

**2018 APPENDIX B
BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS
(EXCEPT 1 AND 2-FAMILY DWELLINGS AND TOWNHOUSES)**
(Reproduce the following data on the building plans sheet 1 or 2)

Name of Project: Community Care Clinic - Dental
 Address: 425 Health Center Dr.
Nags Head, NC
 Owner/Authorized Agent: Lyn Jenkins
 Phone #: 252.261.3041 E-Mail: lynjenkins@dareclinic.org
 Owned By: City/County Private State
 Code Enforcement Jurisdiction: City Nags Head County State

CONTACT: Mark Kastan, AIA

DESIGNER	FIRM	NAME	LIC #	TELEPHONE #	E-MAIL
Architectural	Cahoon + Kastan Architects	Mark Kastan	7220	252.441.0271	mark@cbarchitects.com
Civil					
Electrical	Atlantec Engineers, P.A.	David J. Whitney	17382	919.571.1111	david@atlantecengineers.com
Fire Alarm					
Plumbing	Atlantec Engineers, P.A.	James B. Delpapa	22035	919.571.1111	jim@atlantecengineers.com
Mechanical	Atlantec Engineers, P.A.	James B. Delpapa	22035	919.571.1111	jim@atlantecengineers.com
Sprinkler-Standpipe					
Structural					
Retaining Walls >5h					
Other					

2018 NC BUILDING CODE: New Building Addition 1st Time Interior Completion
 Shell / Core* Phased Construction*

2018 NC EXISTING BUILDING CODE: Prescriptive Alteration Level I Historic Property
 Repair Alteration Level II Change of Use
 Chapter 14 Alteration Level III

CONSTRUCTED: (date) _____ **CURRENT OCCUPANCY(S)** (Ch. 3): _____
RENOVATED: (date) _____ **PROPOSED OCCUPANCY(S)** (Ch. 3): _____
RISK CATEGORY (Table 1604.5): **Current:** _____ **Proposed:** _____

BASIC BUILDING DATA
Construction Type (check all that apply): I-A II-A III-A IV V-A
 I-B II-B III-B V-B
Sprinklers: No Partial NFPA 13 NFPA 13R NFPA 13D
Standpipes: No Class I II III Wet Dry
Primary Fire District: No Yes **Flood Hazard Area:** No Yes
Special Inspections Required: No Yes If special inspections are required, contact the local inspection jurisdiction for additional procedures and requirements.

Gross Building Area Table			
FLOOR	EXISTING (SQ FT)	NEW (SQ FT)	SUB-TOTAL
4th Floor			
3rd Floor			
2nd Floor			
Mezzanine			
1st Floor	5190 SF		5190 SF
Basement			
Total	5190 SF		5190 SF

ALLOWABLE AREA

Primary Occupancy Classification(s):
 Assembly A-1 A-2 A-3 A-4 A-5
 Business
 Educational
 Factory F-1 Moderate F-2 Low
 Hazardous H-1 Detonate H-2 Deflagrate H-3 Combust H-4 Health H-5 HPM
 Institutional I-1 I-2 I-1 & I-2 Condition 1 2
 I-3 I-4 I-3 Condition 1 2 3 4 5
 Mercantile
 Residential R-1 R-2 R-3 R-4
 Storage S-1 Moderate S-2 Low High Pile Repair Garage
 Utility and Miscellaneous

Accessory Occupancy Classification(s): _____
Incidental Uses (Table 509): _____
Special Uses (Chapter 4 - List Code Sections): _____
Special Provisions (Chapter 5 - List Code Sections): _____
Mixed Occupancy: No Yes Separation: _____ Hr. Exception: _____
 Non-Separated Use (508.3) Separated Use (508.4) See below for area calculations for each story, the area of the occupancy shall be such that the sum of the ratios of the actual floor area of each use divided by the allowable floor area for each use shall not exceed 1.

$$\frac{\text{Actual Area of Occupancy A}}{\text{Allowable Area of Occupancy A}} + \frac{\text{Actual Area of Occupancy B}}{\text{Allowable Area of Occupancy B}} = \leq 1$$

STORY #	DESCRIPTION AND USE	(A) BLDG. AREA PER STORY (ACTUAL)	(B) TABLE 506.2.4 AREA	(C) AREA FOR FRONTAGE INCREASE ^{1,5}	(D) ALLOWABLE AREA PER STORY OR UNLIMITED ^{2,3}
1	Medical/Dental Office	5190 SF	9000 SF		9000 SF
	Building Area	5190 SF	Maximum Allowable Building Area		9000 SF

- Frontage area increases from Section 506.3 are computed thus:
 - Perimeter which fronts a public way or open space having 20 feet minimum width = _____ (F)
 - Total Building Perimeter = _____ (P)
 - Ratio (F/P) = _____ (F/P)
 - W = Minimum width of public way = _____ (W)
 - Percent of frontage increase If = 100 [F/P - 0.25] x W/30 = _____ (%)
- Unlimited area applicable under conditions of Section 507.
- Maximum Building Area = total number of stories in the building x D (maximum 3 stories)(506.2).
- The maximum area of open parking garages must comply with Table 406.5.4.
- Frontage increase is based on the unsprinklered area value in Table 506.2.

ALLOWABLE HEIGHT			
	ALLOWABLE	SHOWN ON PLANS	CODE REFERENCE ¹
Building Height in Feet (Table 504.3) ²	2'	1	
Building Height in Stories (Table 504.4) ³	40	20	

- Provide code reference if the "Shown on Plans" quantity is not based on Table 504.3 or 504.4.
- The maximum height of air traffic control towers must comply with Table 412.3.1.
- The maximum height of open parking garages must comply with Table 406.5.4.

PERCENTAGE OF WALL OPENING CALCULATIONS				
WALL	FIRE SEPARATION DISTANCE FROM PROPERTY LINES (FEET)	DEGREE OF OPENINGS PROTECTION (TABLE 705.8)	ALLOWABLE AREA (%)	ACTUAL SHOWN ON PLANS (%)

BUILDING ELEMENT	FIRE SEPARATION DISTANCE (FEET)	RATING		DETAIL# AND SHEET#	DESIGN# FOR ASSEMBLY	SHEET# FOR RATED PENETRATION	SHEET# FOR RATED JOINTS
		REQ'D	PROVIDED (W/ * REDUCTION)				
Structural frame, including columns, girders, & trusses	0						
Bearing walls							
Exterior							
North	0						
East	0						
West	0						
South	0						
Interior	0						
Nonbearing walls and partitions							
Exterior walls							
North	0						
East	0						
West	0						
South	0						
Interior walls and partitions	0						
Floor construction including supporting beams and joists	0						
Floor Ceiling Assembly	0						
Columns Supporting Floors	0						
Roof Construction, including supporting beams and joists	0						
Roof Ceiling Assembly	0						
Columns Supporting Roof	0						
Shafts Enclosures - Exit							
Shafts Enclosures - Other							
Corridor Separation							
Occupancy/ Fire Barrier Separation							
Party/Fire Wall Separation							
Smoke Barrier Separation							
Smoke Partition							
Tenant/Dwelling Unit/ Sleeping Unit Separation							
Incidental Use Separation							

LIFE SAFETY SYSTEM REQUIREMENTS
 Emergency Lighting: No Yes
 Exit Signs: No Yes
 Fire Alarm: No Yes Partial
 Smoke Detection Systems: No Yes Partial
 Carbon Monoxide Detection: No Yes

LIFE SAFETY PLAN REQUIREMENTS
 Life Safety Plan Sheet #: _____
 Fire and/or smoke rated wall locations (Chapter 7)
 Assumed and real property line locations (if not on the site plan)
 Exterior wall opening area with respect to distance to assumed property lines (705.8)
 Occupancy Use for each area as it relates to occupant load calculations (Table 1004.1.2)
 Occupant loads for each area
 Exit access travel distances (1017)
 Common path of travel distances (1006.2.1 & 1006.3.2(1))
 Dead end lengths (1020.4)
 Clear exit widths for each exit door
 Maximum calculated occupant load capacity each exit door can accommodate based on egress width (1005.3)
 Actual occupant load for each exit door
 A separate schematic plan indicating where fire rated floor/ceiling and/or roof structure is provided for purposes of occupancy separation
 Location of doors with panic hardware (1010.1.10)
 Location of doors with delayed egress locks and the amount of delay (1010.1.9.7)
 Location of doors with electromagnetic egress locks (1010.1.9.9)
 Location of doors equipped with hold-open devices
 Location of emergency escape windows (1030)
 The square footage of each fire area (202)
 The square footage of each smoke compartment for Occupancy Classification 1-2 (407.5)
 Note any code exceptions or table notes that may have been utilized regarding the items above

ACCESSIBLE DWELLING UNITS (SECTION 1107)							
TOTAL UNITS	ACCESSIBLE UNITS REQUIRED	ACCESSIBLE UNITS PROVIDED	TYPE A UNITS REQUIRED	TYPE A UNITS PROVIDED	TYPE B UNITS REQUIRED	TYPE B UNITS PROVIDED	TOTAL ACCESSIBLE UNITS PROVIDED

ACCESSIBLE PARKING (SECTION 1106)						
LOT OR PARKING AREA	TOTAL # OF PARKING SPACES REQUIRED	PROVIDED	# OF ACCESSIBLE SPACES PROVIDED			TOTAL # ACCESSIBLE PROVIDED
			REGULAR WITH 5' ACCESS AISLE	VAN SPACES WITH 132" ACCESS AISLE	8' ACCESS AISLE	
TOTAL						

USE	PLUMBING FIXTURE REQUIREMENTS (TABLE 2902.1)					
	WATERCLOSETS	URINALS	LAVATORIES	SHOWERS	DRINKING FOUNTAINS	
	MALE/FEMALE/UNISEX		MALE/FEMALE/UNISEX	/TUBS	REGULAR	ACCESSIBLE
EXISTING						
NEW						
REQ'D						

SPECIAL APPROVALS
Special approval: (Local Jurisdiction, Department of Insurance, OSC, DPI, DHHA, etc., describe below)

ENERGY SUMMARY

ENERGY REQUIREMENTS:
 The following data shall be considered minimum and any special attribute required to meet the energy code shall also be provided. Each Designer shall furnish the required portions of the project information for the plan data sheet. If performance method, state the annual energy cost for the standard reference design vs annual energy cost for the proposed design.

Existing building envelope complies with code: (If checked the remainder of this section is not applicable.)

Exempt Building: Provide code or statutory reference: _____
Climate Zone: 3A 4A 5A
Method of Compliance:
 Energy Code Performance Prescriptive
 ASHRAE 90.1 Performance Prescriptive
 Other Performance (specify source) _____

THERMAL ENVELOPE (Prescriptive method only)

Roof/Ceiling Assembly (each assembly)
 Description of assembly: _____
 U-Value of total assembly: _____
 R-Value of insulation: _____
 Skylights in each assembly:
 U-Value of skylights: _____
 total s.f. of skylights in each assembly: _____

Exterior Walls (each assembly)
 Description of assembly: _____
 U-Value of total assembly: _____
 R-Value of insulation: _____
 Openings (windows or doors with glazing):
 U-Value of assembly: _____
 Solar heat gain coefficient: _____
 Projection factor: _____
 Door R-Values: _____

Walls below grade (each assembly)
 Description of assembly: _____
 U-Value of total assembly: _____
 R-Value of insulation: _____

Floors over unconditioned space (each assembly)
 Description of assembly: _____
 U-Value of total assembly: _____
 R-Value of insulation: _____

Floors slab on grade
 Description of assembly: _____
 U-Value of total assembly: _____
 R-Value of insulation: _____
 Horizontal/vertical requirement: _____
 Slab heated:

STRUCTURAL DESIGN

DESIGN LOADS
Importance Factors: Wind (I_w) _____
 Snow (I_s) _____
 Seismic (I_e) _____
Live Loads: Roof _____ psf
 Mezzanine _____ psf
 Floor _____ psf
Ground Snow Load: _____ psf
Wind Load: Basic Wind Speed _____ mph (ASCE-7)
 Exposure Category _____

SEISMIC DESIGN CATEGORY: B C D
 Provide the following Seismic Design Parameters:
Occupancy Category (Table 1604.5): I II III IV
Spectral Response Acceleration _____ %g S_v _____ %g
Site Classification (ASCE-7): B C D E F
 Data Source: Field Test Presumptive Historical Data
Basic structural system (check one)
 Bearing wall Dual w/Special Moment Frame
 Building Frame Dual w/Intermediate R/C or Special Steel
 Moment Frame Inverted Pendulum
Analysis Procedure: Simplified Equivalent Lateral Force Dynamic
Architectural, Mechanical, Components anchored? Yes No

LATERAL DESIGN CONTROL: Earthquake Wind

SOIL BEARING CAPACITIES:
 Field Test (provide copy of test report) _____ psf
 Presumptive Bearing capacity _____ psf
 Pile size, type, and capacity _____

MECHANICAL SUMMARY

MECHANICAL SYSTEMS, SERVICE SYSTEMS AND EQUIPMENT

Thermal Zone
 winter dry bulb: _____
 summer dry bulb: _____
Interior design conditions
 winter dry bulb: _____
 summer dry bulb: _____
 relative humidity: _____
Building heating load: _____
Building cooling load: _____
Mechanical Spacing Conditioning S_v
 Unitary
 description of unit: _____
 heating efficiency: _____
 cooling efficiency: _____
 size category of unit: _____
 Boiler
 Size category. If oversized, state reason: _____
 Chiller
 Size category. If oversized, state reason: _____
List equipment efficiencies: _____

ELECTRICAL SUMMARY

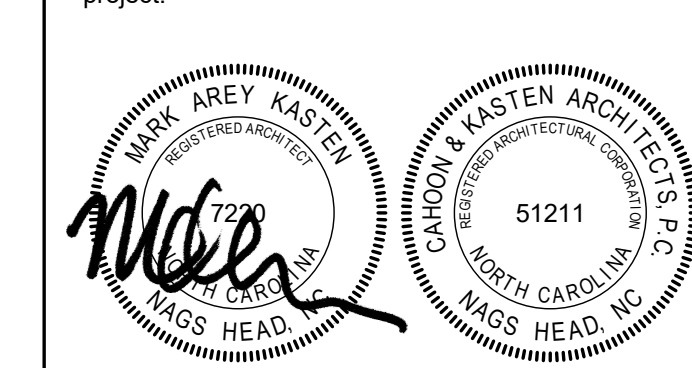
ELECTRICAL SYSTEM AND EQUIPMENT

Method of Compliance:
 Energy Code: Prescriptive Performance
 ASHRAE 90.1: Prescriptive Performance
Lighting Schedule (each fixture type)
 lamp type required in fixture _____
 number of lamps in fixture _____
 ballast type used in the fixture _____
 number of ballasts in fixture _____
 total wattage per fixture _____
 total interior wattage specified _____ (whole building or space by space)
 total exterior wattage specified _____ allowed
Additional Efficiency Packages (When using the 2018 NCEC, required for ASHRAE 90.1)
 C406.2 More Efficient HVAC Equipment Performance
 C406.3 Reduced Lighting Power Density
 C406.4 Enhanced Digital Lighting Controls
 C406.5 On-Site Renewable Energy
 C406.6 Dedicated Outdoor Air System
 C406.7 Reduced Energy Use in Service Water Heating

cahoon+kasten
 ARCHITECTS
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 E. office@cbarchitects.com

Project: **Community Care Clinic - Dental**
Project No: **22027**
Location: **425 Health Center Dr.
Nags Head, NC**
Title: **Appendix B**
Date: **December 12, 2022**
Scale: _____

The designer shall not be responsible for any error, omission, defect or deficiency in the contract documents ("error") prepared by the designer or its consultants which in any way impacts the schedule of the project, results in a lack of coordination among the contract documents, delays the completion of the project or which in any other way causes any damage or loss to the owner, contractor, subcontractors, or other entity involved in the project, unless: (i) designer is promptly notified of such error, in any event within 14 days of the date such error was discovered or could reasonably have been discovered; and (ii) designer is given opportunity at the time of discovery to address such error, and, if appropriate, take such steps as are necessary to correct and resolve it. Failure to comply with the provisions of this paragraph shall constitute a waiver of any claim for damages, or a right to offset against designer by owner, contractor or others and shall in no event cause or allow a reduction in the fees otherwise due designer for services provided on the project.



Revisions:

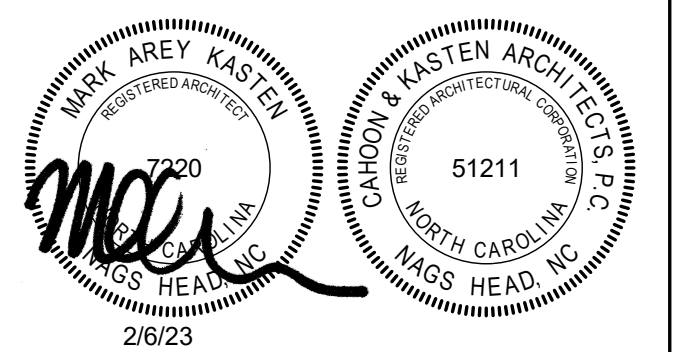
No.	Description	Date

Designed: Designer
 Drawn: Author
 Reviewed: Checker
 Cad File: _____

A002

Project: **Community Care Clinic - Dental**
Project No: **22027**
Location: **425 Health Center Dr. Nags Head, NC**
Title: **Life Safety & Area Plans**
Date: **December 12, 2022**
Scale: **As indicated**

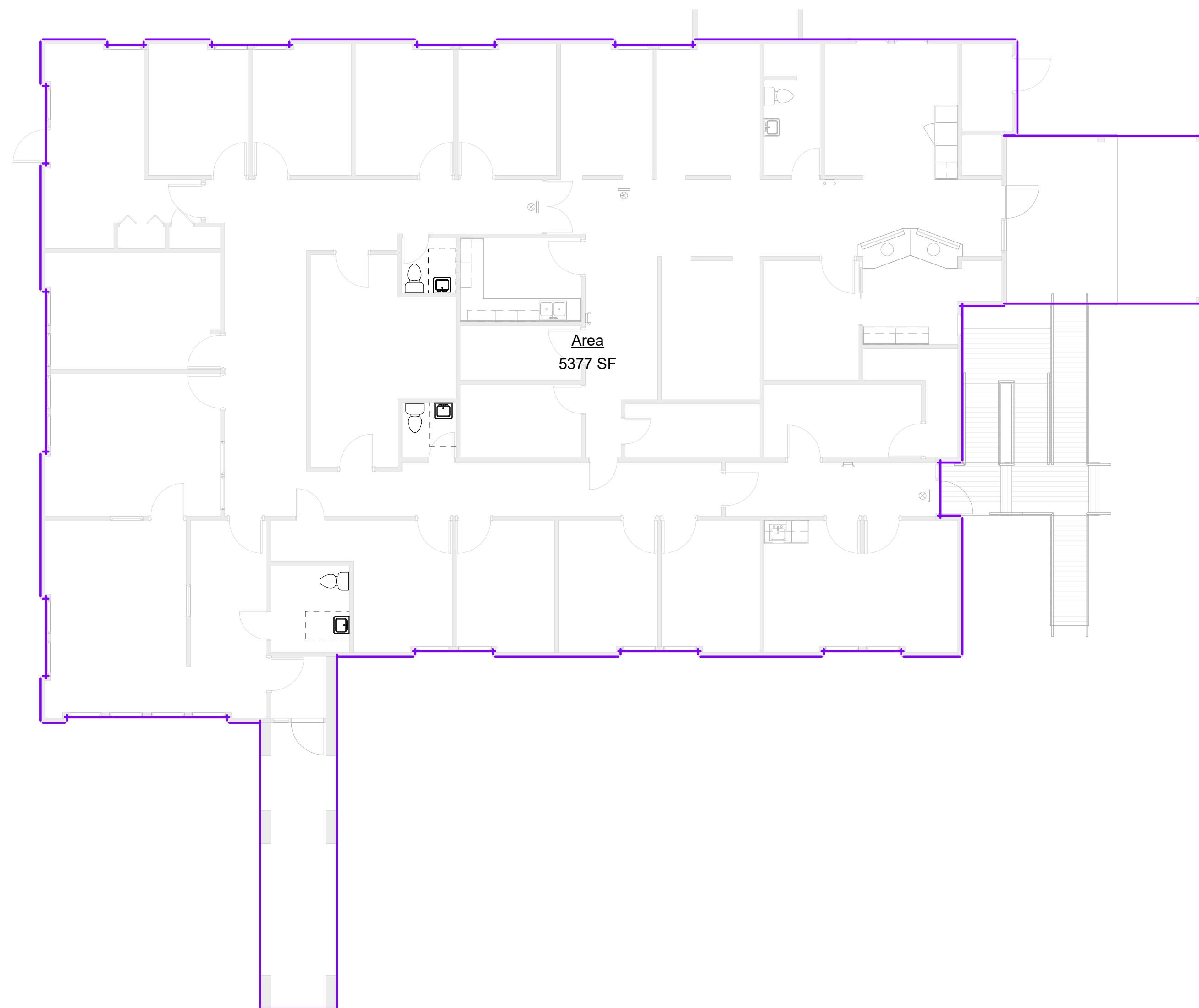
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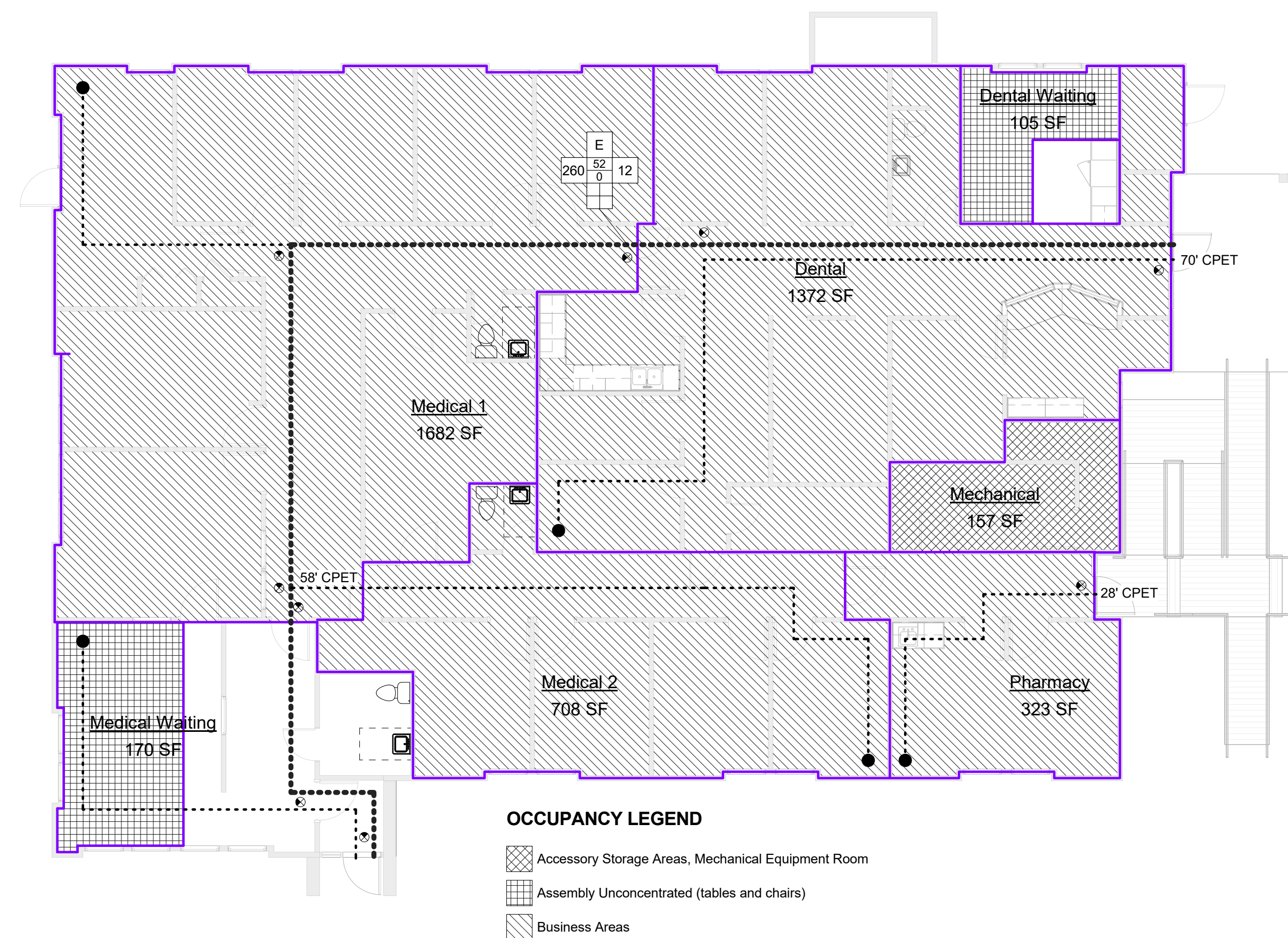
Revisions:

No.	Description	Date

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Drawn: Author
Reviewed: Checker
Cad File: **A003**



② (1) First Floor
1/8" = 1'-0"

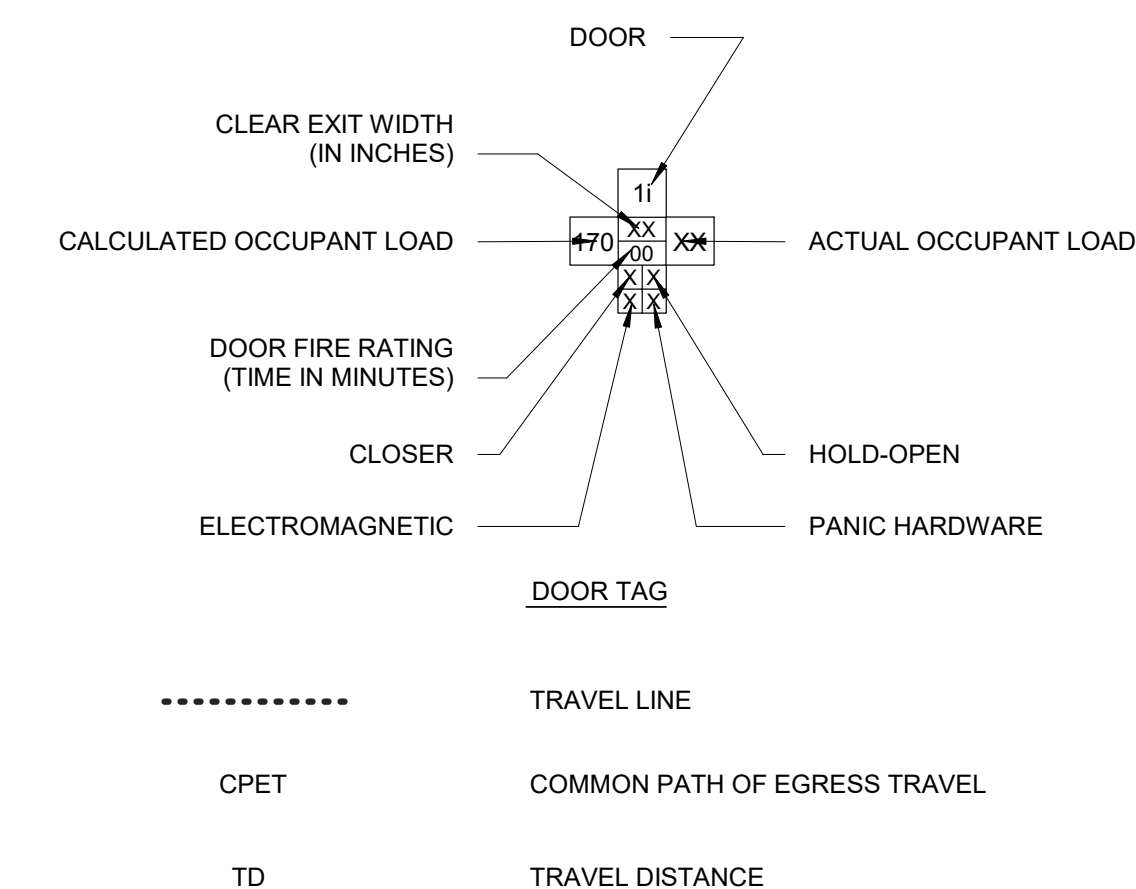


① (1) First Floor
1/8" = 1'-0"

OCCUPANCY LEGEND

- Accessory Storage Areas, Mechanical Equipment Room
- Assembly Unconcentrated (tables and chairs)
- Business Areas

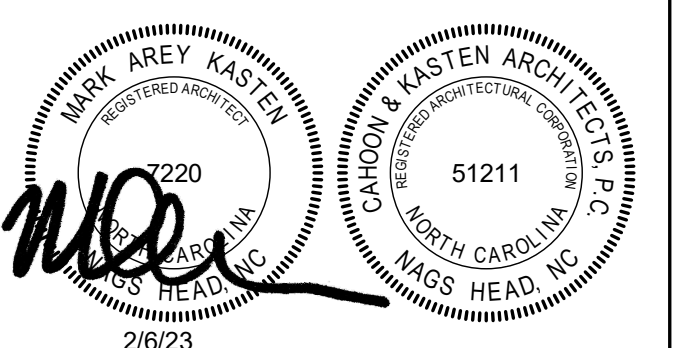
Occupant Schedule						
Number	Name	Area	Occupancy	Occupancy S.F. Type	Area Per Occupant	Occupants
2	Medical 1	1682 SF	Business Areas	Gross	100 SF	17
3	Medical Waiting	170 SF	Assembly Unconcentrated (tables and chairs)	Net	15 SF	12
4	Dental Waiting	105 SF	Assembly Unconcentrated (tables and chairs)	Net	15 SF	8
5	Dental	1372 SF	Business Areas	Gross	100 SF	14
6	Mechanical	157 SF	Accessory Storage Areas, Mechanical Equipment Room	Gross	300 SF	1
7	Pharmacy	323 SF	Business Areas	Gross	100 SF	4
8	Medical 2	708 SF	Business Areas	Gross	100 SF	8
Grand total: 7						



Life Safety Legend
1/4" = 1'-0"

Project: **Community Care Clinic - Dental**
Project No: **22027**
Location: **425 Health Center Dr. Nags Head, NC**
Title: **First Floor Plan**
Date: **December 12, 2022**
Scale: **As indicated**

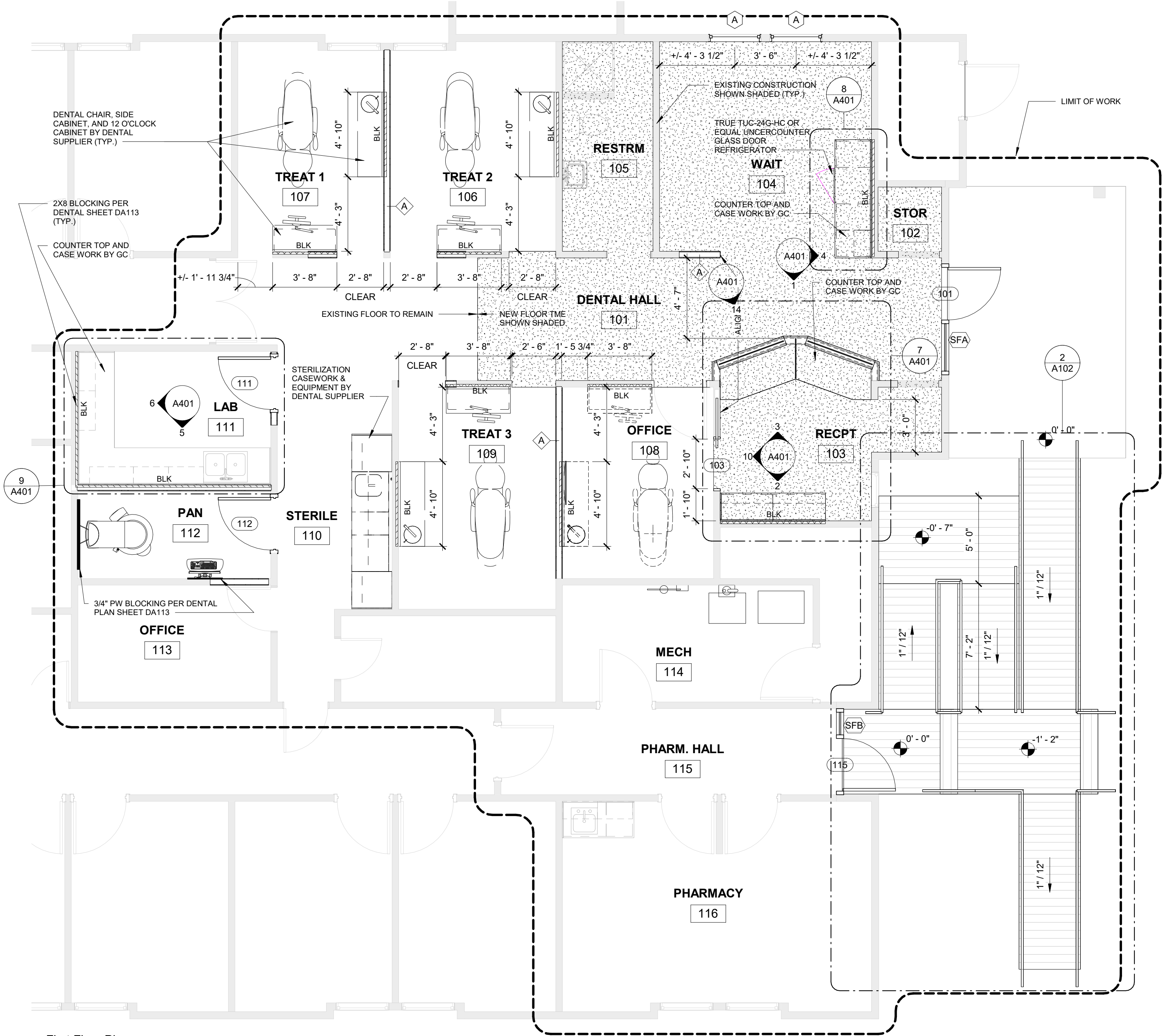
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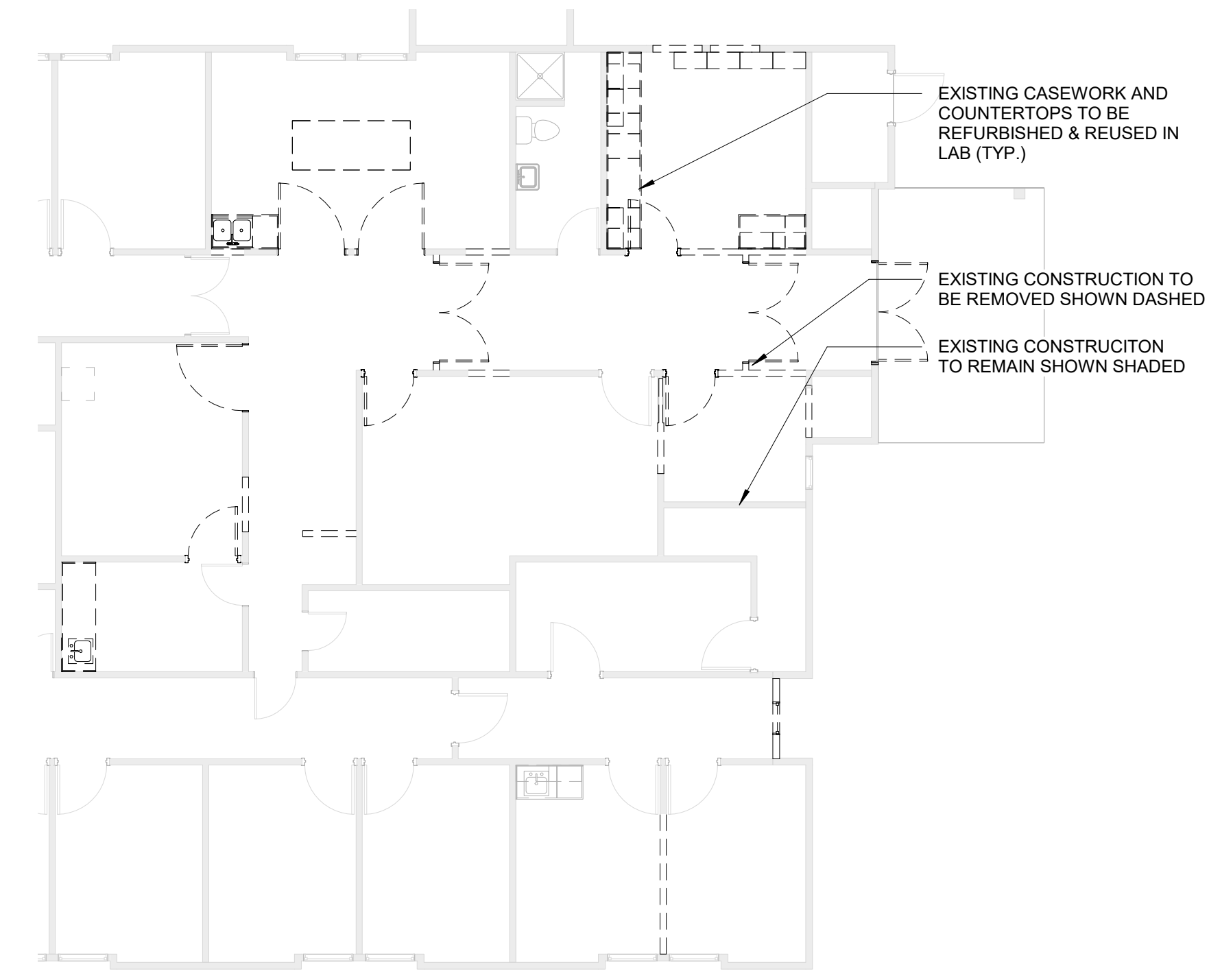
Revisions:

No.	Description	Date

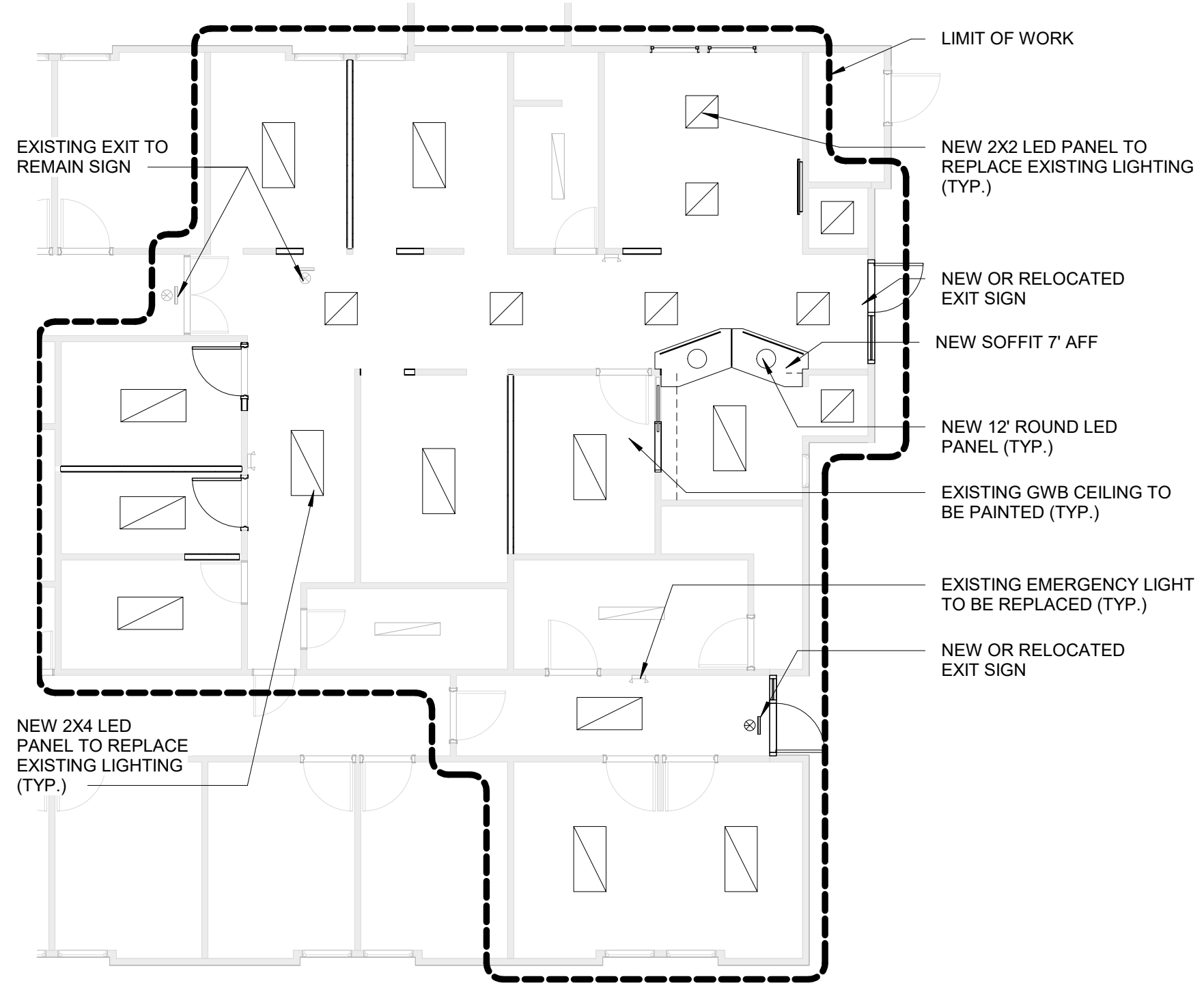
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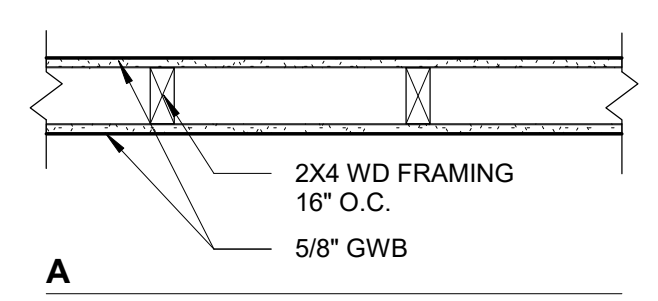
1 First Floor Plan
1/4" = 1'-0"



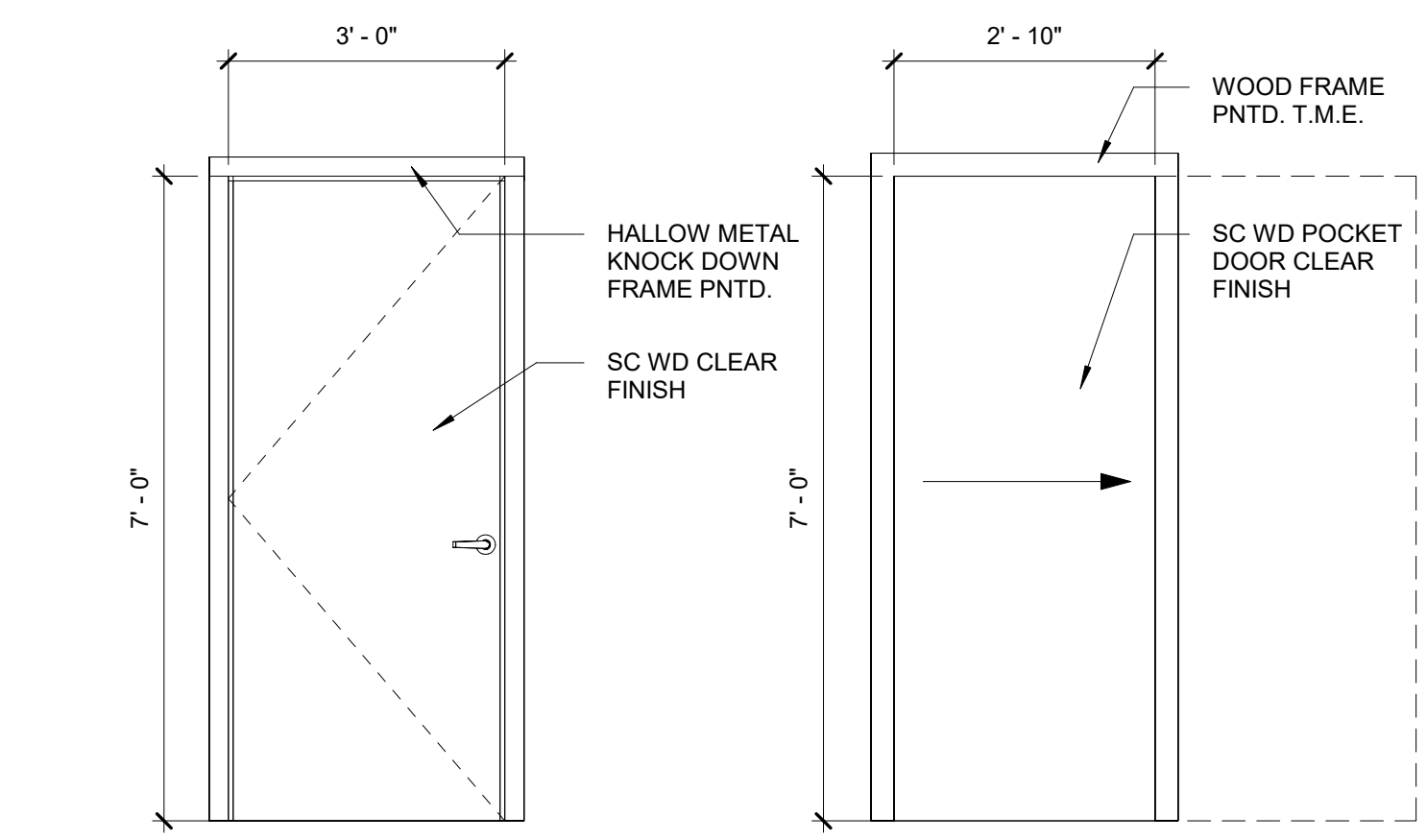
2 First Floor Demolition Plan
1/8" = 1'-0"



3 First Floor Reflected Ceiling Plan
1/8" = 1'-0"

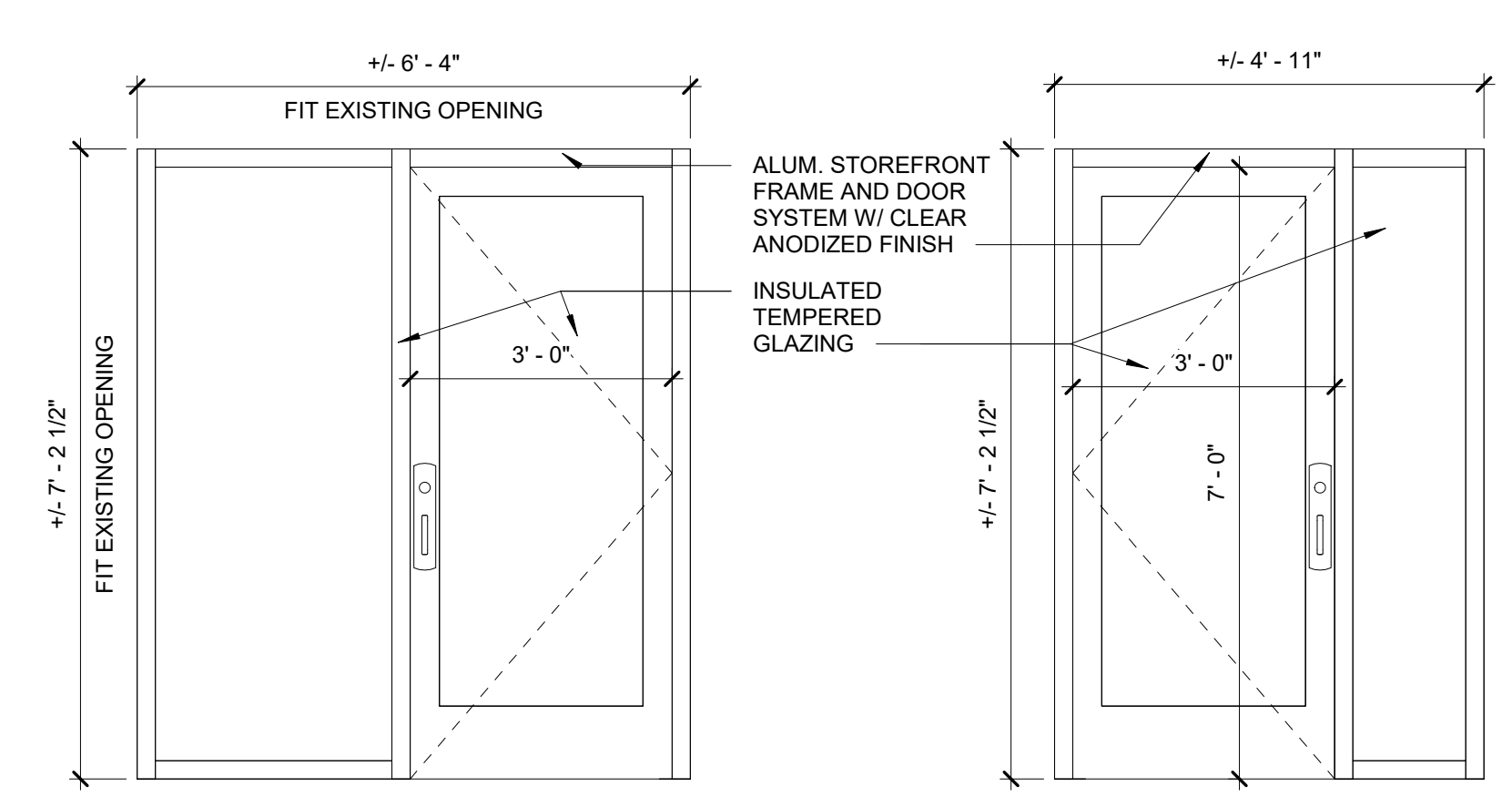


6 Wall Types
1" = 1'-0"



A Door Types
1/2" = 1'-0"

B



4 Storefront Type SFA
1/2" = 1'-0"

5 Storefront Type SFB
1/2" = 1'-0"

Room Number	Room Name	Floor Finish	Base Finish	Wall Finish	Ceiling Finish	Comments
101	DENTAL HALL	LVT TME* & EXISTING TO REMAIN	TPR TME** & EXISTING TO REMAIN	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
102	STOR	LVT TME*	TPR TME**	EXISTING GWB PNTD	EXISTING GWB PNTD	
103	RECPT	LVT TME*	TPR TME**	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
104	WAIT	LVT TME*	TPR TME**	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
105	RESTRM	LVT TME*	TPR TME**	EXISTING GWB PNTD	EXISTING GWB PNTD	
106	TREAT 2	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
107	TREAT 1	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
108	OFFICE	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
109	TREAT 3	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
110	STERILE	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING GWB PNTD	EXISTING GWB PNTD	
111	LAB	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
112	PAN	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
113	OFFICE	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING & NEW GWB PNTD	EXISTING GWB PNTD	
114	MECH	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING GWB PNTD	EXISTING GWB PNTD	
115	PHARM. HALL	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING GWB PNTD	EXISTING GWB PNTD	
116	PHARMACY	EXISTING TO REMAIN	EXISTING TO REMAIN	EXISTING GWB PNTD	EXISTING GWB PNTD	

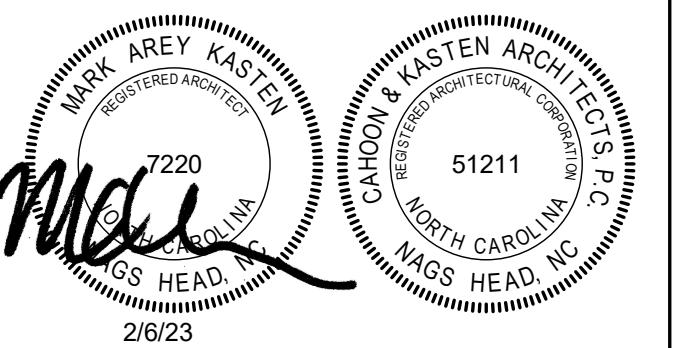
*Existing Flooring is TrafficMaster 95311 Brushed Oak Taupe 6 in. x 36 in. Luxury Vinyl Plank Flooring from Home Depot
**Existing Base is ROPPE 700 Series Dark Gray 4 in. x 1/8 in. Thermoplastic Rubber Wall Cove Base

Door Number	Description	Type	Door			Frame			Hardware Set	Comments			
			Width	Height	Thickness	Door Material	Finish	Fire Rating			Type	Material	Finish
101	Exterior Swing	***	3'-0"	7'-0"	0'-1 3/4"	ALUM/GLASS	ANDZ	0	SF	ALUM	ANDZ	1	***SEE STOREFRONT TYPE SFA
103	Interior Pocket	B	2'-10"	7'-0"	0'-1 3/8"	SC	CLR TME	0	WD	WD	PNTD	3	
111	Interior Swing	A	3'-0"	7'-0"	0'-1 3/4"	SC	CLR TME	0	HM	STL	PNTD	2	
112	Interior Swing	A	3'-0"	7'-0"	0'-1 3/4"	SC	CLR TME	0	HM	STL	PNTD	2	
115	Exterior Swing	***	3'-0"	7'-0"	0'-1 3/4"	ALUM/GLASS	ANDZ	0	SF	ALUM	ANDZ	1	***SEE STOREFRONT TYPE SFB

Type Mark	Model	Type	Manufacturer	R.O.		Thermal Resistance (R)	Heat Transfer Coefficient (U)	Solar Heat Gain Coefficient	Visual Light Transmittance	Head Height	Comments
				Width	Height						
A	Fixed	36" x 60"	TBD	3'-1"	6'-1"	2.8571 (h-ft ² -F)/BTU	0.3500 BTU/(h-ft ² -F)	0.26	0.42	6'-8"	

Project: **Community Care Clinic - Dental**
Project No: **22027**
Location: **425 Health Center Dr. Nags Head, NC**
Title: **Ramp Plan and Details**
Date: **December 12, 2022**
Scale: **As indicated**

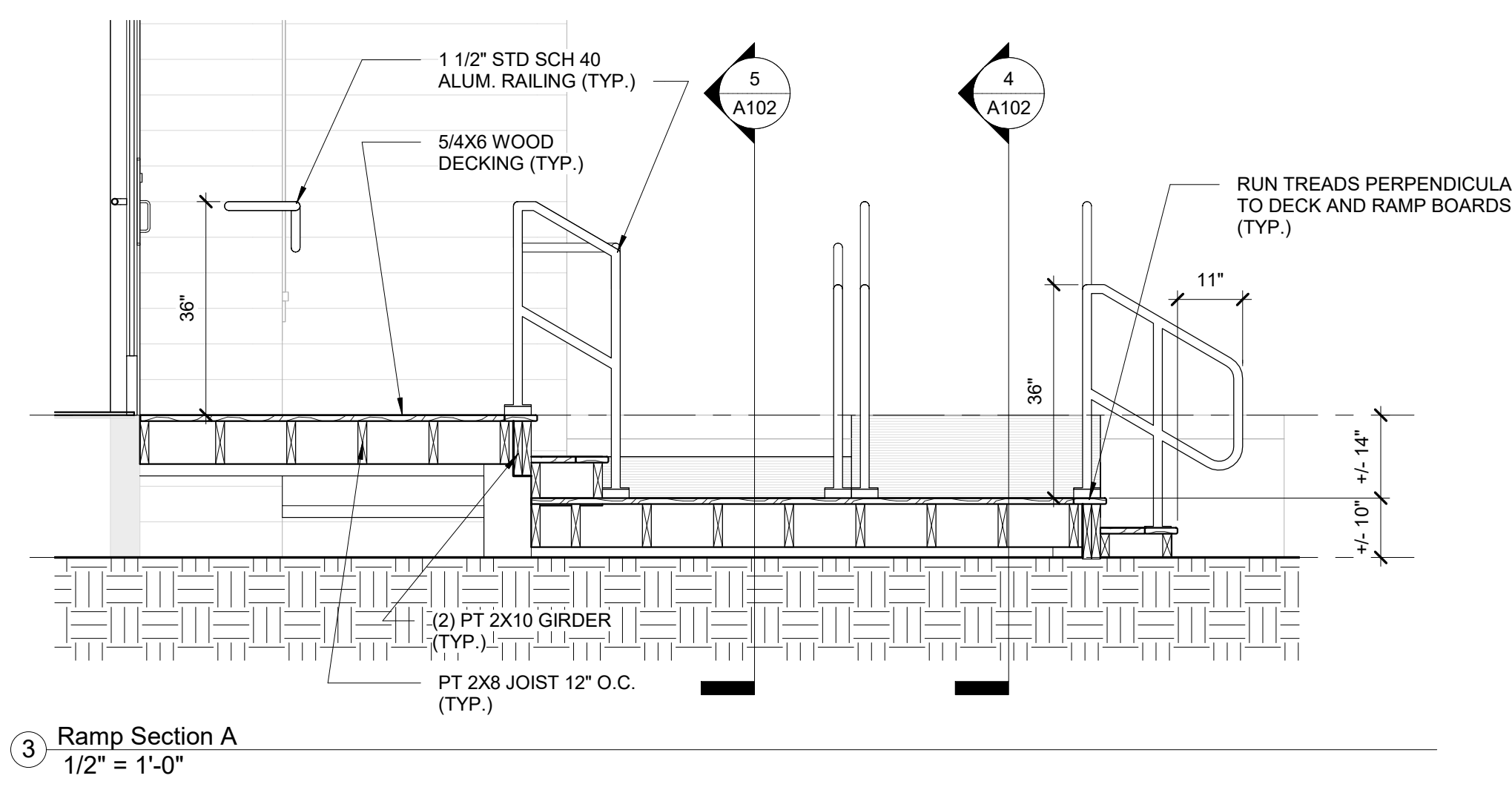
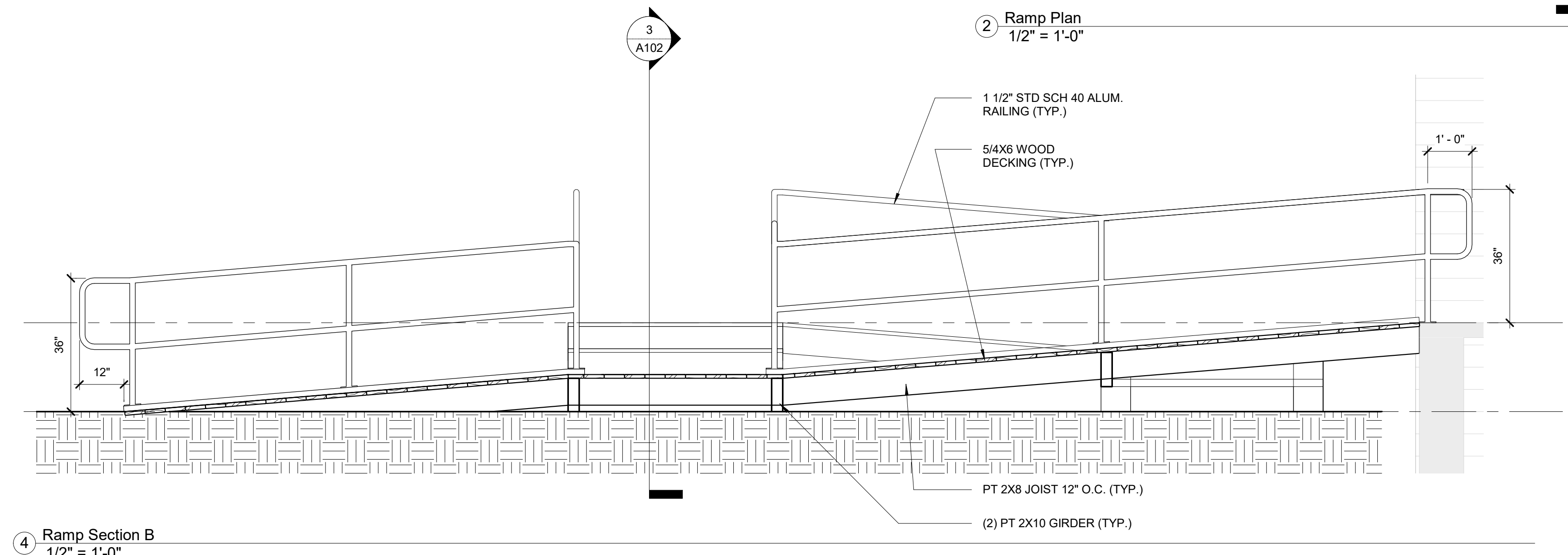
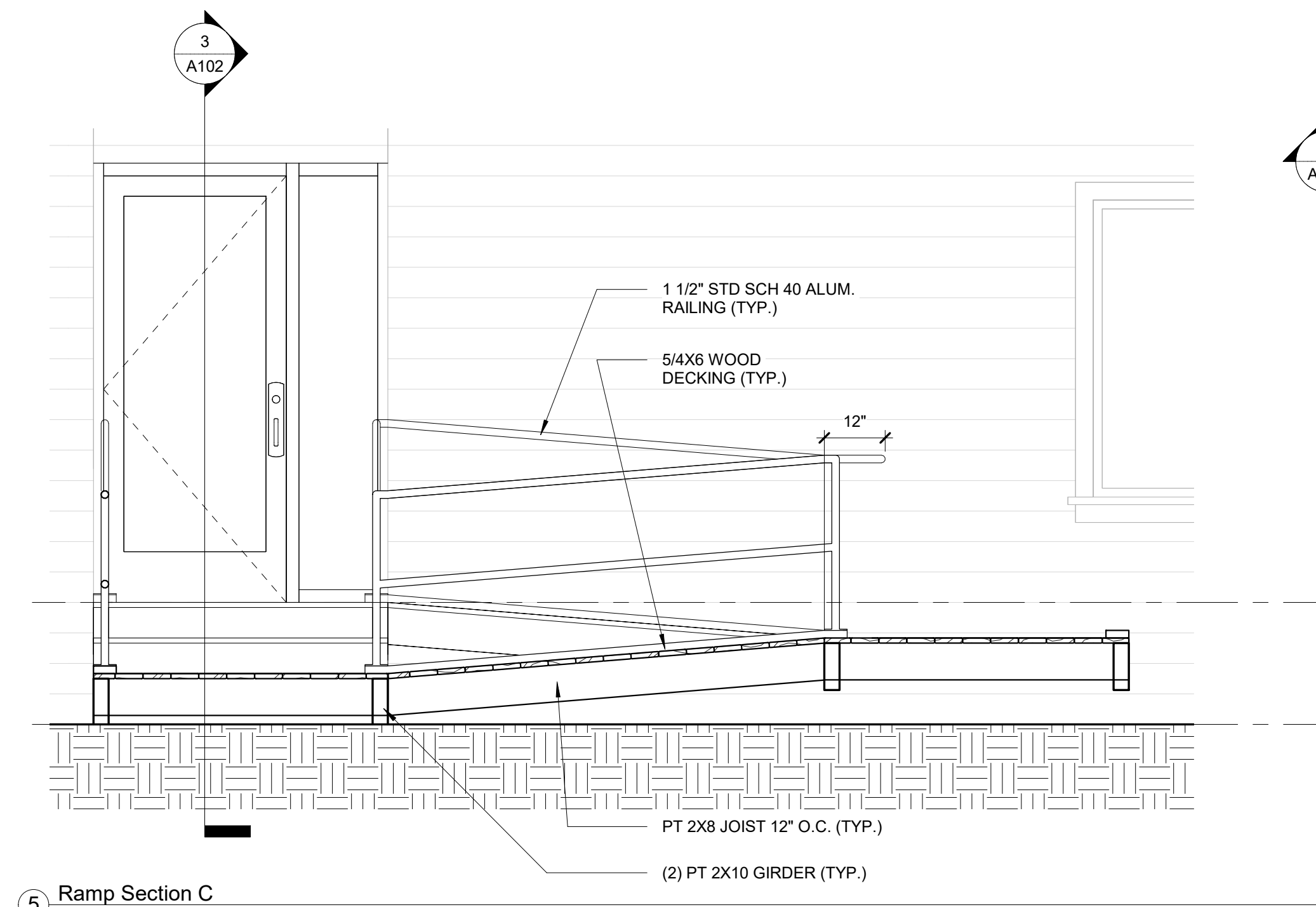
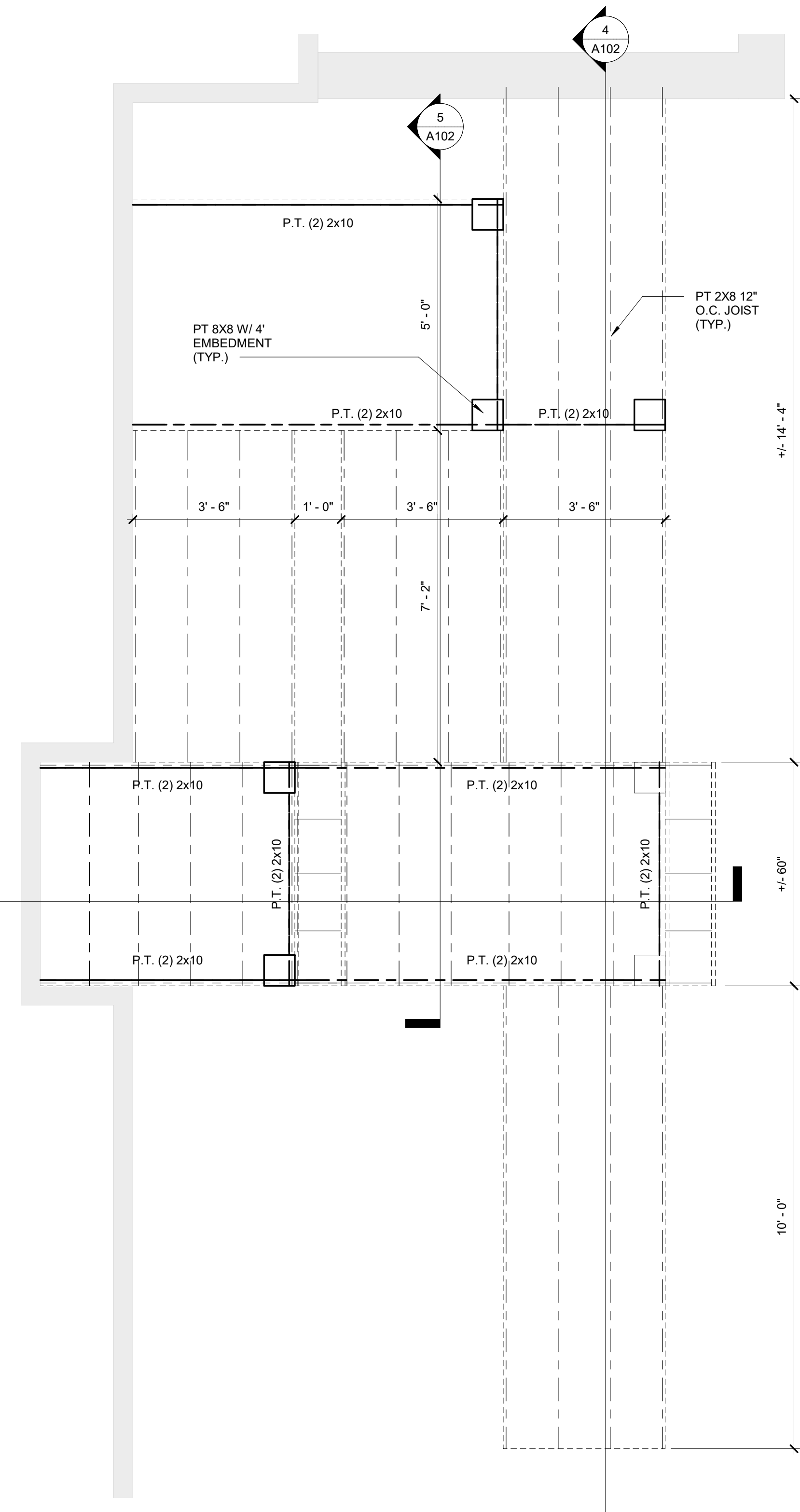
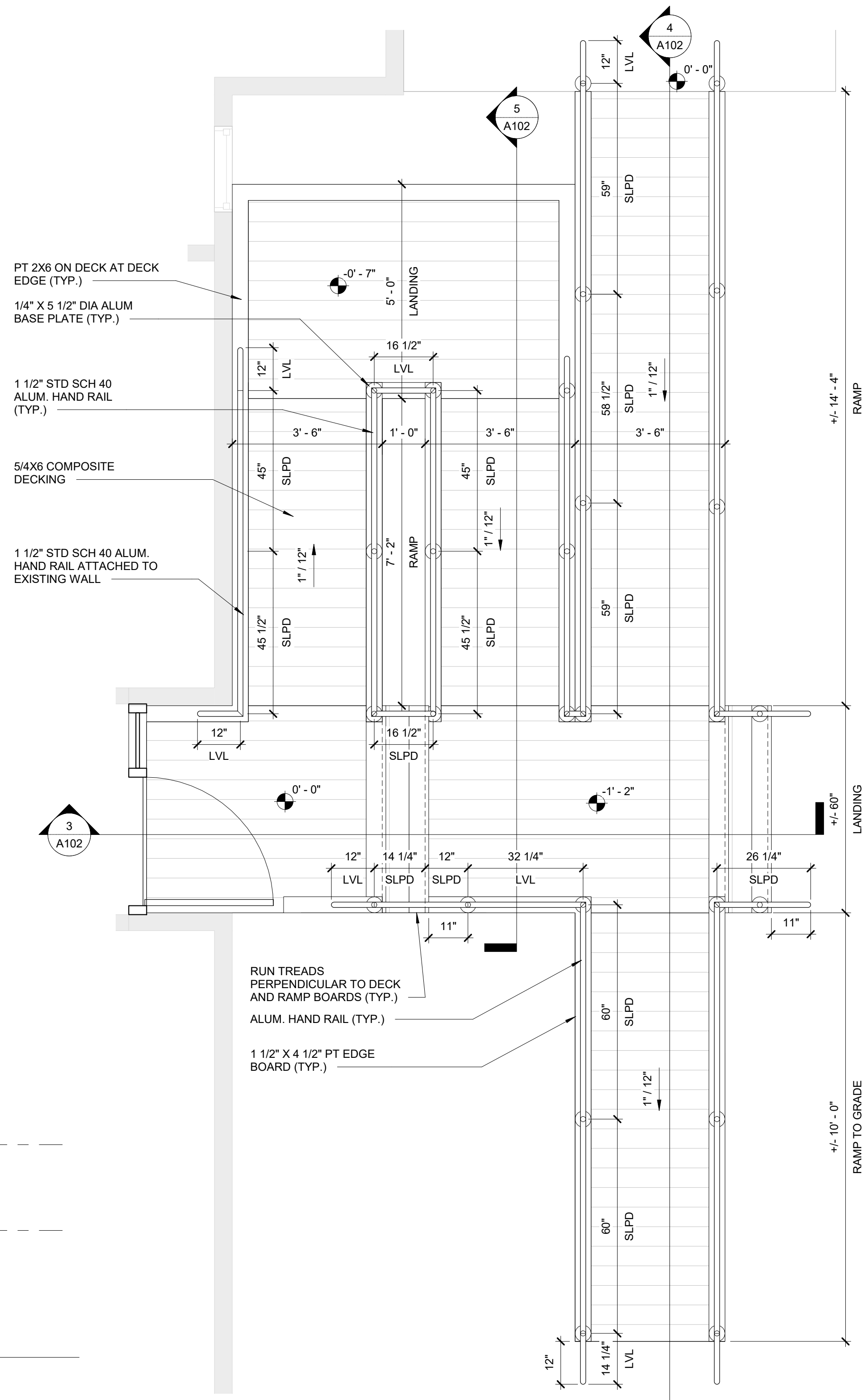
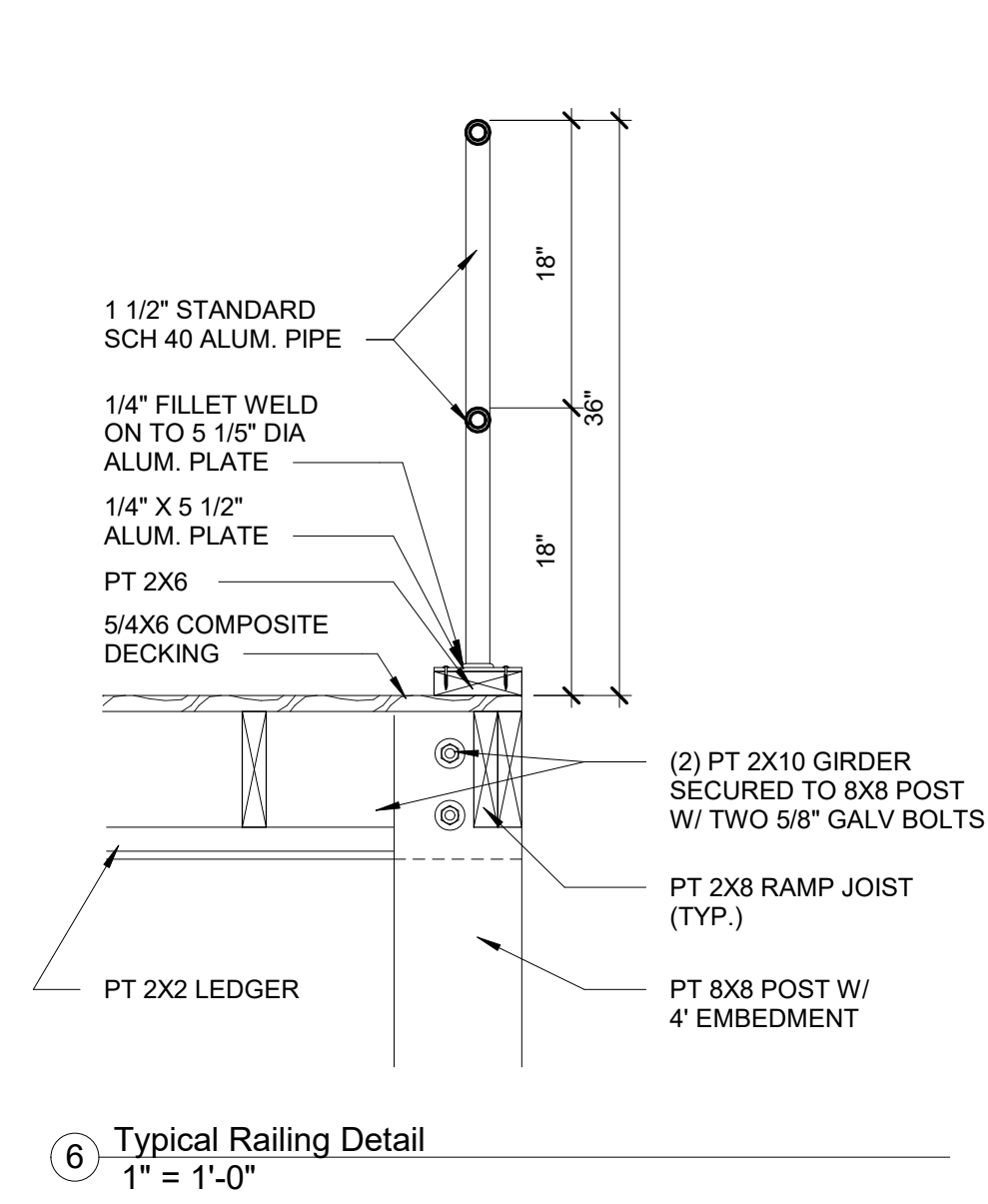
The designer shall not be responsible for any error, omission, defect or deficiency in the contract documents ("error") prepared by the designer or its consultants which in any way impacts the schedule of the project, results in a lack of coordination among the contract documents, delays the completion of the project or which in any other way causes any damage or loss to the owner, contractor, subcontractors, or other entity involved in the project, unless: (i) designer is promptly notified of such error, in any event within 14 days of the date such error was discovered or could reasonably have been discovered; and (ii) designer is given opportunity at the time of discovery to address such error, and, if appropriate, take such steps as are necessary to correct and resolve it. Failure to comply with the provisions of this paragraph shall constitute a waiver of any claim for damages, or a right to offset against designer by owner, contractor or others and shall in no event cause or allow a reduction in the fees otherwise due designer for services provided on the project.

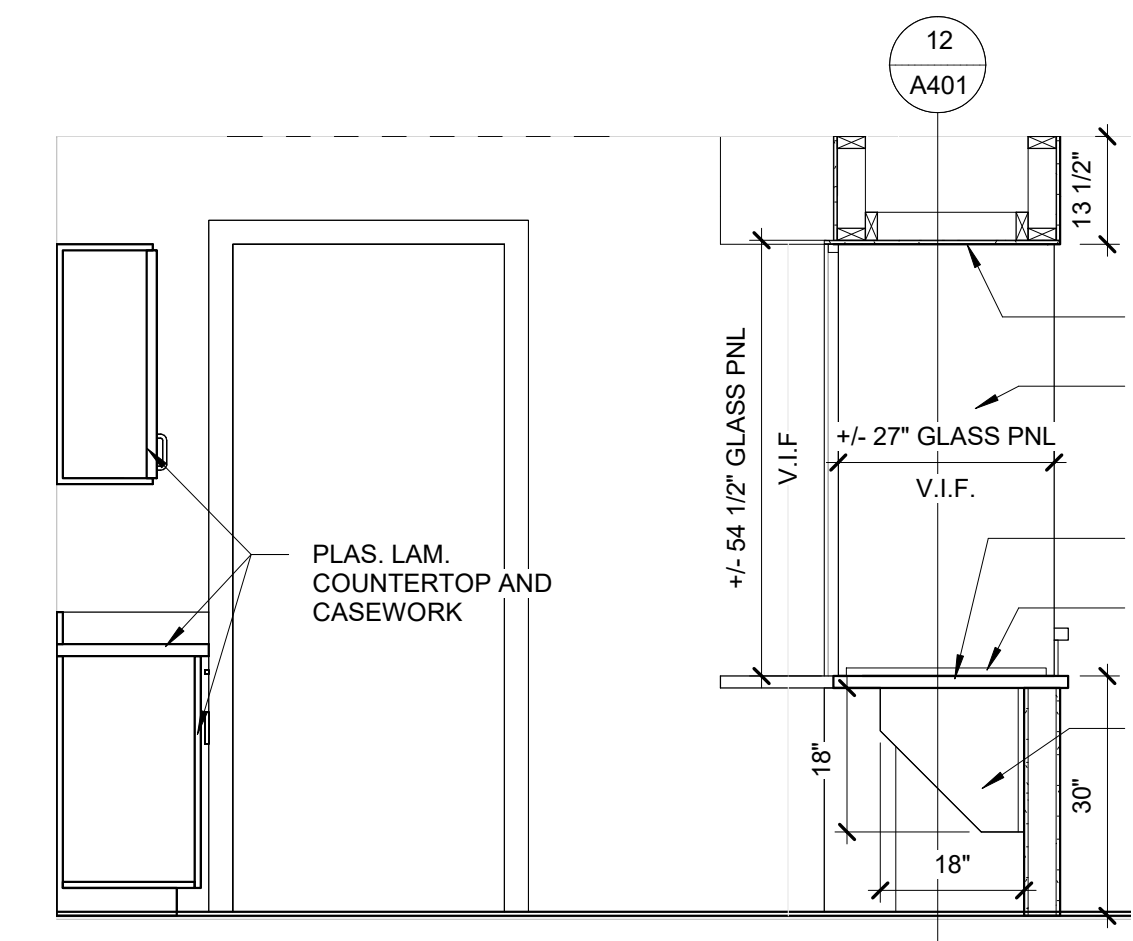


Revisions:

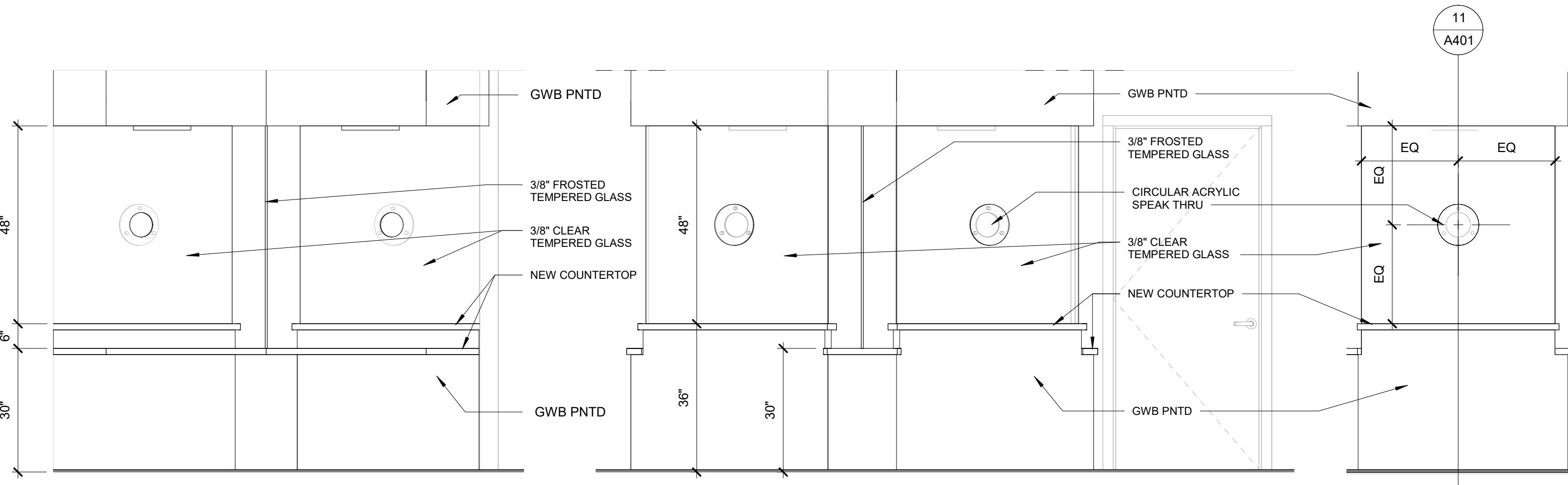
No.	Description	Date

Designed: Designer
Drawn: Author
Reviewed: Checker
Cad File: **A102**





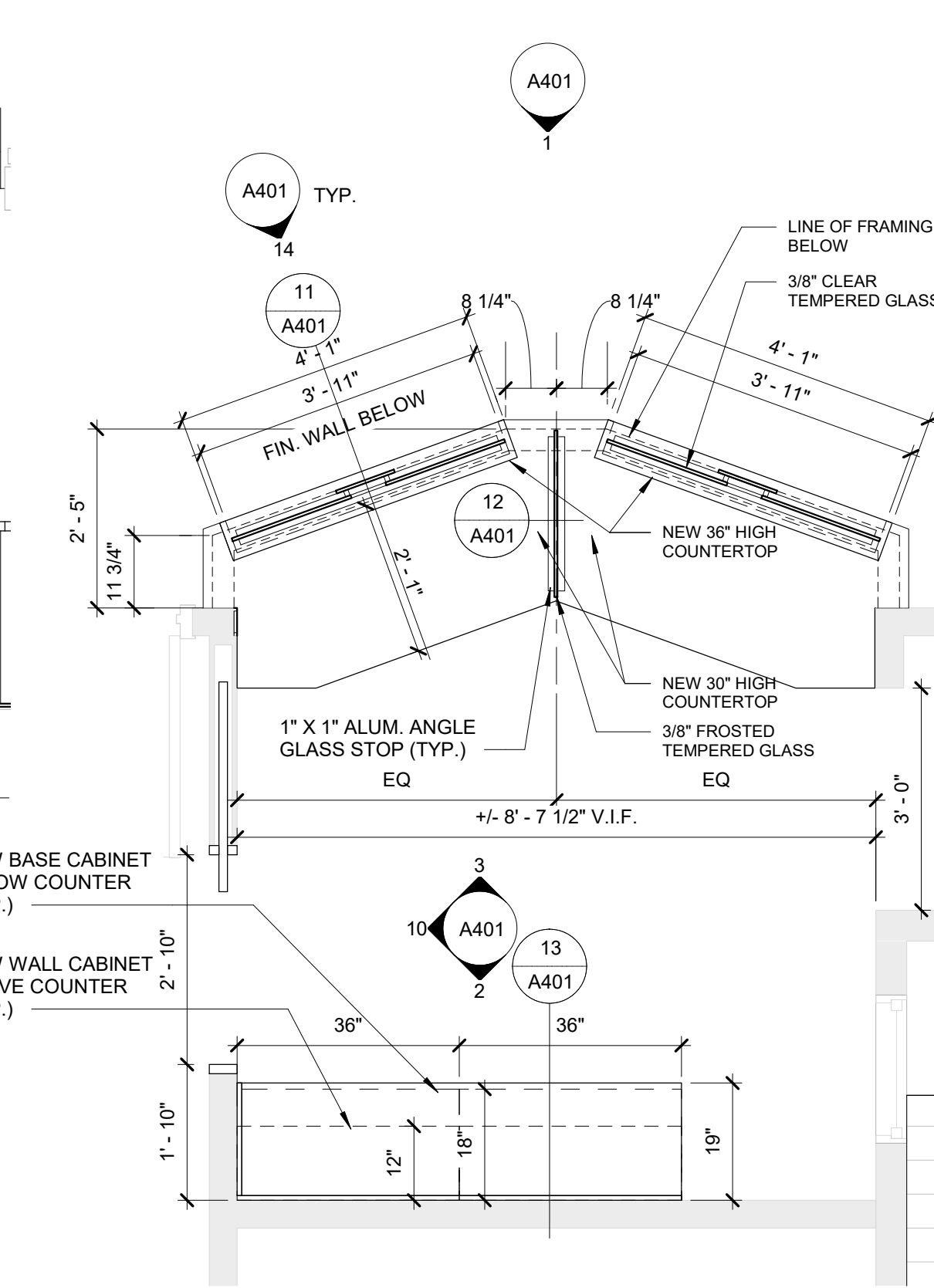
10 Reception Elevation C
1/2" = 1'-0"



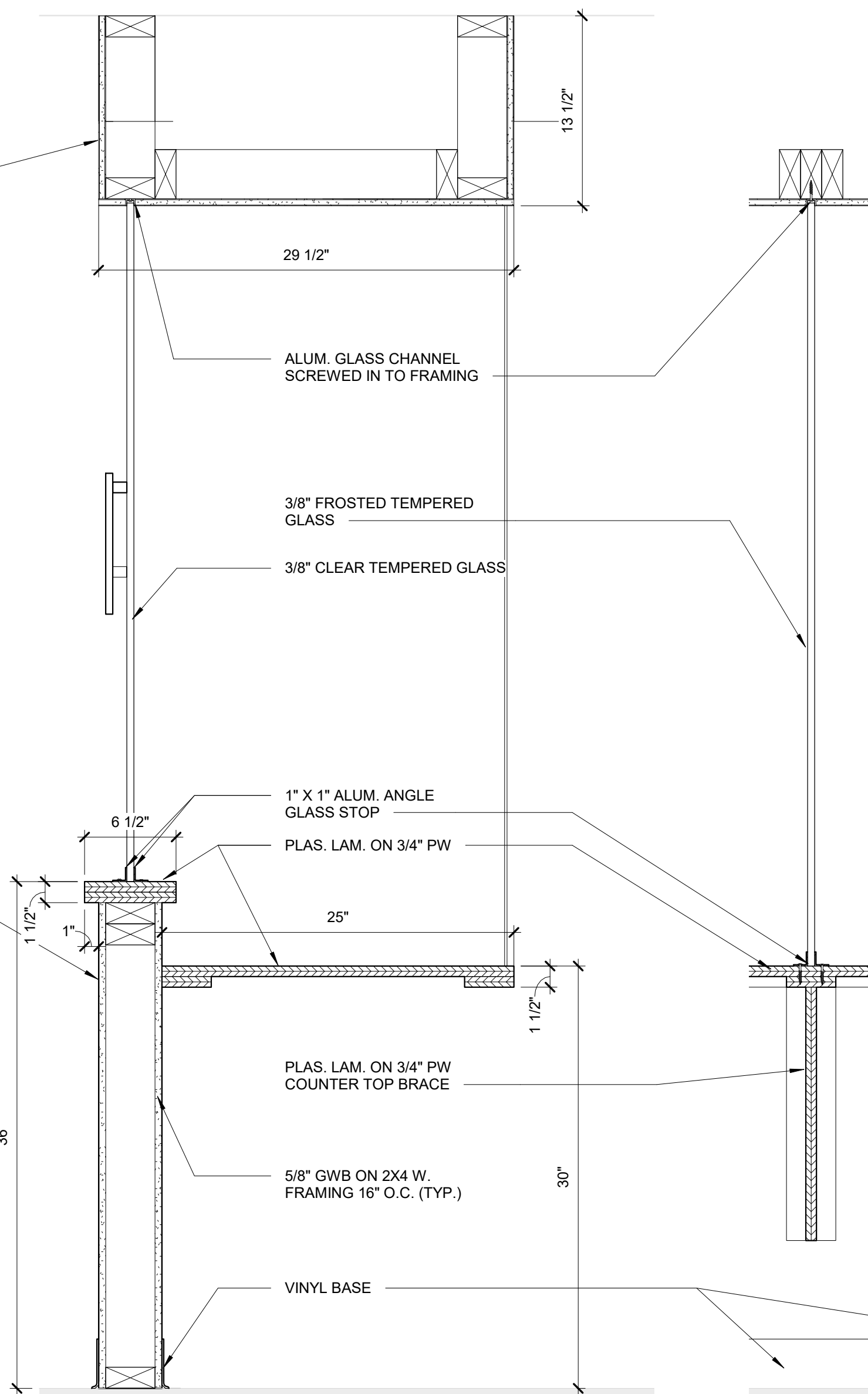
3 Reception Elevation B
1/2" = 1'-0"

1 Reception Elevation A
1/2" = 1'-0"

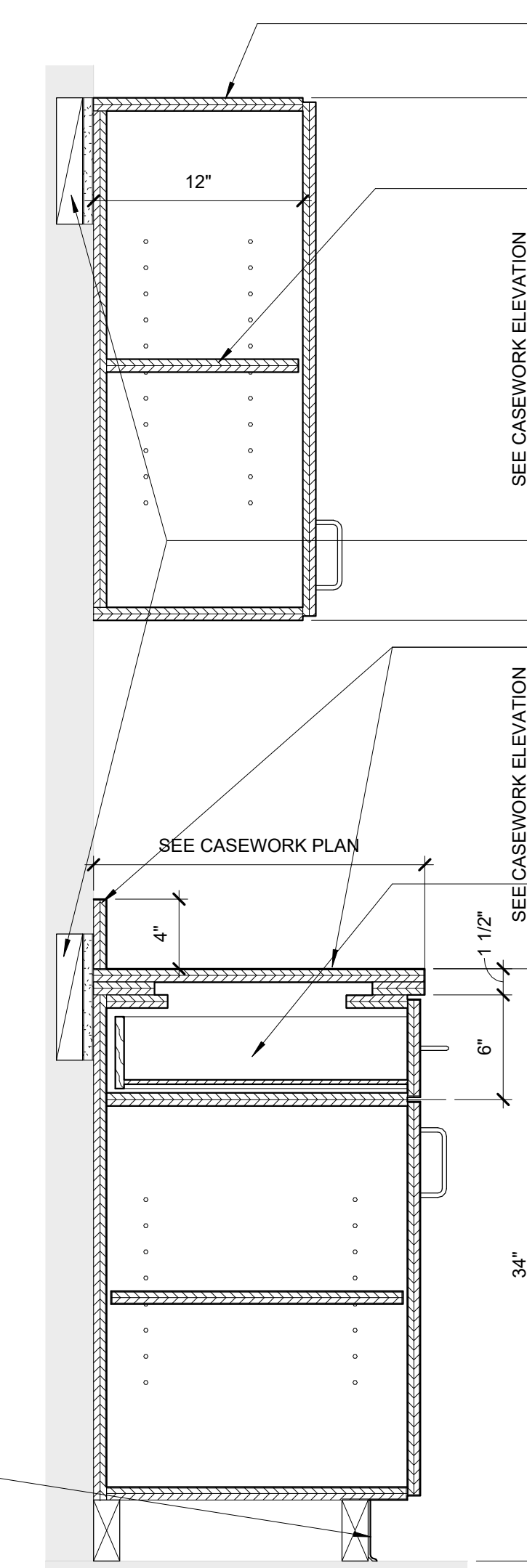
14 Speak-Thru Detail
1/2" = 1'-0"



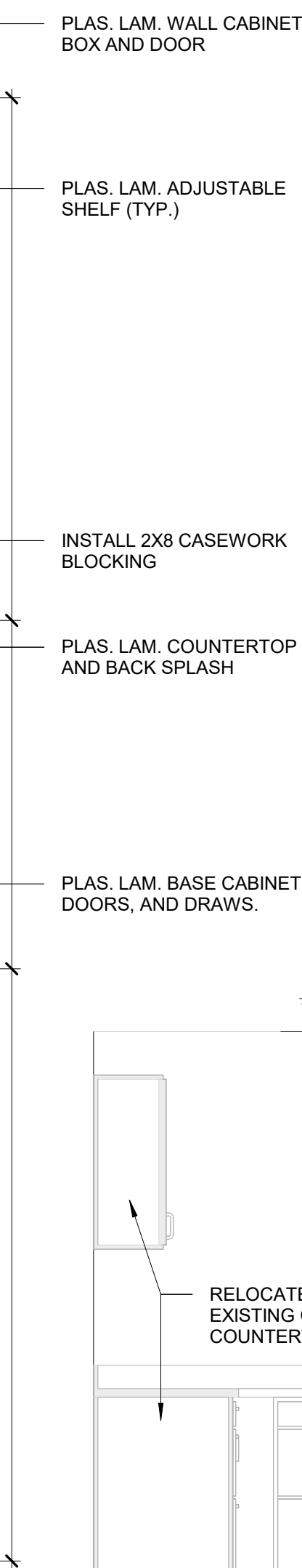
7 Reception Casework Plan
1/2" = 1'-0"



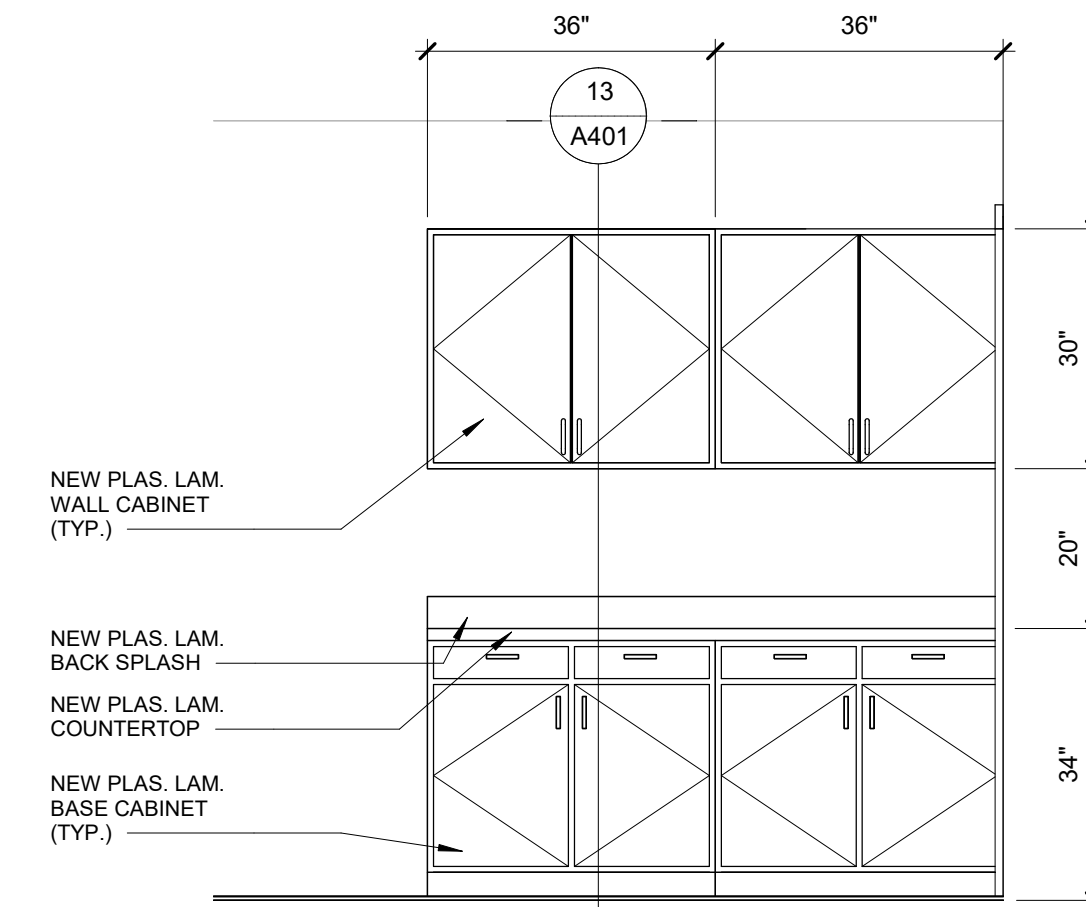
11 Reception Detail A
1 1/2" = 1'-0"



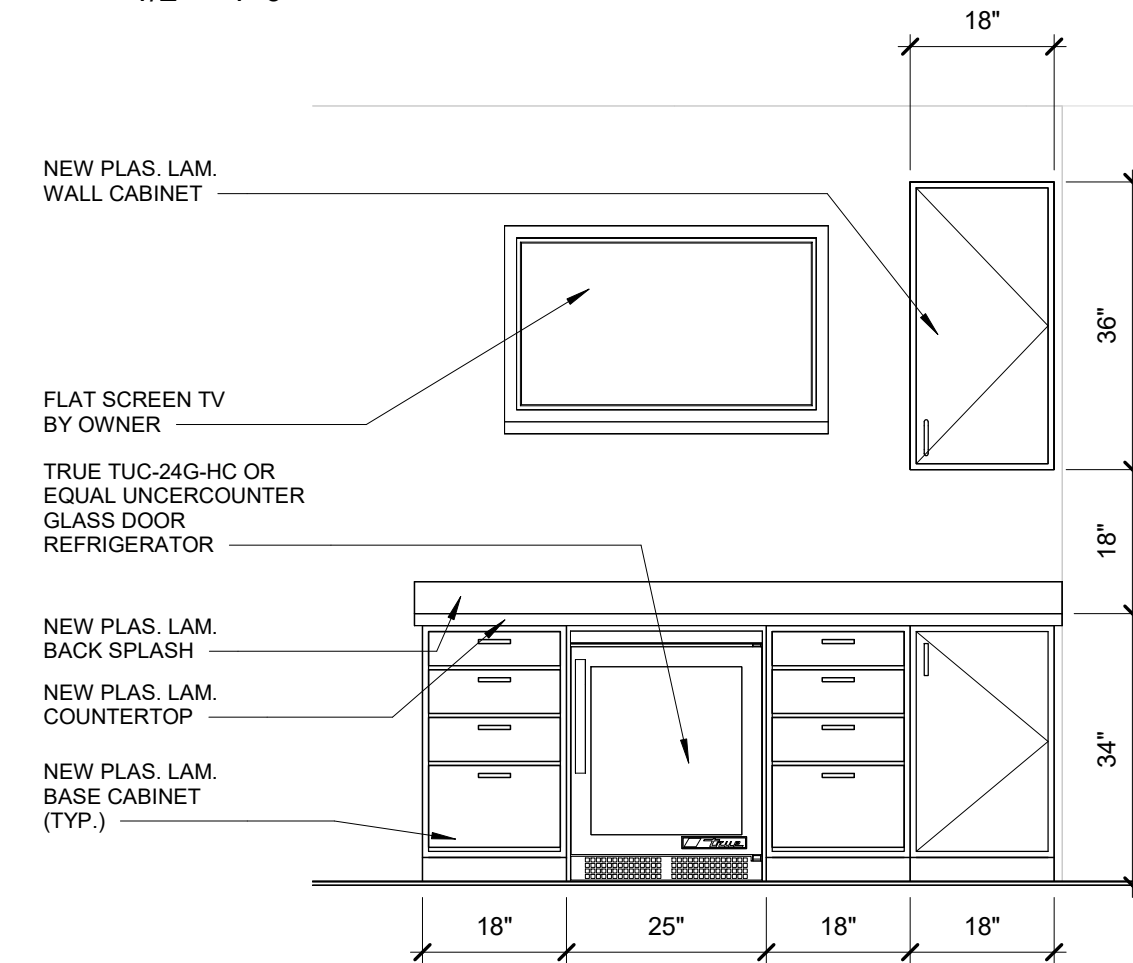
12 Reception Detail B
1 1/2" = 1'-0"



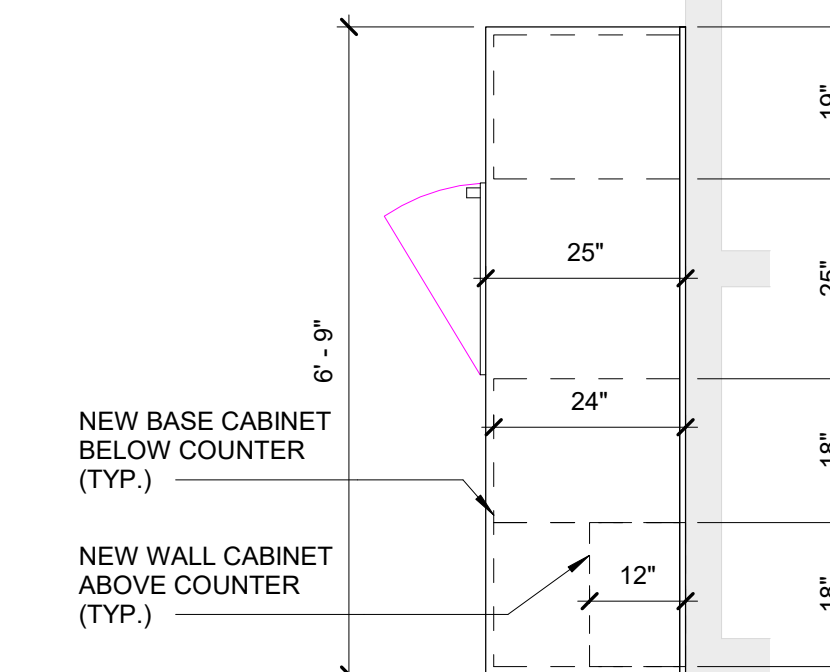
13 Typical Casework Detail
1 1/2" = 1'-0"



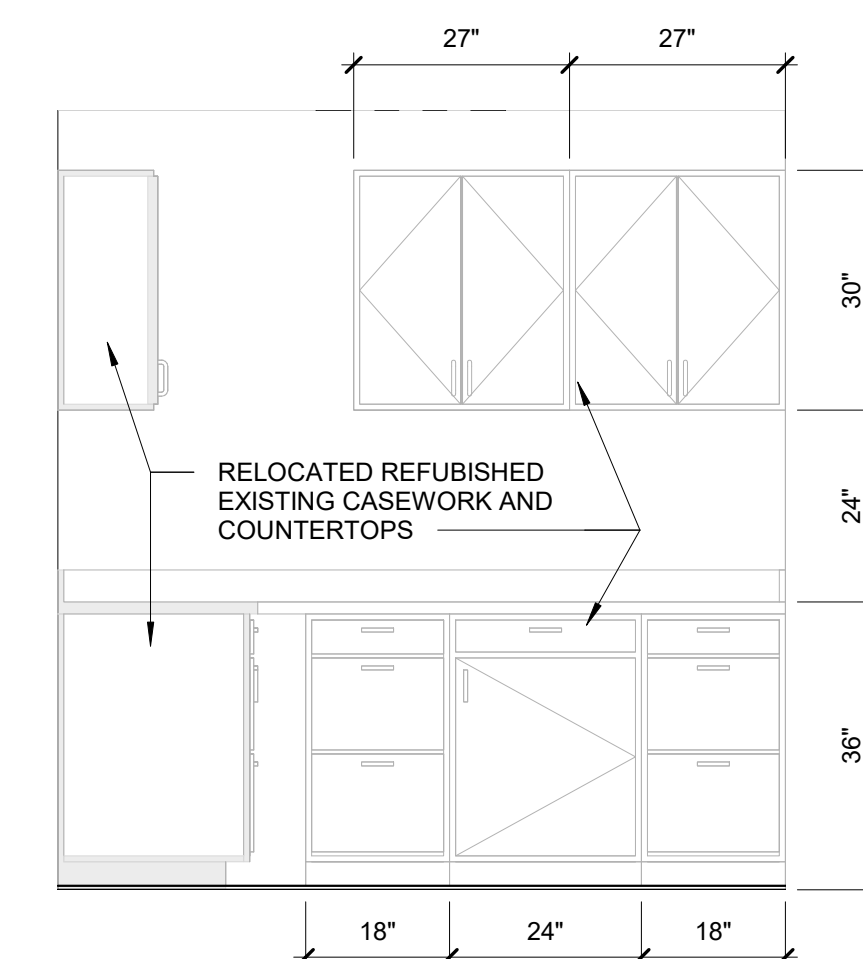
2 Reception Casework Elevation A
1/2" = 1'-0"



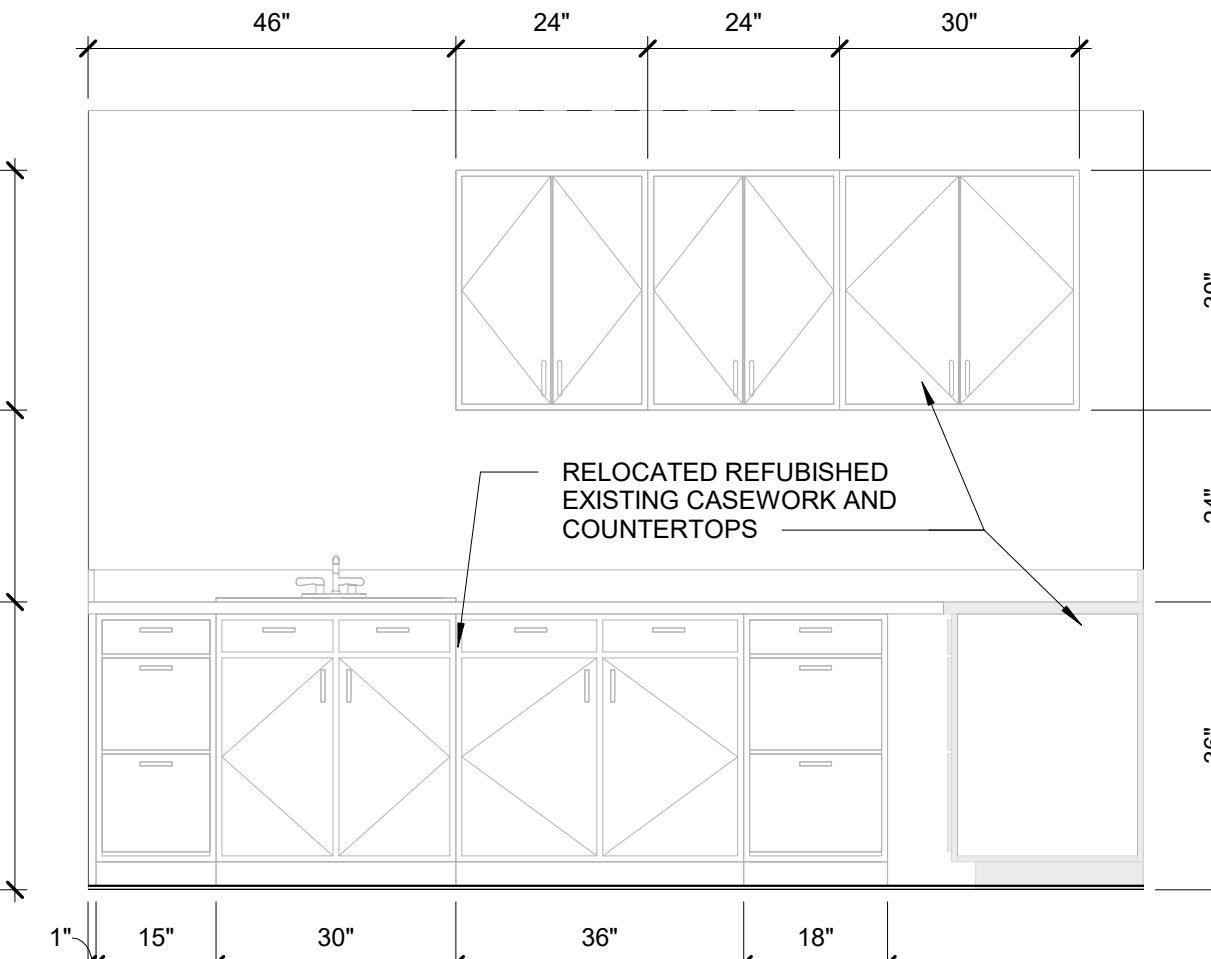
4 Waiting Casework Elevation
1/2" = 1'-0"



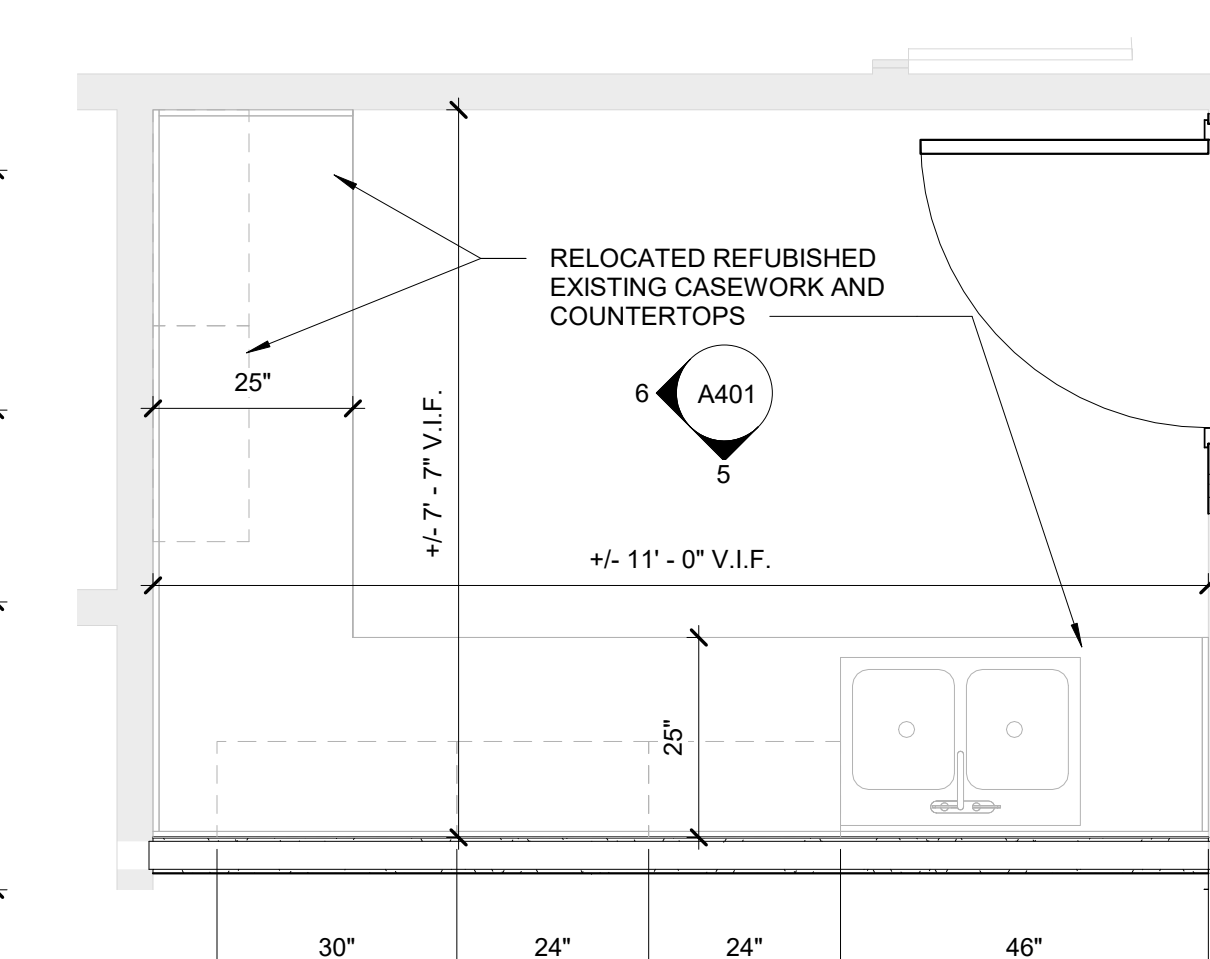
8 Waiting Casework Plan
1/2" = 1'-0"



6 Lab Casework Elevation A
1 1/2" = 1'-0"



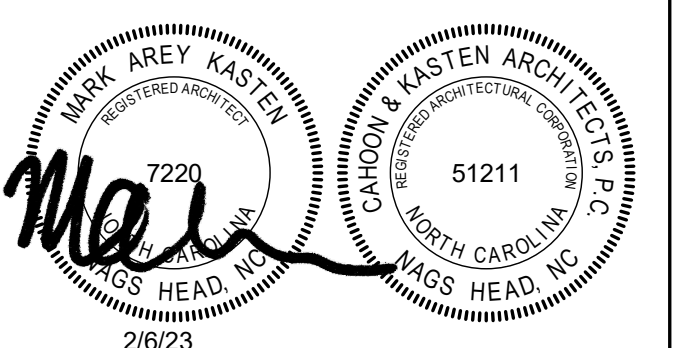
5 Lab Casework Elevation B
1/2" = 1'-0"



9 Lab Casework Plan
1/2" = 1'-0"

Project: **Community Care Clinic - Dental**
Project No: **22027**
Location: **425 Health Center Dr. Nags Head, NC**
Title: **Enlarged Plans & Interior Elevations**
Date: **December 12, 2022**
Scale: **As indicated**

The designer shall not be responsible for any error, omission, defect or deficiency in the contract documents ("error") prepared by the designer or its consultants which in any way impacts the schedule of the project, results in a lack of coordination among the contract documents, delays the completion of the project or which in any other way causes any damage or loss to the owner, contractor, subcontractors, or other entity involved in the project, unless: (i) designer is promptly notified of such error, in any event within 14 days of the date such error was discovered or could reasonably have been discovered; and (ii) designer is given opportunity at the time of discovery to address such error, and, if appropriate, take such steps as are necessary to correct and resolve it. Failure to comply with the provisions of this paragraph shall constitute a waiver of any claim for damages, or a right to offset against designer by owner, contractor or others and shall in no event cause or allow a reduction in the fees otherwise due designer for services provided on the project.

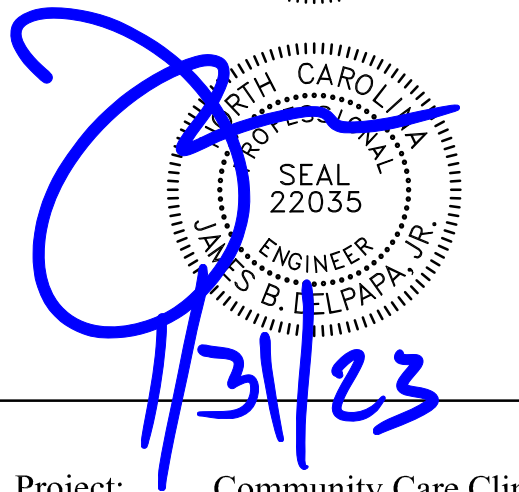
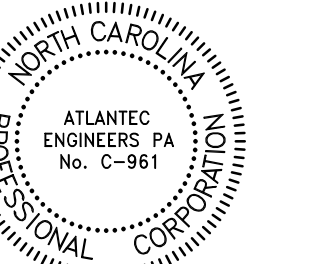


Revisions:

No.	Description	Date

Designed: Designer
Drawn: Author
Reviewed: Checker
Cad File:

A401



Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr. Nags Head, NC
Title: Plumbing Plan
Date: 01.31.2023
Scale: As indicated

WATER PIPING PLAN

The designer shall not be responsible for any error, omission, defect or deficiency in the contract documents ("error") prepared by the designer or its consultants which in any way impacts the schedule of the project, results in a lack of coordination among the contract documents, delays the completion of the project or which in any other way causes any damage or loss to the owner, contractor, subcontractors, or other entity involved in the project, unless: (i) designer is promptly notified of such error, in any event within 14 days of the date such error was discovered or could reasonably have been discovered; and (ii) designer is given opportunity at the time of discovery to address such error, and, if appropriate, take such steps as are necessary to correct and resolve it. Failure to comply with the provisions of this paragraph shall constitute a waiver of any claim for damages, or a right to offset against designer by owner, contractor or others and shall in no event cause or allow a reduction in the fees otherwise due designer for services provided on the project.

Revisions:

No.	Description	Date

Designed: DRD
Drawn: DRD
Reviewed: JBD
Cad File:
P101

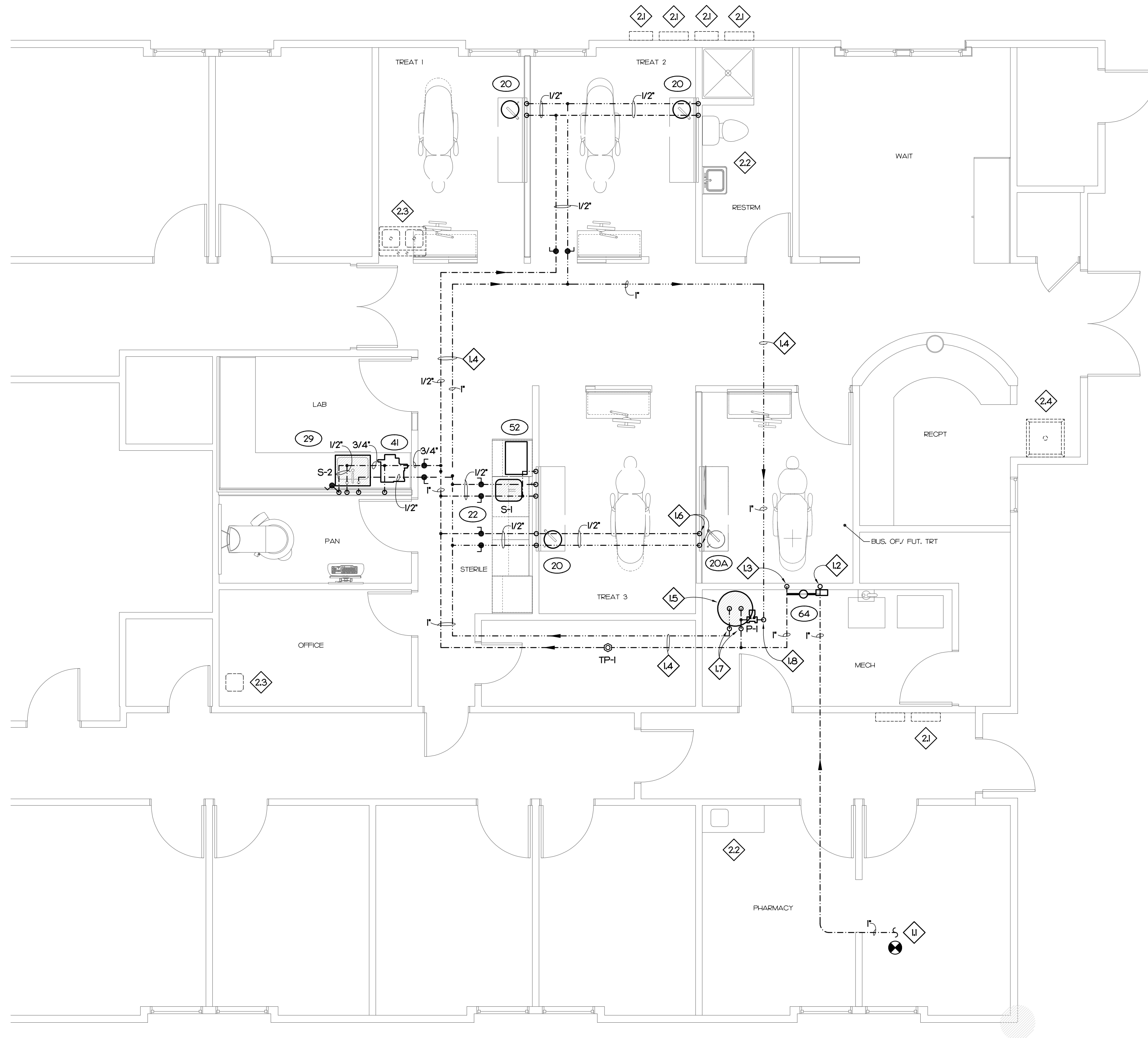
DENTAL EQUIPMENT SCHEDULE

ITEM	DESCRIPTION	C.W.	H.W.	S.S.	A.	V.A.	N ₂ O	O ₂	NOTES					
									1	2	3	4	5	
1	DENTAL CHAIR				1/2"	1/2"				●				
1A	FUTURE DENTAL CHAIR				1/2"	1/2"					●			
19	SIDE CABINET IN REAR LOCATION				1/2"						●			
19A	FUTURE SIDE CABINET IN REAR LOCATION				1/2"							●		
20	SIDE CABINET	1/2"	1/2"	1 1/2"	1/2"						●			
20A	FUTURE SIDE CABINET	1/2"	1/2"	1 1/2"	1/2"							●		
22	STERILIZATION CABINET	1/2"	1/2"	1 1/2"	1/2"	1/2"					●			
29	LAB CABINETS	1/2"	1/2"	1 1/2"	1/2"							●		
40	PLASTER TRAP			1 1/2"							●			
41	MODEL TRIMMER	1/2"									●			
52	ULTRASONIC CLEANER	1/2"	1/2"								●			
60	COMPRESSOR				1/2"						●			
61	DRY VACUUM SYSTEM	1/2"		1 1/2"		2"					●			
65	AMALGAM SEPARATOR					2"					●			
64	WATER SHUT OFF WITH FILTER	X"		1 1/2"		2"					●			

NOTES:
1. ALL EQUIPMENT DIRECTLY CONNECTED TO THE WATER SYSTEM SHALL BE PROVIDED WITH A VACUUM BREAKER.
EXISTING RELOCATED
SUPPLIED BY PATTERSON DENTAL AND INSTALLED BY PATTERSON DENTAL PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.
SUPPLIED BY DOCTOR AND INSTALLED BY PATTERSON DENTAL PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.
PLUMBING CONTRACTOR TO PROVIDE ALL VALVES, PIPING, VENTS, AND CONNECTIONS AS REQUIRED.
SUPPLIED BY GENERAL CONTRACTOR AND INSTALLED BY GENERAL CONTRACTOR PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.
SUPPLIED BY PATTERSON DENTAL AND INSTALLED BY PLUMBING CONTRACTOR PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.

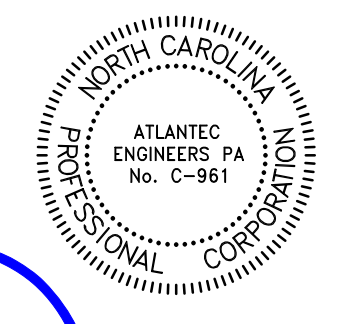
PLUMBING KEY NOTES

- 11. CONNECT TO EXISTING COLD WATER LINE IN CRAWL SPACE. PLUMBING CONTRACTOR TO FIELD VERIFY LOCATION AND MAKE CONNECTION AS REQUIRED.
- 12. RISE UP FROM CRAWL SPACE TO ITEM 64.
- 13. RISE UP TO ABOVE FINISHED CEILING.
- 14. WATER PIPING ABOVE FINISHED CEILING. COORDINATE LOCATION WITH MECHANICAL AND ELECTRICAL CONTRACTORS.
- 15. LOCATE WATER HEATER (WH) AND RECIRC. PUMP (P-1) IN ATTIC.
- 16. STUB OUT AND CAP 1/2" COLD AND 1/2" HOT WATER FOR FUTURE SIDE CABINET.
- 17. COLD AND HOT WATER PIPING TO AND FROM WATER HEATER IN ATTIC.
- 18. HOT WATER RETURN UP TO WATER HEATER IN ATTIC.
- 21. ELECTRICAL EQUIPMENT BY ELECTRICAL CONTRACTOR.
- 22. NO WORK IN THIS AREA. EXISTING PLUMBING FIXTURES AND PIPING TO REMAIN.
- 23. REMOVE EXISTING SINK AND APPURTENANCES. CAP RELATED PIPING AS REQUIRED.
- 24. REMOVE EXISTING MOP SINK AND APPURTENANCES. CAP RELATED PIPING AS REQUIRED.



1 WATER PIPING PLAN

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



[Handwritten Signature]
SEAL
22035
1/13/23

Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr. Nags Head, NC
Title: Plumbing Plan
Date: 01.31.2023
Scale: As indicated

WASTE PIPING PLAN

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Revisions:

No.	Description	Date

Designed: DRD
Drawn: DRD
Reviewed: JBD
Cad File:
P102

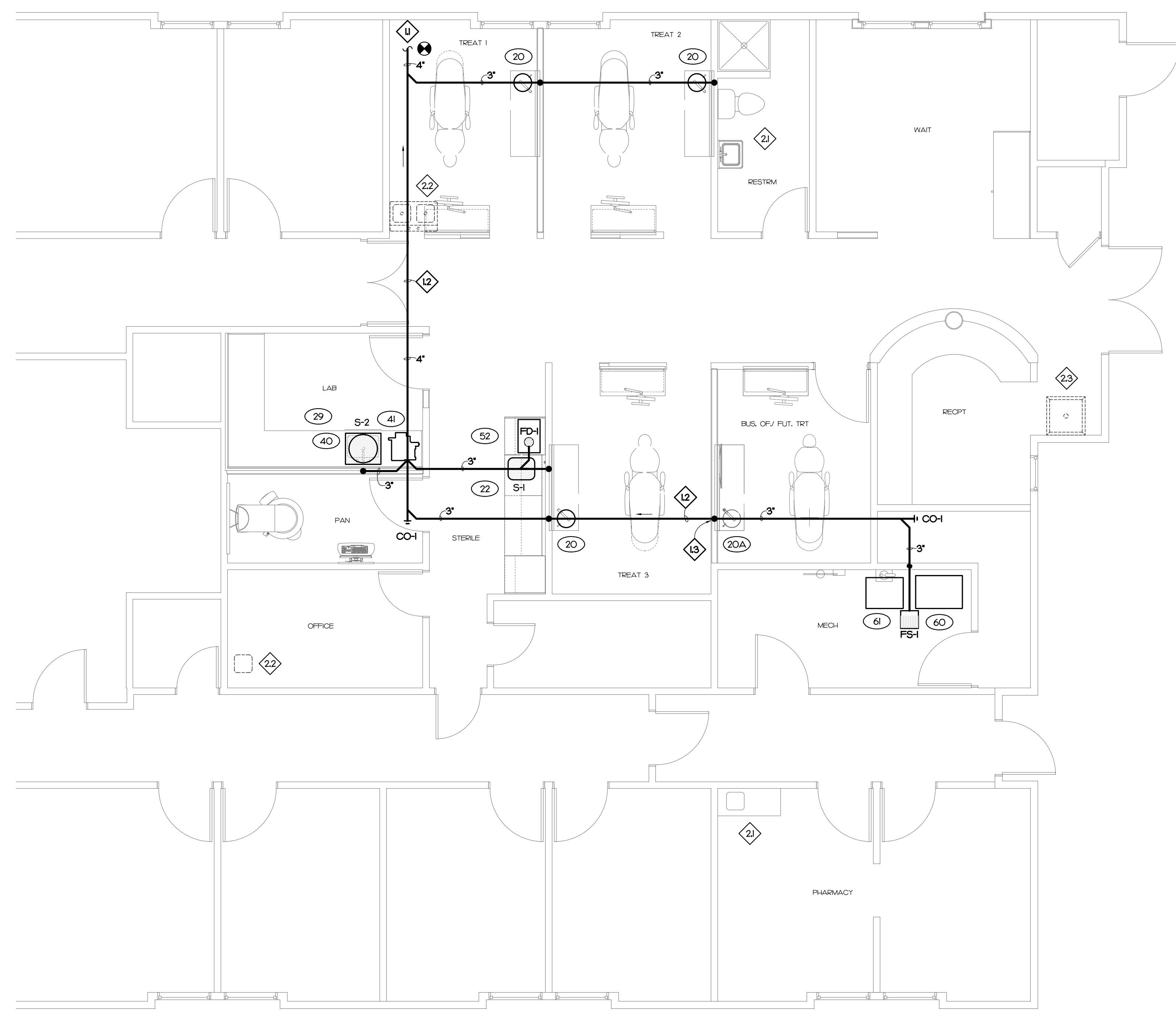
DENTAL EQUIPMENT SCHEDULE

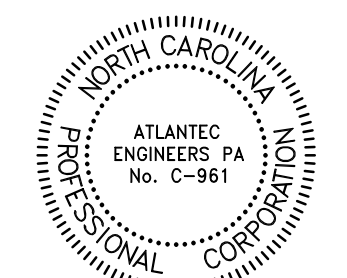
ITEM	DESCRIPTION	C.W.	H.W.	S.S.	A.	V.A.	N ₂ O	O ₂	NOTES					
									1	2	3	4	5	
1	DENTAL CHAIR				1/2"	1/2"				●				
1A	FUTURE DENTAL CHAIR				1/2"	1/2"					●			
19	SIDE CABINET IN REAR LOCATION				1/2"						●			
19A	FUTURE SIDE CABINET IN REAR LOCATION				1/2"							●		
20	SIDE CABINET	1/2"	1/2"	1 1/2"	1/2"						●			
20A	FUTURE SIDE CABINET	1/2"	1/2"	1 1/2"	1/2"							●		
22	STERILIZATION CABINET	1/2"	1/2"	1 1/2"	1/2"	1/2"					●			
29	LAB CABINETS	1/2"	1/2"	1 1/2"	1/2"							●		
40	PLASTER TRAP			1 1/2"							●			
41	MODEL TRIMMER	1/2"									●			
52	ULTRASONIC CLEANER	1/2"	1/2"								●			
60	COMPRESSOR				1/2"						●			
61	DRY VACUUM SYSTEM	1/2"		1 1/2"		2"					●			
65	AMALGAM SEPARATOR					2"						●		
64	WATER SHUT OFF WITH FILTER	X"		1 1/2"		2"						●		

NOTES:
1. ALL EQUIPMENT DIRECTLY CONNECTED TO THE WATER SYSTEM SHALL BE PROVIDED WITH A VACUUM BREAKER.
EXISTING RELOCATED
SUPPLIED BY PATTERSON DENTAL AND INSTALLED BY PATTERSON DENTAL PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.
SUPPLIED BY DOCTOR AND INSTALLED BY PATTERSON DENTAL PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.
PLUMBING CONTRACTOR TO PROVIDE ALL VALVES, PIPING, VENTS, AND CONNECTIONS AS REQUIRED.
SUPPLIED BY GENERAL CONTRACTOR AND INSTALLED BY GENERAL CONTRACTOR PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.
SUPPLIED BY PATTERSON DENTAL AND INSTALLED BY PLUMBING CONTRACTOR. PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.

PLUMBING KEY NOTES

- 11 CONNECT TO EXISTING WASTE LINE IN THE CRAWL SPACE. PLUMBING CONTRACTOR TO FIELD VERIFY LOCATION, INVERT ELEVATION, AND MAKE CONNECTION AS REQUIRED.
- 12 SANITARY SEWER PIPE BELOW FINISHED FLOOR.
- 13 STUB AND CAP 2" WASTE LINE FOR FUTURE SIDE CABINET.
- 21 NO WORK IN THIS AREA. EXISTING PLUMBING FIXTURES AND PIPING TO REMAIN.
- 22 REMOVE EXISTING SINK AND APPURTENANCES. CAP RELATED PIPING AS REQUIRED.
- 23 REMOVE EXISTING MOP SINK AND APPURTENANCES. CAP RELATED PIPING AS REQUIRED.





Handwritten signature and date: 1/31/23

Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr. Nags Head, NC
Title: Plumbing Plan
Date: 01.31.2023
Scale: As indicated

COMPRESSED AIR AND VACUUM PIPING PLAN

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Revisions:

No.	Description	Date

Designed: DRD
Drawn: DRD
Reviewed: JBD
Cad File:

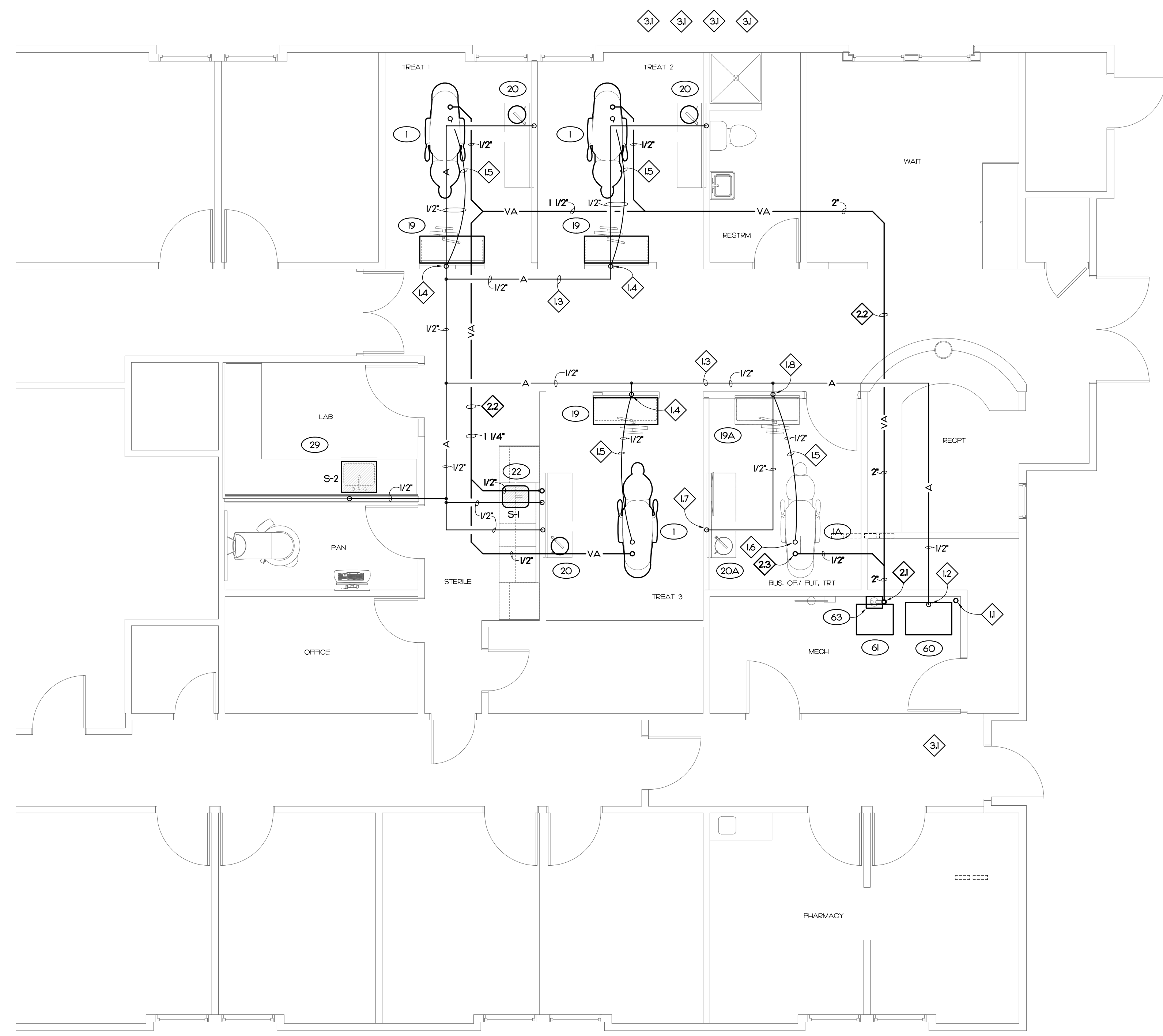
DENTAL EQUIPMENT SCHEDULE

ITEM	DESCRIPTION	C.W.	H.W.	S.S.	A.	VA.	N ₂ O	O ₂	NOTES						
									1	2	3	4	5		
1	DENTAL CHAIR				1/2"	1/2"									
1A	FUTURE DENTAL CHAIR				1/2"	1/2"									
19	SIDE CABINET IN REAR LOCATION				1/2"										
19A	FUTURE SIDE CABINET IN REAR LOCATION				1/2"										
20	SIDE CABINET	1/2"	1/2"	1 1/2"	1/2"										
20A	FUTURE SIDE CABINET	1/2"	1/2"	1 1/2"	1/2"										
22	STERILIZATION CABINET	1/2"	1/2"	1 1/2"	1/2"	1/2"									
29	LAB CABINETS	1/2"	1/2"	1 1/2"	1/2"										
40	PLASTER TRAP			1 1/2"											
41	MODEL TRIMMER	1/2"													
52	ULTRASONIC CLEANER	1/2"	1/2"												
60	COMPRESSOR				1/2"										
61	DRY VACUUM SYSTEM	1/2"		1 1/2"		2"									
63	AMALGAM SEPARATOR					2"									
64	WATER SHUT OFF WITH FILTER	X"		1 1/2"		2"									

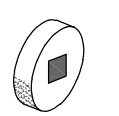
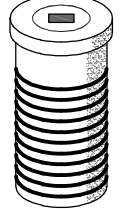
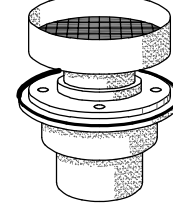
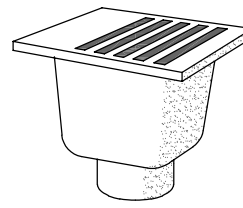
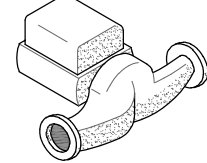
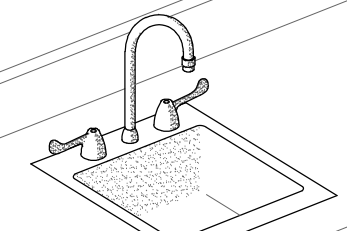
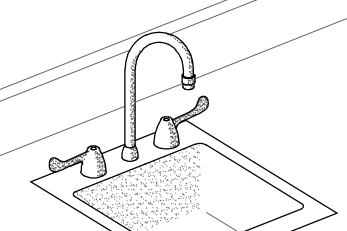
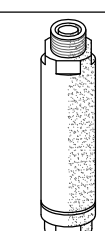
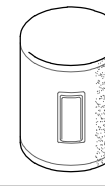
NOTES:
1. ALL EQUIPMENT DIRECTLY CONNECTED TO THE WATER SYSTEM SHALL BE PROVIDED WITH A VACUUM BREAKER.
EXISTING RELOCATED
SUPPLIED BY PATTERSON DENTAL AND INSTALLED BY PATTERSON DENTAL PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.
SUPPLIED BY DOCTOR AND INSTALLED BY PATTERSON DENTAL PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.
PLUMBING CONTRACTOR TO PROVIDE ALL VALVES, PIPING, VENTS, AND CONNECTIONS AS REQUIRED.
SUPPLIED BY GENERAL CONTRACTOR AND INSTALLED BY GENERAL CONTRACTOR PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.
SUPPLIED BY PATTERSON DENTAL AND INSTALLED BY PLUMBING CONTRACTOR. PLUMBING CONTRACTOR TO MAKE CONNECTIONS AS REQUIRED.

PLUMBING KEY NOTES



- 11 2" PVC AIR INTAKE TO EXTERIOR. PROVIDE WITH RAIN PROTECTION.
- 12 ROUTE AIR PIPE UP TO ABOVE FINISHED CEILING.
- 13 LOCATE AIR PIPE ABOVE FINISHED CEILING. COORDINATE LOCATION WITH MECHANICAL AND ELECTRICAL CONTRACTORS.
- 14 DROP AIR PIPE DOWN BELOW FINISHED FLOOR.
- 15 ROUTE AIR PIPE BELOW FINISHED FLOOR.
- 16 STUB AND CAP AIR PIPE FOR FUTURE DENTAL CHAIR (ITEM 1A).
- 17 STUB AND CAP AIR PIPE FOR FUTURE SIDE CABINET (ITEM 20A).
- 18 STUB AND CAP AIR PIPE FOR FUTURE SIDE CABINET IN REAR LOCATION (ITEM 19A).
- 21 ROUTE VACUUM PIPE DOWN TO BELOW FINISHED FLOOR IN CRAWL SPACE.
- 22 LOCATE VACUUM PIPING BELOW FINISHED FLOOR IN CRAWL SPACE.
- 23 STUB UP AND CAP VACUUM PIPING FOR FUTURE DENTAL CHAIR (ITEM 1A).
- 31 ELECTRICAL EQUIPMENT BY ELECTRICAL CONTRACTOR.



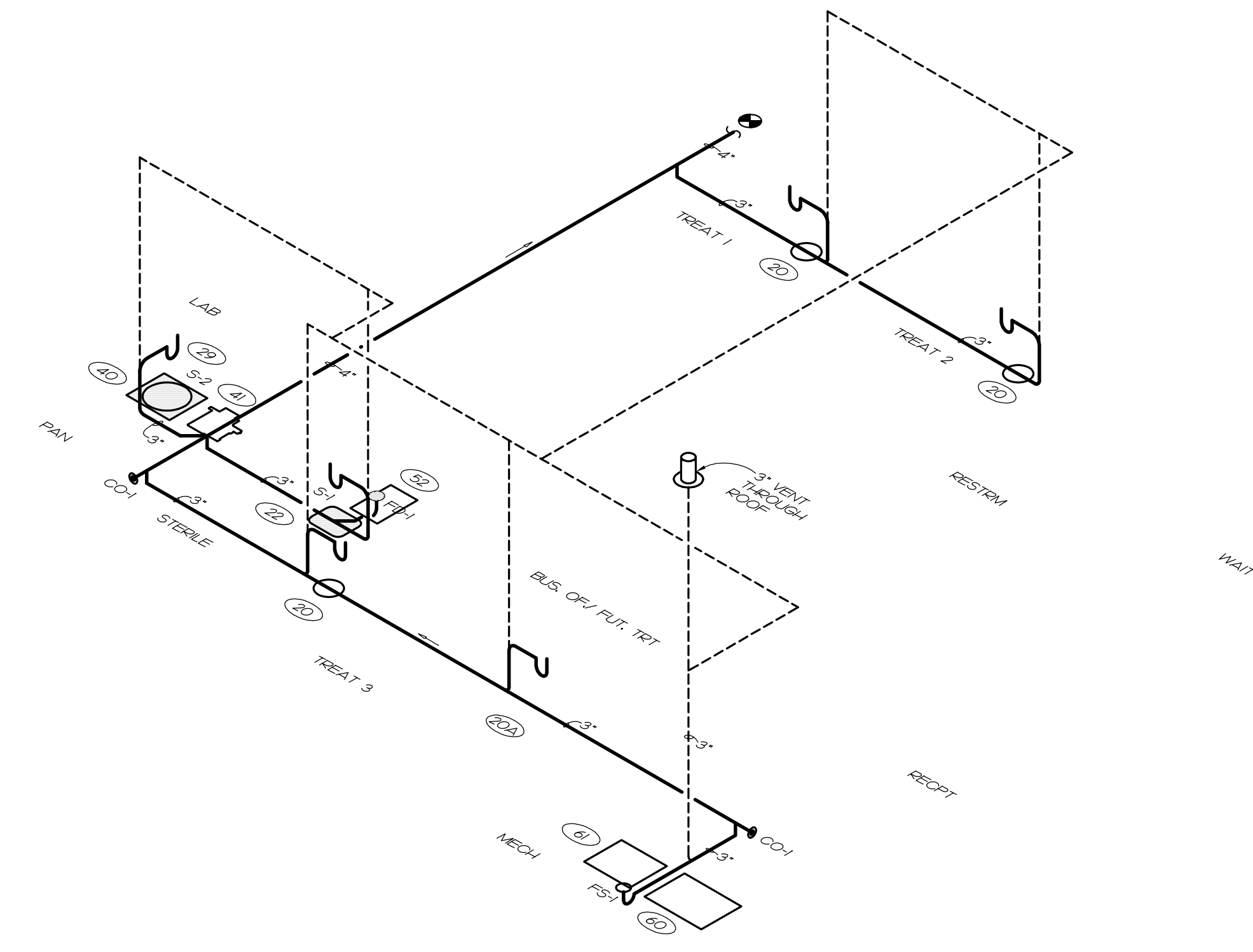
PLUMBING FIXTURE SCHEDULE

SYMBOL / IMAGE	DESCRIPTION	3 - EQUALS					PIPING CONNECTIONS			
		MANUFACTURER	MODEL NUMBER	MANUFACTURER	MODEL NUMBER	MANUFACTURER	MODEL NUMBER	COLD WATER	HOT WATER	SANITARY SEWER
CO-1 	CLEANOUT PVC CLEANOUT PLUG TO BE GAS AND WATERTIGHT.	ZURN	CO2490	JOSAM		JR SMITH				
CO-2 	EXTERIOR CLEANOUT CLEANOUT FERRULE WITH CAST IRON BODY, WITH GAS AND WATERTIGHT BRONZE PLUG, MOUNT IN CONCRETE.	ZURN	Z-1449-EP	WATTS	CO-380-34B	JR SMITH	4283	-	-	SEE PLUMB DRAWINGS
FD-1 	FLOOR DRAIN FLOOR DRAIN TO HAVE A CAST IRON BODY WITH 3" BOTTOM OUTLET, ADJUSTABLE COLLAR, POLISHED 7" DIAMETER NICKEL BRONZE STRAINER, AND 1/2" TRAP PRIMER CONNECTION.	ZURN	ZM4E1	WATTS	FD-100-ER	MIFAB	F100-CC-DD	1/2"	-	3"
FS-1 	FLOOR SINK 14" x 14" x 8" DEEP PVC AND SQUARE SLOTTED MEDIUM DUTY 3/4" GRATE, AND ANTI-SPLASH INTERIOR BOTTOM DOME STRAINER.	ZURN	FD2370-PV2-T	WATTS	FS-56-3G-DS	JR SMITH	305-B	-	-	2"
P-1 	RECIRCULATING PUMP RECIRCULATING PUMP SHALL BE 1/6 HORSEPOWER, 120 VOLT, SINGLE PHASE, PROVIDE PUMP WITH MOUNTING BRACKET, TIMER, AQUASTAT AND DISCONNECT, DISCONNECT WIRING BY LICENSED ELECTRICAL CONTRACTOR.	B & G	PL36							
S-1 	LAB SINK FAUCET TRAP SUPPLY STRAINER SINK IS TO BE 18 GAUGE STAINLESS STEEL, SELF-RIMMING, DECK MOUNTED GOOSENECK FAUCET SHALL BE CHROME FINISHED, WITH 1/2" INLET AND PROVIDED WITH AN AERATOR. RIGID SUPPLY KIT SHALL INCLUDE CHROME PLATED BRASS STOPS WITH THREADED CONNECTIONS AND FLANGE. INLET AND OUTLET SHALL BE 3/8" IPS. PROVIDE WITH McGUIRE PROWRAP INSULATOR.	DAYTON	DCFU618							
S-2 	SINK FAUCET TRAP SUPPLY STRAINER SINK IS TO BE 18 GAUGE STAINLESS STEEL, SELF-RIMMING, DECK MOUNTED GOOSENECK FAUCET SHALL BE CHROME FINISHED, WITH 1/2" INLET AND PROVIDED WITH AN AERATOR. RIGID SUPPLY KIT SHALL INCLUDE CHROME PLATED BRASS STOPS WITH THREADED CONNECTIONS AND FLANGE. INLET AND OUTLET SHALL BE 3/8" IPS. PROVIDE WITH McGUIRE PROWRAP INSULATOR.	JUST	SL-ADA-1921-A-GR	ELKAY	LRAD-229					
TP-1 	TRAP PRIMER PRESSURE DROP ACTIVATED BRASS TRAP SEAL PRIMER, WITH INLET OPENING OF 1/2" MALE N.P.T. AND OUTLET OPENING OF FEMALE 1/2" N.P.T. SERVES UP TO 6 FLOOR DRAIN TRAPS.	MIFAB	MR-500					1/2"	-	-
WH 	WATER HEATER ELECTRIC WATER HEATER SHALL HAVE A 30 GALLON STORAGE CAPACITY, AN ELECTRIC INPUT OF 4.5 KW AT 240 VOLT, SINGLE PHASE AND A RECOVERY OF 19 GPH AT A 100' RISE. PROVIDE WITH THERMOSTATIC MIXING VALVE SET AT 110°F, EXPANSION TANK AND HEAVY DUTY FUSIBLE DISCONNECT, WIRING BY LICENSED ELECTRICAL CONTRACTOR. WATER HEATER TO BE PROVIDED WITH HEAT TRAPS AND MEET THE ENERGY EFFICIENCY REQUIREMENT PER 2018 NORTH CAROLINA STATE BUILDING CODE ENERGY CONSERVATION CODE.	STATE INDUSTRIES	PCE 30 20MSA	A.O. SMITH		LOCHINVAR		3/4"	3/4"	

PLUMBING SCHEDULE NOTES AND LEGEND:

- THE PLUMBING CONTRACTOR MAY SUBSTITUTE FIXTURES WITH OWNERS' APPROVAL.
 - SUBMIT CUT SHEETS FOR ALL PROPOSED FIXTURES TO ARCHITECT PRIOR TO BIDDING.
 - PROVIDE VACUUM BREAKER ON ALL EQUIPMENT REQUIRING PLUMBING.
 - REFER TO MANUFACTURERS WEB SITE FOR CUT SHEETS AND DATA ON THE FIXTURES AND APPURTENANCES USED IN THIS SCHEDULE.
-  ADA COMPLIANT
 ELECTRICAL POWER

ALL VENT PIPING IS TO BE 2" UNLESS NOTED OTHERWISE.



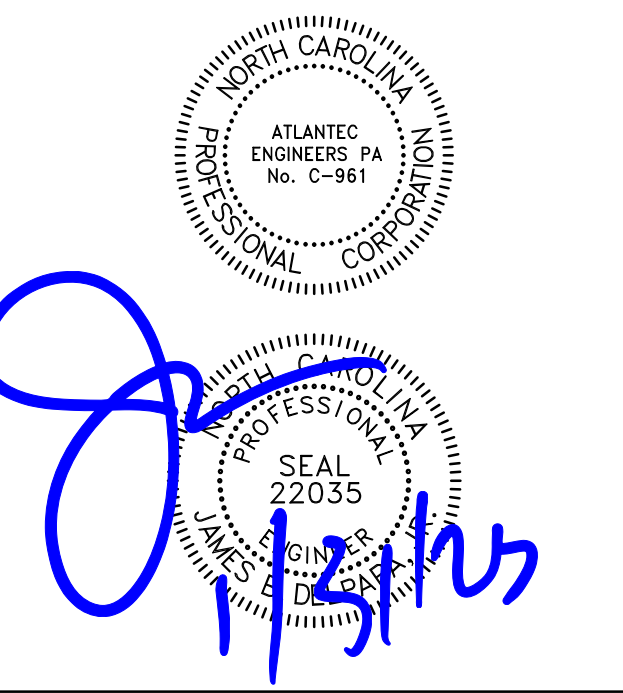
1 WASTE PIPING RISER

NOT TO SCALE

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Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr. Nags Head, NC
Title: Plumbing Plan
Date: 01.31.2023
Scale: As indicated

PLUMBING FIXTURE SCHEDULE AND WASTE PIPING RISER

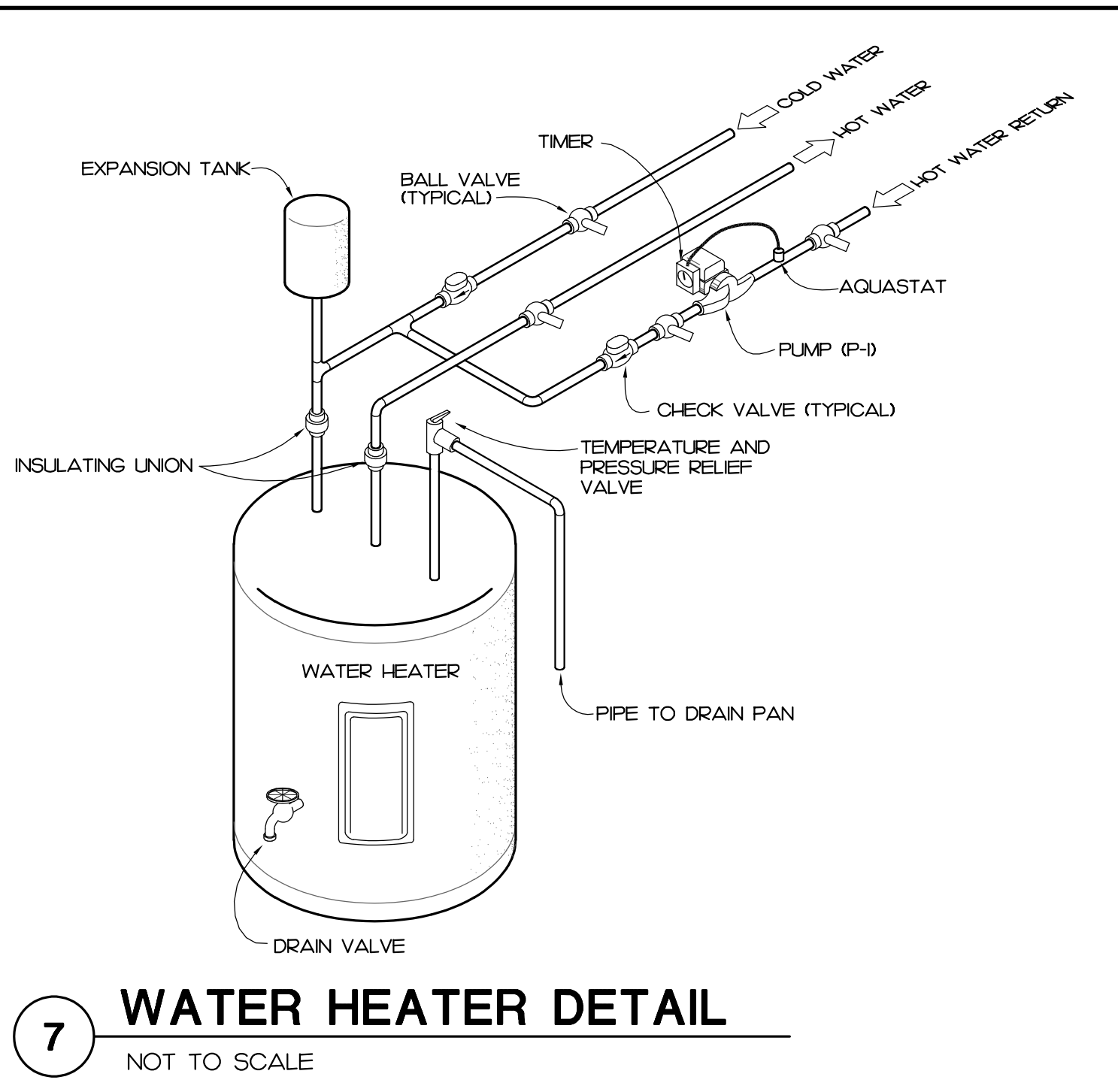
The designer shall not be responsible for any error, omission, defect or deficiency in the contract documents ("error") prepared by the designer or its consultants which in any way impacts the schedule of the project, results in a lack of coordination among the contract documents, delays the completion of the project or which in any other way causes any damage or loss to the owner, contractor, subcontractors, or other entity involved in the project, unless: (i) designer is promptly notified of such error, in any event within 14 days of the date such error was discovered or could reasonably have been discovered; and (ii) designer is given opportunity at the time of discovery to address such error, and, if appropriate, take such steps as are necessary to correct and resolve it. Failure to comply with the provisions of this paragraph shall constitute a waiver of any claim for damages, or a right to offset against designer by owner, contractor or others and shall in no event cause or allow a reduction in the fees otherwise due designer for services provided on the project.

Revisions:

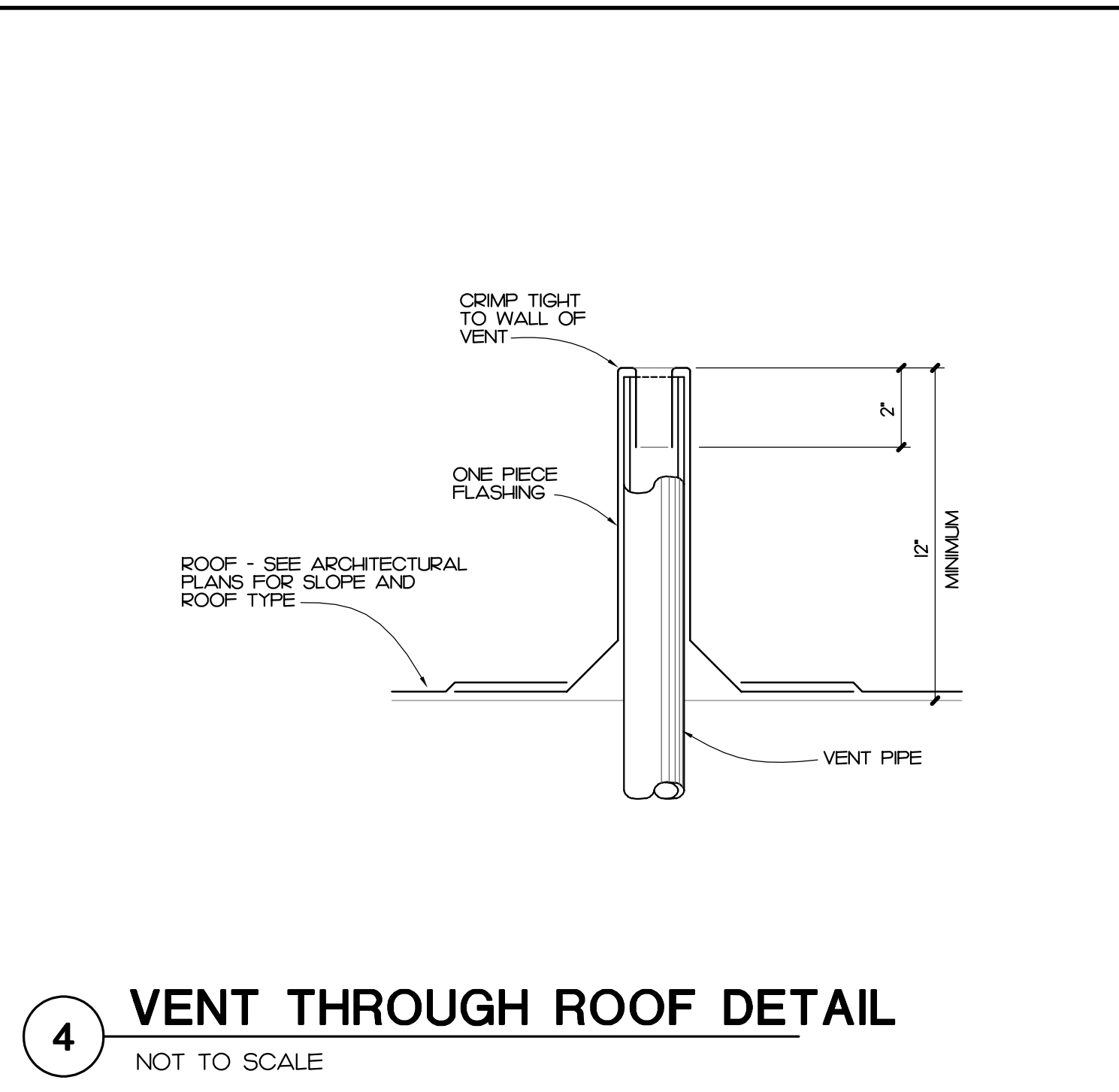
No.	Description	Date

Designed: DRD
Drawn: DRD
Reviewed: JBD
Cad File:

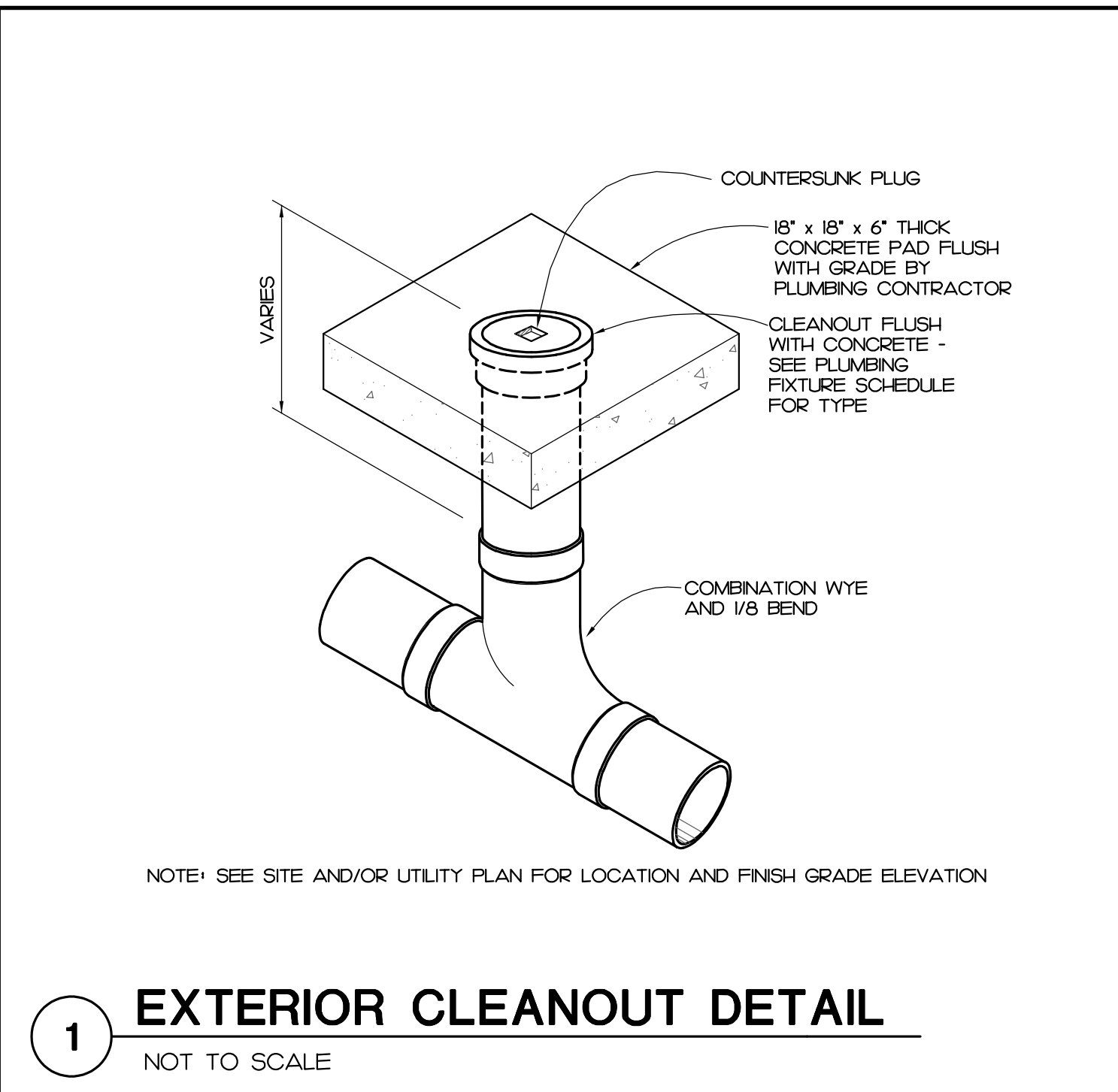
P201



7 WATER HEATER DETAIL
NOT TO SCALE

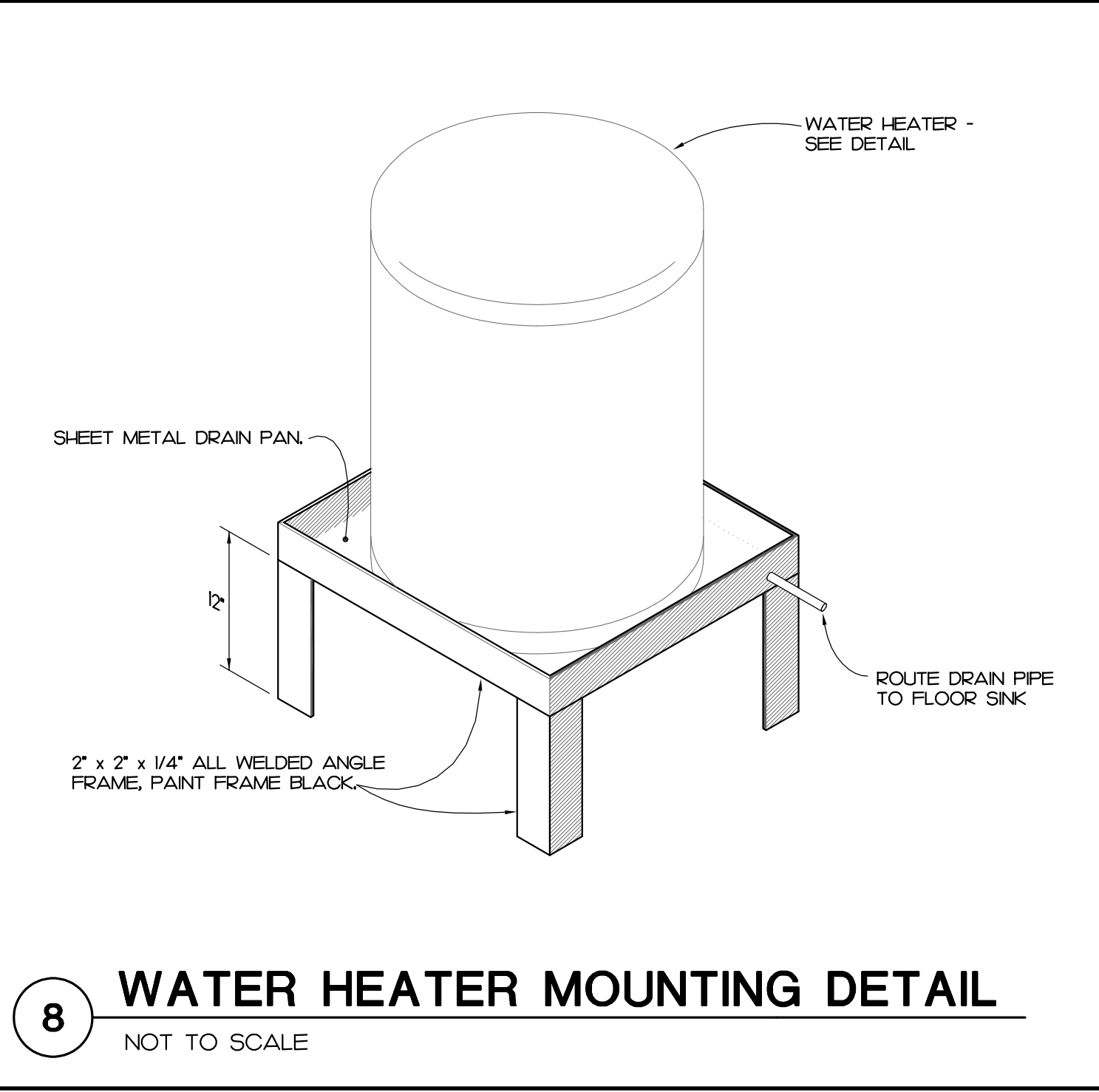


4 VENT THROUGH ROOF DETAIL
NOT TO SCALE

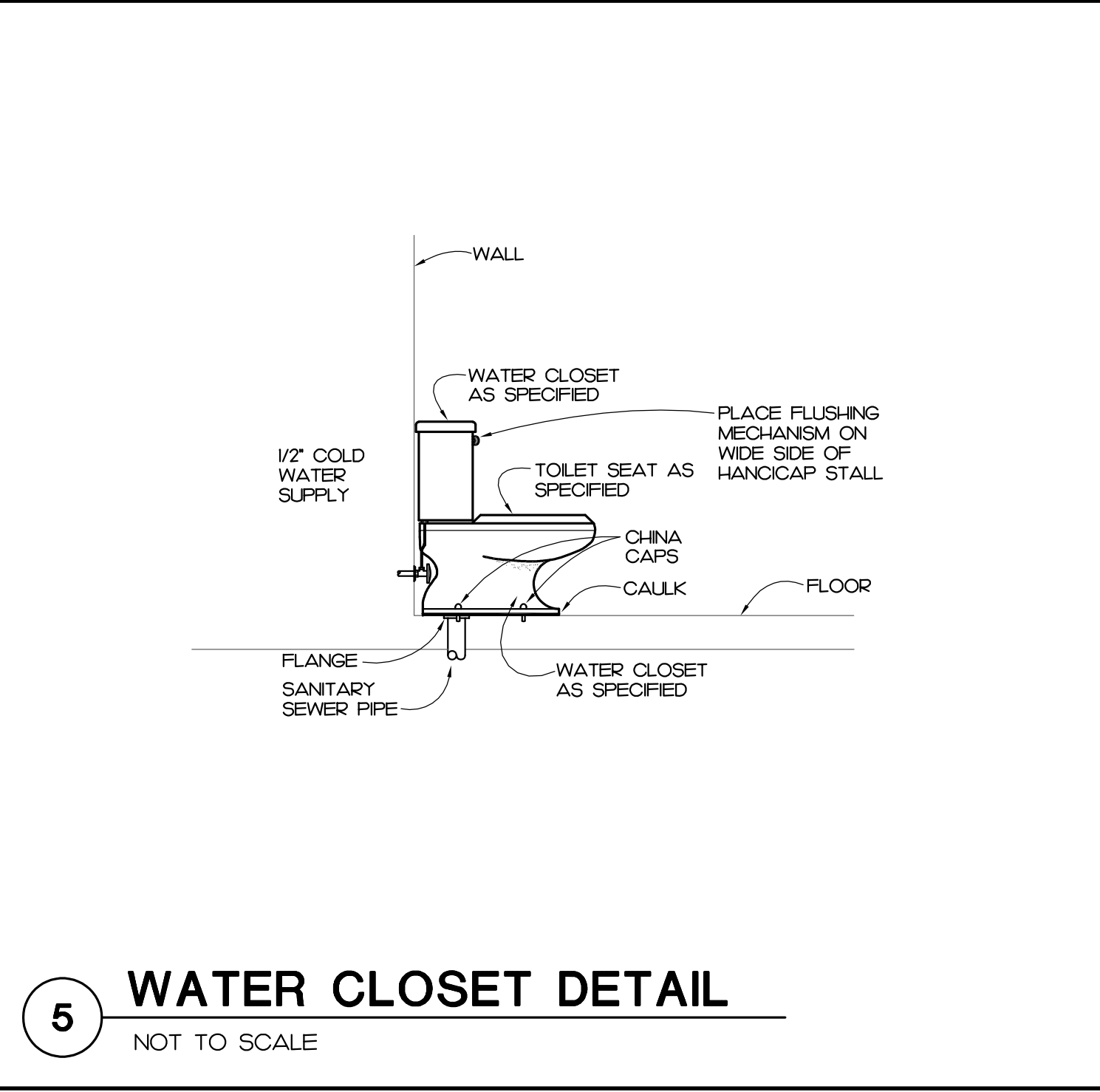


1 EXTERIOR CLEANOUT DETAIL
NOT TO SCALE

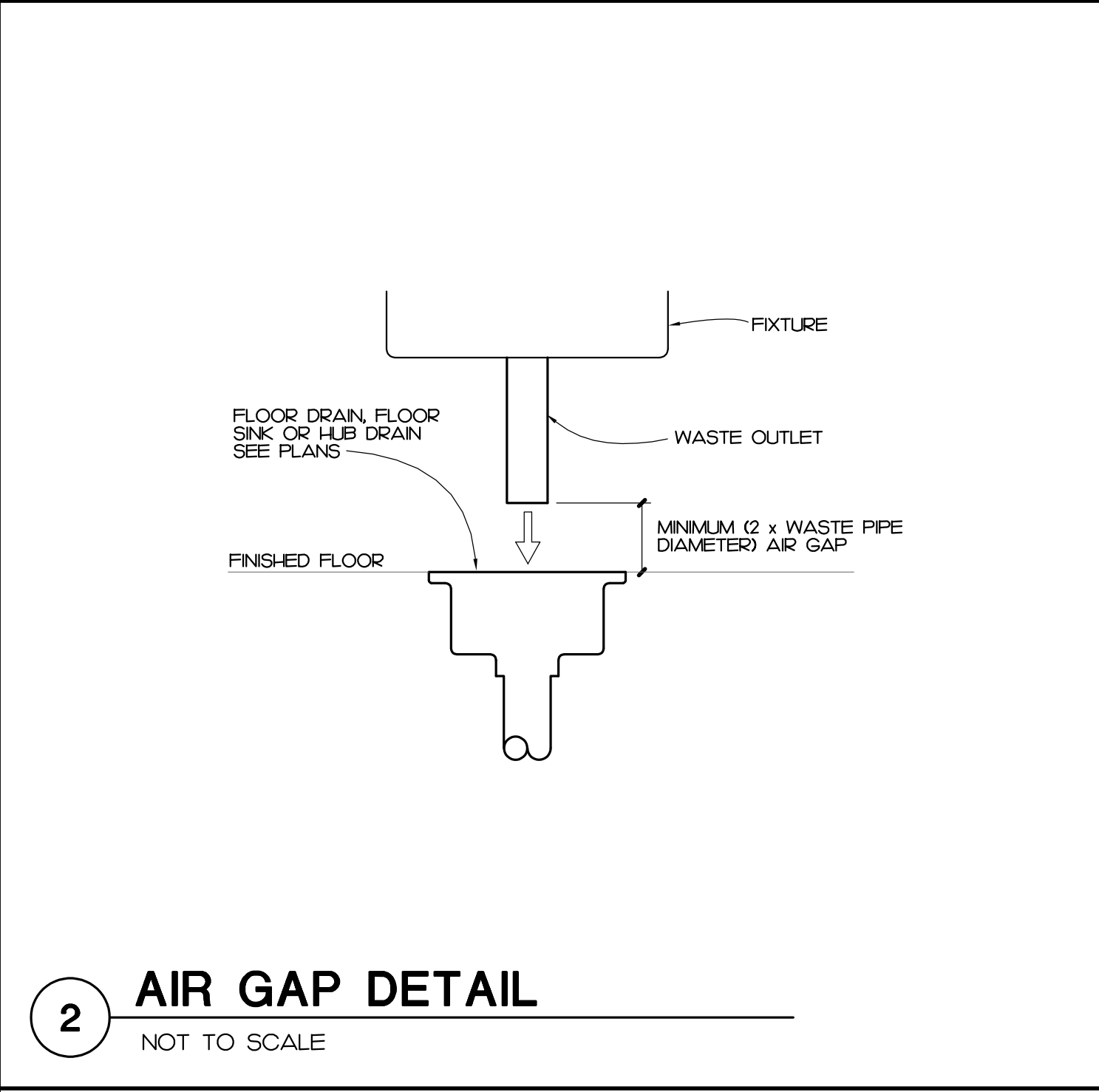
- ### PLUMBING GENERAL NOTES
- ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITION OF THE STATE CODE, ALL LOCAL AND OTHER APPLICABLE CODES.
 - ANY PERMITS AND INSPECTION FEES SHALL BE SECURED AND PAID FOR BY THE PLUMBING CONTRACTOR.
 - ALL WORK SHALL BE PERFORMED BY EXPERIENCED AND SKILLED CRAFTSMAN. THE PLUMBING CONTRACTOR SHALL COORDINATE ALL OF HIS WORK WITH ALL OTHER CONTRACTORS.
 - THE PLUMBING PLANS AND SPECIFICATIONS SHALL BE THOROUGHLY REVIEWED PRIOR TO PURCHASING MATERIALS AND INSTALLATION. ALL DISCREPANCIES OR INTERFERENCES SHALL BE BROUGHT TO THE ENGINEER'S ATTENTION.
 - THESE PLANS ARE DIAGRAMMATIC AND MAY NOT SHOW MINOR DETAILS AND LOCATIONS. FOR DIMENSIONS, REFER TO THE ARCHITECTURAL PLANS.
 - THE PLUMBING CONTRACTOR SHALL PROVIDE ALL OPENINGS REQUIRED FOR THE PLUMBING WORK. THE PATCHING SHALL BE BY THE PLUMBING CONTRACTOR AND FINISHING BY GENERAL CONTRACTOR.
 - WATER PIPING BELOW GRADE AND ABOVE GRADE SHALL BE PEX (NO JOINTS BELOW GRADE), SUPPORTED AS REQUIRED AND SHALL BE HYDROSTATICALLY TESTED FOR ONE HOUR AT 150 PSI, TEST TO COMPLY WITH ALL EPA STANDARDS. THE ENTIRE WATER DISTRIBUTION SYSTEM SHALL BE DISINFECTED PRIOR TO PLACING IN SERVICE.
 - ALL PIPE, FITTINGS, FIXTURES, AND SOLDER TO BE LEAD FREE.
 - WATER PIPING LOCATED ABOVE CEILINGS AND IN EXTERIOR WALLS SHALL BE ROUTED ON HEATED SIDE OF CEILING INSULATION (UNDERSIDE) AND WALL INSULATION (INSIDE).
 - ALL COLD AND HOT WATER PIPING SHALL BE INSULATED, INSULATE WASTE PIPING AS DESIGNATED ON PLUMBING DRAWINGS. INSULATION SHALL BE FIBERGLASS, EXPOSED PIPING TO BE WRAPPED WITH ALUMINUM JACKET.
 - DO NOT SUPPORT PIPING FROM BAR JOIST BRIDGING AND/OR ROOF DECK.
 - WATER SHUT - OFF VALVES ABOVE FINISHED CEILING ARE TO BE FREE FROM OBSTRUCTIONS SUCH AS DUCTWORK, LIGHTS, WIRING AND OTHER PIPING SO AS TO PROVIDE EASY ACCESS. MOUNT NO MORE THAN 2'-0" ABOVE FINISHED CEILING.
 - IF THE WATER PRESSURE EXCEEDS 80 PSI A PRESSURE REDUCING VALVE SHALL BE INSTALLED WHERE THE WATER ENTERS THE BUILDING.
 - PLUMBING CONTRACTOR SHALL PROVIDE A DIELECTRIC UNION WHEN CONNECTING DISSIMILAR MATERIAL.
 - WATER HEATERS SHALL HAVE AN EFFICIENCY MEETING REQUIREMENTS OF THE NORTH CAROLINA BUILDING CODE.
 - THE PLUMBING CONTRACTOR SHALL BE RESPONSIBLE FOR ALL ELECTRICAL AND CONTROL CONNECTIONS TO THE EQUIPMENT FURNISHED UNDER HIS CONTRACT.
 - SANITARY SEWER AND VENT PIPING SHALL BE SCHEDULE 40 PVC, CELLULAR CORE (FOAM CORE) IS NOT ALLOWED. SANITARY SEWER AND VENT PIPING SHALL BE GAS AND AIR TIGHT.
 - THE PLUMBING CONTRACTOR SHALL COORDINATE ALL WORK WITH OTHER TRADES PRIOR TO INSTALLATION OF ANY WORK.
 - THE PLUMBING CONTRACTOR SHALL REVIEW ALL UTILITY SITE PLANS FOR WORK BY OTHERS. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO COORDINATE HIS WORK WITH WORK BY OTHERS AND AVOID ALL CONFLICTS.
 - LOCATIONS OF UTILITIES (WASTE AND WATER PIPING, ETC.) PROVIDED BY OTHERS, THAT ARE TO BE CONNECTED TO ARE ASSUMED. IT SHALL BE THE RESPONSIBILITY OF THE PLUMBING CONTRACTOR TO VERIFY THESE LOCATIONS AND MAKE FINAL CONNECTIONS AS REQUIRED.
 - VERIFY THE LOCATION OF ALL EQUIPMENT SUPPLIED BY OTHERS.
 - COMPRESSED AIR PIPING SHALL BE 1/2" COPPER AND TESTED AT 150 PSI FOR 24 HOURS.
 - VACUUM PIPING SHALL BE PVC WITH RADIUS SWEEP ELBOWS. SLOPE PIPING TOWARDS VACUUM PUMP.
 - PROVIDE VACUUM BREAKERS ON ALL EQUIPMENT DIRECTLY CONNECTED TO THE WATER SYSTEM.
 - THE PLUMBING CONTRACTOR SHALL REFER TO THE DENTAL CONSULTANT FOR EXACT DIMENSIONS AND LOCATIONS OF DENTAL EQUIPMENT.
 - ALL VENT PIPING THROUGH THE ROOF SHALL BE A MINIMUM OF 5'-0" FROM ALL MAKE-UP AIR INLETS OR A MINIMUM OF 2'-0" ABOVE THE TOP OF ALL MAKE-UP AIR INLETS. VENTS THROUGH ROOF ARE TO BE ON REAR OF BUILDING.
 - SEE ARCHITECTURAL DRAWINGS FOR PLUMBING MINIMUM FACILITY CALCULATIONS.
 - ALL INDIRECT WASTE IS TO BE PROVIDED WITH AN AIR GAP 2 TIMES THE SIZE OF THE WASTE INLET.
 - THE PLUMBING CONTRACTOR SHALL VERIFY BUILDING FLOOR ELEVATION IS ABOVE MAIN-HOLE RM ELEVATION OR PROVIDE A BACKWATER VALVE AS REQUIRED.
 - THE PLUMBING CONTRACTOR SHALL BE RESPONSIBLE FOR MINOR DEMOLITION AT NO COST TO THE OWNER.
 - THE PLUMBING CONTRACTOR SHALL PROVIDE THE ENGINEER WITH A SET OF AS-BUILT DRAWINGS UPON COMPLETION OF PROJECT.



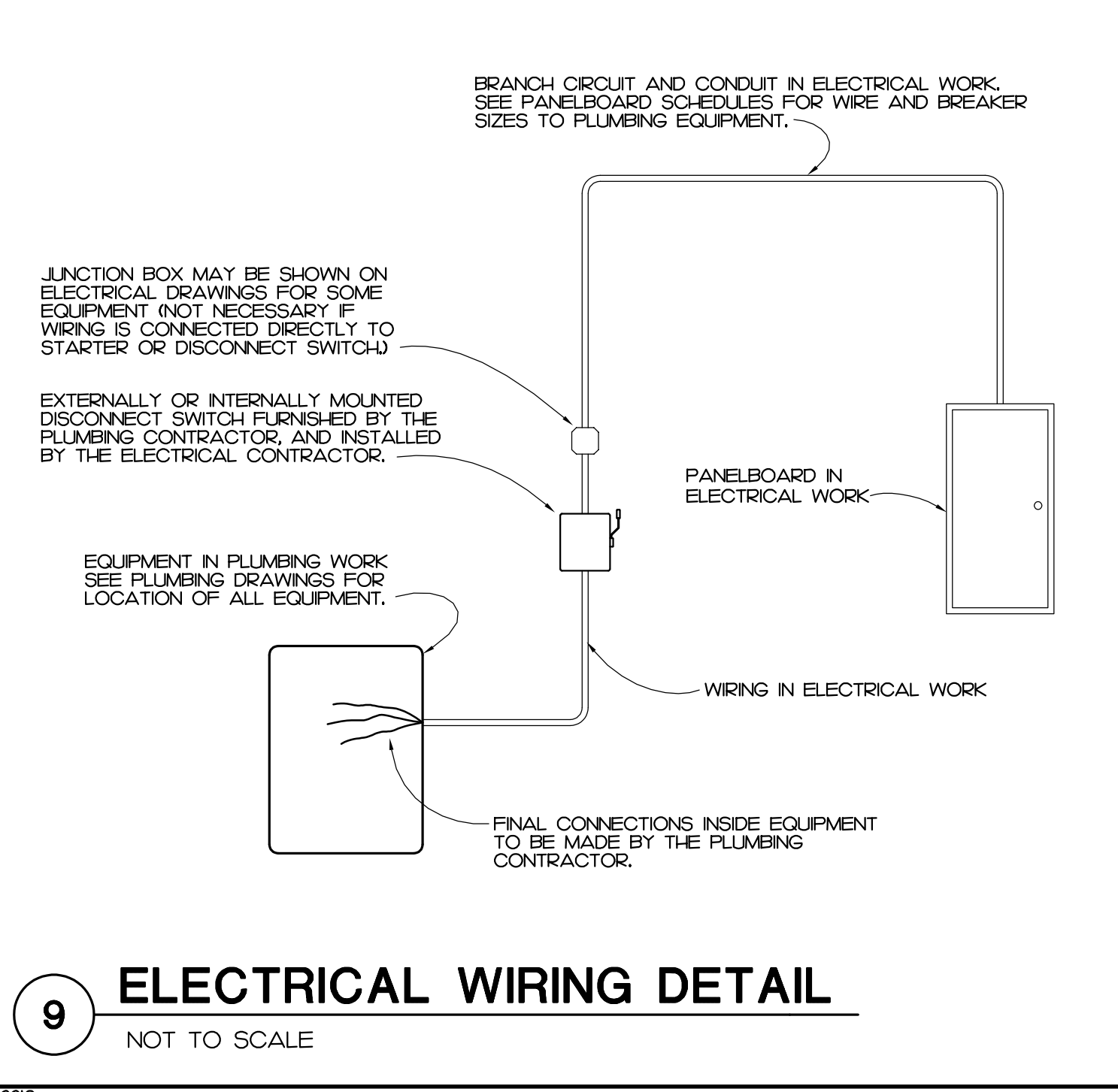
8 WATER HEATER MOUNTING DETAIL
NOT TO SCALE



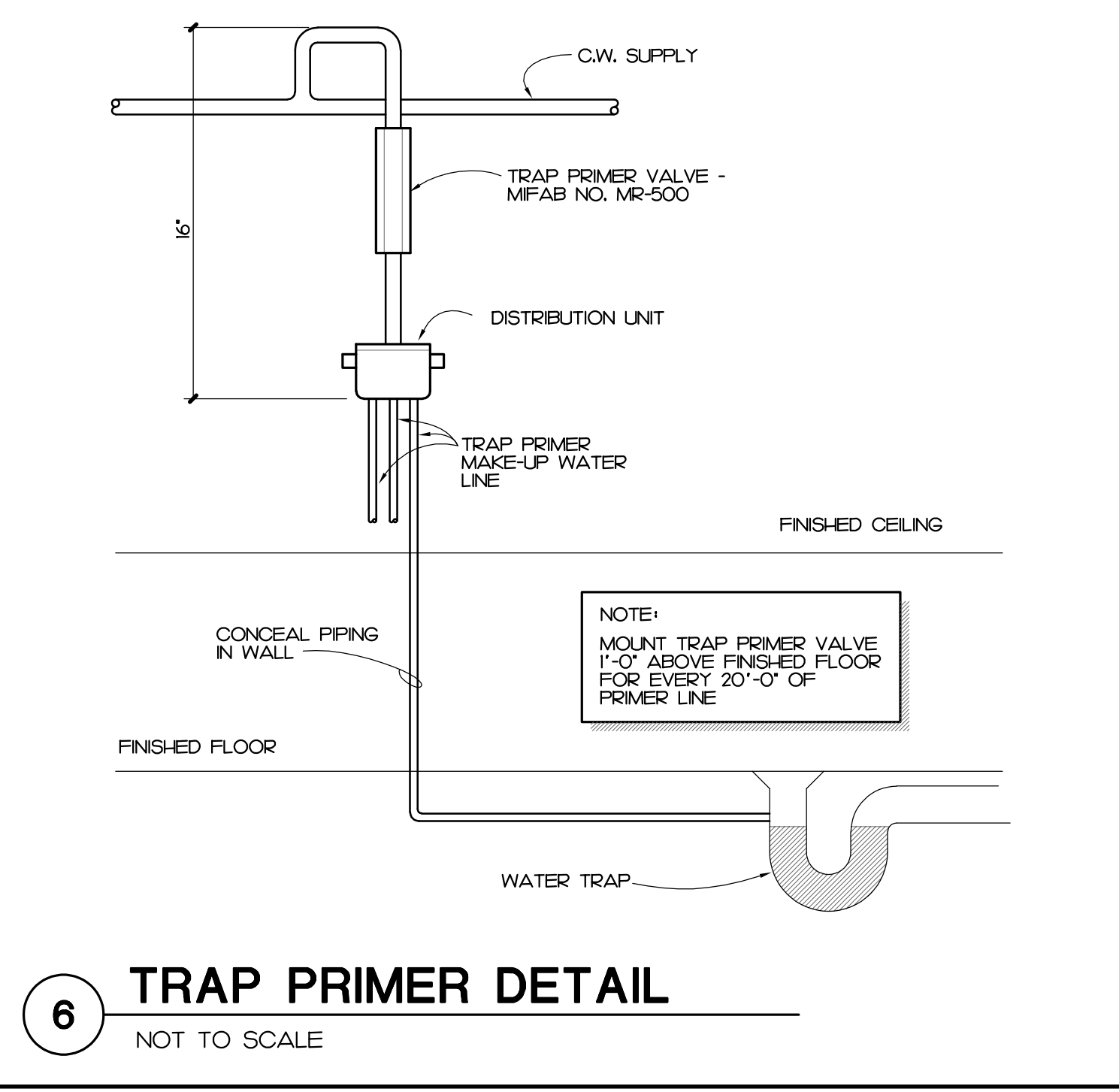
5 WATER CLOSET DETAIL
NOT TO SCALE



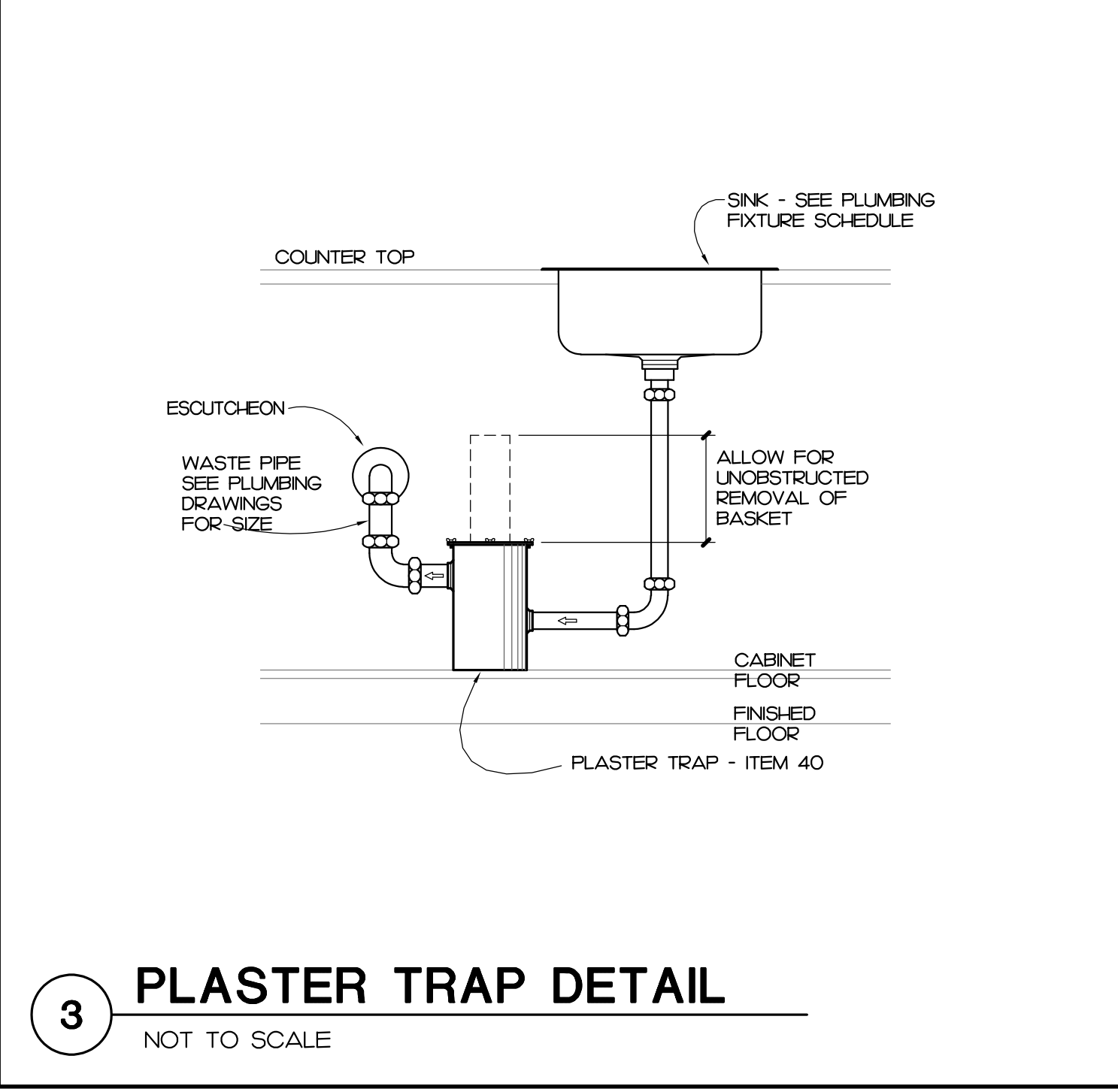
2 AIR GAP DETAIL
NOT TO SCALE



9 ELECTRICAL WIRING DETAIL
NOT TO SCALE



6 TRAP PRIMER DETAIL
NOT TO SCALE



3 PLASTER TRAP DETAIL
NOT TO SCALE

PLUMBING SYMBOL LEGEND

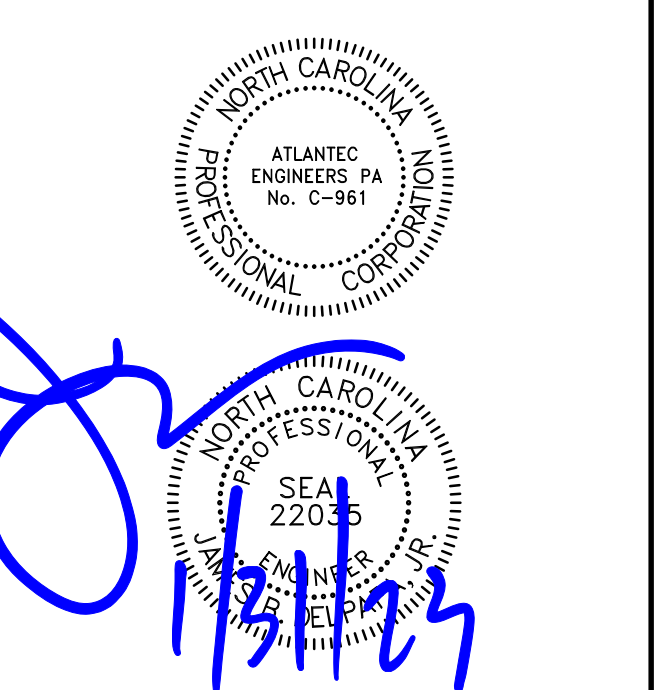
SYMBOL	DESCRIPTION
---	COLD WATER PIPING
---	WATER PIPING DIRECTION OF FLOW
---	120' F HOT WATER PIPING
---	HOT WATER RETURN PIPING
○	BALL VALVE
○	PIPING TURNED DOWN
○	PIPING TURNED UP
---	PIPING SIDE CONNECTION
---	COMPRESSED AIR PIPING
---	VACUUM PIPING
---	SANITARY SEWER / WASTE PIPING
---	SANITARY SEWER / WASTE PIPING DIRECTION OF FLOW
---	VENT PIPING
---	VENT PIPE UP
□	PLUMBING FIXTURE PROVIDED AND INSTALLED BY PLUMBING CONTRACTOR
□	PLUMBING FIXTURE PROVIDED BY OTHERS AND INSTALLED BY PLUMBING CONTRACTOR

PLUMBING LOAD SUMMARY

	WATER DEMAND FU	WATER DEMAND GPM	SANITARY SEWER DEMAND FU
EXISTING	11	5.4	7
NEW	9	13.7	13
TOTAL	20	19.6	20

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RALEIGH, NC 27612
(919) 571-1111 2228



Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr. Nags Head, NC
Title: Plumbing Plan
Date: 01.31.2023
Scale: As indicated

PLUMBING NOTES, LEGEND, LOAD, AND DETAILS

The designer shall not be responsible for any error, omission, defect or deficiency in the contract documents ("error") prepared by the designer or its consultants which in any way impacts the schedule of the project, results in a lack of coordination among the contract documents, delays the completion of the project or which in any other way causes any damage or loss to the owner, contractor, subcontractors, or other entity involved in the project, unless: (i) designer is promptly notified of such error, in any event within 14 days of the date such error was discovered or could reasonably have been discovered; and (ii) designer is given opportunity at the time of discovery to address such error, and, if appropriate, take such steps as are necessary to correct and resolve it. Failure to comply with the provisions of this paragraph shall constitute a waiver of any claim for damages, or a right to offset against designer by owner, contractor or others and shall in no event cause or allow a reduction in the fees otherwise due designer for services provided on the project.

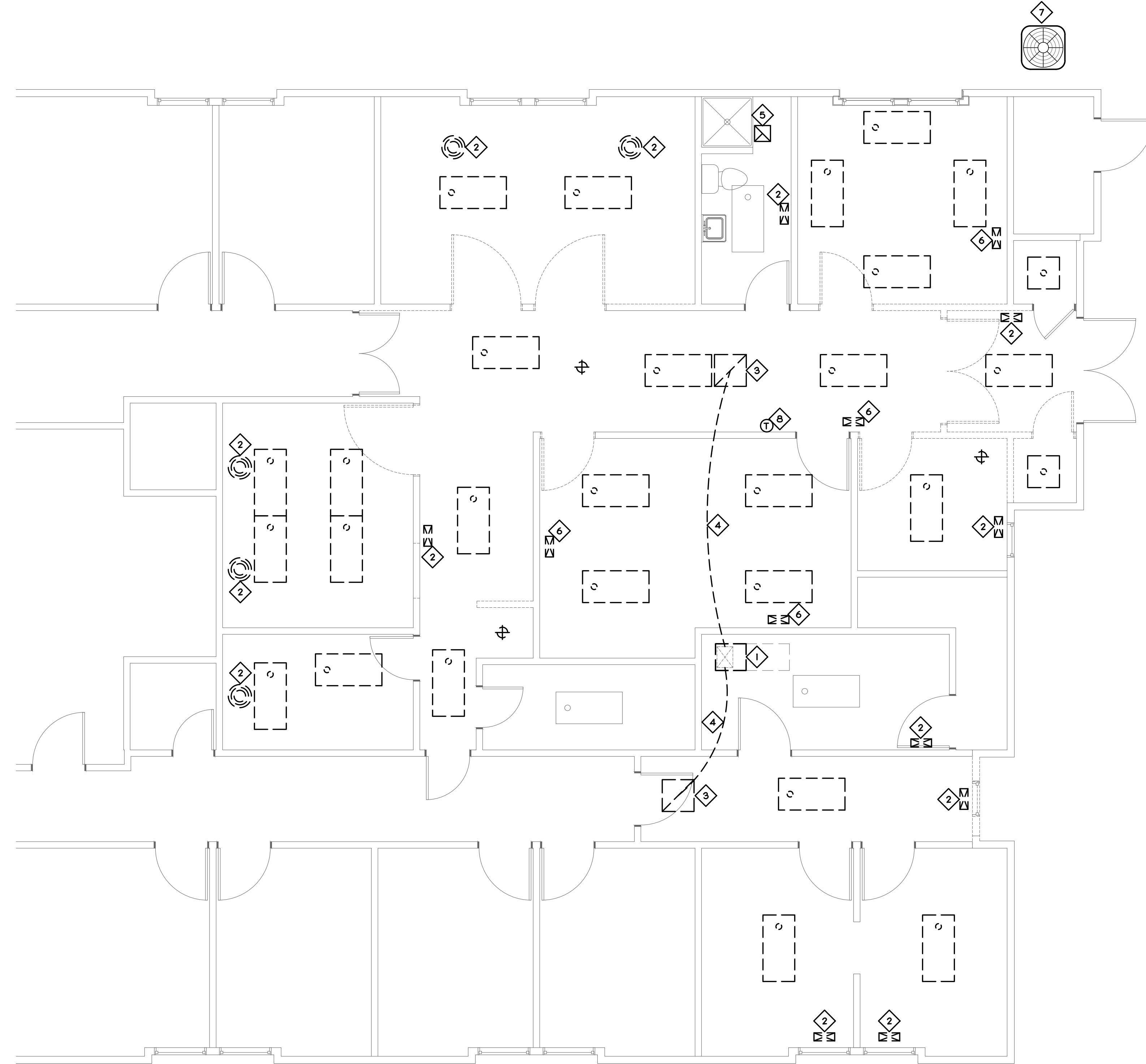
Revisions:

No.	Description	Date

Designed: DRD
Drawn: DRD
Reviewed: JBD
Cad File:
P202

MECHANICAL KEY NOTES

- 1 REMOVE EXISTING 3-TON AIR HANDLING UNIT. PREPARE EXISTING SUPPLY AND RETURN TAP FOR CONNECTION TO NEW AIR HANDLING UNIT. SEE RENOVATION PLAN FOR LOCATION OF NEW AIR HANDLING UNIT AND CONNECTION. MAKE CONNECTION AS REQUIRED.
- 2 EXISTING SUPPLY GRILLE TO REMAIN. NO WORK.
- 3 EXISTING RETURN GRILLE TO REMAIN. NO WORK.
- 4 EXISTING RETURN DUCT TO REMAIN. NO WORK.
- 5 EXISTING EXHAUST FAN TO REMAIN. NO WORK.
- 6 RELOCATE EXISTING SUPPLY GRILLE. SEE RENOVATION PLAN FOR NEW LOCATION.
- 7 REMOVE EXISTING OUTDOOR HEAT PUMP.
- 8 REMOVE EXISTING THERMOSTAT.



1 MECHANICAL DEMOLITION PLAN

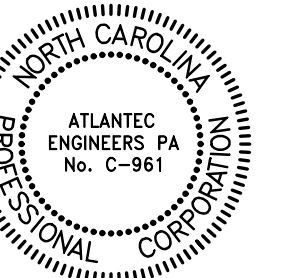
SCALE: 1/4" = 1'-0"

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(919) 571-1111 2226



Project: Community Care Clinic -
Dental
Project No: 22027
Location: 425 Health Center Dr.
Nags Head, NC
Title: MECHANICAL
Date: 01.31.2023
Scale: As indicated

MECHANICAL DEMOLITION PLAN

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Revisions:

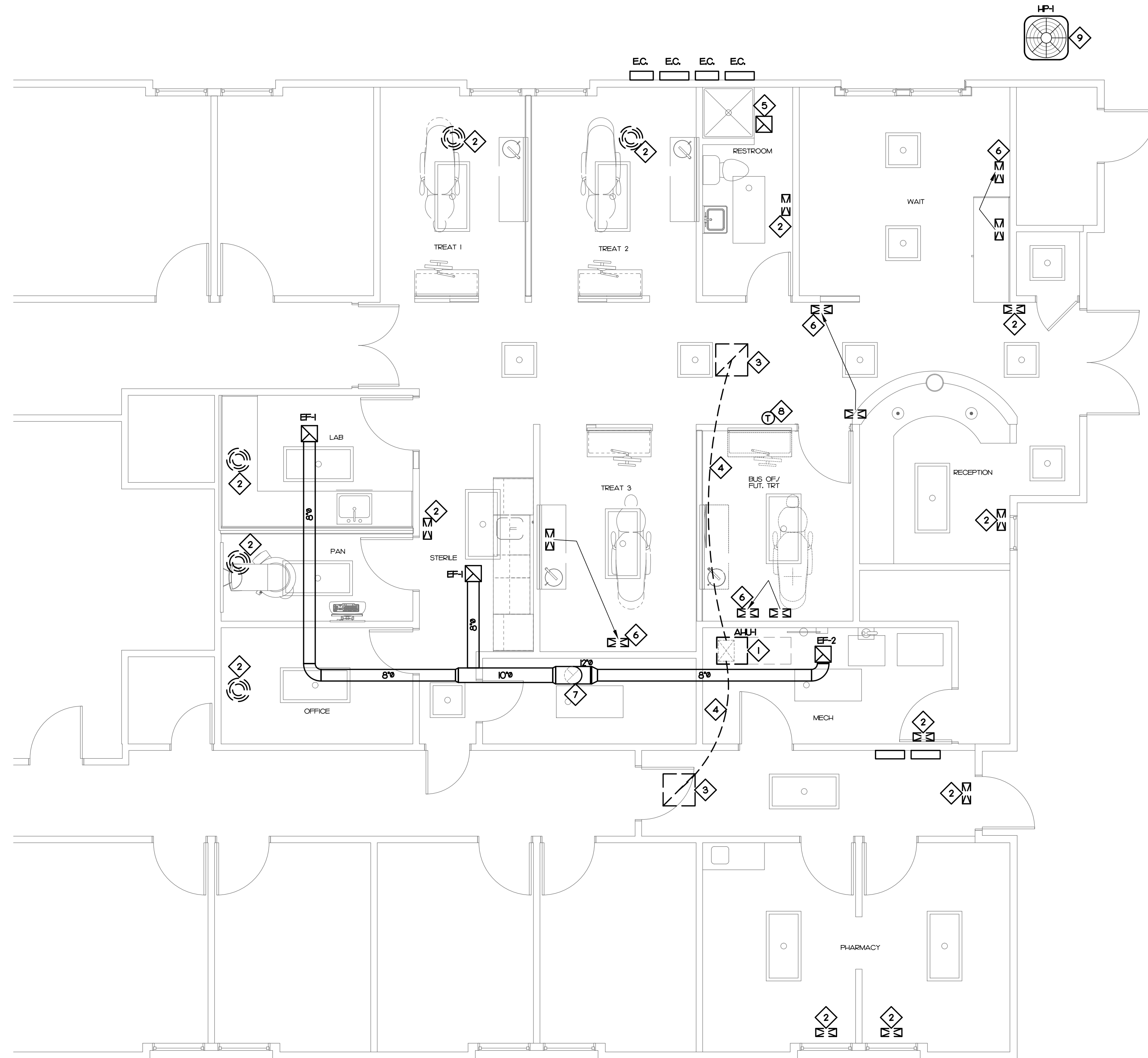
No.	Description	Date

Designed: JAD
Drawn: JAD
Reviewed: JBD
Cad File:

DM101

MECHANICAL KEY NOTES

- 1 MECHANICAL CONTRACTOR TO INSTALL NEW 3-TON AIR HANDLING UNIT. CONNECT TO EXISTING SUPPLY AND RETURN TAP AS REQUIRED. REINSTALL EXISTING SMOKE DETECTOR AND GPS SYSTEM. FIELD COORDINATE WITH WATER HEATER IN ATTIC.
- 2 EXISTING SUPPLY GRILLE. NO WORK.
- 3 EXISTING RETURN GRILLE. NO WORK.
- 4 EXISTING RETURN DUCT. NO WORK.
- 5 EXISTING EXHAUST FAN. NO WORK.
- 6 NEW LOCATION OF RELOCATED EXISTING SUPPLY GRILLE. SHORTEN/LENGTHEN FLEX DUCT AS REQUIRED FOR NEW CONNECTION.
- 7 12" EXHAUST DUCT UP THROUGH ROOF. PROVIDE WITH ROOF CAP.
- 8 PROVIDE NEW THERMOSTAT IN THIS LOCATION.
- 9 MECHANICAL CONTRACTOR TO INSTALL NEW 3-TON OUTDOOR HEAT PUMP.

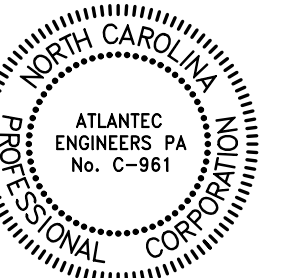


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[Handwritten signature in blue ink]



Project: Community Care Clinic -
Dental
Project No: 22027
Location: 425 Health Center Dr.
Nags Head, NC
Title: MECHANICAL
Date: 01.31.2023
Scale: As indicated

MECHANICAL RENOVATION PLAN

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Revisions:

No.	Description	Date

Designed: JAD
Drawn: JAD
Reviewed: JBD
Cad File:

M101

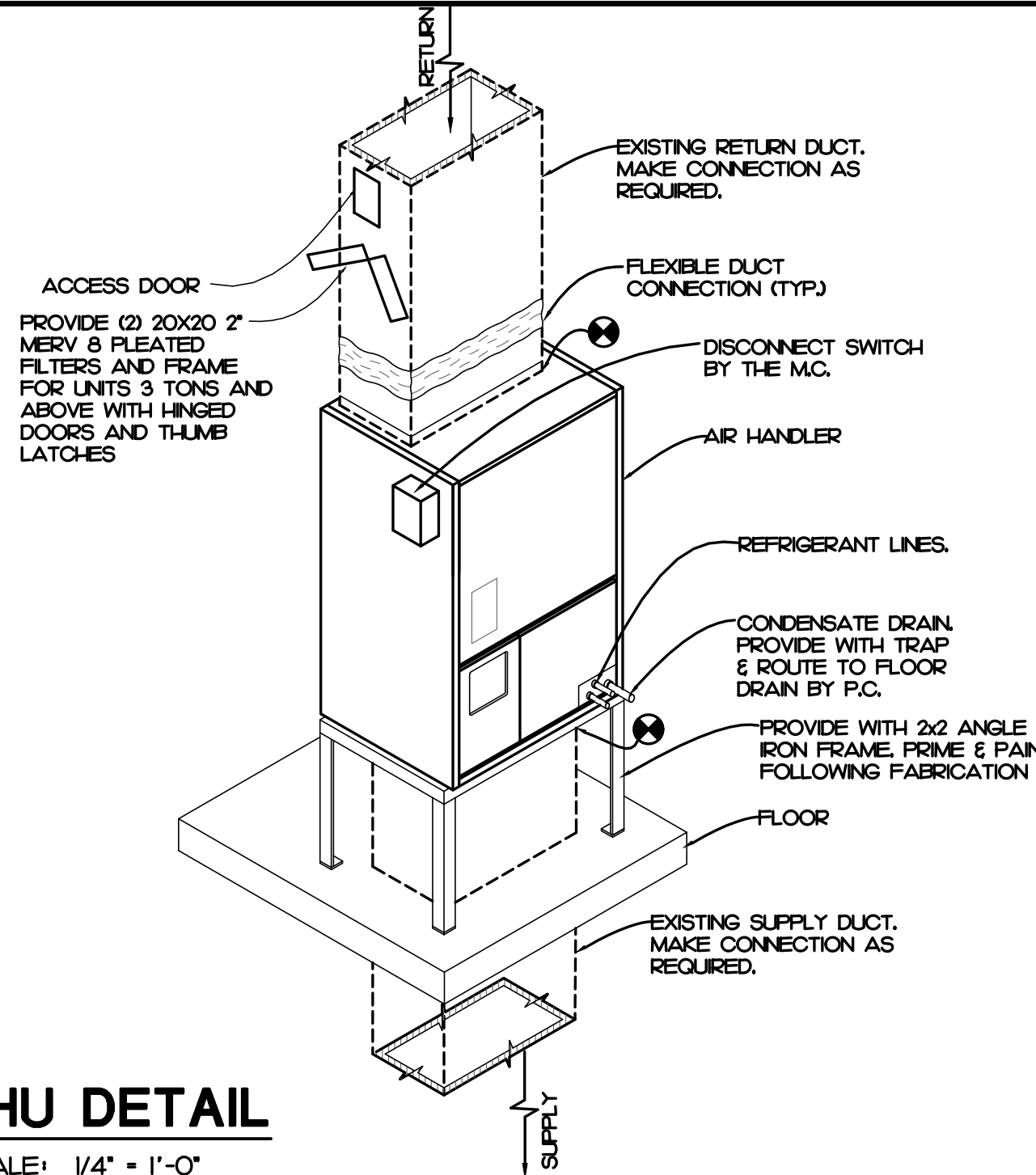
1 MECHANICAL RENOVATION PLAN

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

SPLIT-SYSTEM HEAT PUMP SCHEDULE

INSIDE UNIT						OUTSIDE UNIT													
MARK	BASIS OF DESIGN	FAN CFM	SPLIT HP	SUPPLY HEAT	ELECTRICAL POWER PLANT	MARK	BASIS OF DESIGN	TOTAL CAPACITY	HEATING CAPACITY	ELECTRICAL POWER PLANT	EFFICIENCY	NOTES							
AH-UH	TRANE GAMBOB36	1200	0.5	1/2	9.6 kW	230/1	44	60	HP-1	TRANE 4TWR3036	35.3 MBH	26.9 MBH	21.6 MBH	230/1	14.7	30	15.0 SEER	8.5 HSPF	

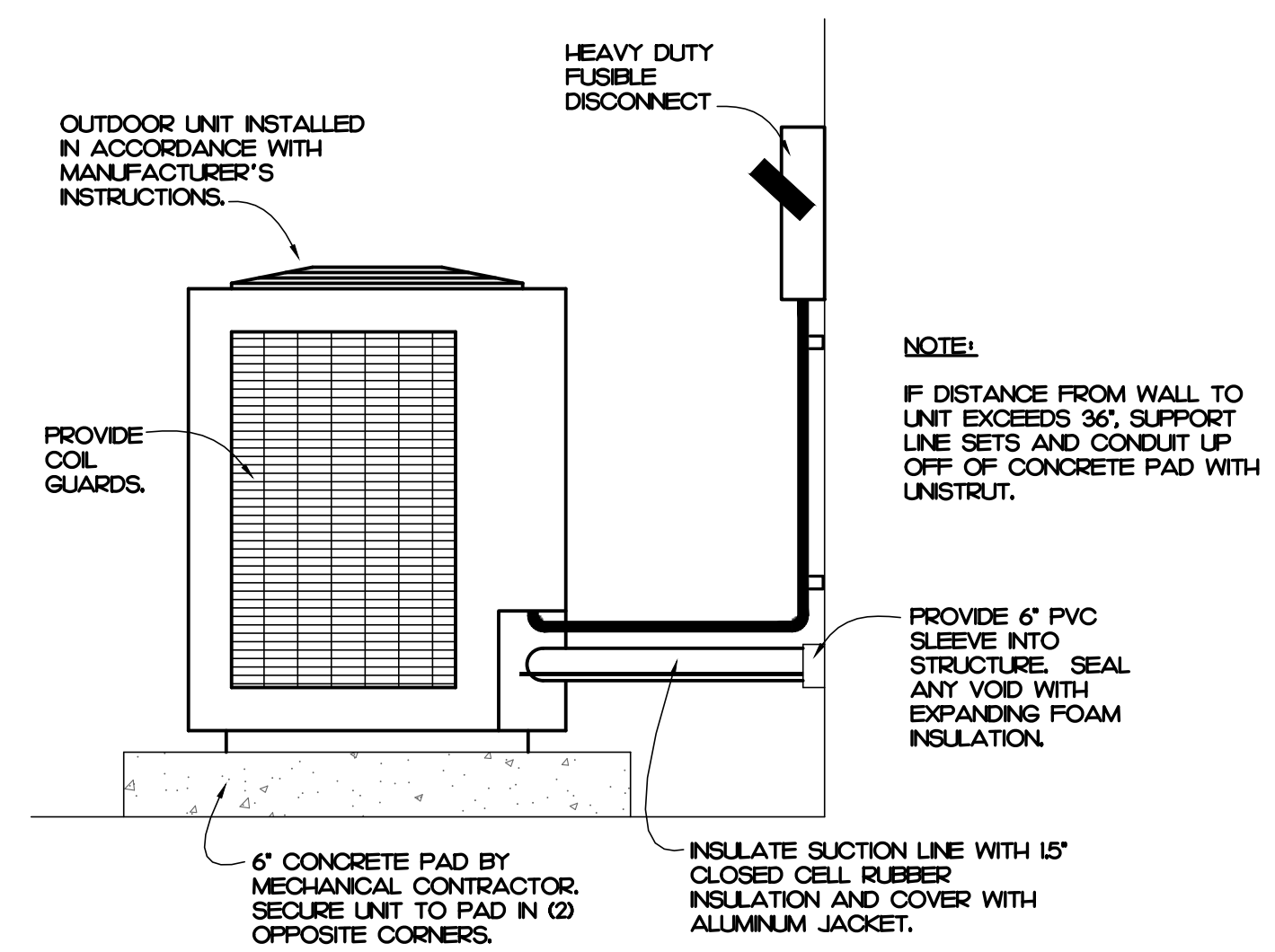
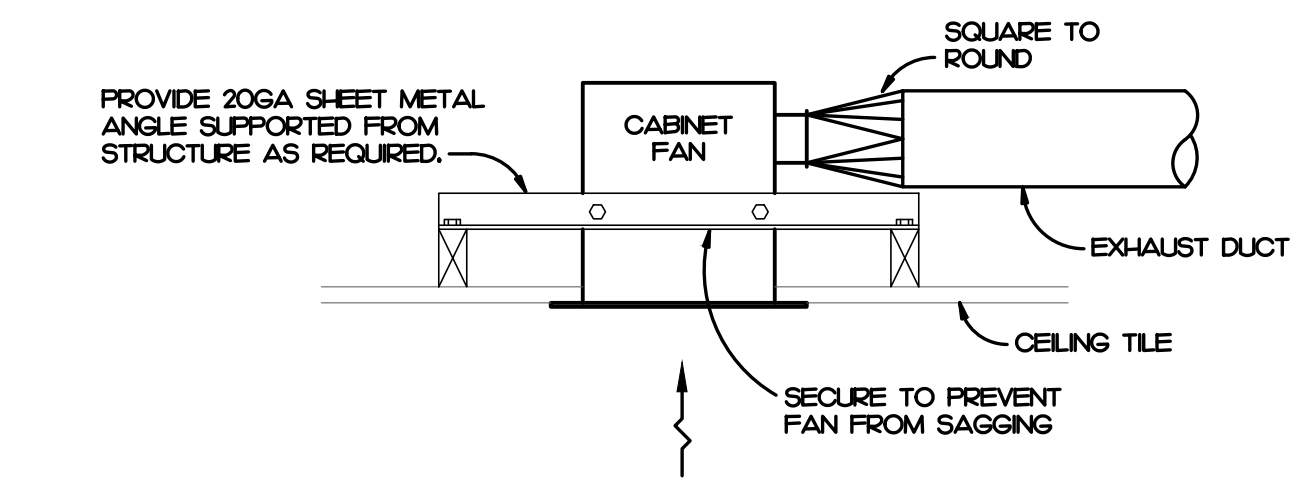
- NOTES:
1. PROVIDE WITH FUSEIBLE DISCONNECT ON INDOOR AND OUTDOOR UNITS.
 2. PROVIDE WITH SINGLE POINT ELECTRICAL CONNECTION.
 3. PROVIDE WITH PROGRAMMABLE THERMOSTAT WITH 10 HR BATTERY BACKUP AND 2 HOUR OVERRIDE.
 4. ROUTE CONDENSATE TO EXTERIOR SPLASH BLOCK.
 5. PROVIDE WITH LOW AMBIENT CONTROLS FOR OPERATION DOWN TO 0 DEGREES FAHRENHEIT.
 6. PROVIDE WITH 2" PLEATED FILTER RACK AND FILTER AT UNIT.



EXHAUST FAN SCHEDULE

MARK	BASIS OF DESIGN	SERVICE	TYPE	CFM	RPM	HP/AMPS	S.P.	POWER	NOTES
EF-1	COOK GC-186	LAB/STERILE	CABINET FAN	145	100	48.2 Watts	0.25'	120/1	1-3
EF-2	COOK GC-186	MECH	CABINET FAN	200	100	90.5 Watts	0.25'	120/1	1,2,4

- NOTES:
1. PROVIDE WITH DISCONNECT SWITCH.
 2. PROVIDE WITH BACKDRAFT DAMPER.
 3. CONTROL VIA WALL SWITCH BY E.C.
 4. PROVIDE WITH WALL MOUNTED THERMOSTAT.



GENERAL NOTES

1. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE LATEST EDITION OF THE STATE CODE, ALL LOCAL AND OTHER APPLICABLE CODES.
2. ANY PERMITS AND INSPECTION FEES SHALL BE SECURED AND PAID FOR BY THE MECHANICAL CONTRACTOR (M.C.).
3. ALL WORK SHALL BE PERFORMED BY EXPERIENCED AND SKILLED CRAFTSMAN. THE M.C. SHALL COORDINATE ALL OF HIS WORK WITH ALL OTHER CONTRACTORS.
4. THE MECHANICAL PLANS AND SPECIFICATIONS SHALL BE THOROUGHLY REVIEWED PRIOR TO PURCHASING MATERIALS AND INSTALLATION. ALL DISCREPANCIES OR INTERFERENCES SHALL BE BROUGHT TO THE ENGINEER'S ATTENTION.
5. THESE PLANS ARE DIAGRAMMATIC AND MAY NOT SHOW MINOR DETAILS AND LOCATIONS. FOR DIMENSIONS, REFER TO THE ARCHITECTURAL PLANS.
6. THE M.C. SHALL BE RESPONSIBLE FOR ALL ELECTRICAL STARTERS, INTERLOCKS, CONTROL WIRING, THE ELECTRICAL CONTRACTOR SHALL PROVIDE POWER WIRING, CONDUIT FROM THE DISCONNECT TO M.C. EQUIPMENT. THE M.C. SHALL BE RESPONSIBLE FOR ALL FINAL CONNECTION TO HIS EQUIPMENT.
7. INSTALL FLEXIBLE CONNECTORS ON SUPPLY AND RETURN DUCTWORK AT ALL AIR HANDLING UNITS.
8. INSTALL TURNING VANES IN SUPPLY DUCTS AT ELBOWS. PROVIDE BALANCING AND SPLITTER DAMPERS WHERE SHOWN AND AS REQUIRED FOR SYSTEM BALANCING.
9. ALL THERMOSTATS, WIRING AND CONDUIT ARE TO BE FURNISHED BY THE M.C. MOUNT THERMOSTATS 4'-0" ABOVE THE FLOOR, UNLESS OTHERWISE NOTED.
10. THE M.C. SHALL INSURE THAT ALL MECHANICAL EQUIPMENT INSTALLED UNDER HIS CONTRACT SHALL OPERATE FREE OF OBJECTIONABLE NOISE AND VIBRATION.
11. THE M.C. SHALL KEEP THE PREMISES CLEAR OF DEBRIS FROM HIS WORK DURING CONSTRUCTION AND LEAVE THE AREA AND BUILDING CLEAN AT THE COMPLETION OF HIS WORK. HE SHALL ALSO LEAVE CLEAN ALL EXPOSED EQUIPMENT IN HIS CONTRACT.
12. FLEXIBLE DUCT RUNOUTS SHALL BE A MAXIMUM OF 14'-0".
13. ALL FLEXIBLE DUCT RUNOUTS SHALL INCLUDE INSULATED DAMPERED BOOTS AT THE POINT OF CONNECTION WITH RECTANGULAR DUCT. PROVIDE ALL FLEXIBLE DUCTWORK WITH FOIL-BACKED, EXTERNALLY WRAPPED INSULATION FOR A MINIMUM OF R-8.
14. MECHANICAL CONTRACTOR SHALL WORK WITH TEST AND BALANCE CONTRACTOR TO REMEDY ANY DIFFERENCES TO INCLUDE FAN DRIVE CHANGES, INSTALLATION OF DAMPERS OR OTHER MINOR DUCT MODIFICATIONS TO PROVIDE AIRFLOW TO WITHIN +/- 10% OF THE DESIGN VALUES LISTED ON THESE PLANS.
15. THE AIR HANDLING UNIT SHALL OPERATE AT ALL TIMES DURING OCCUPIED HOURS.
16. THE MECHANICAL CONTRACTOR SHALL PROVIDE THE ENGINEER WITH A SET OF AS-BUILT DRAWINGS UPON COMPLETION OF JOB.
17. THE MECHANICAL CONTRACTOR SHALL PROVIDE THE ENGINEER WITH A SET OF DUCT SHOP DRAWINGS FOR APPROVAL.
18. THE MECHANICAL CONTRACTOR SHALL PROVIDE THE ENGINEER WITH A BALANCE REPORT BY A CERTIFIED TEST AND BALANCE COMPANY.
19. PROVIDE PERMIT LABEL ENGRAVED PLASTIC LAMINATE MECHANICALLY FASTENED TO OUTDOOR UNITS.

SYMBOL LEGEND

SYMBOL	DESCRIPTION
	SHEET METAL DUCT
	EXISTING FLEXIBLE DUCT
	FLEXIBLE DUCT
	SUPPLY DIFFUSER - LETTER & NUMBER INDICATES TYPE & CFM
	RETURN GRILLE - LETTER & NUMBER INDICATES TYPE & CFM
	EXISTING SUPPLY DIFFUSER
	EXISTING RETURN GRILLE
	EXHAUST FAN
	THERMOSTAT - MOUNTED 48" ABOVE FINISHED FLOOR
	CONNECT TO EXISTING

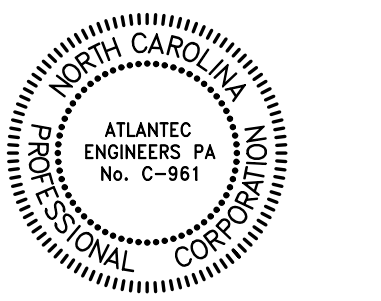
OUTSIDE AIR SUMMARY

• NO CHANGE OF USE, NO CHANGE OF OUTSIDE AIR •

cahoon + kasten
ARCHITECTS
118 West Woodhill Drive
Nags Head, North Carolina 27959
P.252.441.0271 F.252.441.8724
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ATLANTEC
ENGINEERS, PA

3221 BLUE RIDGE ROAD, SUITE 113
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(919) 571-1111 2226



[Handwritten Signature]
SEAL 2025
JULY 15 2025

Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr. Nags Head, NC
Title: MECHANICAL
Date: 01.31.2023
Scale: As indicated

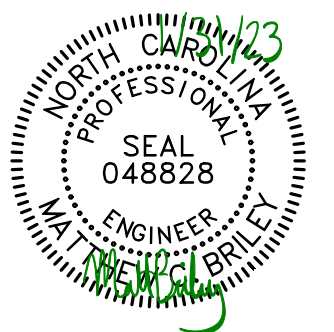
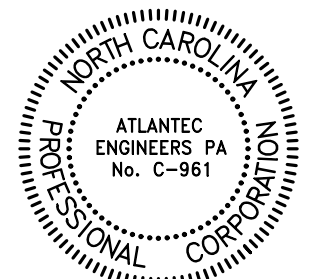
MECHANICAL NOTES, LEGENDS AND DETAILS

The designer shall not be responsible for any error, omission, defect or deficiency in the contract documents ("error") prepared by the designer or its consultants which in any way impacts the schedule of the project, results in a lack of coordination among the contract documents, delays the completion of the project or which in any other way causes any damage or loss to the owner, contractor, subcontractors, or other entity involved in the project, unless: (i) designer is promptly notified of such error, in any event within 14 days of the date such error was discovered or could reasonably have been discovered; and (ii) designer is given opportunity at the time of discovery to address such error, and, if appropriate, take such steps as are necessary to correct and resolve it. Failure to comply with the provisions of this paragraph shall constitute a waiver of any claim for damages, or a right to offset against designer by owner, contractor or others and shall in no event cause or allow a reduction in the fees otherwise due designer for services provided on the project.

Revisions:

No.	Description	Date

Designed: JAD
Drawn: JAD
Reviewed: JBD
Cad File:
M201



Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr.
Nags Head, NC
Title: ELECTRICAL PLAN
Date: 01.31.2023
Scale: As indicated

**ELECTRICAL
DEMOLITION
PLANS**

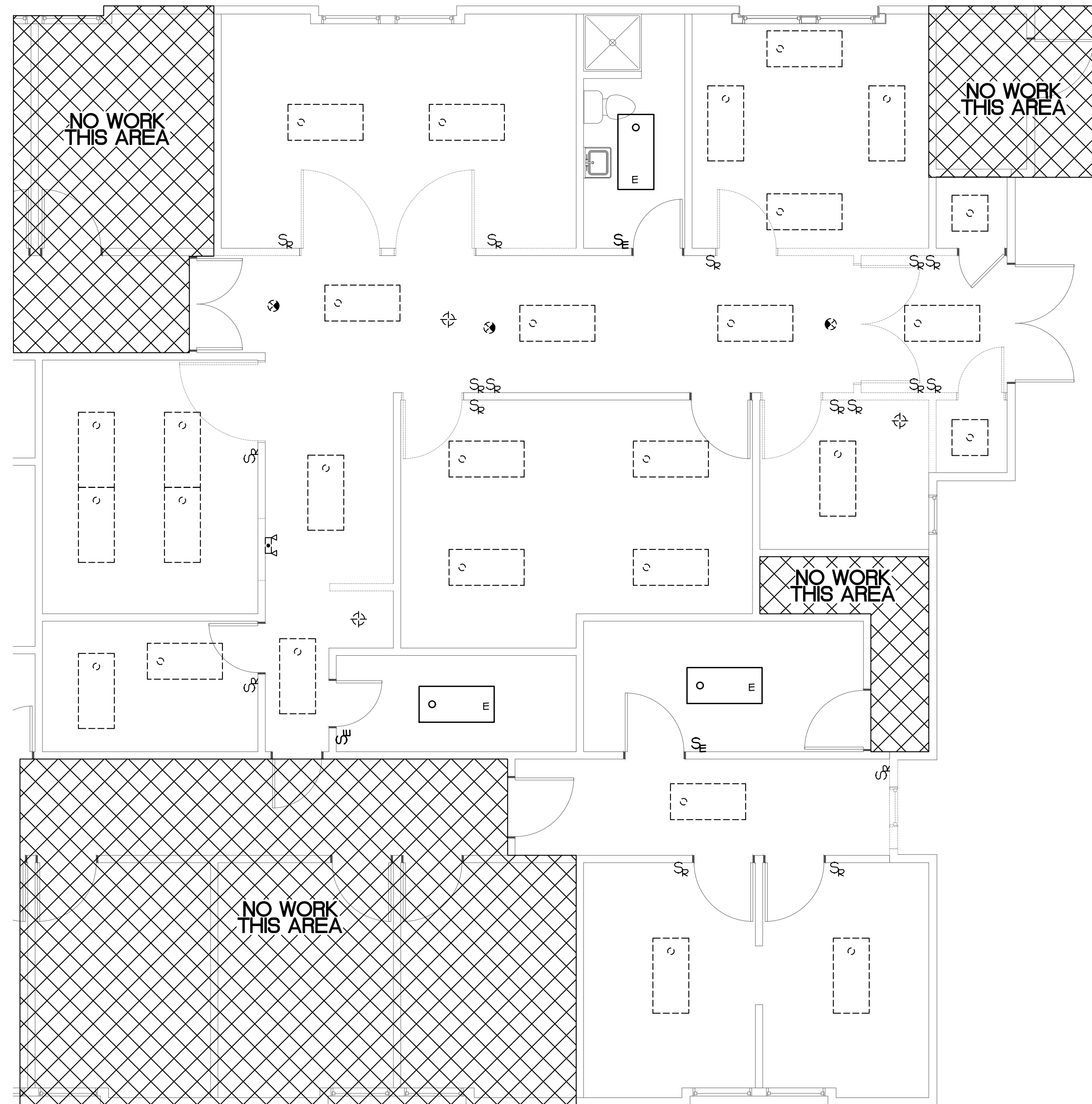
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Revisions:

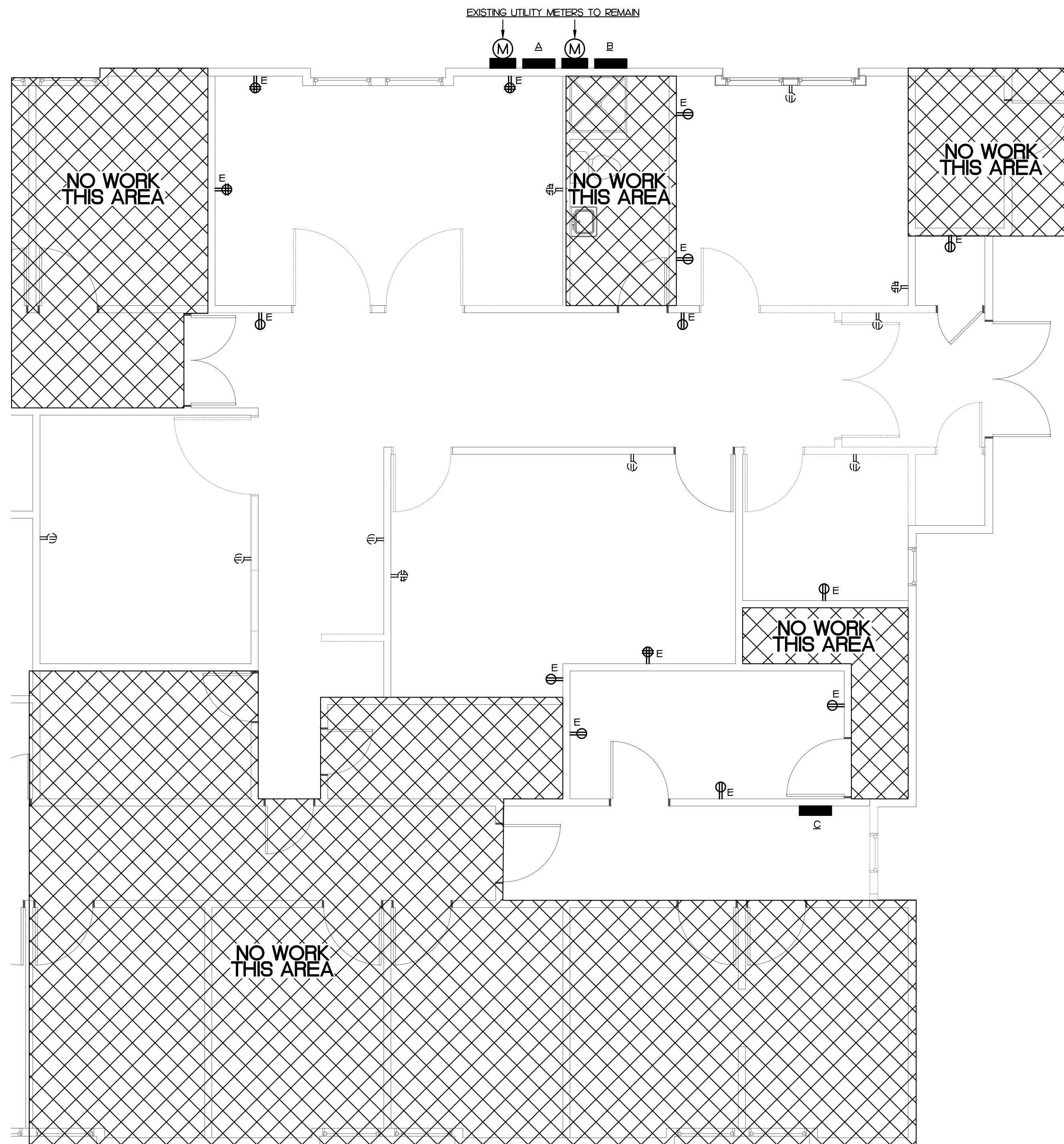
No.	Description	Date

Designed: SWM
Drawn: SWM
Reviewed: MCB
Cad File:

E101



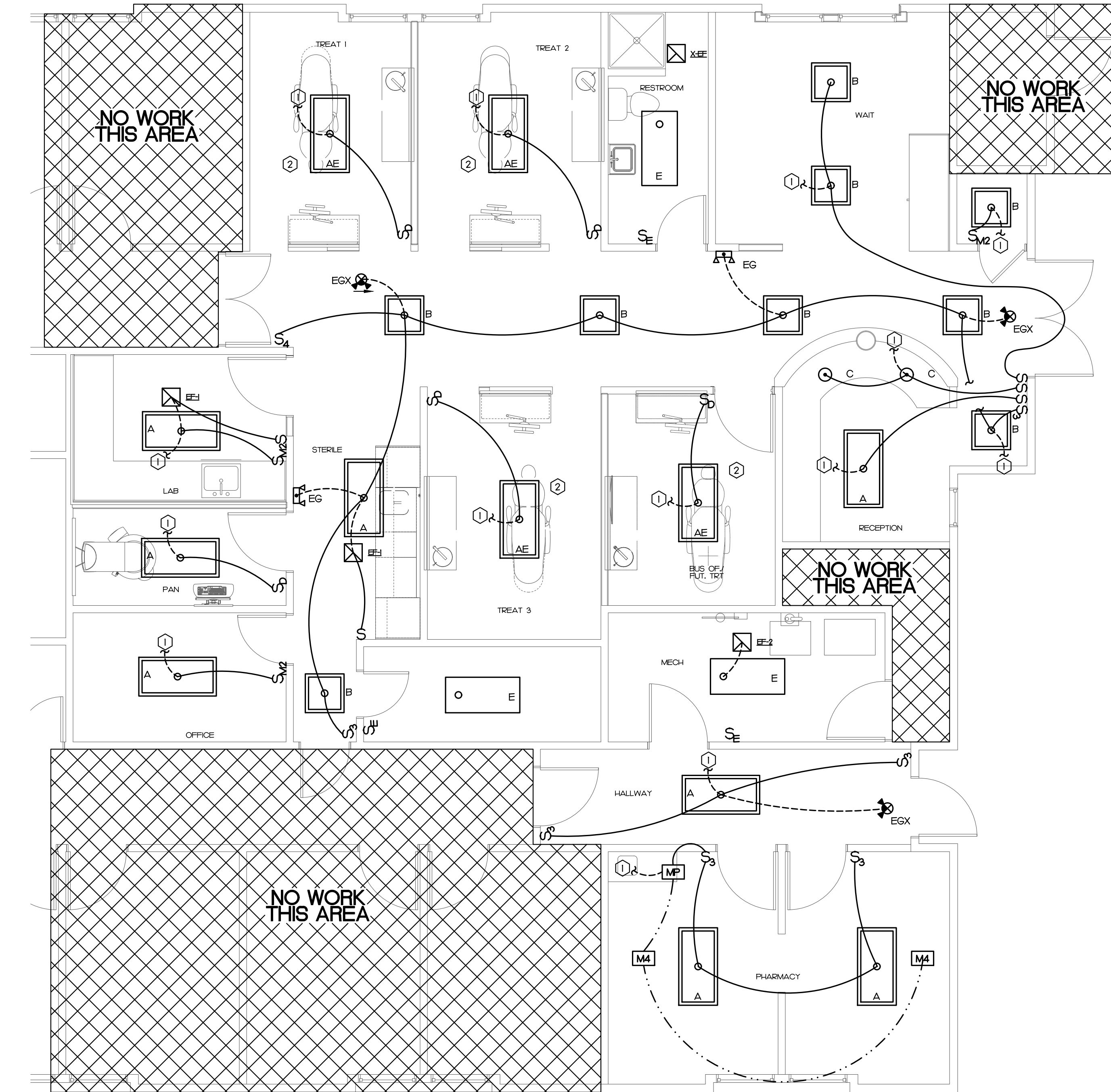
1 LIGHTING DEMOLITION PLAN
SCALE: 1/4" = 1'-0"



2 POWER DEMOLITION PLAN
SCALE: 1/4" = 1'-0"

KEY NOTES

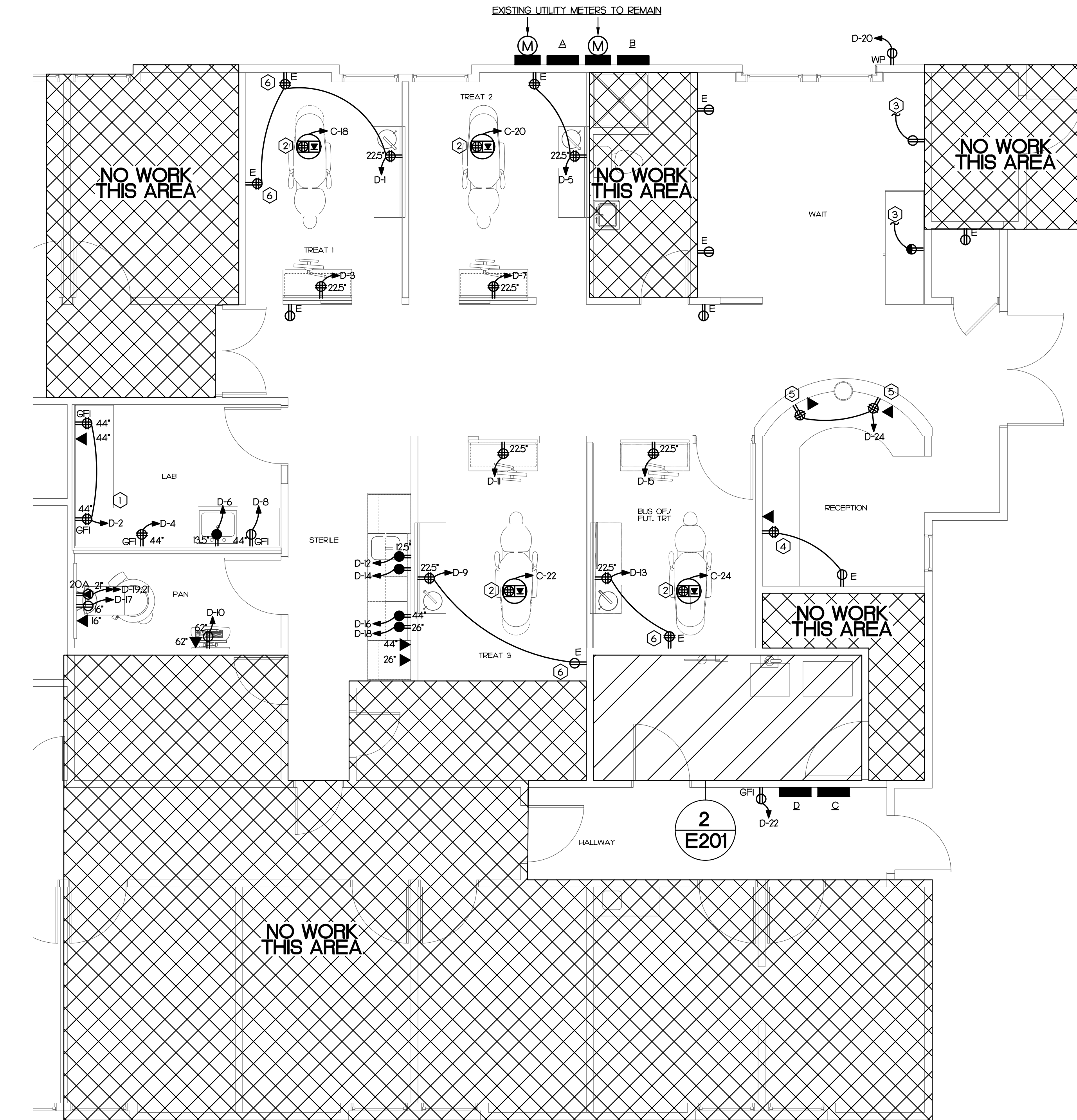
- ① CONNECT TO EXISTING LIGHTING CIRCUIT IN THIS AREA AVAILABLE FROM DEMOLITION
- ② FIXTURE TO BE USED AS EMERGENCY LIGHT, CONNECT BATTERY BACKUP AHEAD OF LIGHTING CONTROLS



1 LIGHTING PLAN
SCALE: 1/4" = 1'-0"

KEY NOTES

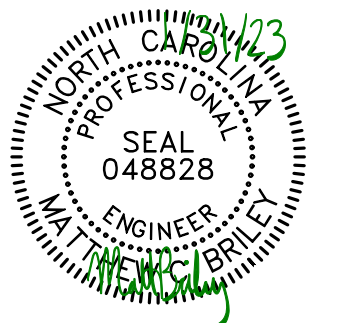
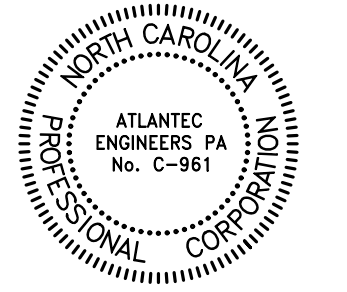
- ① COORDINATE DEVICE LOCATIONS FOR DENTAL EQUIPMENT IN THIS AREA WITH DENTAL EQUIPMENT SUPPLIER PRIOR TO ROUGH-IN. SEE DENTAL PLANS FOR DETAILS
- ② FLUSH TO FLOOR QUAD RECEPTACLE AND DATA OUTLET. PROVIDE 3/4" CONDUIT FOR POWER AND 1/2" CONDUIT FOR COMMUNICATION. CUT AND PATCH FLOOR AS REQUIRED. FIELD COORDINATE EXACT LOCATION WITH ARCHITECT PRIOR TO ROUGH-IN
- ③ CONNECT TO EXISTING RECEPTACLE CIRCUIT IN THIS AREA AVAILABLE FROM DEMOLITION
- ④ CONNECT TO EXISTING RECEPTACLE CIRCUIT AS SHOWN
- ⑤ QUAD RECEPTACLE AND DATA OUTLET LOCATED AT MILLWORK. FIELD COORDINATE EXACT LOCATION AND MOUNTING HEIGHT WITH ARCHITECT PRIOR TO ROUGH-IN
- ⑥ CONNECT EXISTING RECEPTACLE TO NEW RECEPTACLE CIRCUIT AS SHOWN



2 POWER PLAN
SCALE: 1/4" = 1'-0"

NOTES:

- 1. E.C. SHALL OBTAIN THE LATEST SET OF DENTAL EQUIPMENT DRAWINGS BY PATTERSON DENTAL PRIOR TO START OF CONSTRUCTION
- 2. ALL PATIENT CARE AREAS TO MEET REQUIREMENTS OF ARTICLE 517 OF THE NEC
- 3. COORDINATE ALL DENTAL EQUIPMENT LOCATIONS AND CONNECTIONS WITH THE DENTAL EQUIPMENT PROVIDER, OWNER, AND PATTERSON EQUIPMENT SPECIALIST PRIOR TO ROUGH IN.
- 4. E.C. TO CONFIRM SIZES OF ALL JUNCTION BOXES WITH DENTAL PLANS.



Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr. Nags Head, NC
Title: ELECTRICAL PLAN
Date: 01.31.2023
Scale: As indicated

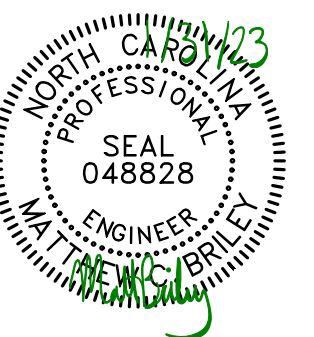
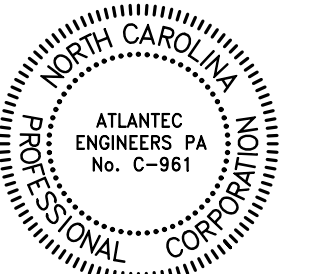
ELECTRICAL PLANS

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Revisions:

No.	Description	Date

Designed: SWM
Drawn: SWM
Reviewed: MCB
Cad File:



Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr. Nags Head, NC
Title: ELECTRICAL PLAN
Date: 01.31.2023
Scale: As indicated

LOW VOLTAGE ELECTRICAL PLAN

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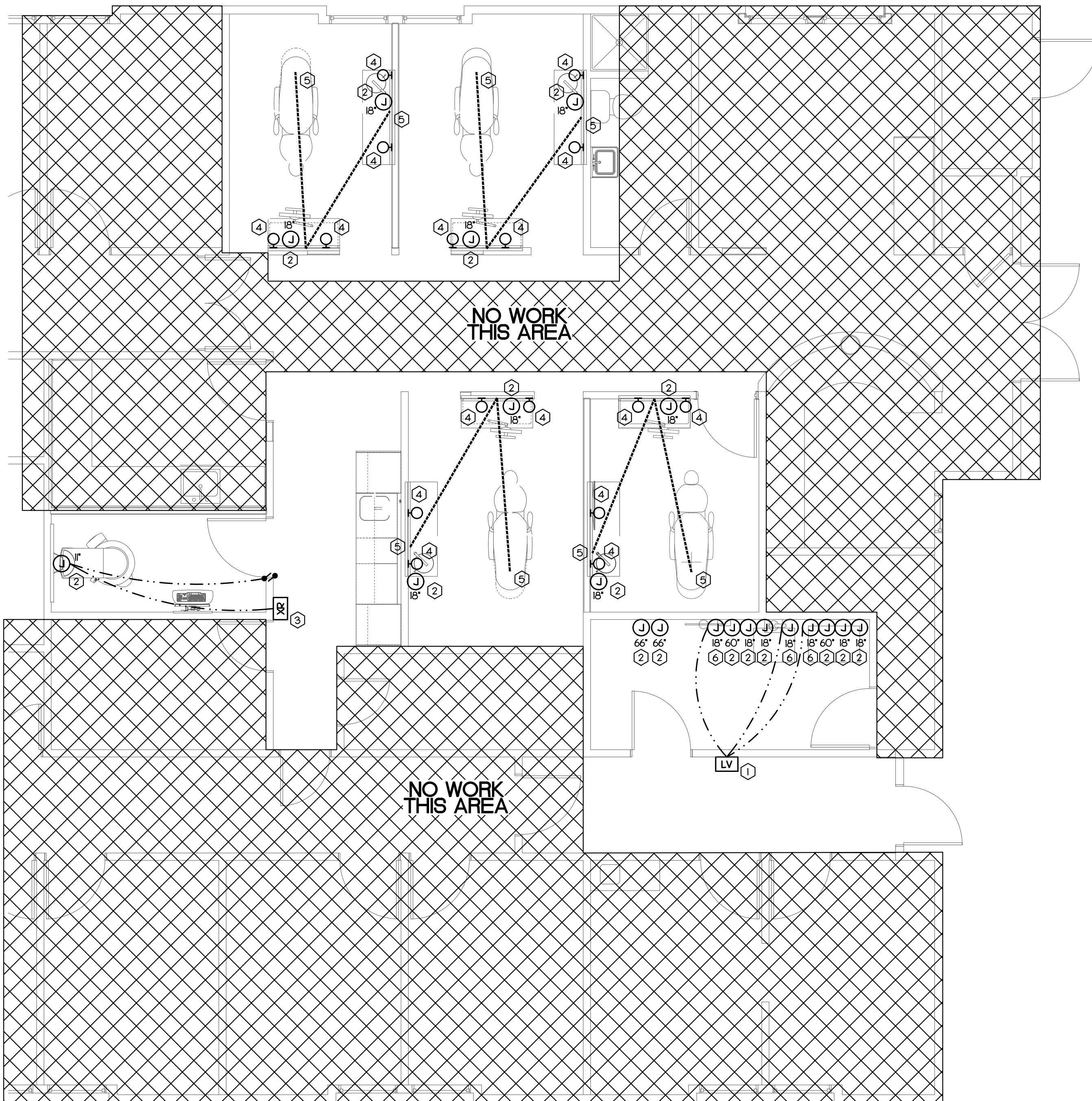
Revisions:

No.	Description	Date

Designed: SWM
Drawn: SWM
Reviewed: MCB
Cad File:

KEY NOTES

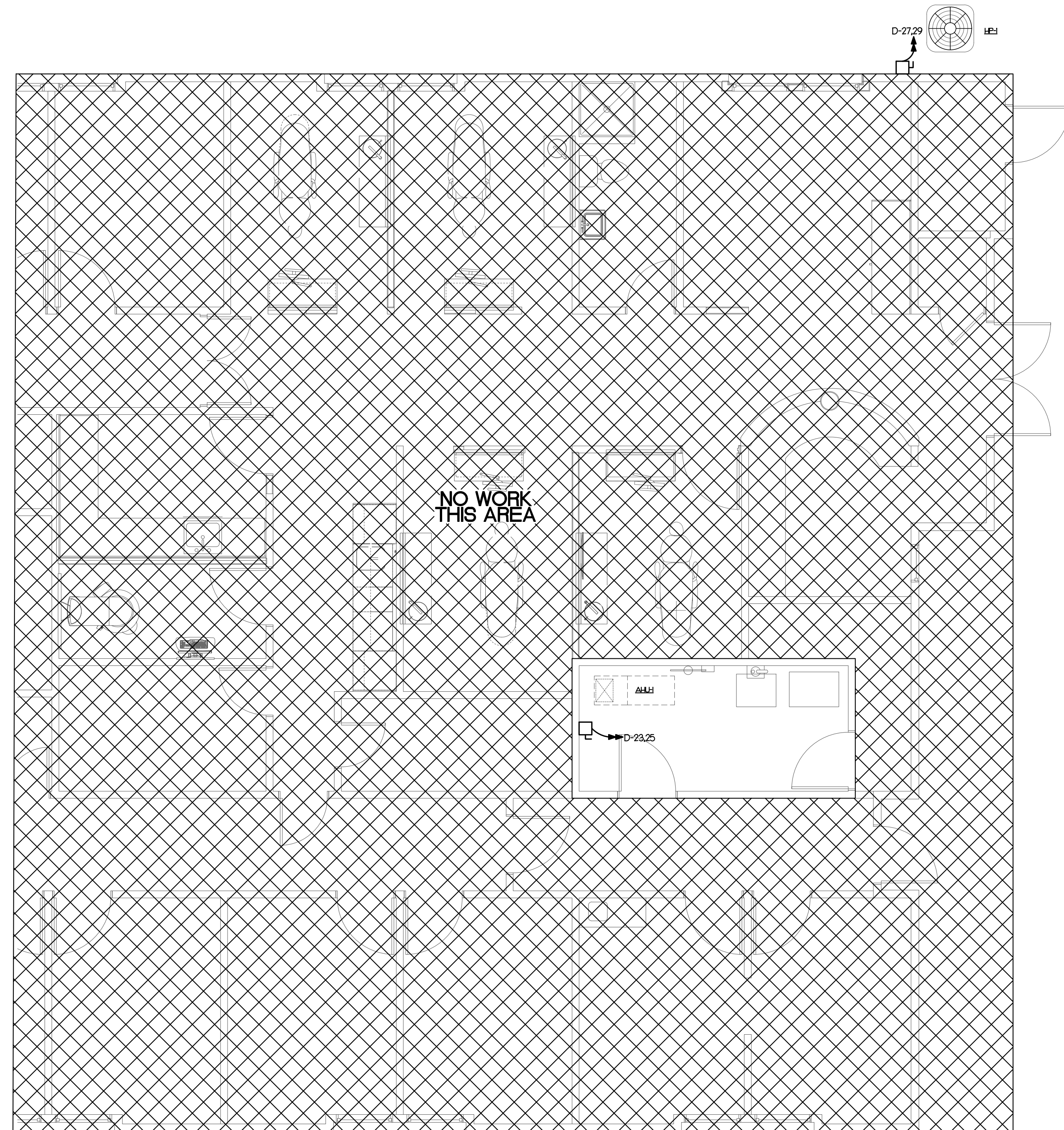
- 1 MASTER REMOTE CONTROL PANEL, PROVIDED BY OTHERS. INSTALL AT 60" AFF. E.C. TO PROVIDE BOX, CONDUITS, AND LOW VOLTAGE WIRES AS DIRECTED BY DENTAL EQUIPMENT SUPPLIER. SEE DENTAL PLANS FOR DETAILS
- 2 INSTALL EMPTY JUNCTION BOX FLUSH IN WALL PER DENTAL EQUIPMENT SUPPLIER INSTRUCTION. SEE DENTAL PLANS FOR DETAILS
- 3 X-RAY REMOTE EXPOSURE BUTTON - CONTRACTOR TO SUPPLY AND INSTALL PIPE CHASE WITH FULL STRING TO IMAGING UNIT. VERIFY SUPPLIER OF EXPOSURE BUTTON AND WIRING WITH PATTERSON EQUIPMENT SPECIALIST. FINAL CONNECTION BY PATTERSON DENTAL.
- 4 2" CONDUIT RUN IN WALL. SEE DENTAL PLANS FOR DETAILS. E.C. TO RUN LOW VOLTAGE WIRES OR CABLES TO LOCATIONS INDICATED ON DENTAL PLANS
- 5 2" CONDUIT - SUB-FLOOR PIPE CHASE WITH FULL STRING SUPPLIED AND INSTALLED BY E.C. SWEEPING 90 DEGREE BENDS. STUB-UP FLUSH WITH SUB-FLOOR. MARK LOCATION AFTER INSTALLATION. CUT AND PATCH FLOOR AS REQUIRED. SEE DENTAL PLANS FOR EXACT STUB UP LOCATION AND ROUTING
- 6 TERMINATE LOW VOLTAGE WIRE FROM MASTER REMOTE CONTROL PANEL IN FLUSH MOUNTED JUNCTION BOX AT WALL AS INDICATED



NOTES:

- 1 E.C. SHALL OBTAIN THE LATEST SET OF DENTAL EQUIPMENT DRAWINGS BY PATTERSON DENTAL PRIOR TO START OF CONSTRUCTION
- 2 ALL PATIENT CARE AREAS TO MEET REQUIREMENTS OF ARTICLE 517 OF THE NEC
- 3 COORDINATE ALL DENTAL EQUIPMENT LOCATIONS AND CONNECTIONS WITH THE DENTAL EQUIPMENT PROVIDER, OWNER, AND PATTERSON EQUIPMENT SPECIALIST PRIOR TO ROUGH IN.
- 4 E.C. TO CONFIRM SIZES OF ALL JUNCTION BOXES WITH DENTAL PLANS.

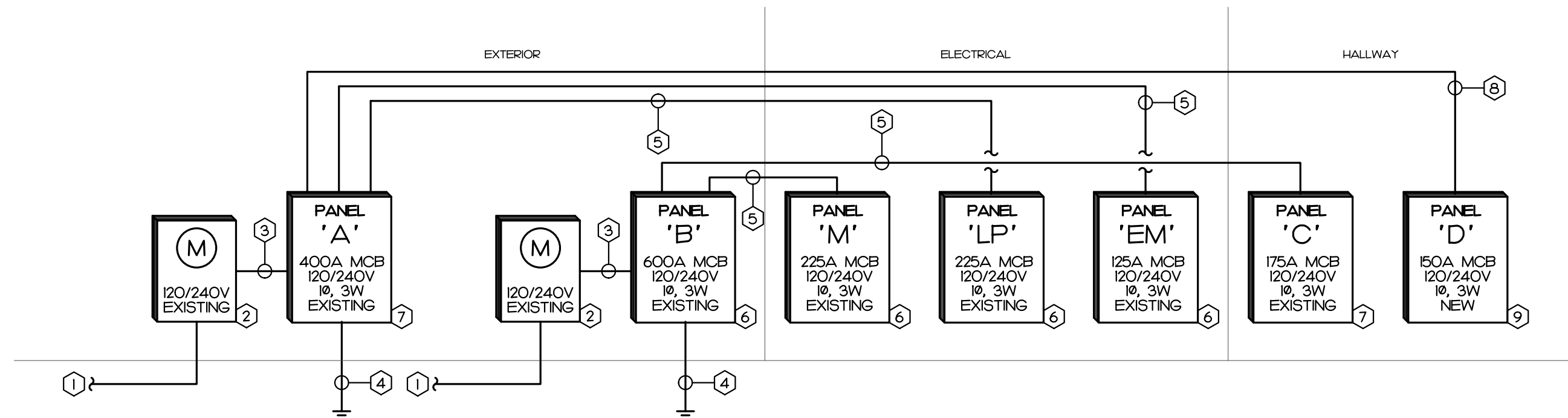
1 LOW VOLTAGE PLAN
SCALE: 1/4" = 1'-0"



2 HVAC POWER PLAN
SCALE: 1/4" = 1'-0"

KEY NOTES

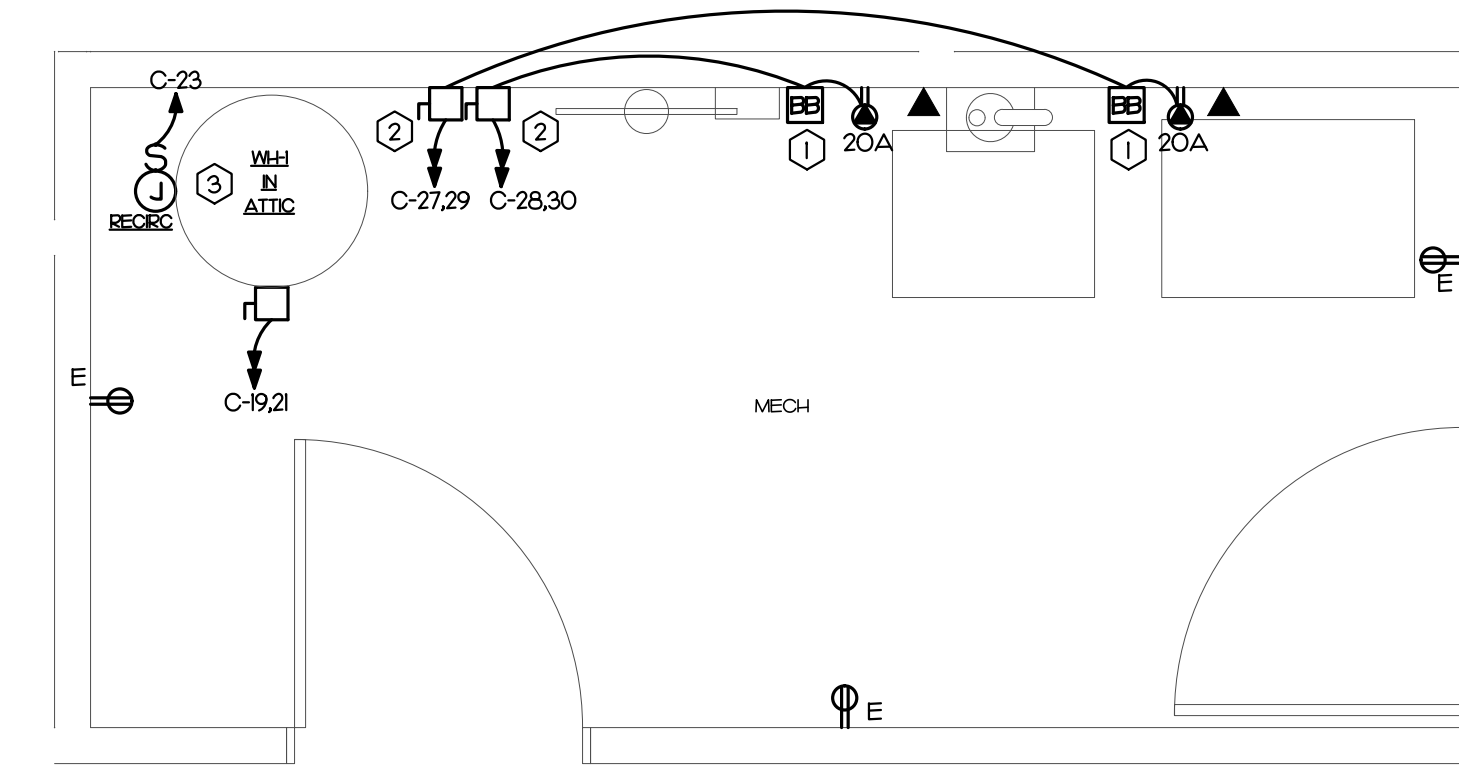
- 1 EXISTING UNDERGROUND SERVICE CONDUCTORS TO REMAIN
- 2 EXISTING UTILITY METER TO REMAIN
- 3 EXISTING SERVICE ENTRANCE CONDUCTORS TO REMAIN
- 4 EXISTING GROUNDING ELECTRODE CONDUCTORS TO REMAIN
- 5 EXISTING FEEDER TO REMAIN
- 6 EXISTING PANEL TO REMAIN, NO WORK TO BE DONE, SHOWN FOR REFERENCE
- 7 EXISTING PANEL TO REMAIN, SEE PANEL SCHEDULE FOR DETAILS
- 8 NEW FEEDER, SEE PANEL SCHEDULE FOR DETAILS
- 9 NEW PANELBOARD, SEE PANEL SCHEDULE FOR DETAILS



1 POWER RISER
NOT TO SCALE

KEY NOTES

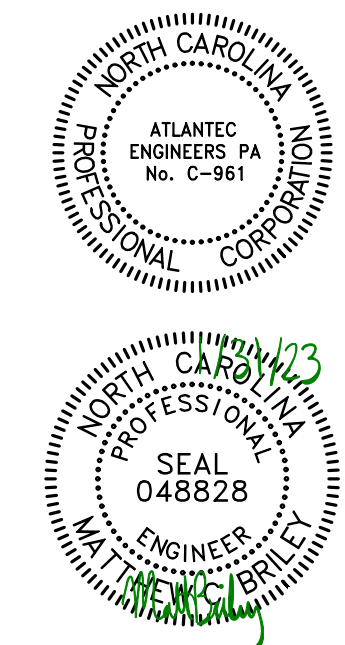
- 1 BUCK-BOOST TRANSFORMER PROVIDED BY OTHERS AND INSTALLED BY E.C. FIELD COORDINATE INSTALLATION WITH DENTAL EQUIPMENT SUPPLIER, SEE DETAIL PLANS FOR DETAILS
- 2 PRIMARY SIDE OVERCURRENT PROTECTION FOR BUCK-BOOST TRANSFORMER, PROVIDE A 240V, 20A, 2P FUSED DISCONNECT, GENERAL DUTY DISCONNECT IS ACCEPTABLE, FIELD COORDINATE EXACT LOCATION WITH DENTAL EQUIPMENT SUPPLIER PRIOR TO ROUGH-IN
- 3 E.C. TO PROVIDE STRIP LIGHTING AND GFCI SERVICE RECEPTACLE IN ATTIC AS REQUIRED, FIELD COORDINATE SWITCH INSTALLATION NEAR ACCESS POINT, CONNECT LIGHTS AND SERVICE RECEPTABLES TO CIRCUIT C-23



2 ENLARGED PLAN - MECH
SCALE: 1/2" = 1'-0"

NOTES:

- 1 E.C. SHALL OBTAIN THE LATEST SET OF DENTAL EQUIPMENT DRAWINGS BY PATTERSON DENTAL PRIOR TO START OF CONSTRUCTION
- 2 ALL PATIENT CARE AREAS TO MEET REQUIREMENTS OF ARTICLE 517 OF THE NEC
- 3 COORDINATE ALL DENTAL EQUIPMENT LOCATIONS AND CONNECTIONS WITH THE DENTAL EQUIPMENT PROVIDER, OWNER, AND PATTERSON EQUIPMENT SPECIALIST PRIOR TO ROUGH IN
- 4 E.C. TO CONFIRM SIZES OF ALL JUNCTION BOXES WITH DENTAL PLANS.



Project: Community Care Clinic - Dental
Project No: 22027
Location: 425 Health Center Dr. Nags Head, NC
Title: ELECTRICAL PLAN
Date: 01.31.2023
Scale: As indicated

**POWER RISER
PANEL SCHEDULES**

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Revisions:

No.	Description	Date

Designed: SWM
Drawn: SWM
Reviewed: MCB
Cad File:

KEY NOTES

- 1 E.C. MAY PURCHASE REFURBISHED BREAKER IF NEW BREAKER IS NOT AVAILABLE

PANEL A		120/240V, 1 PHASE, 3 WIRE													
QCT	DESCRIPTION	KVA	C	G	W	OB	QCT	QCT	W	G	C	KVA	DESCRIPTION	QCT	
1	PANEL 'EM'	EXIST	90	E	E	E	20	1	2	20	E	E	162	PANEL 'LP'	2
3			90	--	--	E	2P	3	4	2P	E	--	162		4
5	PANEL 'D'	NOTE 2	158	2	6	1/0	150	5	6	--	--	--	0.00	SPACE ONLY	6
7			85	--	--	1/0	2P	7	8	--	--	--	0.00		8
9	SPACE ONLY		00	--	--	--	9	10	--	--	--	--	0.00	SPACE ONLY	10
11			00	--	--	--	11	12	--	--	--	--	0.00		12
DESCRIPTION		CONNECTED	DEMAND	DEMAND	400 A MINIMUM BUS SIZE				SURFACE MOUNTING						
CONT. LOAD	0.00	125%	0.00		MAIN LUSLS ONLY				NEMA 3R ENCLOSURE						
RECEPTACLE	130	100%/50%	156		22 K MINIMUM AIC RATING				GROUND BAR						
MTRS/COOLS	3.92	100%	3.92												
HEATS	960	100%	960												
WATER HEATER	0.00	100%	0.00												
EQUIPMENT	55.00	100%	55.00		NOTES				CONNECTED LOADS						
KITCHEN EQUIP.	0.00	65%	0.00		1. EXISTING FEDERAL PACIFIC FFE				PHASE A: 41 KVA						
SPECIAL EQ.	0.00	100%	0.00		2. E.C. TO USE EXISTING SPARE BREAKER				PHASE B: 407 KVA						
25% OF LARGEST HVAC/MOTOR	253	4	253						TOTAL: 817 KVA						
TOTAL DEMAND			8268	5					DEMAND 344 AMP						

PANEL C		120/240V, 1 PHASE, 3 WIRE													
QCT	DESCRIPTION	KVA	C	G	W	OB	QCT	QCT	W	G	C	KVA	DESCRIPTION	QCT	
1	AHU	EXIST	43	E	E	E	45	1	2	30	E	E	34	A/C	2
3			43	--	--	E	2P	3	4	2P	E	--	34		4
5	EXIT/EM LIGHTS	EXIST	10	E	E	E	20	5	6	30	E	E	29	EXIST	6
7	RECEPTACLES	EXIST	10	E	E	E	20	7	8	2P	E	--	29		8
9	BATH HALL	EXIST	10	E	E	E	20	9	10	20	E	E	10	EXIST	10
11	RECEPTACLES	EXIST	10	E	E	E	20	11	12	20	E	E	10	EXIST	12
13	SOUTH EXAM ROOM	EXIST	10	E	E	E	20	13	14	20	E	E	10	EXIST	14
15	SECURITY	EXIST	10	E	E	E	20	15	16	20	E	E	10	EXIST	16
17	SECURITY	EXIST	10	E	E	E	20	17	18	20	1/2	1/2	0.8	NOTE 4	18
19	WH	NOTE 3	23	3/4	1/0	1/0	30	19	20	20	1/2	1/2	0.8	NOTE 4	20
21			23	--	--	1/0	2P	21	22	20	1/2	1/2	0.8	NOTE 4	22
23	RECIRC PUMP	NOTE 3	03	1/2	1/2	1/2	20	23	24	20	1/2	1/2	0.8	NOTE 4	24
25	SPACE ONLY		00	--	--	--	25	25	26	--	--	--	0.00	SPACE ONLY	26
27	BUCK BOOST XFMR	NOTE 3	12	1/2	1/2	1/2	20	27	28	20	1/2	1/2	1/2	NOTE 3	28
29			12	--	--	1/2	2P	29	30	2P	1/2	--	1/2		30
DESCRIPTION		CONNECTED	DEMAND	DEMAND	22 A MINIMUM BUS SIZE				SURFACE MOUNTING						
CONT. LOAD	0.00	151%	0.00		175 A MAIN CIRCUIT BREAKER				NEMA 1 ENCLOSURE						
RECEPTACLE	100	100%/50%	100		10 K MINIMUM AIC RATING				GROUND BAR						
MTRS/COOLS	212	80%	169												
HEATS	0.00	100%	0.00												
WATER HEATER	450	100%	450		NOTES				CONNECTED LOADS						
EQUIPMENT	846	100%	846		1. EXISTING SQUARE D1 COOL				PHASE A: 222 KVA						
KITCHEN EQUIP.	0.00	65%	0.00		2. 1" DENOTES EXISTING BRANCH CIRCUIT TO REMAIN				PHASE B: 222 KVA						
SPECIAL EQ.	0.00	100%	0.00		3. E.C. TO PROVIDE NEW BREAKER				TOTAL: 451 KVA						
25% OF LARGEST HVAC/MOTOR	0.00	4	0.00		4. E.C. TO PROVIDE NEW GFCI BREAKER				DEMAND 88 AMP						
TOTAL DEMAND			4036	5											

PANEL D		120/240V, 1 PHASE, 3 WIRE													
QCT	DESCRIPTION	KVA	C	G	W	OB	QCT	QCT	W	G	C	KVA	DESCRIPTION	QCT	
1	TREAT 1 SIDE CABINET	NOTE 2	05	1/2	1/2	1/2	20	1	2	20	1/2	1/2	1/4		2
3	TREAT 1 SIDE CABINET	NOTE 2	02	1/2	1/2	1/2	20	3	4	20	1/2	1/2	1/9		4
5	TREAT 2 SIDE CABINET	NOTE 2	04	1/2	1/2	1/2	20	5	6	20	1/2	1/2	0.05	NOTE 2	6
7	TREAT 2 SIDE CABINET	NOTE 2	02	1/2	1/2	1/2	20	7	8	20	1/2	1/2	0.05		8
9	TREAT 3 SIDE CABINET	NOTE 2	04	1/2	1/2	1/2	20	9	10	20	1/2	1/2	0.04		10
11	TREAT 3 SIDE CABINET	NOTE 2	04	1/2	1/2	1/2	20	11	12	20	1/2	1/2	1/9	NOTE 2	12
13	DENTAL SIDE CABINET	NOTE 2	04	1/2	1/2	1/2	20	13	14	20	1/2	1/2	1/2	NOTE 2	14
15	DENTAL SIDE CABINET	NOTE 2	02	1/2	1/2	1/2	20	15	16	20	1/2	1/2	1/4	NOTE 2	16
17	PAN RECEPTACLE	NOTE 2	19	1/2	1/2	1/2	20	17	18	20	1/2	1/2	0.06	NOTE 2	18
19	PAN EQUIPMENT	NOTE 2	12	1/2	1/2	1/2	20	19	20	20	1/2	1/2	0.02		20
21			12	--	--	1/2	2P	21	22	20	1/2	1/2	0.02		22
23	AHU		51	1	1/0	6	60	23	24	20	1/2	1/2	0.04		24
25			51	--	--	6	2P	25	26	--	--	--	0.00	SPACE ONLY	26
27	HP		17	3/4	1/0	10	30	27	28	--	--	--	0.00	SPACE ONLY	28
29			17	--	--	10	2P	29	30	--	--	--	0.00	SPACE ONLY	30
31	SPACE ONLY		00	--	--	--	31	32	--	--	--	--	0.00	SPACE ONLY	32
33	SPACE ONLY		00	--	--	--	33	34	--	--	--	--	0.00	SPACE ONLY	34
36	SPACE ONLY		00	--	--	--	36	36	--	--	--	--	0.00	SPACE ONLY	36
37	SPACE ONLY		00	--	--	--	37	38	--	--	--	--	0.00	SPACE ONLY	38
39	SPACE ONLY		00	--	--	--	39	40	--	--	--	--	0.00	SPACE ONLY	40
41	SPACE ONLY		00	--	--	--	41	42	--	--	--	--	0.00	SPACE ONLY	42
DESCRIPTION		CONNECTED	DEMAND	DEMAND	200 A MINIMUM BUS SIZE				SURFACE MOUNTING						
CONT. LOAD	0.00	95%	0.00		150 A MAIN CIRCUIT BREAKER				NEMA 1 ENCLOSURE						
RECEPTACLE	130	100%/50%	156		10 K MINIMUM AIC RATING				GROUND BAR						
MTRS/COOLS	3.92	100%	3.92												
HEATS	960	100%	960												
WATER HEATER	0.00	100%	0.00		NOTES				CONNECTED LOADS						
EQUIPMENT	468	100%	468		1. SQUARE D1 NO				PHASE A: 158 KVA						
KITCHEN EQUIP.	0.00	65%	0.00		2. E.C. TO PROVIDE GFCI BREAKER				PHASE B: 65 KVA						
SPECIAL EQ.	0.00	100%	0.00		3.				TOTAL: 313 KVA						
25% OF LARGEST HVAC/MOTOR	0.00	4	0.00						DEMAND 134 AMP						
TOTAL DEMAND			3228	5											

3 PANEL SCHEDULE
NOT TO SCALE

SYMBOL LEGEND

SYMBOL	DESCRIPTION	REMARKS
	2 X 4 SURFACE FIXTURE - LETTER DESIGNATES TYPE	SEE FIXTURE SCHED.
	2 X 2 SURFACE FIXTURE - LETTER DESIGNATES TYPE	SEE FIXTURE SCHED.
	PENDANT/SURFACE MOUNT FIXTURE - LETTER DESIGNATES TYPE	SEE FIXTURE SCHED.
	EMERGENCY WITH EXIT LIGHT - CONNECT UNSWITCHED	SEE FIXTURE SCHED.
	BATTERY BACKUP EMERGENCY LIGHT - CONNECT UNSWITCHED	SEE FIXTURE SCHED.
	EXISTING 2 X 4 FIXTURE TO REMAIN	EXISTING
	EXISTING EMERGENCY WITH EXIT LIGHT TO REMAIN	EXISTING
	EXISTING 2 X 4 LAY-IN FIXTURE TO BE REMOVED	EXISTING
	EXISTING CAN LIGHT FIXTURE TO BE REMOVED	EXISTING
	EXISTING EXIT LIGHT TO BE REMOVED	EXISTING
	EXISTING EMERGENCY LIGHT TO BE REMOVED	EXISTING
	SINGLE POLE TOGGLE SWITCH, MOUNT 4" AFF. UNLESS NOTED OTHERWISE.	HUBBELL 122-TR WITH NPJ1 COVER PLATE
	THREE WAY TOGGLE SWITCH, MOUNT 4" AFF. UNLESS NOTED OTHERWISE.	HUBBELL 122-TR WITH NPJ1 COVER PLATE
	WALL MOUNTED OCCUPANCY SENSOR SWITCH DUAL TECHNOLOGIES, MOUNT 4" AFF. UNLESS NOTED OTHERWISE. 800W/20VAC OR 100W/27VAC	WATTSOFFER DSM-30F-100
	DIMMING SWITCH WITH PRESET TO MATCH CORRESPONDING FIXTURE TYPE 0-10V DIMMING, MOUNT 4" AFF. UNLESS NOTED OTHERWISE. PROVIDE SWITCHED WIRE AND 0-10V CONTROL WIRE TO FIXTURE AS REQUIRED.	LUTRON DVSTV-XX NPJ26 COVER PLATE
	CEILING MOUNTED OCCUPANCY SENSOR, DUAL TECHNOLOGIES, LOW VOLTAGE, PROVIDE LOW VOLTAGE WIRING TO POWER PACK AS REQUIRED. 28 FT. RADIUS	SENSORWORK SWX-2224
	POWER PACK FOR LOW VOLTAGE OCCUPANCY SENSOR, 120/277VAC, 20A 1 POLE CONTACTOR.	SENSORWORK SWX-900
	EXISTING SWITCH TO REMAIN	EXISTING
	EXISTING SWITCH TO BE REMOVED	EXISTING
	SPECIFICATION GRADE DUPLEX TAMPER RESISTANT RECEPTACLE, MOUNT 6" AFF. UNLESS OTHERWISE NOTED.	HUBBELL HBL5362-TR WITH NPJ8 COVER PLATE
	SPECIFICATION GRADE TAMPER RESISTANT GFCI RECEPTACLE, MOUNT 6" AFF. UNLESS OTHERWISE NOTED.	HUBBELL GFT1RST20-TR WITH NPJ26 COVER PLATE
	SPECIFICATION GRADE DUPLEX TAMPER RESISTANT RECEPTACLE, MOUNT 6" AFF. UNLESS OTHERWISE NOTED. FED FROM GFCI CIRCUIT BREAKER.	HUBBELL HBL5362-TR WITH NPJ8 COVER PLATE
	SPECIFICATION GRADE DUPLEX TAMPER RESISTANT RECEPTACLE MOUNT 4" ABOVE COUNTER/BACKSPASH.	HUBBELL HBL5362-TR WITH NPJ8 COVER PLATE
	SPECIFICATION GRADE QUAD TAMPER RESISTANT RECEPTACLE MOUNT 6" AFF. UNLESS OTHERWISE NOTED.	HUBBELL GFT1RST20-TR WITH WP26M COVER PLATE
	SPECIFICATION GRADE TAMPER RESISTANT, WEATHER RESISTANT AND GFCI DUPLEX RECEPTACLE WITH INHUSE WEATHER PROOF COVER, MOUNT 6" AFF. UNLESS OTHERWISE NOTED.	HUBBELL GFT1RST20-TR WITH NPJ26 COVER PLATE
	SPECIFICATION GRADE QUAD TAMPER RESISTANT GFCI RECEPTACLE MOUNT 6" AFF. UNLESS OTHERWISE NOTED.	HUBBELL GFT1RST20-TR WITH NPJ26 COVER PLATE
	250 VOLT RECEPTACLE WITH GROUND, "AMP" DESIGNATED RATING FIELD VERIFY NUMBER OF POLE AND NEUTRAL MOUNT 6" AFF. UNLESS OTHERWISE NOTED.	HUBBELL TO MATCH EQUIPMENT
	QUAD TAMPER RESISTANT RECEPTACLE AND DATA OUTLET IN FLUSH TO FLOOR BOX WITH FLAP COVER, FIELD COORDINATE WITH DENTAL EQUIPMENT, PROVIDE COVER TO MATCH FLOOR TYPE PER ARCHITECT INSTRUCTION OUT AND PATCH FLOOR AS REQUIRED.	BY E.C. PER DENTAL EQUIPMENT SUPPLIER
	EXISTING DUPLEX RECEPTACLE TO REMAIN	EXISTING
	EXISTING QUAD RECEPTACLE TO REMAIN	EXISTING
	EXISTING DUPLEX RECEPTACLE TO BE REMOVED	EXISTING
	EXISTING QUAD RECEPTACLE TO BE REMOVED	EXISTING
	CEILING PANEL, CABINET FAN, FLUSHED AND INSTALLED BY M.C. WIRED BY E.C.	SEE MECH. PLAN.
	JUNCTION BOX SIZED PER NEC.	
	DISCONNECT SWITCH SEE PLANS FOR SIZE AND TYPE	SQUARE D HEAVY DUTY
	NEW CONCEALED WIRING	PER NEC.
	LOW VOLTAGE WIRING	PER NEC.
	UNSWITCHED LIGHTING CONDUCTOR	PER NEC.
	HOME RUN TO PANEL BOARD, NUMBERS OF ARROW INDICATE CIRCUITS	PER NEC.
	120/240V 10, 3W PANEL BOARD - SEE PANEL SCHEDULES	SQUARE D NQ/H-LINE
	EXISTING UTILITY METER BASE TO REMAIN	SEE POWER RISER
	120/220V BUCK-BOOST TRANSFORMER	BY OTHERS
	COMMUNICATION OUTLET - MOUNT 6" AFF. UNLESS OTHERWISE NOTED. SUBLE 3/4" CONDUIT TO ACCESSIBLE CEILING OR ATTIC SPACE, OUTLET, COVER PLATE AND WIRING BY OTHERS.	SINGLE GANG BOX, HUBBELL NPJ3 COVER PLATE
	EXISTING COMMUNICATION OUTLET TO REMAIN	EXISTING
	ABOVE FINISHED CEILING	
	ABOVE FINISHED FLOOR - NOTE ALL MOUNTING DIMENSIONS GIVEN ARE TO THE BOTTOM OF THE OUTLET BOX	
	ELECTRONIC INTERLOCK DOOR SWITCH LOCATE BETWEEN DOOR PANEL AND FRAME. SEE DENTAL PLANS FOR DETAILS	SEE DENTAL PLANS
	VERTICAL CONDUIT IN WALL, E.C. TO VERIFY EXACT LOCATION WITH ARCHITECT PRIOR TO ROUGH-IN	SEE DENTAL PLANS
	SWITCH FOR LOW VOLTAGE SYSTEM, SEE DENTAL PLANS FOR DETAILS	SEE DENTAL PLANS
	X-RAY REMOTE EXPOSURE BUTTON	SEE DENTAL PLANS
	NEW UNDER SLAB EMT CONDUIT PER DENTAL DRAWINGS	PER NEC.

GENERAL NOTES

- THE CONTRACTOR SHALL REFER TO THE ARCHITECTURAL PLANS FOR FLOOR PLAN DIMENSIONS, DO NOT SCALE THESE DRAWINGS.
- THE ELECTRICAL CONTRACTOR SHALL COORDINATE ANY AND ALL WORK WITH OTHER TRADES INVOLVED IN THE PROJECT, PRIOR TO THE INSTALLATION OF HIS EQUIPMENT SO AS TO AVOID CONFLICTS DURING CONSTRUCTION AND TO ALLOW FOR OPTIMUM MAINTENANCE AND WORKING SPACE.
- USE OF THE CONDUIT SYSTEM FOR EQUIPMENT GROUNDING SHALL NOT BE ACCEPTABLE. A SEPARATE GREEN GROUND WIRE SHALL BE RUN WITH THE CIRCUIT CONDUCTORS IN EACH CONDUIT.
- ALL BREAKER SIZES, SHOWN FOR MECHANICAL EQUIPMENT, SHALL BE VERIFIED BEFORE THE PURCHASE OR INSTALLATION OF SAID EQUIPMENT, WITH THE EQUIPMENT SUPPLIER AND THE MECHANICAL CONTRACTOR.
- ALL WORK AND MATERIAL SHALL BE PROVIDED IN ACCORDANCE WITH THE STATE, LOCAL AND NATIONAL CODES, ORDINANCES AND 2020 NATIONAL ELECTRICAL CODE (NFPA 70).
- EACH CONTRACTOR SHALL PROVIDE HIS OWN SUPPORT OF ALL DEVICES AND EQUIPMENT PROVIDED BY HIM AND SHALL SUPPORT SUCH EQUIPMENT PER APPROVED GOVERNING CODES OR PER APPROVAL OF THE ENGINEER. UNACCEPTABLE WORKMANSHIP OR MATERIALS SHALL BE REPLACED AT THE REQUEST OF THE ENGINEER AT THE CONTRACTOR'S EXPENSE.
- THE MOUNTING HEIGHTS AND LOCATIONS OF ALL WALL MOUNTED OUTLETS AND JUNCTION BOXES SHALL BE REVIEWED AND COORDINATED WITH THE ARCHITECT, PRIOR TO INSTALLATION FOR USE WITH THE ACTUAL EQUIPMENT, CASEWORK, AND MILLWORK TO BE FURNISHED.
- THE ELECTRICAL CONTRACTOR SHALL PROVIDE ALL NECESSARY DISCONNECTS, SWITCHES, AND RECEPTACLES UNDER THE ELECTRICAL BID AND SHALL INCLUDE ALL NECESSARY CIRCUITS TO AND FINAL CONNECTIONS TO THE EQUIPMENT PROVIDED BY ALL SUPPLIERS. SEE DETAILS FOR CONNECTION TO EQUIPMENT PROVIDED BY MECHANICAL AND PLUMBING CONTRACTORS.
- PENETRATION:
 - WHERE ELECTRICAL EQUIPMENT PENETRATES RATED WALLS AND CEILINGS, EXTERIOR WALLS, THEY SHALL BE PROPERLY SEALED PER APPROVED UL METHODS.
 - WHERE ELECTRICAL EQUIPMENT PENETRATES EXTERIOR WALLS, THEY SHALL BE PROPERLY SEALED WITH METHODS APPROVED BY THE ENGINEER, SUBMIT DETAIL OF PROPOSED SEALING METHODS.
- ALL PERMITS AND INSPECTION FEES SHALL BE SECURED AND PAID BY THE ELECTRICAL CONTRACTOR.
- ALL WORK SHALL BE PERFORMED BY A LICENSED ELECTRICAL CONTRACTOR.
- THE CONTRACTOR SHALL PROVIDE COMPLETE UPDATED TYPED WRITTEN PANEL SCHEDULES FOR ALL PANELBOARDS.
- AS BUILT DRAWINGS SHALL BE GIVEN TO THE OWNER AT THE COMPLETION OF THE PROJECT.
- THE CONTRACTOR SHALL VERIFY THE CEILING TYPES WITH THE GENERAL CONTRACTOR PRIOR TO THE PURCHASE OF ANY LIGHT FIXTURES SO THAT THE PROPER TRIM WILL BE PROVIDED FOR ALL FIXTURES, ANY DIFFERENCES WILL BE THE RESPONSIBILITY OF THIS CONTRACTOR.
- ALL WIRE SIZES INDICATED ON THE PANEL SCHEDULES ARE BASED ON 75 DEGREE COPPER THIN/THIN WIRE. ALL WIRE TERMINALS AND EQUIPMENT SHALL BE LISTED AND APPROVED FOR 75°C. ONLY THIN/2 WIRE SHALL BE INSTALLED IN WET AND EXTERIOR LOCATION.
- MINIMUM CONDUIT SIZE SHALL BE 1/2" AND MINIMUM WIRE SIZE SHALL BE #12 AWG.
- ARMORED CABLE (TYPE AC) AND METAL-CLAD CABLE (TYPE MC) ARE ACCEPTABLE WIRING METHODS SUBJECT TO THE FOLLOWING RESTRICTIONS:
 - SEE NEC 390 AND 393 FOR RESTRICTIONS.
 - PENETRATIONS OF RATED WALLS SHALL BE IN ACCORDANCE WITH APPROVED UL PENETRATION METHODS.
 - CABLE SHALL NOT BE USED FOR HOME RUN TO PANEL BOARD.
 - CABLE SHALL ONLY BE INSTALLED IN CONCEALED SPACE AND FLURRED AREAS. MAX. LENGTH OF EACH SECTION IN ACCESSIBLE CONCEALED CEILING SPACES SHALL NOT EXCEED 10 FT.
 - WHERE REQUIRED BY NEC 517.3, CABLE SHALL BE LISTED FOR THE USE.
- THE MAXIMUM NUMBER OF HOMERUNS IN A CONDUIT SHALL NOT EXCEED THREE (3). FEEDING CIRCUITS WITH SHARED NEUTRAL SHALL BE SWITCHED TOGETHER.
- WHERE OUTLETS ARE SHOWN BACK TO BACK ON RATED WALLS, STAGGER OUTLETS SO THAT THEY ARE SEPARATED BY A MINIMUM OF 24".
- ALL DISCONNECTS SHALL HAVE SEPARATE NEUTRAL AND GROUND BARS.
- BOXES AND CONDUITS SHALL NOT BE INSTALLED RECESSED IN A 3-HOUR OR HIGHER RATED WALL, WHEN OUTLETS ARE INDICATED ON THESE WALLS, FIELD COORDINATE CONDUIT AND BOX INSTALLATION.
- FOR ALL RECEPTACLES LOCATED ABOVE COUNTER TOP, MOUNTING HEIGHT SHALL COMPLY WITH ANSI A117, SECTION 308. E.C. SHALL FIELD VERIFY CASEWORK DETAIL WITH ARCHITECT PRIOR TO ROUGH-IN.
- THE ELECTRICAL CONTRACTOR SHALL BE RESPONSIBLE FOR A COMPLETE ELECTRICAL DEMOLITION NOTED OR IMPLIED ON THESE PLANS.
- ALL ABANDONED AND UNUSED CABLES IN HOLLOW SPACES, VERTICAL SHAFTS, AND VENTILATION OR AIR-HANDLING DUCTS SHALL BE REMOVED PER NEC 725.25, 760.25, 770.25, 800.25, 820.25 AND 830.25.
- PRIOR TO CONNECTING ANY NEW RECEPTACLES TO EXISTING CIRCUITS, THE ELECTRICAL CONTRACTOR SHALL FIELD VERIFY THAT NO MORE THAN 10 RECEPTACLES ARE CONNECTED TO A 20 AMP CIRCUIT. AFTER RECONNECTING ALL NEW AND RELOCATED LIGHT FIXTURES THE ELECTRICAL CONTRACTOR SHALL MEASURE THE CONNECTED LOAD FOR EACH LIGHTING CIRCUIT TO INSURE THAT NO MORE THAN 16 AMPS IS CONNECTED TO A 20 AMP CIRCUIT. THE CONTRACTOR SHALL NOTIFY THE ENGINEER IF EITHER OF THE ABOVE CONDITIONS CAN NOT BE ACHIEVED.
- THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR MAINTAINING CIRCUIT CONTINUITY TO ALL LIGHTING, DEVICES AND EQUIPMENT NOT SUBJECT TO REMOVAL. PROVIDE ADDITIONAL CONDUIT AND WIRING AS REQUIRED.
- RELOCATE AS NECESSARY ALL EXISTING CIRCUITS FOUND PASSING THROUGH THE AREA OF CONSTRUCTION, AND WHICH ARE PRESENTLY IN USE IN OTHER PARTS OF THE BUILDING UNAFFECTED BY THIS PROJECT PHASE, TO MAINTAIN THE CONTINUITY OF SERVICE AND GROUNDING, AND TO CONCEAL THEM ABOVE NEW CEILINGS.
- WHERE EXISTING EQUIPMENT AND DEVICES SHALL BE REMOVED, THE CONTRACTOR SHALL REMOVE ALL THE ASSOCIATED CONDUIT AND CONDUCTORS THAT SHALL NOT REMAIN IN OPERATION BACK TO THEIR RESPECTIVE SOURCE OR TO THE POINT ON A SHARED CIRCUIT FROM WHERE THE EQUIPMENT OR DEVICE IS SERVED.
- FACILITY DESIGN IS FOR A DOCTOR OFFICE, GENERAL PRACTITIONER, DESIGN IS NOT FOR A HOSPITAL, NURSING HOME OR AMBULATORY CARE FACILITY, NO SPECIAL POWER SYSTEMS HAVE BEEN DESIGNED FOR PATIENT LIFE SAFETY.
- PER NEC 517.33, THERE IS NOT A REQUIREMENT FOR A CRITICAL POWER BRANCH IN THIS FACILITY.
- WIRING IN ALL EXAM ROOMS AND PATIENT CARE AREAS SHALL COMPLY WITH NEC 517.3.
- NO INVASIVE PROCEDURES OR PROCEDURES THAT IF INTERRUPTED SHOULD THREATEN A PATIENTS LIFE ARE PERFORMED.
- THERE ARE NO OVERNIGHT STAYS IN ANY BEDROOMS IN THIS FACILITY.
- INHALATION ANESTHESIAS ARE NOT ADMINSTRATED.

MEDICAL FACILITY NOTES:

- FACILITY DESIGN IS FOR A DOCTOR OFFICE, GENERAL PRACTITIONER, DESIGN IS NOT FOR A HOSPITAL, NURSING HOME OR AMBULATORY CARE FACILITY, NO SPECIAL POWER SYSTEMS HAVE BEEN DESIGNED FOR PATIENT LIFE SAFETY.
- PER NEC 517.33, THERE IS NOT A REQUIREMENT FOR A CRITICAL POWER BRANCH IN THIS FACILITY.
- WIRING IN ALL EXAM ROOMS AND PATIENT CARE AREAS SHALL COMPLY WITH NEC 517.3.
- NO INVASIVE PROCEDURES OR PROCEDURES THAT IF INTERRUPTED SHOULD THREATEN A PATIENTS LIFE ARE PERFORMED.
- THERE ARE NO OVERNIGHT STAYS IN ANY BEDROOMS THIS FACILITY.
- INHALATION ANESTHESIAS ARE NOT ADMINSTRATED.

2018 NORTH CAROLINA ENERGY CODE

ELECTRICAL SYSTEM AND EQUIPMENT METHOD OF COMPLIANCE: PRESCRIPTIVE

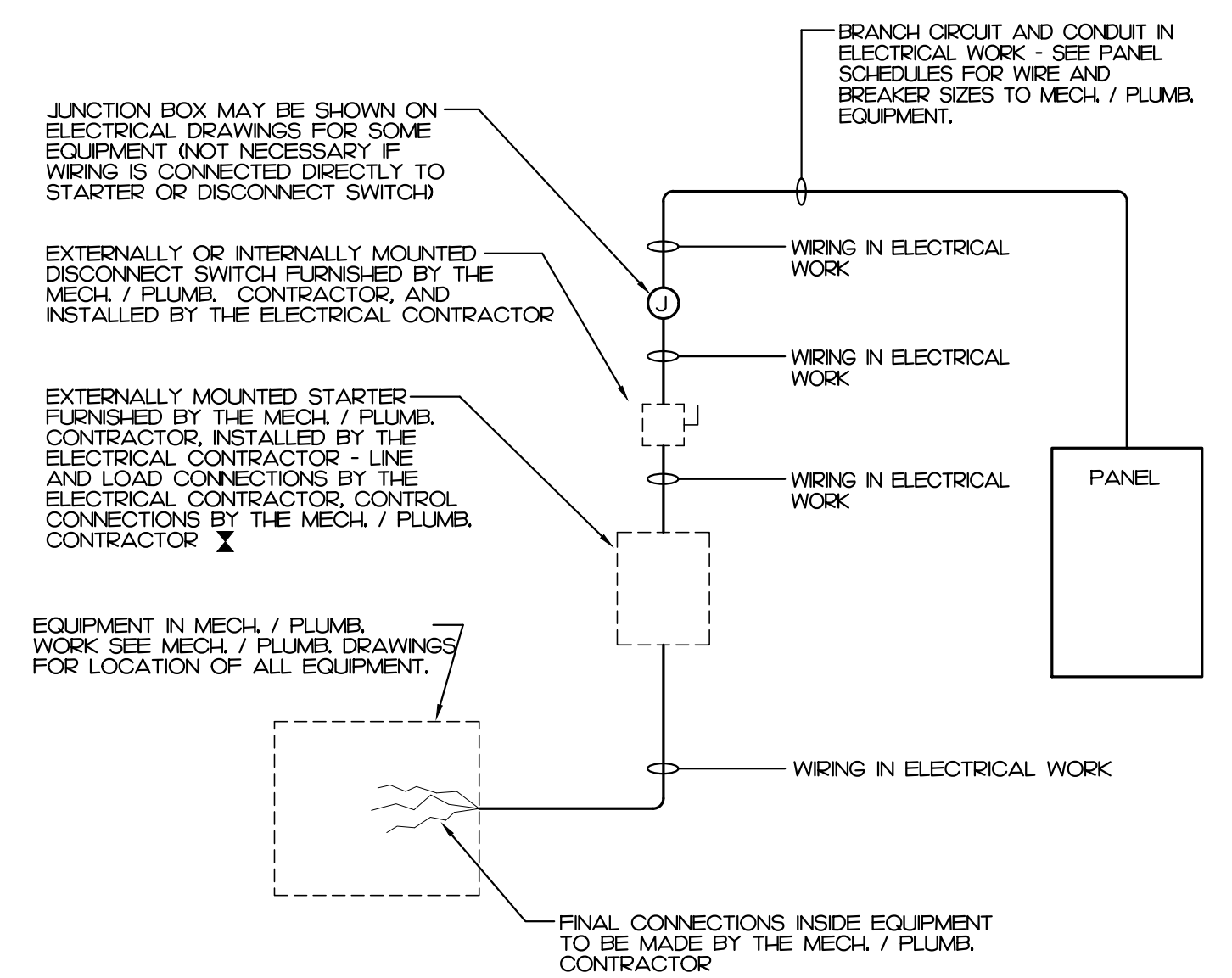
LAMP TYPE REQUIRED:	LIGHTING SCHEDULE:			
	FLUORESCENT T8/T5	LED	CFL	NCAN
NUMBER OF LAMPS:	N/A	SEE FIXTURE SCHEDULE	N/A	N/A
BALLAST TYPE USED:	N/A	SEE FIXTURE SCHEDULE	N/A	N/A
NUMBER OF BALLASTS:	N/A	SEE FIXTURE SCHEDULE	N/A	N/A
TOTAL WATTAGE PER FIXTURE:	N/A	SEE FIXTURE SCHEDULE	N/A	N/A

	SPECIFIED	ALLOWED BY CODE
INTERIOR WATTAGE		
HEALTH CARE		2407
TOTAL	872	2165 **

NOTES:

- ** PER SECTION C406.3, THE WHOLE AREA ALLOWED BY CODE IS REQUIRED TO BE 10% LOWER THAN THOSE CALCULATED PER SECTION C406.4.2.
 - VALUE CALCULATED PER SECTION C406.4.2: 2407 WATTS
 - VALUE PER SECTION C406.3: 2165 WATTS
 - ALL EXTERIOR LIGHTS:
 - NOT INCLUDED IN PROJECT.
- DESIGNER STATEMENT: TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DESIGN OF THIS BUILDING COMPLIES WITH THE ELECTRICAL SYSTEM AND EQUIPMENT REQUIREMENTS OF THE NORTH CAROLINA STATE BUILDING CODE, 2018 - ENERGY.

SIGNED:
 NAME: MATTHEW C. BAILEY, P.E.
 TITLE: ENGINEER



NOTES:

- A COMBINATION STARTER MAY BE USED IN LIEU OF A SEPARATE DISCONNECT SWITCH AND STARTER.
- E.C. SHALL FURNISH ALL REQUIRED FUSES.

WIRING TO MECHANICAL AND PLUMBING EQUIPMENT

NOT TO SCALE

LIGHT FIXTURE SCHEDULE

TYPE	DESCRIPTION	CATALOG	ELECTRICAL DATA	NOTES
A	2x4 LED SURFACE MOUNT FIXTURE 4000 LUMEN WITH SURFACE MOUNTING KIT	LITHONIA+ CPANL-2X4-ALO6-SWW7-M2 MOUNTING KIT+ 2X4SMKSH	4000 LUMEN LED, 3500K ELECTRONIC DRIVER 45 WATTS - 50 VA, 120V	
AE	2x4 LED SURFACE MOUNT FIXTURE 4000 LUMEN WITH SURFACE MOUNTING KIT AND BATTERY BACKUP	LITHONIA+ CPANL-2X4-ALO6-SWW7-M2 MOUNTING KIT+ 2X4SMKSH BATTERY+ 1BLBP-CPIO-H-E-SD-A	4000 LUMEN LED, 3500K ELECTRONIC DRIVER 45 WATTS - 50 VA, 120V	
B	2x2 LED SURFACE MOUNT FIXTURE 3300 LUMEN WITH SURFACE MOUNTING KIT	LITHONIA+ CPANL-2X2-ALO1-SWW7-M4 MOUNTING KIT+ 2X2SMKSH	3300 LUMEN LED, 3500K ELECTRONIC DRIVER 31 WATTS - 34 VA, 120V	
C	DECORATIVE PENDANT	SELECTED BY ARCHITECT, PROVIDE \$500 ALLOWANCE	30 WATT MAXIMUM, 120V	
EGX	EMERGENCY WITH EXIT LIGHT 1 SIDE RED LETTER	LITHONIA+ LHQM-SD	5 WATTS - 5 VA, 120-277V	
EG	EMERGENCY LIGHT	LITHONIA+ ELMZL-SDRT	2 WATTS - 2 VA, 120-277V	

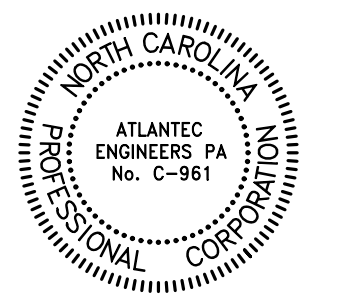
NOTES:

- SEE ARCHITECTURAL PLAN FOR MOUNTING LOCATION AND HEIGHT. FIELD COORDINATE MOUNTING HEIGHT WITH ARCHITECT IF NOT SHOWN ON ARCHITECTURAL PLAN.
- E.C. SHALL SUBMIT CATALOG TO ARCHITECT FOR APPROVAL PRIOR PURCHASE ANY. FINISH COLOR AND TRIM SUBJECT TO BE CHANGED PER ARCHITECT.
- E.C. SHALL FIELD VERIFY LED COLOR WITH ARCHITECT PRIOR TO ORDERING.

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ATLANTEC
 ENGINEERS, PA

3221 BLUE RIDGE ROAD, SUITE 113
 RALEIGH, NC 27612
 (919) 571-1111 2226



Project:	Community Care Clinic - Dental
Project No:	22027
Location:	425 Health Center Dr. Nags Head, NC
Title:	ELECTRICAL PLAN
Date:	01.31.2023
Scale:	As indicated

SYMBOL LEGEND GENERAL NOTES DETAILS FIXTURE SCHEDULE

The designer shall not be responsible for any error, omission, defect or deficiency in the contract documents ("error") prepared by the designer or its consultants which in any way impacts the schedule of the project, results in a lack of coordination among the contract documents, delays the completion of the project or which in any other way causes any damage or loss to the owner, contractor, subcontractors, or other entity involved in the project, unless: (i) designer is promptly notified of such error, in any event within 14 days of the date such error was discovered or could reasonably have been discovered; and (ii) designer is given opportunity at the time of discovery to address such error, and, if appropriate, take such steps as are necessary to correct and resolve it. Failure to comply with the provisions of this paragraph shall constitute a waiver of any claim for damages, or a right to offset against designer by owner, contractor or others and shall in no event cause or allow a reduction in the fees otherwise due designer for services provided on the project.

Revisions:

No.	Description	Date

Designed: SWM
 Drawn: SWM
 Reviewed: MCB
 Cad File:

E301

Sheet List	
Sheet Number	Sheet Name
DA001	GENERAL NOTES
DA111	LVL 1 FLOOR PLAN
DA113	LVL 1 BACKING PLAN
DB110	LVL 1 DENTAL UTILITIES IN FLOOR
DE110	LVL 1 ELECTRICAL & LOW VOLTAGE
DP110	LVL 1 PLUMBING
DX110	DETAILS

ABBREVIATION LEGEND

AFF	ABOVE FINISHED FLOOR
DR	SUPPLIED BY DOCTOR
EC	ELECTRICAL CONTRACTOR
ER	EXISTING RELOCATED
EX	EXISTING
FT	FUTURE
GC	GENERAL CONTRACTOR
MTD	MOUNTED
NC	NO CHANGE
NIC	NOT INCLUDED
NIS	NOT IN SCOPE
NW	NEW
PC	PLUMBING CONTRACTOR
PD	PATTERSON DENTAL
TYP	TYPICAL
VFY	VERIFY
VIF	VERIFY IN FIELD

PATTERSON DENTAL:

PATTERSON DENTAL'S RESPONSIBILITIES WILL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

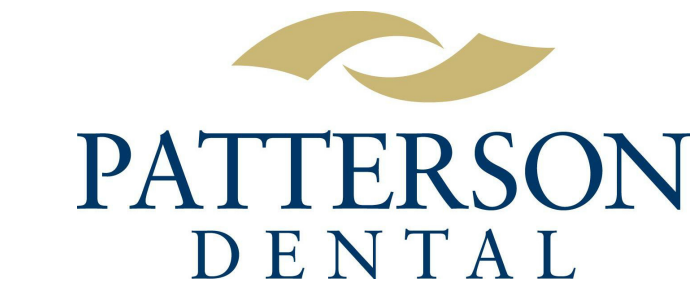
- PATTERSON DENTAL WILL PROVIDE A SET OF DENTAL SPECIFIC SHOP DRAWINGS TO AID THE CONTRACTOR AND/OR ARCHITECT OF THE OWNER'S CHOOSING IN THE CONSTRUCTION OF THE OWNER'S DENTAL OFFICE. THESE DRAWINGS WILL PROVIDE CRITICAL DENTAL LOCATIONS OF ALL DENTAL EQUIPMENT. WRITTEN DIMENSIONS WILL TAKE PRECEDENCE OVER SCALED DIMENSIONS.
- PATTERSON DENTAL WILL ASSUME NO RESPONSIBILITY FOR DEVIATIONS FROM THE DENTAL DRAWINGS AND SPECIFICATIONS WITHOUT PRIOR WRITTEN ENDORSEMENT.
- PATTERSON DENTAL'S REPRESENTATIVES WILL PROVIDE ASSISTANCE AS NEEDED TO THE CONTRACTOR AND/OR ARCHITECT WITH PROPER ADVANCE NOTICE.
- A PRE-CONSTRUCTION MEETING BETWEEN PATTERSON DENTAL'S REPRESENTATIVES AND THE CONTRACTOR, ARCHITECT, AND SUB-CONTRACTORS TO INCLUDE MECHANICAL, PLUMBING, AND ELECTRICAL IS REQUIRED. DENTAL SPECIFIC TEMPLATES AND SPECIFIC CONSTRUCTION REQUIREMENTS WILL BE PROVIDED DURING THIS MEETING.
- PATTERSON DENTAL'S REPRESENTATIVES WILL MAKE PERIODIC VISITS TO THE JOB SITE AT CRITICAL POINTS IN THE CONSTRUCTION PROCESS. **THE CONTRACTOR IS REQUIRED TO INFORM PATTERSON WHEN INSPECTIONS OF PLUMBING, WIRING, AND BACKING IN THE WALLS CAN BE PERFORMED PRIOR TO BACKFILLING TRENCHES, POURING OF THE SLAB, SEALING PARTITIONS AND INSTALLING CEILINGS.**
- PATTERSON DENTAL'S REPRESENTATIVES WILL COORDINATE WITH THE CONTRACTOR TO INSTALL THE DENTAL EQUIPMENT AS LAID OUT IN THE INSTALLATION GUIDELINES AT A DATE AGREED UPON BY THE CONTRACTOR AND PATTERSON. A FINAL INSPECTION PRIOR TO THE INSTALLATION OF THE DENTAL EQUIPMENT WILL BE PERFORMED TO ENSURE THAT ALL PLUMBING, ELECTRICAL AND MECHANICAL CONSTRUCTION IS COMPLETE. ALL FLOORING, PAINTING AND CEILING WORK MUST BE COMPLETED PRIOR TO EQUIPMENT INSTALLATION.
- THE CONTRACTOR AND SUB-CONTRACTORS ARE TO PROVIDE FINAL HOOK UP TO ALL DENTAL EQUIPMENT AS SET FORTH THE INSTALLATION GUIDELINES.

BUILDING CONTRACTOR:

- THE BUILDING CONTRACTOR WHO HAS ENTERED INTO A CONSTRUCTION CONTRACT WITH THE OWNER IS RESPONSIBLE FOR ALL WORK DEFINED BY THAT CONTRACT. IF THE PROJECT IS LET UNDER SEPARATE CONTRACTS TO MORE THAN ONE CONTRACTOR, THE RESPONSIBILITIES LISTED BELOW APPLY TO EACH CONTRACTOR.
- THE CONTRACTOR IS RESPONSIBLE FOR THE COMPLETION OF THE PROJECT IN THE TRUE INTENT OF THE DRAWINGS AND SPECIFICATIONS. THE CONTRACTOR IS TO FURNISH ALL MATERIALS AND LABOR REQUIRED TO COMPLETE THE PROJECT, THAT IS NOT SPECIFICALLY PROVIDED BY PATTERSON DENTAL, WHETHER OR NOT EACH AND EVERY ITEM IS SPECIFICALLY MENTIONED.
- THE CONTRACTOR SHALL ADVISE THE OWNER OF ANY CONFLICT BETWEEN THESE DRAWINGS AND THE FIELD CONDITIONS BEFORE PROCEEDING WITH THE JOB. THE CONTRACTOR SHALL ASSUME ALL RESPONSIBILITY FOR THE ACCURACY OF FIELD MEASUREMENTS AND CONDITIONS AND SHALL BE RESPONSIBLE FOR THE PROPER MODIFICATIONS TO ANY EXISTING WORK, PREVIOUSLY INSTALLED WORK, AND/OR OTHER TRADES. WRITTEN APPROVAL MUST BE OBTAINED FROM THE PATTERSON EQUIPMENT SPECIALIST ASSIGNED TO THE PROJECT BEFORE ANY CHANGES AND/OR DEVIATIONS FROM THE DRAWINGS AND SPECIFICATIONS ARE MADE. THE CONTRACTOR SHALL ASSUME FULL RESPONSIBILITY FOR THE EXECUTION OF HIS/HER WORK AND FOR ANY CHANGES AND/OR DEVIATIONS FROM THE DRAWINGS OR SPECIFICATIONS MADE WITHOUT PRIOR WRITTEN APPROVAL FROM THE OWNER AND/OR THE PATTERSON EQUIPMENT SPECIALIST. ANY COSTS RESULTING FROM CHANGES AND/OR DEVIATIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR.
- A COMPLETE SET OF DRAWINGS MUST BE KEPT AT THE JOB SITE AT ALL TIMES AND ANY CHANGES MUST BE NOTED THEREON AND INITIALED AT THE TIME THE CHANGE OR DEVIATION IS PERFORMED.
- THE GENERAL CONTRACTOR SHALL DO ALL PATCHING TO CONFORM TO MATERIAL, TEXTURE AND SURFACE ALIGNMENT WITH THE ADJOINING SURFACE AND FINAL TOUCH UP/APPEARANCE OF ALL FINISHED SURFACES. THE CONTRACTOR SHALL ENSURE THE PROTECTION OF ALL EQUIPMENT FURNISHED UNDER HIS/HER CONTRACT AND BY OTHERS PRESENT AT THE JOB SITE.
- THE CONTRACTOR SHALL REMOVE DEBRIS AND MAINTAIN THE PREMISES BROOM CLEAN AT ALL TIMES. DEBRIS IS TO INCLUDE, BUT NOT LIMITED TO SHIPPING CARTONS, BOXES, ETC., RESULTING FROM THE INSTALLATION OF DENTAL AND OTHER EQUIPMENT BY CONTRACTORS CONCURRENTLY ENGAGED.
- THE CONTRACTOR SHALL PARTICIPATE AT ALL JOB COORDINATION MEETINGS WITH PATTERSON DENTAL AND ENSURE THE ATTENDANCE OF APPLICABLE TRADES.
- THE CONTRACTOR IS REQUIRED TO INFORM PATTERSON DENTAL REPRESENTATIVES OF KEY EVENTS IN THE CONSTRUCTION PROCESS WITH REASONABLE ADVANCE NOTICE, TO FACILITATE THE INSPECTION OF SAID EVENTS, I.E. BACKFILLING TRENCHES, CLOSING WALLS, POURING CONCRETE TO BURY PLUMBING AND ELECTRICAL WORK IN FLOORS AND INSTALLING CEILING TILES. THE CONTRACTOR SHALL AFFORD THE OWNER AND SEPARATE CONTRACTORS REASONABLE OPPORTUNITY FOR THE INTRODUCTION AND/OR STORAGE OF THEIR MATERIALS AND EQUIPMENT AND EXECUTION OF THEIR WORK.

GENERAL NOTES:

- THE ITEMS LISTED HERE IN THE GENERAL NOTES ARE INTENDED TO CLARIFY OVERALL GENERAL CONDITIONS FOR A SMOOTH TRANSITION BETWEEN ALL SUB-CONTRACTORS, THE GENERAL CONTRACTOR, EQUIPMENT INSTALLERS, PATTERSON DENTAL AND THE OWNER FOR FINAL APPROVAL OF ALL WORK PERFORMED BY THE RESPECTIVE TRADES. THROUGHOUT THESE PLANS ARE VARIOUS DETAILS, REQUIREMENTS AND SPECIFICATIONS TO AID IN THIS PROCESS. IT IS THE RESPONSIBILITY OF EACH TRADE, CONTRACTOR AND THE OWNER TO READ ALL NOTES AND ILLUSTRATIONS THAT PERTAIN TO THEIR SPECIFIC TASK IN THE PROCESS.
- MOST OF THE DENTAL UTILITY AND SPECIFICATION REQUIREMENTS ARE OUTLINED IN THE TEMPLATES AND DOCUMENTATION THAT PATTERSON WILL PROVIDE TO THE CONTRACTOR. QUESTIONS WILL ARISE ON THE JOB SITE AND MOST CAN BE ANSWERED BY TELEPHONE. THE CONTRACTOR WILL BE PROVIDED CONTACT NUMBERS FOR PATTERSON DENTAL REPRESENTATIVES TO FACILITATE TIMELY ANSWERS TO THOSE QUESTIONS. IN SOME CASES IT WILL BE NECESSARY FOR THE PATTERSON REPRESENTATIVE TO BE PRESENT AT THE JOB SITE TO ANSWER QUESTIONS OR SPOT LOCATIONS FOR DENTAL SPECIFIC ITEMS. IN THESE CASES AN APPOINTMENT WILL BE REQUIRED WITH REASONABLE ADEQUATE NOTIFICATION.
- IF A JOB SITE APPOINTMENT IS REQUIRED, ALL TRADES SHOULD BE NOTIFIED OF THE APPOINTMENT SO THE OPTION OF BEING PRESENT WITH ANY QUESTIONS CONCERNING THEIR PORTION OF THE JOB CAN BE ADMINISTERED AT THAT APPOINTMENT. THE PATTERSON DENTAL REPRESENTATIVE SHOULD BE INFORMED AS TO THE MAGNITUDE OF THE APPOINTMENT PRIOR TO ARRIVAL ON THE JOB SITE IN ORDER TO ALLOW ENOUGH TIME IN THE APPOINTMENT.
- THE GENERAL CONTRACTOR MUST SIGN THIS SHEET STIPULATING THAT THEY UNDERSTAND AND WILL COMPLY WITH ALL SPECIFICATIONS BEFORE ANY WORK WILL COMMENCE. A SIGNED COPY OF THE PLANS ARE TO BE RETURNED TO PATTERSON DENTAL AND A SECOND SIGNED COPY KEPT ON THE JOB SITE AT ALL TIMES.
- THE PATTERSON DENTAL REPRESENTATIVE SHALL GIVE INSTRUCTIONS TO THE GENERAL CONTRACTOR ONLY. ALL COMMUNICATIONS AND COORDINATION WITH TRADESMEN SHALL BE THE RESPONSIBILITY OF THE GENERAL CONTRACTOR UNLESS PREDETERMINED TO BE OTHERWISE.
- ALL ELECTRICAL, MECHANICAL AND PLUMBING CONNECTIONS TO DENTAL EQUIPMENT WILL BE PERFORMED BY THE APPLICABLE TRADE RESPONSIBLE. INSTALLATION PERMITS, IF REQUIRED, WILL BE OBTAINED BY THE TRADES THAT PROVIDE THAT SERVICE.
- IF NECESSARY, THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROCURING A MED GAS CERTIFIED PLUMBING SUB-CONTRACTOR FOR ANY LEVEL 3 NITROUS-OXYGEN CONSCIOUS SEDATION SYSTEM DETAILED IN THESE PLANS. ANY NITROUS OXYGEN SYSTEM DESIGN SHOWN ON THESE PLANS IS TO BE USED AS AN ILLUSTRATION ONLY FOR THE PURPOSE OF LOCATING END USER OUTLET STATIONS, CYLINDER ROOM MANIFOLD AND ALARM PANEL. THE FINAL TRUNK SYSTEM INSTALLATION SHALL STRICTLY ADHERE TO ONLY MECHANICALLY ENGINEERED DRAWINGS, IF SUPPLIED.
- THE PLUMBING SUB-CONTRACTOR SHALL PROVIDE MED GAS CERTIFICATION IN ACCORDANCE WITH ANY REQUESTS BY THE OWNER, CONTRACTOR, BUILDING DEPARTMENT OR PATTERSON DENTAL PRIOR TO COMMENCING WORK ON ANY TYPE OF CUSTOMER INSTALLED NITROUS OXIDE SYSTEM BEING USED IN THE CONSTRUCTION PROJECT.
- ALL PLUMBING AND ELECTRICAL LINES TO BE CONCEALED UNLESS OTHERWISE SPECIFIED.
- ALL LABOR AND MATERIALS NECESSARY FOR CHANGES IN EXISTING PLUMBING, CARPENTRY, AND ELECTRICAL WORK MUST BE DONE AND SUPPLIED BY THE CONTRACTOR AND IS NOT INCLUDED IN THE COST OF THE DENTAL EQUIPMENT.
- THE CONTRACTOR SHALL REMOVE ALL RUBBISH AND DO ALL PATCHING AFTER ROUGHING IN IS COMPLETED.
- ALL ROUGH IN AND FINISH WORK FOR DENTAL EQUIPMENT IS TO BE ACCORDING TO TEMPLATES FURNISHED BY THE MANUFACTURERS OF THE EQUIPMENT BEING INSTALLED. A REPRESENTATIVE OF PATTERSON DENTAL WILL POSITION THE TEMPLATES IN THEIR PROPER LOCATIONS, AT WHICH TIME ALL SPECIFICATIONS ON THE PLANS WILL BE EXPLAINED TO THE CONTRACTOR OR SUB-CONTRACTOR(S). ALL SPECIFIED SIZES OF PIPES, TUBING, AND/OR FITTINGS, ETC., MUST BE RIGIDLY FOLLOWED AS WELL AS PROPER HEIGHTS MARKED. ANY INFRACTIONS ON SIZES OR HEIGHTS OF PIPES, TUBING AND/OR FITTINGS WILL HAVE TO BE CORRECTED BEFORE THE EQUIPMENT CAN BE INSTALLED AND SUCH EXTRA EXPENSE WILL BE THE RESPONSIBILITY OF THE CONTRACTOR AND/OR SUB-CONTRACTOR.
- THE DOCTOR/OWNER SHALL DESIGNATE RESPONSIBILITY FOR PROVIDING AND INSTALLING CABINETS AND COUNTERTOPS (OTHER THAN THOSE SPECIFIED AND/OR CONTRACTED BY PATTERSON DENTAL).
- THE DOCTOR SHALL MAKE ARRANGEMENTS FOR INSTALLATION OF NON-DENTAL SYSTEMS BEFORE WALLS ARE CLOSED.
- PATTERSON DENTAL SHALL NOT BE HELD RESPONSIBLE FOR MULTIMEDIA SYSTEMS SUCH AS ENTERTAINMENT TVS, MONITORS, NETWORK COMPUTER SYSTEMS OR ANY ITEMS NOT SHOWN ON THESE PLANS.
- GC MUST CONFIRM ALL MEASUREMENTS OF SPACE CONDITIONS PRIOR TO STARTING DEMOLITION
- GC SHOULD NOTIFY PATTERSON EQUIPMENT SPECIALIST 1(ONE GC MUST CONFIRM ALL MEASUREMENTS OF SPACE CONDITIONS PRIOR TO STARTING DEMOLITION) WEEK PRIOR TO CLOSING OF ALL WALLS, CEILINGS, FLOORS TO ALLOW FINAL INSPECTION OF INSTALLATION.
- GC IS RESPONSIBLE FOR CONFIRMING ALL UTILITIES FOR EXISTING EQ BEING MOVED FROM EXISTING LOCATION OR EQUIPMENT NOT SUPPLIED BY PATTERSON
- GC IS RESPONSIBLE FOR CONFIRMING ALL UTILITIES FOR EXISTING EQ BEING MOVED FROM EXISTING LOCATION OR EQUIPMENT NOT SUPPLIED BY PATTERSON
- RADIATION PROTECTION: THE DOCTOR'S ARCHITECT/GC ARE REQUIRED TO REVIEW ALL LOCAL AND NATIONAL RADIATION AND XRAY SHIELDING REQUIREMENTS AND SUBMIT AN APPLICATION FOR REGISTRATION OF IONIZING RADIATION SOURCES. PLANS MUST BE SUBMITTED TO RADIATION CONTROL PROGRAM, IF APPLICABLE, ALONG WITH OTHER INFORMATION THEY WILL PROVIDE A LETTER OF ACCEPTABLE X-RAY PROTECTION OR ADVISE OTHERWISE. THIS APPLICATION AND PLAN SHOULD BE SUBMITTED PRIOR TO WALLS GOING UP. COPY OF APPROVAL LETTER FROM LOCAL GOVERNING BODY MUST BE PROVIDED TO PATTERSON EQUIPMENT SPECIALIST AND SERVICE TECHNICIAN. NOTE: IF EXISTING X-RAYS TO BE REPLACED WITH NEW AND EXISTING SHIELDING IS TO BE REUSED ARCHITECT/GC MUST VERIFY NEEDS WITH LOCAL CODE OFFICER.**



1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

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OWNER:

**Community Care Clinic
of Dare County**

LOCATION:

425 W. Health Center Dr.
Nags Head, NC

DRAWN BY PGW	EQUIPMENT REP: Ron Sparrow	EQUIPMENT REP #: (757) 621-5401
PROJECT #: 764-755379	ISSUE DATE: 9-27-22	

REVISIONS

REV #	SCOPE	DRAWN BY	DATE
1	FRQ	JH	10/3/2022



SHEET NO.

DA001

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EQUIPMENT SCHEDULE						
EQUIPMENT INFO						
QTY	ITEM #	DESCRIPTION	STATUS	MANUFACTURER	MODEL	EQUIPMENT REMARKS
BUSINESS/FT OP						
1			FT	A-DEC	A-DEC Light Radius Style Mount	PD PD
1	1A	DENTAL CHAIR	FT	A-DEC	311	PD PD
1	9A	STOOL DENTIST	FT	A-DEC	421	PD PD
1	7A	STOOL ASSISTANT	FT	A-DEC	422	PD PD
1	19A	SIDE CABINET IN REAR LOCATION	FT	A-DEC	5631.44	PD PD
1	20A	SIDE CABINET	FT	A-DEC	5631.58	PD PD
1	24	UPPER STORAGE CABINET	FT	A-DEC	5731.42	PD PD
LAB						
1	29	LAB CABINETS	NW	GC	CUSTOM	GC GC
1	40	PLASTER TRAP	NW	NATKEY	3.5 GAL	PD PD
1	41	MODEL TRIMMER	NW	BUFFALO	1/3HP 10" WET	PD PD
1	42	LATHE	NW	HANDLER	REDWING	PD PD
1	45	LAB VACUUM FORMER	NW	PATTERSON	TM3	PD PD
MECH						
1	60	COMPRESSOR	NW	AIR TECHNIQUES	AS30	PD PD
1	61	DRY VACUUM SYSTEM	NW	AIR TECHNIQUES	V3M	PD PD
1	63	AMALGAM SEPARATOR	NW	AIR TECHNIQUES	ACADIA A1250	PD PC
1	64	WATER SHUT OFF W/ FILTER	NW	AIR TECHNIQUES	WATER CONTROL VALVE W FILTER	PD PC
1	76	TRANSFORMER	NW	AIR TECHNIQUES	3.9 KVA	PD PD
PAN						
1	36	PAN	NW	SIRONA DENTAL INC.	SL 8i	PD PD
1	73	WALL MOUNTED MONITOR / KEYBOARD	NW	ICW	VFY MODEL	GC GC
STERILIZATION						
1	22	STERILIZATION CABINET	NW	A-DEC	5590	PD PD
1	51	STERILIZER	NW	MIDMARK	M11-020	PD PD
1	52	ULTRASONIC CLEANER	NW	BRANDMAX	TRICLEAN U-10LH	PD PD
1	54	STATIM	FT	SCICAN	STATIM G4	PD PD
1	55	HANDPIECE MAINTENANCE	NW	KAVO	QUATTROCCARE	PD PD
TREATMENT						
3			NW	A-DEC	A-DEC Light Radius Style Mount	PD PD
3	1	DENTAL CHAIR	NW	A-DEC	311	PD PD
3	6	STOOL DENTIST	NW	A-DEC	421	PD PD
3	7	STOOL ASSISTANT	NW	A-DEC	422	PD PD
3	19	SIDE CABINET IN REAR LOCATION	NW	A-DEC	5631.44	PD PD
3	20	SIDE CABINET	NW	A-DEC	5631.58	PD PD
3	24	UPPER STORAGE CABINET	NW	A-DEC	5731.42	PD PD

WALL LEGEND	
	EXISTING WALL
	DEMO WALL
	NEW WALL
	SOUND PROOFING IN WALL
	LEAD LINED WALL

PLAN LEGEND	
	DENTAL FURNITURE & EQUIPMENT
	DENTAL FURNITURE & EQUIPMENT EXISTING RELOCATED
	DENTAL FURNITURE & EQUIPMENT FUTURE
	EQUIPMENT NUMBER TAG (NUMBERS ARE RANDOM)



NOTE:
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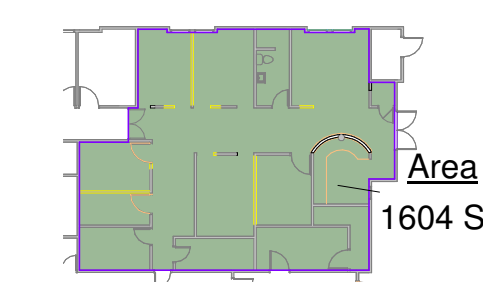
OWNER:

Community Care Clinic of Dare County

LOCATION:
425 W. Health Center Dr.
Nags Head, NC

DRAWN BY	EQUIPMENT REP.	EQUIPMENT REP #
PGW	Ron Sparrow	(757) 621-5401
PROJECT #:	ISSUE DATE:	
764-755379	9-27-22	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE
1	FRQ	JH	10/3/2022



SHEET NO.
DA111

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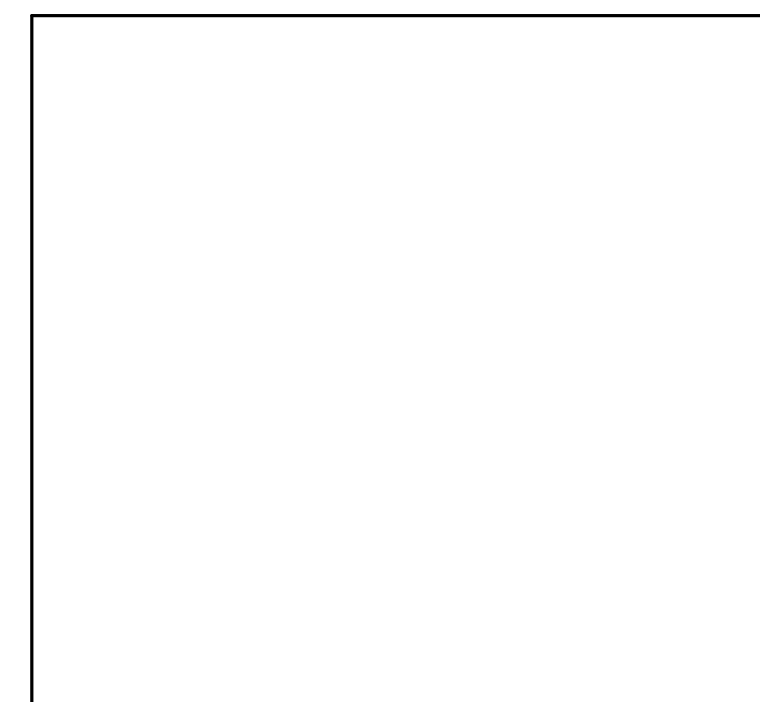
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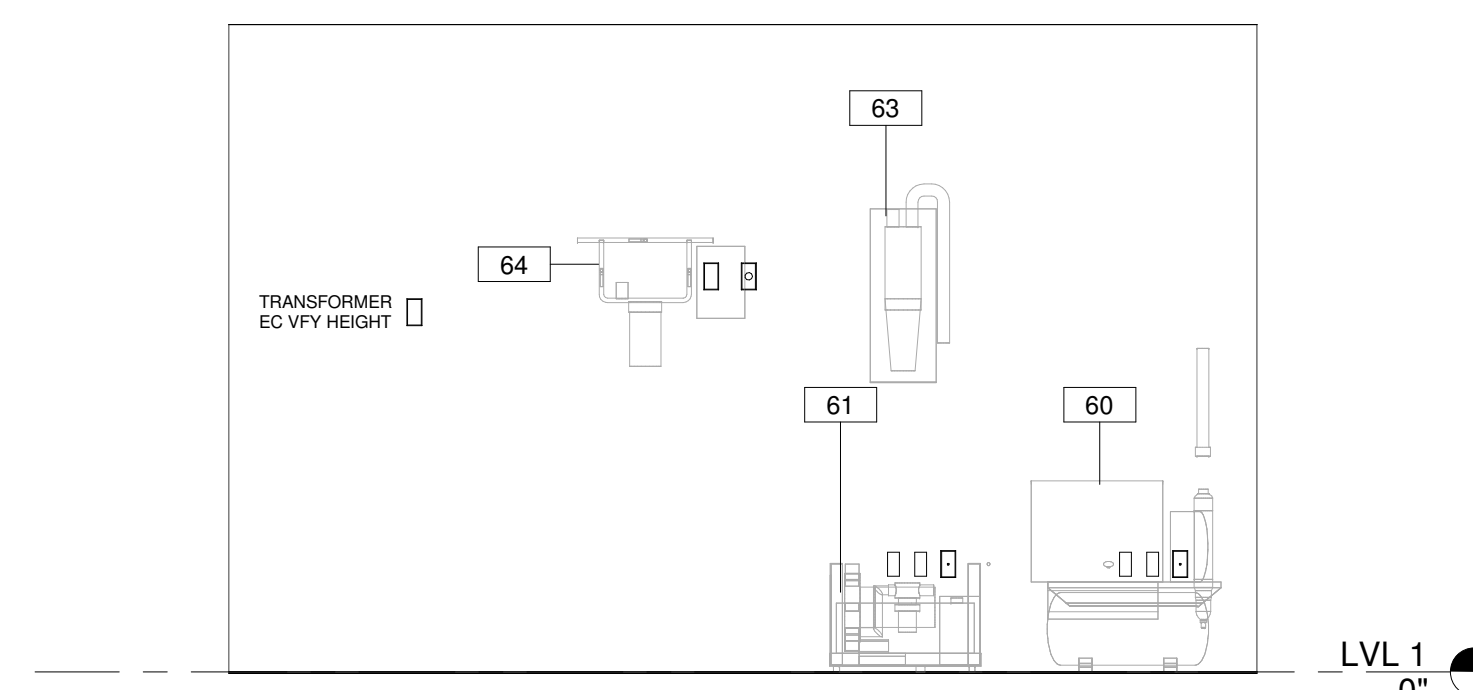
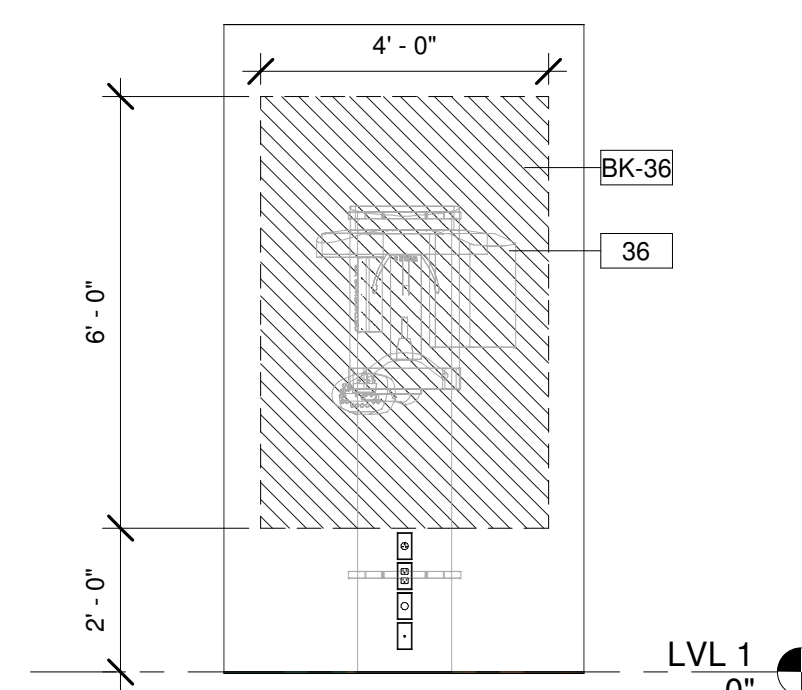
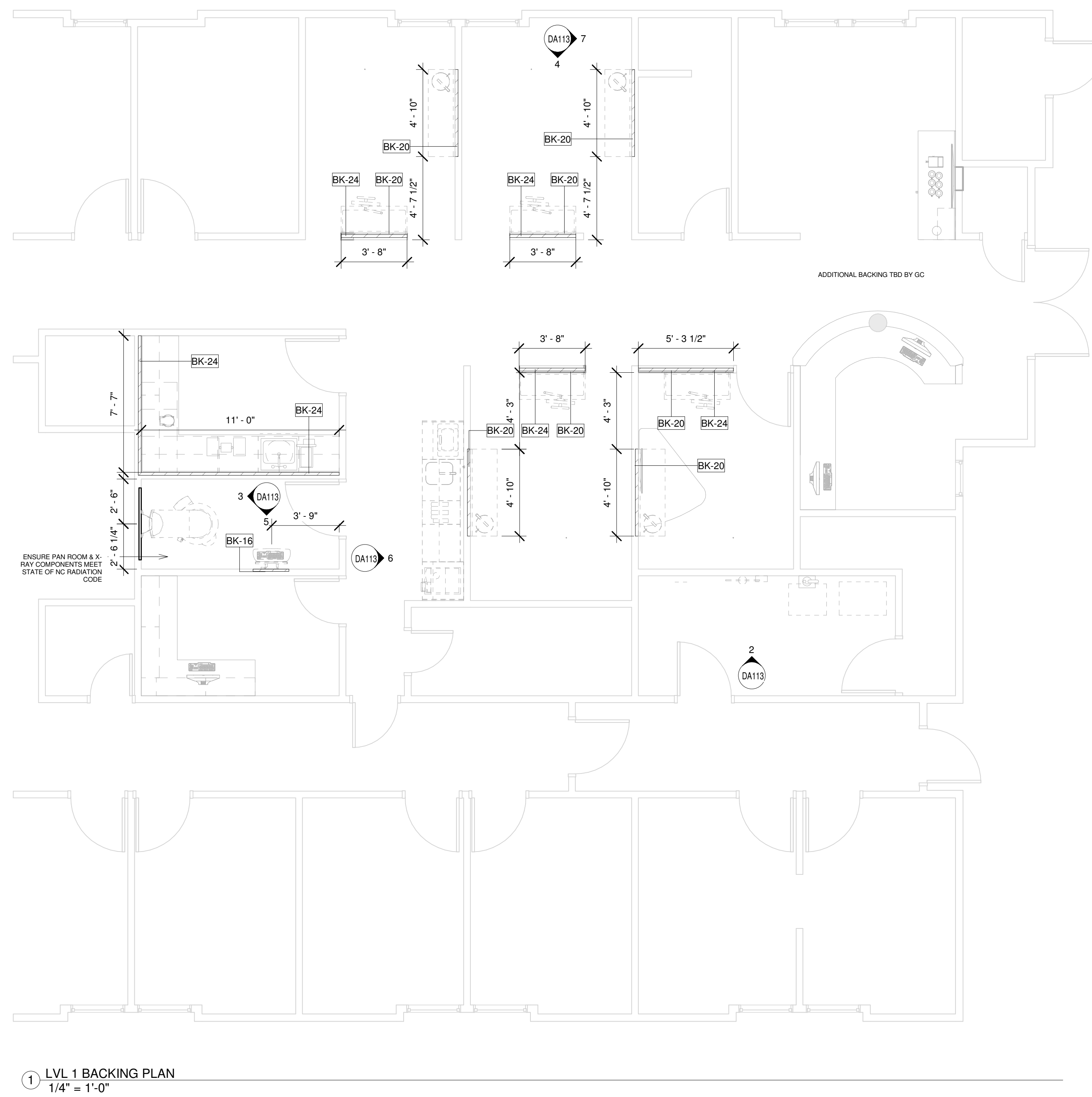
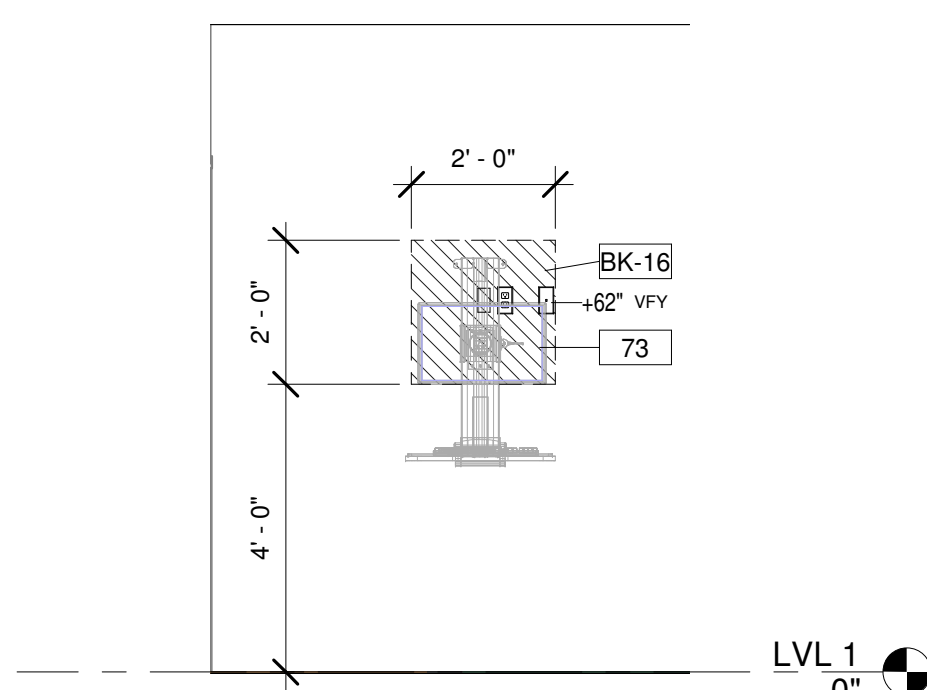
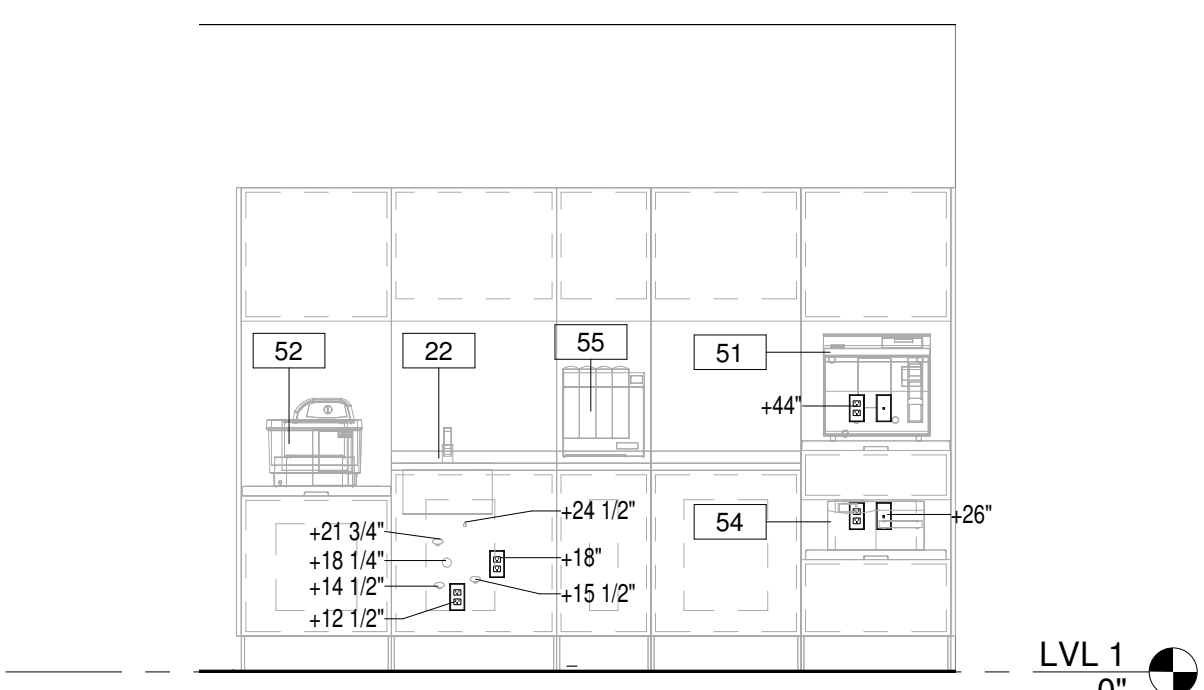
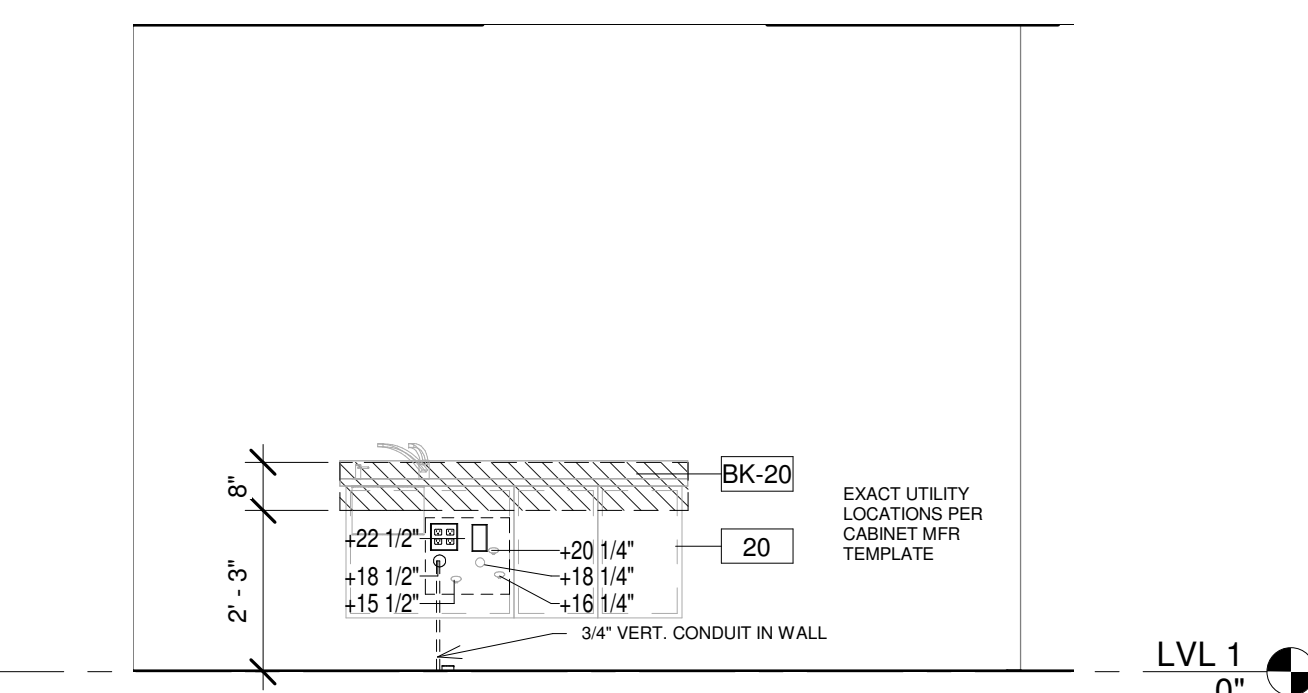
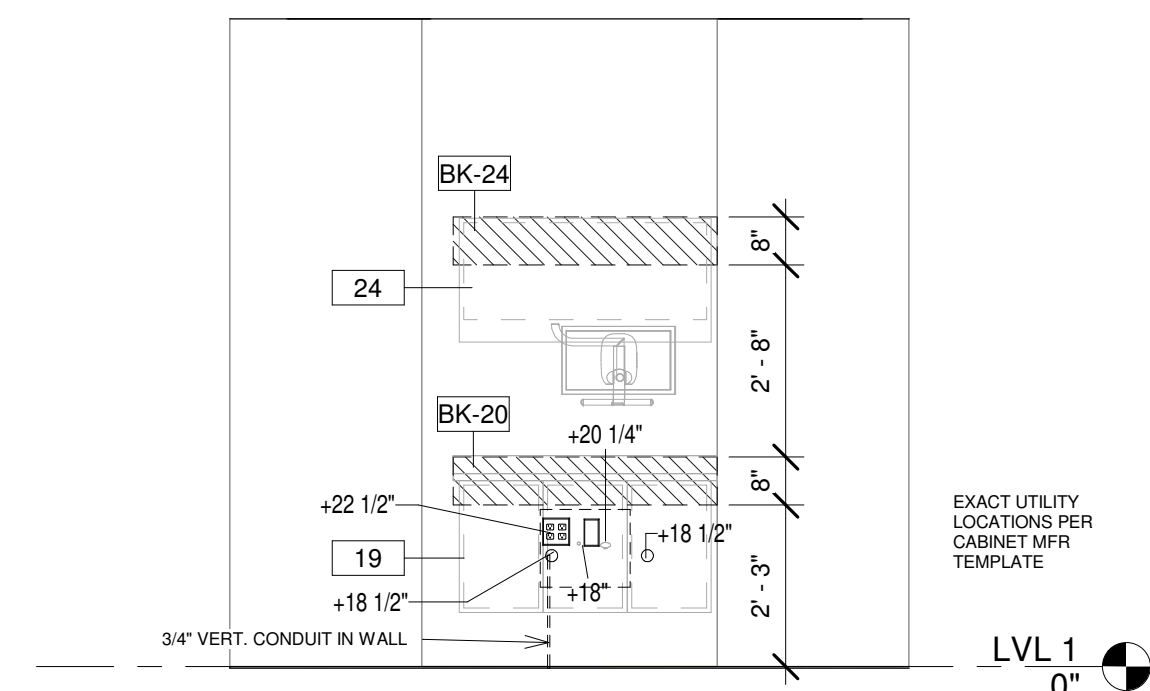
LOCATION:
425 W. Health Center Dr.
Nags Head, NC

DRAWN BY PGW	EQUIPMENT REP: Ron Sparrow	EQUIPMENT REP #: (757) 621-5401
PROJECT #: 764-755379	ISSUE DATE: 9-27-22	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE
1	FRQ	JH	10/3/2022



EQUIPMENT BACKING SCHEDULE					
NOTE: ALL DBL PLYWOOD BACKING IS TO BE GLUED AND SCREWED					
QTY	BACKING NUMBER	EQUIPMENT DESCRIPTION	WALL		CEILING
			SGL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 3/4" PLYWOOD (GLUED & SCREWED)
1	BK-16	WALL MOUNTED MONITOR / KEYBOARD			
1	BK-20	SIDE CABINET			
4	BK-20	SIDE CABINET IN REAR LOCATION			
1	BK-24	LAB CABINETS			
4	BK-24	UPPER STORAGE CABINET			
1	BK-36	PAN			
			DBL 3/4" PLYWOOD		
			SGL 2" X 8" TOP OF BASE CABINET		
			SGL 2" X 8" TOP OF WALL CABINET		
			DBL 3/4" PLYWOOD PARALLEL TO CEILING		
			DBL 3/4" PLYWOOD FLUSH WITH CEILING		
			OTHER		
		BACKING REMARKS			



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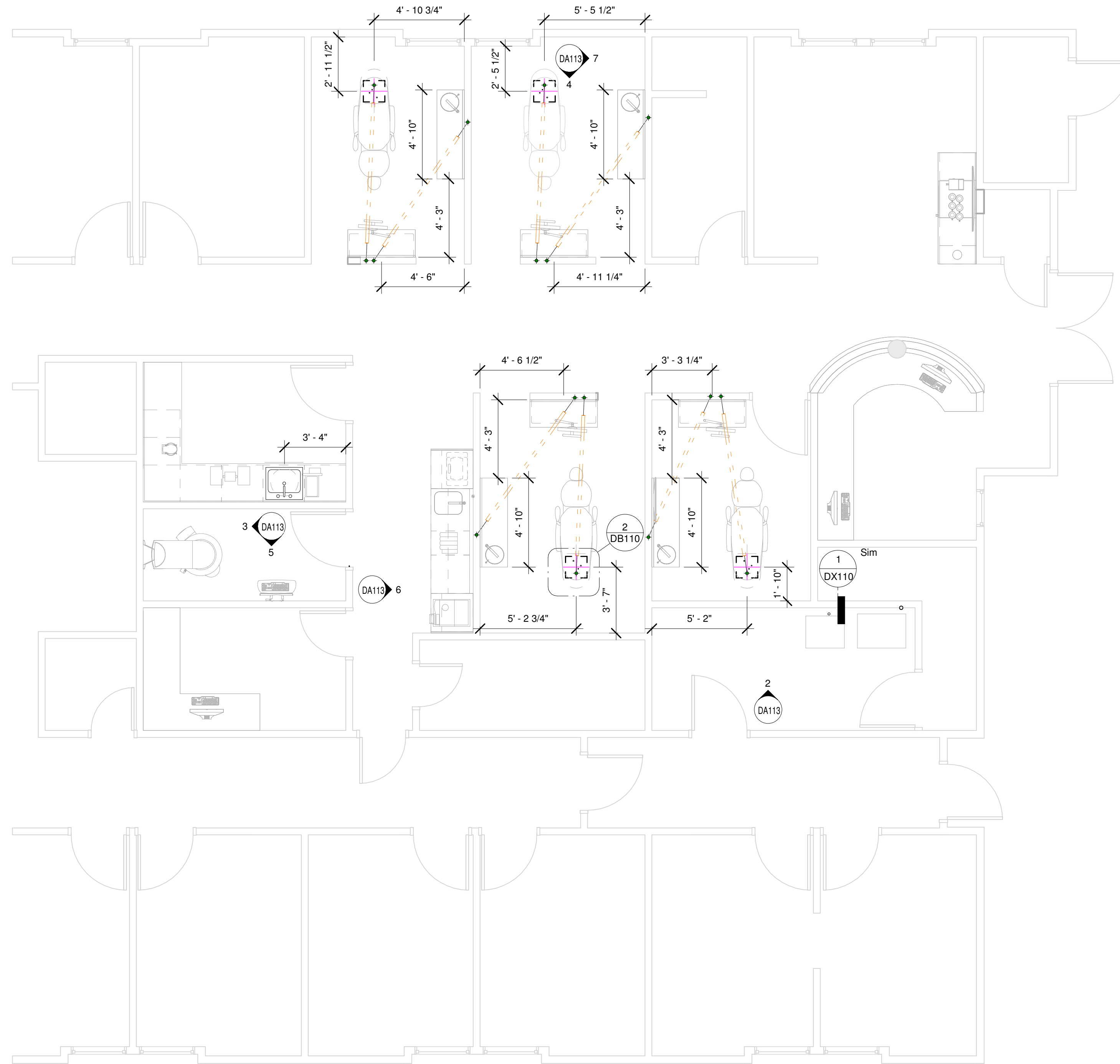
NOT FOR CONSTRUCTION

ELECTRICAL SYMBOLS IN FLOOR		
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODE. ALL LOCATIONS SHOULD BE VERIFIED WITH PATTERSON REP OR OWNER PRIOR TO PLACEMENT.		
+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
4		120v QUAD OUTLET FLOOR, MOUNTED ON FLOOR

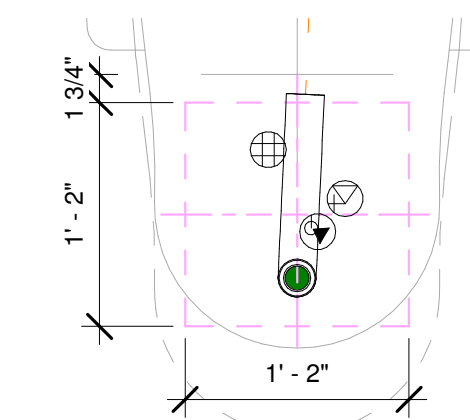
LOW VOLTAGE SYMBOLS		
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODE. ALL LOCATIONS SHOULD BE VERIFIED WITH PATTERSON REP OR OWNER PRIOR TO PLACEMENT.		
+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
16		CONDUIT FLOOR STUB OUT, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F.

PLUMBING SYMBOLS IN FLOOR		
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODES. ALL LOCATIONS SHOULD BE VERIFIED WITH PATTERSON REP OR OWNER PRIOR TO PLACEMENT.		
+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
4		1/2" OD, TO 3/8" OD SHUT OFF AIR CONNECTION FLOOR HEIGHT 3" A.F.F. TO CENTER UNLESS OTHERWISE NOTED
4		VACUUM PIPE CONNECTION FLOOR
1		VACUUM RISER FLOOR

ELECTRICAL LEGEND	
	18/3 WIRE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	18/4 WIRE, WIRES RUN IN WALLS OR ABOVE FINISHED CEILING
	CAT5e OR BETTER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	MANUFACTURER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	ELECTRICAL CONDUIT UNDER FLOOR, SIZE AS INDICATED ON PLAN
	ELECTRICAL CONDUIT ABOVE CEILING, SIZE AS INDICATED ON PLAN



① LVL 1 UNDER FLOOR UTILITY PLAN
1/4" = 1'-0"



② ENLARGED CHAIR UTILITY
1" = 1'-0"

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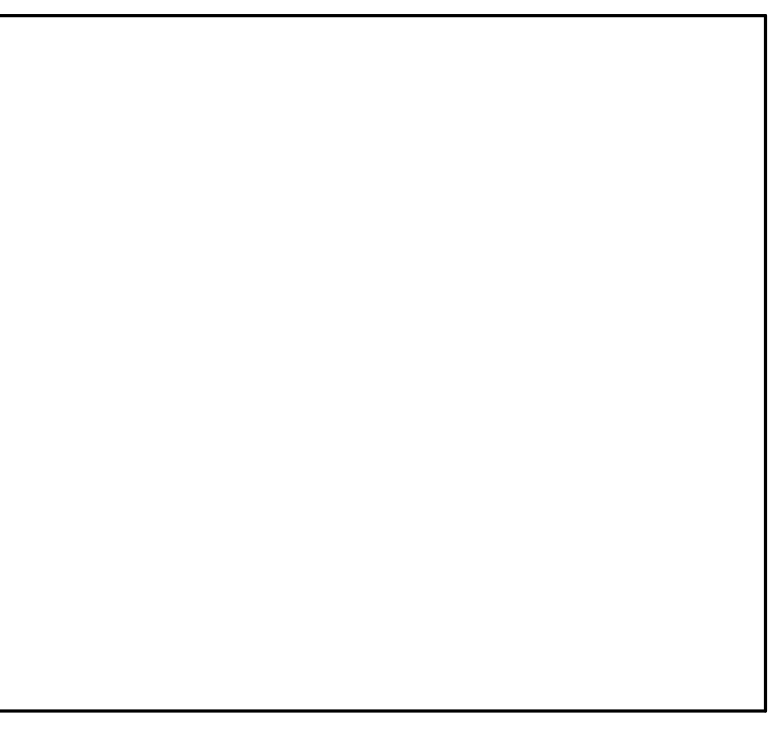
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OWNER:
Community Care Clinic of Dare County

LOCATION:
425 W. Health Center Dr.
Nags Head, NC

DRAWN BY	EQUIPMENT REP:	EQUIPMENT REP #:
PGW	Ron Sparrow	(757) 621-5401
PROJECT #:	ISSUE DATE:	
764-755379	9-27-22	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE
1	FRQ	JH	10/3/2022



SHEET NO.
DB110

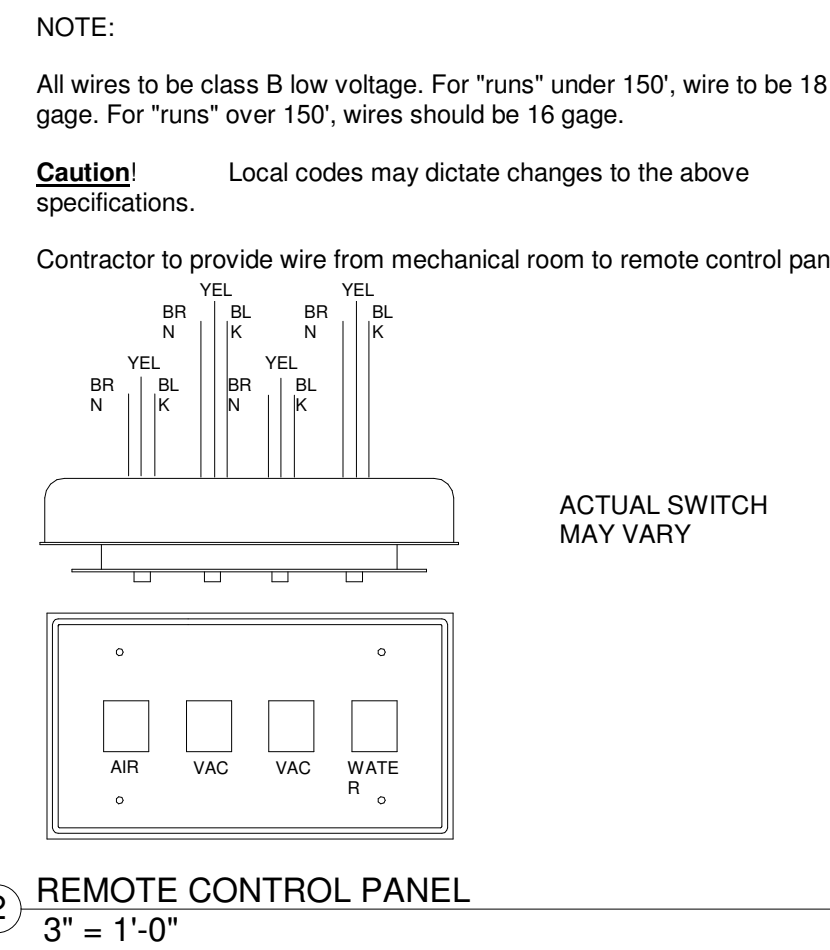
NOT FOR CONSTRUCTION

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ELECTRICAL SYMBOLS		
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODE. ALL LOCATIONS SHOULD BE VERIFIED WITH PATTERSON REP OR OWNER PRIOR TO PLACEMENT.		
+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
5		120v DUPLEX DEDICATED OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
1		120v DUPLEX OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
3		120v FLUSH DUPLEX OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
11		120v QUAD OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
1		220v SINGLE OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
1		EXHAUST FAN
13		J-BOX WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.

ELECTRICAL LEGEND	
	18/3 WIRE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	18/4 WIRE, WIRES RUN IN WALLS OR ABOVE FINISHED CEILING
	CAT5e OR BETTER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	MANUFACTURER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	ELECTRICAL CONDUIT UNDER FLOOR, SIZE AS INDICATED ON PLAN
	ELECTRICAL CONDUIT ABOVE CEILING, SIZE AS INDICATED ON PLAN

LOW VOLTAGE SYMBOLS		
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODE. ALL LOCATIONS SHOULD BE VERIFIED WITH PATTERSON REP OR OWNER PRIOR TO PLACEMENT.		
+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
7		DATA DEVICE WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
1		ELECTRONIC INTERLOCK DOOR SWITCH, LOCATED BETWEEN DOOR PANEL AND FRAME
4		J-BOX WALL, LOW VOLTAGE, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
1		MASTER SWITCH WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F. TO CENTER
1		REMOTE FAN SWITCH IN WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
16		VERTICAL CONDUIT IN WALL, EC VFY EXACT LOCATION.



EQUIPMENT POWER & LOW VOLTAGE SCHEDULE																				
GENERAL NOTES																				
ALL DEVICES ARE TO BE INSTALLED PER STATE AND LOCAL CODES.																				
EQUIPMENT INFO				ELECTRICAL INFO				LOW VOLTAGE INFO												
QTY	ITEM #	DESCRIPTION	STATUS	EC CONNECTION BY	VOLTS	AMPS	CONNECTION TYPE	ELECTRICAL REMARKS	LV CONNECTION BY	2" EMPTY CONDUIT	3/4" EMPTY CONDUIT	1" EMPTY CONDUIT	18/3 WIRE	18/4 WIRE	J-BOX LV	CAT5e OR BETTER	MFG CABLE	MONITOR CABLE	LV REMARKS	
3	1	DENTAL CHAIR	NW	EC	120v	7.0	•		EC	•										
1	1A	DENTAL CHAIR	FT	EC	120v	7.0	•		EC	•										
3	19	SIDE CABINET IN REAR LOCATION	NW	EC	120v	20.0	•	EC TO LEAVE MIN 3" FLEXIBLE CONDUIT	EC	•										RUN LOW VOLTAGE WIRES AND OR CABLES TO LOCATIONS INDICATED ON PLANS
1	19A	SIDE CABINET IN REAR LOCATION	FT	EC	120v	20.0	•	EC TO LEAVE MIN 3" FLEXIBLE CONDUIT	EC	•										RUN LOW VOLTAGE WIRES AND OR CABLES TO LOCATIONS INDICATED ON PLANS
3	20	SIDE CABINET	NW	EC	120v	20.0	•	EC TO LEAVE MIN 3" FLEXIBLE CONDUIT	EC	•										RUN LOW VOLTAGE WIRES AND OR CABLES TO LOCATIONS INDICATED ON PLANS
1	20A	SIDE CABINET	FT	EC	120v	20.0	•	EC TO LEAVE MIN 3" FLEXIBLE CONDUIT	EC	•										RUN LOW VOLTAGE WIRES AND OR CABLES TO LOCATIONS INDICATED ON PLANS
1	22	STERILIZATION CABINET	NW	EC	120v	20.0	•	EC TO LEAVE MIN 3" FLEXIBLE CONDUIT	EC	•										RUN LOW VOLTAGE WIRES AND OR CABLES TO LOCATIONS INDICATED ON PLANS
1	29	LAB CABINETS	NW	EC	120v	20.0	•	GC PROVIDED CABINET, ALL UTILITY LOCATIONS FOR DENTAL EQUIPMENT TO BE COORDINATED BY GC. VERIFY LOCATIONS WITH CABINET MFG, OWNER, AND PATTERSON EQUIPMENT SPECIALIST.	EC											GC PROVIDED CABINET, ALL UTILITY LOCATIONS FOR DENTAL EQUIPMENT TO BE COORDINATED BY GC. VERIFY LOCATIONS WITH CABINET MFG, OWNER, AND PATTERSON EQUIPMENT SPECIALIST.
1	36	PAN	NW	EC	220/120	20.0	•		EC	•										
1	41	MODEL TRIMMER	NW	EC	120	7.0A	•													
1	42	LATHE	NW	EC	120	5.0	•													
1	45	LAB VACUUM FORMER	NW	EC	110v	7.0 A	•													EST 750W VFY
1	51	STERILIZER	NW	EC	120v	12.0	•													DEDICATED POWER
1	52	ULTRASONIC CLEANER	NW	EC	120v	T10.0	•													DEDICATED DUPLEX REQD
1	54	STAT'IM	FT	EC	120v	11.0	•													
1	55	HANDPIECE MAINTENANCE	NW	EC	120v	5.0	•													
1	60	COMPRESSOR	NW	EC	220v	20.0	•	BREAKER RATING 40.0 AMPS / IF SERVICE IS ABOVE OR BELOW VOLTAGE INDICATED, INSTALL A BUCK/BOOST TRANSFORMER AS REQUIRED.	EC	•										
1	61	DRY VACUUM SYSTEM	NW	EC	220v	20.0	•	DEDICATED POWER, DISCONNECT REQUIRED IF UNIT IS NOT LOCATED IN SAME ROOM AS ELECTRICAL PANEL	EC	•										
1	64	WATER SHUT OFF W/ FILTER	NW	EC	115		•													
1	73	WALL MOUNTED MONITOR / KEYBOARD	NW	EC	120v	3.0	•													
1	76	TRANSFORMER	NW	EC	120v/220v	3.9KV A	•													



① LVL 1 POWER & LOW VOLTAGE PLAN
1/4" = 1'-0"

NOTE:
MODIFICATIONS TO THIS SPACE TO ALLOW THE PROPER FIT & FUNCTION OF THE EQUIPMENT SUPPLIED BY PATTERSON DENTAL SHALL BE THE RESPONSIBILITY OF THE OWNER/TENANT/LANDLORD/CONTRACTOR IN REGARDS TO CODE COMPLIANCE OF STRUCTURAL, ELECTRICAL, MECHANICAL, AND PLUMBING ISSUES. THIS INCLUDES, BUT IS NOT LIMITED TO, SUPPORT STRUCTURE FOR EQUIPMENT AND CLEARANCES IN REGARD TO SPRINKLER HEADS AND/OR ANY DEVICE OR STRUCTURE WHICH MAY IMPEDE OR CONFLICT WITH THE FUNCTION OF PATTERSON SUPPLIED EQUIPMENT. PATTERSON DENTAL SHALL NOT BEAR ANY COST TO CORRECT THESE ISSUES. PLEASE CONSULT PATTERSON FOR ASSISTANCE IN EQUIPMENT SUPPORT STRUCTURE & CLEARANCE QUESTIONS.

THESE DRAWINGS AND SPECIFICATIONS ARE THE PROPERTY OF PATTERSON DENTAL SUPPLY AND THE USE LIMITED TO A SPECIFIED PROJECT FOR THE PERSON OR PERSONS NAMED HEREON FOR THE CONSTRUCTION OF ONE BUILDING ONLY. ANY USE OR REPRODUCTIONS OF THESE DRAWINGS ARE STRICTLY PROHIBITED WITHOUT THE WRITTEN PERMISSION OF PATTERSON DENTAL SUPPLY, INC.

WRITTEN DIMENSIONS SHALL TAKE PREFERENCE OVER SCALE DIMENSIONS AND SHALL BE VERIFIED ON THE JOB SITE.
ANY DISCREPANCIES OR CHANGES SHALL BE BROUGHT TO THE ATTENTION OF PATTERSON DENTAL SUPPLY PRIOR TO THE COMMENCEMENT OF ANY WORK.

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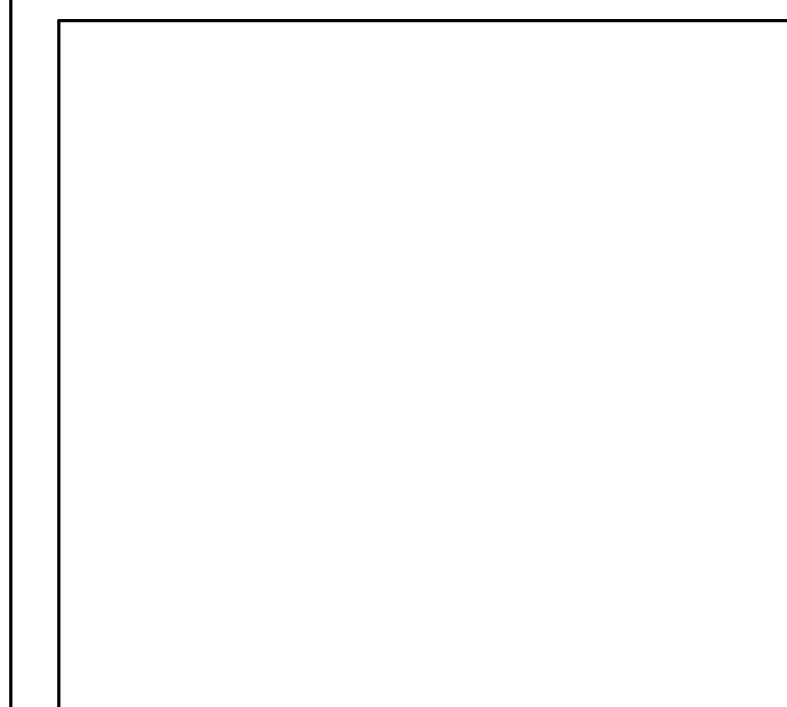
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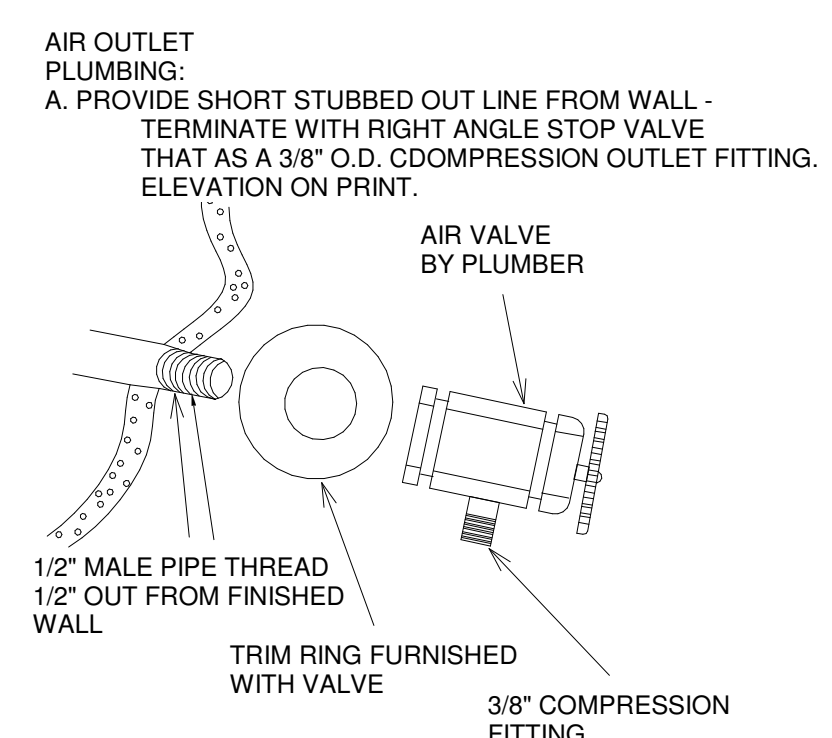
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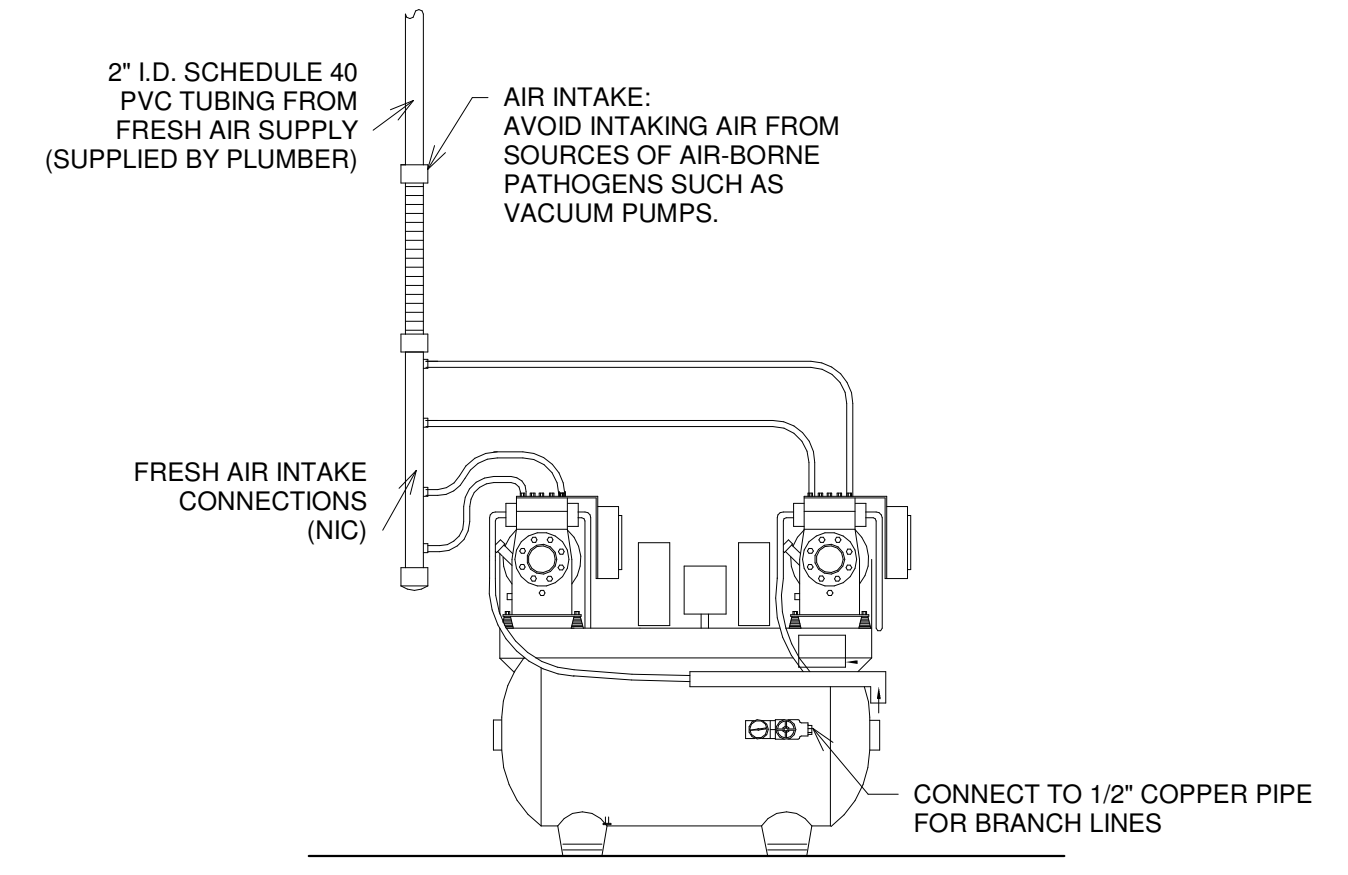


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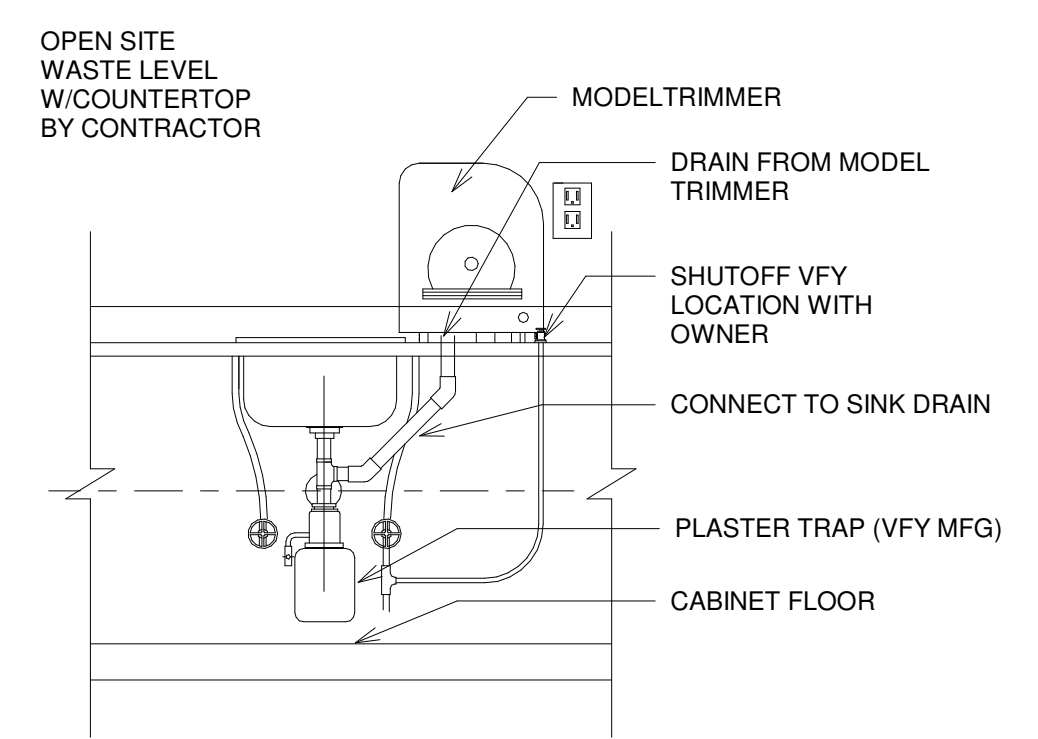
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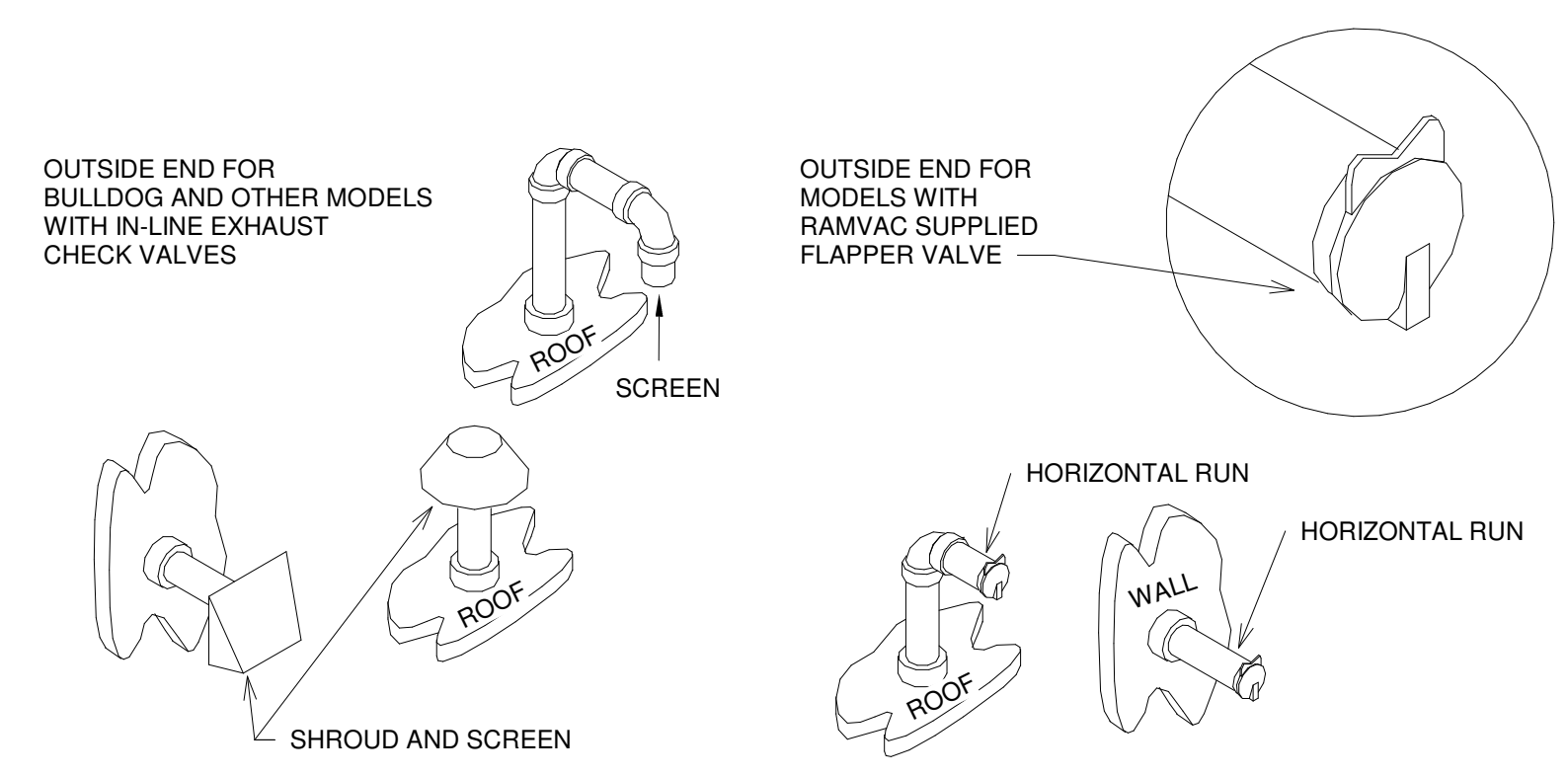
4 AIR OUTLET
3" = 1'-0"



2 AIR COMPRESSOR
1 1/2" = 1'-0"

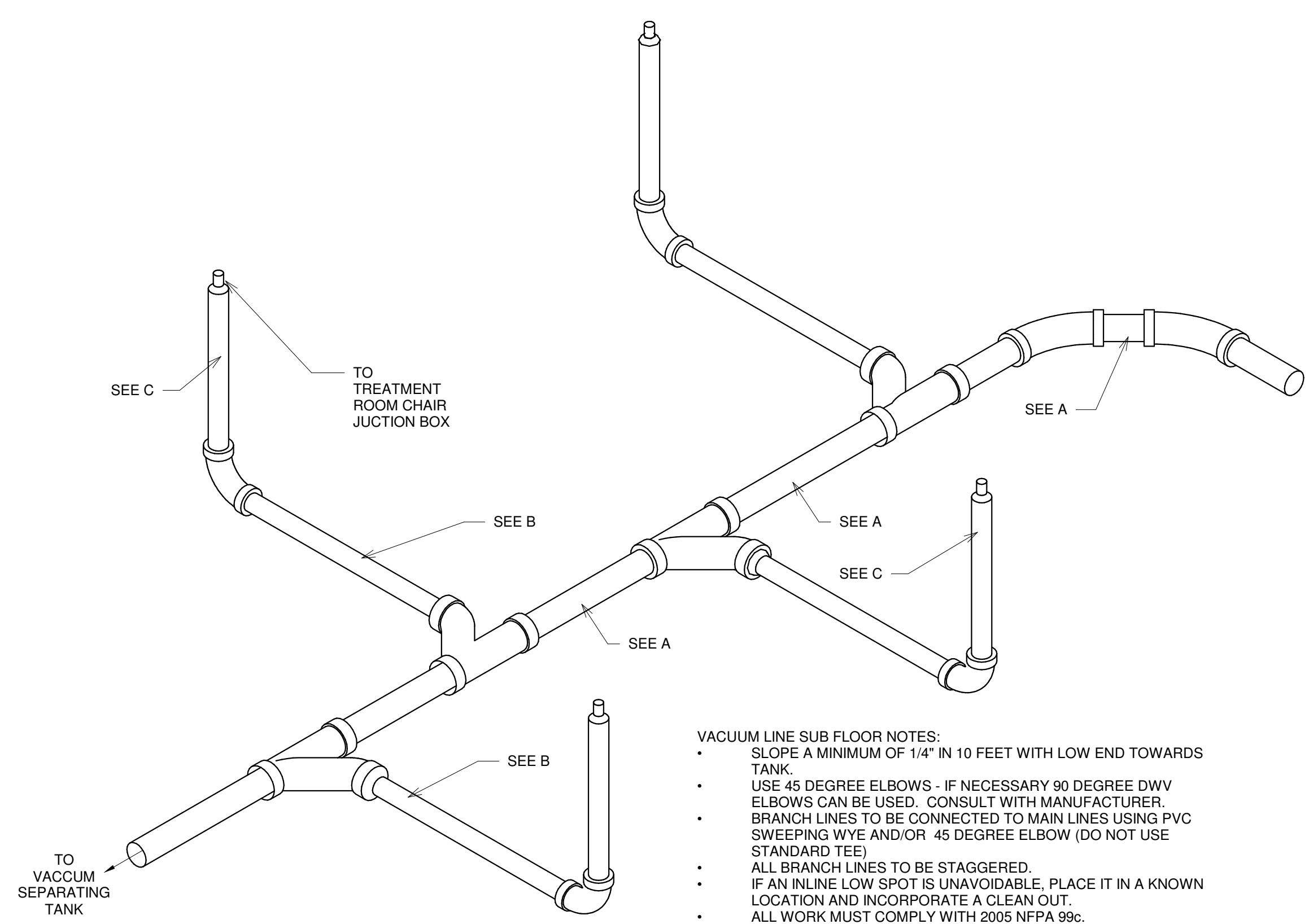


5 MODEL TRIMMER W/ PLASTER TRAP
1 1/2" = 1'-0"



3 EXHAUST PIPING - OUTSIDE END
1 1/2" = 1'-0"

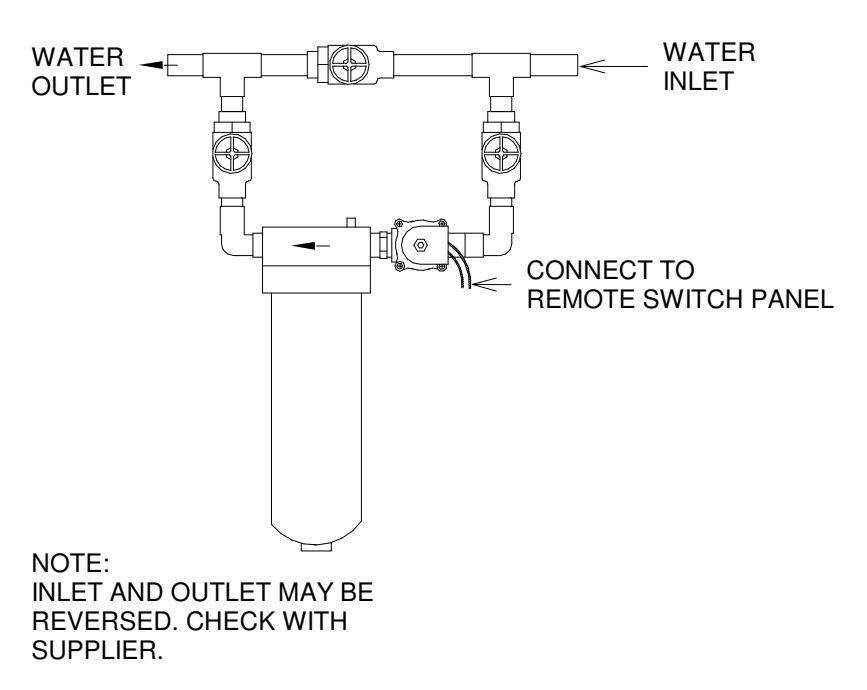
- PROTECT OUTSIDE END OF EXHAUST FROM ENTRY OF WATER, DEBRIS, AND CREATURES.
- POINT AWAY FROM PREVAILING WINDS, CLEAR OF SNOW OR OTHER OBSTRUCTIONS.
- CLEAR ROOF TOPS OR OUTSIDE WALLS BY A MINIMUM OF 6 INCHES.
- LOCATE IN AN INCONSPICUOUS SITE AWAY FROM DOORS, WINDOWS OR VENTILATION INTAKES.
- ALL WORK MUST COMPLY WITH 1996 NFPA 99C.



1 VACUUM LINE - SUB FLOOR (AIR TECHNIQUES MOJAVE)
1 1/2" = 1'-0"

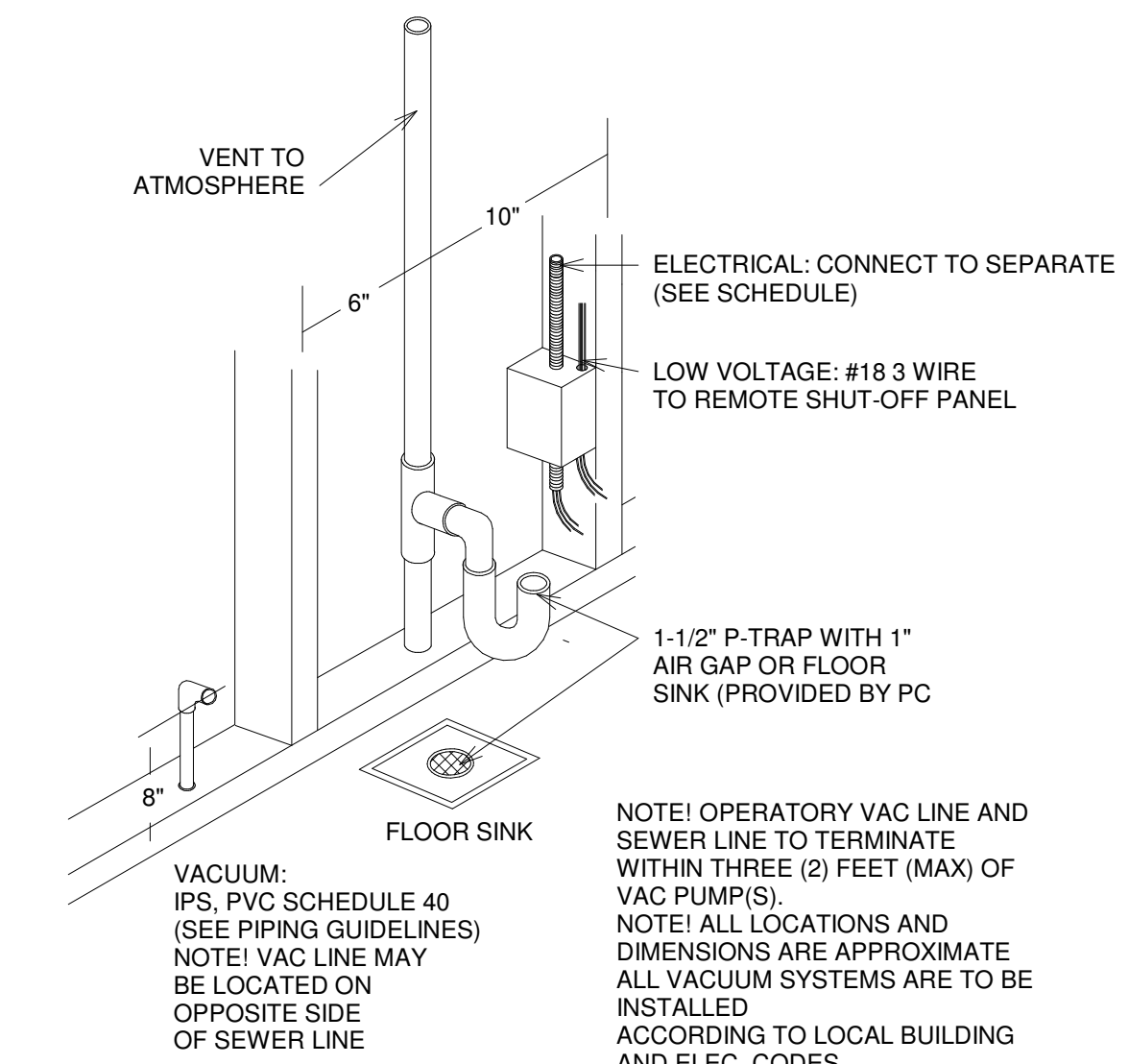
- VACUUM LINE SUB FLOOR NOTES:**
- SLOPE A MINIMUM OF 1/4" IN 10 FEET WITH LOW END TOWARDS TANK.
 - USE 45 DEGREE ELBOWS - IF NECESSARY 90 DEGREE DWV ELBOWS CAN BE USED. CONSULT WITH MANUFACTURER.
 - BRANCH LINES TO BE CONNECTED TO MAIN LINES USING PVC SWEEPING WYE AND/OR 45 DEGREE ELBOW (DO NOT USE STANDARD TEE)
 - ALL BRANCH LINES TO BE STAGGERED.
 - IF AN INLINE LOW SPOT IS UNAVOIDABLE, PLACE IT IN A KNOWN LOCATION AND INCORPORATE A CLEAN OUT.
 - ALL WORK MUST COMPLY WITH 2005 NFPA 99C.

TECH WEST ECOVAC				
IF A PIPING DIAGRAM IS PROVIDED BY THE MANUFACTURER, IT SUPERCEDES THIS CHART. IF NOT, USE THIS CHART IN CONFERENCE WITH PATTERSON DENTAL REP.				
	1-3 ROOMS	4-5 ROOMS	6-8 ROOMS	
A MAIN LINE DIAMETER MINIMUM-MAXIMUM	1-1/2" PVC SCH. 40	1-1/2"-2" PVC SCH. 40	2" PVC SCH. 40	
B BRANCH LINE DIAMETER MINIMUM-MAXIMUM	SIZE REQUIREMENT OF BRANCH PIPING DIFFERS BY NUMBER OF OPERATORIES BEING SERVED UP TO (3) OPERATORIES - 1-1/4" PVC SCH. 40 (4) - (5) OPERATORIES - 1-1/2" PVC SCH. 40 MORE THAN (6) OPERATORIES - 2" PVC SCH. 40			
C RISER LINE DIAMETER	1/2" PVC SCH. 40	1/2" PVC SCH. 40	1/2" PVC SCH. 40	



7 WATER FILTER MANIFOLD
1 1/2" = 1'-0"

NOTE:
INLET AND OUTLET MAY BE REVERSED. CHECK WITH SUPPLIER.



6 VAC DRY
1 1/2" = 1'-0"

NOTE! OPERATORY VAC LINE AND SEWER LINE TO TERMINATE WITHIN THREE (3) FEET (MAX) OF VAC PUMP(S).
NOTE! ALL LOCATIONS AND DIMENSIONS ARE APPROXIMATE. ALL VACUUM SYSTEMS ARE TO BE INSTALLED ACCORDING TO LOCAL BUILDING AND ELEC. CODES.