



514 Market Street Wilmington, NC 28401
phone 910.762.2621
www.bmharch.com

July 16, 2024

ADDENDUM #1

Cape Fear Community College
Health & Human Services Building
Interior Renovations - Phase 2

Former Bank of America Building
319 North 3rd Street
Wilmington, NC 28401

This addendum forms a part of the contract documents and modifies the original drawings and project manual dated June 7, 2024. The enclosed additions, deletions, corrections, and changes shall be as binding as if incorporated in the original documents. All General Conditions, Special Conditions, etc. as originally specified shall apply to these items. Acknowledgement of receipt of this addendum will be required as part of the contract agreement.

The design-build Contractor, Monteith Construction - Wilmington, will be managing the bid process and will be responsible for break out and delineation of bid packages. Subcontractor and vendor inquiries should be directed to Evan Hermen in the Monteith Preconstruction Department at ehermen@monteithco.com, 919-757-9009. Monteith will also be responsible for the bid timing and any prequalifications required.

Item #1 Drawings – Sheet A700 Clarifications

1. Wall protection shall be acrylic sheet in .040 thickness at headwalls in Details 5 and 6.
2. Bumper rails are not required.

Item #2 Drawings – Sheet A401 Clarifications

1. X-ray shielding incorporating lead lining or additional layers of gypsum board will not be required in dental operatories incorporating x-ray equipment.

Item #3 Drawings – Sheet A203, Rooms 320 and 321

1. Lockers will be owner furnished and contractor installed.

Item #4 Project Manual – Section 101400 Signage

1. Signage design shall match the Phase 1 signage.
2. Construction manager shall forward signage template to signage bidders to coordinate.

ADDENDUM #1

- Item #5 Drawings – Sheet A500**
1. The third-floor women's restroom shall receive the following finishes:
 - a. Ceramic wall tile as elevated CTW-1 with CTW-2 accent with paint above.
 - b. Ceramic floor tile PTF-3.
 - c. Ceiling shall be painted PNT-2 at bulkheads and ceiling tile as shown.
 - d. Windowsills shall receive ceramic wall tile with bullnosed edge or Schluter strip.
 - e. Owner shall apply window frosting to glass.
- Item #6 Drawings – Sheet A601 – Finish Schedule**
1. Room 415 Sterilization shall have ceramic wall tile CTW-1 to 7'0" above the floor. Ceramic tile shall be omitted behind built-in wall cabinets. Floor shall be PTF-3 porcelain tile floor in lieu of RFT and RBS.
- Item #7 Drawings – Various**
1. Porcelain tile floors at elevator lobbies shall transition to RFT tiles at the south wall of the stair or where replacing existing ceramic tile, whichever area is greater. Interior design patterns will be issued after the bid process.
- Item #8 Drawing – Sheet A601 – Finish Schedule**
1. Toilet room ceramic and porcelain tile installations shall utilize CWT as elevated rather than PTB-2 as scheduled.
- Item #9 Drawings – Room 226**
1. Floor tile in room 226 shall be thin set rather than mud set.
- Item #10 Drawing and Specifications**
1. Lay-in ceiling shall be white Armstrong 1940 Ultima Square edge high NRC tiles as basis of design rather than Optima.
- Item #11 Drawings – Site Plan**
1. There is no exterior sitework included in the project.
- Item #12 Engineering Addendum #1**
1. See DSA revisions dated July 16, 2024 attached and clouded.

Prepared by:
Bruce Bowman, AIA
Bowman Murray Hemingway Architects

CFCC Phase II

RFI LOG

#	Trade	Question	Page/Spec	Date Submitted	Date Answered	Response
1	Plumbing	1.Please confirm TDH requirement and specify the voltage for the pumps. 2.We assume the engineer still wants a duplex system with pumps rated for 76 GPM each at 50 PSI, for a total of 152 GPM, please confirm this is correct. 3.Does the engineer want a separate expansion tank to minimize wear on the booster? 4.We also assume that PRVs are being removed if the discharge pressure is set at 50 PSI. 5.The detail appears to indicate a system requiring over 300 GPM. If that is the case, does it mean each pump should handle 152 GPM?	B/P002	7/8/2024	7/16/2024	See DSA revisions dated July 16, 2024 attached and clouded.
2	Wall Protection	Please advise if bumper rails are required on the headwalls. If so, vertical or horizontal?	A700	7/8/2024	7/16/2024	See item #1
3	Lead Lining	Please advise if there is to be lead lining in the x-ray rooms.		7/8/2024	7/16/2024	See item #2
4	Sitework	Please advise if there is any sitework needed. Patch sidewalk & curbing?		7/8/2024	7/12/2024	No sitework. See Item #11
5	Mechanical	Plans refer to a new Building Automation System (BAS), but there are no specifications. Can you please provide clarification on what needs to be included in regard to a controls system?		7/8/2024	7/16/2024	See DSA revisions dated July 16, 2024 attached and clouded.
6	Mechanical	No approve equals for the Trane split systems are listed. Is it the intent for Trane units to be the only option?		7/8/2024	7/16/2024	See DSA revisions dated July 16, 2024 attached and clouded.
7	Specialties	Are lockers to be by GC?		7/8/2024	7/9/2024	Lockers will be by owner. Owner Furnish Owner Install. See item #3
8	Signage	Are the signs to be bid per the specs or per the CFCC signage standard in Phase 1? See Phase 1 submittal.		7/8/2024	7/9/2024	Phase two signage design should match phase one signage. See phase one submittal. See item #4
9	Mechanical	The type of material to be used for the condensate piping is not indicated. Is PVC acceptable?		7/12/2024	7/16/2024	See DSA revisions dated July 16, 2024 attached and clouded.
10	Mechanical	The is no specification for the insulation on the refrigerant and condensate piping. Could you please provide and insulation schedule for this mechanical piping?		7/12/2024	7/16/2024	See DSA revisions dated July 16, 2024 attached and clouded.
11	Finishes	3rd Floor Women's Restroom appears to receive new finishes on sheet A500, but this room is not listed on the A601 Finish Schedule, please confirm finishes for this room.	A500	7/12/2024	7/16/2024	See item #5
12	Finishes	Sterilization Room No 415 has CTW-1 & CTW-2 per finish schedule A601, are more elevations/details available for the extent of ceramic wall tile in this room?	A601	7/12/2024	7/16/2024	See item #6
13	Finishes	Elevator Lobbies are shown with a tile pattern PFT-1 & PFT-2 on A601, are more details available for the tile pattern and the transition point where the porcelain tile stops and the RTF resilient tile starts in the corridor?	A601	7/12/2024	7/16/2024	See item #7
14	Finishes	Restroom Tile Base – A601 lists PTB-2 to match floor tile, restroom elevations on A500 show base to match wall tile CTW-1, the base to match CTW-1 is significantly less expensive. Please confirm which base is correct for rooms with wall tile.	A601/A500	7/12/2024	7/16/2024	See item #8
15	Finishes	Is the floor slope in restroom 226 part of the Tiling scope, requiring a slab depression and a mortar bed, or is this slope created in the slab by others?	2/A500	7/12/2024	7/12/2024	This scope will be part of the tiling scope. See item #9
16	Ceilings	Please advise which ACT type is correct; The RCP Plan Notes calls for "Regular Edge Fissured", Specification 095113 calls for "Ultima High NRC" as well as also calling for "Optima Tegular". Is it safe to assume the finish schedule is correct, "White Armstrong 1940 Ulitima High NRC, Square Edge 2x2 Tile Color: White"	A802 095113	7/15/2024	7/16/2024	See item #10
17	Bonding	Is a bid bond required?		7/15/2024	7/16/2024	Yes
18	Millwork	Finishes for the countertop calls for Quartz but the section view calls for Plam. Please advise		7/17/2024	7/17/2024	Quartz only at the reception counter.



LETTER OF TRANSMITTAL

To: Direct

Date: 8/15/2023

Attn: Barbara Evans

Architect: N/A

Job: Cape Fear CC - Health & Human Svcs Bldg (Ph1)

Phone: 910.362.7838 x102

WE ARE SENDING YOU:

- ☒ **Attached** ☐ **Under Separate Cover** ☒ **Via Email the following items:**
☒ Shop Drawings ☒ Signage Schedule ☐ Samples ☐ Color Selections ☒ Product / Mfr. Data
☐ LEED Data ☐ Other:

COPIES	DATE	NO.	DESCRIPTION
1	8/15/23	10 14 00	Signage Shop Drawings (1 - Elec.)
1	8/15/23	10 14 00	Signage Schedule (1 - Elec.)
1	8/15/23	10 14 00	Material Data & Color Selections (1 - Elec.)
1 each	8/15/23	10 14 00	Cleaning & Material / Warranty Sample Data (1 - Elec.)

REMARKS

Ship to Address:

Email:

Barbara Evans <bevans@cfcc.edu>

From:

Joy A. Kay, Project Manager

joyk@aoasigns.com | 336.679.3344 x1011

CONDITIONS:

- LEAD TIMES:** From receipt of approved submittals, please allow 20-25 working days.
- SUBMITTALS / DRAWINGS:** Are based on our interpretation of the information and specifications provided, therefore AOA Signs Inc. reserves the right to change the prices to compensate for any changes, additions or clarification of specifications on the final order. Drawings are based on camera ready art or the use of standard AOA Signs Inc. drawings. Any other art work that may be required is subject to an art charge by AOA Signs Inc.
- ORDERS:** Are based on standard letterstyles, colors, finishes & materials unless otherwise stated. Minimum order \$100.00.
- CODE COMPLIANCE:** AOA Signs Inc. assumes no legal responsibility for the interpretation or compliance with the Americans with Disabilities Act (ADA), Local/State Ordinances or Requirements. Additional signs may be required, per jurisdiction, which is not included.

214 E. Cherry Street, Yadkinville, NC 27055
336.679.3344 phone ~ 800.282.4830 fax
www.AOASIGNS.com

SIGN LAYOUT A; A.1

SPECIFICATIONS:

- SERIES:** THERMOFORMED TACTILE SIGNAGE IN "VISTA SHARP" SERIES FRAMES
- MATERIAL:** 1/16" THK. THERMOFORMED ACRYLIC FACEPLATE
- COPY COLOR:** WHITE
- BKGRD COLOR:** CLEAR
- SURFACE TEXTURE:** SMOOTH
- END CAP MATERIAL:** PLASTIC (GRAY)
- LETTERSTYLE:** HELVETICA
- MOUNTING:** VANDAL-RESISTANT SCREWS & ADHESIVE
- MFRS:** BEST & VISTA SIGN SYSTEMS

DESIGNED FOR:

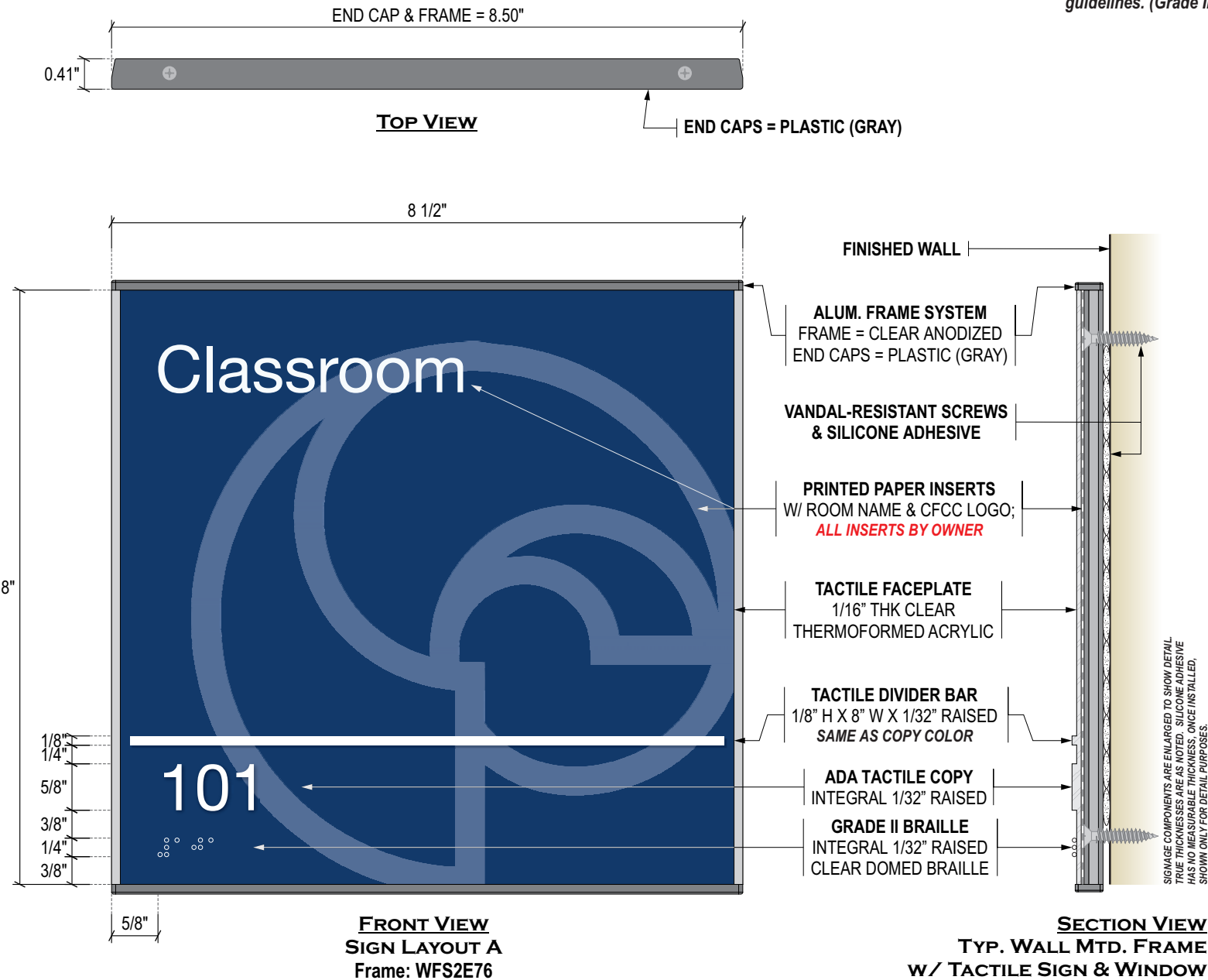
Cape Fear Community College
Health & Human Services Building
(Phase 1)

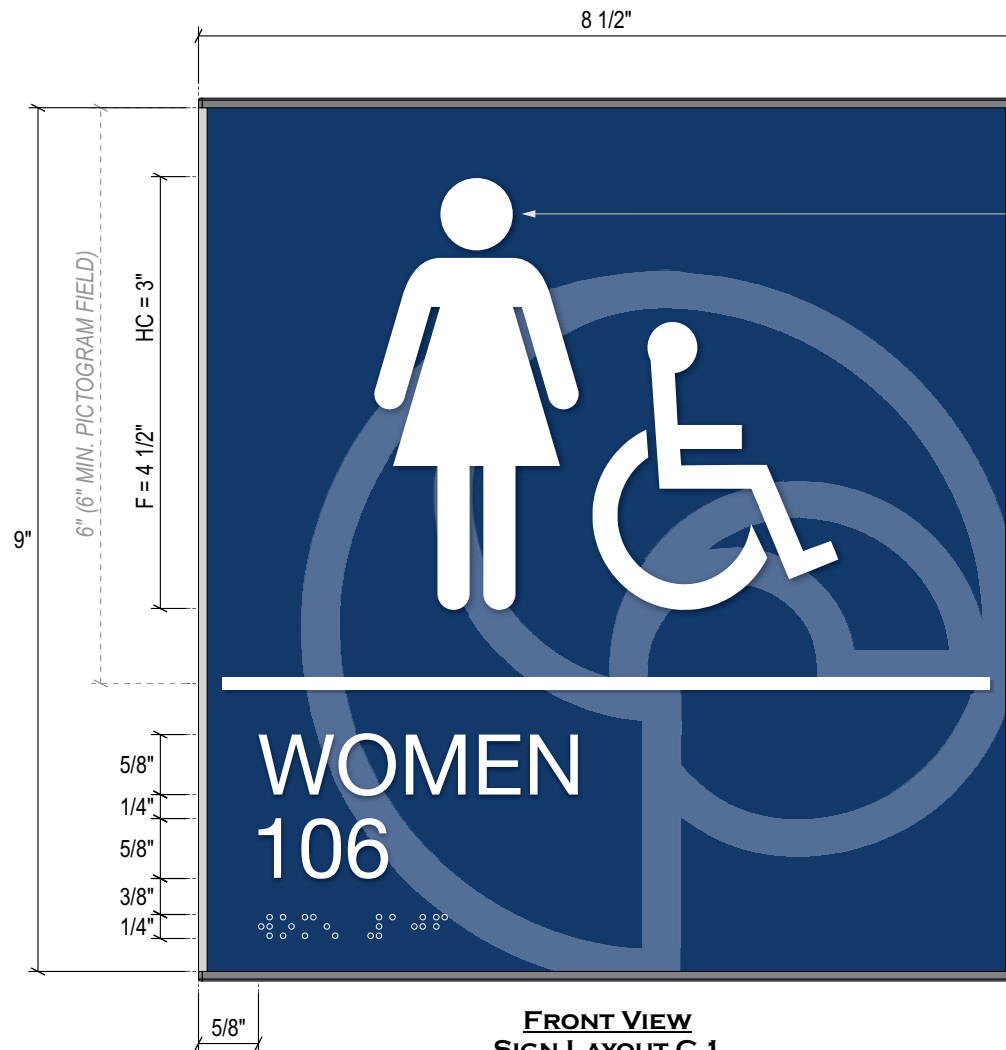
SHEET:	DATE:
1 OF 3	08/15/2023
DRAWN BY:	REVISED:
A.King	



214 E. Cherry St. P: 336-679-3344
Yadkinville NC 27055 F: 800-282-4830
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DISCLAIMER: Grade II Braille, as indicated on shop drawings, are shown as placeholders only. Final braille translations will meet current ADA guidelines. (Grade II – Duxbury)





TACTILE PICTOGRAM
1/32" INTEGRAL RAISED GRAPHICS;
SAME AS COPY COLOR

FRONT VIEW
SIGN LAYOUT C.1
Frame: Sim. to WFS2E76 @ 9" H



FRONT VIEW
SIGN LAYOUT C.2
Frame: Sim. to WFS2E76 @ 9" H

101400 - 2.2: PANEL SIGNAGE

SIGN LAYOUT C.1; C.2

SPECIFICATIONS:

SERIES: TACTILE ADA SIGNAGE IN
"VISTA SHARP" SERIES FRAMES

MATERIAL: 1/16" THK. THERMOFORMED
ACRYLIC TACTILE PANEL W/
1/16" NON-GLARE DIGITALLY
PRINTED ACRYLIC PICTO FIELD

COPY COLOR: **WHITE**

BKGD COLOR: **PMS 541C**

END CAP MATERIAL: PLASTIC (GRAY)

LETTERSTYLE: HELVETICA

MOUNTING: VANDAL-RESISTANT
SCREWS & ADHESIVE

MFRS: BEST & VISTA SIGN SYSTEMS

DESIGNED FOR:

**Cape Fear Community College
Health & Human Services Building
(Phase 1)**

SHEET: **DATE:**

2 OF 3 08/15/2023

DRAWN BY: **REVISED:**

A.King



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SIGN LAYOUT C.3

SPECIFICATIONS:

DESIGNED FOR:

Cape Fear Community College
Health & Human Services Building
(Phase 1)

SHEET:	DATE:
3 OF 3	08/15/2023
DRAWN BY:	REVISED:
A.King	

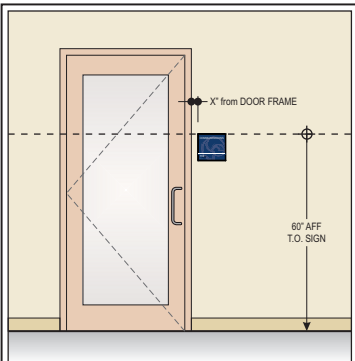


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AOA SIGNS INC. STANDARD MOUNTING HEIGHTS

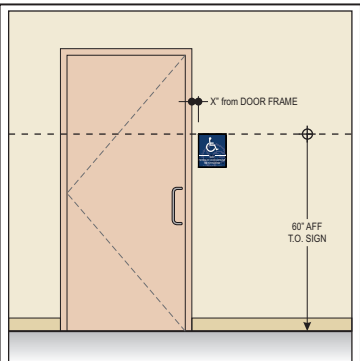
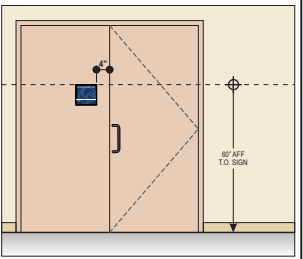
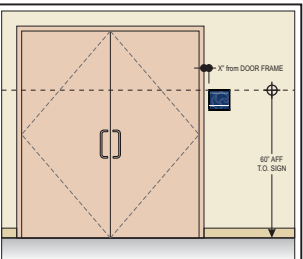
The mounting heights & locations listed below are interpretations of the current 2010 ADA Guidelines. Each meets or exceeds all required guidelines and will be utilized at the time of installation, unless otherwise specified.

X = 2" FROM DOOR FRAME,
TYPICAL U.N.O.



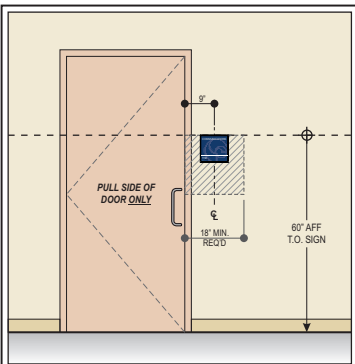
Typical Tactile Wall Mounted Signs
Signs that have a permanent room identifier shall be mounted 60" AFF or ground surface to the TOP of the sign. This allows for a consistent mounting height of all signs, that also meets code requirements.

* Code Reference: 2010 ADA Guidelines, Sections 216.2 & 703.4.1



Typical Tactile Wall Mounted Restroom Signs
Signs for Restrooms shall be mounted 60" AFF or ground surface to the TOP of the sign. This allows for a consistent mounting height of all signs, that also meets code requirements.

* Code Reference: 2010 ADA Guidelines, Sections 216.2 & 703.4.1



Typical Tactile Wall Mounted Signs on PULL SIDE OF DOOR ONLY
Signs that have a permanent room identifier and are mounted on the PULL SIDE OF THE DOOR, shall be mounted 60" AFF or ground surface to the TOP of the sign. This allows for a consistent mounting height of all signs, that also meets code requirements. *Tactile characters* to be centered horizontally within the 18" min. clear floor space area located on the latch side of the door.

* Code Reference: 2010 ADA Guidelines, Sections 216.2 & 703.4.2

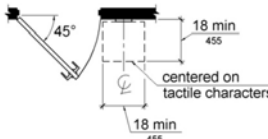


Figure 703.4.2
Location of Tactile Signs on Doors

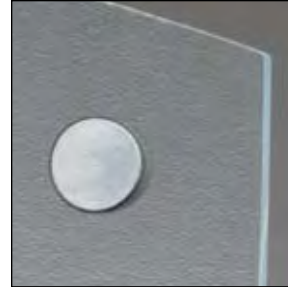


FRONT VIEW
SIGN LAYOUT C.3
Frame: WFS2E79



Mounting Options

Architectural offsets create an elegant and contemporary floating panel that offers added dimension to your sign.



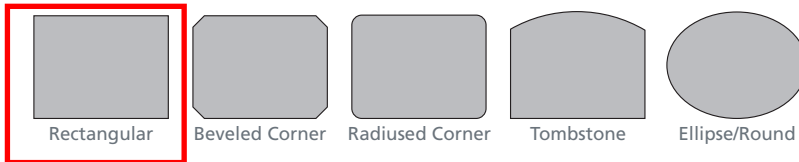
About Best

Best Sign Systems is a US manufacturer of proven architectural signage products that have been consistently specified by architects for more than 40 years.

The organization offers an innovative and flexible portfolio of products and processes to create completely customized solutions and provides best-in-class, fast and reliable service to sign solution providers in all 50 states.

The company was founded in 1924 and is located in Montrose, Colorado.

Standard Profiles (Custom Available)



MATERIAL CLASS	Standard 1/8"	Standard 1/4"	Standard 3/8"	Premium 1/8"	Premium 1/4"	Premium 3/8"	Custom 1/8"	Custom 1/4"	Custom 3/8"
SUBSTRATE DEPTH	Interior	Interior	Interior	Interior	Interior	Interior	Interior	Interior	Interior
PERFORMANCE RATING									
BRAILLE									
Preferred grade-2 domed Braille	•	•	•	•	•	•	•	•	•
MATERIAL COLORS (EDGE)									
Clear	•	•	•	•	•	•	•	•	•
Green				•	•	•	•	•	•
BACKGROUND & SURFACE OPTIONS									
Metallic Subsurface				•	•	•	•	•	•
Clear or Standard Subsurface Color	•	•	•	•	•	•	•	•	•
Metalic Surface Color				•	•	•	•	•	•
Standard Surface Painted	•	•	•	•	•	•	•	•	•
TEXT & RAISED CHARACTERS									
73 Standard Paint Colors	•	•	•	•	•	•	•	•	•
Metallic: Silver, Gold				•	•	•	•	•	•
SURFACE TEXTURES									
Standard Options: See Texture Option Sheets	•	•	•	•	•	•	•	•	•
EDGE DETAILING									
Polished Edges							•	•	•
Beveled Edges					•	•		•	•
EDGE PROFILES									
Profiles: 5 Standard Shapes	•	•	•	•	•	•	•	•	•
Profiles: Customize any Shape	•	•	•	•	•	•	•	•	•
MOUNTING OPTIONS									
VFT Tape, Mounting Holes	•	•	•	•	•	•	•	•	•

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www.bestsigns.com

bestsignsystems®



ADA Compliant Letterstyles for Panel Signage

ARIAL

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

ARIAL NARROW

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

AVANTGARDE BK BT

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

AVENIRNEXT LT PRO REG.

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

AVENIRNEXT LT PRO CN

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

FRANKLIN GOTHIC BOOK

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

FUTURA BOOK

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

GEOMETR415 LT BT

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

GILL SANS MT

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

HUMANST52I BT

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

HELVETICA NEUE LT 57 CN

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

* HELVETICA NEUE LT 55 ROMAN

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

LUCIDA SANS

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

MYRIADPRO-REGULAR

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

SOURCE SANS PRO

ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

TW CEN MT STD

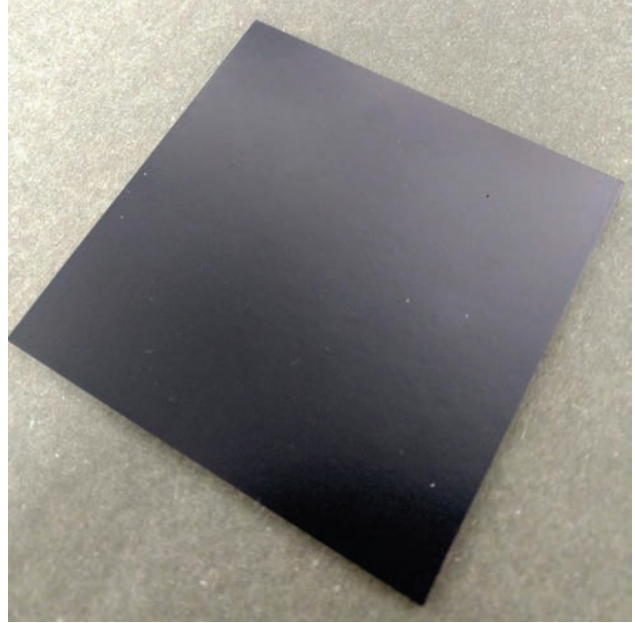
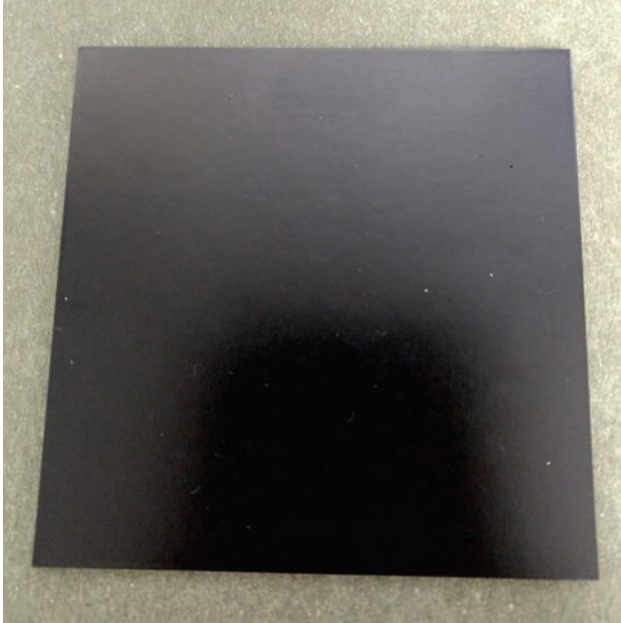
ABCDEFGHIJKLMNOPQRSTUVWXYZ
123456789

* Most commonly used.

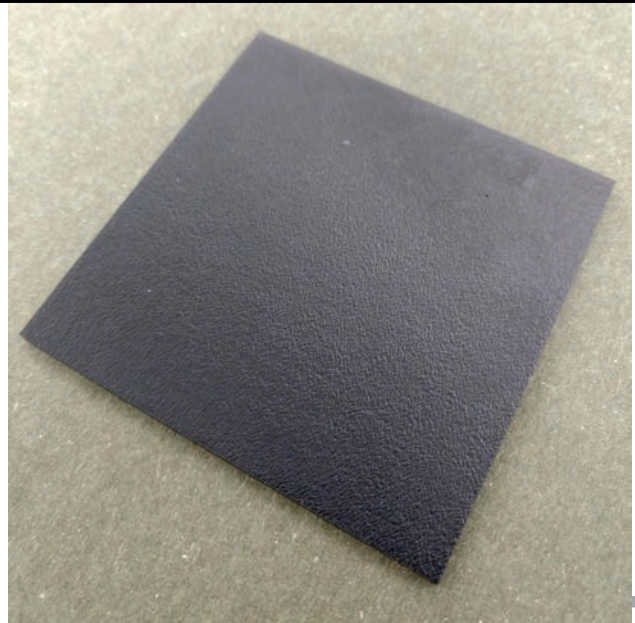
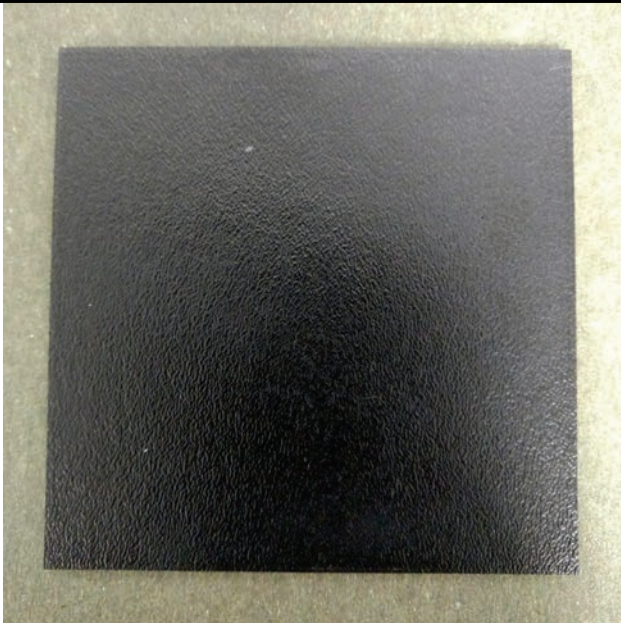
Note: All ADA Compliant fonts are required to be sans-serif.
This list shows commonly used fonts, others may be
available upon request.

**CHOOSE PANEL SIGNAGE
BACKGROUND TEXTURE:
SMOOTH / MEDIUM GLOSS**

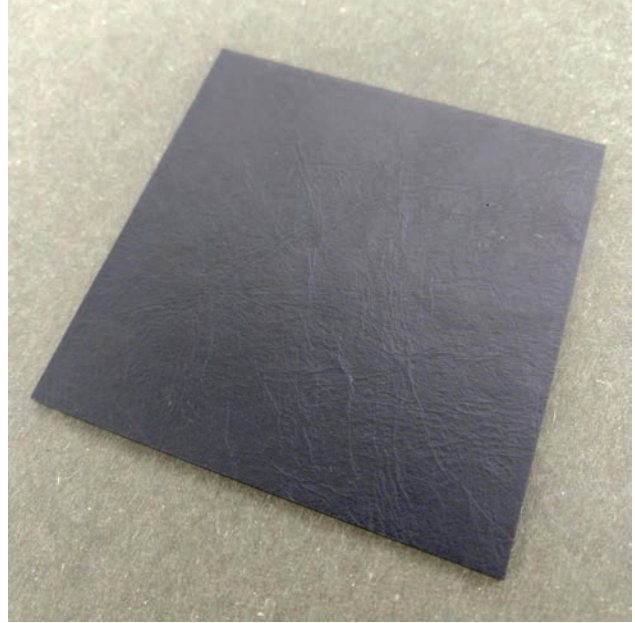
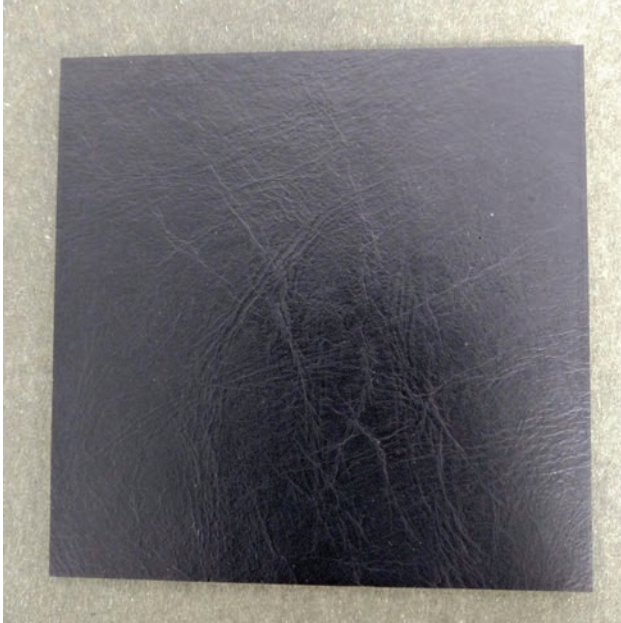
Smooth / Medium Gloss (Smoothest Option)



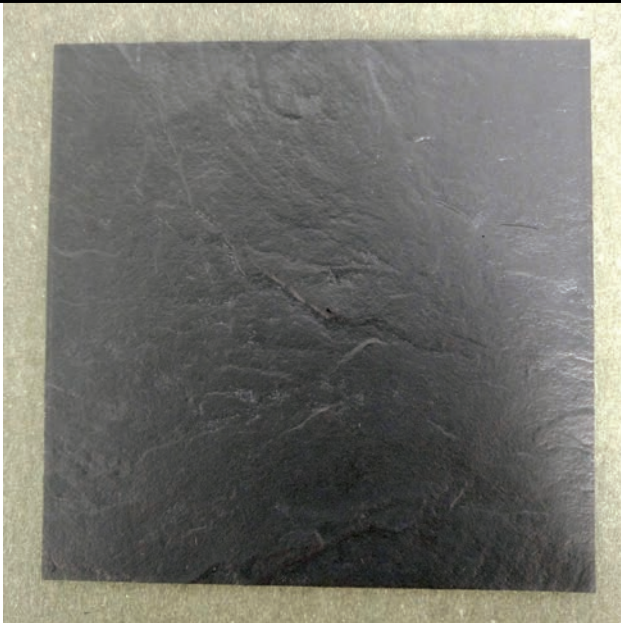
Stipple



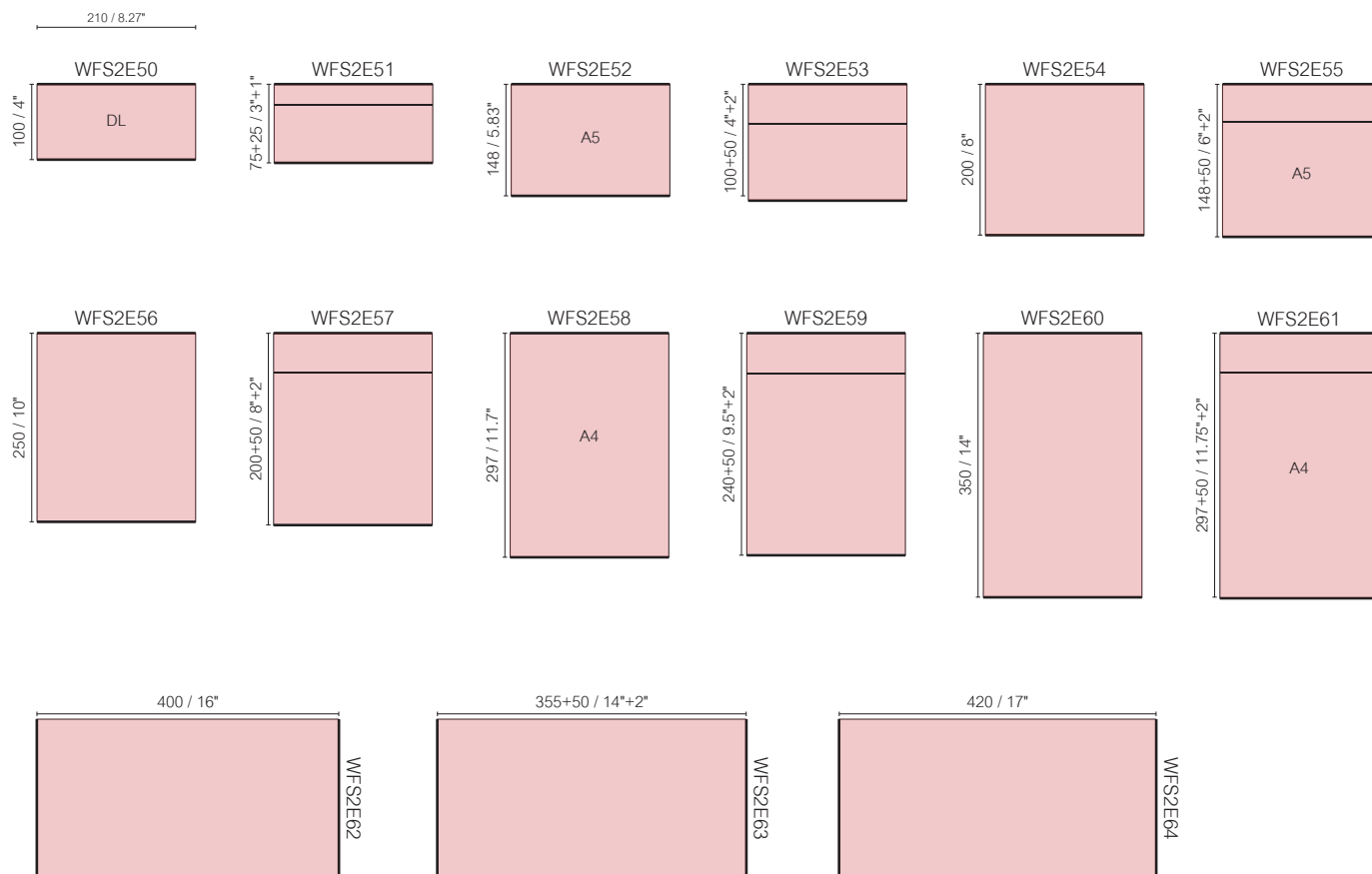
Leatherette



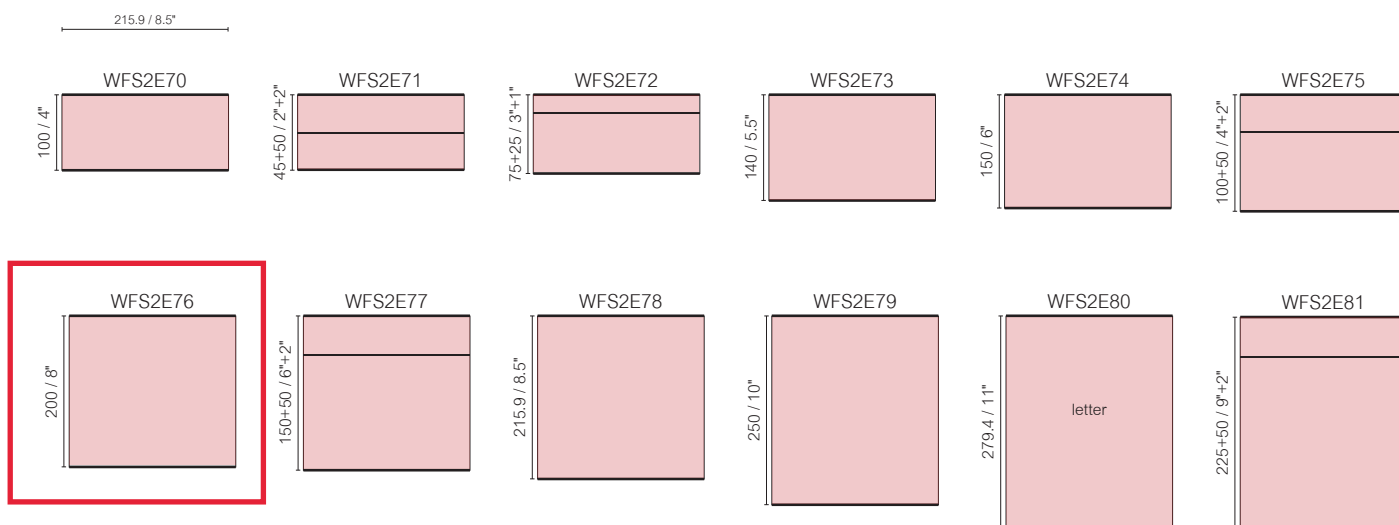
Slate



FRL-A4



FRL-Letter



Cape Fear Community College

Health and Human Services Building



Signage Schedule

Sign Layout	Qty	Door #	Architect's Room # and Name	Copy on Sign	Insert Copy (By Owner)	Symbol
First Floor						
A	1	101	101 Classroom	101	Classroom	
A	1	102A	102 Classroom / Childcare	102	Classroom	
C.3	1	103	103 Toilet	SINGLE OCCUPANT RESTROOM 103		HC
C.3	1	104	104 Toilet	SINGLE OCCUPANT RESTROOM 104		HC
C.2	1	105	105 Men's	MEN 105		M HC
C.1	1	106	106 Women's	WOMEN 106		F HC
A	1	107	107 Storage	107	Storage	
A	1	109	109 Storage	109	Storage	
Second Floor						
A	1	201	201 Mechanical Room	201	Mechanical	
A	1	202	202 Control Room 1	202	Control Room 1	
A	1	203	203 Patient Room 1	203	Patient Room 1	
A	1	204	204 Control Room 2	204	Control Room 2	
A	1	205	205 Patient Room 2	205	Patient Room 2	
A	1	206	206 Control Room 3	206	Control Room 3	
A	1	207	207 Patient Room 3	207	Patient Room 3	
A	1	208	208 Control Room 4	208	Control Room 4	
A	1	209	209 Patient Room 4	209	Patient Room 4	
A	1	210	210 Storage	210	Storage	
A	1	212	212 Repair / Charging Station	212	Equipment	
A	1	213	213 PAR Periodic Automatic Replenishment. / Linen	213	PAR Linen	
A	1	214	214 Nursing Station	214	Nurses Station	
A	1	215	215 Debriefing Room	215	Debriefing	
A	1	216	216 Utility	216	Custodial	
A	1	217	217 Office 1	217	Office	
A	1	218	218 Office 2	218	Office	
A	1	219	219 Office 3	219	Office	
A	1	220	220 Conference / Seminar Room	220	Conference	
A	1	222	222 Office	222	Office	
A	1	223	223 Mechanical Room	223	Mechanical	

Cape Fear Community College

Health and Human Services Building



Signage Schedule

Sign Layout	Qty	Door #	Architect's Room # and Name	Copy on Sign	Insert Copy (By Owner)	Symbol
Third Floor						
A	1	301	301 Nursing Lab #1	301	Nursing Lab 1	
A	1	302	302 Storage	302	Storage	
A	1	303	303 Nursing Lab #2	303	Nursing Lab 2	
A	1	305	305 PT Office	305	PT OFFICE	
A	1	306	306 Mechanical Room	306	Mechanical	
A	1	307	307 Break Room	307	Break Room	



214 East Cherry, Yadkinville, NC 27055
336-679-3344 Fax: 800-282-4830
AOASigns.com

Panel Signage Warranty

We warrant for the period of **one (1) year from date of substantial completion** that our products conform to the descriptions and specifications as outlined. We do not make any other warranties, express or implied, regarding our products including warranties of merchantability and fitness for a particular purpose. If our products are shown to us to be defective within the **one-year** warranty period, our obligation to you is to replace the defective product; we reserve the right to refund the amount you have paid for the product. We are not liable for any consequential damages, direct or indirect, which may come through the use or non-use of our products. If and when AOA Signs, Inc. provides the installation of the signage, we guarantee the installation for one year under normal situations.

Substantial Completion Date: XX/XX/XXXX

**Cape Fear Community College – Health & Human Services Building
Wilmington, NC**



214 East Cherry St., Yadkinville, NC 27055
Phone: 336-679-3344 Fax: 800-282-4830
AOASigns.com

Division 10 – Signage

Signage Cleaning Instructions

Interior/Exterior panel signage should be cleaned using a non-abrasive cloth and warm water. The sign should be dried immediately to prevent spotting. In extreme cases, signs may be cleaned with a mild cleanser such as Windex, or a commercial window cleanser. Please note that certain cleansers may cause discoloration and should be tested in an inconspicuous area first.

**Cape Fear Community College – Health & Human Services Building
Wilmington, NC**

REV.	DATE	DESCRIPTION
D	06/07/24	CD Submittal
C	5/24/24	CD Estimating Set
B	3/13/24	DD Submittal
A	2/16/24	DD Estimating Set
NO.	DATE	ISSUE NOTE

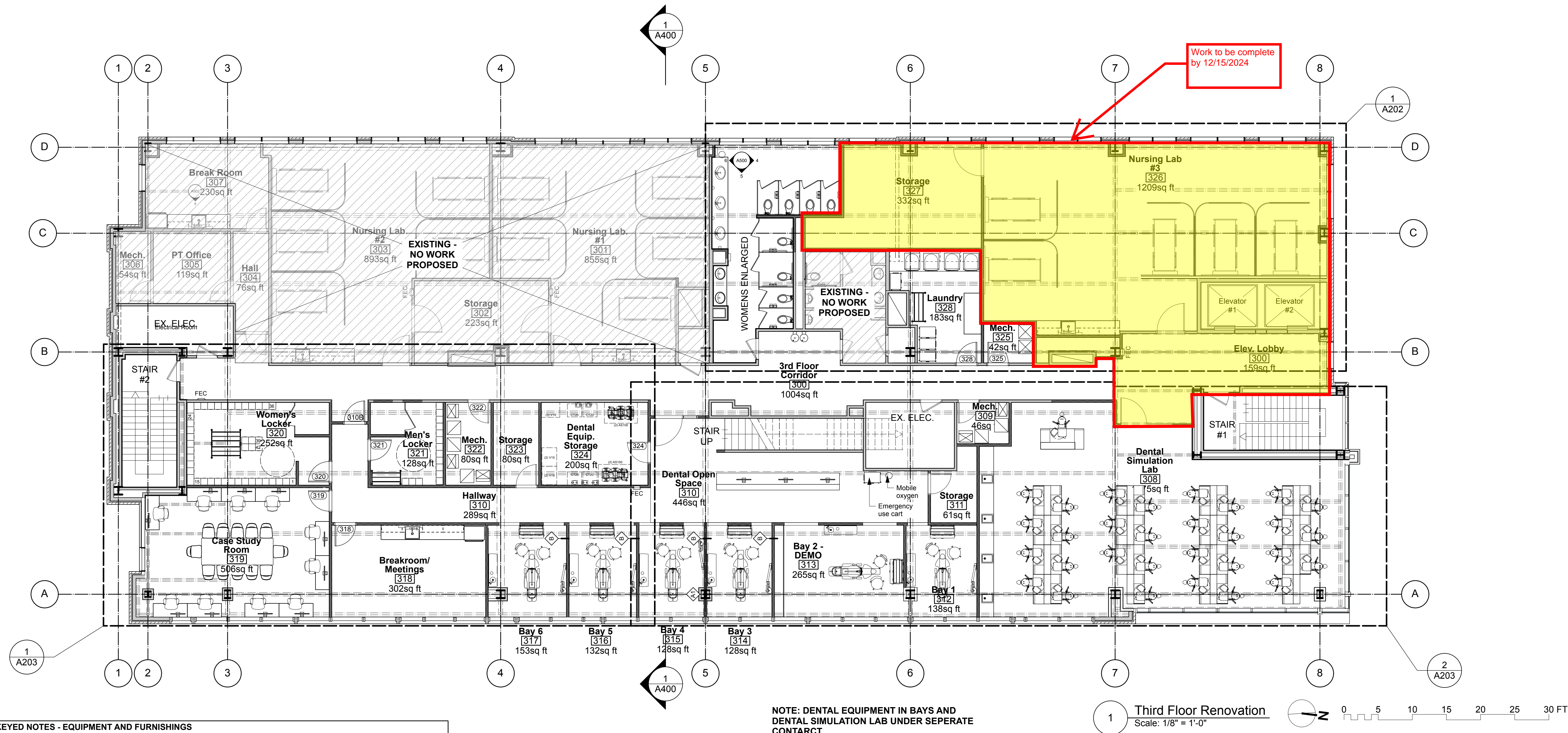
Project Manager	Drawn By M. PRICE
Date 06-07-2024	Reviewed By B. BOWMAN
Project ID	

Sheet Title

**Third Floor
Renovation**

Sheet No.

A103



KEYED NOTES - EQUIPMENT AND FURNISHINGS		
#	Description:	Comments:
01	FLAT PANEL TV/ MONITOR	SEPARATE TECH. CONTRACT
02	MOTORIZED PROJECTION SCREEN	SEPARATE TECH. CONTRACT
03	CEILING MOUNTED PROJECTOR	SEPARATE TECH. CONTRACT
04	PATIENTS ROOM MONITOR - WALL MOUNTED	
05	A/V LECTERN	SEPARATE TECH. CONTRACT
06	COMPUTER TABLE WITH INTEGRAL POWER/DATA	CHAIRS - OWNER FURNISH OWNER INSTAL
07	SEMINAR TABLE WITH INTEGRAL POWER/DATA	CHAIRS - OWNER FURNISH OWNER INSTAL
08	EXISTING SHADING DEVICES TO REMAIN	EXISTING TO REMAIN
09	HOSPITAL SIMULATION BED	OWNER FURNISH OWNER INSTAL
10	BUILT IN BED HEADWALL - FULL HEIGHT	DETAIL SHEET A700
11	BUILT IN BED HEADWALL - HALF HEIGHT	DETAIL SHEET A700
12	CUBICLE CURTAIN ON BUILT-IN TRACK	BY CONTRACTOR
13	WASHER	OWNER FURNISH OWNER INSTAL
14	DRYER	OWNER FURNISH OWNER INSTAL
15	FRIDGE	OWNER FURNISH OWNER INSTAL
16	CRASH CARTS	OWNER FURNISH
17	FIRE EXTINGUISHER AND CABINET	BY CONTRACTOR UNLESS EXISTING
18	SOAP DISPENSER	OWNER FURNISH OWNER INSTAL
19	PAPER TOWEL DISPENSER	OWNER FURNISH OWNER INSTAL
20	DOUBLE LOCKERS	OWNER FURNISH OWNER INSTAL
21	MOVABLE CLOTHES RACK	OWNER FURNISH OWNER INSTAL
22	BUILT-IN WALL FILTRINE WATER BOTTLE FILING STATION	BY CONTRACTOR
23	MOBILE INSTRUCTORS DESK	OWNER FURNISH, CONTRACTOR PROVIDE FLOOR POWER OUTLET

GENERAL NOTES:

- THE CONTRACTOR IS TO FIELD VERIFY ALL DIMENSIONS AND REPORT ANY DISCREPANCIES TO THE ARCHITECT.
- ALL INTERIOR METAL STUD PARTITION ARE DIMENSIONED TO FACE OF STUD (UNLESS IDENTIFIED AS CLEAR DIMENSION)
- ALL PARTITION WALLS EXTEND TO STRUCTURE ABOVE UNLESS NOTED OTHERWISE
- FOR ACOUSTICAL REASONS WALLS SHALL EXTEND TO STRUCTURE ABOVE AND SEAL TIGHT AS SHOWN ON REFLECTED CEILING PLANS.
- THE CONTRACTOR SHALL PROVIDE ALL BLOCKING REQUIRED TO ANCHOR ALL WALL OR CEILING MOUNTED ITEMS, INCLUDING BUT NOT LIMITED TO CASEWORK, MILLWORK, DOORSTOPS & EQUIPMENT.
- THE CONTRACTOR SHALL CONFIRM AND COORDINATE ALL MECHANICAL, ELECTRICAL, AND PLUMBING ITEMS.
- PROVIDE WALL FURRING AS REQUIRED TO ENCLOSE ANY INCIDENTAL ENGINEERING ELEMENTS NOT SHOWN - SEE ENGINEERING DRAWINGS.
- PROVIDE CORNER GUARDS AT ALL OUTSIDE CORNERS AS SHOWN 48" HIGH
- EQUIPMENT LABELED ON ENLARGED FLOOR PLANS.

LEGEND:

	EXISTING EXTERNAL WALL
	EXISTING INTERNAL METAL STUD
	NEW INTERNAL PARTITION
	EXISTING STEEL BEAM BELOW
	PARTITION TYPE TAG SEE SHEET A400
	NEW DOOR TAG SEE SHEET A600
	INTERNAL WINDOW TAG
	EQUIPMENT TAG
	DETAIL DRAWING TAGS
	HATCHED SPACES TO REMAIN - NO WORK PROPOSED
	CORNER GUARDS

Third Floor - Phase 2 Program								
No.	Space Name	Net Area	Gross Area	Occupancy Type	Function of Space	Occupancy Load	Calculated No. of Occ.	No. of Occ.
300	3rd Floor Corridor	1004.0	1004.0	support space		1/0 sf	#DIV 0!	#DIV 0!
300	Elev. Lobby	159.3	159.3	support space		1/0 sf	#DIV 0!	#DIV 0!
308	Dental Simulation Lab	1374.9	1374.9	BUSINESS	Educational vocational room	1/50 sf	27.5	28
309	Mech.	46.4	46.4	BUSINESS		1/300 sf	0.2	1
310	Dental Open Space	446.1	446.1	BUSINESS	Educational vocational room	1/50 sf	8.9	9
310	Hallway	288.5	288.5	support space		1/0 sf	#DIV 0!	#DIV 0!
311	Storage	61.4	68.9	BUSINESS		1/300 sf	0.2	1
312	Bay 1	137.8	137.8	BUSINESS	Educational vocational room	1/50 sf	2.8	3
313	Bay 2 - DEMO	264.6	264.6	BUSINESS	Educational vocational room	1/50 sf	5.3	6
314	Bay 3	127.7	135.2	BUSINESS	Educational vocational room	1/50 sf	2.7	3
315	Bay 4	127.7	135.2	BUSINESS	Educational vocational room	1/50 sf	2.7	3
316	Bay 5	132.2	144.9	BUSINESS	Educational vocational room	1/50 sf	2.9	3
317	Bay 6	153.4	167.2	BUSINESS	Educational vocational room	1/50 sf	3.3	4
318	Breakroom/ Meetings	302.2	323.8	BUSINESS	Educational vocational room	1/50 sf	6.5	7
319	Case Study Room	506.0	506.0	BUSINESS	Classroom	1/20 sf	25.3	26
320	Women's Locker	251.6	265.3	BUSINESS	Educational vocational room	1/50 sf	5.3	6
321	Men's Locker	128.1	128.1	BUSINESS	Educational vocational room	1/50 sf	2.6	3
322	Mech.	79.7	87.5	BUSINESS		1/300 sf	0.3	1
323	Storage	79.7	87.5	BUSINESS		1/300 sf	0.3	1
324	Dental Equip. Storage	200.4	200.4	BUSINESS		1/300 sf	0.7	1
325	Mech.	42.3	47.8	BUSINESS		1/300 sf	0.2	1
326	Nursing Lab #3	1209.2	1209.2	BUSINESS	Educational vocational room	1/50 sf	24.2	25
327	Storage	331.5	331.5	BUSINESS		1/300 sf	1.1	2
328	Laundry	183.0	195.9	BUSINESS		1/100 sf	2.0	2
TOTAL SF:		7638 sq ft	7756 sq ft				TOTAL:	136

A

B

C

D

E

EQUIPMENT (BY OTHERS) CONNECTION SCHEDULE											
I.D.	DESCRIPTION	HP	KW	AMP	VOLT	PHASE	BKR	FEEDER		CONNECTION	REMARKS
								COND	WIRE		
25	DENTAL AIR COMPRESSOR	-	-	20	208	3	30/3	3/4"	3#10,1#10G	DIRECT	-
27	DENTAL VACUUM PUMP	-	-	25	208	3	40/3	3/4"	3#8,1#10G	DIRECT	-
9C	XRAY	-	-	10	208	1	20/2	3/4"	2#12,1#12G	-	-
15A	WASHER DISINFECTOR	-	-	6	208	1	15/2	3/4"	2#12,1#12G	-	-
DRYER	DRYER	-	-	20	208	1	30/2	3/4"	2#10,1#10G	2-POLE RECEPTACLE	-

CONNECTION SCHEDULE NOTES:

1. CONTRACTOR SHALL VERIFY ALL CONNECTIONS BEFORE RUNNING SERVICE OR ORDERING EQUIPMENT.

EQUIPMENT CONNECTION SCHEDULE

I.D.	DESCRIPTION	HP	KW	AMP	VOLT	PHASE	BKR	FEEDER		CONNECTION	REMARKS
								COND	WIRE		
HP-2F	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-2F	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-2G	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-2G	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-2H	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-2H	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-3E	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-3E	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-3F	OUTDOOR HEAT PUMP	-	-	21	208	1	40/2	3/4"	2#8,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-3F	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-3G	OUTDOOR HEAT PUMP	-	-	21	208	1	40/2	3/4"	2#8,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-3G	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-3H	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-3H	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-3I	OUTDOOR HEAT PUMP	-	-	14	208	1	30/2	3/4"	2#10,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-3I	AIR HANDLING UNIT	-	-	32	208	1	40/2	3/4"	2#8,1#10G	NON-FUSED DISC NEMA 1	-
HP-3J	OUTDOOR HEAT PUMP	-	-	21	208	1	40/2	3/4"	2#8,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-3J	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-4B	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-4B	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-4C	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-4C	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-4D	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-4D	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-4E	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-4E	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-4F	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-4F	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-4G	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-4G	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
HP-4H	OUTDOOR HEAT PUMP	-	-	26	208	1	50/2	1"	2#6,1#10G	NON-FUSED DISC NEMA 3R	-
AHU-4H	AIR HANDLING UNIT	-	-	42	208	1	60/2	1 1/4"	2#4,1#10G	NON-FUSED DISC NEMA 1	-
SS-1/CU-1	DUCTLESS SPLIT SYSTEM	-	-	20	208	1	30/2	3/4"	2#10,1#10G	NON-FUSED DISC NEMA 3R	SEE NOTE 2
SS-2/CU-2	DUCTLESS SPLIT SYSTEM	-	-	20	208	1	30/2	3/4"	2#10,1#10G	NON-FUSED DISC NEMA 3R	SEE NOTE 2
WH1	ELECTRIC WATER HEATER	-	24	67	208	3	90/3	1 1/4"	3#3,1#8G	NON-FUSED DISC NEMA 1	-
WH2	ELECTRIC WATER HEATER	-	4.5	22	208	1	30/2	3/4"	2#10,1#10G	NON-FUSED DISC NEMA 1	-
EW4	EXISTING ELECTRIC WATER HEATER (4TH FLOOR)	-	2.5	21	120	1	30/1	3/4"	2#10,1#10G	EXISTING DISCONNECT	-

CONNECTION SCHEDULE NOTES:

1. CONTRACTOR SHALL VERIFY ALL CONNECTIONS BEFORE RUNNING SERVICE OR ORDERING EQUIPMENT.
2. PROVIDE ALL REQUIRED CONDUIT WITH PULL STRING BETWEEN INDOOR AND OUTDOOR UNITS. COORDINATE WITH MECHANICAL CONTRACTOR FOR EXACT REQUIREMENTS. VERIFY BREAKER SIZE WITH SUPPLIER. PROVIDE ALL CODE REQUIRED DISCONNECTS AT UNITS.



Cape Fear Community College
Health and Human Services Building
Interior Renovation – Phase Two
319 N 3rd Street, Wilmington, North Carolina 28401

NCCCS # 2772

SCO # 23-37149-01

1	07/16/24	ADDENDUM #1
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REV.	DATE	DESCRIPTION
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NO.	DATE	ISSUE NOTE
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Project Manager	Drawn By
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Date	Reviewed By
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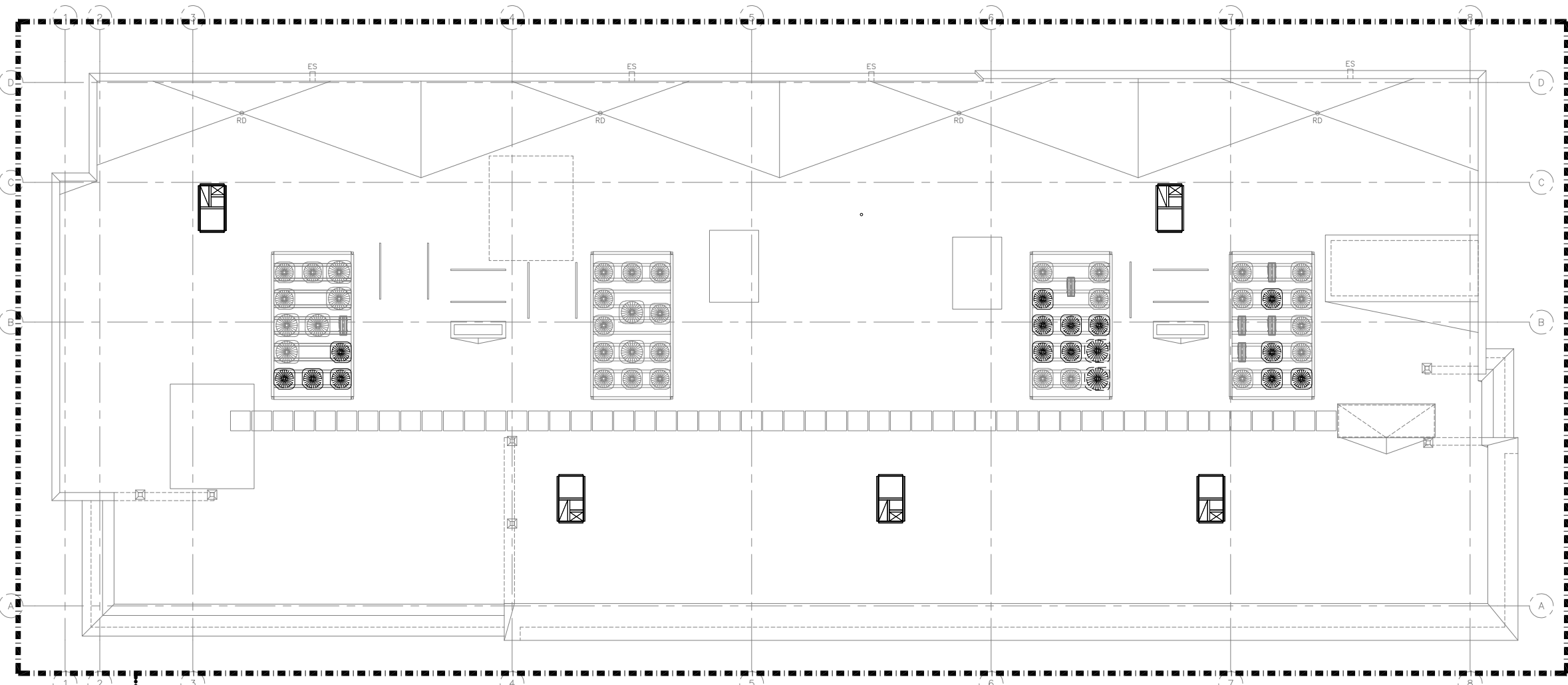
Project ID

Sheet Title

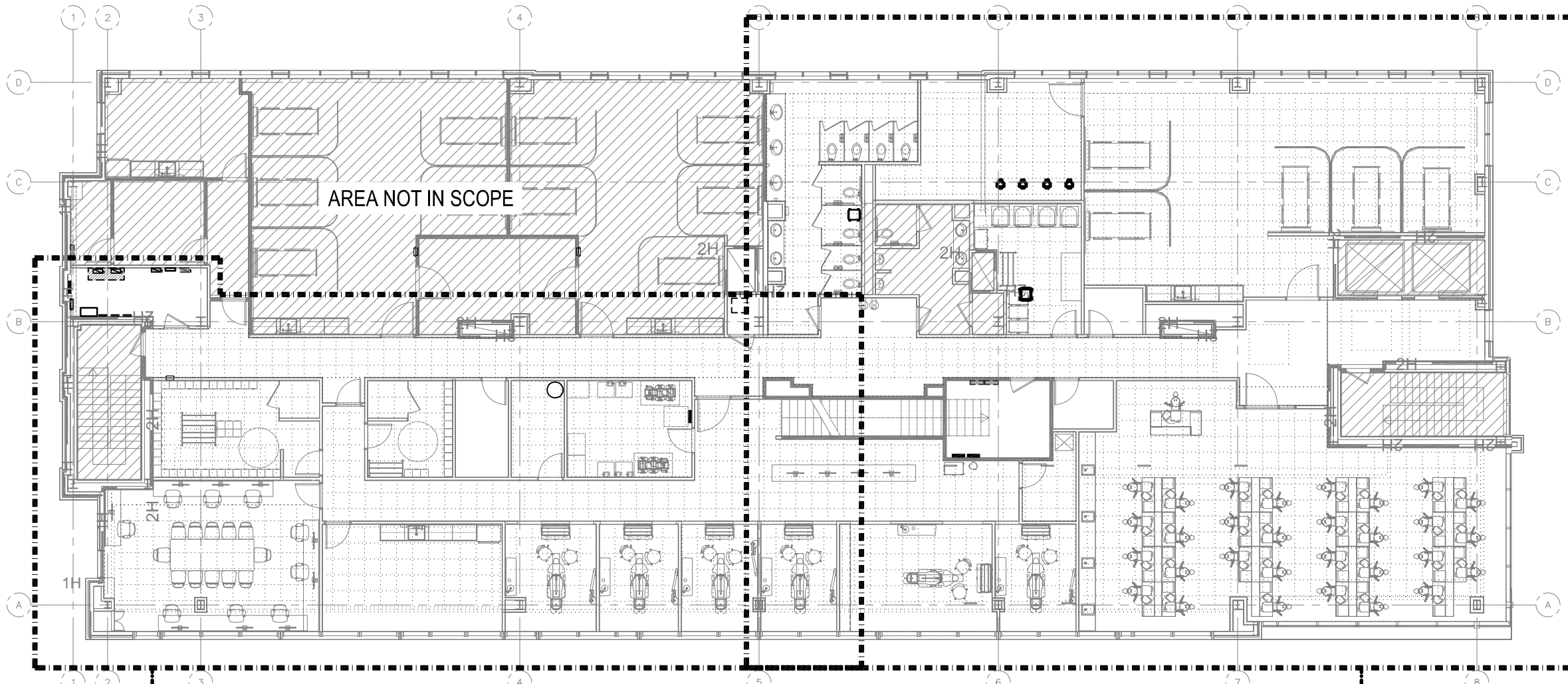
ELECTRICAL
SCHEDULES

Sheet No.

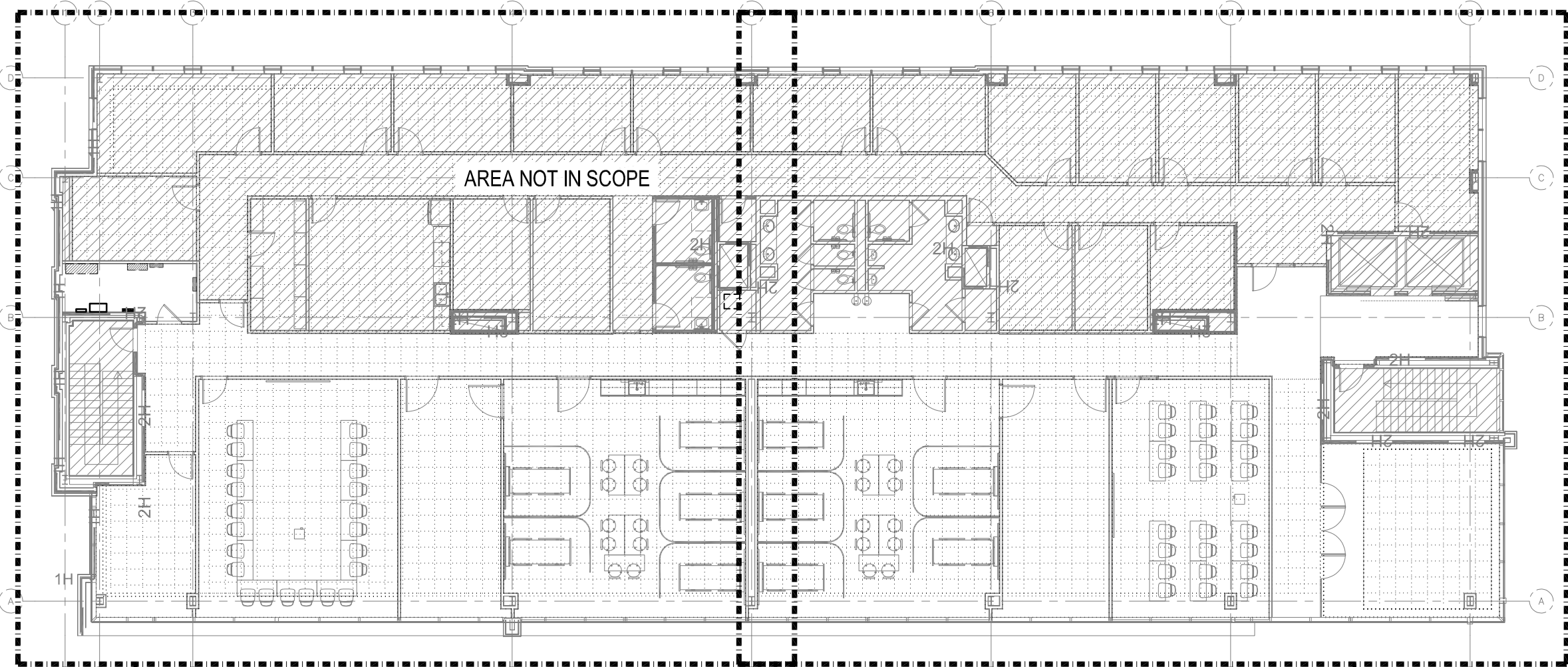
E002



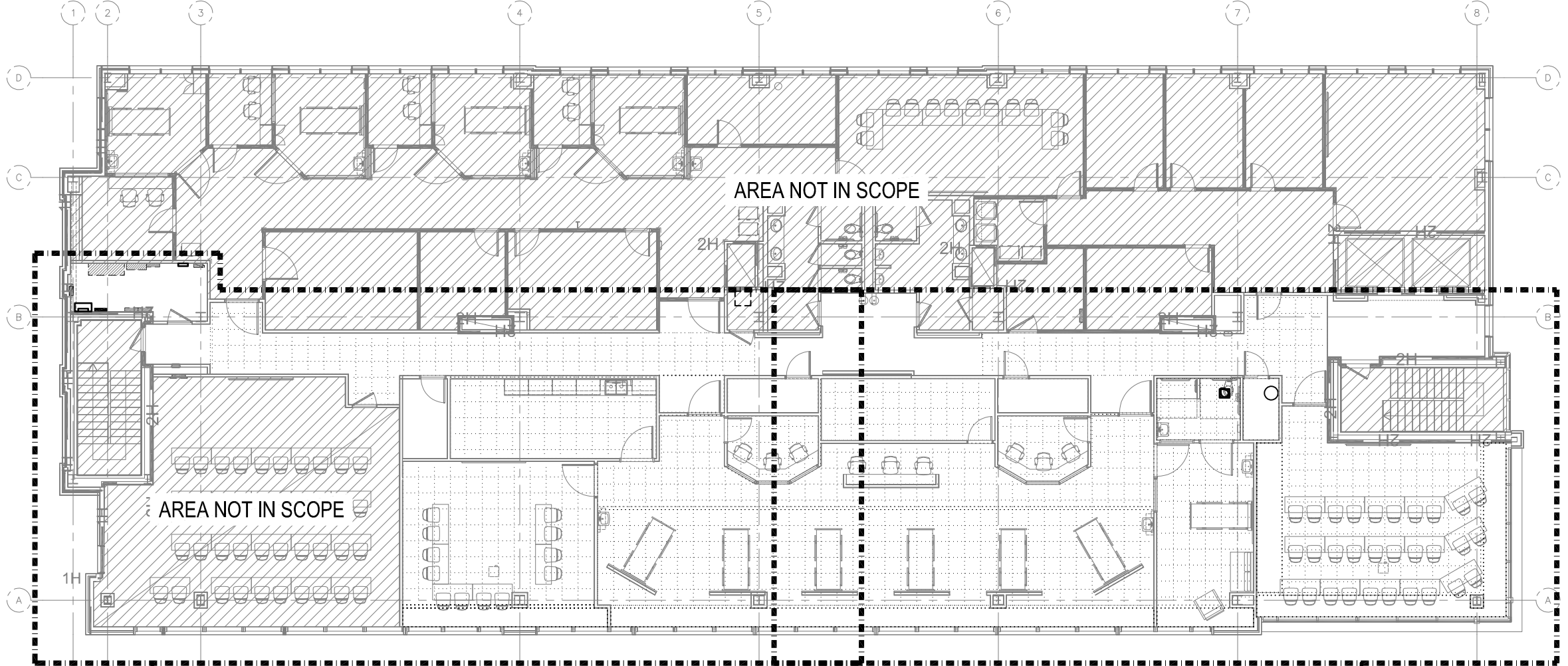
OVERALL PLAN - ROOF PLAN
SCALE: 1/16"=1'-0"



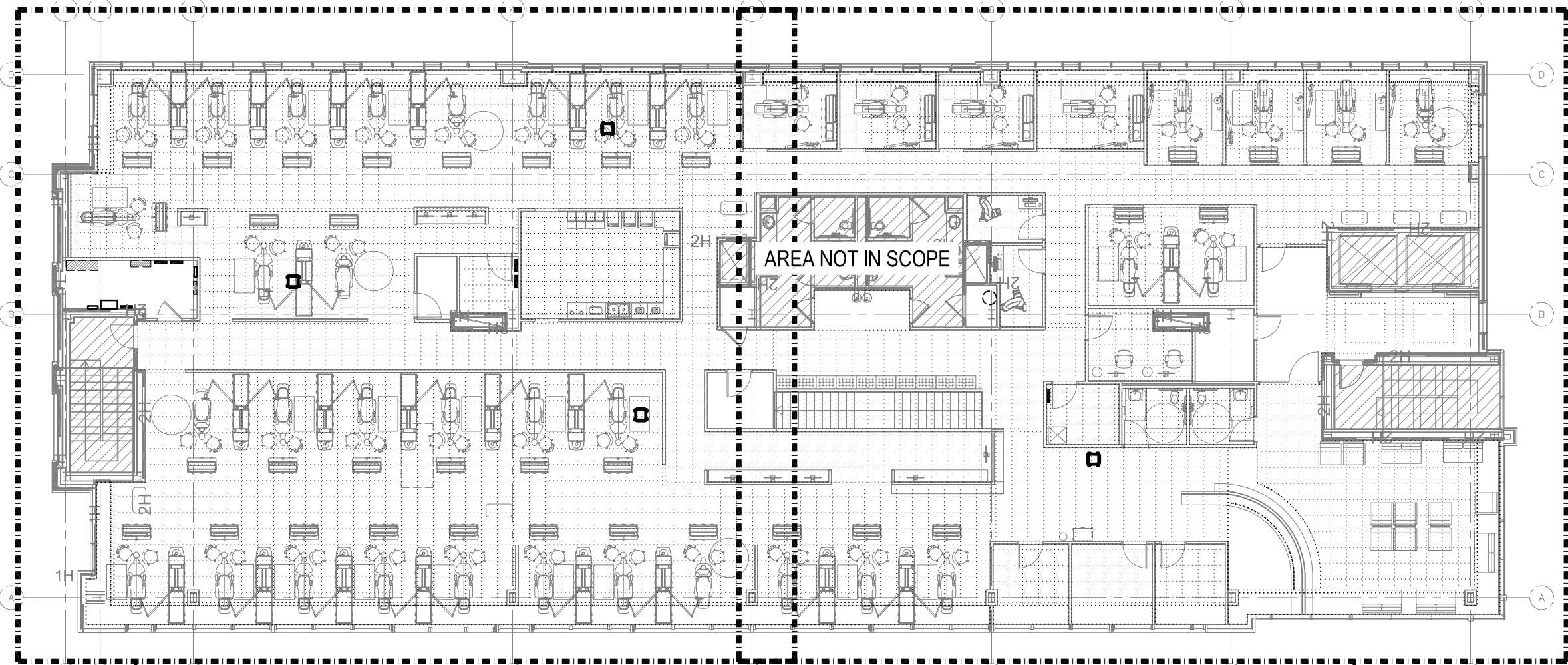
OVERALL PLAN - THIRD FLOOR PLAN
SCALE: 1/16"=1'-0"



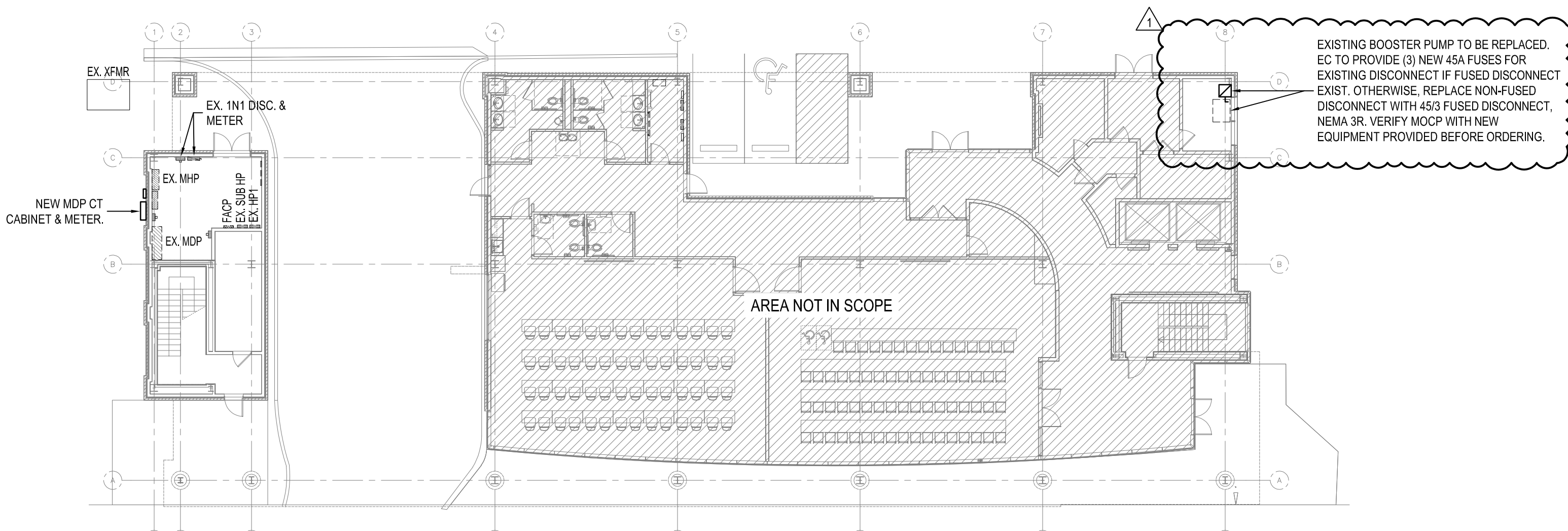
OVERALL PLAN - FIFTH FLOOR PLAN
SCALE: 1/16"=1'-0"



OVERALL PLAN - SECOND FLOOR PLAN
SCALE: 1/16"=1'-0"



OVERALL PLAN - FOURTH FLOOR PLAN
SCALE: 1/16"=1'-0"



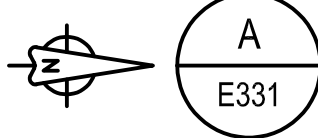
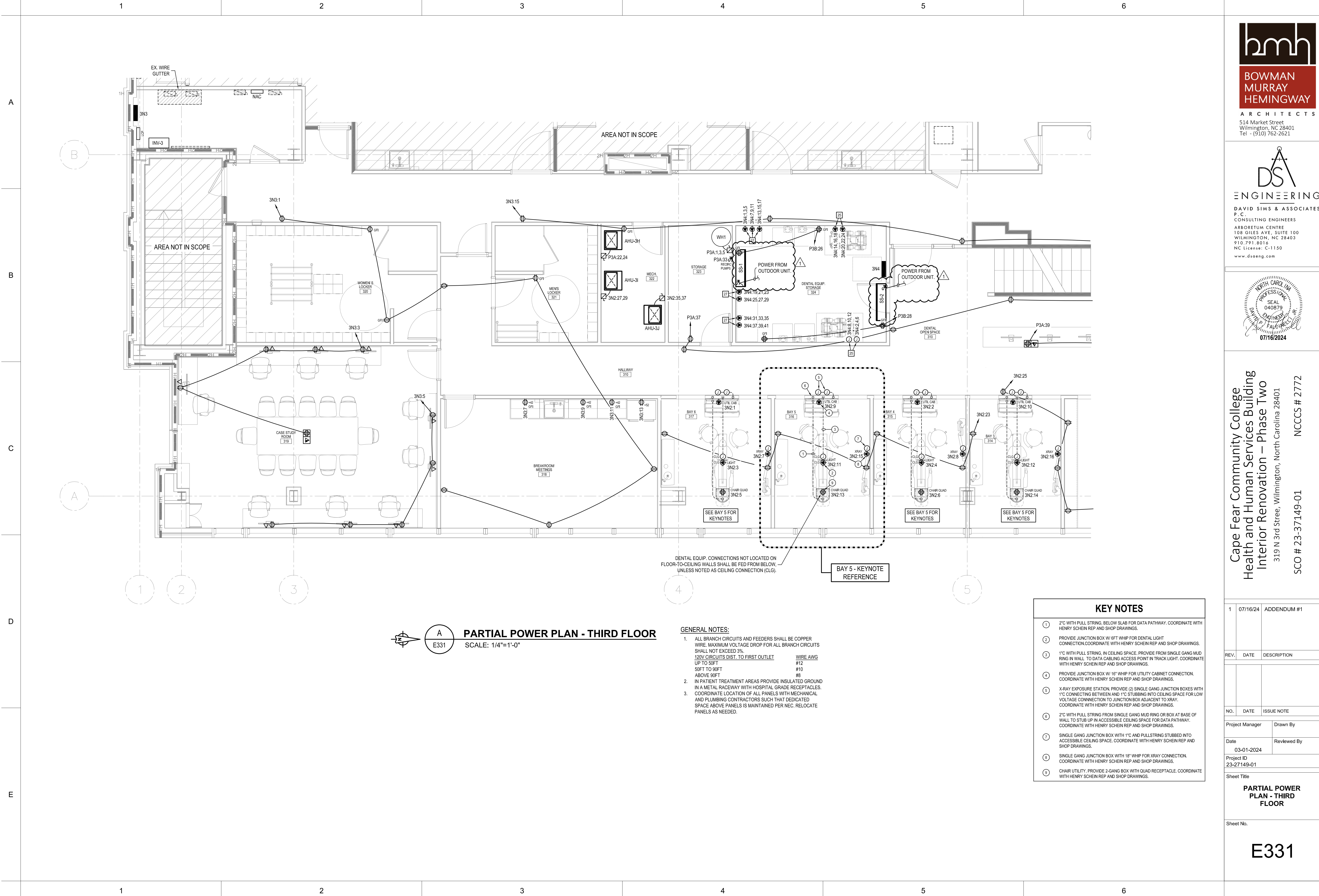
OVERALL PLAN - GROUND FLOOR PLAN
SCALE: 1/16"=1'-0"

1	07/16/24	ADDENDUM #1
REV.	DATE	DESCRIPTION
NO.	DATE	ISSUE NOTE
Project Manager	Drawn By	
Date	Reviewed By	
03-01-2024		
Project ID		
23-27149-01		
Sheet Title		

OVERALL PLANS

Sheet No.

E101



PARTIAL POWER PLAN - THIRD FLOOR
SCALE: 1/4"=1'-0"

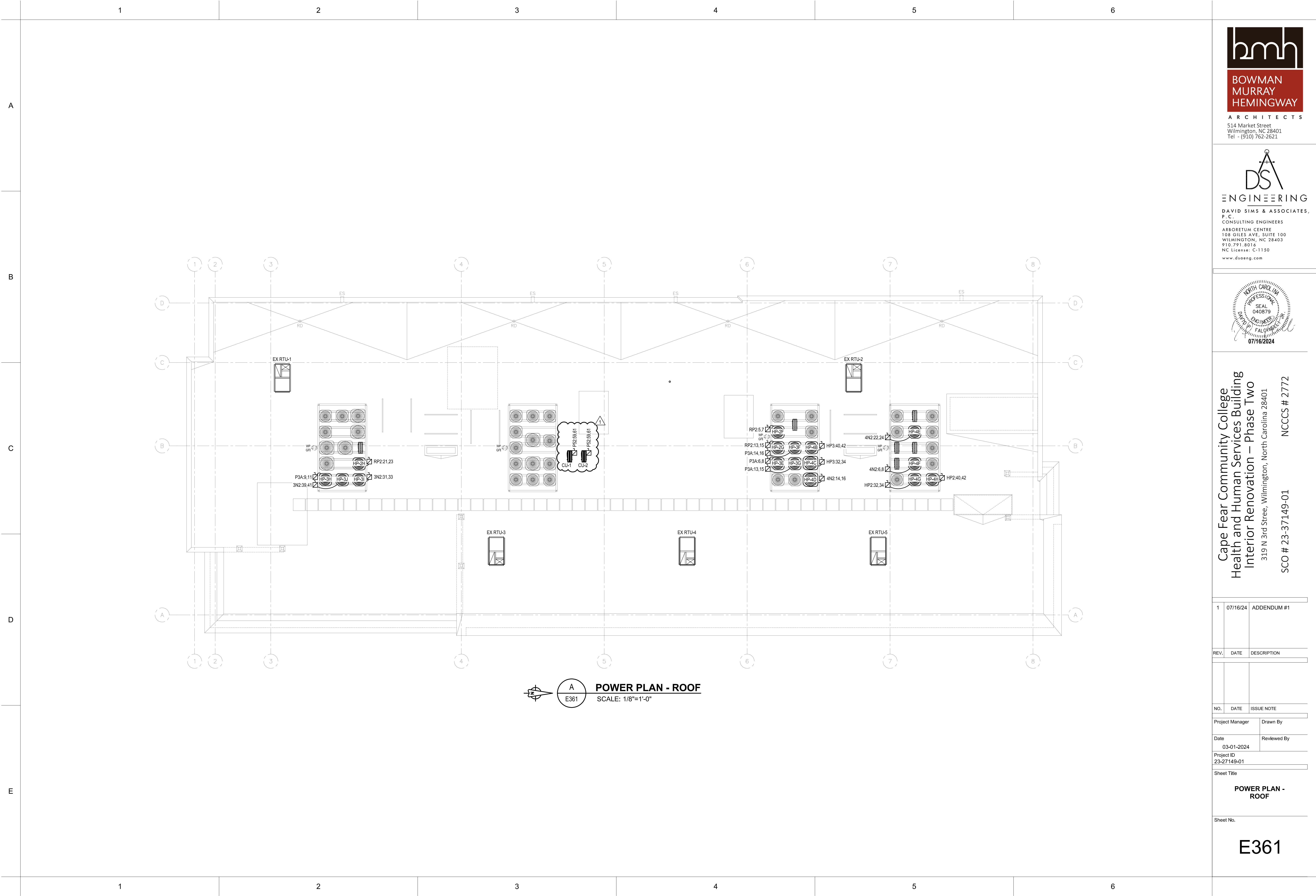
GENERAL NOTES:

- ALL BRANCH CIRCUITS AND FEEDERS SHALL BE COPPER WIRE. MAXIMUM VOLTAGE DROP FOR ALL BRANCH CIRCUITS SHALL NOT EXCEED 3%.
120V CIRCUITS DIST. TO FIRST OUTLET
UP TO 50FT #12
50FT TO 90FT #10
ABOVE 90FT #8
- IN PATIENT TREATMENT AREAS PROVIDE INSULATED GROUND IN A METAL RACEWAY WITH HOSPITAL GRADE RECEPTACLES.
- COORDINATE LOCATION OF ALL PANELS WITH MECHANICAL AND PLUMBING CONTRACTORS SUCH THAT DEDICATED SPACE ABOVE PANELS IS MAINTAINED PER NEC. RELOCATE PANELS AS NEEDED.

KEY NOTES

- 2" C WITH PULL STRING, BELOW SLAB FOR DATA PATHWAY. COORDINATE WITH HENRY SCHEIN REP AND SHOP DRAWINGS.
- PROVIDE JUNCTION BOX W/ 6FT WHIP FOR DENTAL LIGHT CONNECTION. COORDINATE WITH HENRY SCHEIN REP AND SHOP DRAWINGS.
- 1" C WITH PULL STRING, IN CEILING SPACE. PROVIDE FROM SINGLE GANG MUD RING IN WALL TO DATA CABLING ACCESS POINT IN TRACK LIGHT. COORDINATE WITH HENRY SCHEIN REP AND SHOP DRAWINGS.
- PROVIDE JUNCTION BOX W/ 16" WHIP FOR UTILITY CABINET CONNECTION. COORDINATE WITH HENRY SCHEIN REP AND SHOP DRAWINGS.
- X-RAY EXPOSURE STATION. PROVIDE (2) SINGLE GANG JUNCTION BOXES WITH 1" C CONNECTING BETWEEN AND 1" C STUBBING INTO CEILING SPACE FOR LOW VOLTAGE CONNECTION TO JUNCTION BOX ADJACENT TO XRAY. COORDINATE WITH HENRY SCHEIN REP AND SHOP DRAWINGS.
- 2" C WITH PULL STRING FROM SINGLE GANG MUD RING OR BOX AT BASE OF WALL TO STUB UP IN ACCESSIBLE CEILING SPACE FOR DATA PATHWAY. COORDINATE WITH HENRY SCHEIN REP AND SHOP DRAWINGS.
- SINGLE GANG JUNCTION BOX WITH 1" C AND PULLSTRING STUBBED INTO ACCESSIBLE CEILING SPACE. COORDINATE WITH HENRY SCHEIN REP AND SHOP DRAWINGS.
- SINGLE GANG JUNCTION BOX WITH 18" WHIP FOR XRAY CONNECTION. COORDINATE WITH HENRY SCHEIN REP AND SHOP DRAWINGS.
- CHAIR UTILITY. PROVIDE 2-GANG BOX WITH QUAD RECEPTACLE. COORDINATE WITH HENRY SCHEIN REP AND SHOP DRAWINGS.

1	07/16/24	ADDENDUM #1
REV.	DATE	DESCRIPTION
NO.	DATE	ISSUE NOTE
Project Manager	Drawn By	
Date	Reviewed By	
Project ID		
23-27149-01		
Sheet Title		
PARTIAL POWER PLAN - THIRD FLOOR		
Sheet No.		



PANEL NO.:	4N3 (SEC 1)	PROJECT:	CFCC HSS RENOVATION PH2
USAGE:	LIGHTING AND APPLIANCE	CLIENT:	
LOCATION:	4TH FLOOR ELEC RM	MOUNTING:	SURFACE
PHASES:	3	PANEL TYPE:	NEMA 1
L-L VOLTS	208V	ENGINEER:	-
L-G VOLTS	120V	DSA PROJECT NO.:	23175
BUS AMPS:	225A	FED FROM:	MDP4
MAIN CB AMPS:	MLO		
AIC RATING:	10,000 MINIMUM		

LOAD AMPS.	DESCRIPTION	NOTES	BREAKER POLE	AMP.	CKT. #	CKT. #	BREAKER AMP.	POLE	NOTES	DESCRIPTION	LOAD AMPS.
4.0	PWR: DENTAL UTIL. CAB		1	20	1	A	2	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	3	B	4	20	1	PWR: UTILITY CENTER ISLAND	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	5	C	6	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	7	A	8	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	9	B	10	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	11	C	12	20	1	PWR: UTILITY CENTER ISLAND	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	13	A	14	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	15	B	16	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	17	C	18	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	19	A	20	20	1	PWR: UTILITY CENTER ISLAND	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	21	B	22	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	23	C	24	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	25	A	26	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	27	B	28	20	1	PWR: UTILITY CENTER ISLAND	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	29	C	30	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	31	A	32	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	33	B	34	20	1	PWR: DENTAL UTIL. CAB	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	35	C	36	20	1	PWR: DENTAL CHAIR QUAD	10.0
0.0	SPARE		1	20	37	A	38	20	1	PWR: DENTAL UTIL. CAB	4.0
0.0	SPARE		1	20	39	B	40	20	1	PWR: DENTAL CHAIR QUAD	10.0
0.0	SPARE		1	20	41	C	42	20	1	SPARE	0.0

LOAD SUMMARY	CON. KVA	%	DEM. KVA
RECEPTACLES	0 code	0	0
MISC	57.36 100%	57.36	
LIGHTING	0 125%	0	
HVAC	0 100%	0	
HEAT STRIP	0 100%	0	
REFRIGERATION	0 65%	0	
EXISTING FLOOR LOAD	0 100%	0	
COOKING	0 65%	0	
WATER HEATING	0 125%	0	
LARGEST MOTOR	0 125%	0	
TOTAL KVA	57 KVA		57 KVA
TOTAL AMPS	159 AMPS		159 AMPS

PANEL NOTES:
1. PROVIDE GROUND BUS
2. PROVIDE FULL SIZE NEUTRAL BUS UNLESS NOTED OTHERWISE
3. LO - INDICATES C.B. EQUIPPED WITH "LOCK-OUT" DEVICE
4. GFI - INDICATES C.B. IS GFI TYPE (30 mA FOR EQUIPMENT, 5 mA FOR PERSONNEL)
5. ST- INDICATES C.B. EQUIPPED WITH SHUNT TRIP DEVICE
6. IG - INDICATES CIRCUIT SHALL INCLUDE ADDITIONAL ISOLATED GROUND CONDUCTOR
7. AFCI - INDICATES COMBINATION TYPE AFCI C.B.

PANEL NO.:	4N3 (SEC 2)	PROJECT:	CFCC HSS RENOVATION PH2
USAGE:	LIGHTING AND APPLIANCE	CLIENT:	
LOCATION:	4TH FLOOR ELEC RM	MOUNTING:	SURFACE
PHASES:	3	PANEL TYPE:	NEMA 1
L-L VOLTS	208V	ENGINEER:	-
L-G VOLTS	120V	DSA PROJECT NO.:	23175
BUS AMPS:	100A	FED FROM:	4N3 (SEC 1)
MAIN CB AMPS:	100A		
AIC RATING:	10,000 MINIMUM		

LOAD AMPS.	DESCRIPTION	NOTES	BREAKER POLE	AMP.	CKT. #	CKT. #	BREAKER AMP.	POLE	NOTES	DESCRIPTION	LOAD AMPS.
4.0	PWR: DENTAL UTIL. CAB		1	20	43	A	44	20	1	PWR: DENTAL CHAIR QUAD	10.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	45	B	46	20	1	PWR: DENTAL UTIL. CAB	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	47	C	48	20	1	PWR: UTILITY CENTER ISLAND	4.0
8.0	PWR: DENTAL XRAY		1	20	49	A	50	20	1	PWR: DENTAL CHAIR QUAD	10.0
4.0	PWR: DENTAL UTIL. CAB		1	20	51	B	52	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	53	C	54	20	1	PWR: DENTAL UTIL. CAB	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	55	A	56	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	57	B	58	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: DENTAL UTIL. CAB		1	20	59	C	60	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	61	A	62	20	1	PWR: DENTAL UTIL. CAB	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	63	B	64	20	1	PWR: UTILITY CENTER ISLAND	4.0
8.0	PWR: DENTAL XRAY		1	20	65	C	66	20	1	PWR: DENTAL CHAIR QUAD	10.0
4.0	PWR: DENTAL UTIL. CAB		1	20	67	A	68	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	69	B	70	20	1	PWR: DENTAL CHAIR QUAD	10.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	71	C	72	20	1	SPARE	0.0
8.0	PWR: DENTAL XRAY		1	20	73	A	74	20	1	SPARE	0.0
4.0	PWR: DENTAL UTIL. CAB		1	20	75	B	76	20	1	SPARE	0.0
10.0	PWR: UTILITY CENTER ISLAND		1	20	77	C	78	20	1	SPARE	0.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	79	A	80	20	1	SPARE	0.0
8.0	PWR: DENTAL XRAY		1	20	81	B	82	20	1	SPARE	0.0
4.0	PWR: DENTAL UTIL. CAB		1	20	83	C	84	20	1	SPARE	0.0

LOAD SUMMARY	CON. KVA	%	DEM. KVA
RECEPTACLES	0 code	0	0
MISC	27.36 100%	27.36	
LIGHTING	0 125%	0	
HVAC	0 100%	0	
HEAT STRIP	0 100%	0	
REFRIGERATION	0 65%	0	
EXISTING FLOOR LOAD	0 100%	0	
COOKING	0 65%	0	
WATER HEATING	0 125%	0	
LARGEST MOTOR	0 125%	0	
TOTAL KVA	27 KVA		27 KVA
TOTAL AMPS	76 AMPS		76 AMPS

PANEL NOTES:
1. PROVIDE GROUND BUS
2. PROVIDE FULL SIZE NEUTRAL BUS UNLESS NOTED OTHERWISE
3. LO - INDICATES C.B. EQUIPPED WITH "LOCK-OUT" DEVICE
4. GFI - INDICATES C.B. IS GFI TYPE (30 mA FOR EQUIPMENT, 5 mA FOR PERSONNEL)
5. ST- INDICATES C.B. EQUIPPED WITH SHUNT TRIP DEVICE
6. IG - INDICATES CIRCUIT SHALL INCLUDE ADDITIONAL ISOLATED GROUND CONDUCTOR
7. AFCI - INDICATES COMBINATION TYPE AFCI C.B.

PANEL NO.:	4N4 (SEC 1)	PROJECT:	CFCC HSS RENOVATION PH2
USAGE:	LIGHTING AND APPLIANCE	CLIENT:	
LOCATION:	4TH FLOOR ELEC RM	MOUNTING:	SURFACE
PHASES:	3	PANEL TYPE:	NEMA 1
L-L VOLTS	208V	ENGINEER:	-
L-G VOLTS	120V	DSA PROJECT NO.:	23175
BUS AMPS:	225A	FED FROM:	4TH FL GUTTER
MAIN CB AMPS:	225A		
AIC RATING:	31,995 MINIMUM		

LOAD AMPS.	DESCRIPTION	NOTES	BREAKER POLE	AMP.	CKT. #	CKT. #	BREAKER AMP.	POLE	NOTES	DESCRIPTION	LOAD AMPS.
4.0	PWR: DENTAL UTIL. CAB		1	20	1	A	2	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	3	B	4	20	1	PWR: UTILITY CENTER ISLAND	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	5	C	6	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	7	A	8	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	9	B	10	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	11	C	12	20	1	PWR: DENTAL CHAIR QUAD	10.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	13	A	14	20	1	SPARE	0.0
8.0	PWR: DENTAL XRAY		1	20	15	B	16	20	1	SPARE	0.0
4.0	PWR: DENTAL UTIL. CAB		1	20	17	C	18	20	1	RECEPT: SINGLE CASSETTE	0.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	19	A	20	20	1	RECEPT: SINGLE CASSETTE	0.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	21	B	22	20	1	RECEPT: AUTOCLAVE	8.0
8.0	PWR: DENTAL XRAY		1	20	23	C	24	20	1	RECEPT: AUTOCLAVE	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	25	A	26	20	1	RECEPT: AUTOCLAVE	8.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	27	B	28	20	1	RECEPT: AUTOCLAVE	8.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	29	C	30	20	1	RECEPT: AUTOCLAVE	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	31	A	32	20	1	RECEPT: AUTOCLAVE	8.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	33	B	34	20	1	RECEPT: HANDPIECE MAINT. SYS'S	3.0
8.0	PWR: DENTAL XRAY		1	20	35	C	36	15	2	RECEPT: WASHER DISINFECTOR	6.0
8.0	RECEPT: INSTRUCTOR STA		1	20	37	A	38			RECEPT: WASHER DISINFECTOR	6.0
5.0	RECEPT: ULTRASONIC CLEANER		1	20	39	B	40	15	2	RECEPT: WASHER DISINFECTOR	6.0
15.0	RECEPT: PREFAB CAB POWER		1	20	41	C	42				6.0

LOAD SUMMARY	CON. KVA	%	DEM. KVA
RECEPTACLES	4.08 code	4.08	
MISC	59.256 100%	59.256	
LIGHTING	0 125%	0	
HVAC	0 100%	0	
HEAT STRIP	0 100%	0	
REFRIGERATION	0 65%	0	
EXISTING FLOOR LOAD	0 100%	0	
COOKING	0 65%	0	
WATER HEATING	0 125%	0	
LARGEST MOTOR	0 125%	0	
TOTAL KVA	63 KVA		63 KVA
TOTAL AMPS	176 AMPS		176 AMPS

PANEL NOTES:
1. PROVIDE GROUND BUS
2. PROVIDE FULL SIZE NEUTRAL BUS UNLESS NOTED OTHERWISE
3. LO - INDICATES C.B. EQUIPPED WITH "LOCK-OUT" DEVICE
4. GFI - INDICATES C.B. IS GFI TYPE (30 mA FOR EQUIPMENT, 5 mA FOR PERSONNEL)
5. ST- INDICATES C.B. EQUIPPED WITH SHUNT TRIP DEVICE
6. IG - INDICATES CIRCUIT SHALL INCLUDE ADDITIONAL ISOLATED GROUND CONDUCTOR
7. AFCI - INDICATES COMBINATION TYPE AFCI C.B.

PANEL NO.:	4N4 (SEC 2)	PROJECT:	CFCC HSS RENOVATION PH2
USAGE:	LIGHTING AND APPLIANCE	CLIENT:	
LOCATION:	4TH FLOOR ELEC RM	MOUNTING:	SURFACE
PHASES:	3	PANEL TYPE:	NEMA 1
L-L VOLTS	208V	ENGINEER:	-
L-G VOLTS	120V	DSA PROJECT NO.:	23175
BUS AMPS:	225A	FED FROM:	4N4 (SEC 1)
MAIN CB AMPS:	MLO		
AIC RATING:	31,995 MINIMUM		

LOAD AMPS.	DESCRIPTION	NOTES	BREAKER POLE	AMP.	CKT. #	CKT. #	BREAKER AMP.	POLE	NOTES	DESCRIPTION	LOAD AMPS.
4.0	PWR: DENTAL UTIL. CAB		1	20	43	A	44	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: DENTAL LIGHT		1	20	45	B	46	20	1	PWR: DENTAL LIGHT	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	47	C	48	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	49	A	50	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	51	B	52	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: DENTAL LIGHT		1	20	53	C	54	20	1	PWR: DENTAL LIGHT	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	55	A	56	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	57	B	58	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	59	C	60	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: DENTAL LIGHT		1	20	61	A	62	20	1	PWR: DENTAL LIGHT	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	63	B	64	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	65	C	66	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	67	A	68	20	1	PWR: DENTAL UTIL. CAB	4.0
4.0	PWR: UTILITY CENTER ISLAND		1	20	69	B	70	20	1	PWR: UTILITY CENTER ISLAND	4.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	71	C	72	20	1	PWR: DENTAL CHAIR QUAD	10.0
8.0	PWR: DENTAL XRAY		1	20	73	A	74	20	1	PWR: DENTAL XRAY	8.0
4.0	PWR: DENTAL UTIL. CAB		1	20	75	B	76	20	1	PWR: DENTAL UTIL. CAB	4.0
10.0	PWR: DENTAL LIGHT		1	20	77	C	78	20	1	PWR: DENTAL LIGHT	10.0
10.0	PWR: DENTAL CHAIR QUAD		1	20	79	A	80	20	1	SPARE	0.0
8.0	PWR: DENTAL XRAY		1	20	81	B	82	20	1	SPARE	0.0
6.0	RECEPT: MECH/CORR/INST. STA		1	20	83	C	84	20	1	SPARE	0.0

A

B

C

D

E

AIR DEVICE SCHEDULE												
SYMBOL	DESCRIPTION	NECK	FACE	RUN OUT	VOLUME DAMPER	MAXIMUM AIRFLOW (CFM)	MAXIMUM APD (IN WC)	MATERIAL	COLOR	MFG. (NOTE 1)	MODEL	REMARKS
B1	SQUARE PLAQUE	6"ø	24"x24"	6"ø	NO	100	0.05	STEEL	WHITE	PRICE	SPD	NOTES 1, 2, 3, 4
B2	SQUARE PLAQUE	8"ø	24"x24"	8"ø	NO	200	0.05	STEEL	WHITE	PRICE	SPD	NOTES 1, 2, 3, 4
B3	SQUARE PLAQUE	10"ø	24"x24"	10"ø	NO	300	0.05	STEEL	WHITE	PRICE	SPD	NOTES 1, 2, 3, 4
B4	SQUARE PLAQUE	12"ø	24"x24"	12"ø	NO	450	0.05	STEEL	WHITE	PRICE	SPD	NOTES 1, 2, 3, 4
E1	PERFORATED FACE	6"ø	24"x24"	6"ø	NO	100	0.05	STEEL	WHITE	PRICE	PDS	NOTES 1, 2, 3, 4
E2	PERFORATED FACE	8"ø	24"x24"	8"ø	NO	175	0.05	STEEL	WHITE	PRICE	PDS	NOTES 1, 2, 3, 4
E3	PERFORATED FACE	10"ø	24"x24"	10"ø	NO	275	0.05	STEEL	WHITE	PRICE	PDS	NOTES 1, 2, 3, 4
G1	LOUVERED GRILLE	12"x6"	14"x8"	6"ø	NO	100	0.05	STEEL	WHITE	PRICE	500	NOTES 1, 2, 3, 4
I1	LINEAR SLOT	8"ø	(2) 3/4" SLOTS X 48"	8"ø	NO	150	0.10	STEEL	WHITE	PRICE	510	NOTES 1, 2, 4, 6, 7
K1	LAMINAR FLOW WITH HEPA FILTER	12"ø	48"x24"	12"ø	NO	280	0.25	STEEL	WHITE	PRICE	LFDC	NOTES 1, 2, 3, 4
T1	PERFORATED FACE	18"x6"	24"x12"	18"x6"	NO	380	0.05	STEEL	WHITE	PRICE	PDR	NOTES 1, 2, 4, 5
T2	PERFORATED FACE	6"ø	24"x24"	6"ø	NO	100	0.05	STEEL	WHITE	PRICE	PDR	NOTES 1, 2, 4, 5
T3	PERFORATED FACE	8"ø	24"x24"	8"ø	NO	200	0.05	STEEL	WHITE	PRICE	PDR	NOTES 1, 2, 4, 5
T4	PERFORATED FACE	10"ø	24"x24"	10"ø	NO	300	0.05	STEEL	WHITE	PRICE	PDR	NOTES 1, 2, 4, 5
T5	PERFORATED FACE	12"ø	24"x24"	12"ø	NO	450	0.05	STEEL	WHITE	PRICE	PDR	NOTES 1, 2, 4, 5
T6	PERFORATED FACE	18"x18"	24"x24"	18"x18"	NO	2000	0.05	STEEL	WHITE	PRICE	PDR	NOTES 1, 2, 4, 5
V1	LOUVERED GRILLE	12"x6"	14"x8"	12"x6"	NO	235	0.05	STEEL	WHITE	PRICE	510	NOTES 1, 2, 4

- NOTES:
- EQUALS ARE METAL-AIRE, TITUS AND KRUEGER.
 - COORDINATE FRAMES WITH ARCHITECTURAL REFLECTED CEILING PLAN.
 - PROVIDE R6 INSULATED BACKPAN.
 - SUPPORT INDEPENDENT OF CEILING.
 - PROVIDE WITH FACTORY ROUND NECK ADAPTOR.
 - PROVIDE DOUBLE DEFLECTION WITH FRONT BLADES PARALLEL TO THE LONG DIMENSION.
 - PROVIDE WITH MANUFACTURER'S INSULATED, RECTANGULAR SUPPLY AIR PLENUM.

SPLIT SYSTEM HEAT PUMP SCHEDULE																							
COMPRESSOR								AIR HANDLING UNIT													GENERAL		
SYMBOL	COOLING CAPACITY (TONS)	ELECTRIC				MFG.	MODEL	SYMBOL	TYPE	HEATER		ELECTRIC				MFG.	MODEL	FAN CFM	FRESH AIR INTAKE (CFM)	FRESH AIR INTAKE DUCT SIZE	ESP (IN OF H2O) VERT/H. R.	SEER HSPF	REMARKS
		VOLT	PHASE	MCA	MOCP					CAPACITY (KW)	STAGES	VOLT	PHASE	MCA	MOCP								
HP-2F	5	208	1ø	32	50	TRANE	4TWR4	AHU-2F	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1790	280	10	0.7	7.80	SEE NOTES
HP-2G	5	208	1ø	32	50	TRANE	4TWR4	AHU-2G	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1975	180	8	0.7	7.80	SEE NOTES
HP-2H	5	208	1ø	32	50	TRANE	4TWR4	AHU-2H	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1910	240	10	0.7	7.80	SEE NOTES
HP-3E	5	208	1ø	32	50	TRANE	4TWR4	AHU-3E	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1975	150	8	0.7	7.80	SEE NOTES
HP-3F	4	208	1ø	26	40	TRANE	4TWR4	AHU-3F	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1220	160	8	0.7	7.80	SEE NOTES
HP-3G	4	208	1ø	26	40	TRANE	4TWR4	AHU-3G	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1220	160	8	0.7	7.80	SEE NOTES
HP-3H	5	208	1ø	32	50	TRANE	4TWR4	AHU-3H	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1450	300	10	0.7	7.80	SEE NOTES
HP-3I	3	208	1ø	18	30	TRANE	4TWR4	AHU-3I	VERTICAL	5.77	1	208	1ø	40	40	TRANE	TEM6	1100	140	8	0.7	7.50	SEE NOTES
HP-3J	4	208	1ø	26	40	TRANE	4TWR4	AHU-3J	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1260	180	8	0.7	7.80	SEE NOTES
HP-4B	5	208	1ø	32	50	TRANE	4TWR4	AHU-4B	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1780	280	8	0.7	7.80	SEE NOTES
HP-4C	5	208	1ø	32	50	TRANE	4TWR4	AHU-4C	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1780	280	8	0.7	7.80	SEE NOTES
HP-4D	5	208	1ø	32	50	TRANE	4TWR4	AHU-4D	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1780	280	8	0.7	7.80	SEE NOTES
HP-4E	5	208	1ø	32	50	TRANE	4TWR4	AHU-4E	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1780	280	8	0.7	7.80	SEE NOTES
HP-4F	5	208	1ø	32	50	TRANE	4TWR4	AHU-4F	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1780	280	8	0.7	7.80	SEE NOTES
HP-4G	5	208	1ø	32	50	TRANE	4TWR4	AHU-4G	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1780	280	8	0.7	7.80	SEE NOTES
HP-4H	5	208	1ø	32	50	TRANE	4TWR4	AHU-4H	VERTICAL	7.21	1	208	1ø	52	60	TRANE	TEM6	1780	280	8	0.7	7.80	SEE NOTES

- NOTES:
- PROVIDE GALVANIZED DRIP PANS AT EACH UNIT - SEE DETAILS.
 - PROVIDE SOLID STATE PROGRAMMABLE THERMOSTAT CAPABLE OF INTEGRATION INTO BEW BUILDING AUTOMATION SYSTEM.
 - CONTRACTOR SHALL PROVIDE MANUFACTURERS FILTER HOUSING AND PROVIDE FILTERS AT EACH AHU. FILTER SHALL BE SIZED PER MANUFACTURERS RECOMMENDATIONS.
 - PROVIDE MANUFACTURER RECOMMENDED CLEARANCES AROUND ALL INDOOR AND OUTDOOR UNITS.
 - CONSULT WITH COMPRESSOR MANUFACTURER FOR THE CORRECT SIZING OF REFRIGERANT LINES. PROVIDE MANUFACTURER RECOMMENDED EQUIPMENT FOR ANY LONG REFRIGERANT LINE LENGTHS.
 - PROVIDE LOW AMBIENT CONTROLS FOR FREEZE PROTECTION.
 - PROVIDE CONTROLS THAT PREVENT AUXILIARY HEAT STRIPS FROM BEING ACTIVATED WHEN THE HEAT PUMP CAN HANDLE THE HEATING LOAD EXCEPT DURING DEFROST CYCLE AND DEHUMIDIFICATION CYCLE.
 - PROVIDE UNITS COMPATIBLE WITH SES DEHUMIDIFICATION MODULE AND PROVIDE WALL MOUNTED THERMOSTAT WITH AUTO-CHANGEOVER AND HUMIDITY SENSING.
 - THE ENTIRE OUTDOOR UNIT (COIL, CABINET, ETC.) SHALL BE CORROSION PROTECTED TO MEET ASTM B117 5,000 HOUR SALT SPRAY CORROSION.
 - ALTERNATE EQUIPMENT MANUFACTURERS: CARRIER AND DAIKIN.

EXISTING PACKAGE UNIT SCHEDULE																			
SYMBOL	BASIS OF DESIGN MANUFACTURER	BASIS OF DESIGN MODEL	SYSTEM TYPE	COOLING (AHRI STANDARD)			HEATING (AHRI STANDARD)			AUXILIARY HEATER	EVAPORATOR FAN			ELECTRICAL			WEIGHT (LBS.)	NOTES	
				TOTAL (MBH)	SENSIBLE (MBH)	EFFICIENCY	TOTAL (MBH)	EFFICIENCY		ELECTRIC (KW)	SUPPLY AIRFLOW (CFM)	OUTSIDE AIRFLOW (CFM)	ESP (IN. WG.)	POWER SUPPLY (V/PH/HZ)	MCA	MOCP			
RTU3	TRANE	WSC072	HEAT PUMP	78	56	11.4	68	COP	3.5	9.00	2250	200	1.10	208/3/60	59.8	70	835	3, 4	
RTU4	TRANE	WSC060	HEAT PUMP	61	48	14.0	59	COP	3.5	6.00	2000	270	1.10	208/3/60	48.0	60	777	1, 2, 4	
RTU5	TRANE	WSC072	HEAT PUMP	78	56	11.4	68	COP	3.5	9.00	2400	300	1.10	208/3/60	59.8	70	835	3, 4	

- NOTES:
- EXISTING HOT GAS REHEAT FOR DEHUMIDIFICATION CYCLE.
 - REFER TO FLOOR PLANS FOR RELOCATED HUMIDISTAT AND AUTO CHANGEOVER PROGRAMMABLE THERMOSTAT.
 - REFER TO FLOOR PLANS FOR RELOCATED AUTO CHANGEOVER PROGRAMMABLE THERMOSTAT.
 - REBALANCE SUPPLY AIRFLOW AND OUTSIDE AIRFLOW VALUES.

VENTILATION SCHEDULE								
SYMBOL	SYSTEM TYPE	ALL ZONES INCLUDE IN CALC?	CONDITION ANALYZED	SYSTEM FLOOR AREA (FT²)	SYSTEM POPULATION (#)	OUTDOOR AIR REQUIRED (CFM)	OUTDOOR AIR PROVIDED (CFM)	OUTDOOR AIR PROVIDED EXCEEDS REQUIRED?
AHU-2F	SINGLE ZONE	Y	HEATING	741	31	277	280	Y
AHU-2G	SINGLE ZONE	Y	HEATING	1511	14	172	180	Y
AHU-2H	SINGLE ZONE	Y	HEATING	1639	22	232	240	Y
AHU-3E	SINGLE ZONE	Y	HEATING	1790	15	150	150	Y
AHU-3F	SINGLE ZONE	Y	HEATING	714	16	159	160	Y
AHU-3G	SINGLE ZONE	Y	HEATING	714	16	159	160	Y
AHU-3H	SINGLE ZONE	Y	HEATING	1434	16	294	300	Y
AHU-3I	SINGLE ZONE	Y	HEATING	949	21	138	140	Y
AHU-3J	SINGLE ZONE	Y	HEATING	1034	10	174	180	Y
AHU-4B	SINGLE ZONE	Y	HEATING	1724	8	280	280	Y
AHU-4C	SINGLE ZONE	Y	HEATING	1062	3	275	280	Y
AHU-4D	SINGLE ZONE	Y	HEATING	1423	10	271	280	Y
AHU-4E	SINGLE ZONE	Y	HEATING	1448	25	274	280	Y
AHU-4F	SINGLE ZONE	Y	HEATING	2378	13	277	280	Y
AHU-4G	SINGLE ZONE	Y	HEATING	1724	8	280	280	Y
AHU-4H	SINGLE ZONE	Y	HEATING	1724	8	280	280	Y
TOTAL REQUIRED OUTDOOR AIR FLOW =						3691		
TOTAL OUTDOOR AIR PROVIDED =						3750		
BUILDING PRESSURIZATION =						14.2%		

- NOTES:
- VENTILATION PROVIDED BY MECHANICAL VENTILATION PER MECHANICAL CODE SECTION 403.
 - CALCULATIONS FOR NEW SYSTEMS ONLY.

EXHAUST FAN SCHEDULE											
SYMBOL	DESCRIPTION	CFM SETTING	S.P. (w.g.)	VOLT	PHASE	HP	MOUNTING	MFG. (NOTE 1)	MODEL	CONTROL	REMARKS
EF-2A	CENTRIFUGAL CEILING-MOUNTED	120	0.3	115	1ø	0.02	HORIZONTAL	GREENHECK	SP-A390-VG	LIGHT SWITCH	1, 2, 3
EF-3A	CENTRIFUGAL IN-LINE	560	0.3	115	1ø	0.11	HORIZONTAL	GREENHECK	CSP-A700-VG	LIGHT SWITCH	1, 2, 3
EF-3B	CENTRIFUGAL IN-LINE	250	0.4	115	1ø	0.06	HORIZONTAL	GREENHECK	CSP-A390-VG	CONTINUOUS	1, 2, 3
EF-4A	CENTRIFUGAL IN-LINE	140	0.25	115	1ø	1/15	HORIZONTAL	GREENHECK	SQ-70-VG	CONTINUOUS	1, 2, 3
EF-4B	CENTRIFUGAL IN-LINE	265	0.35	115	1ø	0.06	HORIZONTAL	GREENHECK	CSP-A390-VG	CONTINUOUS	1, 2, 3, 4

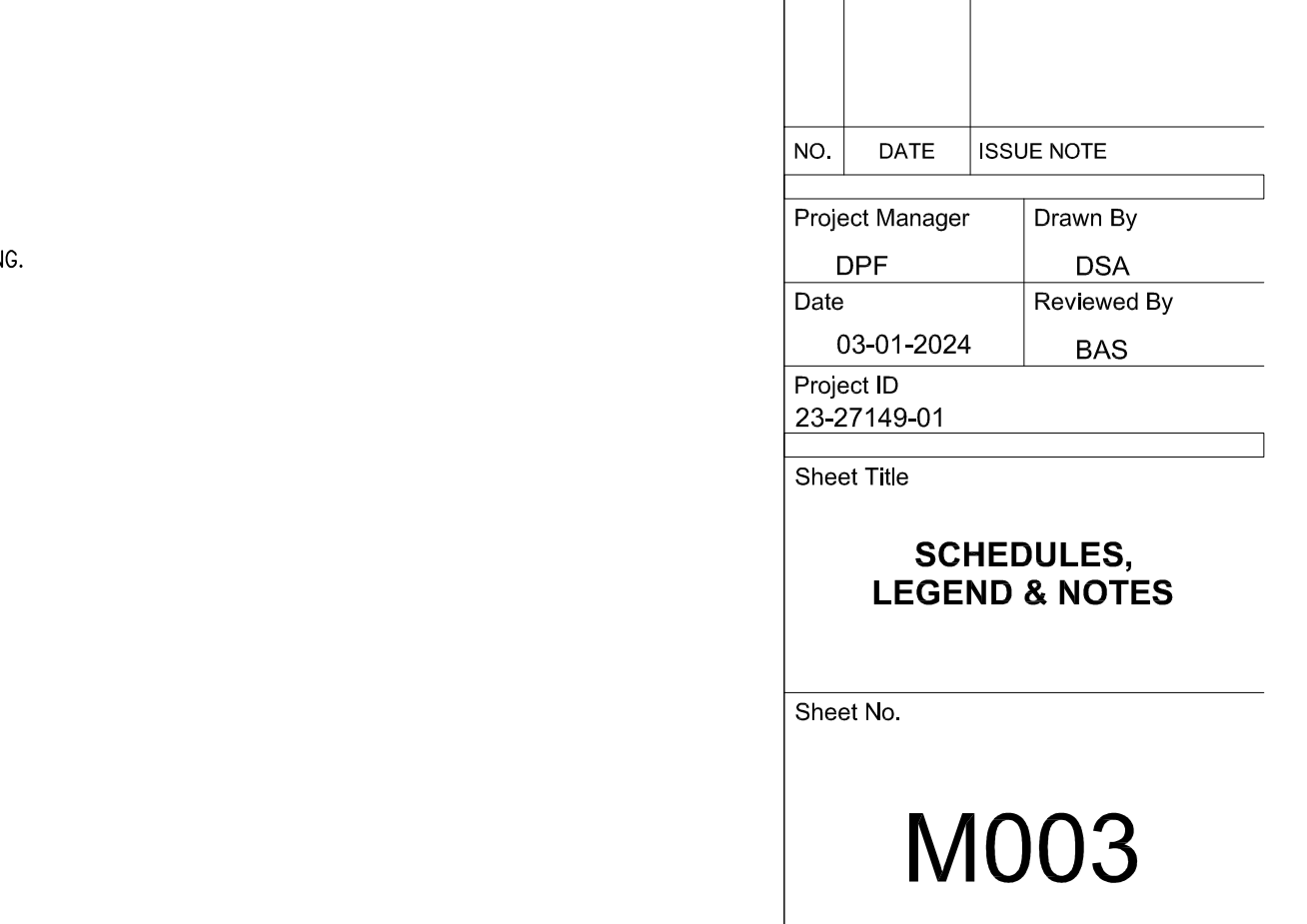
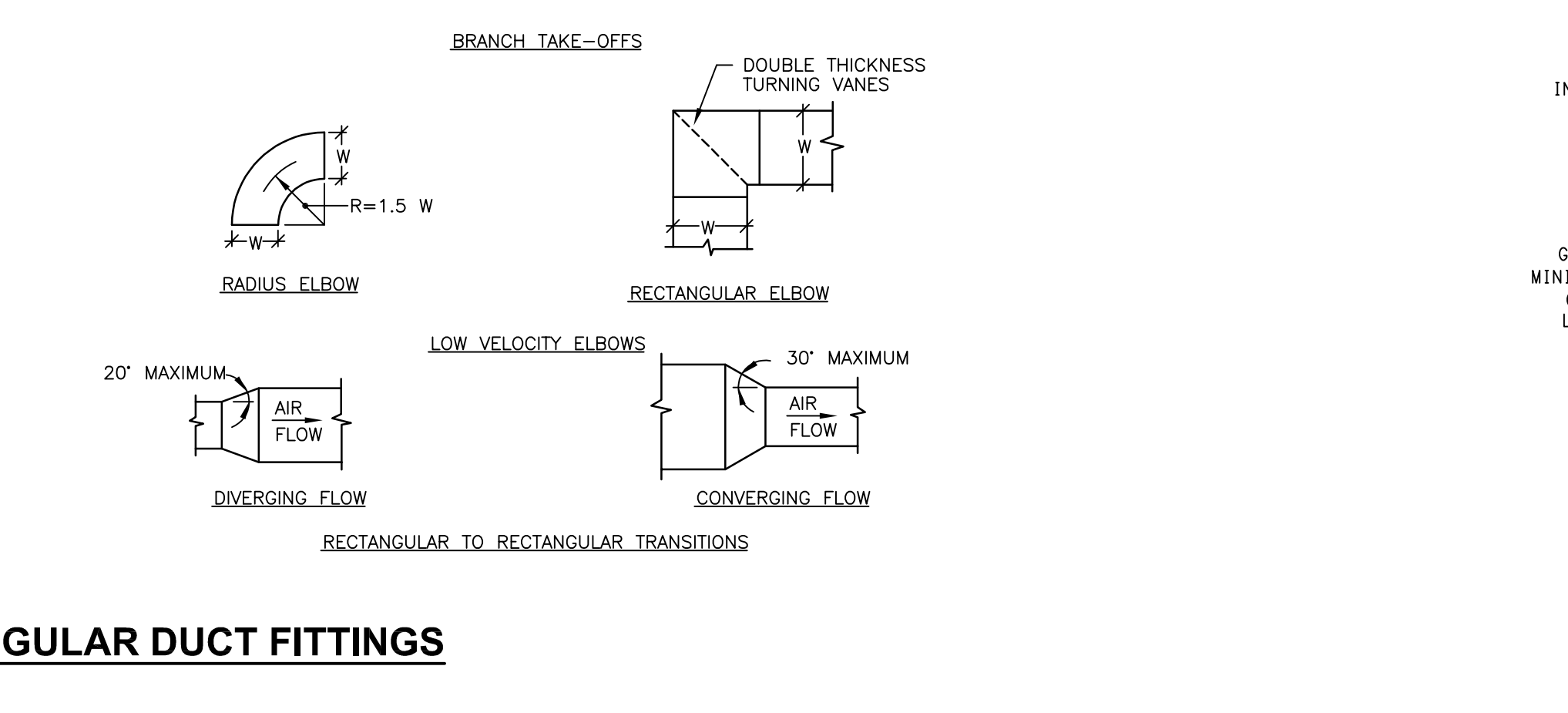
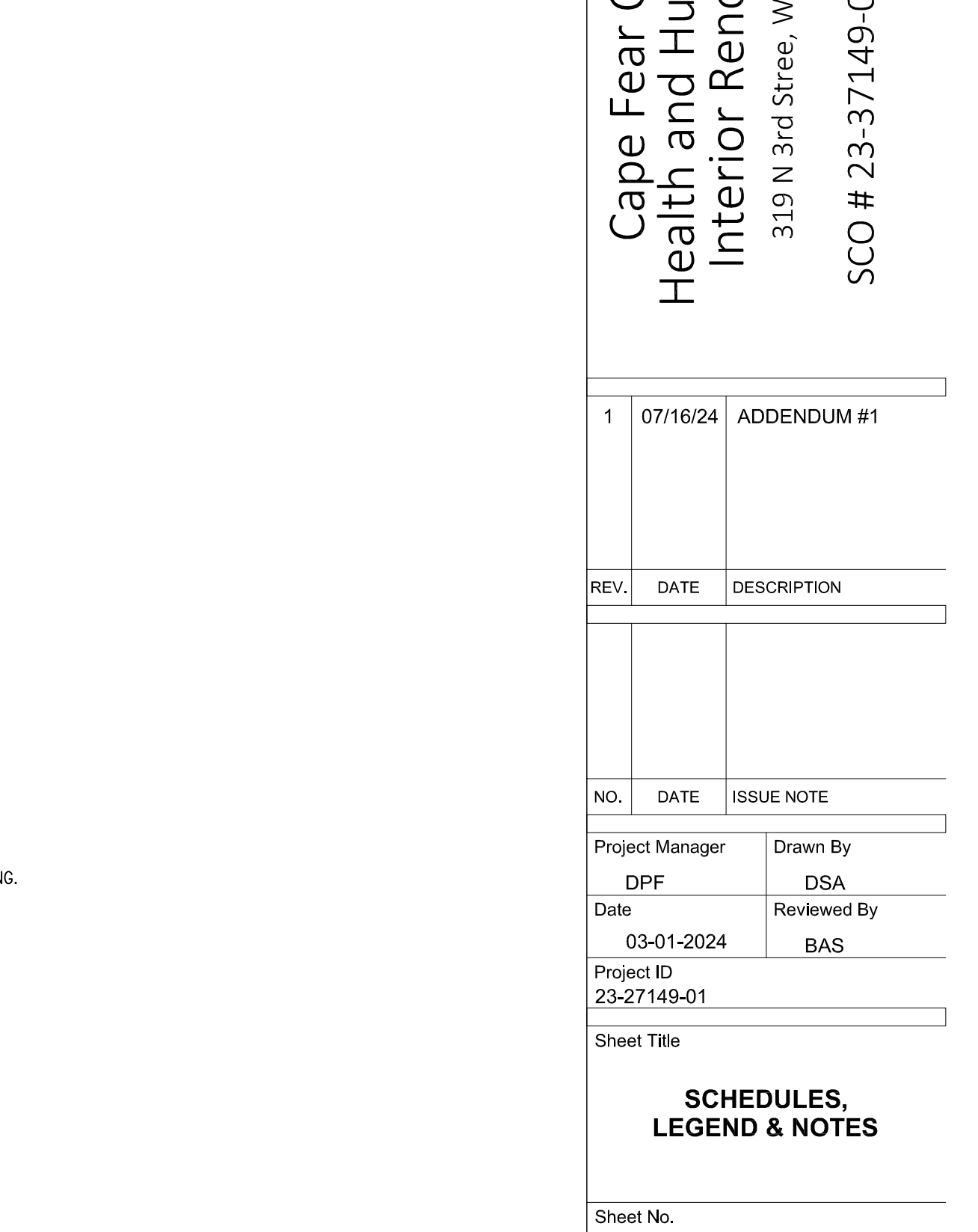
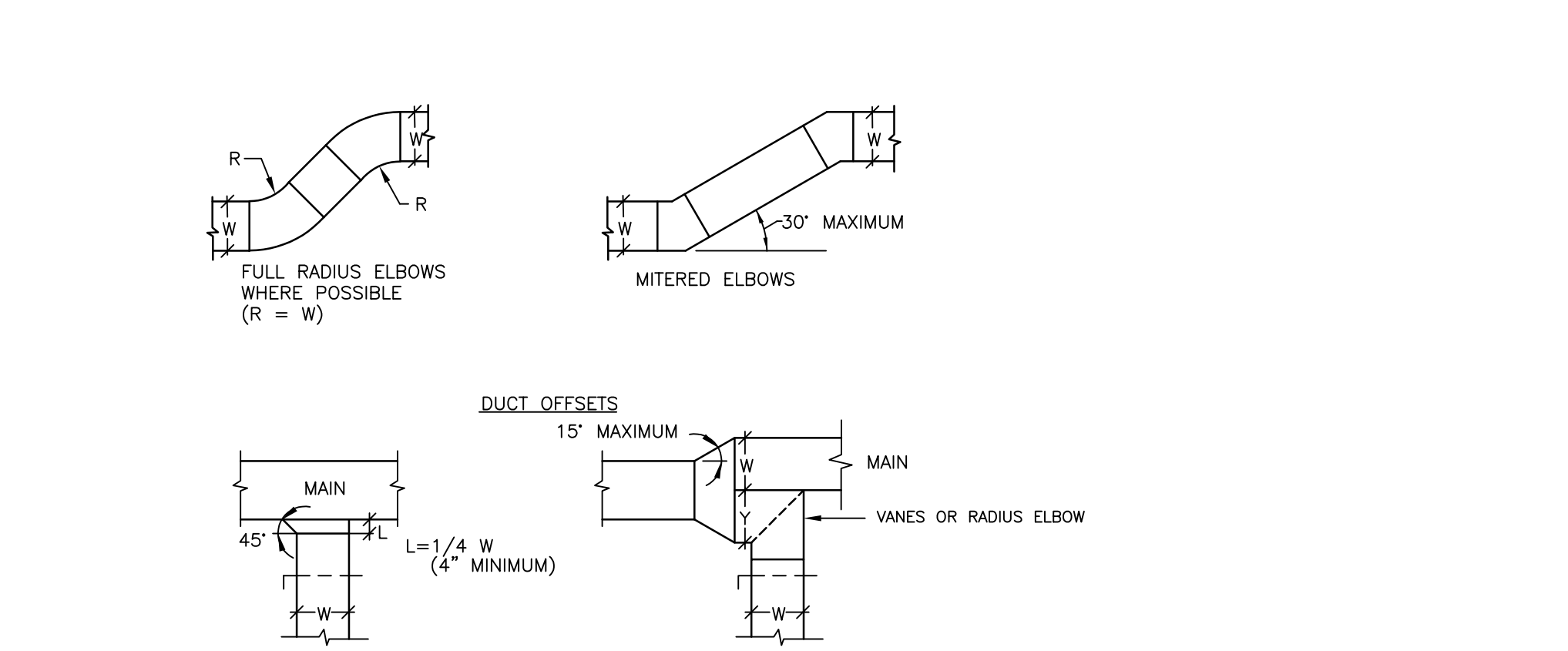
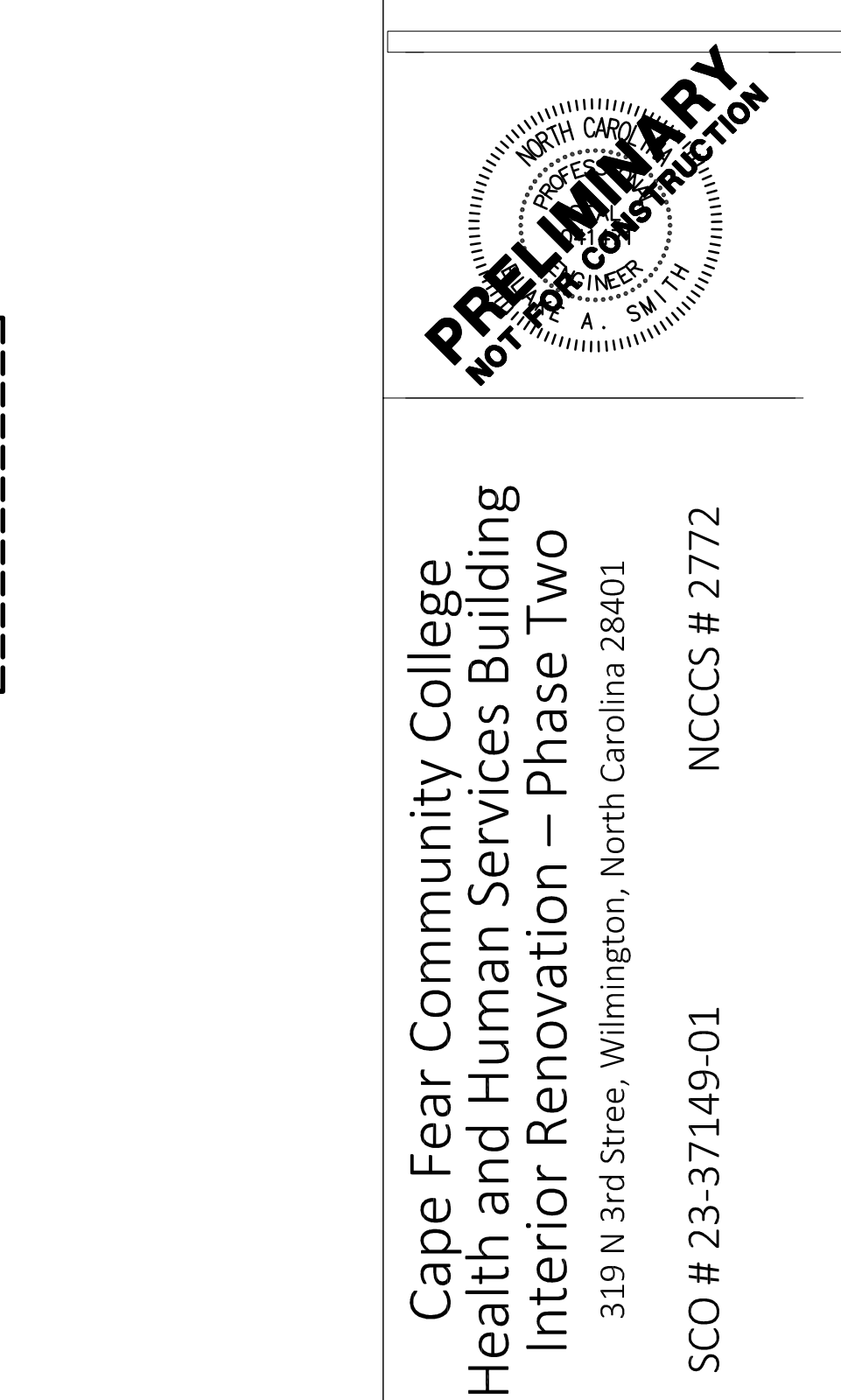
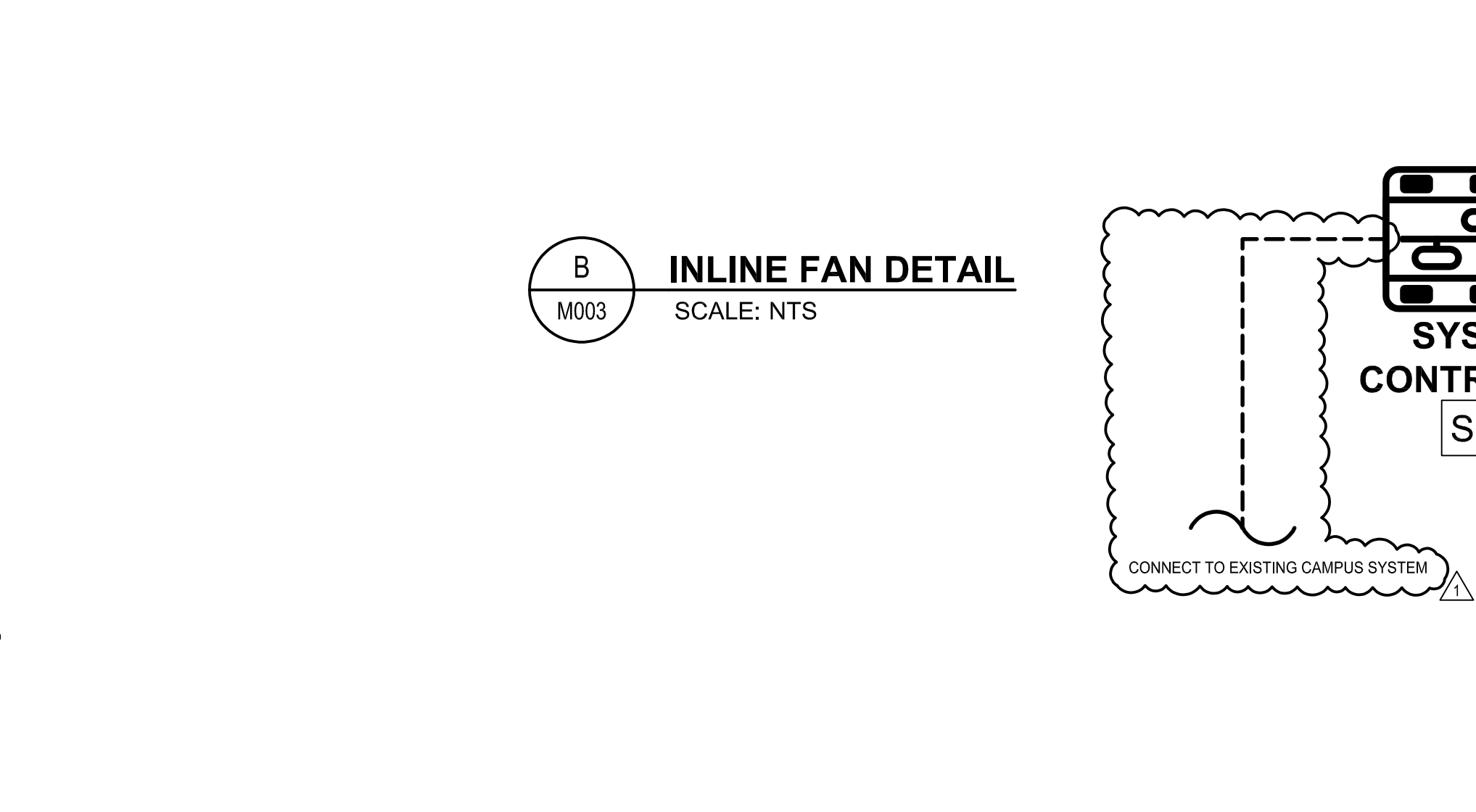
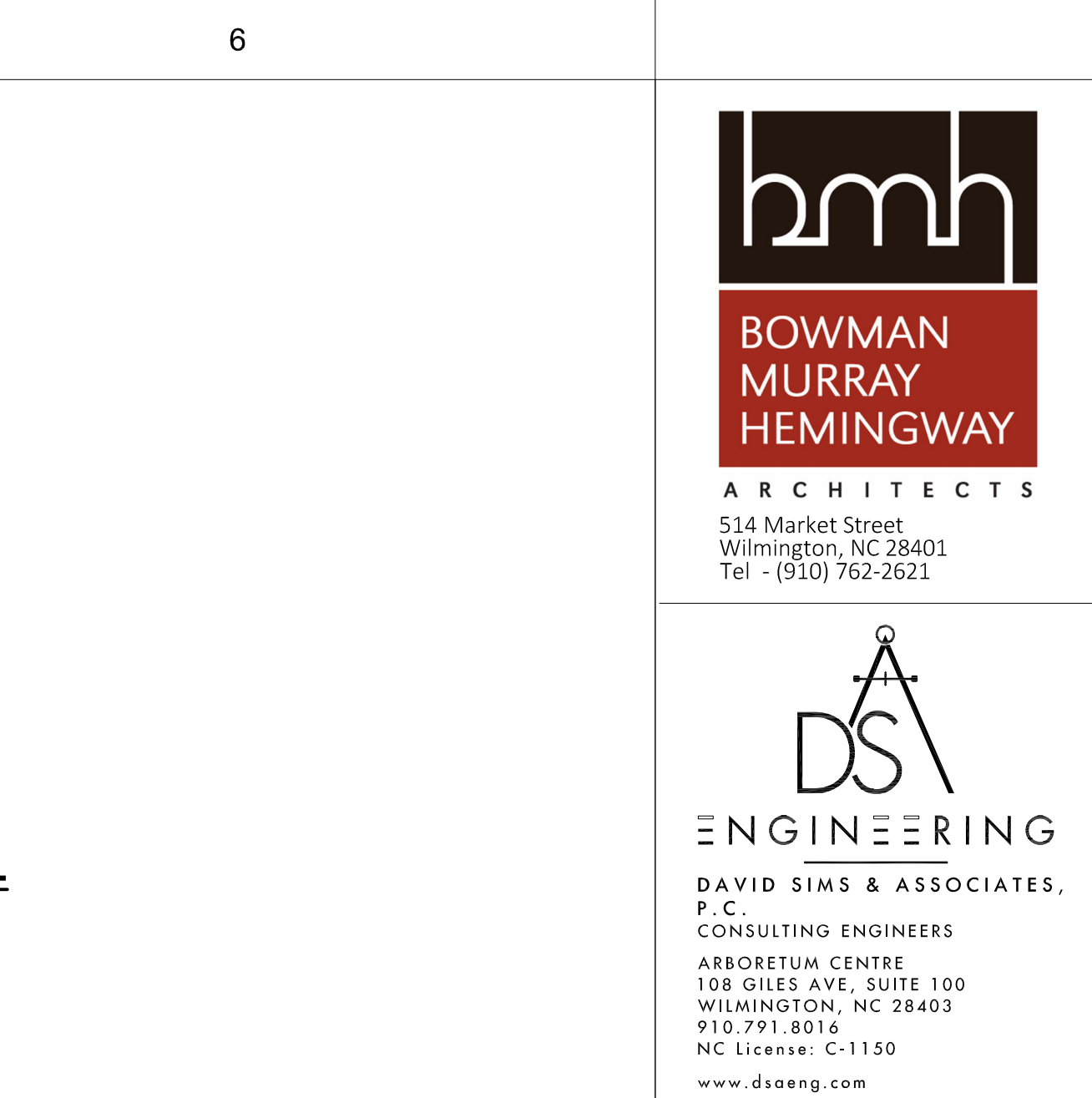
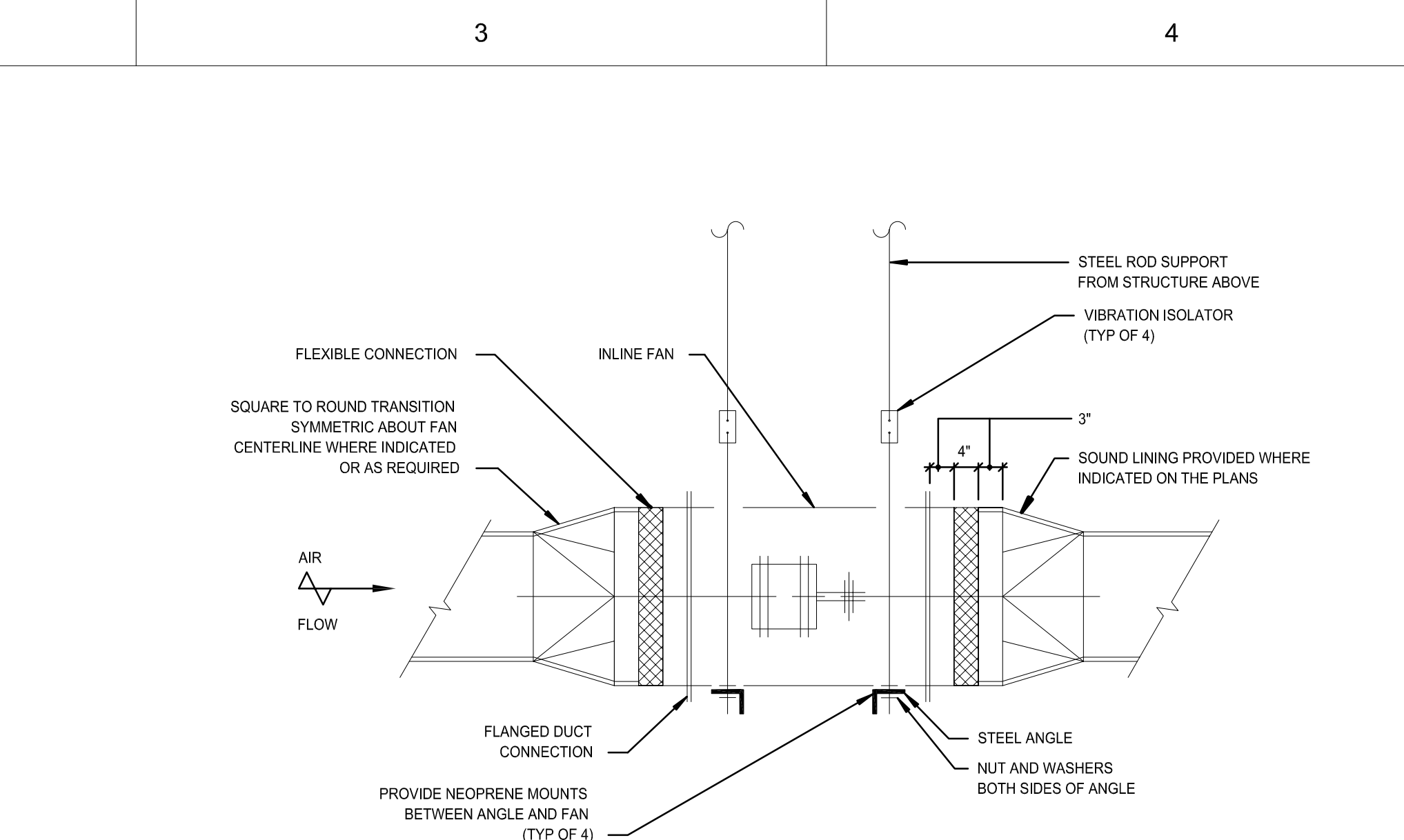
- NOTES:
- EQUALS ARE TWIN CITY, CAPTIVE-AIRE, PENNBARRY AND LOREN COOK.
 - PROVIDE WITH DIRECT DRIVE, EC MOTOR WITH VARIABLE SPEED CONTROL FOR BALANCING.
 - PROVIDE WITH INTEGRAL BACKDRAFT DAMPER.
 - ADD-ALTERNATE

EXISTING DUCTLESS SPLIT SYSTEM HEAT PUMP SCHEDULE													
SYMBOL	LOCATION	ARI COOLING 80/67/95		MIN SEER	INDOOR UNIT			OUTDOOR UNIT				NOTES	
		FAN	ELECTRICAL (SINGLE POINT)		WEIGHT (LBS)	ELECTRICAL			WEIGHT (LBS)				
						TOTAL (MBH)	SENS (MBH)	SA (CFM)		VOLTAGE (V/PH/HZ)	MCA (AMPS)		VOLTAGE (V/PH/HZ)
EX DAHU3	302 – ELEC	1.2	–	15.2	240	208/1/60	1	29	208/1/60	13	15	82	1

- NOTES:
- INDOOR UNIT POWERED BY OUTDOOR UNIT LOCATED ON ROOF

DUCTLESS SPLIT SYSTEM HEAT PUMP SCHEDULE

SYMBOL	LOCATION	ARI COOLING 80/67/95		MIN SEER	INDOOR UNIT				OUTDOOR UNIT				NOTES
		FAN	ELECTRICAL (SINGLE POINT)		WEIGHT (LBS)	ELECTRICAL			WEIGHT (LBS)				
			SA (CFM)			VOLTAGE (V/PH/HZ)	MCA (AMPS)	VOLTAGE (V/PH/HZ)		MCA (AMPS)	MOCP (AMPS)		
SS-1 / CU-1	311 - HW + HEATING VAC. EQUIP FOR 4TH FLOOR	36	-	19.4	810	208/1/60	1	46	208/1/60	25	31	211	1, 2, 3
SS-2 / CU-2	311 - HW + HEATING VAC. EQUIP FOR 4TH FLOOR	36	-	19.4	810	208/1/60	1-2	46	208/1/60	25	31	211	1, 2, 3



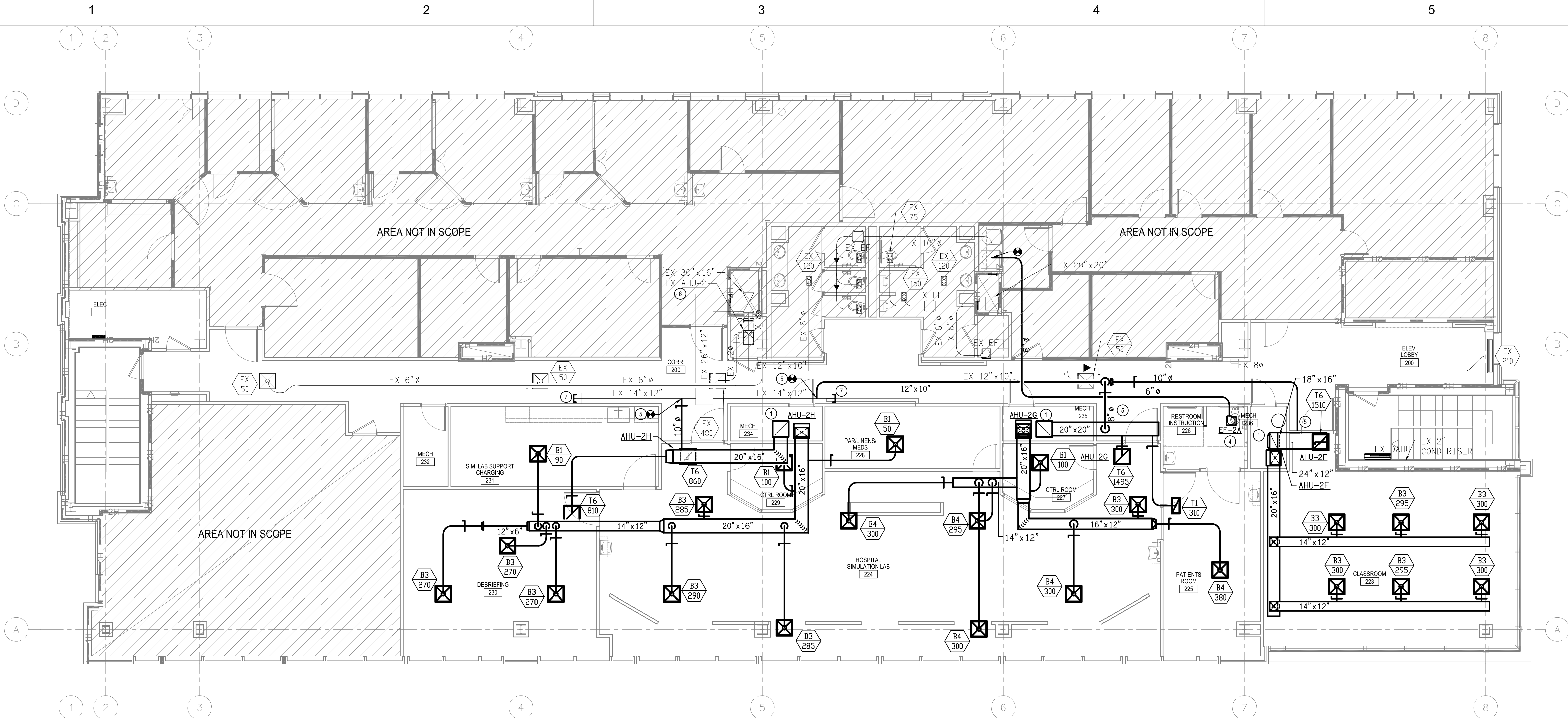
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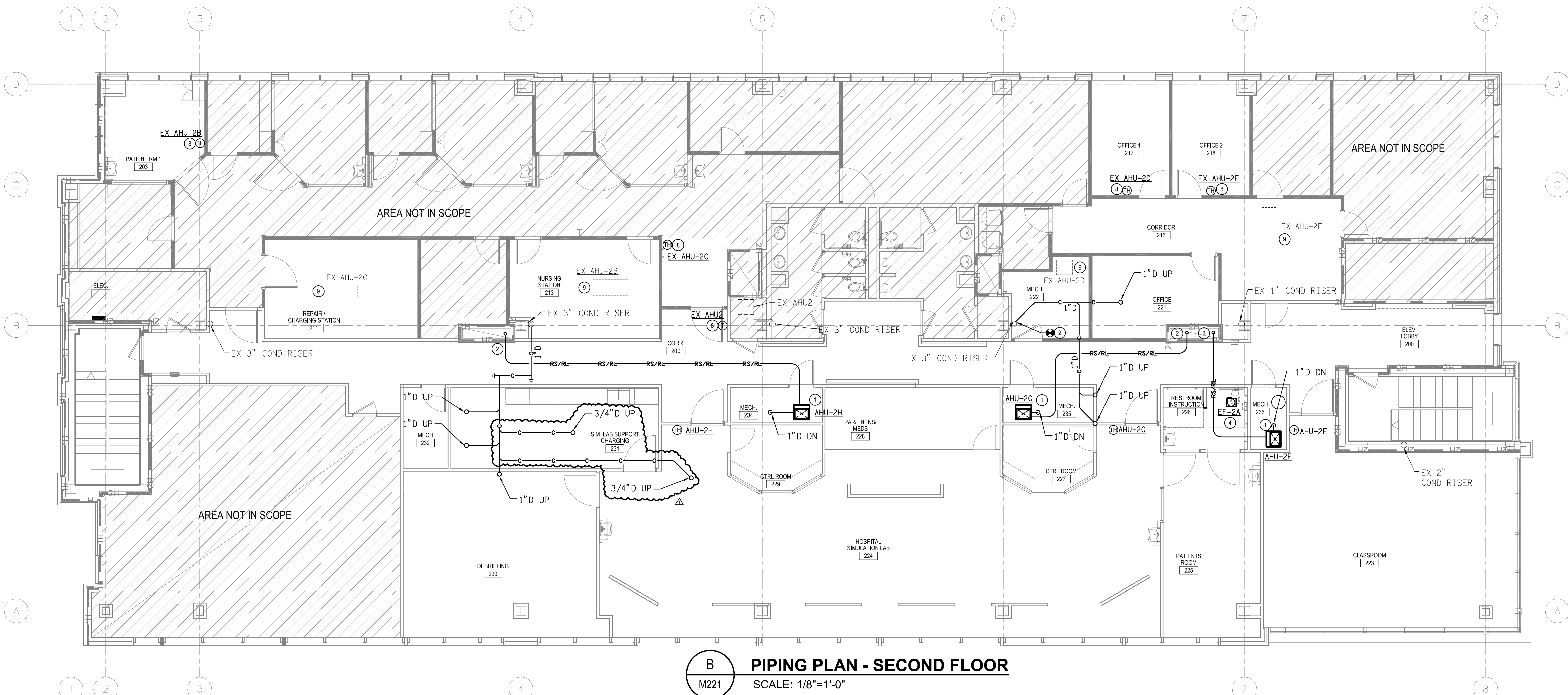
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D

E



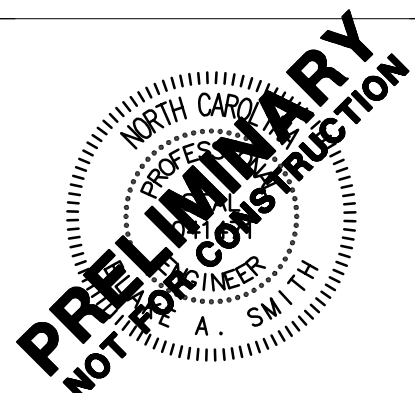
A DUCTWORK PLAN - SECOND FLOOR
SCALE: 1/8"=1'-0"



B PIPING PLAN - SECOND FLOOR
SCALE: 1/8"=1'-0"

KEY NOTES

- NEW VERTICAL SPLIT SYSTEM AIR HANDLING UNIT. SEE DETAIL FOR INSTALLATION REQUIREMENTS.
- ROUTE REFRIGERANT PIPING UP TO ROOF THROUGH PIPE SHAFT. SIZE PIPING PER MANUFACTURER'S WRITTEN INSTRUCTIONS.
- ROUTE AHU CONDENSATE DRAINS TO EXISTING RISER. PROVIDE DRAIN TRAPS PER MANUFACTURER'S RECOMMENDATIONS.
- NEW CEILING EXHAUST FAN WITH DUCTWORK ROUTED TO EXISTING EXHAUST SHAFT. INTERLOCK FAN OPERATION WITH LIGHTING FOR ROOM.
- PROVIDE TAP INTO EXISTING OUTSIDE AIR DUCTWORK AND ROUTE TO NEW AHU RETURN AIR PLENUM. BALANCE TO CFM IN VENTILATION SCHEDULE.
- REBALANCE EXISTING OUTSIDE AIR SERVING EX AHU2 TO 80 CFM.
- CAP ENDS OF OUTSIDE AIR DUCT MAINS TO BE AIRTIGHT.
- REPLACE THERMOSTAT WITH NEW YICONICS VT8650 THERMOSTAT WITH BACNET COMMUNICATION AND DEHUMIDIFICATION CONTROL SEQUENCE. HARDWIRE THERMOSTAT BACK TO CONTROLLER.
- PROVIDE SES DEHUMIDIFICATION RELAY BOARD TO EXISTING AHU.



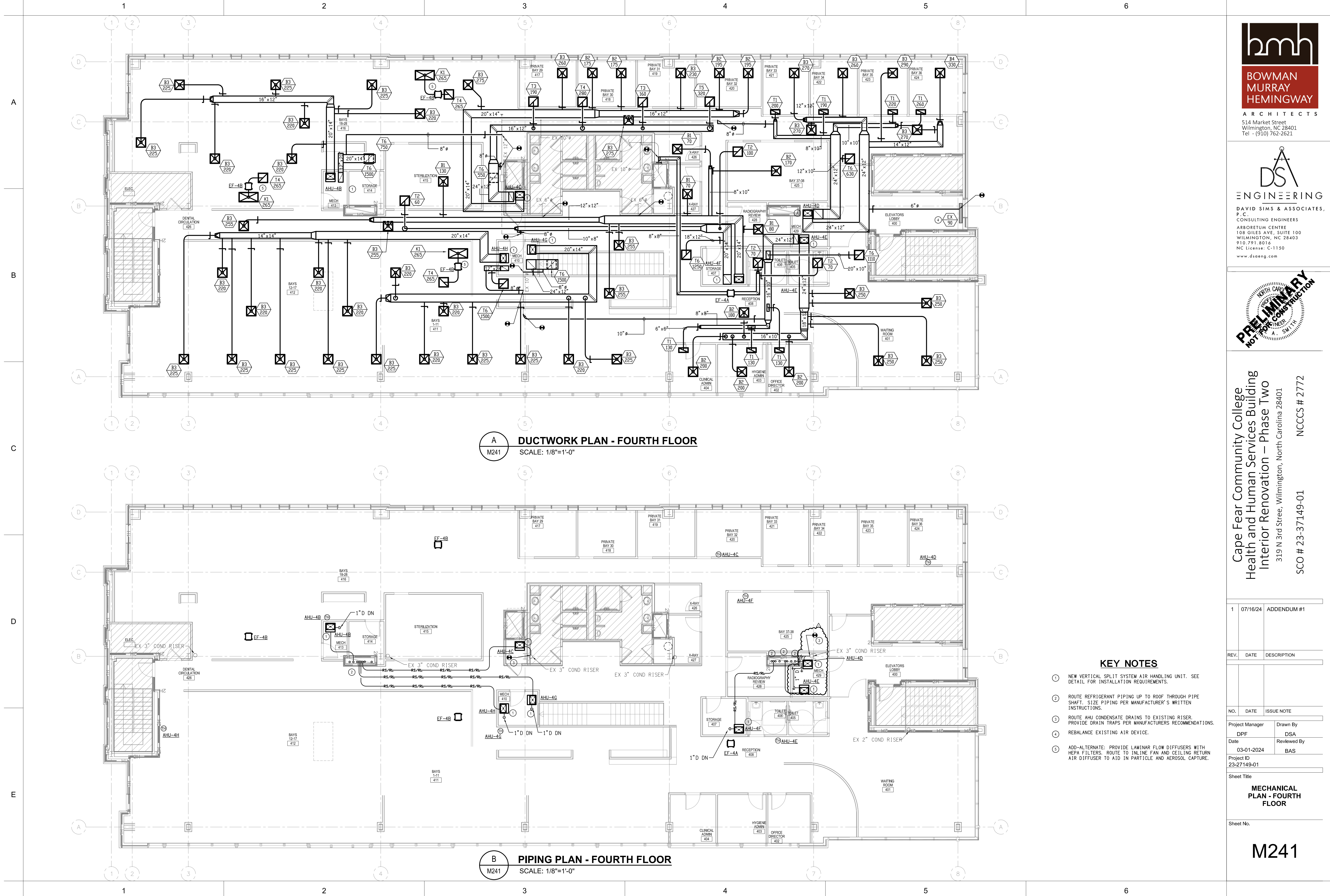
Cape Fear Community College
Health and Human Services Building
Interior Renovation – Phase Two
319 N 3rd Street, Wilmington, North Carolina 28401

NCCCS # 2772

SCO # 23-37149-01

1	07/16/24	ADDENDUM #1
REV.	DATE	DESCRIPTION
NO.	DATE	ISSUE NOTE
Project Manager	DPF	Drawn By DSA
Date	03-01-2024	Reviewed By BAS
Project ID	23-27149-01	
Sheet Title	MECHANICAL PLAN - SECOND FLOOR	
Sheet No.		

M221



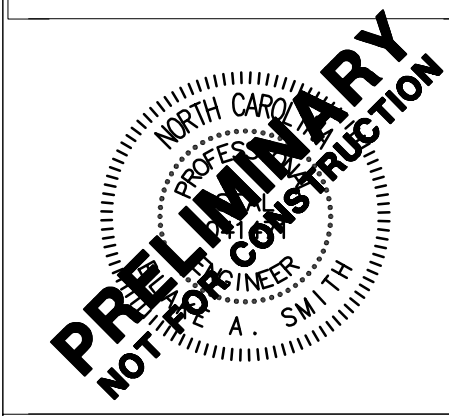
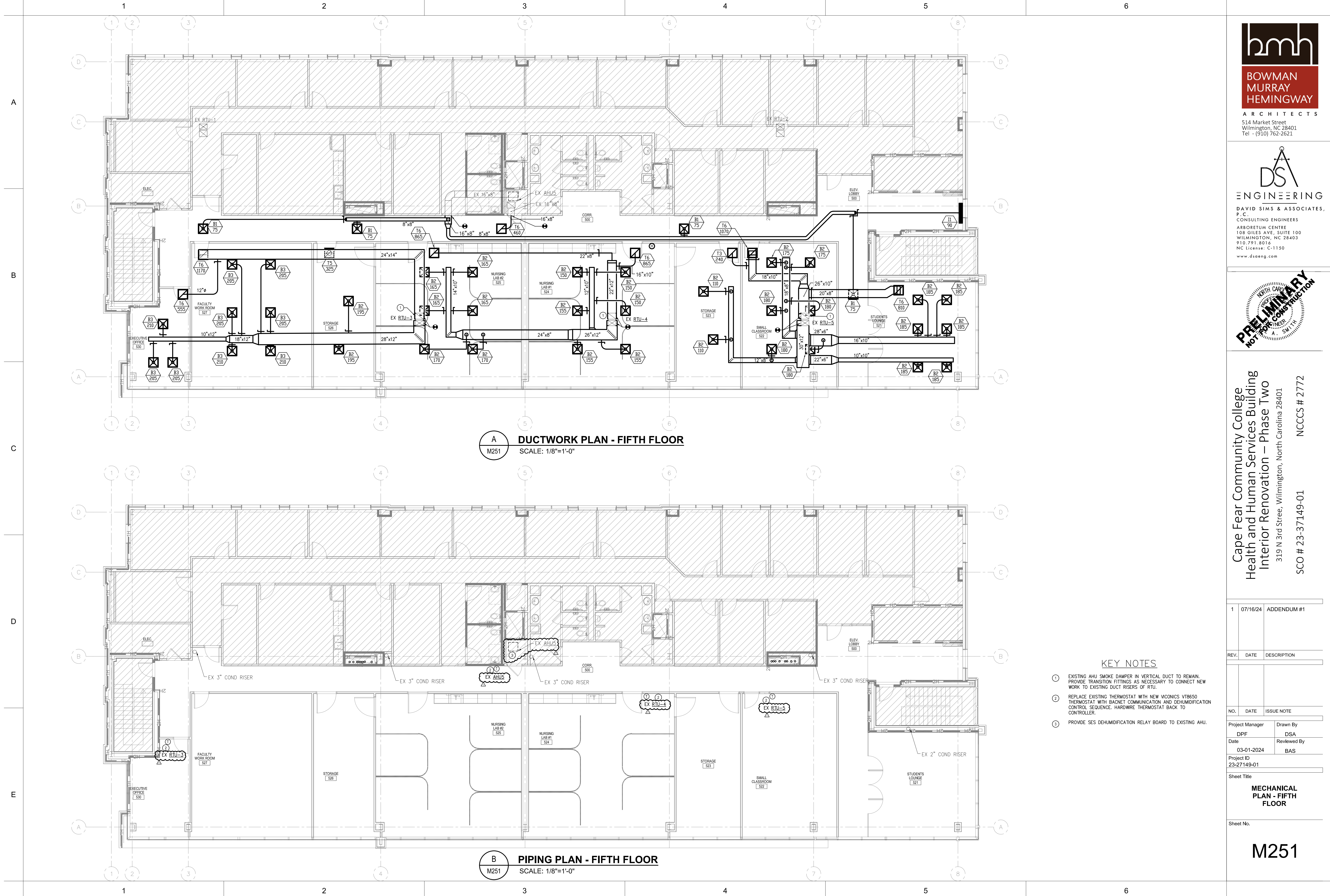
514 Market Street
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Health and Human Services Building
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NO.	DATE	ISSUE NOTE
Project Manager	DPF	Drawn By
Date	03-01-2024	Reviewed By
Project ID	23-27149-01	BAS
Sheet Title	MECHANICAL PLAN - FOURTH FLOOR	
Sheet No.		

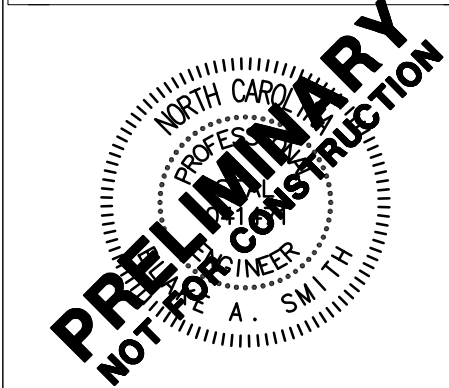
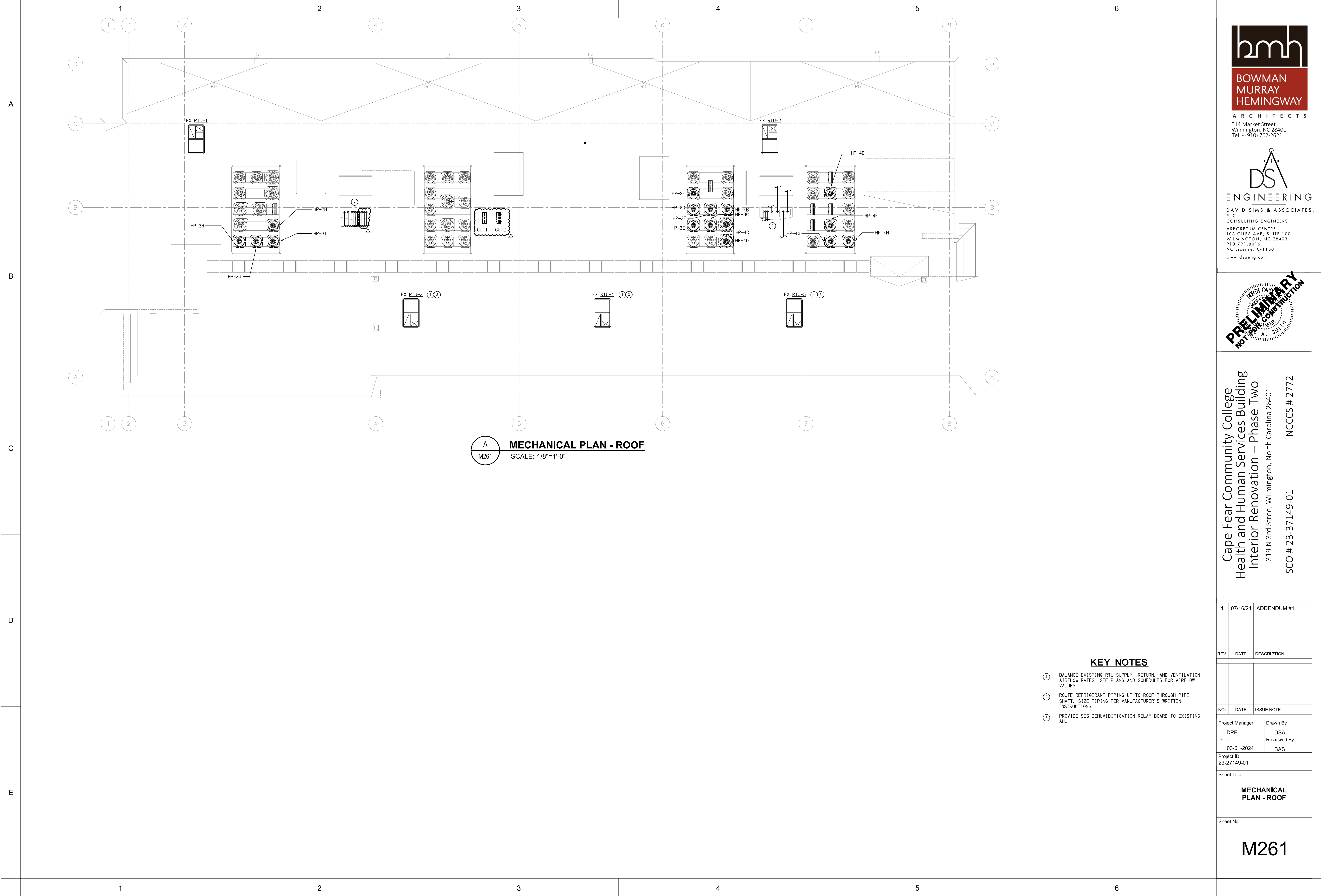
M241



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SCC # 23-37149-01 NCCCS # 2772

1	07/16/24	ADDENDUM #1
REV.	DATE	DESCRIPTION
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Sheet Title	MECHANICAL PLAN - FIFTH FLOOR	
Sheet No.		

M251



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Health and Human Services Building
Interior Renovation – Phase Two
319 N 3rd Street, Wilmington, North Carolina 28401
SCO # 23-37149-01

NCCCS # 2772

1	07/16/24	ADDENDUM #1
REV.	DATE	DESCRIPTION
NO.	DATE	ISSUE NOTE
Project Manager DPF		
Date 03-01-2024		
Project ID 23-27149-01		
Sheet Title MECHANICAL PLAN - ROOF		
Sheet No.		

M261

A

PLUMBING GENERAL NOTES :

A. CODES, REGULATIONS AND STANDARD INSTALLATIONS ARE TO COMPLY WITH THE LATEST EDITION OF THE NORTH CAROLINA BUILDING AND PLUMBING CODES AND ALL OTHER APPLICABLE LOCAL AND NATIONAL CODES AND ORDINANCES. IN CASE OF CONFLICT BETWEEN THE CODE AND THE DRAWINGS AND SPECIFICATIONS OR BETWEEN VARIOUS CODES, THEN THE MOST RESTRICTIVE SHALL TAKE PRECEDENT.

B. FEES AND PERMITS: PROVIDE ALL LICENSES, FEES, PERMITS, HEALTH DEPARTMENT FEES, INSURANCE, ETC., REQUIRED FOR EXECUTION OF THIS WORK.

C. THE CONTRACT DRAWINGS ARE SCHEMATIC ONLY AND ARE NOT INTENDED TO SHOW ALL FITTINGS, BOLTS, CONNECTIONS, OFFSETS, ETC., UNLESS SPECIFICALLY DIMENSIONED. THE PLUMBING CONTRACTOR SHALL FOLLOW THE DRAWING AS CLOSELY AS POSSIBLE; HOWEVER, NECESSARY ADJUSTMENTS SHALL BE MADE AS REQUIRED TO CONFORM TO STRUCTURAL CONDITIONS, WORK OF OTHER CONTRACTORS AND THE INTENT OF THE DRAWINGS WITHOUT ADDITIONAL COST TO THE OWNER. THE DRAWINGS SHALL NOT BE SCALED. SECURE DIMENSIONS FROM ARCHITECTURAL DRAWINGS FOR FIXTURE LOCATIONS.

D. THE PLUMBING CONTRACTOR SHALL PROVIDE ALL MATERIALS, PERFORM ALL WORK AND TEST AND PAY ALL FEES NECESSARY TO MAKE THE PLUMBING SYSTEM OPERABLE AND READY FOR USE BY THE OWNER.

E. GUARANTEE: ALL NEW EQUIPMENT, NEW MATERIALS AND INSTALLATION SHALL BE GUARANTEED TO BE FREE OF DEFECTS FOR A PERIOD OF ONE (1) YEAR AFTER FINAL ACCEPTANCE OF WORK OR IN ACCORDANCE WITH THE MANUFACTURER'S STANDARD GUARANTEE, IF LONGER.

F. PLUMBING CONTRACTORS SHALL BE RESPONSIBLE FOR HIS OWN CLEAN UP AND REMOVAL OF SCRAP FROM JOB SITE. PLUMBING CONTRACTOR SHALL MAINTAIN A CLEAN AND SAFE WORK AREA.

G. IN CASE OF ANY CONFLICT BETWEEN INFORMATION FOUND IN THE PLANS, OR IN THE SPECIFICATIONS, THE MOST RESTRICTIVE INTERPRETATION SHALL TAKE PRECEDENT.

H. THE PLUMBING DRAWINGS AND SPECIFICATIONS DO NOT INCLUDE THE DESIGN FOR ROOF GUTTER SYSTEMS OR ROOF DRAIN SYSTEMS.

I. ALL PLUMBING COMPONENTS SHALL BE INSTALLED, SUPPORTED, AND RESTRAINED IN ACCORDANCE WITH THE NORTH CAROLINA BUILDING CODE REQUIREMENTS FOR SEISMIC DESIGN. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO RETAIN A PROFESSIONAL ENGINEER COMPETENT IN THIS FIELD FOR THIS DESIGN. FOR ONE POSSIBLE SOURCE FOR THIS SERVICE CONTACT SEISMIC CONTROL AND ISOLATIONS, INC. PHONE: 910-799-5204. ALL REQUIRED INSPECTIONS FOR THESE DESIGNS SHALL BE PERFORMED BY APPROVED INSPECTORS AND AGENCIES PROVIDED BY OWNER OR OWNER'S AGENT.

J. ALL ROOF MOUNTED MECHANICAL, ELECTRICAL, AND PLUMBING COMPONENTS SHALL BE INSTALLED, SUPPORTED, AND RESTRAINED IN ACCORDANCE WITH THE NORTH CAROLINA BUILDING CODE REQUIREMENTS FOR WIND DESIGN. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO RETAIN A PROFESSIONAL ENGINEER COMPETENT IN THIS FIELD FOR THIS DESIGN. FOR ONE POSSIBLE SOURCE FOR THIS SERVICE, CONTACT SEISMIC CONTROL AND ISOLATION, INC. PHONE: 910-799-5204. ALL REQUIRED INSPECTIONS FOR THESE DRAWINGS SHALL BE PERFORMED BY QUALIFIED INSPECTORS AND AGENCIES HIRED BY THE OWNER OR OWNER'S AGENT AS REQUIRED BY THE BUILDING CODE.

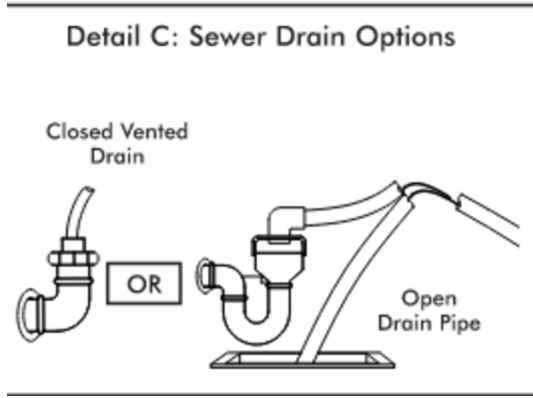
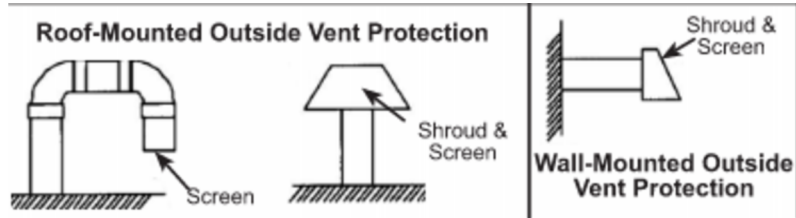
K. THE ENGINEER IS NOT RESPONSIBLE FOR JOB SITE SAFETY.

B

C

D

E



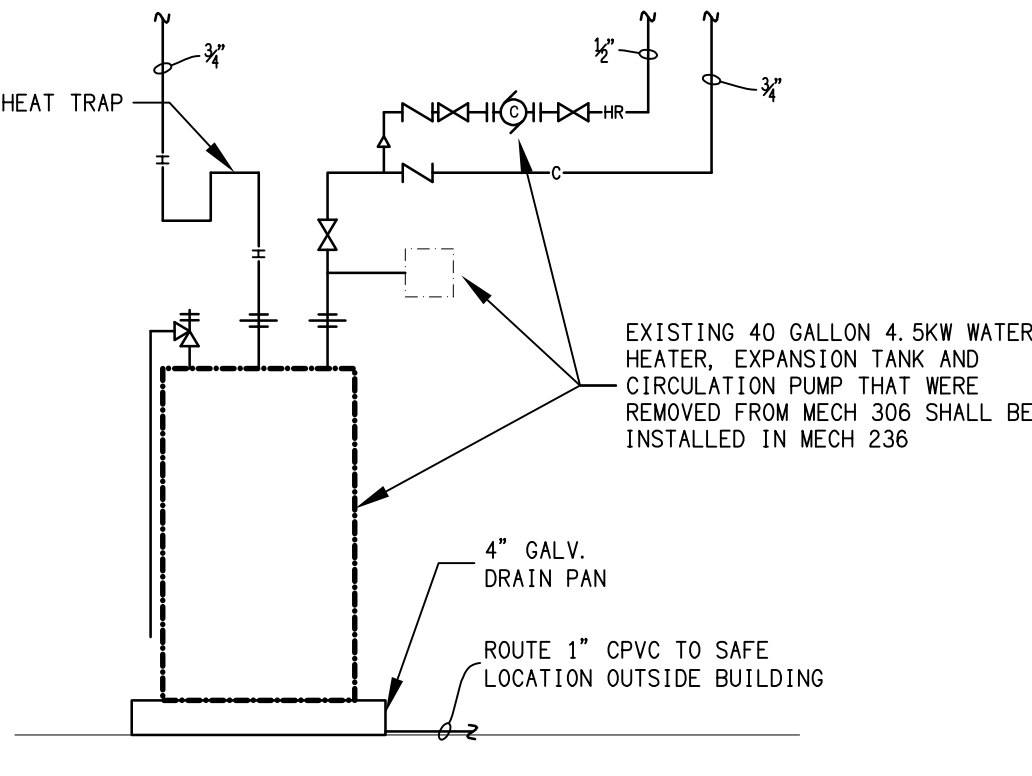
C
P001

VACUUM PUMP DETAILS

SCALE: NO SCALE

LEGEND

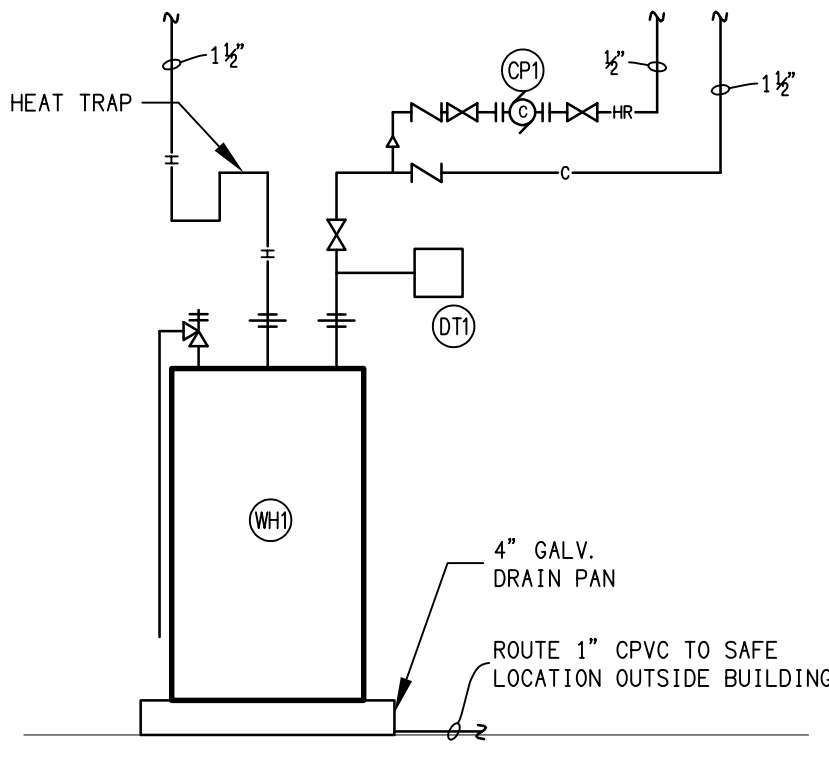
- WASTE PIPE - EXISTING
- WASTE PIPE
- WASTE PIPE - GREASY
- VENT PIPE - EXISTING
- VENT PIPE
- V- VACUUM PIPE
- FM FORCE MAIN
- RD PRIMARY ROOF DRAIN PIPE
- ED EMERGENCY OVERFLOW ROOF DRAIN PIPE
- C--- COLD WATER PIPE - BELOW GRADE - EXISTING
- C--- COLD WATER PIPE - ABOVE GRADE - EXISTING
- C--- COLD WATER PIPE - ABOVE GRADE
- C--- COLD WATER PIPE - BELOW GRADE
- H--- HOT WATER PIPE - ABOVE GRADE - 110°F - EX.
- H--- HOT WATER PIPE - ABOVE GRADE - 110°F
- HR--- RECIRCULATION PIPE - ABOVE GRADE - 110°F
- A--- COMPRESSED AIR PIPE
- × × × × × DEMOLISH/REMOVE EXISTING PIPE
- ⋈ GATE VALVE
- ⋈ CHECK VALVE
- ⋈ HOSE BIBB
- ⋈ UNION
- ⋈ PIPE REDUCTION
- INTERIOR CLEANOUT
- EXTERIOR CLEANOUT
- ⋈ WALL CLEANOUT
- VTR VENT THROUGH ROOF
- CO CLEANOUT
- ER EXISTING TO REMAIN
- ⋈ REFER TO PLAN OR DETAIL A ON SHEET P1
- ⋈ REFER TO ISOMETRIC A ON SHEET P1
- ⋈ RELIEF VALVE
- ⋈ PRESSURE REDUCING VALVE
- ⋈ PRESSURE GAUGE
- ⋈ FLOOR DRAIN
- ⋈ RD PRIMARY ROOF DRAIN
- ⋈ ED EMERGENCY OVERFLOW ROOF DRAIN
- ⋈ HUB DRAIN
- ⋈ RECIRCULATION PUMP
- ⋈ BACKFLOW PREVENTER
- ⋈ CONNECT TO EXISTING
- ⋈ DISCONNECT FROM EXISTING



B
P001

PIPING AT WATER HEATER

SCALE: NO SCALE



A
P001

PIPING AT WATER HEATER

SCALE: NO SCALE

PLUMBING FIXTURE SCHEDULE -

SYM.	FIXTURE	CW	HW	DRAIN	STOPS & VALVES	MANUF.	MODEL	REMARKS
WC1	WATER CLOSET FLOOR MOUNT FLUSH VALVE	1"	-	3"	FLUSH VALVE	AMERICAN STANDARD	2234.001	INCLUDE SLOAN #8111-128-OR BATTERY POWERED SENSOR OPERATED FLUSH VALVE, CHURCH #9500CT OPEN FRONT SEAT W/O COVER.
WC2	WATER CLOSET WALL HUNG FLUSH VALVE	1"	-	3"	FLUSH VALVE	AMERICAN STANDARD	2257.101	INCLUDE SLOAN #8111-128-OR BATTERY POWERED SENSOR OPERATED FLUSH VALVE, CHURCH #9500CT OPEN FRONT SEAT W/O COVER, INCLUDE FIXTURE CARRIER. SEE NOTES 1,2
WC3	WATER CLOSET WALL HUNG FLUSH VALVE	1"	-	3"	FLUSH VALVE	AMERICAN STANDARD	2257.101	INCLUDE SLOAN #8111-128-OR BATTERY POWERED SENSOR OPERATED FLUSH VALVE, CHURCH #9500CT OPEN FRONT SEAT W/O COVER, INCLUDE FIXTURE CARRIER.
WC4	WATER CLOSET FLOOR MOUNT FLUSH VALVE	1"	-	3"	FLUSH VALVE	AMERICAN STANDARD	3043.001	INCLUDE SLOAN #8111-128-OR BATTERY POWERED SENSOR OPERATED FLUSH VALVE, CHURCH #9500CT OPEN FRONT SEAT W/O COVER. SEE NOTES 1,2
LV1	LAVATORY UNDERMOUNT HANDICAP	1/2"	1/2"	1-1/4"	1/2"x3/8" ANGLE	SLOAN	SS-3001	INCLUDE SLOAN SF-2450-BAT-BDM-CP-0.5GPM-MLM-IR-FCT FAUCET WITH GRID DRAIN, BRASSCRAFT R19C SUPPLY VALVES W/CHROME PLATED RISERS AND WALL FLANGES, TUBULAR P-TRAP CP. SEE NOTES 1,3
LV2	LAVATORY WALL HUNG HANDICAP	1/2"	1/2"	1-1/4"	1/2"x3/8" ANGLE	COMMERCIAL ENAMELING	551	INCLUDE SLOAN SF-2350-BAT-BDM-CP-0.5GPM-MLM-IR-FCT FAUCET WITH GRID DRAIN, BRASSCRAFT R19C SUPPLY VALVES W/CHROME PLATED RISERS AND WALL FLANGES, TUBULAR P-TRAP CP. CONCEALED ARM SUPPORTS SEE NOTES 1,3
SK1	SINK - SINGLE COMPARTMENT	1/2"	1/2"	1-1/2"	1/2"x3/8" ANGLE	JUST	SL-ADA-1921-A-GR-4.5	INCLUDE DELTA 28C3133 FAUCET, P-TRAP W/CLEANOUT, STRAINER, BRASSCRAFT R19C SUPPLY VALVES.
SK2	SINK - SINGLE COMPARTMENT HANDICAP	1/2"	1/2"	1-1/2"	1/2"x3/8" ANGLE	JUST	SL-ADA-1921-A-GR-4.5	INCLUDE DELTA 28C3133 FAUCET, P-TRAP W/CLEANOUT, STRAINER, BRASSCRAFT R19C SUPPLY VALVES. SEE NOTE 1
SK3	SINK - DOUBLE COMPARTMENT HANDICAP	1/2"	1/2"	1-1/2"	1/2"x3/8" ANGLE	JUST	DL-ADA-2233-A-GR-4.5	INCLUDE DELTA 28C3133 FAUCET, P-TRAP W/CLEANOUT, STRAINER, BRASSCRAFT R19C SUPPLY VALVES. SEE NOTE 1
DS	SINK - SINGLE DENTAL SINK	1/2"	1/2"	1-1/2"	1/2"x3/8" ANGLE	-	-	SINK AND FAUCET PROVIDED BY DENTAL EQUIPMENT SUPPLIER. PIPING AND FINAL CONNECTION BY PLUMBING CONTRACTOR. INCLUDE BRASSCRAFT R19C SUPPLY VALVES, TUBULAR P-TRAP.
CW1	CLOTHES WASHER CONNECTION	1/2"	1/2"	2"	-	-	-	INCLUDE HOT & COLD SHUTOFF VALVES , INDIRECT DRAIN AND RECESSED WALL BOX
FD1	FLOOR DRAIN - PRIMED	-	-	3"	-	WATTS	FD-100M	NIKOLAY TOP, DEEP SEAL TRAP, PROVIDE PRIMER TAP. VERIFY EXACT LOCATION AND FLOOR SLOPE BEFORE INSTALLATION BEGINS. SEE NOTE 4
FS1	FLOOR SINK	-	-	3"	-	ZURN	ZN-1900-2-23-K	HALF TOP GRATE, 12"x12" TOP, SEDIMENT BUCKET.
SH1	SHOWER ENCLOSURE WITH OPERATOR HANDICAP	1/2"	1/2"	2"	-	-	-	- SEE NOTE 1
BF1	BOTTLE FILLING STATION	1/2"	-	2"	-	FILTRINE	B-103	SUPPLY WITH FILTERED WATER. TO BE USED FOR FILLING DENTAL CHAIR WATER BOTTLES
RB1	REFRIGERATOR BOX	3/8"	-	-	-	OATEY	MODA	INCLUDE SHUTOFF VALVE, WATER HAMMER ARRESTOR AND RECESSED WALL BOX

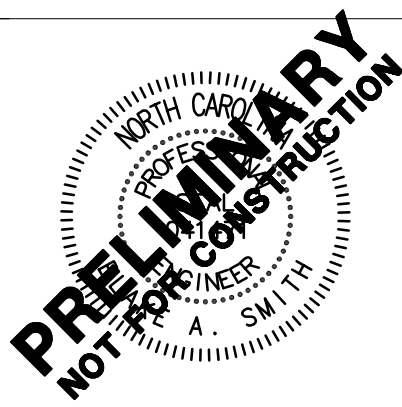
1. MATERIAL AND INSTALLATION SHALL BE PER STATE HANDICAP CODE REQUIREMENTS AND ADA REQUIREMENTS.
2. TOILETS SHALL FLUSH ON A MAXIMUM OF 28 GALLONS PER FLUSH. THE USE OF SEPTIC WATER CLOSET FLANGES IS PROHIBITED. MISALIGNED WATER CLOSET FLANGES MUST BE REPIED.
3. LAVATORIES SHALL HAVE .5 GPM FLOW AERATORS.
4. FLOOR DRAIN SHALL BE PRIMED WITH 1/2" COPPER LINE FROM NEARBY CLEAR WATER FIXTURE (LAVATORY). TAP CLEAR WATER FIXTURE TAIL PIECE WITH WATER SAVER TRAP PRIMER AND ROUTE COPPER SUPPLY LINE UNDER SLAB TO DRAIN PRIMER CONNECTION. WATER SAVER TRAP PRIMER SHALL BE ACCESSIBLE AND CODE APPROVED. IF A CLEAR WATER FIXTURE SUCH AS A LAVATORY IS NOT AVAILABLE TAP NEARBY COLD WATER LINE AND ROUTE 1/2" PRIMER LINE THROUGH PRIMER VALVE CODE APPROVED FOR WASTEWATER CROSS CONNECTION. VALVE SHALL BE ACCESSIBLE.

PLUMBING EQUIPMENT SCHEDULE -

SYM.	FIXTURE	CW	HW	DRAIN	STOPS & VALVES	MANUF.	MODEL	REMARKS
WH1	WATER HEATER 52 GALLON ELECTRIC	1-1/4"	1-1/4"	-	GATE	A.O. SMITH	DRE-52-24	208 VOLT, 3 PHASE, 24 KW.
DT1	DIAPHRAGM TANK	3/4"	-	-	-	STATE	ETC-5X	PROVIDE PRESSURE CHARGE AS PER MANUFACTURERS INSTRUCTIONS
CP1	HOT WATER CIRCULATION PUMP	3/4"	-	-	-	TACO	009	110 VOLT , 1/35 HP , 2 GPM @ 9' TDH. INCLUDE TIMER TO TURNOFF PUMP AT NIGHT.

DOMESTIC WATER BOOSTER PUMP SCHEDULE -

SYM.	SERVICE	INLET PRESSURE (PSIG)	DISCHARGE PRESSURE (PSIG)	# OF PUMPS	FLOW (GPM)	MOTOR (HP)	ELECTRICAL (V,PH,Hz)	BASIS OF DESIGN	REMARKS
DWBP-1	DOMESTIC WATER	45	115	2	153	5	208-3-60	HYFAB MVP-850-208	-



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REV.	DATE	DESCRIPTION
NO.	DATE	ISSUE NOTE
Project Manager	Drawn By	
Date	Reviewed By	
Project ID		
23-27149-01		
Sheet Title		

SCHEDULES, LEGEND & NOTES

Sheet No.

P001

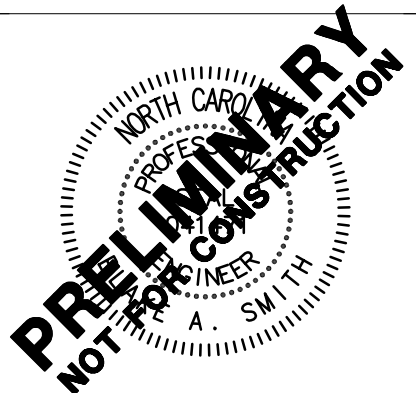
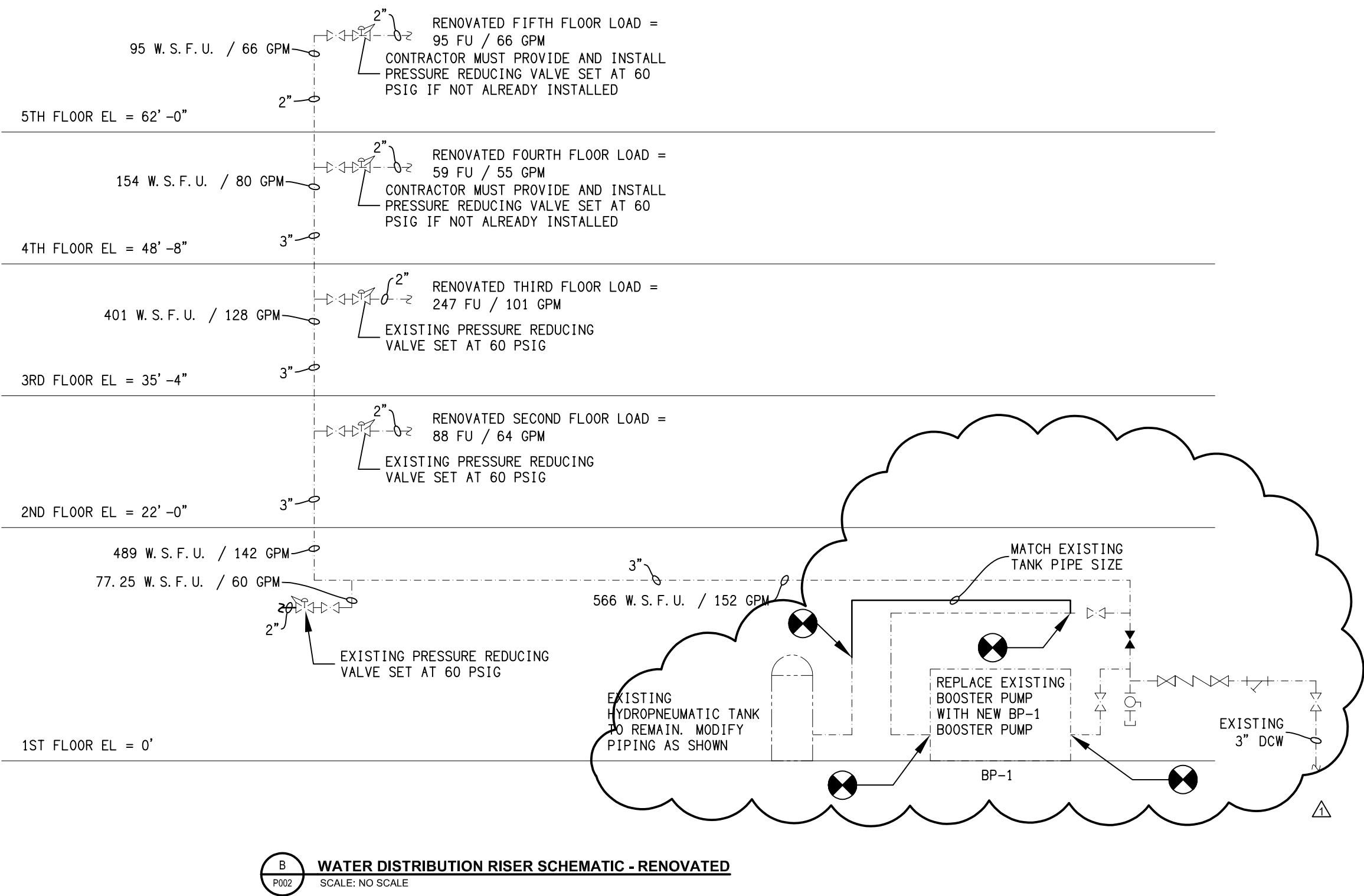
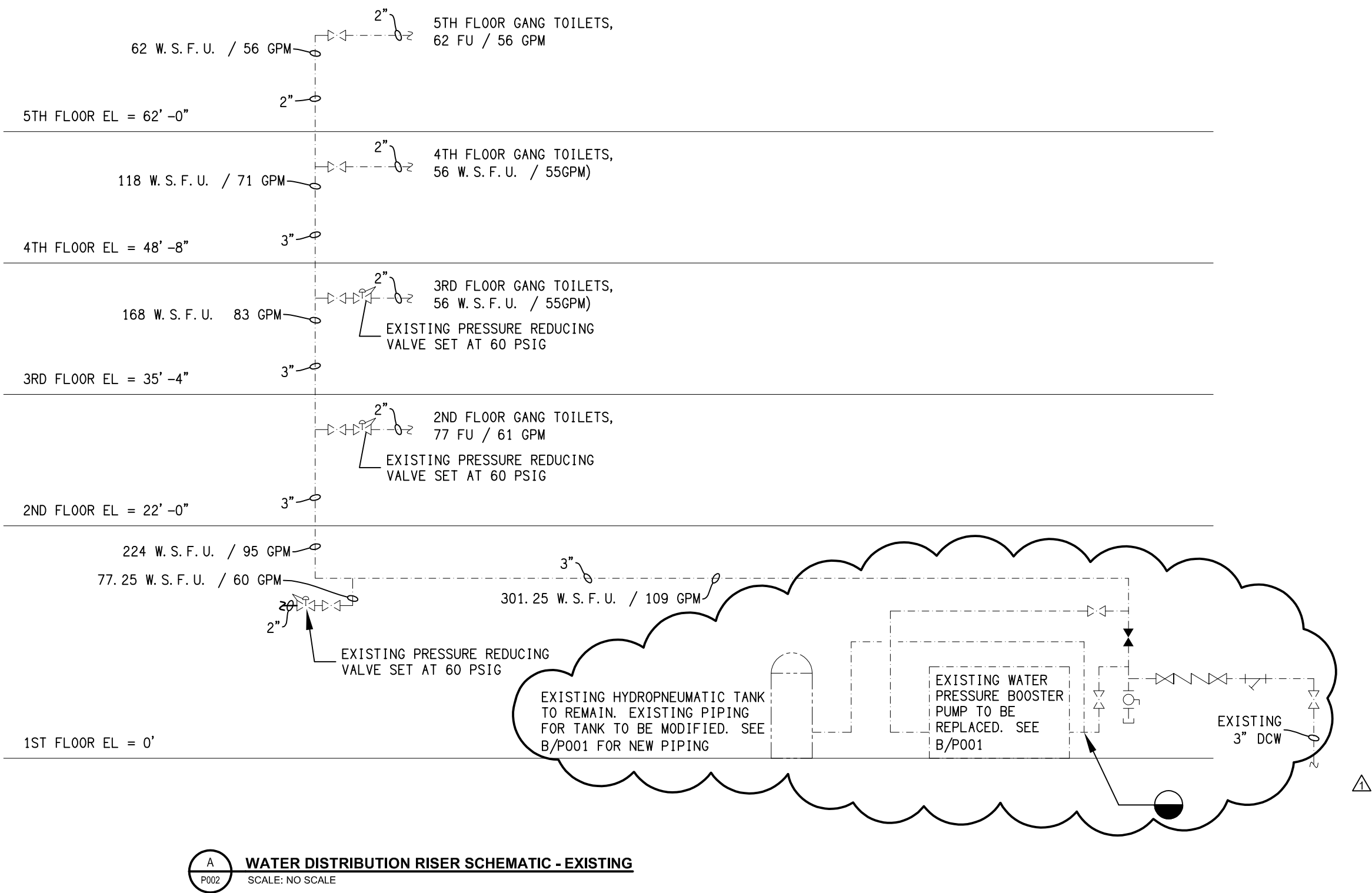
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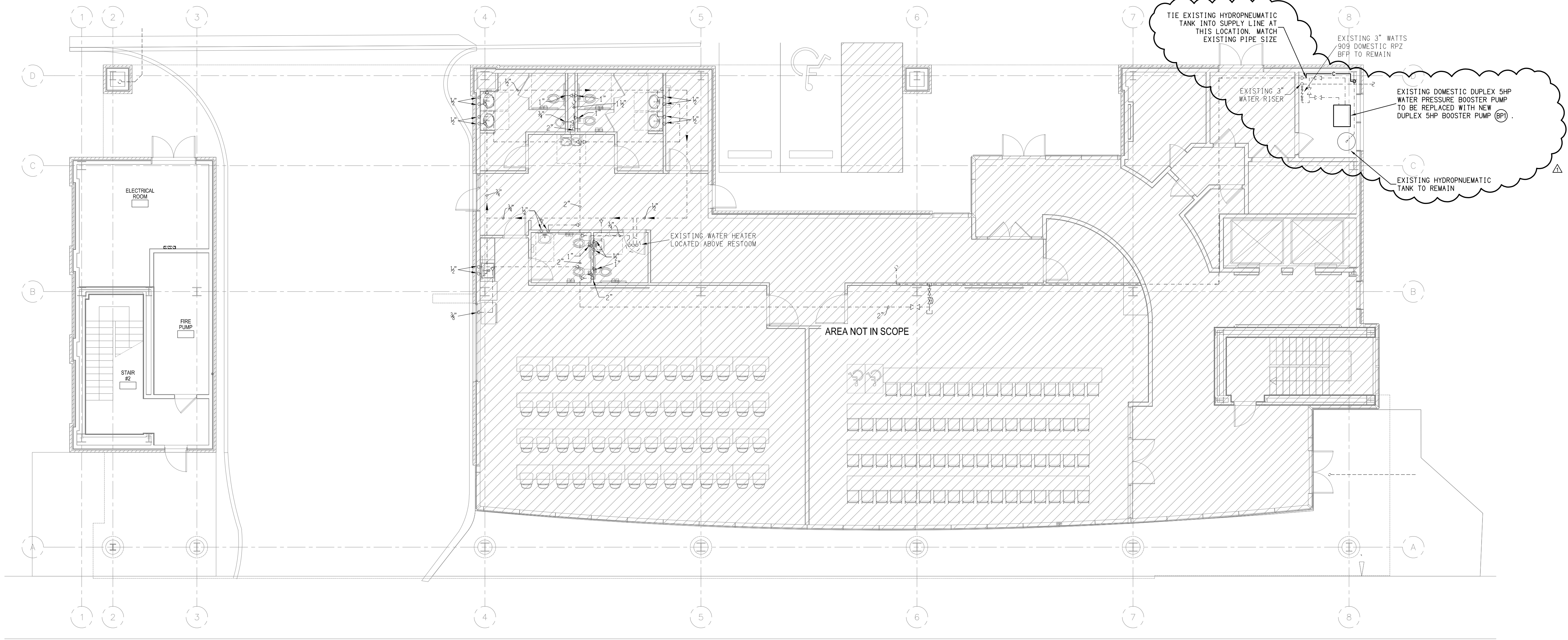
NCCCS # 2772

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Project Manager	Drawn By	
Date	Reviewed By	
Project ID		
23-27149-01		

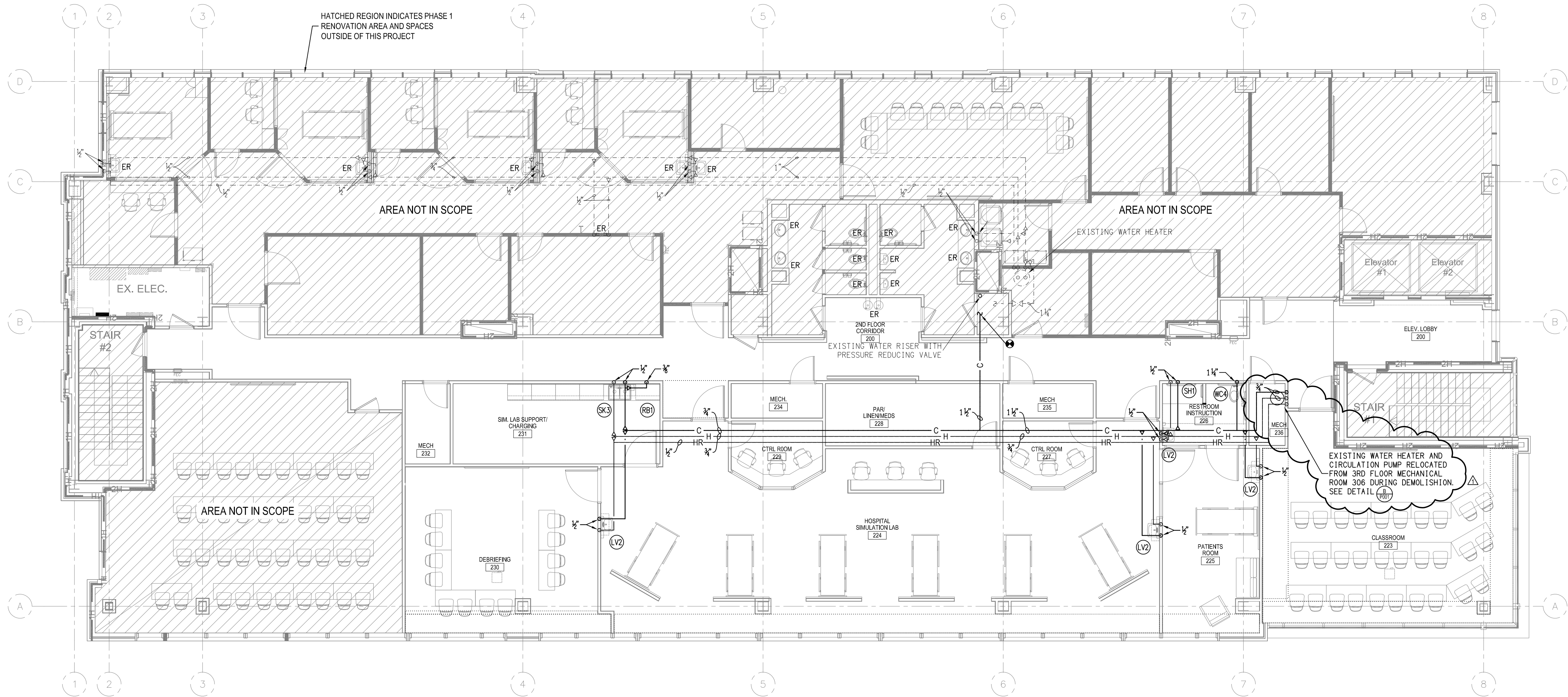
SCHEDULES,
LEGEND & NOTES

Sheet No.

P002



A
P111 **WATER PIPING PLAN - FIRST FLOOR**
SCALE: 1/8"=1'-0"

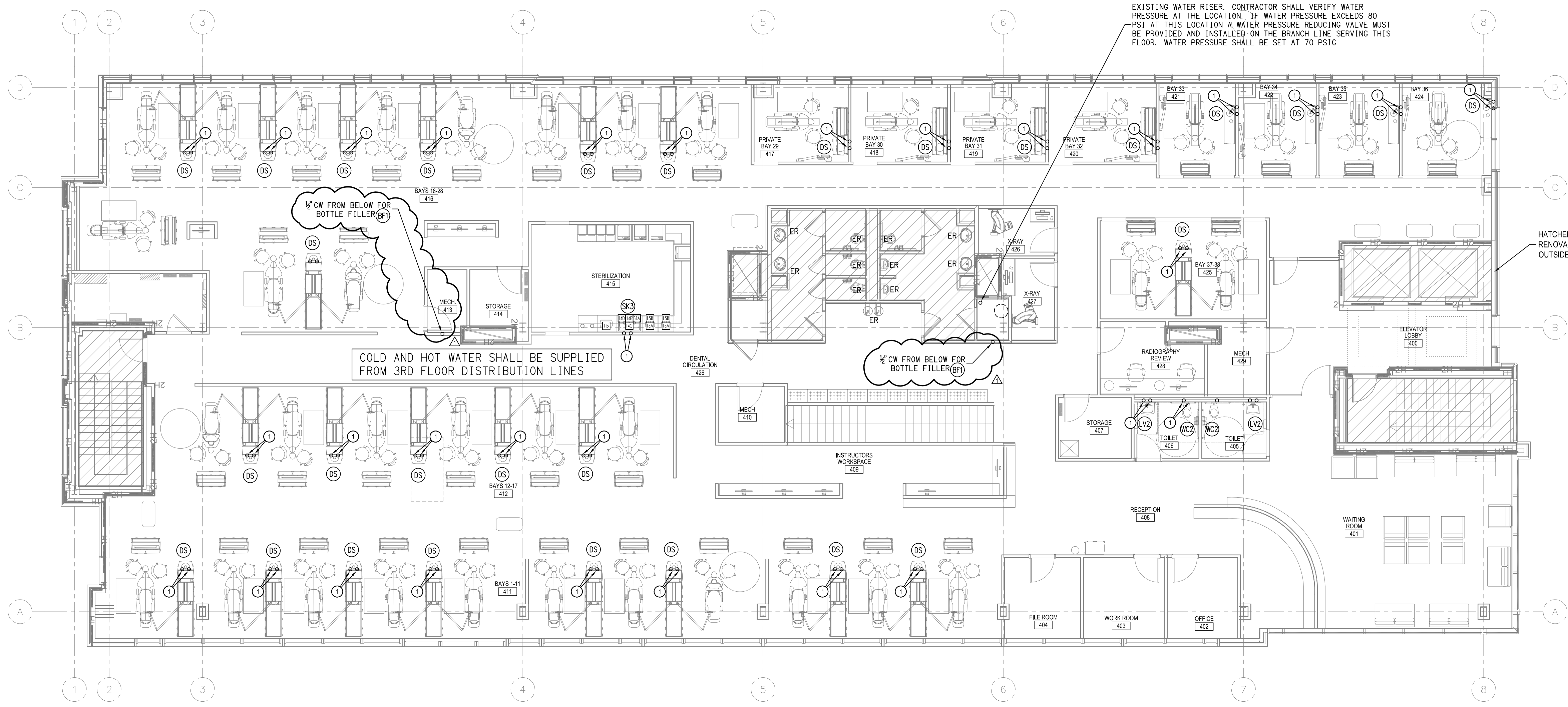


A
WATER PIPING PLAN - SECOND FLOOR
P121
SCALE: 1/8"=1'-0"



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Sheet Title	WATER PIPING PLAN - SECOND FLOOR	
Sheet No.	P121	



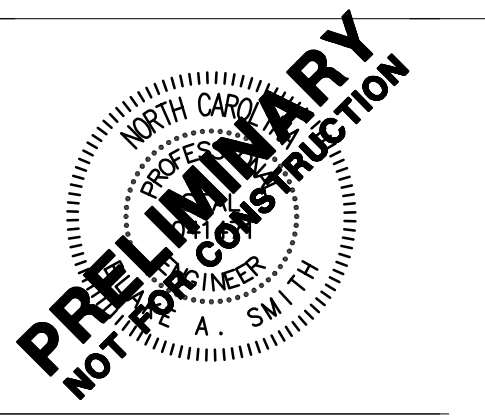
INDICATES DENTAL EQUIPMENT CONNECTION. SEE DENTAL PLUMBING EQUIPMENT SCHEDULE ON SHEET P041 FOR IDENTIFICATION AND CONNECTION INFORMATION. SEE SHEETS P003 AND P004 FOR DENTAL EQUIPMENT CONNECTION DETAILS

WATER PIPING PLAN - FOURTH FLOOR
SCALE: 1/8"=1'-0"

KEY NOTES:
① INDICATED WATER LINE IS SUPPLIED FROM THIRD FLOOR CEILING SPACE DISTRIBUTION PIPING.

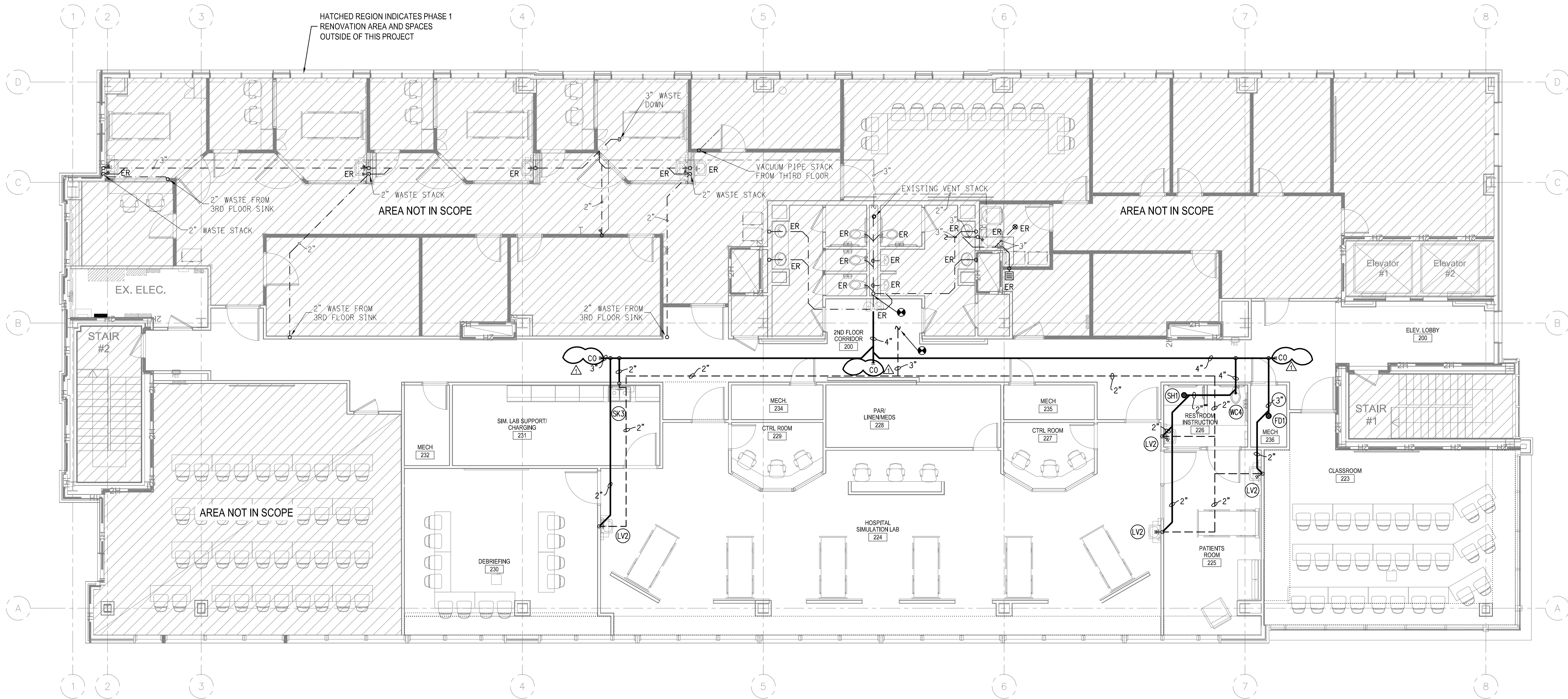
bmm
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Sheet No.		



D.W.V. PLAN - SECOND FLOOR
SCALE: 1/8"=1'-0"

1	07/16/24	ADDENDUM #1
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NO.	DATE	ISSUE NOTE
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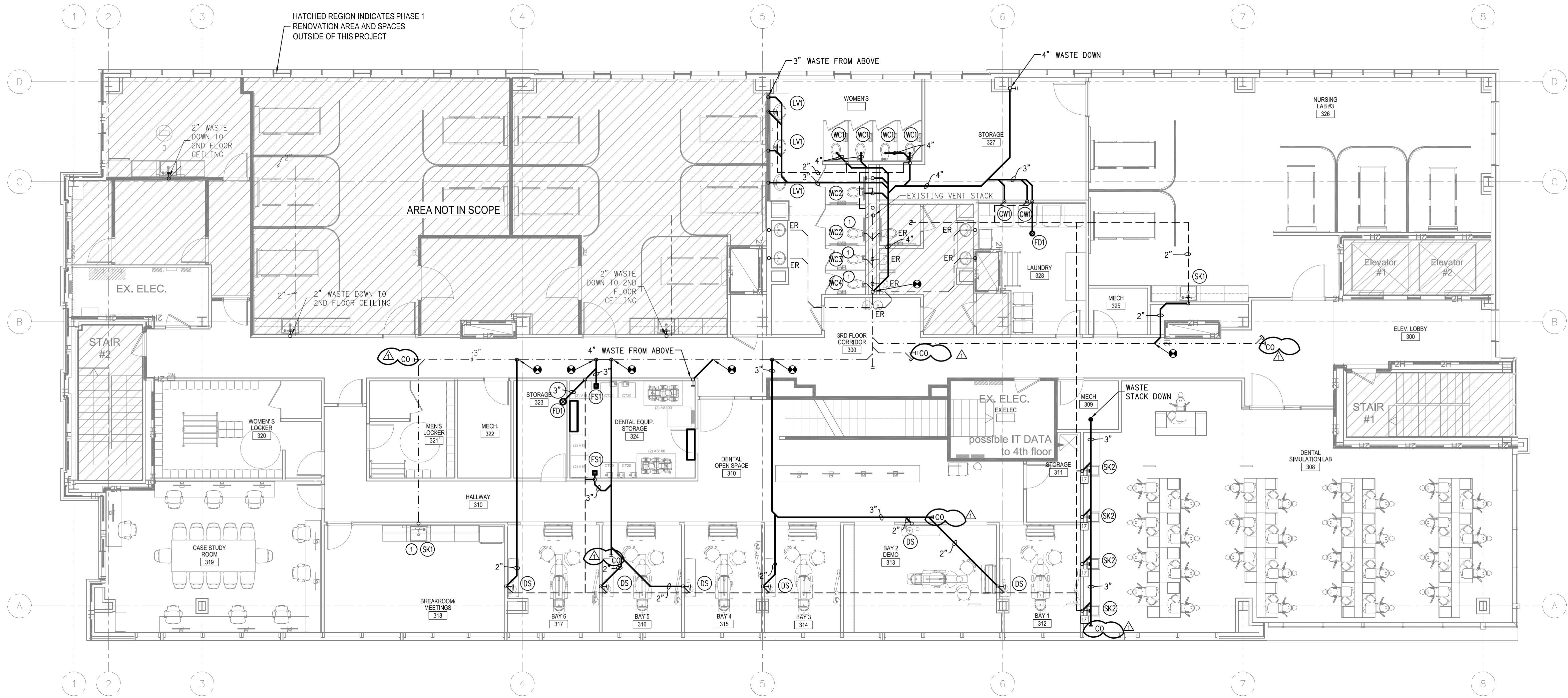
Date	Reviewed By
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Project ID

Sheet Title

DWV PLAN - SECOND FLOOR

Sheet No.



INDICATES DENTAL EQUIPMENT CONNECTION. SEE DENTAL PLUMBING EQUIPMENT SCHEDULE ON SHEET P331 FOR IDENTIFICATION AND CONNECTION INFORMATION. SEE SHEETS P003 AND P004 FOR DENTAL EQUIPMENT CONNECTION DETAILS

D.W.V. PLAN - THIRD FLOOR
SCALE: 1/8"=1'-0"

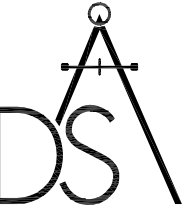
KEY NOTES:
1 EXISTING PLUMBING FIXTURE SHALL BE REMOVED FOR RENOVATION AND DISPOSED OF. A NEW PLUMBING FIXTURE AS INDICATED SHALL BE INSTALLED AFTER OTHER RENOVATION WORK IS COMPLETE.



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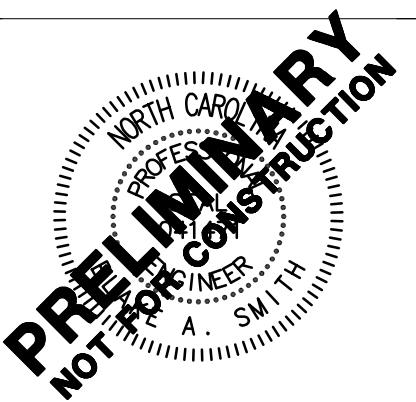
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Date Reviewed By

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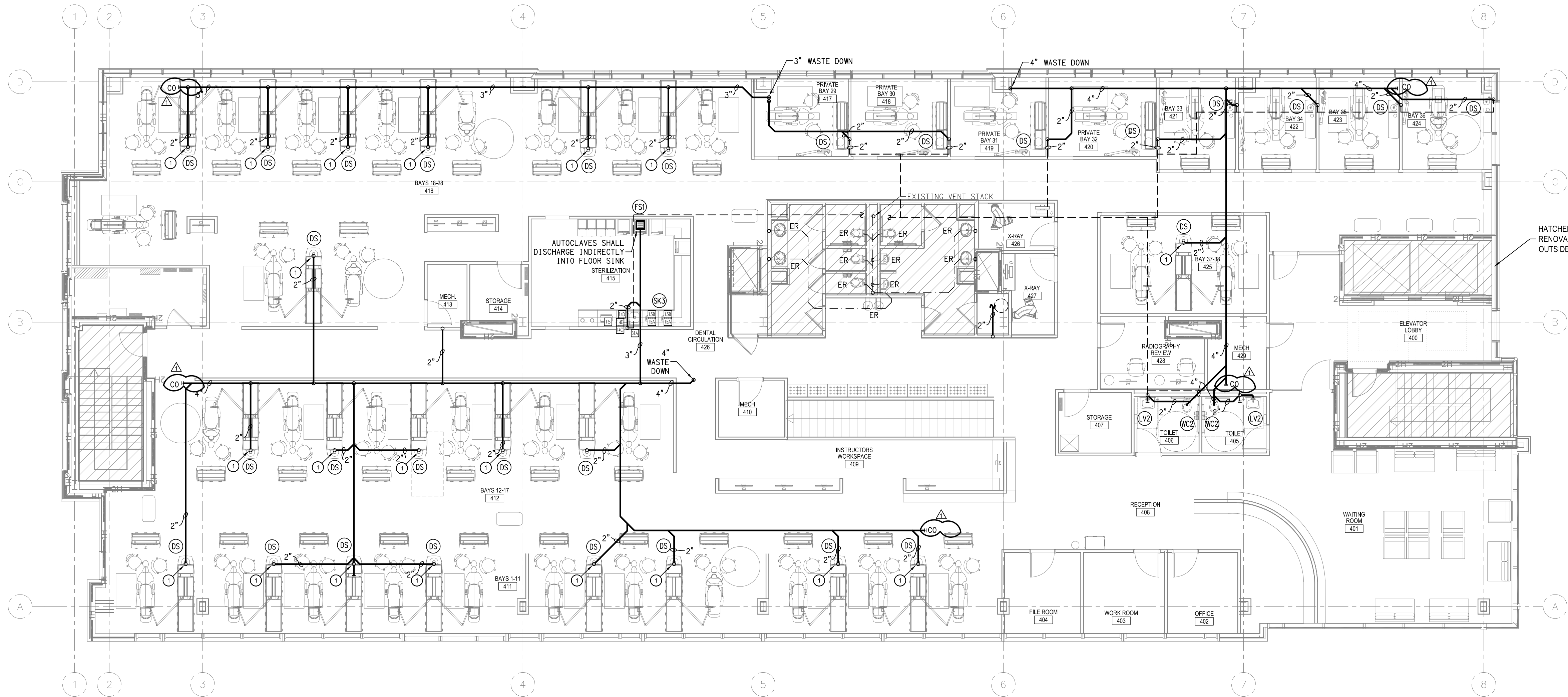
23-27149-01

Sheet Title

**DWV PLAN -
THIRD FLOOR**

Sheet No.

P231



□ INDICATES DENTAL EQUIPMENT CONNECTION. SEE DENTAL PLUMBING EQUIPMENT SCHEDULE ON SHEET P341 FOR IDENTIFICATION AND CONNECTION INFORMATION. SEE SHEETS P003 AND P004 FOR DENTAL EQUIPMENT CONNECTION DETAILS

D.W.V. PLAN - FOURTH FLOOR
SCALE: 1/8"=1'-0"

KEY NOTES:
① INSTALL WASTE STACK WITH TRAP AND A.A.V. FOR DENTAL SINK.

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Project ID		
23-27149-01		
Sheet Title		

**DWV PLAN -
FOURTH FLOOR**

Sheet No.

P241

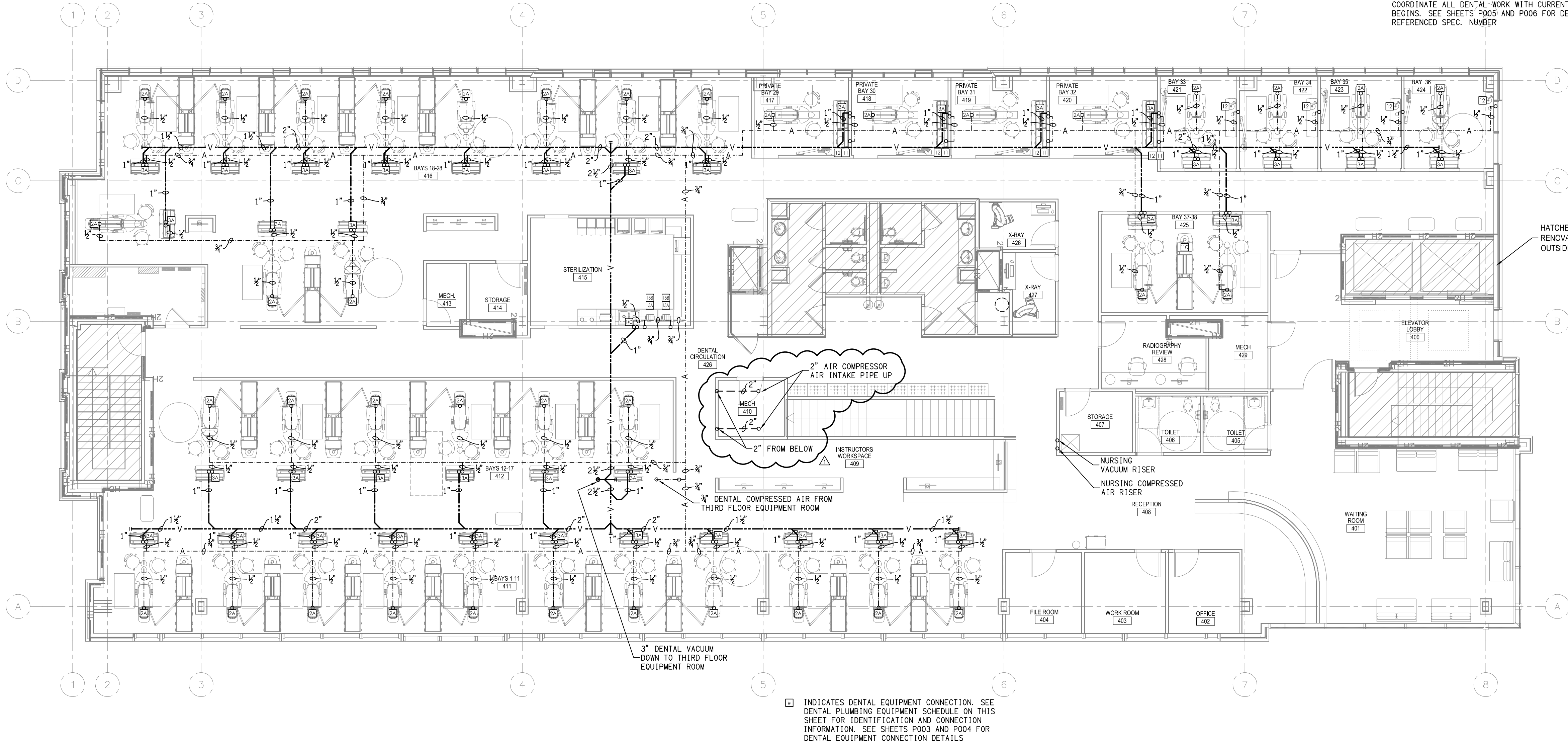
A

B

C

D

E



A MEDICAL VACUUM AND COMPRESSED AIR PIPING PLAN - FOURTH FLOOR
P341 SCALE: 1/8"=1'-0"

PLUMBING SPECIFICATIONS									
QUANTITY	SPEC. NUMBER	DESCRIPTION	UTILITIES						
			COLD WATER	HOT WATER	COMBUSTIBLE GAS	NATURAL GAS	VENT	CO2	DETAIL
38	2A	UTILITY CENTER - SELF-CONTAINED WATER. SEE DETAILS. SELF-CONTAINED WATER. ALL UTILITIES MUST CONFORM TO PREVAILING LOCAL CODES.							2A
38	3A	UTILITY CENTER - SELF-CONTAINED WATER. SEE DETAILS. ALL UTILITIES MUST CONFORM TO PREVAILING LOCAL CODES.							3A
8	11	MODULAR SINKS & FAUCETS - SINK AND FAUCET SUPPLIED BY HENRY SCHEN DENTAL. INSTALLED BY PLUMBER. FINAL CONNECTIONS BY PLUMBER.							
21	11C	CENTER ISLAND CABINET - SUPPLIED AND INSTALLED BY HENRY SCHEN DENTAL. SINK AND FAUCET TO BE CONNECTED BY PLUMBER. FINAL CONNECTIONS OF CABINET UTILITIES BY CONTRACTOR(S).							11C
8	12	AIR POWERED SINK CONTROL - FROM (12) TO (11). SUPPLIED BY HENRY SCHEN DENTAL. INSTALLED BY PLUMBER.							
1	14C	MODULAR STERILIZATION CENTER - STERIL CENTER SUPPLIED AND INSTALLED BY HENRY SCHEN DENTAL. CONTRACTOR TO PROVIDE UTILITIES PER MANUFACTURER'S SPECIFICATIONS. EXACT LOCATIONS TO BE CONFIRMED ON-SITE BY HENRY SCHEN DENTAL EQUIPMENT SPECIALIST. FINAL CONNECTIONS BY CONTRACTOR(S).							14C
1	14D	VECTACOOL DIRECT-TO-DRAIN SYSTEM - SUPPLIED AND INSTALLED BY HENRY SCHEN DENTAL. TIE INTO EXISTING SINK DRAIN AND COLD WATER LINE WHERE POSSIBLE. SYSTEM SHOULD BE INSTALLED IN SINK CABINET DOWNWELL FROM SINK (14) AND UPWELL FROM CONNECTION TO DRAIN. A REMOTE WATER CONTROL VALVE IS RECOMMENDED ON FACILITY WATER LINE WHEN USING THIS SYSTEM.							14D
1	14E	VETA DRANDOCK MULTI-PORT DRAIN ADAPTER - ADAPTER PROVIDED BY HENRY SCHEN. INSTALLED BY PLUMBER. FINAL CONNECTIONS BY PLUMBER.							14E
1	15	ULTRASONIC CLEANER - FOR EQUIPMENT LOCATION ONLY. CONTRACTOR TO PROVIDE REQ'D UTILITIES FOR STERILIZATION CENTER AT 14C LOCATION. CLEANER SUPPLIED AND INSTALLED BY HENRY SCHEN DENTAL. CONNECTS TO SINK DRAIN.							14C
2	15A	WASHER DISINFECTOR - FOR EQUIPMENT LOCATION ONLY. CONTRACTOR TO PROVIDE REQ'D UTILITIES FOR STERILIZATION CENTER AT 14C LOCATION. WASHER SUPPLIED AND INSTALLED BY HENRY SCHEN DENTAL.							15A
2	15B	HANDPIECE MAINTENANCE SYSTEM - FOR EQUIPMENT LOCATION ONLY. CONTRACTOR TO PROVIDE REQ'D UTILITIES FOR STERILIZATION CENTER AT 14C LOCATION. SYSTEM SUPPLIED AND INSTALLED BY HENRY SCHEN DENTAL.							14C
1	31A	BOTTLE AND/OR AUTOCLAVE WATER TREATMENT SYSTEM - SUPPLIED AND INSTALLED BY HENRY SCHEN DENTAL. (WHERE PERMITTED BY CODE). UTILITIES BY CONTRACTOR. SEE MANUFACTURER SPECIFICATIONS & DETAILS.							31A

DENTAL EQUIPMENT PLUMBING SPECIFICATIONS PROVIDED BY DENTAL EQUIPMENT PROVIDER. COORDINATE ALL DENTAL WORK WITH CURRENT DENTAL EQUIPMENT DRAWINGS BEFORE ANY WORK BEGINS. SEE SHEETS P005 AND P006 FOR DENTAL EQUIPMENT SUPPLIER DETAILS WITH REFERENCED SPEC. NUMBER

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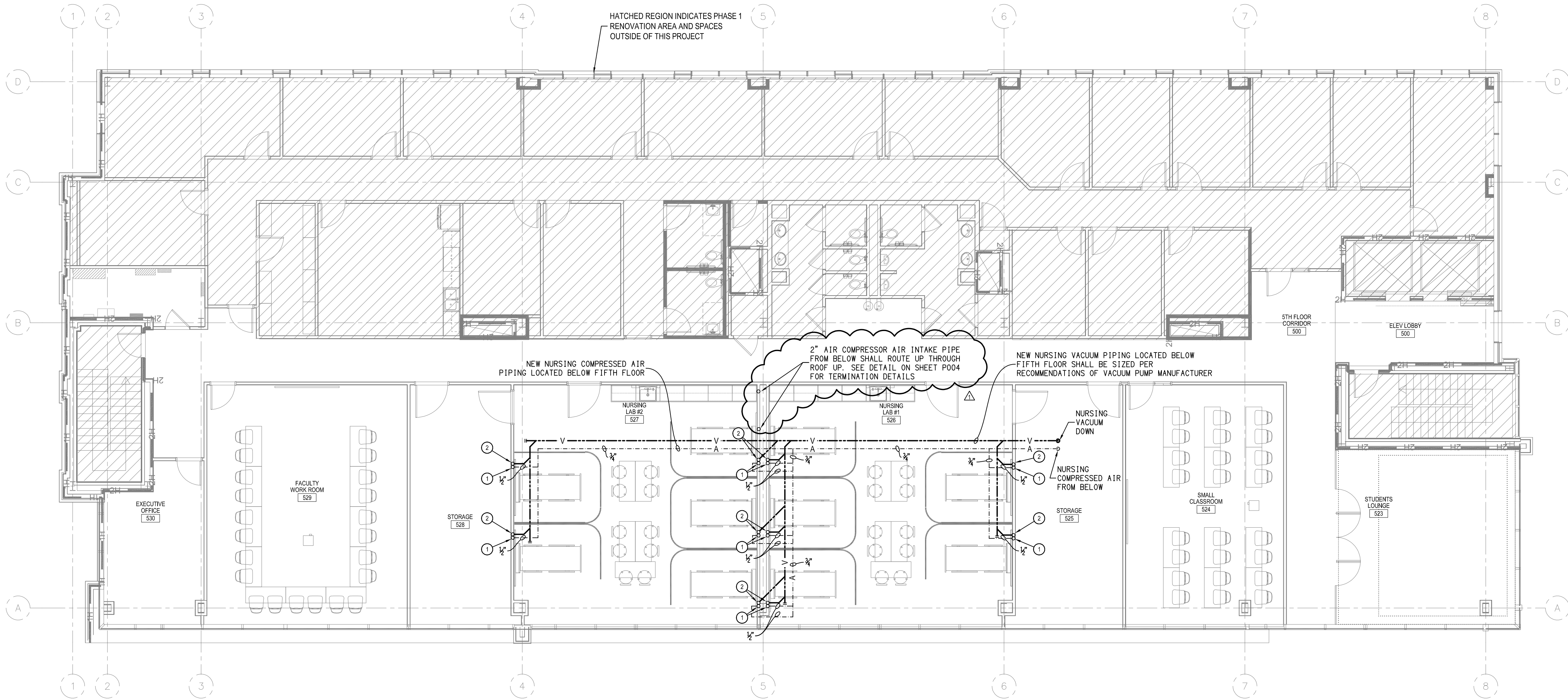
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Sheet Title	MEDICAL VACUUM AND COMPRESSED AIR PIPING PLAN - FOURTH FLOOR	
Sheet No.		

P341



A
P351 **MEDICAL VACUUM AND COMPRESSED AIR PIPING PLAN - FIFTH FLOOR**
SCALE: 1/8"=1'-0"

- KEY NOTES:
- ① 1/2" COMPRESSED AIR SUPPLIED FROM BELOW FOR NURSING HEADWALL. SEE ARCHITECTURAL DRAWINGS FOR HEADWALL DIMENSIONS. CONNECTORS MUST BE CHEMTRON COMPATIBLE.
 - ② 1" VACUUM PIPE SUPPLIED FROM BELOW FOR NURSING HEADWALL. SEE ARCHITECTURAL DRAWINGS FOR HEADWALL DIMENSIONS.

1	07/16/24	ADDENDUM #1
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NO.	DATE	ISSUE NOTE
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Date	Reviewed By
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Project ID	
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Sheet Title	MEDICAL VACUUM AND COMPRESSED AIR PIPING PLAN FIFTH FLOOR
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Sheet No.	
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