



ITB Igiugig Clinic
Improvements 2025
#25-1165

Invitation to Bid

ITB Publish date: 7/17/2025

PROJECT DIRECTORY

OWNER

SOUTHCENTRAL FOUNDATION

Igiugig Community Health Clinic

4030 Salmon Way

Igiugig AK 99613

Phone number 907-533-3207

PROJECT MANAGER

SOUTHCENTRAL FOUNDATION

Bill Paulsberg

CONSTRUCTION PROJECT MANAGER

4155 TUDOR CENTRE DRIVE

ANCHORAGE, AK 99508

P (907) 729-7713

ITB Purchasing Agent

SOUTHCENTRAL FOUNDATION

Venus Coffey

7033 E Tudor Road

ANCHORAGE, AK 99507

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vcoffey@southcentralfoundation.com

SCFpurchasing@southcentralfoundation.com

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INVITATION TO BIDDERS – SCF Igiugig Clinic improvements

ISSUE DATE: 7/17/2025

Southcentral Foundation will receive electronic (PDF) for the Southcentral Foundation (SCF) Igiugig Clinic Improvements 2025, located at 4030 Salmon Way, Igiugig AK 99613. Bids should be sent to Southcentral Foundation's Purchasing Agent, SCFPurchasing@SouthcentralFoundation.com. **Bids must be received by 8/22/2025, at 3:00 PM Alaska Standard Time (AKST).** Bids will then be opened and will be evaluated by select Southcentral Foundation Staff. Bids submitted after the date and time listed above will not be considered. A notification email will be sent to all bidders upon evaluation and selection of the winning bidder.

General Scope of Work: Southcentral Foundation Igiugig Clinic Improvements 2025. The work shall begin by 9/15/2025 and be completed no later than 12/31/2025. Contractors will review existing conditions and prepare a bid based on the information contained in the drawings (supplementary pdf) dated February 27th, 2008, and information included in these Bid Documents. Additionally, the contractor shall comply with Southcentral Foundation's administrative requirements of the contract, including the submission of a project schedule, safety plan, schedule of values, daily reports, submittals, and other tasks required under the contract. The Bid documents and Construction documents files are available on SCF's website at: <https://www.southcentralfoundation.com/about-us/procurement/>. It is the bidder's responsibility to check this site regularly for addenda and other information related to this Invitation to Bid.

The Mandatory Pre-bid conference will be held on **8/01/2025** at the Igiugig Clinic located at 4030 Salmon Way, Igiugig AK 99613. Southcentral Foundation will provide air travel on a chartered flight for a day trip to the Igiugig Clinic.

Pre-bid Conference air charter information:

Iliamna Air Taxi, 6300 Carl Brady Dr. Anchorage, AK 99502

Departing Anchorage at 9 AM

Arriving in Igiugig at 10:15 AM

4 to 6 hours of ground time in Igiugig

Land in Anchorage between 3:30 PM and 5:30 PM – dependent upon weather conditions and amount of time spent on the ground in Igiugig.

Alaska Native / American Indian (AN/AI) preference in contracting is applicable and bidders stating native preference must provide a completed statement and proof of Native ownership with the bid. AN/AI owned firms will be awarded a 5% preference. Award of a firm, fixed-price contract for the specified work will be made in accordance with Southcentral Foundation's procurement policies. No bid shall be withdrawn for a period of thirty (30) days subsequent to the submission date without the written consent of Southcentral Foundation.

Performance and Payment Bonds are required in an amount equal to 100% of the total Bid Price. Use AIA Payment and Performance Bond forms A312-2010. All costs for Payment and Performance Bonds shall be included in the Total Stipulated Sum Bid Price.

Southcentral Foundation reserves the right to reject any and all bids, accept other than the lowest bid, and/or waive informalities or irregularities in bids received whenever such rejection, acceptance, and/or waiver is in the best interest of Southcentral Foundation.

PART 1 - GENERAL

1.01 PROJECT GENERAL DESCRIPTION

Southcentral Foundation for improvements for Igiugig Clinic at 4030 Salmon Way, Igiugig AK 99613. Contractors will review existing conditions and prepare a bid based on the information contained in this project manual and the drawings dated February 27th, 2008.

Additionally, the contractor shall comply with all administrative requirements of the contract, including the submission of a project schedule, safety plan, schedule of values, daily reports, submittals, and other tasks required under the contract. Due to the occupied nature of the adjacent building, non-disruptive work may commence, with pre-approval from the on-site Medical Provider, Monday – Friday from 6:00 AM to 6:00 PM. Any disruptive work must be completed outside the hours indicated above.

Project Site

SCF's Igiugig Clinic at 4030 Salmon Way, Igiugig AK 99613.

Project Schedule

Construction is anticipated to begin 09/15/2025, with substantial completion by 12/31/2025.

Alaska Native/American Indian Preference

Alaska Native/American Indian "AN/AI" preference in contracting is applicable and bidders stating native preference must provide a completed statement and proof of Native ownership with the bid. AN/AI owned firms will be awarded a 5% preference. Award of a firm, fixed-price contract for the specified work will be made in accordance with Southcentral Foundation's procurement policies. No bid shall be withdrawn for a period of thirty (30) days subsequent to the submission date without the written consent of Southcentral Foundation.

Owner Background

Southcentral Foundation (SCF) is an Alaska Native-owned healthcare organization serving an estimated 56,146 Alaska Native and American Indian people living in Anchorage, the Matanuska-Susitna Valley, and 60 rural villages in the Anchorage Service Unit (ASU). SCF's first P.L. 638 contract with the Alaska Area Native Health Service began in 1984 to provide dentistry, optometry, community health representatives and injury control services. Substance abuse treatment was added in 1987.

In 1998, SCF assumed ownership and management of the Anchorage Native Primary Care Center, which serves the entire Native population of the state - an estimated 130,682 people. In January 1999, SCF and the Alaska Native Tribal Health Consortium signed an agreement to take over management of the Alaska Native Medical Center from the Indian Health Service. With this transition, Alaska became the first state in the nation to have all its health facilities for Native Americans managed by Native organizations.

Project Team Members

SCF will hold the construction contracts for the project.

The project scope includes coordination with SCF's Staff through SCF's Project Manager. The Contractor is also responsible for project closeout including the provisions of Operations and Maintenance Manuals and assignment of written warranties and guarantees as required in the contract.

The SCF Project Manager will issue and evaluate all bids responding to this Invitation to Bid (ITB), negotiate a contract with the successful Bidder in coordination with the SCF Contracts Department, and administer the planning and construction of the project.

This Invitation to Bid (ITB) invites Bidders to respond to a fixed set of criteria for the project and a Stipulated Price contract form. Within the framework of this ITB, the SCF Project Manager will review bids to assess each Bidder's submitted price and capabilities to deliver a quality and efficient project that is the most advantageous to the owner. This set of qualifications described in detail in this ITB, will be considered a baseline by which submitted bids will be evaluated.

1.02 SPECIFIED DATES

Public Advertisement	7/17/2025
Registration Deadline	7/25/2025
Pre-bid Conference	8/01/2025
Deadline to Submit Questions	8/08/2025
Bids Due	8/22/2025
Anticipated Notice of Intent to Award	8/25/2025
Anticipated Notice to Proceed	8/28/2025

1.03 RECEIPT AND OPENING OF BIDS

A. Electronic Submission of Bids:

Bidders shall submit an electronic copy by email to the SCF Purchasing Agent at SCFPurchasing@SouthcentralFoundation.com before the deadline. It is bidders' responsibility to assure bid is received by SCF.

B. Time and Opening:

Bids must be submitted prior to the time specified in section 001116 of this ITB, and the exact date and time of receipt will be recorded. Late submittals will not be considered but will be held unopened until the time of notice of intent to award and then returned to the sender unless other methods of disposition are requested or agreed to by the sender. Bids will be opened at the location specified in section 001116 of this ITB.

C. Facsimile/telegraphic/telephonic Bids

Facsimile/telegraphic/telephonic bids will not be considered.

D. Officer's Responsibility

No responsibility will attach to an officer or agent of Southcentral Foundation for the premature opening of, or the failure to open a bid not properly addressed and identified.

E. Bidder's Responsibility

Bidder shall register with Southcentral Foundation. Register by confirming your intent to provide a bid, by emailing [email of ITB Administrator] and include both the ITB number and title in your email when you register. The bidder is also responsible for checking SCF's procurement website to obtain any issued addenda, changes, and/or updates to the Invitation to Bid, prior to submitting your bid, to assure compliance with the most up to date information.

1.04 WITHDRAWAL OF BIDS

Bids may be withdrawn on written or telegraphic requests received from a Bidder prior to the time specified for submittal. Bids not withdrawn prior to the specified time may not be withdrawn for a period of thirty (30) days following the date specified for submittal.

1.05 EXAMINATION OF PLANS, SPECIFICATIONS, AND SPECIAL PROVISIONS

- A. The Bidder shall review all the proposed contract documents to ascertain all of the requirements of the work.
- B. In addition to the Pre-bid Conference, Bidders may schedule time to examine the site with the SCF Project Manager. During the site examination, Bidders or their subcontractors may perform destructive investigation to mitigate unknown or covered work scope. Any destructive investigation on the part of the Bidder must not interrupt service in the rest of the building.
- C. The Bidder shall examine carefully this ITB and contract forms before submitting a bid. The submission of a bid shall be an admission that the Bidder has made such examination and is satisfied as to the conditions to be encountered in performing the work and as to the requirements and terms of the contract, and Southcentral Foundation will rely on such admissions.
- D. For the convenience of interested prospective Bidders, complete sets of the bid documents are on file at the following locations.
www.southcentralfoundation.com/about-us/procurement/
- E. Southcentral Foundation will not issue sets of bid documents.

1.08 METHOD FOR CLARIFICATION

- A. Any Bidder in doubt as to the true meaning of any part of the documents may submit to SCF a written request for an interpretation thereof. All requests must be submitted within the timeframe allowed by Section 002113 – Instructions to Bidders. Questions can be emailed to:
SCFPurchasing@SouthcentralFoundation.com
- B. Questions, which in the opinion of the SCF Project Manager require a reply, will be answered by issuing an addendum to all Bidders prior to the public bid opening. Southcentral Foundation will not be responsible for any other explanation or interpretation of the documents made or given prior to opening the bids.

1.09 PREPARATION AND SUBMISSION OF BIDS

- A. Preparation and Submission:

Bids must be submitted on the forms furnished or copies thereof, and in accordance with the Instructions to Bidders and must be manually or electronically signed. To secure consideration, the bid must be submitted as described in 1.03 A. The bid forms are provided within these bid documents.

**NOTICE TO BIDDERS: PLEASE REMOVE THIS SECTION AND FORMS LISTED BELOW
FROM THE REST OF THE MANUAL FOR SUBMISSION ON THE BID DUE DATE**

All responsive Bids MUST contain the following:

- | | | |
|----|---|--------------------------|
| 1. | 00 41 13 Bid Form – Stipulated Sum | <input type="checkbox"/> |
| 2. | 00 43 13 Bid Security Form | <input type="checkbox"/> |
| 3. | 00 45 14 Statement of Bidder's Qualifications | <input type="checkbox"/> |
| 4. | 00 45 19 Non-Collusion Affidavit | <input type="checkbox"/> |

BID FORM, STIPULATED SUM

Project: Igiugig Clinic Improvements 2025

Location: ANCHORAGE, ALASKA

Owner: Southcentral Foundation (SCF)

- 1) The undersigned, having familiarized (himself/herself) (themselves) with the local conditions affecting the cost of work, and with the Specifications, including the Invitation To Bid (ITB), this Bid Form, the Form Of Contract SCF_PROFESSIONAL_SERVICES sample contract, the SCF Statement of American Indian/Alaska Native Preference Requirements, the General Scope of the Work, and the Technical Specifications and Drawings, as prepared by SCF, and on file in the office of SCF, hereby proposes to furnish all labor, material, equipment and services required to construct and complete the project:

Bidder to submit fixed prices to complete the PCC Garage Façade work shown in the attached drawings and the project manual. The work will occur next to an active medical campus; thus, noise mitigation, disruption planning is required.

1.	a)	Total Stipulated Sum, Bid Price	<hr/>
			\$
2.	a)	<u>Only if claiming AN/AI Preference, record amount shown in 1. a) less 5%</u>	<hr/>
			\$
3.	a)	TOTAL BASE BID PRICE [1. a) or 2. a) from above]	<hr/>
			\$

- 2) By submitting this bid, it is understood/acknowledged that the right is reserved by SCF to reject any and all bids at its sole discretion and for its convenience or benefit. The bidder agrees to execute and deliver to SCF a contract in the prescribed form within ten (10) days after the date SCF mails or otherwise delivers to bidder SCF's written acceptance of this bid as the successful bid and the initial contract for review and signature.
- 3) I/We have enclosed with this Bid a Statement of American Indian/Alaska Native Ownership, if applicable and AI/AN preference is claimed.
- 4) I /We have enclosed with the bid the documents identified on the Bidder's Checklist in the forms provided in the project manual.
- 5) I/We further acknowledge receipt of the following addenda:
- Addendum No.:_____Dated:_____
- Addendum No.:_____Dated:_____
- Addendum No.:_____Dated:_____
- Addendum No.:_____Dated:_____
- Addendum No.:_____Dated:_____
- Addendum No.:_____Dated:_____
- Addendum No.:_____Dated:_____
- Addendum No.:_____Dated:_____
- 6) I/We further understand the penalty for making false statements in offers is prescribed by federal law in 18 U.S.C. 1001.

NAME OF BIDDER

OFFICIAL ADDRESS

BY:

Print Name and Title

Signature

Date

BID SECURITY FORM

KNOW ALL MEN BY THESE PRESENTS, that we,
_____ as PRINCIPAL, and
_____ as SURETY, are held firmly bound into
Southcentral Foundation hereinafter called SCF, five percent (5%) of the Base Bid, in
the penal sum of (\$_____), lawful money of the United States,
for the payment of which sum will and truly to be made, we bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these
presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that, whereas the principal has submitted
the accompanying bid, dated _____ 2025, for

NOW, THEREFORE, if the Principal shall not withdraw said bid within the period specified
therein after the opening of the same, or, if no period be specified, within thirty (30) days after
the bid opening, and shall within the period specified therefore, or, if no period be specified
within ten (10) days after the prescribed forms are presented to him for signature, enter into a
written contract with SCF in accordance with the bid, as accepted, and give the required
performance and payment security, for the faithful performance and proper fulfillment of such
contract; or in the event of the withdrawal of said bid within the period specified, or the failure to
enter into such contract and give such security within the time specified, if the Principal shall pay
SCF the difference between the amount specified in said bid and the amount for which SCF
may procure the required work or supplies or both, if the latter amount be in excess of the
former, then the above obligation shall be void and of no effect; otherwise to remain in full force
and virtue.

IN WITNESS WHEREOF, the above bound parties have executed this instrument under their
several seals this _____ day of _____, 2025 the name and
corporate seal of each corporate party being hereto affixed and these present duly signed by its
undersigned representative, pursuant to authority of its governing body.

In presence of:

_____ _____	_____ (Principal) _____ (Corporate) (Seal) _____ (Surety)
--------------------	---

MINIMUM BIDDER'S QUALIFICATION

Bidders are required to meet the minimum qualifications listed below and must complete 00 45 14 Statement of Bidder's Qualifications. Bidders that do not meet these minimum qualifications should NOT submit a bid. The threshold values are listed below and represent the minimum requirements for a responsive bid. Bids from contractors who cannot document the required experience and qualifications will be returned after opening and not considered for award.

- a. A contractor must have successfully completed a minimum of three (3) Rural Alaska projects of similar scope and size valued over \$250,000. Bidder must provide a list of the projects and client name and current phone contact for each project on the Statement of Bidder's Qualifications.

STATEMENT OF BIDDER'S QUALIFICATION

All questions must be answered, and the data given must be clear and comprehensive. This statement must be notarized. Attach additional pages if needed.

1. Name of bidder.
2. Names of principals.
3. Names of authorized signatories.
4. Permanent main office address.
5. When organized.
6. Where incorporated.
7. How many years have you been engaged in the contracting business under your present name?

8. Previous names of companies in which the principals listed above (#2) have engaged in the contracting business.

9. List all active projects.

10. Have you ever defaulted on a contract? Yes No
If so, where, and why?

11. Have you ever refused to sign a contract at your original bid? Yes No
If yes, explain.

12. Names, background experience and current workload of the principal members of your firm (including the officer and lead personnel assigned to this project).

<u>Name</u>	<u>Background</u>	<u>Years in Contracting</u>	<u>Current Workload</u>
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13. Attach list of comparable construction contracts completed, indicating contract amount, project size, location, owner, start and end date, contact person and telephone number. Refer to Minimum Bidder's Qualifications, Section 00 45 13.
14. Attach a list of your primary subcontractors for this project.
15. Furnish written evidence of amount and type of credit available.
16. Attach 2021 year-end and 2022 current Financial Statements.
17. Attach proof of Alaska Native / American Indian Ownership.
18. Will you, upon request, fill out a detailed Financial Statement and furnish any other information that may be required by Southcentral Foundation? Yes No.

19. The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by Southcentral Foundation, in verification of the recitals comprising this Statement of Bidder's Qualification.

Dated at _____, this _____ 2025.
(place) _____ (day) _____ (month)

(Name of Bidder)

By:
(Signature of Bidder's Representative)

Title:

State of ALASKA)
County of)ss
)

_____, being duly sworn, deposes and says he is
(individual signing above)

he is _____ of _____
(Title) (Name of Organization)

and that the answers to the foregoing questions and all statements therein contained are true and correct.

Sworn before me this _____ day of _____, 2025.
(Date) (Month)

(Notary Public)

My Commission Expires: _____ (Date)

FORM OF NON-COLLUSIVE AFFIDAVIT

AFFIDAVIT

(PRIME BIDDER)

State of: _____

_____Judicial District

_____, being first duly sworn, deposes and says:

"That he/she is the bidder, or a partner or officer of the firm, party, etc., making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or a sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communications or conference, with any person, to fix the bid price of affiant or any other bidder, or to fix any overhead, profit or cost element or said bid price, or of that of any other bidder, or to secure any advantage against the Southcentral Foundation or any person interested in the proposed contract; and that all statements in said proposal or bid are true."

Signature of: _____
Bidder, if the bidder is an individual

Partner, if the bidder is a partnership

Officer, if the bidder is a corporation

Subscribed and sworn to before me this _____day of _____, 2025.

My Commission Expires: _____

IMPORTANT NOTE:

The Agreement between the two parties will be the Professional Services example contract

SCF will provide an updated version of the sample draft document provided in the following pages (1-13) for review and signing by the selected bidder.

Possible local resource for lodging and vehicle rental:

Igiugig Village Council has lodging and vehicles available for rent.

Please visit their website <https://www.igiugig.com/visitor-guide>

Contact information:

Igiugig Village Council

Christina Salmon.

Open Monday – Friday 9am to 5PM

907-533-3211

Summary of Work

The Igiugig Clinic is roughly 15 years old in good condition, we'd like to make the following improvements this year.

1. Painting of: SCF to approve color
 - Soffits
 - Exposed glulam beams– Clinic exterior
 - Posts and brackets at front entry
2. Remove rust and paint 10 parking bollards – SCF to approve color
3. Modify a section of each steel column and reweld.
 - The front canopy at clinic entrance appears to be out of level to a small degree, likely due to frost heaving of the soils below. The supporting column was designed to allow for some adjustability, however, the adjustable portion has been completely maxed out, limiting the amount of remaining adjustment possible. Remove a small section of column just below the brackets and reweld
4. Install a new vapor barrier in the crawl space
 - The clinic's crawl space is littered with old building material, the vapor barrier appears damaged, unsecured and isn't continuous.
 - Organize materials
5. Install moisture sensor, controls, and exhaust fan in crawlspace
 - The crawlspace vent appears to have been covered up, there is moisture on the ground in more than one place. An automatic ventilation system is needed to keep moisture from building up in this space.
6. Install/place gravel around back of the clinic
 - Selected vendor to source gravels locally,
 - See contact sheet
 - Fuel line at the ground is currently suspended just above ground, this is due to years of water runoff from the clinic roof.
 - Installing gravel at the clinic footings will discourage water from traveling toward the clinic footings and crawlspace while providing proper support for the ground mounted fuel line.
7. Repair/seal roof leak at roof top vent and replace damaged plenum ceiling tiles
 - Water is leaking in and down to the plenum ceiling tile(s), plenum tile staining can be seen from the clinic circulation/hallway
8. Replace front door hardware
 - It appears that door hardware may have been damaged at some point and no longer close properly on its own.
9. Repair siding where needed with materials on hand. OF/CI
 - Siding materials left over from clinic construction is staged in the crawl space, there should be enough siding materials to make repairs.
 - We will inventory siding on site to determine if there is enough to make needed repairs.
10. Increase in-clinic water filtration by Installing 2 new water filters.
 - The clinic currently has 2 water filters plumbed into the water supply line.
 - Plumb in 2 more water filters so that the clinic can switch between each pair of filters.

11. ***Add Alternative #1** Supply and install 2 mini split A/C units: 1 unit to provide cooling for the office and Pharmacy, and the 2nd unit to provide cooling for communications closet and lobby. Assess clinic electric system capacity for creation of dedicated circuits to power outdoor units.

- Equipment:
 - 2- Daikin condensing unit model: 3MXS24RMVJUA
 - 4 - Daikin evaporator unit model CTXS07LVJU
- Scope of Work
 - Provide ductless mini-split units and appurtenances to serve Office, Server Room, & Pharmacy
 - Build Unistrut mounts for outdoor condensing unit
 - Mount indoor evaporator units
 - Install refrigerant line-sets
 - Pressure test, evacuate, and charge refrigerant
 - System startup & testing
 - Installation of dedicated electrical circuits, and AC Units

Assumptions:

1. Contractor to provide their own housing – See contact sheet
2. Contractor to provide their own local transportation – See contact sheet
3. Add Alternate #1. Mini-split AC unit installation for pharmacy must be coordinated with local medical provider.
 - a. We will, as a group determine clinic electrical system capacity for creating dedicated circuits to power to 2 mini-split AC condenser units. All bidders will be present during this capacity determination.
4. Crawlspace work to include organization & cleaning, vapor barrier removal and new vapor barrier installation, installation of a moisture sensing ventilation system. This work can occur during clinic hours if it is not disruptive to clinic operations
5. Contractor to remove unwanted project materials and project trash.
 - a. Contractor to inform local authority of dump usage

FINISH SCHEDULE

SAMPLE FINISH CODE:

$$1 / A(B) / 1(2)$$

- SECONDARY CEILING FINISH
- CEILING FINISH
- SECONDARY WALL FINISH
- WALL FINISH
- FLOOR FINISH

FLOOR / BASE:

1. RUBBER SHEET / 4" COVE BASE

WALLS:

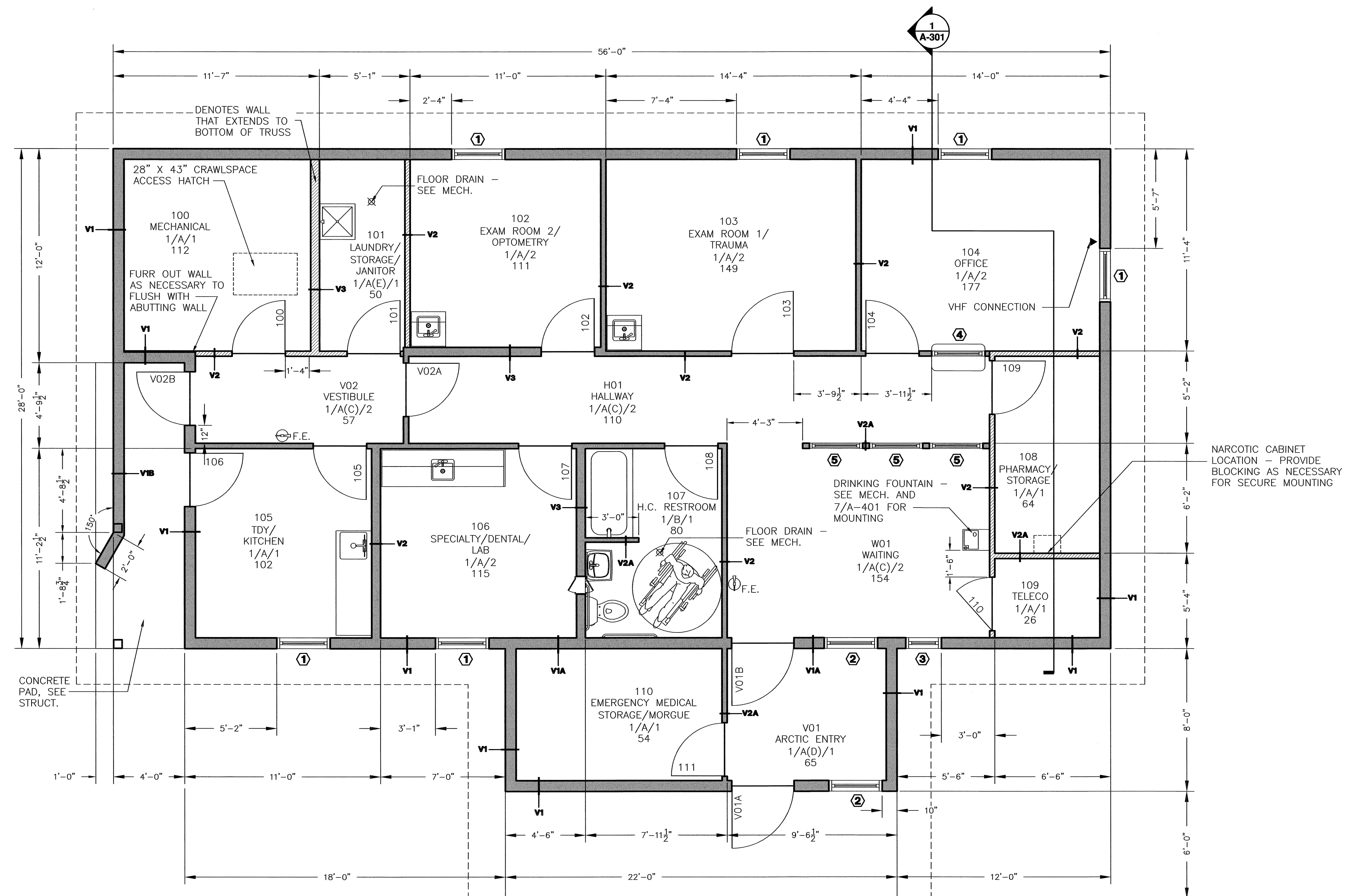
- A. PAINT
- B. RIGID PLASTIC, FULL HEIGHT
- C. RIGID PLASTIC TO BOTTOM OF WALL GUARD.
- D. RIGID PLASTIC TO 2'-10" A.F.F..
- E. RIGID PLASTIC TO 8'-0" A.F.F..

CEILINGS:

1. PAINT
2. 2X4 SUSPENDED ACOUSTICAL TILES (SIMULATED 2X2)


ROOM CODE LEGEND:

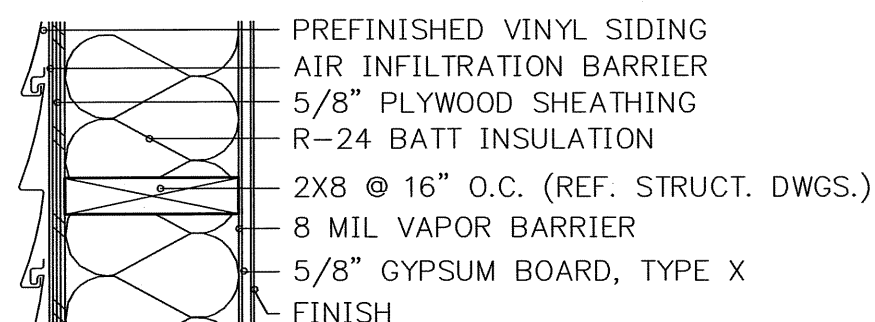
ROOM NUMBER _____ 106
ROOM NAME _____ OFFICE
FINISH CODE _____ 1/A/2



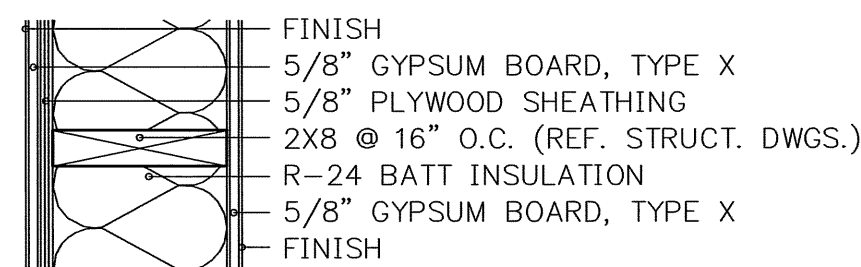
FLOOR PLAN

Scale: 1/4" = 1'-0"

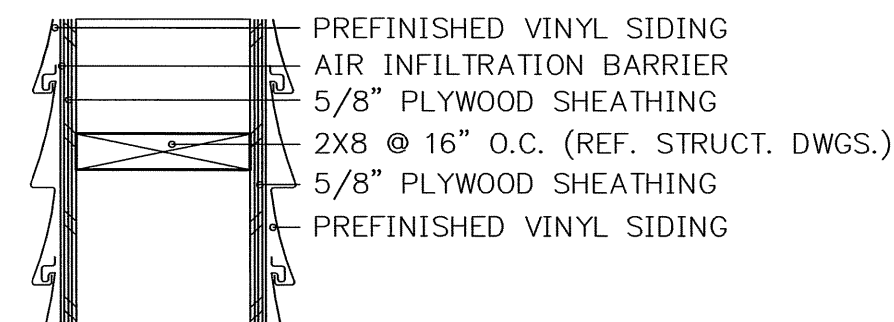
1. ALL DIMENSIONS ARE TO FACE OF STUDS, FACE OF PANEL SHEATHING, GRID LINES, FACE OF ROUGH OPENING, UNLESS INDICATED OTHERWISE.
2. REFERENCE GENERAL NOTES ON SHEET A-002 FOR OTHER NOTES.
3. PROVIDE BLINDS AT ALL EXTERIOR AND INTERIOR WINDOWS EXCEPT AT ARCTIC ENTRY AND WINDOW TYPE 5.
4. PROVIDE WALK OFF MATS AT EACH EXTERIOR DOOR
5. WINDOW TYPES DESIGNATED BY  SHOWN ON A-601.
6. WALL BEHIND NARCOTIC CABINET TO HAVE PLYWOOD BACKING.
7. PROVIDE EXTRUDED EDGING @ ALL FLOOR TRANSITIONS PER FLOORING MANUFACTURER.



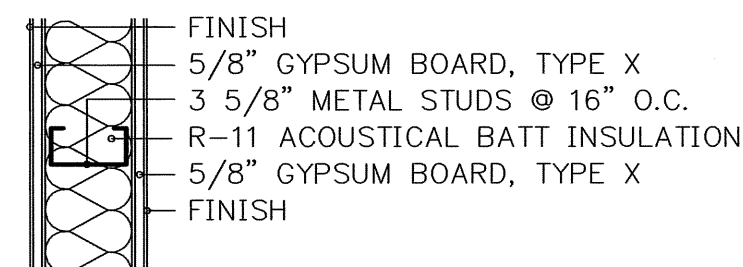
V1 EXTERIOR WALL



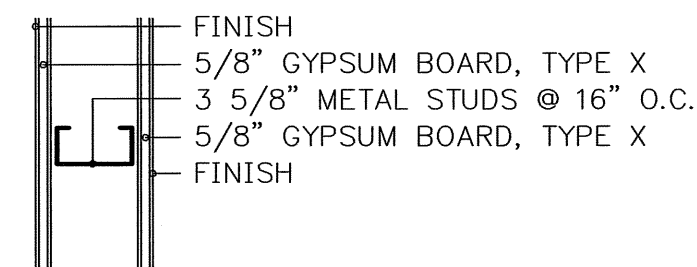
V1A VESTIBULE WALL



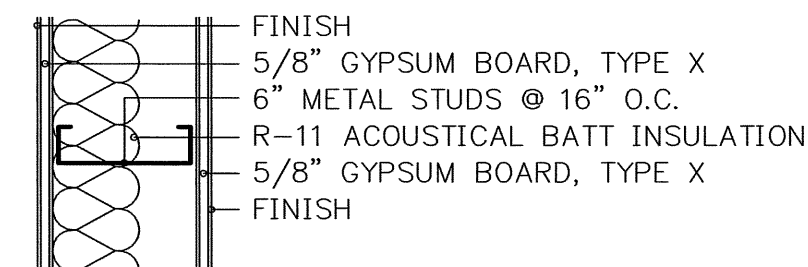
V1B EXTERIOR WALL



V2 INTERIOR ACOUSTICAL WALL



V2A INTERIOR NON-ACOUSTICAL WALL



V3 INTERIOR PLUMBING WALL

VERTICAL ASSEMBLIES

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

1. PROVIDE ACOUSTICAL SEALANT AT ALL EDGES AND PENETRATIONS THROUGH ACOUSTICAL WALLS.
2. ALL WALLS ARE TO EXTEND 12" ABOVE SUSPENDED CEILING LINE WITH BRACING TO STRUCTURE ABOVE AS APPROPRIATE. REFERENCE DETAIL 6/A-501 AND SECTION 1/A-301.



NOTE: DRAWINGS SCALES ARE ACCURATE
ON 34"X22" SHEET SIZE.

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DIVISION OF ENVIRONMENTAL
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1001 Beacon Street, Suite 200



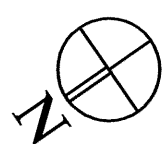
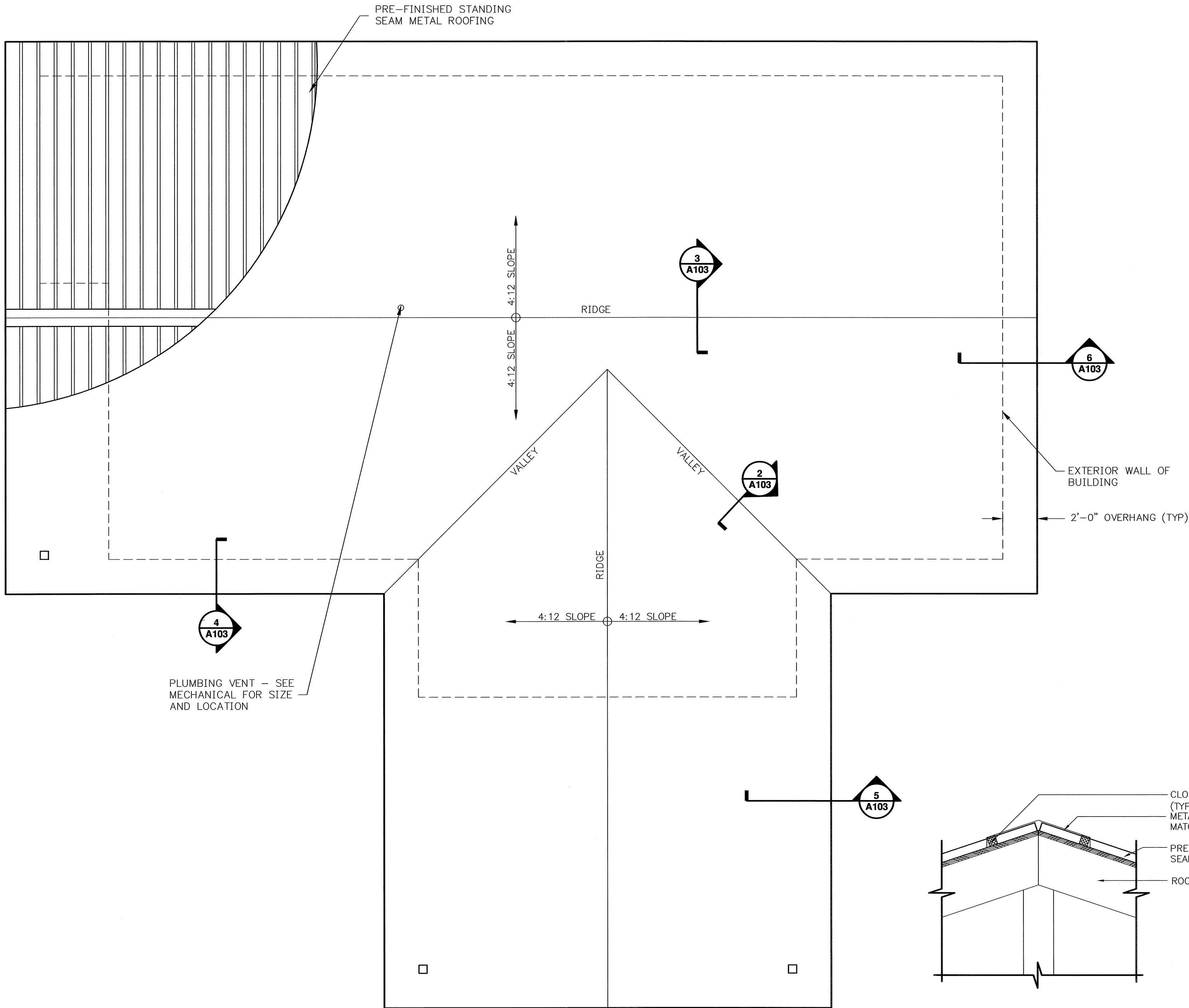
IGIUGIG, ALASKA
IGIUGIG HEALTH CLINIC
FLOOR PLAN AND VERTICAL ASSEMBLIES

DATE: 02/27/08	PROJ MGR: KELLY LESEMAN
DRAWN BY: SUZANNE MANHIRE	PROJ ENG:
CHECKED BY: WALLACE SWANSON	TUS ENG:
FILE: IGG-A-FPBLDG	LAYOUT: A-101 FLOOR PLAN

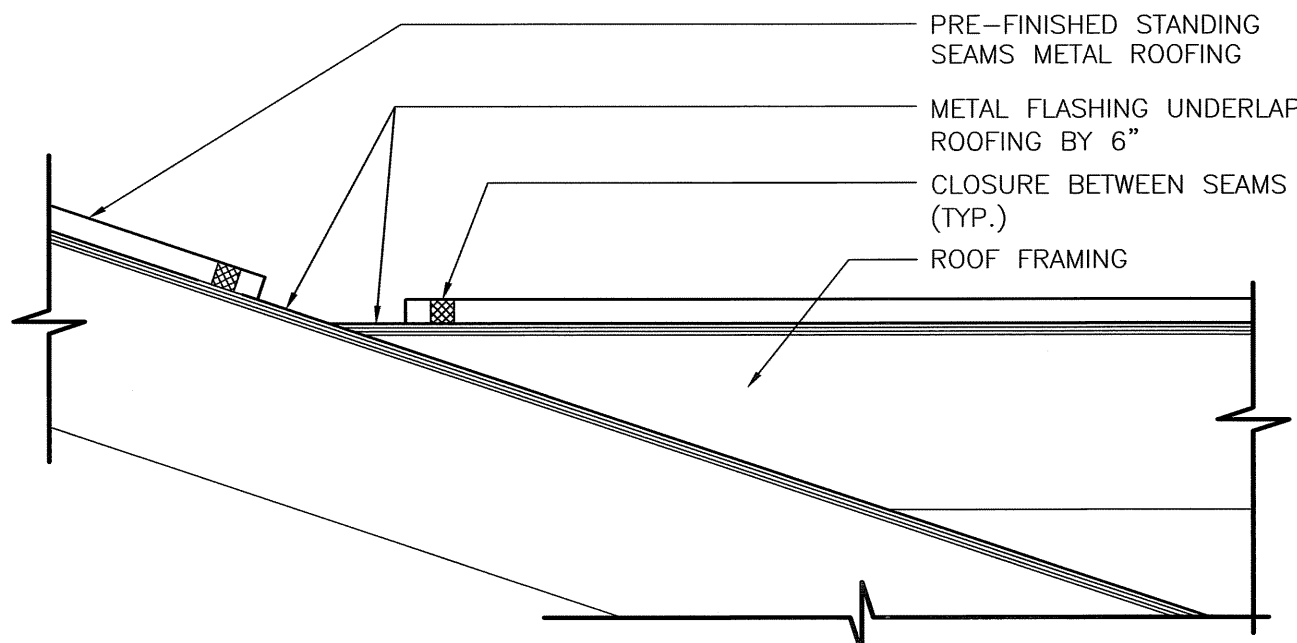
A-101

SHEET **1** OF **8**

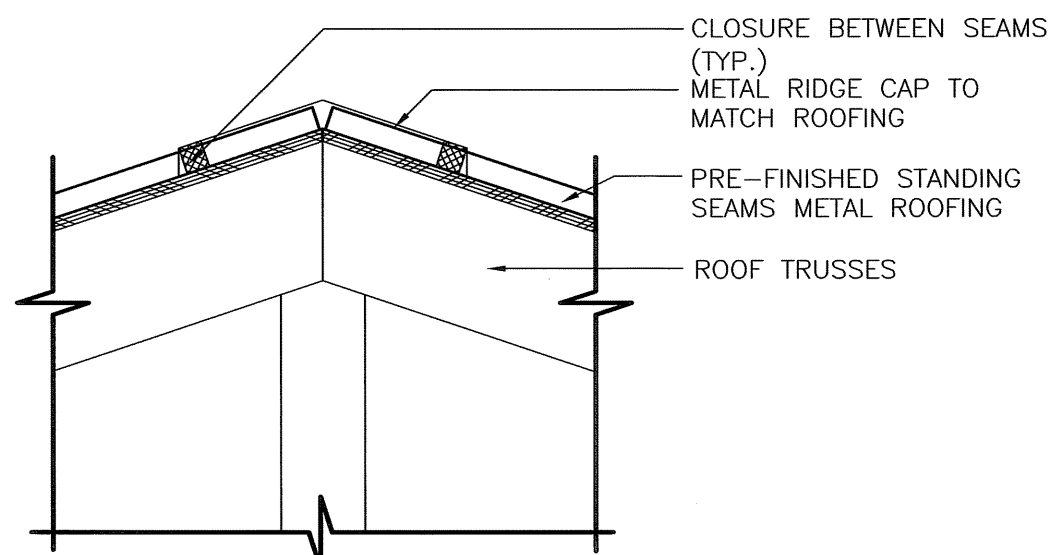




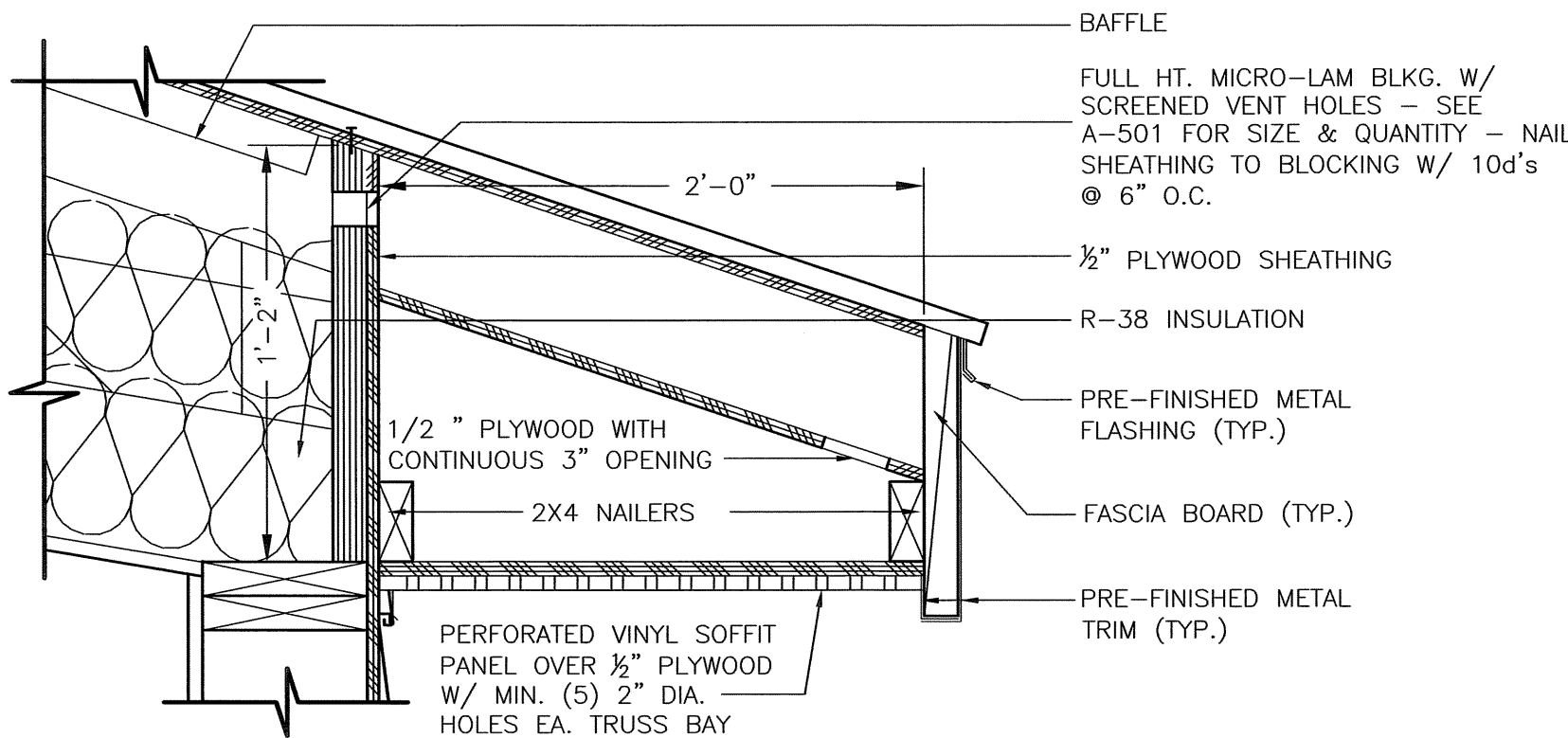
1 ROOF PLAN
Scale: 1/4" = 1'-0"



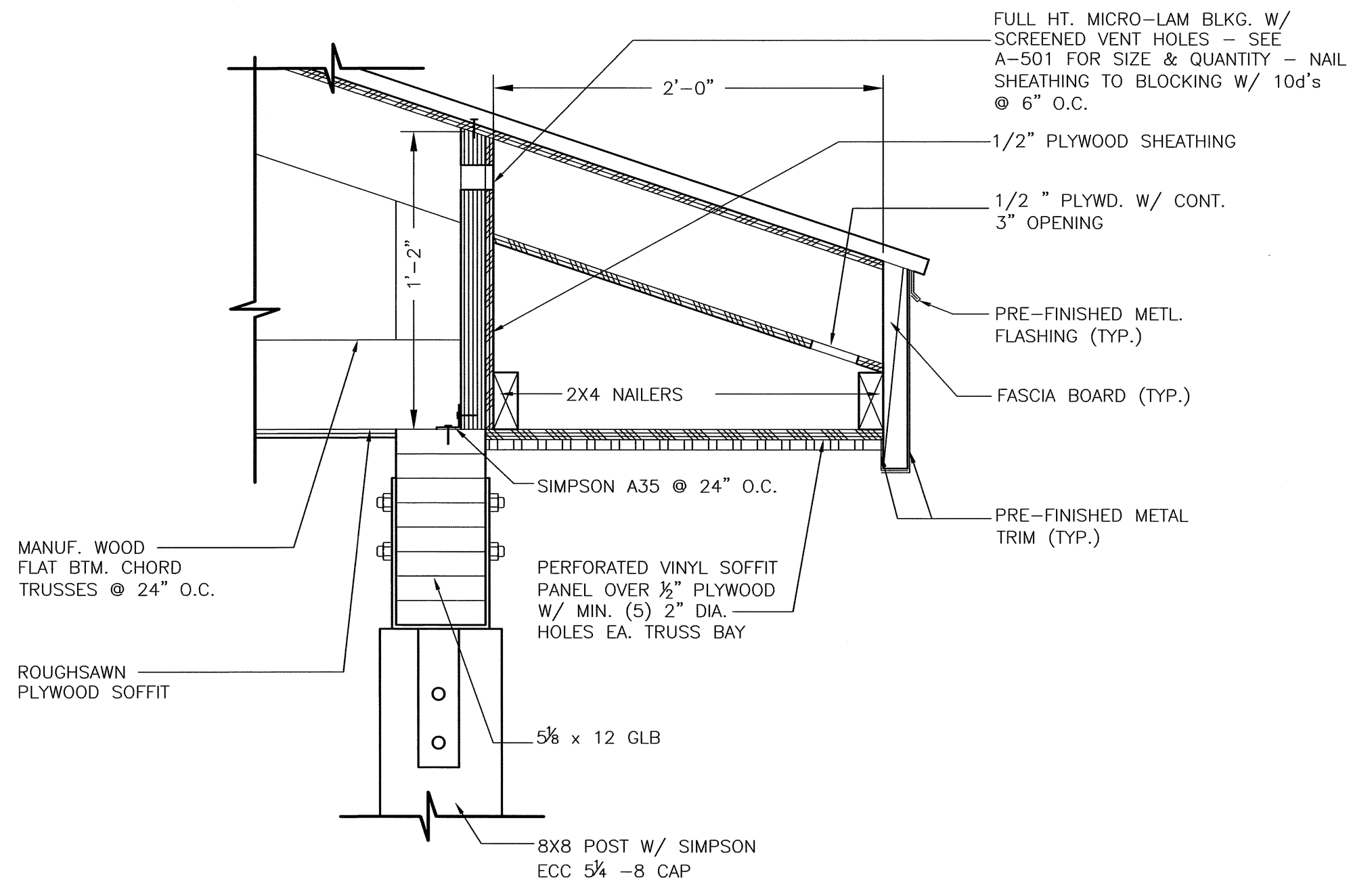
2 ROOF VALLEY DETAIL
Scale: 1 1/2" = 1'-0"



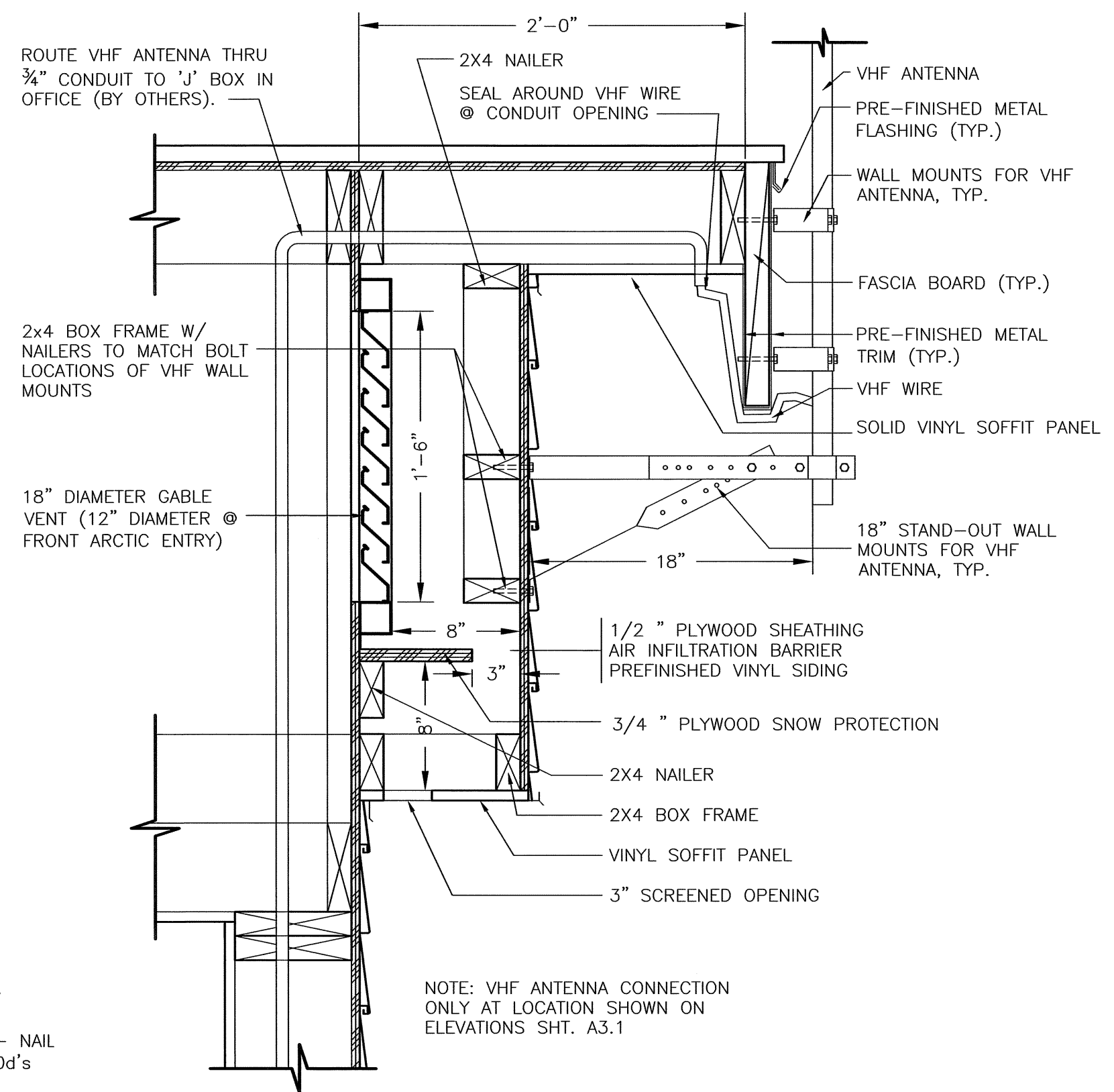
3 RIDGE CAP DETAIL
Scale: 1 1/2" = 1'-0"



4 EAVE DETAIL
Scale: 1 1/2" = 1'-0"



5 CANOPY EAVE DETAIL
Scale: 1 1/2" = 1'-0"

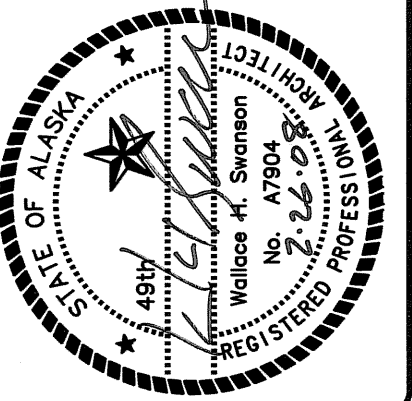


6 GABLE END SNOW HOOD
Scale: 1 1/2" = 1'-0"



NOTE: DRAWINGS SCALES ARE ACCURATE ON 34"x22" SHEET SIZE.

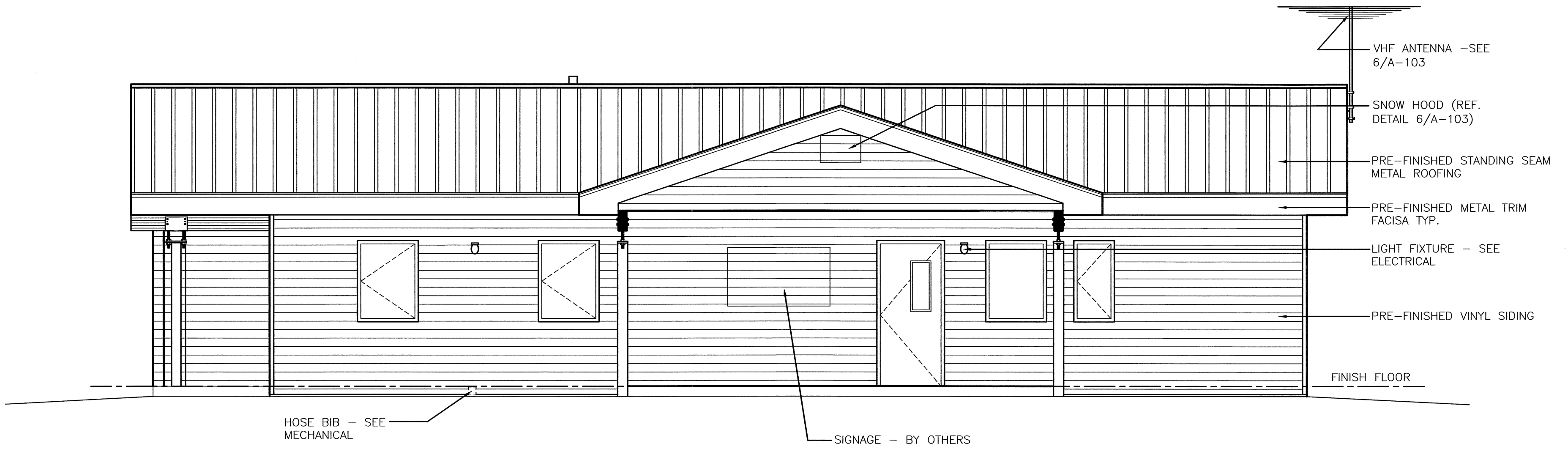
DATE	REVISIONS	INIT



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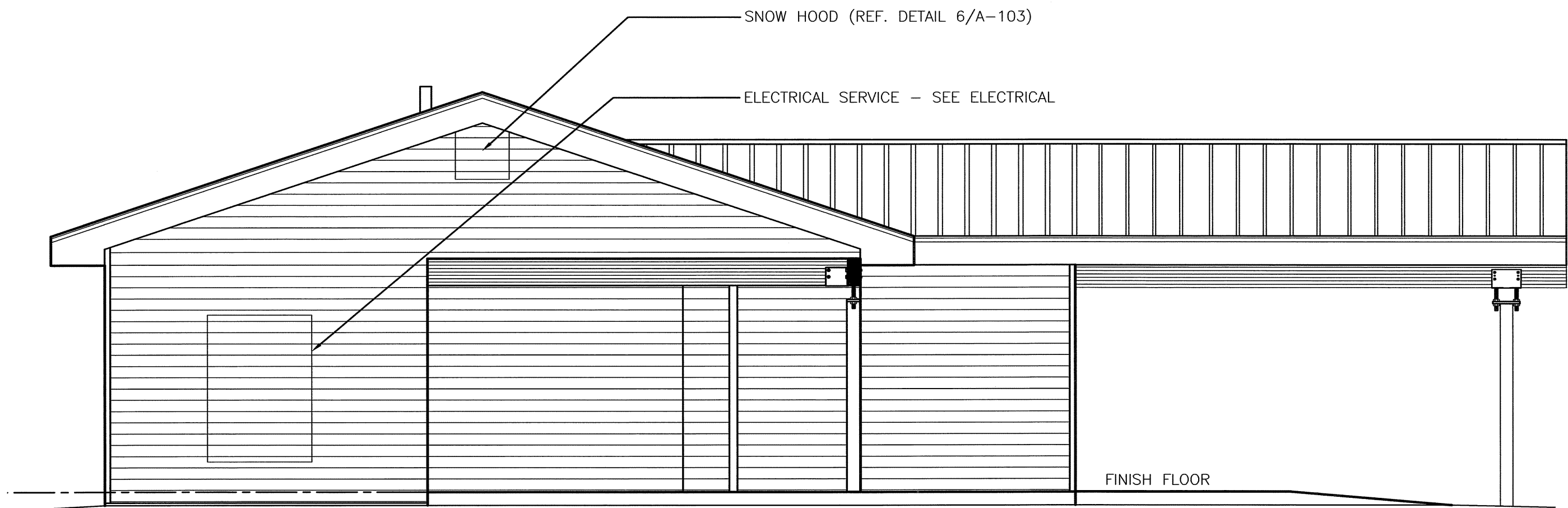
DATE: 02/27/08	PROJ MGR: KELLY LESEMAN
DRAWN BY: SUZANNE MANHIRE	PROJ ENG:
CHECKED BY: WALLACE SWANSON	TUS ENG:
FILE: IGG-A-FRPOOF	LAYOUT: A-103 ROOF PLAN



1 FRONT ELEVATION

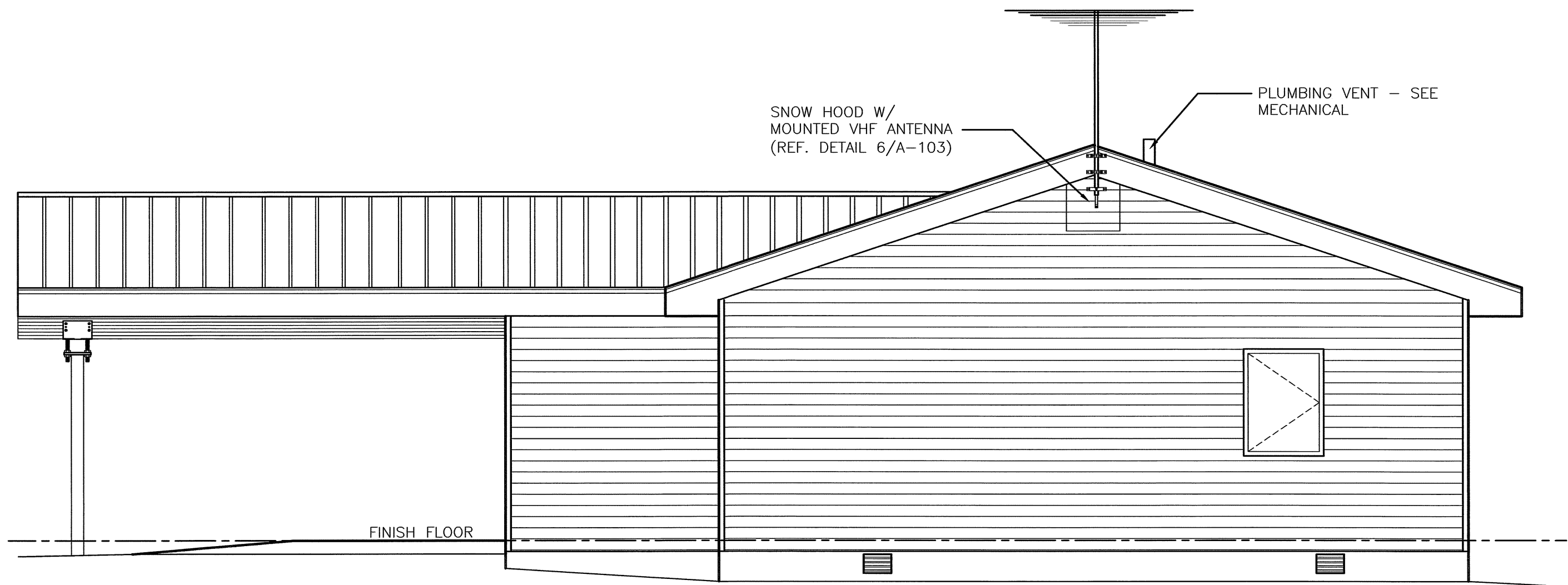
Scale: 1/4" = 1'-0"

1. NOTES TYPICAL ALL ELEVATIONS
2. LAP ALL SIDING IN A MANNER THAT PROTECTS FROM PREDOMINATE SOUTHEAST WINDS.



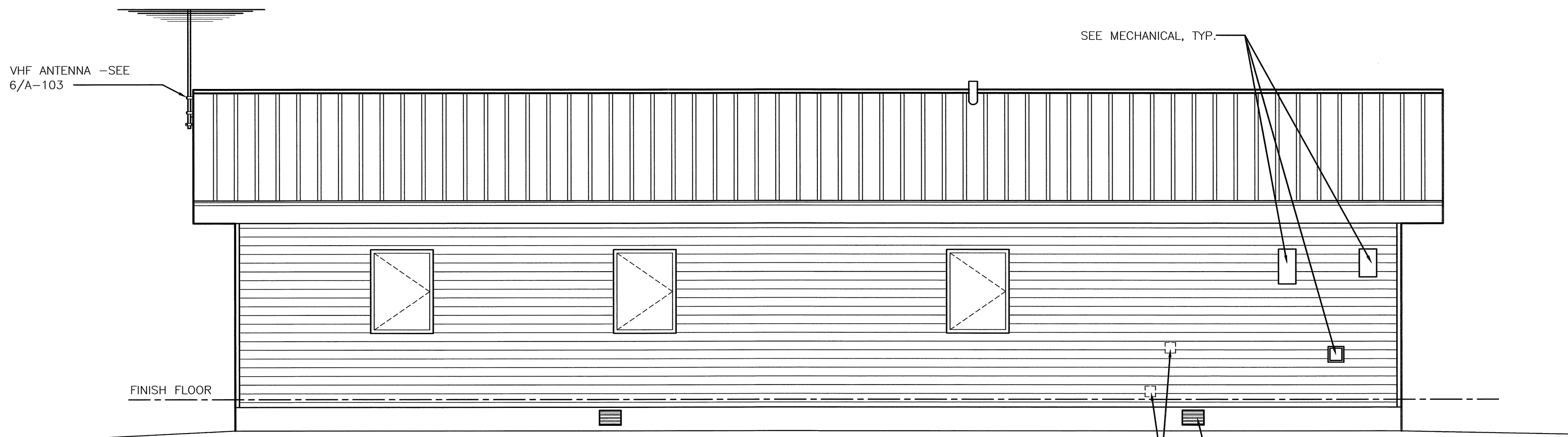
2 LEFT ELEVATION

Scale: 1/4" = 1'-0"



3 RIGHT ELEVATION

Scale: 1/4" = 1'-0"



4 BACK ELEVATION

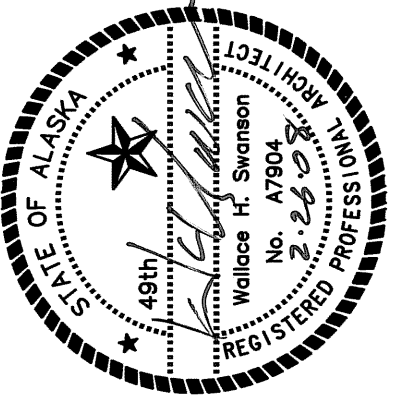
Scale: 1/4" = 1'-0"

COLOR SCHEDULE

FINISH		COLOR INFORMATION			
MATERIALS	LOCATION	MANUFACTURER	STYLE	COLOR NAME	COLOR #
ROOFING	ENTIRE EXTERIOR	AEP SPAN	KLIP RIB	TAHOE BLUE	--
METAL FLASHING & TRIM	ENTIRE EXTERIOR	--	--	TO MATCH ROOF	--
SIDING	ENTIRE EXTERIOR	WOLVERINE SIDING	MILLENNIUM	NATURAL CLAY	--
SOFFIT PANELS & SIDING TRIM	ENTIRE EXTERIOR	WOLVERINE SIDING	MILLENNIUM	DESERT TAN	--
DOOR TRIM PAINT	ENTIRE EXTERIOR	ICI DULUX	EXTERIOR SEMI-GLOSS	TO MATCH DOOR	--
DOORS	ENTIRE EXTERIOR	TIGER	--	MEDIUM BRONZE	--



NOTE: DRAWINGS SCALES ARE ACCURATE ON 34"X22" SHEET SIZE.



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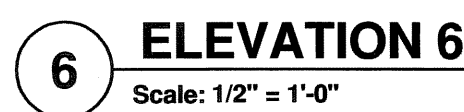
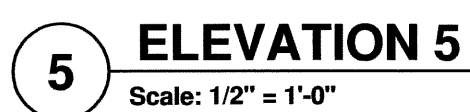
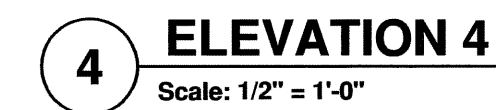
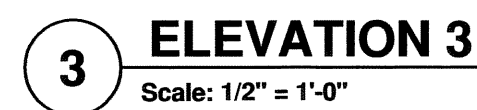
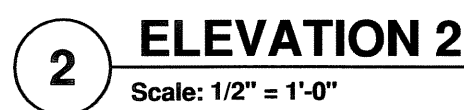


IGUGIG, ALASKA
IGUGIG HEALTH CLINIC
CLINIC EXTERIOR ELEVATIONS

AN 07-G13
DATE: 02/27/08
DRAWN BY: SUZANNE MANHIRE
CHECKED BY: WALLACE SWANSON
FILE: IGG-A-ELEXTR
PROJ MGR: KELLY LESEMAN
PROJ ENG:
TUS ENG:
LAYOUT: A-201 ELEVATIONS

A-201

SHEET **1** OF

[illegible]

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HEALTH CONSORTIUM

DIVISION OF ENVIRONMENTAL
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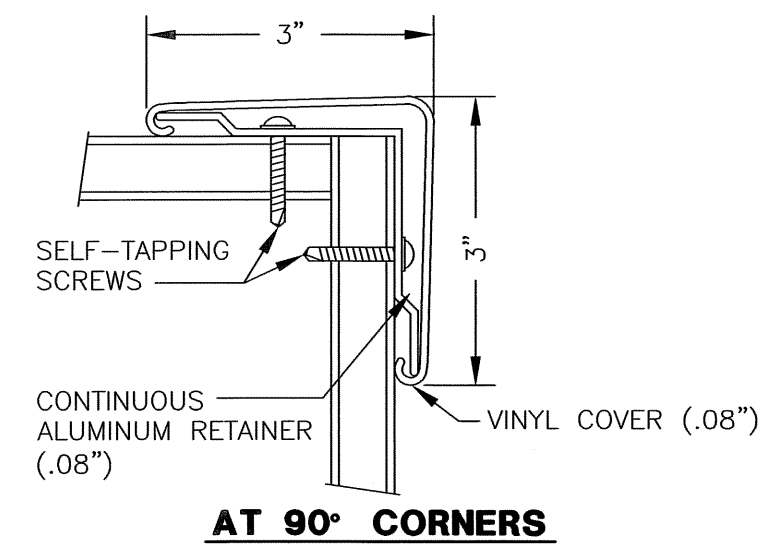


IGIUGIG, ALASKA IGIUGIG HEALTH CLINIC CLINIC ENLARGED RESTROOM, PLAN AND RESTROOM ELEVATIONS AN 07-G13	
DATE: 02/27/08	PROJ MGR: KELLY LESEMAN
DRAWN BY: SUZANNE MANHIRE	PROJ ENG:
CHECKED BY: WALLACE SWANSON	TUS ENG:
FILE: IGG-A-FPRTRM	LAYOUT: A-401 ENLARGED RESTROOM

A-401
SHEET **1** OF



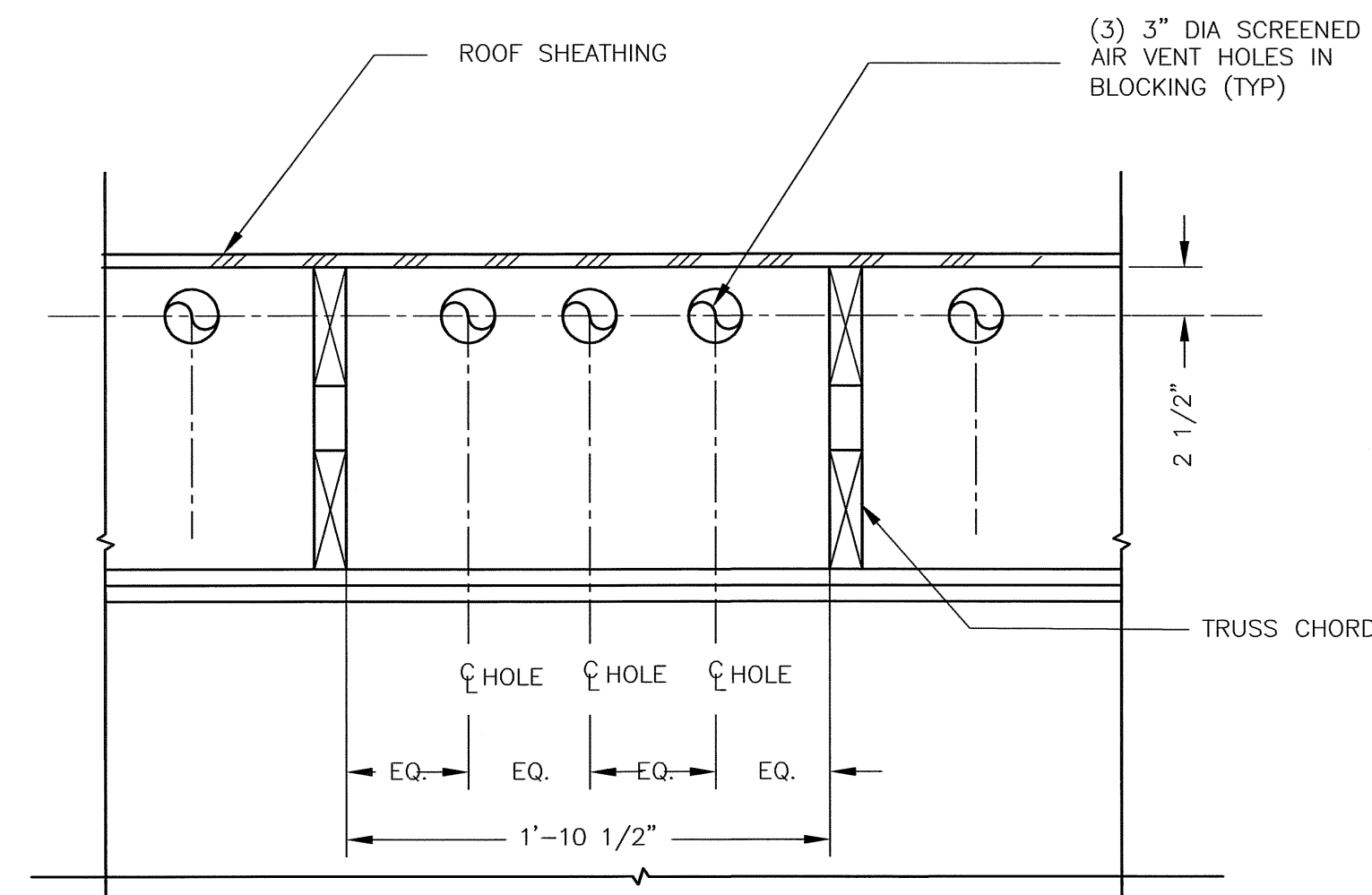
NOTE: DRAWINGS SCALES ARE
ACCURATE ON 34"X22" SHEET SIZE.



2 CORNER GUARD DETAIL

Scale: 6" = 1'-0"

1. CORNER GUARDS TO BE MOUNTED 4" A.F.F. (TOP OF COVE BASE) TO 86" A.F.F. (ALIGN WITH TOP OF DOOR FRAME)
2. PROVIDE BLOCKING AS NECESSARY FOR SECURE MOUNTING



3 VENT HOLE DETAIL

2'-0"

3" SOUND ATTENUATION INSULATION, R-11

ACoustical CEILING TILE

2'-0"

OR TO BOTTOM OF ROOF TRUSSES

1'-0"

REFERENCE FLOOR PLAN FOR ACTUAL WALL ASSEMBLY

6 CEILING INSULATION DETAIL

Diagram illustrating the cross-section of a floor assembly, showing the following components and their arrangement:

- TRIM
- FLOORING
- 1 1/8" PLYWOOD ACCESS PANEL, 28"x43"
- NOTE: PROVIDE RECESSED LIFTING HANDLE.
- 1/2" PLYWOOD UNDERLAYMENT
- 1 1/8" WARMBOARD SHEATHING
- GALV. STEEL "Z" SHAPE CONTINUOUS AROUND PERIMETER WITH FASTENERS @ 8" O.C. OR WELDED TO TRUSS
- JOISTS @ 16" O.C.

7 CRAWLSPACE ACCESS HATCH

Scale: 6" = 1'-0"



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

STATE OF ALASKA
4914
No. A7904
Wallace H. Swanson
REGISTERED PROFESSIONAL ENGINEER
MECHANICAL



A-501
SHEET **1** OF



NOTE: DRAWINGS SCALES ARE
ACCURATE ON 34"X22" SHEET SIZE

Job Name:	
Tag#	



Submittal Data Sheet

CTXS07LVJU

.5-Ton Wall Mounted Indoor Unit



Complete warranty details available from your local dealer or at www.daikincomfort.com. To receive the 12-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Quebec. *If product is installed in a commercial application, limited warranty period is 5 years.*

Electrical

*208/230V

	Cooling	Heating
Running Current (Rated) (A)	.09/.08*	.11/.10*
Power Consumption (Rated) (W)	18/18*	21/21*

Indoor Specifications

Airflow Rate (cfm)	Cooling		Heating	
	H	M	H	M
	332	261	350	290
	L	SL	L	SL
	194	145	233	219
Sound (dBA) H / M / L / SL	38 / 32 / 25 / 22		38 / 33 / 28 / 25	
Dimensions (H x W x D) (in)		11-5/8 x 31-1/2 x 8-7/16		
Weight (Lbs)		20		
Nominal Capacity (Btu/hr)		7,000		

*See Outdoor Unit for Rated Capacities

Piping

Liquid (in)	1/4
Gas (in)	3/8
Drain (in)	5/8

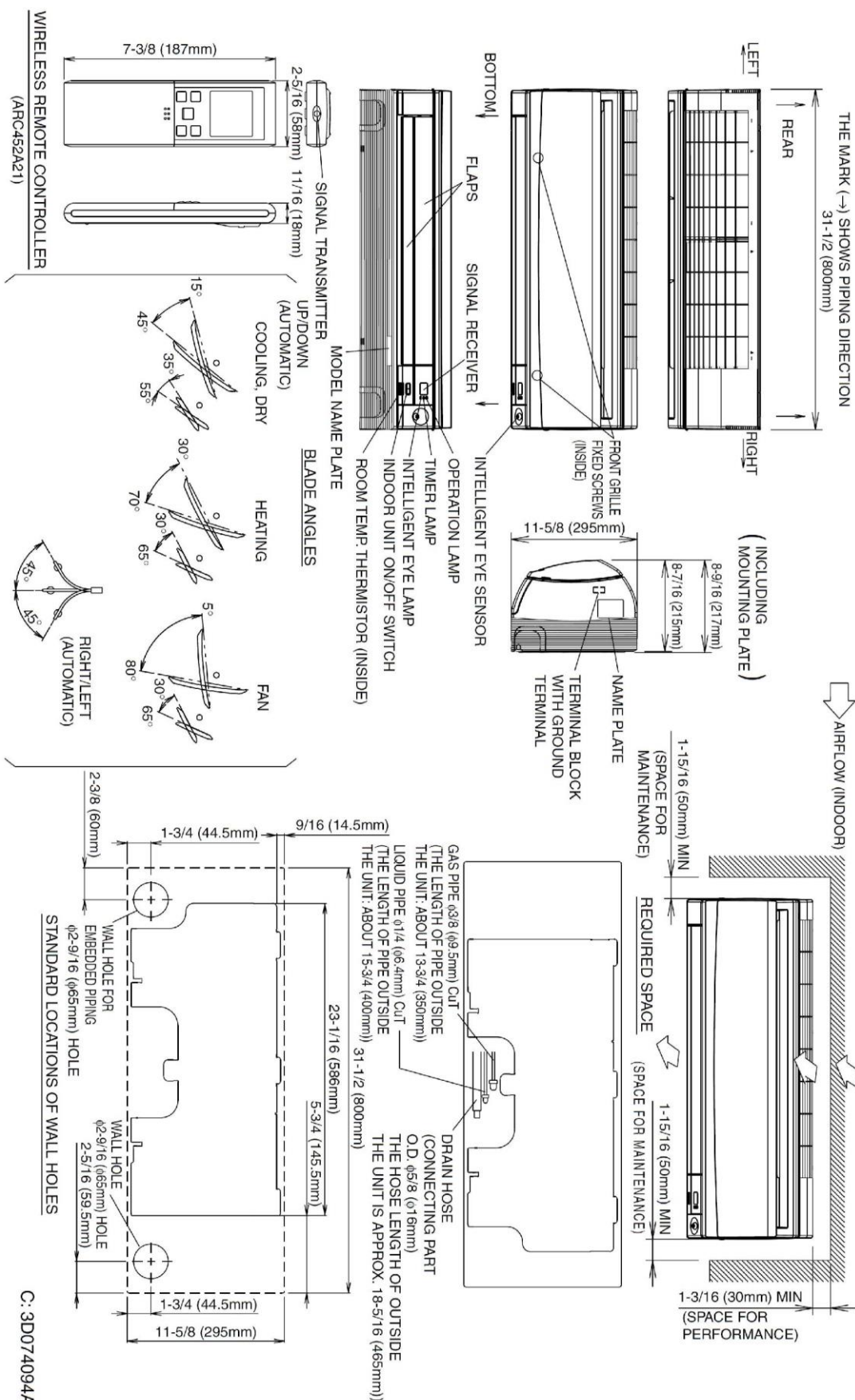
Optional Accessories



Included	Part Number	Description
	AZAI6WSCDKB	DKN Residential Cloud Wi-Fi Adaptor for Single- and Multi-Zone System (S21)
	AZAI6WSPDKC	DKN Plus Interface
	DTST-ONE-ADA-A	Daikin <i>One+</i> Smart Thermostat for Ductless Products
	BRC944B2	Wired Remote Controller
	BRCW901A08	Wired Remote Controller Cable – 25ft
	BRCW901A03	Wired Remote Controller Cable – 10ft
	DACA-CP1-1	Inline Condensate Pump (Fits inside all Daikin wall & floor mount units)
	DACA-CP4-1	External Condensate Pump
	KRP928BB2S	Interface Adaptor for DIII-NET
	KAF970A46	Air-purifying filter with photocatalytic deodorizing function (without frame)

Daikin North America LLC 5151 San Felipe, Suite 500 Houston, TX 77056

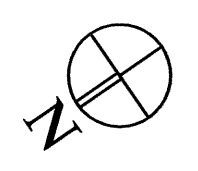
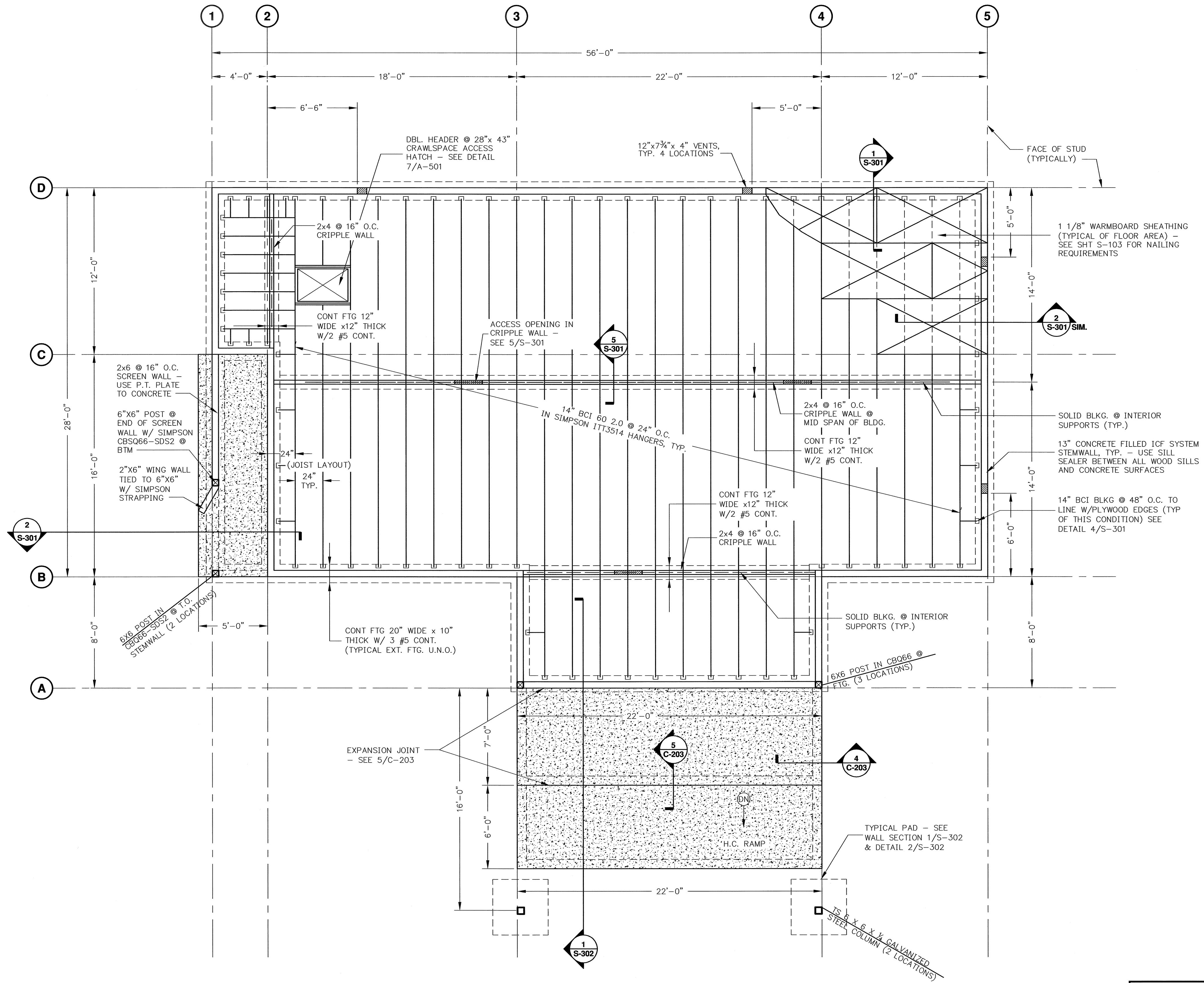
(Daikin's products are subject to continuous improvements. Daikin reserves the right to modify product design, specifications and information in this data sheet without notice and without incurring any obligations)



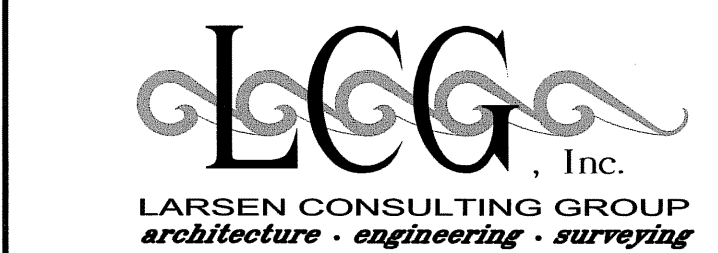
Daikin North America LLC 5151 San Felipe, Suite 500 Houston, TX 77056

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USER: SUZANNE FILE: F:\ARCHITECTURAL PROJECTS\688.05 IGIUGIG HEALTH CLINIC\100% STRUCTURAL\100-S-FFPDN.DWG PLOT DATE: 2/26/2008 1:32 PM

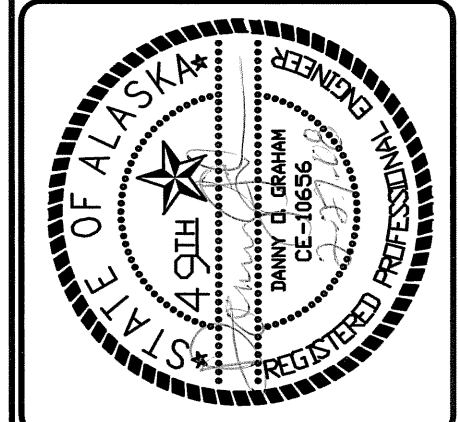


1 FOUNDATION PLAN
Scale: 1/4" = 1'-0"
1. IF PLUMBING CONFLICTS WITH JOIST LAYOUT, INSTALL DOUBLE HEADER AT OPENING SIMILAR TO CRAWLSPACE ACCESS HATCH.



NOTE: DRAWINGS SCALES ARE ACCURATE ON 34"x22" SHEET SIZE.

DATE	REVISIONS	INIT

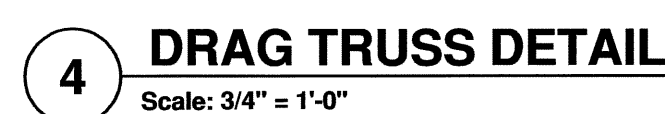


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DIVISION OF ENVIRONMENTAL HEALTH AND ENGINEERING
1901 Braggaw Street, Suite 200
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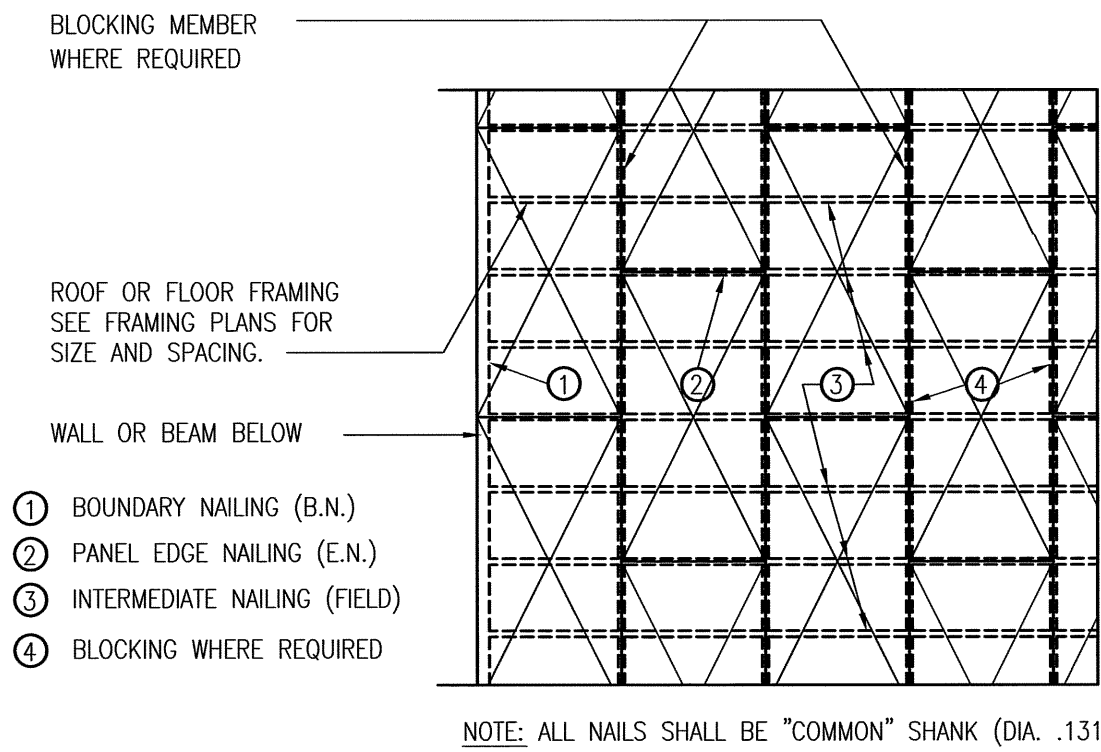


DATE: 02/27/08	PROJ MGR: KELLY LESEMAN
DRAWN BY: SUZANNE MANHIRE	PROJ ENG:
CHECKED BY: DANNY GRAHAM	TUS ENG:
FILE: IGG-S-FFPDN	LAYOUT: S-101 FDTN & FL FRAMING

S-101
SHEET 1 OF

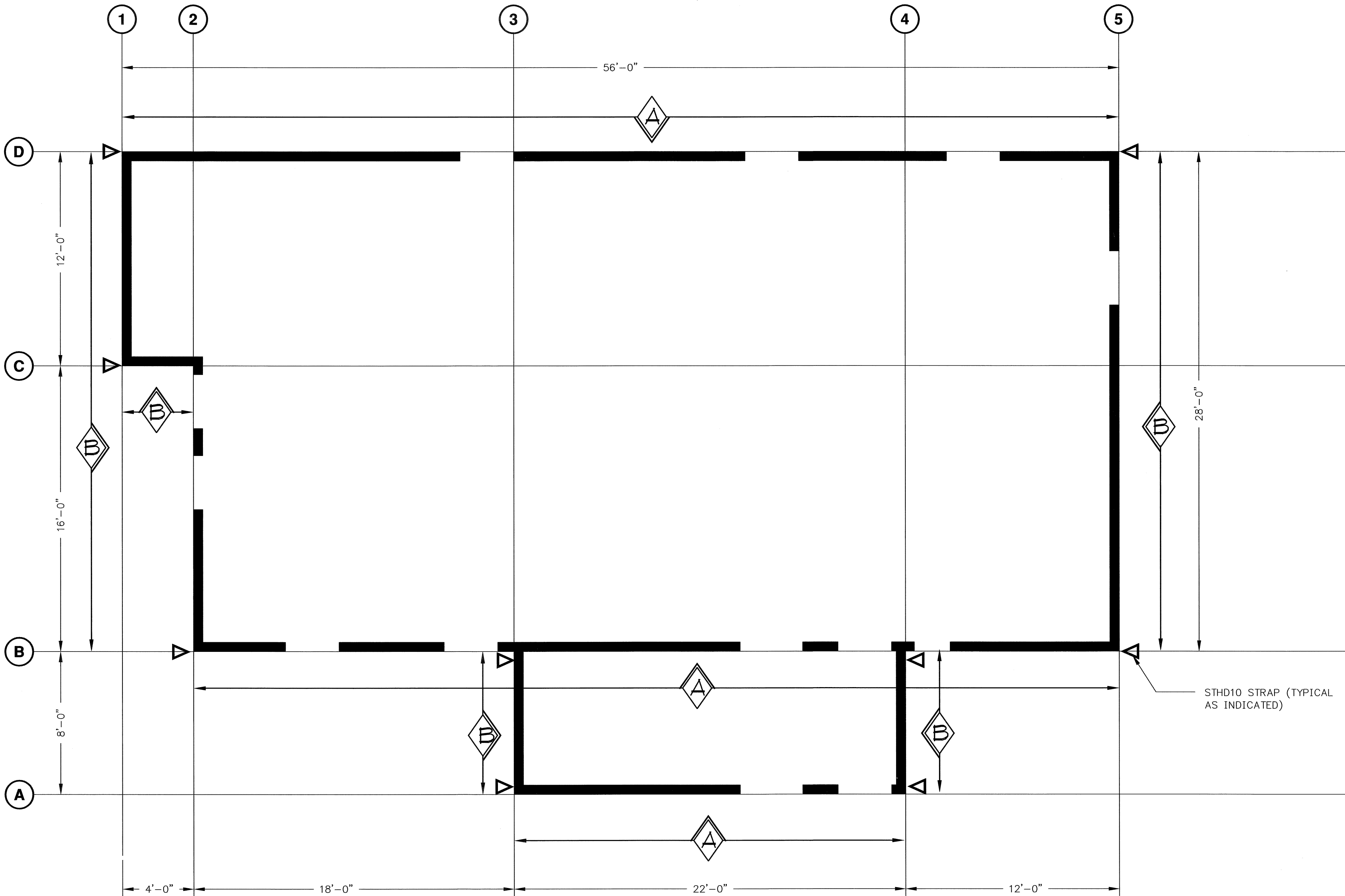


S-102
SHEET **1** OF



2 **TYPICAL PLYWOOD DIAPHRAGM PLAN**
 Scale: NTS

DIAPHRAGM SCHEDULE						
LOCATION	SHEATHING	FASTENER & SPACING			FASTENERS	REMARKS
		B.N.	E.N.	FIELD		
FLOORS	1 1/8" WARMBOARD	4" O.C.	6" O.C.	12" O.C.	GLUE AND NAIL W/ 10d NAILS	BLOCKING NOT REQ'D
ROOFS	5/8" CDX 32/16	4" O.C.	6" O.C.	12" O.C.	10d NAILS	BLOCKING NOT REQ'D



1 **SHEARWALL PLAN**
 Scale: 1/4" = 1'-0"

SHEARWALL SCHEDULE:	REMARKS	SILL & NAILING
3/8" SHEATHING W/8d @ 6" O.C. ALL EDGES & 12" O.C. OTHER SUPPORTS	SEE NOTES	16d @ 6" O.C.
3/8" SHEATHING W/8d @ 4" O.C. ALL EDGES & 12" O.C. OTHER SUPPORTS	SEE NOTES	16d @ 4" O.C.
LEGEND		
= SIMPSON STD10 AND SIMPSON MST37 CENTERED ON FLOOR DIAPHRAGM - SEE DETAIL 2/S-103		
NOTES:		
1. FIELD NAILING TO BE 8d @ 12" O.C. TYPICAL		
2. NAIL SILL & TO DBL. TOP & AS NOTED ABOVE		
3. ALL PLYWOOD EDGES MUST BE SUPPORTED		



NOTE: DRAWINGS SCALES ARE
 ACCURATE ON 34"X22" SHEET SIZE.

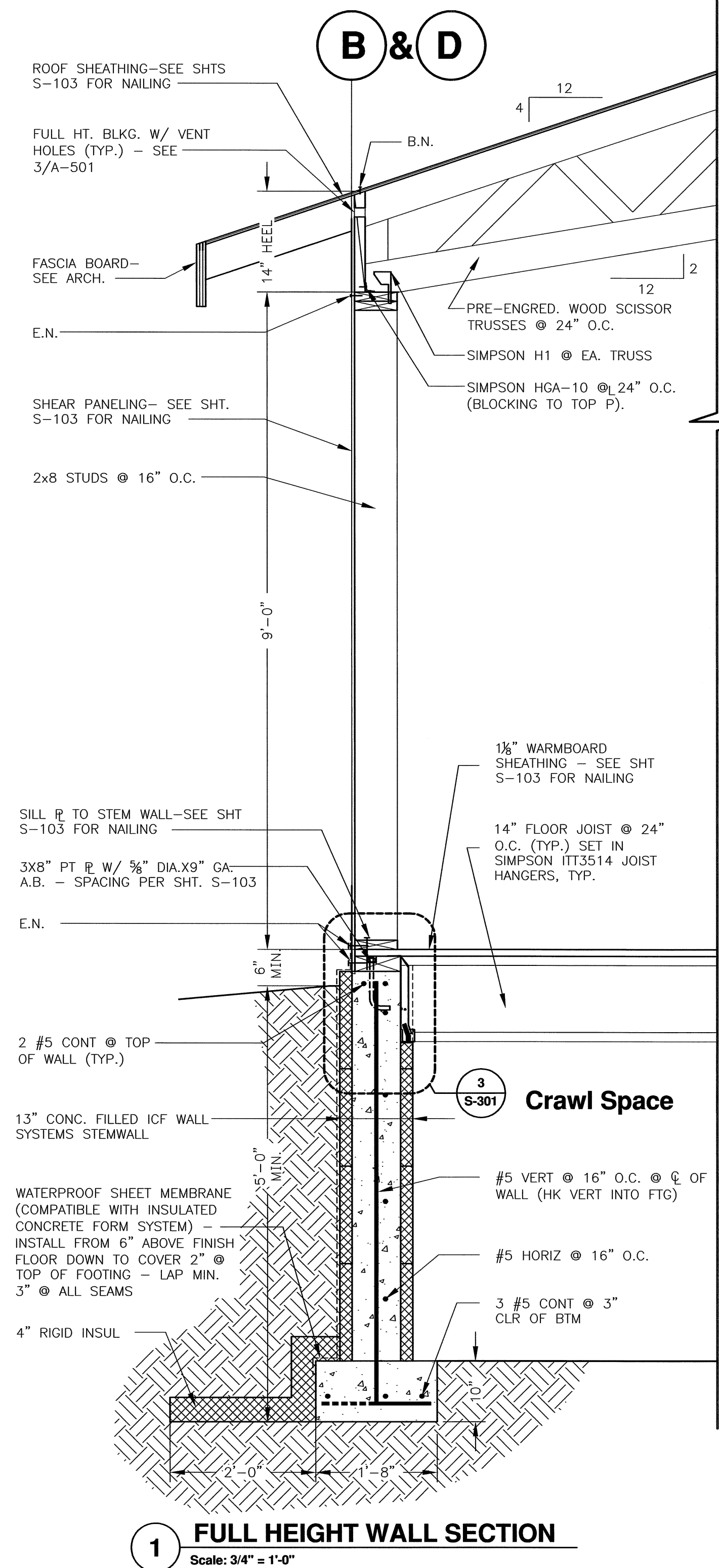
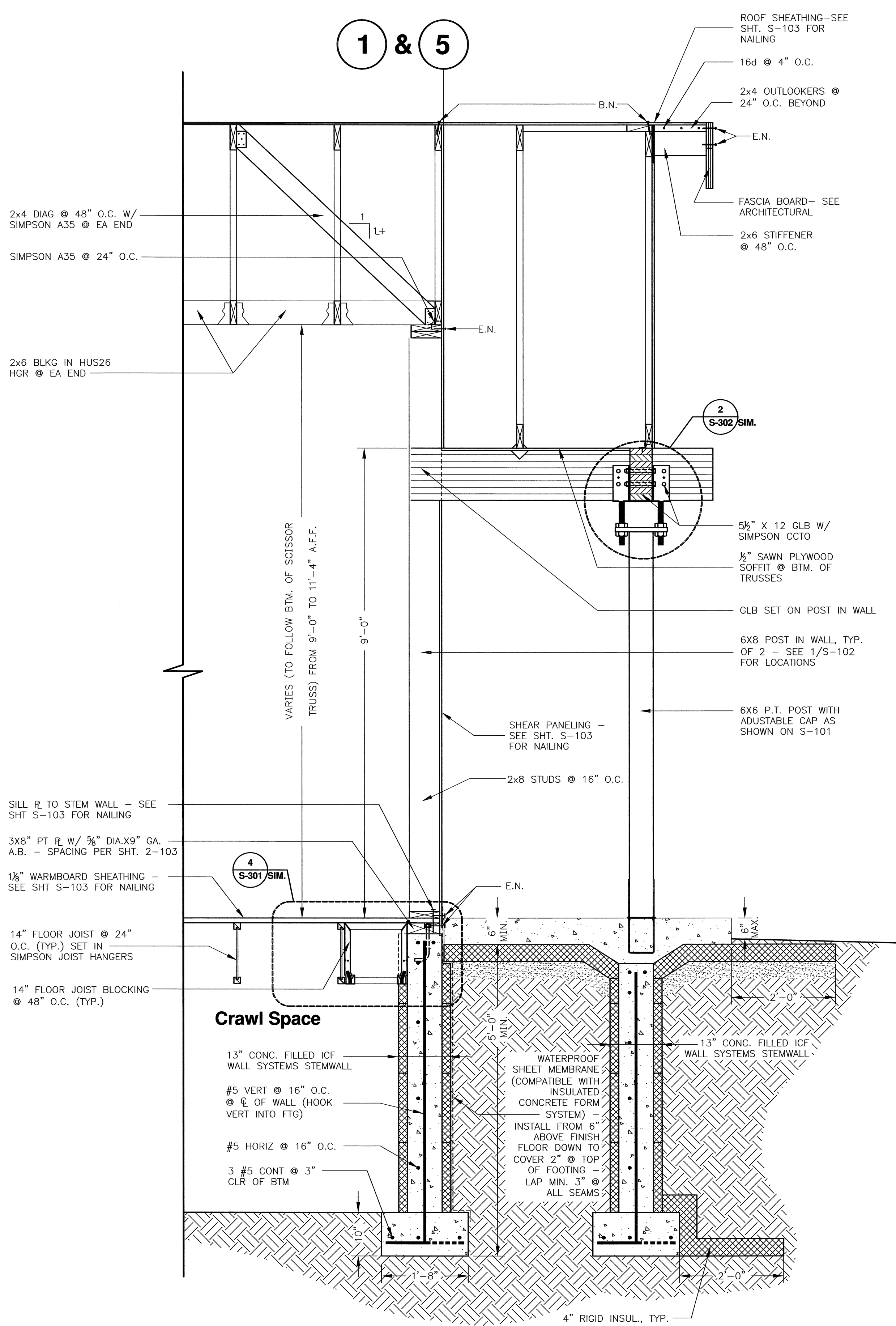
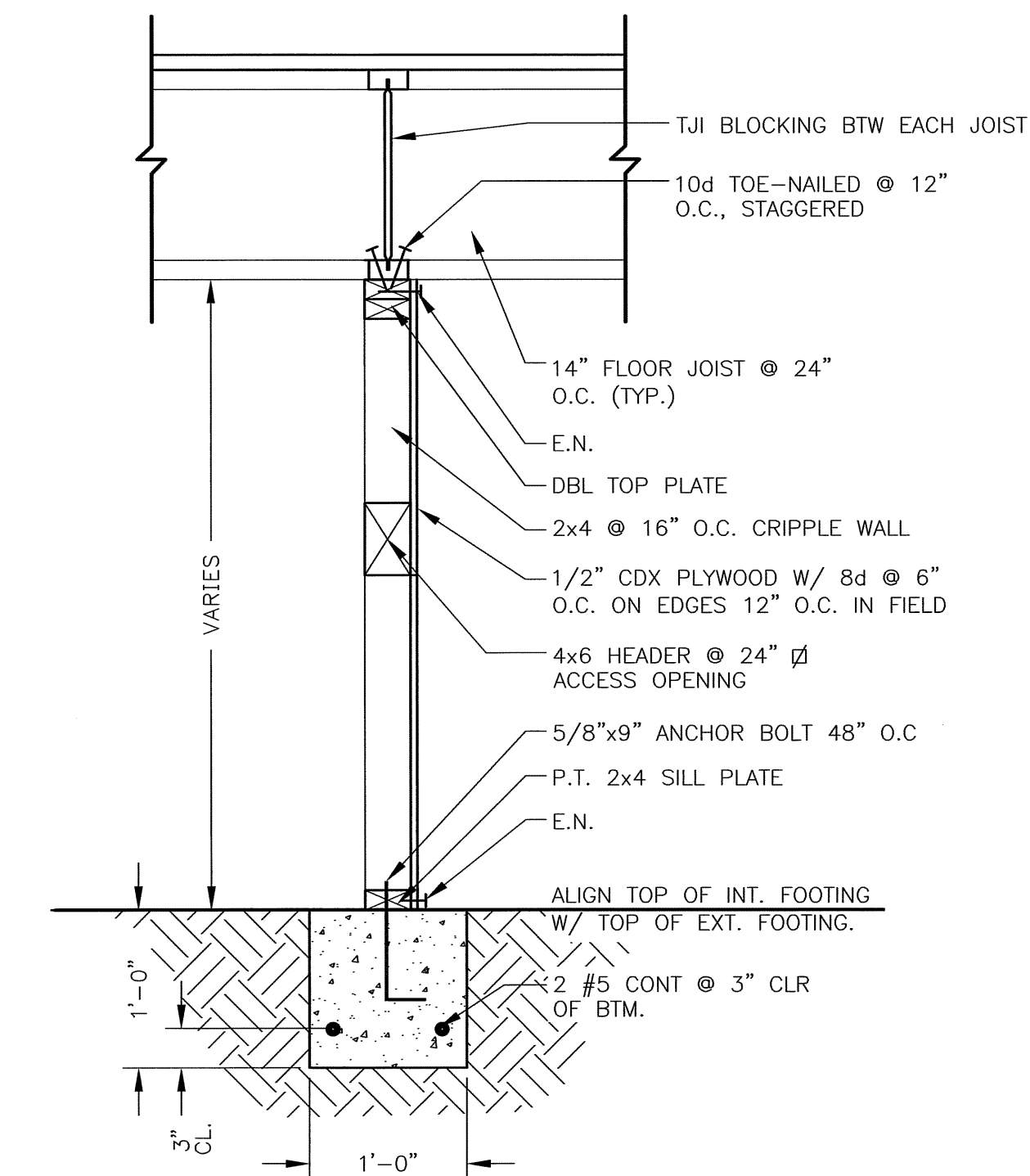
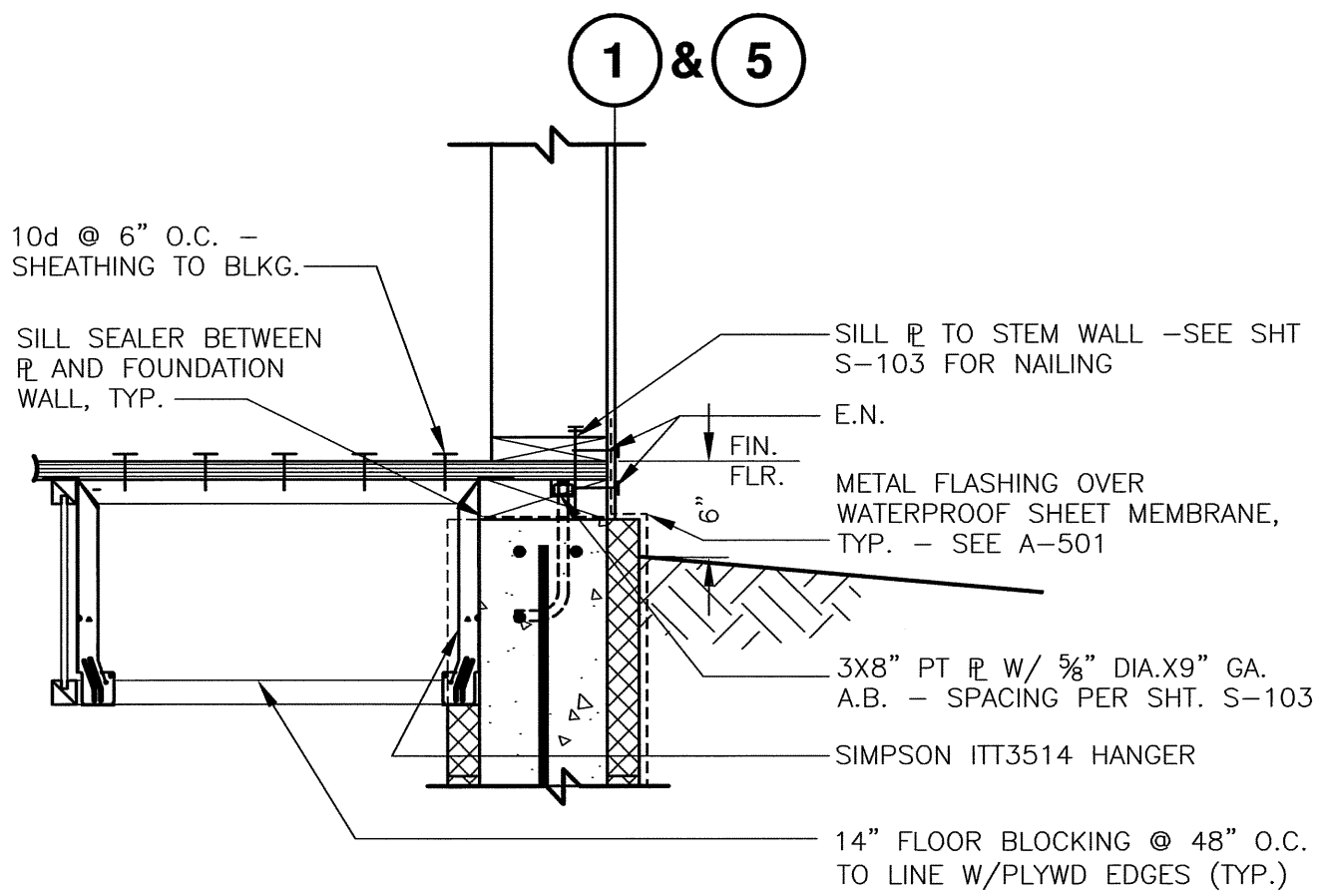
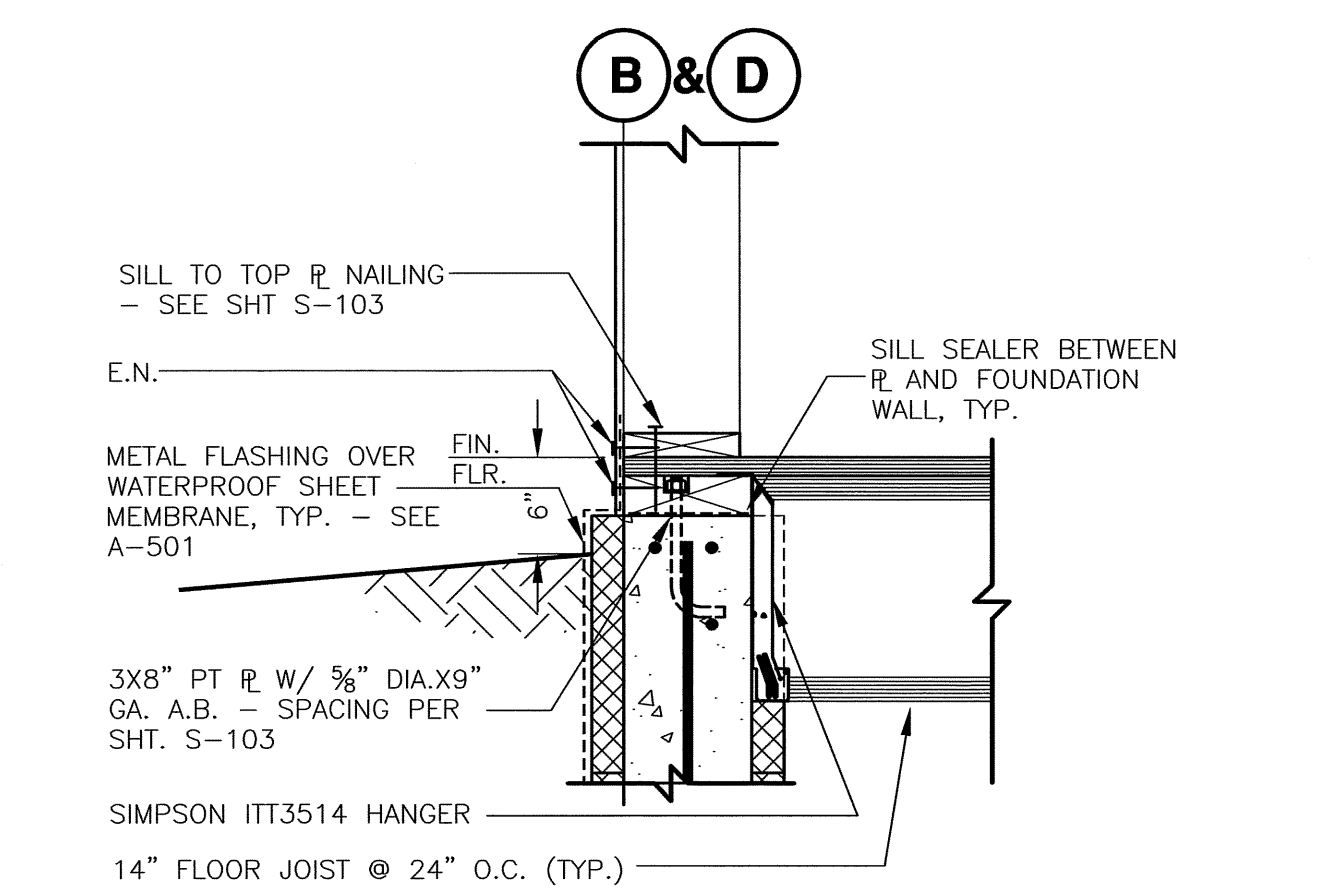
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 HEALTH AND ENGINEERING
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IGIUGIG HEALTH CLINIC
 CLINIC SHEARWALL PLAN & DETAILS
 PLYWOOD DIAPHRAGM PLAN & SCHEDULE
 AN 07-G13
 DATE: 02/27/08
 DRAWN BY: SUZANNE MANHIRE
 CHECKED BY: DANNY GRAHAM
 FILE: IGG-S-FPSHWL

PROJECT MANAGER: KELLY LESEMAN
 PROJECT ENGINEER: DANNY GRAHAM
 TITLES: S-103 SHEARWALL PLAN

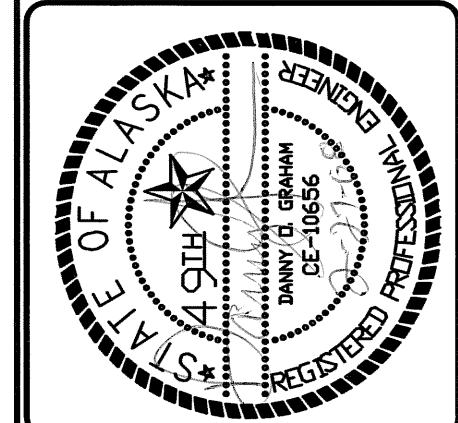
S-103
 SHEET 1 OF 1

USER: SUZANNE
FILE: F:\ARCHITECTURAL PROJECTS\688.05 IGIUGIG HEALTH CLINIC\100% STRUCTURAL\IGG-S-SOWALL.DWG
PLOT DATE: 2/26/2008 4:13 PM



NOTE: DRAWINGS SCALES ARE ACCURATE ON 34"x22" SHEET SIZE.

DATE	REVISIONS	INIT



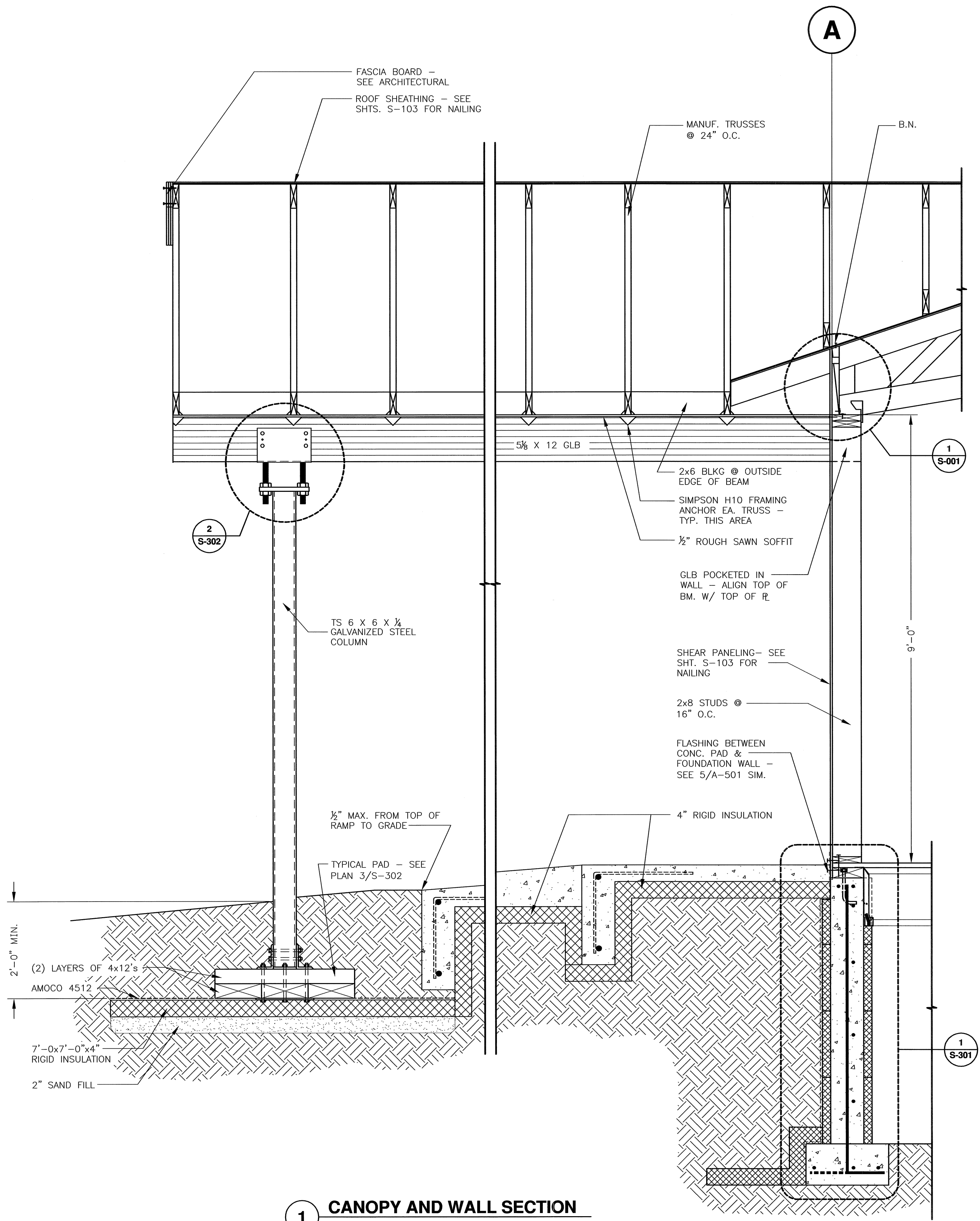
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DIVISION OF ENVIRONMENTAL HEALTH AND ENGINEERING
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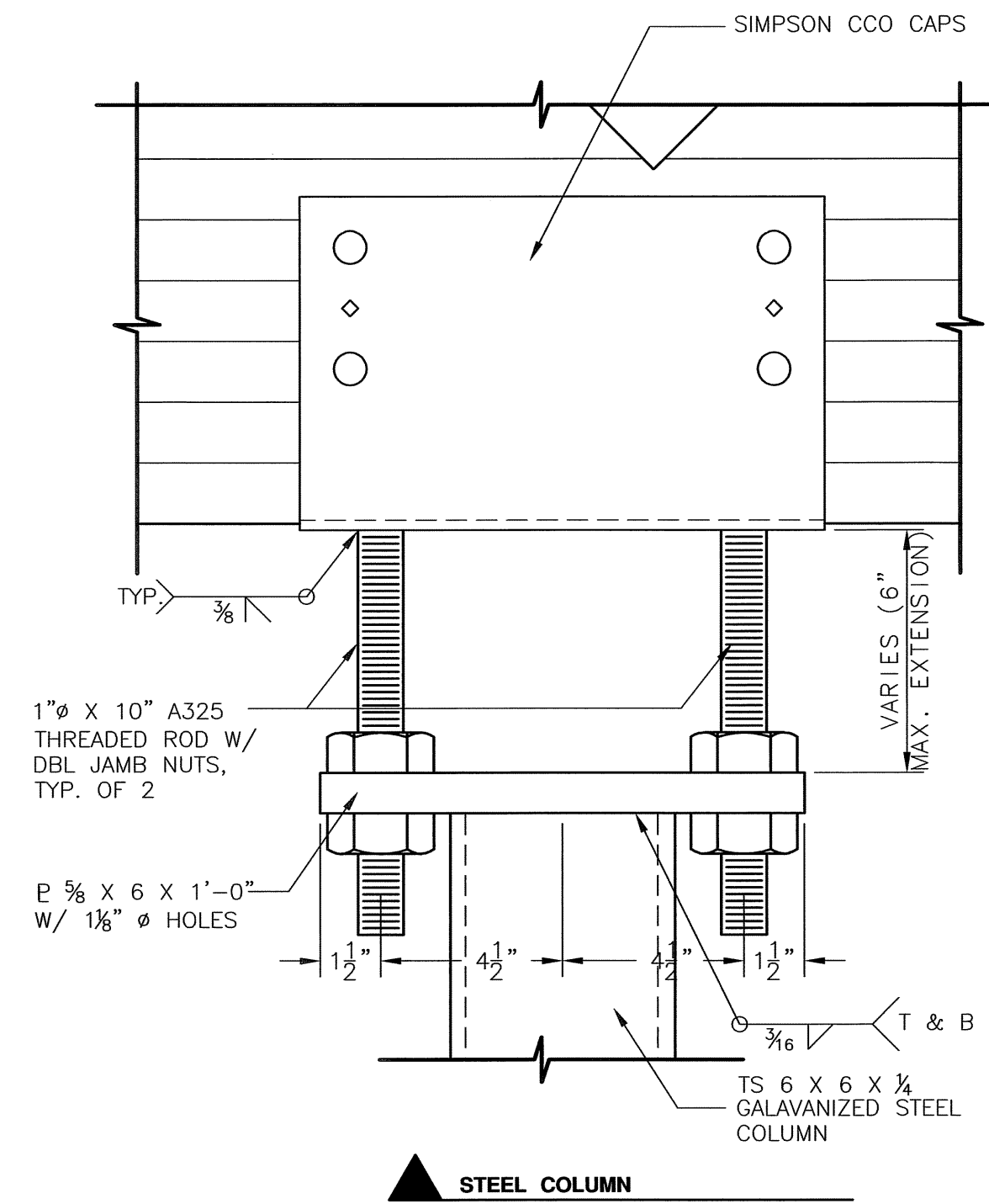
IGIUGIG HEALTH CLINIC CLINIC WALL SECTIONS AND DETAILS	AN 07-GI3
DATE: 02/27/08	PROJ MGR: KELLY LESEMAN
DRAWN BY: SUZANNE MANHIRE	PROJ ENG:
CHECKED BY: DANNY GRAHAM	TUS ENG:
FILE: IGG-S-SOWALL	LAYOUT: S-301 WALL SECTIONS

S-301
SHEET 1 OF

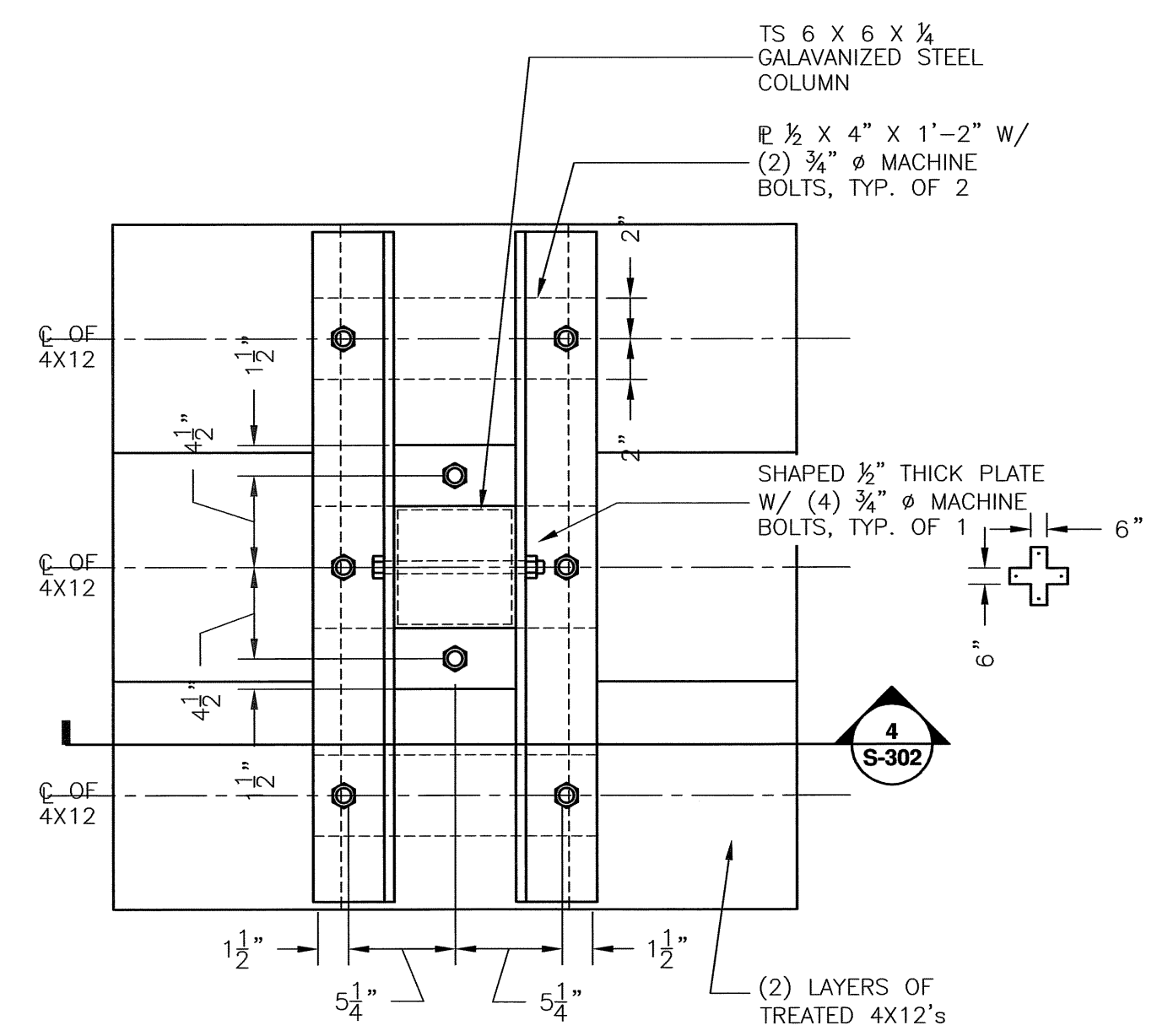
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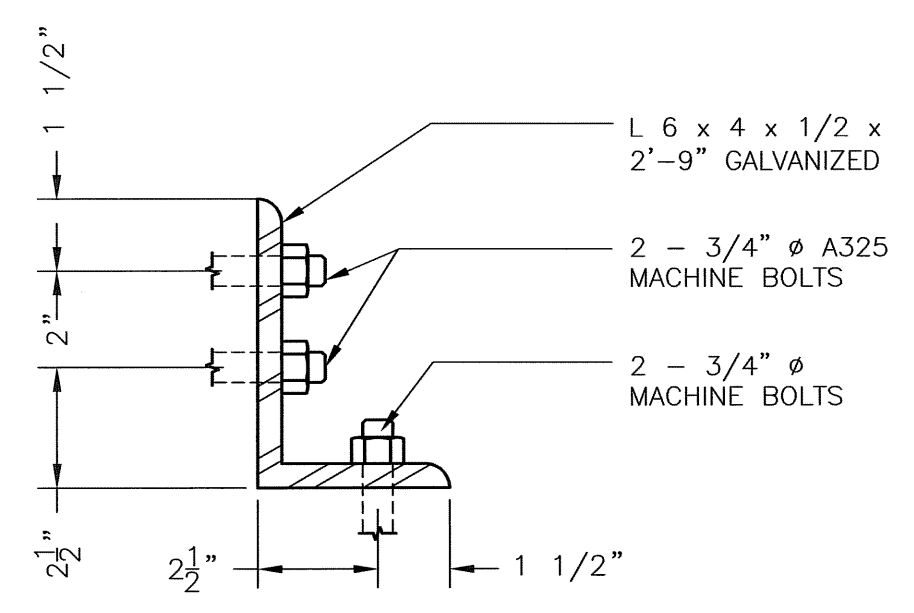
1 CANOPY AND WALL SECTION
Scale: 3/4" = 1'-0"



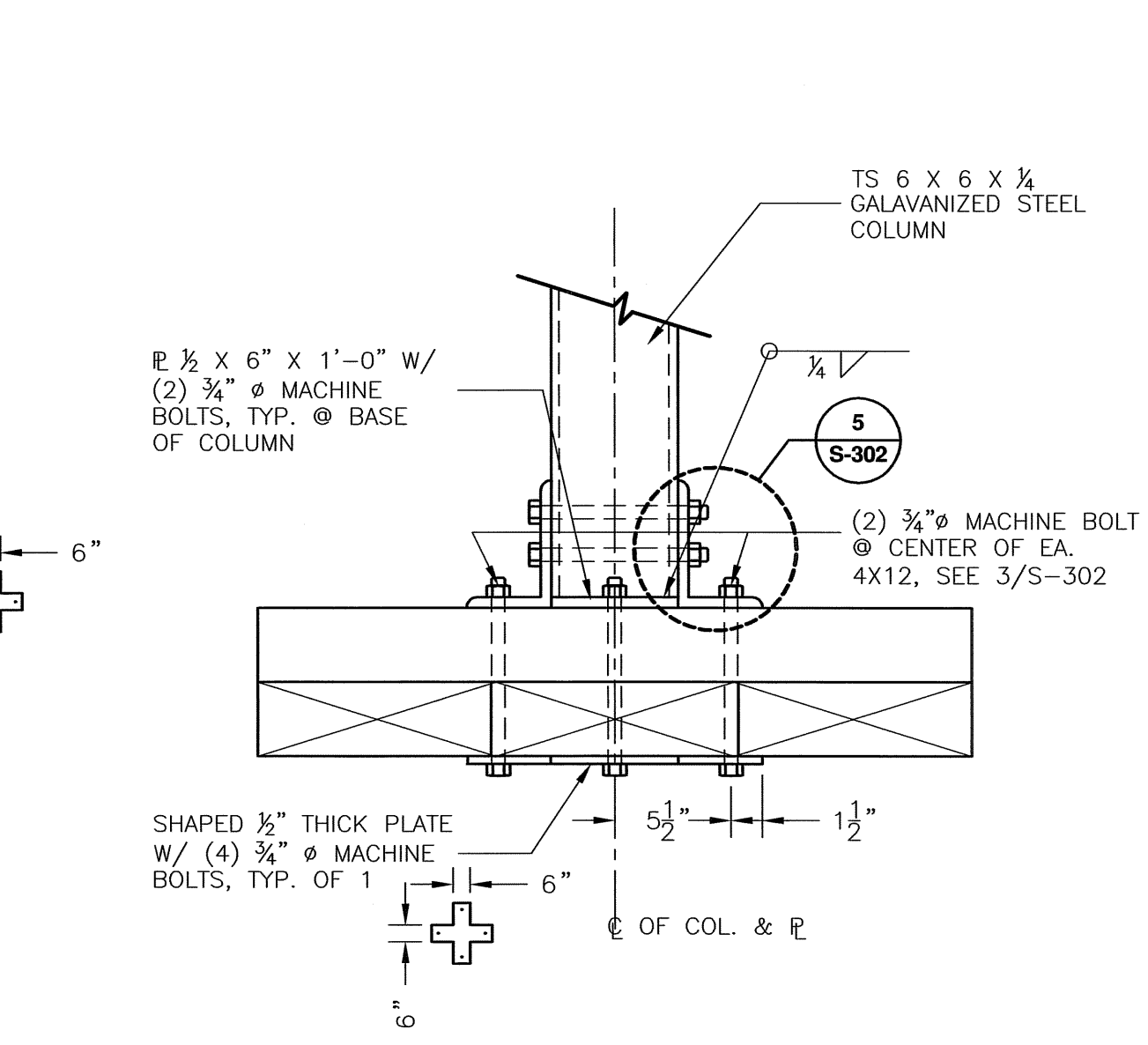
2 CONNECTION DETAIL
Scale: 3" = 1'-0"



3 PLAN VIEW OF PAD
Scale: 1 1/2" = 1'-0"



4 SECTION VIEW OF PAD
Scale: 1 1/2" = 1'-0"

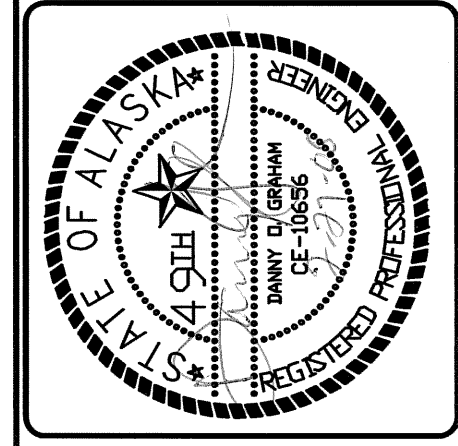


5 ANGLE DETAIL
Scale: 3" = 1'-0"



NOTE: DRAWINGS SCALES ARE ACCURATE ON 34"x22" SHEET SIZE.

DATE	REVISIONS	INIT



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(907) 729-3600



IGIUGIG, ALASKA IGIUGIG HEALTH CLINIC CLINIC WALL AND CANOPY SECTION	AN 07-G13
DATE: 02/27/08	PROJ MGR: KELLY LESEMAN
DRAWN BY: SUZANNE MANHIRE	PROJ ENG:
CHECKED BY: DANNY GRAHAM	TUS ENG:
FILE: IGG-S-SCOPY	LAYOUT: S-302 CANOPY/SECTION

Job Name:	
Tag#	



Submittal Data Sheet

3MXS24RMVJUA

3 Port, 2-Ton Outdoor Heat Pump



Complete warranty details available from your local dealer or at www.daikincomfort.com. To receive the 12-Year Parts Limited Warranty, online registration must be completed within 60 days of installation. Online registration is not required in California or Quebec. *If product is installed in a commercial application, limited warranty period is 5 years.*

Outdoor Specifications

Compressor	Hermetically Sealed Swing Type			
Refrigerant	R-410A			
Factory Charge (Lbs)	6.17			
Refrigerant Oil	PVE (FVC50K)			
Airflow Rate (cfm)	Cooling		Heating	
	H	2,094	H	2,094
	M	2,094	M	1,981
	L	1,981	L	1,119
Sound Power Level (dBA)	52 / 54			
Dimensions (H x W x D) (in)	28-15/16 x 34-1/4 x 12-5/8			
Weight (Lbs)	137			

Efficiency

	SEER	EER	HSPF	COP
Non-Ducted	18	12.7	12.5	3.53
Ducted	14	9.7	8.2	3.44
Mixed	16	11.2	10.35	3.49

Performance

Cooling (Btu/hr)	
Rated	24,000
Operating Range	14°F – 115°F

Rated Cooling Conditions: Indoor: 80°F DB/67°F WB
Outdoor: 95°F DB/75°F WB

Heating (Btu/hr)	
Rated	24,000
Operating Range	5°F – 60°F

Rated Heating Conditions: Indoor: 70°F DB/60°F WB
Outdoor: 47°F DB/43°F WB

Electrical

	208/60/1	230/60/1
System MCA	21.9	21.9
System MFA	25	25
Compressor RLA	15.5	15.5
Outdoor fan motor FLA	.25	25
Outdoor fan motor W	73	73

MFA: Max. fuse amps MCA: Min. circuit amps (A) FLA: Full load amps (A)
RLA: Rated load amps (A) W: Fan motor rated output (W)

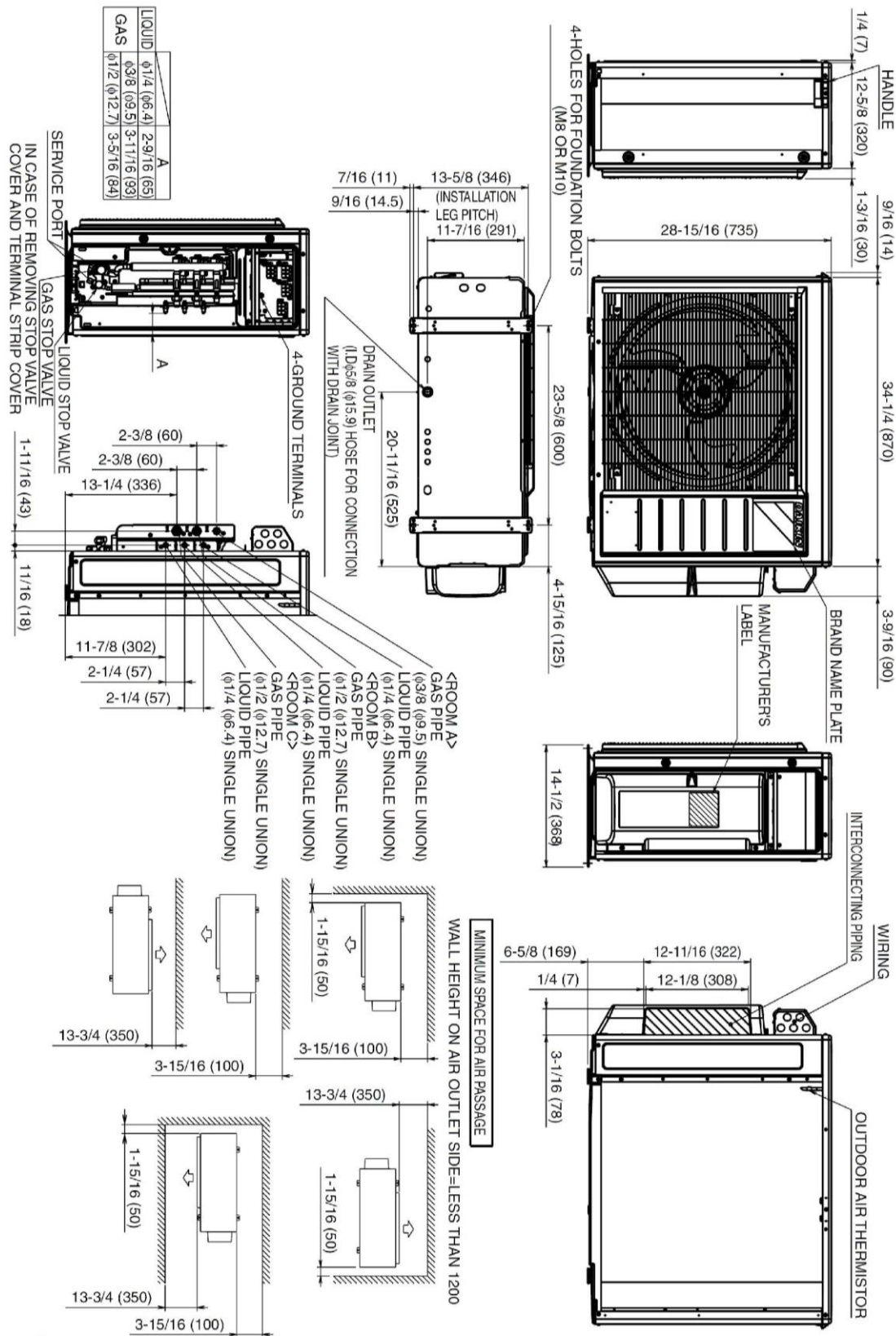
Piping

Liquid (in)	¼ x 3
Gas (in)	3/8 x 1, ½ x 2
Drain (in)	11/16
Max. System Piping Length (ft)	230
Max. Interunit Piping Length (ft)	82
Max. Height Difference – IDU to ODU (ft)	49.25
Max. Height Difference – IDU to IDU (ft)	24.625
Chargeless (ft)	131.6
Additional Charge of Refrigerant (oz/ft)	.21

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3MXS24RMVJUA Dimensional Data



C: 3D093198

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Optional Accessories



Included	Part Number	Description
	DACA-WB-3	Mounting Bracket
	KEH063A4EA	Drain Pan Heater 2/3/4MXS & 2/3MXL
	KPW063B4	Air Adjustment Grille
	KKG063A42	Back protection wire net
	KKG063A43	Side protection wire net
	KPS063A41	Snow hood (intake side plate)
	KPS063A44	Snow hood (intake rear plate)
	KPS063A47	Snow hood (outlet)

3MXS24RMVJUA Capacity Tables



Non- Ducted, 60 Hz, 208-230V

Combination of indoor unit	Cooling Capacity of each indoor unit				Heating Capacity of each indoor unit	
	Each Capacity				Total Indoor Unit Capacity	
	A room	B room	C room	D room	Rating	(min ~ max)
07	7.60	—	—	—	7.60	7.30 ~ 8.40
	8.80	—	—	—	8.80	8.70 ~ 9.70
09	9.80	—	—	—	9.80	7.40 ~ 10.80
	11.30	—	—	—	11.30	10.00 ~ 12.50
12	13.00	—	—	—	13.00	7.50 ~ 14.40
	15.00	—	—	—	15.00	9.90 ~ 16.70
15	16.30	—	—	—	16.30	8.90 ~ 18.00
	18.80	—	—	—	18.80	9.40 ~ 20.80
18	19.50	—	—	—	19.50	8.90 ~ 21.60
	22.50	—	—	—	22.50	9.40 ~ 25.00
07+07	7.60	7.60	—	—	15.20	8.90 ~ 16.80
	8.75	8.75	—	—	17.50	9.30 ~ 19.40
07+09	7.69	9.61	—	—	17.30	8.90 ~ 19.20
	8.89	11.11	—	—	20.00	9.20 ~ 22.20
07+12	7.31	12.79	—	—	20.10	9.00 ~ 22.80
	8.25	14.45	—	—	22.70	9.10 ~ 26.60
07+15	6.31	15.79	—	—	22.10	10.00 ~ 26.40
	6.69	16.71	—	—	23.40	8.70 ~ 31.30
07+18	6.00	18.00	—	—	24.00	10.10 ~ 30.00
	6.00	18.00	—	—	24.00	8.70 ~ 36.00
09+09	9.75	9.75	—	—	19.50	9.00 ~ 21.60
	11.25	11.25	—	—	22.50	9.10 ~ 25.00
09+12	8.92	12.48	—	—	21.40	9.10 ~ 25.20
	9.63	13.48	—	—	23.10	9.00 ~ 29.70
09+15	7.80	15.60	—	—	23.40	10.10 ~ 28.80
	7.93	15.87	—	—	23.80	9.70 ~ 34.40
09+18	7.06	16.94	—	—	24.00	10.10 ~ 30.00
	7.06	16.94	—	—	24.00	8.60 ~ 36.00
12+12	11.70	11.70	—	—	23.40	9.20 ~ 28.80
	11.90	11.90	—	—	23.80	9.00 ~ 34.40
12+15	9.88	14.12	—	—	24.00	10.20 ~ 30.00
	9.88	14.12	—	—	24.00	8.60 ~ 36.00
12+18	8.84	15.16	—	—	24.00	10.20 ~ 30.00
	8.84	15.16	—	—	24.00	8.60 ~ 36.00
15+15	12.00	12.00	—	—	24.00	10.80 ~ 30.00
	12.00	12.00	—	—	24.00	8.40 ~ 36.00
15+18	10.91	13.09	—	—	24.00	10.80 ~ 30.00
	10.91	13.09	—	—	24.00	8.40 ~ 36.00
18+18	12.00	12.00	—	—	24.00	10.90 ~ 30.00
	12.00	12.00	—	—	24.00	8.30 ~ 36.00
07+07+07	7.13	7.13	7.13	—	21.40	10.00 ~ 25.20
	7.70	7.70	7.70	—	23.10	8.60 ~ 29.70
07+07+09	6.98	6.98	8.73	—	22.70	10.10 ~ 27.60
	7.26	7.26	9.08	—	23.60	8.60 ~ 32.90
07+07+12	6.40	6.40	11.19	—	24.00	10.10 ~ 30.00
	6.40	6.40	11.20	—	24.00	8.50 ~ 36.00
07+07+15	5.33	5.33	13.33	—	24.00	10.80 ~ 30.00
	5.33	5.33	13.32	—	24.00	8.30 ~ 36.00
07+07+18	4.80	4.80	14.40	—	24.00	10.80 ~ 30.00
	4.80	4.80	14.40	—	24.00	8.30 ~ 36.00
07+09+09	6.86	8.57	8.57	—	24.00	10.10 ~ 30.00
	6.85	8.57	8.57	—	24.00	8.50 ~ 36.00
07+09+12	6.00	7.50	10.49	—	24.00	10.20 ~ 30.00
	6.00	7.50	10.50	—	24.00	8.50 ~ 36.00
07+09+15	5.05	6.32	12.63	—	24.00	10.90 ~ 30.00
	5.05	6.32	12.63	—	24.00	8.30 ~ 36.00
07+09+18	4.57	5.71	13.71	—	24.00	10.90 ~ 30.00
	4.57	5.71	13.71	—	24.00	8.30 ~ 36.00

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3MXS24RMVJUA Capacity Tables



Combination of indoor unit	Cooling Capacity of each indoor unit				Heating Capacity of each indoor unit	
	Each Capacity				Total Indoor Unit Capacity	
	A room	B room	C room	D room	Rating	(min ~ max)
07+12+12	5.33	9.33	9.33	—	24.00	10.30 ~ 30.00
	5.34	9.33	9.33	—	24.00	8.40 ~ 36.00
07+12+15	4.57	8.00	11.43	—	24.00	10.90 ~ 30.00
	4.57	8.00	11.42	—	24.00	8.30 ~ 36.00
07+12+18	4.17	7.30	12.52	—	24.00	10.90 ~ 30.00
	4.17	7.30	12.52	—	24.00	8.30 ~ 36.00
07+15+15	4.01	10.00	10.00	—	24.00	11.20 ~ 30.00
	3.99	10.00	10.00	—	24.00	8.20 ~ 36.00
09+09+09	8.00	8.00	8.00	—	24.00	10.20 ~ 30.00
	8.00	8.00	8.00	—	24.00	8.50 ~ 36.00
09+09+12	7.06	7.06	9.89	—	24.00	10.30 ~ 30.00
	7.06	7.06	9.88	—	24.00	8.40 ~ 36.00
09+09+15	6.00	6.00	12.00	—	24.00	10.90 ~ 30.00
	6.00	6.00	11.99	—	24.00	8.30 ~ 36.00
09+09+18	5.45	5.45	13.10	—	24.00	10.90 ~ 30.00
	5.45	5.45	13.08	—	24.00	8.30 ~ 36.00
09+12+12	6.32	8.84	8.84	—	24.00	10.30 ~ 30.00
	6.31	8.84	8.84	—	24.00	8.40 ~ 36.00
09+12+15	5.45	7.64	10.91	—	24.00	10.90 ~ 30.00
	5.45	7.64	10.91	—	24.00	8.20 ~ 36.00
09+12+18	5.00	7.00	12.00	—	24.00	10.90 ~ 30.00
	5.00	7.00	12.00	—	24.00	8.20 ~ 36.00
09+15+15	4.80	9.60	9.60	—	24.00	11.20 ~ 30.00
	4.80	9.60	9.60	—	24.00	8.20 ~ 36.00
12+12+12	8.00	8.00	8.00	—	24.00	10.40 ~ 30.00
	8.00	8.00	8.00	—	24.00	8.40 ~ 36.00
12+12+15	7.00	7.00	10.01	—	24.00	11.00 ~ 30.00
	7.00	7.00	10.00	—	24.00	8.20 ~ 36.00

3MXS24RMVJUA Capacity Tables



Ducted, 60 Hz, 208-230V

Combination of indoor unit	Cooling Capacity of each indoor unit				Heating Capacity of each indoor unit	
	Each Capacity				Total Indoor Unit Capacity	
	A room	B room	C room	D room	Rating	(min ~ max)
7	7.1	—	—	—	7.1	7.30 - 7.10
	8.3	—	—	—	8.3	9.00 - 9.70
09	9.1	—	—	—	9.1	7.30 - 9.60
	10.7	—	—	—	10.7	10.40 - 12.50
12	12.1	—	—	—	12.1	7.30 - 12.10
	14.3	—	—	—	14.3	10.40 - 16.70
15	14.8	—	—	—	14.8	8.10 - 15.40
	16.6	—	—	—	16.6	10.10 - 20.80
18	17.6	—	—	—	17.6	8.10 - 18.80
	18.9	—	—	—	18.9	10.10 - 25.00
07+07	6.95	6.95	—	—	13.9	8.80 - 14.30
	7.9	7.9	—	—	15.8	9.60 - 19.40
07+09	7.02	8.78	—	—	15.8	8.80 - 16.60
	7.73	9.67	—	—	17.4	9.60 - 22.20
07+12	6.73	11.77	—	—	18.5	8.80 - 19.90
	7.13	12.47	—	—	19.6	9.60 - 25.90
07+15	6.09	15.21	—	—	21.3	9.40 - 23.30
	6.23	15.57	—	—	21.8	9.40 - 28.40
07+18	6	18	—	—	24	9.40 - 26.60
	6	17.99	—	—	24	9.40 - 31.00
09+09	8.8	8.8	—	—	17.6	8.80 - 18.80
	11.05	11.05	—	—	22.1	9.60 - 25.00
09+12	8.45	11.84	—	—	20.3	8.80 - 22.10
	8.79	12.3	—	—	21.1	9.60 - 27.60
09+15	7.7	15.4	—	—	23.1	9.40 - 25.50
	7.77	15.53	—	—	23.3	9.40 - 30.10
09+18	7.06	16.94	—	—	24	9.40 - 27.00
	7.06	16.94	—	—	24	9.40 - 32.00
12+12	11.55	11.55	—	—	23.1	8.80 - 25.50
	11.65	11.65	—	—	23.3	9.60 - 30.10
12+15	9.88	14.12	—	—	24	9.40 - 27.00
	9.88	14.12	—	—	24	9.40 - 32.00
12+18	8.84	15.16	—	—	24	9.40 - 27.00
	8.84	15.16	—	—	24	9.40 - 32.00
15+15	12	12	—	—	24	9.90 - 27.00
	12	12	—	—	24	9.10 - 32.00
15+18	10.91	13.09	—	—	24	9.90 - 27.00
	10.91	13.09	—	—	24	9.10 - 32.00
18+18	12	12	—	—	24	9.90 - 27.00
	12	12	—	—	24	9.10 - 32.00
07+07+07	6.77	6.77	6.77	—	20.3	9.90 - 22.10
	7.03	7.03	7.03	—	21.1	9.00 - 27.60
07+07+09	6.83	6.83	8.54	—	22.2	9.90 - 24.40
	6.92	6.92	8.65	—	22.5	9.00 - 29.30
07+07+12	6.4	6.4	11.19	—	24	9.90 - 26.60
	6.4	6.4	11.19	—	24	9.00 - 31.10
07+07+15	5.33	5.33	13.33	—	24	10.40 - 26.70
	5.33	5.33	13.32	—	24	8.80 - 31.40
07+07+18	4.8	4.8	14.4	—	24	10.40 - 26.90
	4.8	4.8	14.4	—	24	8.80 - 31.60
07+09+09	6.86	8.57	8.57	—	24	9.90 - 26.60
	6.86	8.57	8.57	—	24	9.00 - 31.00
07+09+12	6	7.5	10.5	—	24	9.90 - 26.70
	6	7.5	10.5	—	24	9.00 - 31.30

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Combination of indoor unit	Cooling Capacity of each indoor unit					
	Heating Capacity of each indoor unit					
	Each Capacity				Total Indoor Unit Capacity	
	A room	B room	C room	D room	Rating	(min ~ max)
07+09+15	5.05	6.32	12.63	—	24	10.40 - 26.80
	5.05	6.32	12.63	—	24	8.80 - 31.50
07+09+18	4.57	5.71	13.71	—	24	10.40 - 26.90
	4.57	5.71	13.7	—	24	8.80 - 31.80
07+12+12	5.33	9.33	9.33	—	24	9.90 - 26.80
	5.32	9.33	9.33	—	24	9.00 - 31.50
07+12+15	4.57	8	11.43	—	24	10.40 - 26.90
	4.57	8	11.43	—	24	8.80 - 31.80
07+12+18	4.17	7.3	12.53	—	24	10.40 - 27.00
	4.17	7.3	12.51	—	24	8.80 - 32.10
07+15+15	4.01	10	10	—	24	10.70 - 27.00
	4	10	10	—	24	8.60 - 32.10
09+09+09	8	8	8	—	24	9.90 - 27.00
	8	8	8	—	24	9.00 - 32.00
09+09+12	7.06	7.06	9.88	—	24	9.90 - 27.00
	7.06	7.06	9.87	—	24	9.00 - 32.00
09+09+15	6	6	12	—	24	10.40 - 27.00
	6	6	12	—	24	8.80 - 32.00
09+09+18	5.45	5.45	13.1	—	24	10.40 - 27.00
	5.45	5.45	13.09	—	24	8.80 - 32.00
09+12+12	6.32	8.84	8.84	—	24	9.90 - 27.00
	6.33	8.84	8.84	—	24	9.00 - 32.00
09+12+15	5.45	7.64	10.91	—	24.00	10.40 ~ 27.00
	5.45	7.64	10.91	—	24	8.80 - 32.00
09+12+18	5.00	7.00	12.00	—	24.00	10.40 ~ 27.00
	5	7	12	—	24	8.80 - 32.30
09+15+15	4.80	9.60	9.60	—	24.00	10.70 ~ 27.00
	4.8	9.6	9.6	—	24	8.60 - 32.30
12+12+12	8.00	8.00	8.00	—	24.00	9.90 ~ 27.00
	8	8	8	—	24	9.00 - 32.00
12+12+15	7.00	7.00	10.00	—	24.00	10.40 ~ 27.00
	7	7	10	—	24	8.80 - 32.30