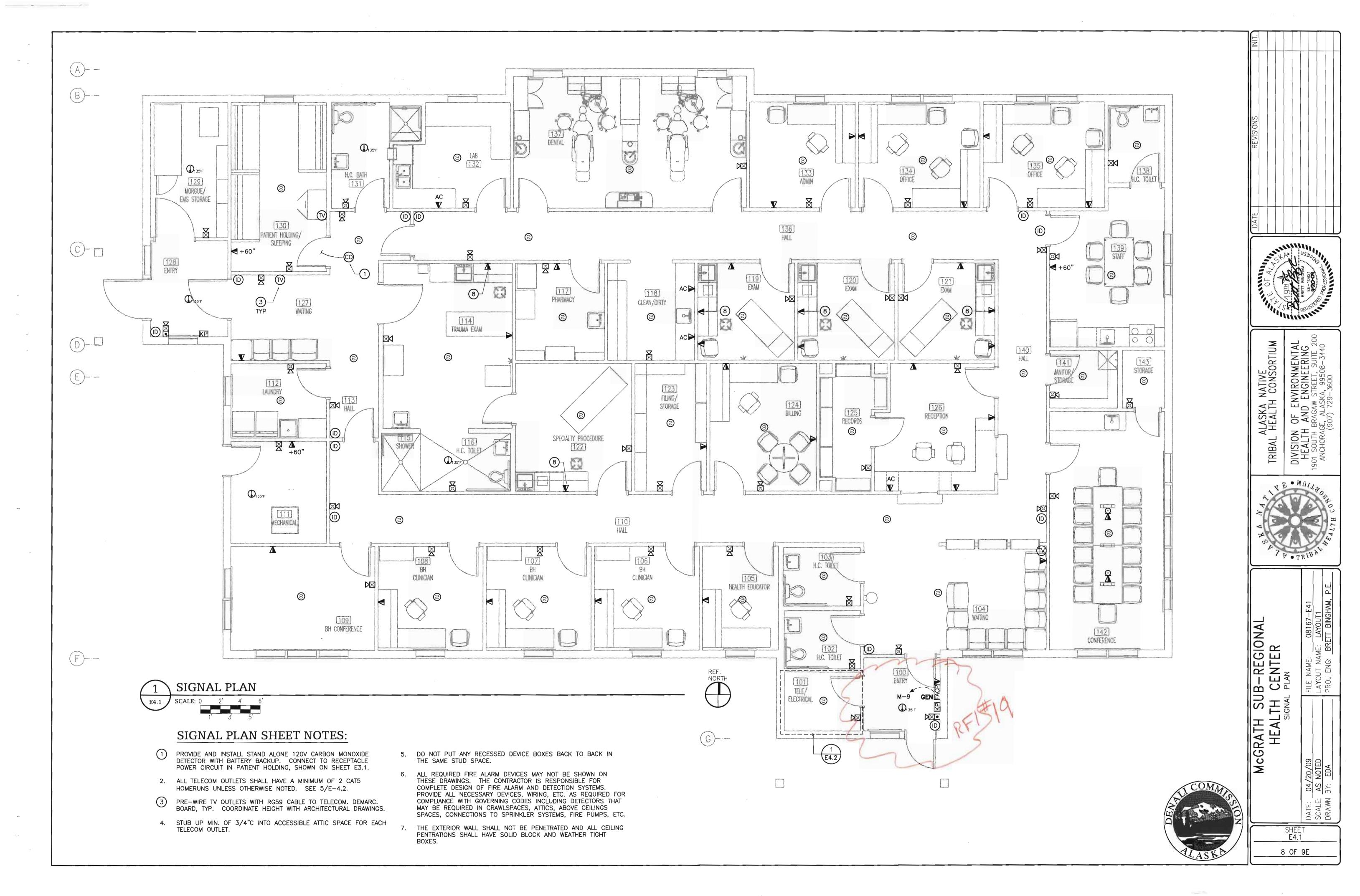
PHONE: (907) 376-8299 WASILLA, AK 99687

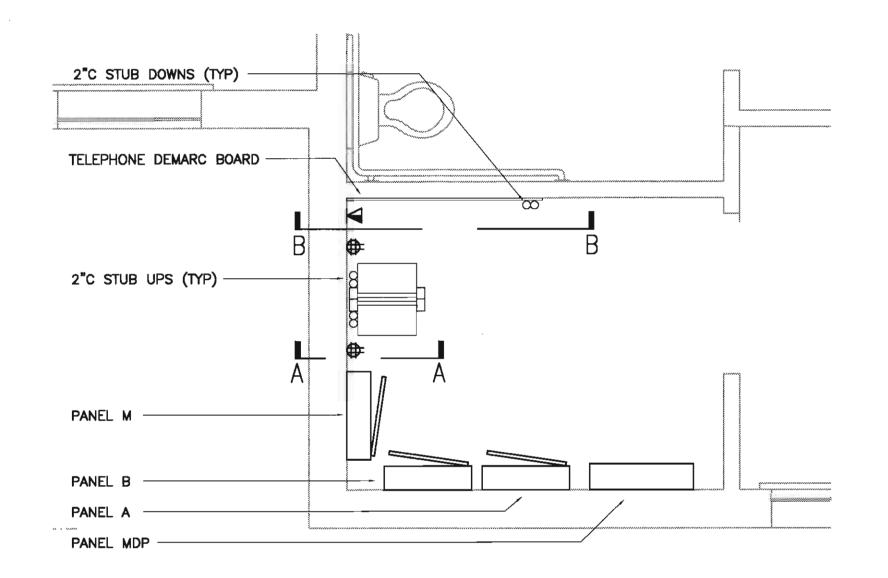
99687 FAX: (907) 373-5468

REQUEST FOR INTERPRETATION

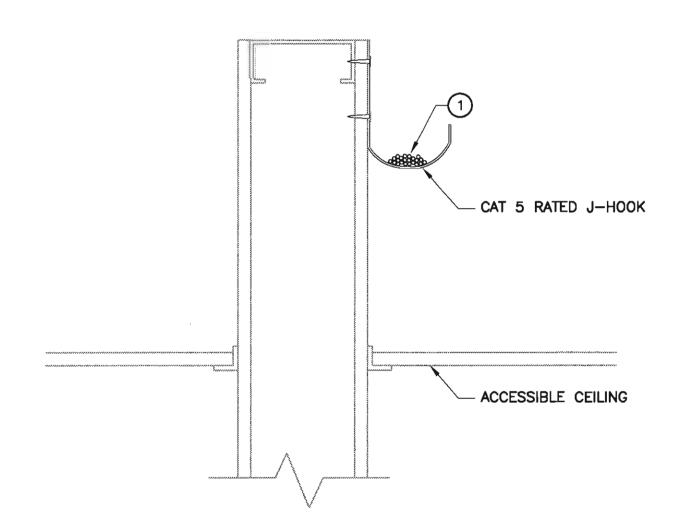
McGrath Health Clinic (PROJECT)	<u>RFI #:19</u>
E4.1	October 23, 2010
REFERENCE: (DRAWING OR SPEC.)	(DATE)
DESCRIPTION: despite the engineers inspecticontractor did not rough in the fire alarm and shown on E 4.1. Can these panels be moved to t common wall between the entry and elec. 101?	security panels in entry 100 in the location
	Greg Waisanen
	(REQUESTED BY)
(DATE) RESPONSE: We do not have any objections to the conflict with any other items of construction.	e proposed location, as long as it does not
	Brett Bingham, HZA
RESPONSE NEEDED BY: 10-25-10	(ARCHITECT / ENGINEER SIGNATURE)
	10-25-10
ACTION REQUIRED BY:RESOLUTION:	(DATE)
Notification must be given in accordance with the	contract deguments if any architect / arcinec-

Notification must be given in accordance with the contract documents if any architect / engineer response / description causes any change to contract documents.





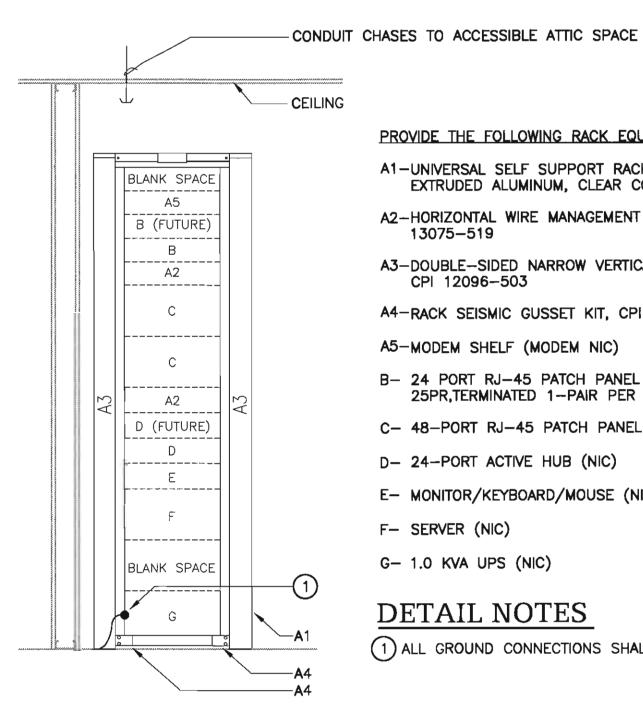




DETAIL NOTES

1) PROVIDE CAT 5 RATED J-HOOKS TO SUPPORT ALL CABLES WHERE NOT INSTALLED IN CONDUIT. SIZE J-HOOKS TO ALLOW 20% SPARE CAPACITY FOR FUTURE CABLES.





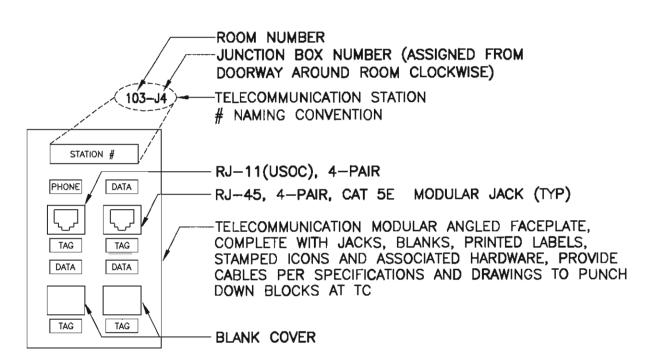
PROVIDE THE FOLLOWING RACK EQUIPMENT AS NOTED:

- A1-UNIVERSAL SELF SUPPORT RACK, 7'-0" HIGH, 19" WIDE, EXTRUDED ALUMINUM, CLEAR COAT FINISH, CPI-55053-503
- A2-HORIZONTAL WIRE MANAGEMENT PANEL, 2RMU, CLEAR CPI 13075-519
- A3-DOUBLE-SIDED NARROW VERTICAL RACK CABLING SECTION, CLEAR CPI 12096-503
- A4-RACK SEISMIC GUSSET KIT, CPI 11592-701
- A5-MODEM SHELF (MODEM NIC)
- B- 24 PORT RJ-45 PATCH PANEL FOR TELCO, PRECONFIGURED 25PR, TERMINATED 1-PAIR PER JACK, CONNECTORIZED
- C- 48-PORT RJ-45 PATCH PANEL FOR CAT 5E DISTRIBUTION
- D- 24-PORT ACTIVE HUB (NIC)
- E- MONITOR/KEYBOARD/MOUSE (NIC)
- F- SERVER (NIC)
- G- 1.0 KVA UPS (NIC)

DETAIL NOTES

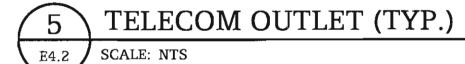
(1) ALL GROUND CONNECTIONS SHALL BE IRREVERSABLE CRIMP TYPE.

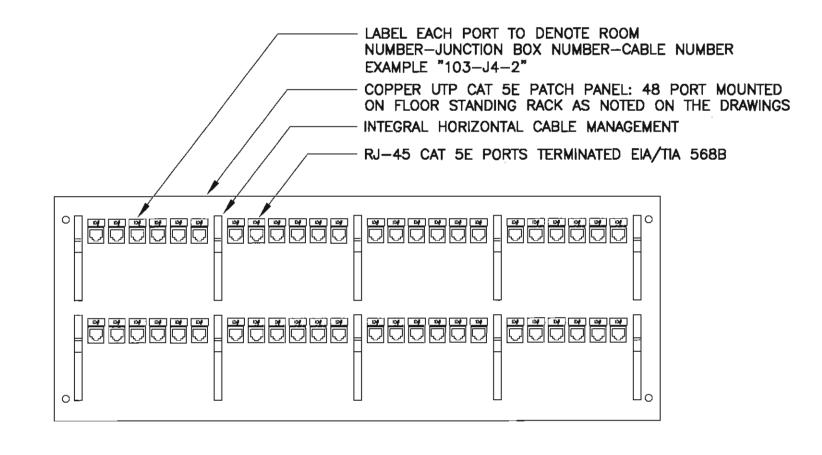




DETAIL NOTES

- 1. EACH DEVICE PLATE SHALL BE 4 PORT MINIMUM WITH (1) RJ-11 AND (1) RJ-45 JACK CAT 5E RATED, UON ON THE DRAWINGS.
- 2. FILL ACTIVE PORTS IN FACEPLATE FROM LEFT TO RIGHT AND TOP TO BOTTOM.
- 3. TERMINATE EACH CAT 5E CABLE ON RJ-11 OR RJ-45 CAT 5E RATED JACK AS INDICATED.
- 4. PROVIDE BLANKS FOR UNUSED PORT SPACES.
- 5. PROVIDE LABEL DENOTING ROOM NUMBER AND JUNCTION BOX NUMBER AS SHOWN ON THE FLOOR PLANS ON EACH DEVICE PLATE WHERE NOTED ABOVE AS STATION NUMBER.
- 6. ALL LABELS SHALL BE PRINTED WITH THERMAL OR LASER PRINTER SYSTEM.

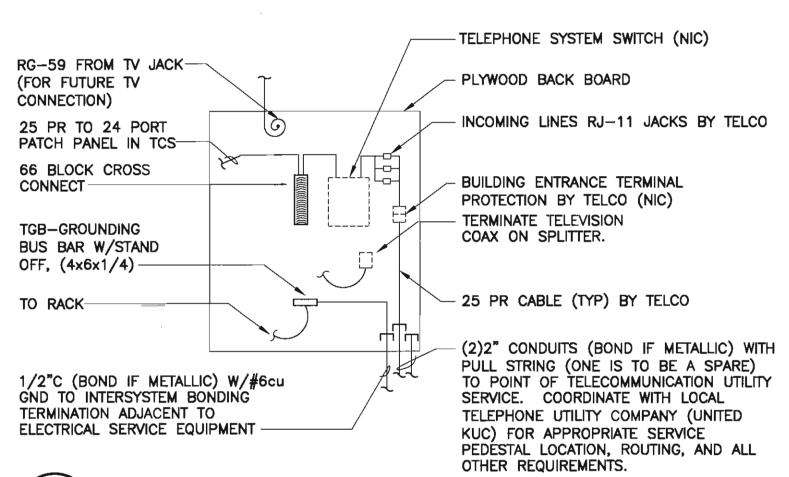




TELECOM PATCH PANEL (TYP)

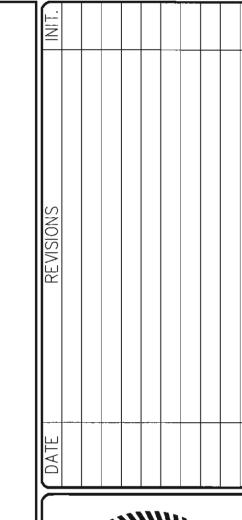
SCALE: NTS

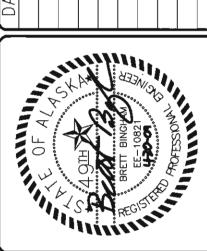
E4.2



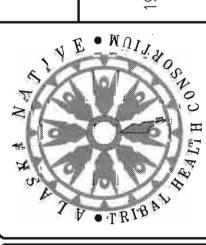
TELCO SERVICE DEMARC DETAIL B-B

SCALE: 1/2" = 1'-0"





ALASKA NATIVE HEALTH CONSORTIUM OF ENVIRONMENTAL AND ENGINEERING



McGRATH SUB-REGIONAI HEALTH CENTER SIGNAL DETAILS

E4.2

9 OF 9E