

DRAWING INDEX	
SHEET	TITLE
COVER	APPENDIX B AND DRAWING INDEX
A0.0	GENERAL NOTES, SCHEDULES, AND UL DETAILS
A0.1	ACCESSIBILITY DETAILS
A1.0	KEY PLAN, FLOOR PLAN, ENLARGED TOILET PLAN
A1.1	REFLECTED CEILING PLAN AND LIFE SAFETY PLAN
A2.0	DETAILS AND CABINETS
ID.0	FINISHES AND FLOORING LAYOUT
ID.1	PLUMBING AND LIGHTING FIXTURES
ID.2	CUSTOM FEATURE
ID2.1	CABINETRY
P1	GENERAL PLUMBING NOTES AND SCHEDULES
P2	WASTE AND SUPPLY PLANS
P3	WASTE AND SUPPLY RISERS
P4	VACUUM AND AIR PLANS
P5	PLUMBING DETAILS
M1	GENERAL MECHANICAL NOTES AND SCHEDULES
M2	MECHANICAL PLAN
M3	MECHANICAL DETAILS
E1	GENERAL ELECTRICAL NOTES AND SCHEDULES
E2	POWER PLAN
E3	LIGHTING PLAN
E4	ELECTRICAL RISERS AND SCHEDULES
E5	ELECTRICAL DETAILS
DENTAL DRAWING - FOR INFORMATION ONLY	
DA001	DENTAL GENERAL NOTES
DA111	DENTAL LVL 1 FLOOR PLAN
DA113	DENTAL LVL 1 BACKING PLAN
DB110	DENTAL LVL 1 UTILITIES IN FLOOR
DE110	DENTAL LVL 1 ELECTRICAL AND LOW VOLTAGE
DP110	DENTAL LVL 1 PLUMBING
DP111	DENTAL LVL 1 MEDICAL GAS PLAN
DX110	DENTAL DETAILS
DX111	DENTAL MEDICAL GAS DETAILS

NOTICE TO CONTRACTOR
All construction must comply with current NC Building Codes and is subject to field inspection and verification.

Reviewed for Code Compliance

08/16/2023

2018 APPENDIX B - BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS

<p>NAME OF PROJECT: SOUTHERN SMILES BUILDING ADDRESS: 2305 NC HIGHWAY 24-87 ZIP CODE: 28326 PROPOSED USE: DENTIST OFFICE OWNER OR AUTHORIZED AGENT: LUKE COYLE PHONE: (919) 791-4631 EMAIL: LUKE@HMDDEVELOPMENT.COM OWNER BY: CITY/COUNTY PRIVATE STATE CODE ENFORCEMENT JURISDICTION: CITY CAMERON COUNTY STATE</p> <p>CONTACT:</p> <table border="1" style="width: 100%; font-size: 8px;"> <thead> <tr> <th>DESIGNER</th> <th>COMPANY</th> <th>NAME</th> <th>LICENSE#</th> <th>TELEPHONE#</th> <th>EMAIL</th> </tr> </thead> <tbody> <tr> <td>ARCHITECTURAL CIVIL</td> <td>REDFOOT STUDIO</td> <td>RICHARD REDFOOT</td> <td>9221</td> <td>(919) 931-7134</td> <td>RICHARD@REDFOOTSTUDIO.COM</td> </tr> <tr> <td>ELECTRICAL</td> <td>KLJAN ENGINEERING</td> <td>JACOB HAMILTON</td> <td>4802</td> <td>(252) 438-8778</td> <td>JHAMILTON@KLJANENGINEERING.COM</td> </tr> <tr> <td>FIRE ALARM PLUMBING</td> <td>KLJAN ENGINEERING</td> <td>JACOB HAMILTON</td> <td>4802</td> <td>(252) 438-8778</td> <td>JHAMILTON@KLJANENGINEERING.COM</td> </tr> <tr> <td>MECHANICAL</td> <td>KLJAN ENGINEERING</td> <td>JACOB HAMILTON</td> <td>4802</td> <td>(252) 438-8778</td> <td>JHAMILTON@KLJANENGINEERING.COM</td> </tr> <tr> <td>SPRINKLER-STANDPIPE STRUCTURAL</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>RETAINING WALLS > 5' HIGH OTHER</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table> <p>2018 NC BUILDING CODE: <input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION <input type="checkbox"/> RENOVATION <input checked="" type="checkbox"/> 1ST TIME INTERIOR COMPLETION <input type="checkbox"/> SHELLCORE - CONTACT THE LOCAL INSPECTION JURISDICTION FOR POSSIBLE ADDITIONAL PROCEDURES AND REQUIREMENTS <input type="checkbox"/> PHASED CONSTRUCTION - SHELLCORE - CONTACT THE LOCAL INSPECTION JURISDICTION FOR POSSIBLE ADDITIONAL PROCEDURES AND REQUIREMENTS</p> <p>2018 NC EXISTING BUILDING CODE: <input type="checkbox"/> PRESCRIPTIVE <input type="checkbox"/> REPAIR <input type="checkbox"/> CHAPTER 14 <input type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> HISTORIC PROPERTY</p> <p>CONSTRUCTED (date): 2022 CURRENT OCCUPANCY(S) (Ch. 3): NA RENOVATED (date): NA PROPOSED OCCUPANCY(S) (Ch. 3): B</p> <p>RISK CATEGORY (TABLE 1604.5): CURRENT: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV PROPOSED: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p> <p>BUILDING DATA: CONSTRUCTION TYPE: <input type="checkbox"/> I-A <input type="checkbox"/> I-B <input type="checkbox"/> I-C <input type="checkbox"/> I-D <input type="checkbox"/> I-E <input type="checkbox"/> I-F <input type="checkbox"/> I-G <input type="checkbox"/> I-H <input type="checkbox"/> I-I <input type="checkbox"/> I-J <input type="checkbox"/> I-K <input type="checkbox"/> I-L <input type="checkbox"/> I-M <input type="checkbox"/> I-N <input type="checkbox"/> I-O <input type="checkbox"/> I-P <input type="checkbox"/> I-Q <input type="checkbox"/> I-R <input type="checkbox"/> I-S <input type="checkbox"/> I-T <input type="checkbox"/> I-U <input type="checkbox"/> I-V <input type="checkbox"/> I-W <input type="checkbox"/> I-X <input type="checkbox"/> I-Y <input type="checkbox"/> I-Z</p> <p>SPRINKLERS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIAL <input type="checkbox"/> YES <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D</p> <p>STANDPIPES: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES CLASS <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> WET <input type="checkbox"/> DRY</p> <p>FIRE DISTRICT: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Primary) FLOOD HAZARD AREA: <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>SPECIAL INSPECTIONS REQUIRED: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (contact the local inspection jurisdiction for additional procedures and requirements.)</p> <p>GROSS BUILDING AREA:</p> <table border="1" style="width: 100%; font-size: 8px;"> <thead> <tr> <th>FLOOR</th> <th>EXISTING (SQ FT)</th> <th>NEW (SQ FT)</th> <th>SUB-TOTAL</th> </tr> </thead> <tbody> <tr> <td>3RD FLOOR</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>2ND FLOOR</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>MEZZANINE</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>1ST FLOOR</td> <td>17,178</td> <td>3,130 (AREA OF WORK)</td> <td>17,178 (3,130)</td> </tr> <tr> <td>BASEMENT</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>TOTAL</td> <td>17,178</td> <td>3,130 (AREA OF WORK)</td> <td>17,178 (3,130)</td> </tr> </tbody> </table> <p>ALLOWABLE AREA OCCUPANCY:</p> <table border="1" style="width: 100%; font-size: 8px;"> <thead> <tr> <th>ASSEMBLY</th> <th>A-1</th> <th>A-2</th> <th>A-3</th> <th>A-4</th> <th>A-5</th> </tr> </thead> <tbody> <tr> <td>BUSINESS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>EDUCATIONAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>FACTORY/INDUSTRIAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>HAZARDOUS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>INSTITUTIONAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MERCANTILE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RESIDENTIAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STORAGE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>UTILITY AND MISCELLANEOUS</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>ACCESSORY OCCUPANCY CLASSIFICATIONS: NA</p> <p>INCIDENTAL USES (TABLE 509): NA</p> <p>SPECIAL USES (CHAPTER 4 - LIST CODE SECTIONS): NA</p> <p>SPECIAL PROVISIONS (CHAPTER 5 - LIST CODE SECTIONS): NA</p> <p>MIXED OCCUPANCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SEPARATION: NA HR EXCEPTION: NA</p> <p><input type="checkbox"/> NON-SEPARATED USE (508.3) - THE REQUIRED TYPE OF CONSTRUCTION FOR THE BUILDING SHALL BE DETERMINED BY APPLYING THE HEIGHT AND AREA LIMITATIONS FOR EACH OF THE APPLICABLE OCCUPANCIES TO THE ENTIRE BUILDING. THE MOST RESTRICTIVE TYPE OF CONSTRUCTION, SO DETERMINED, SHALL APPLY TO THE ENTIRE BUILDING.</p> <p><input type="checkbox"/> 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.</p> $\frac{\text{ACTUAL AREA OF OCCUPANCY A}}{\text{ALLOWABLE AREA OF OCCUPANCY A}} + \frac{\text{ACTUAL AREA OF OCCUPANCY B}}{\text{ALLOWABLE AREA OF OCCUPANCY B}} \leq 1$	DESIGNER	COMPANY	NAME	LICENSE#	TELEPHONE#	EMAIL	ARCHITECTURAL CIVIL	REDFOOT STUDIO	RICHARD REDFOOT	9221	(919) 931-7134	RICHARD@REDFOOTSTUDIO.COM	ELECTRICAL	KLJAN ENGINEERING	JACOB HAMILTON	4802	(252) 438-8778	JHAMILTON@KLJANENGINEERING.COM	FIRE ALARM PLUMBING	KLJAN ENGINEERING	JACOB HAMILTON	4802	(252) 438-8778	JHAMILTON@KLJANENGINEERING.COM	MECHANICAL	KLJAN ENGINEERING	JACOB HAMILTON	4802	(252) 438-8778	JHAMILTON@KLJANENGINEERING.COM	SPRINKLER-STANDPIPE STRUCTURAL	NA	NA	NA	NA	NA	RETAINING WALLS > 5' HIGH OTHER	NA	NA	NA	NA	NA	FLOOR	EXISTING (SQ FT)	NEW (SQ FT)	SUB-TOTAL	3RD FLOOR	NA	NA	NA	2ND FLOOR	NA	NA	NA	MEZZANINE	NA	NA	NA	1ST FLOOR	17,178	3,130 (AREA OF WORK)	17,178 (3,130)	BASEMENT	NA	NA	NA	TOTAL	17,178	3,130 (AREA OF WORK)	17,178 (3,130)	ASSEMBLY	A-1	A-2	A-3	A-4	A-5	BUSINESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EDUCATIONAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FACTORY/INDUSTRIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAZARDOUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSTITUTIONAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MERCANTILE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESIDENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STORAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UTILITY AND MISCELLANEOUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>FIRE PROTECTION REQUIREMENTS</p> <table border="1" style="width: 100%; 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font-size: 8px;"> <thead> <tr> <th>FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINE</th> <th>DEGREE OF OPENINGS PROTECTION (TABLE 705.8)</th> <th>ALLOWABLE AREA (%)</th> <th>ACTUAL SHOWN ON PLANS (%)</th> </tr> </thead> <tbody> <tr> <td>NA - EXISTING BUILDING</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>LIFE SAFETY SYSTEM REQUIREMENTS</p> <p>EMERGENCY LIGHTING: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES</p> <p>EXIT SIGNS: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES</p> <p>FIRE ALARM: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL</p> <p>SMOKE DETECTION SYSTEMS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>CARBON MONOXIDE DETECTION: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>LIFE SAFETY PLAN REQUIREMENTS</p> <p>LIFE SAFETY PLAN SHEET # 2/1.1</p> <p><input checked="" type="checkbox"/> FIRE AND SMOKE RATED WALL LOCATIONS (Chapter 7)</p> <p><input checked="" type="checkbox"/> ASSUMED AND REAL PROPERTY LINE LOCATIONS (IF NOT ON THE SITE PLAN)</p> <p><input checked="" type="checkbox"/> EXTERIOR WALL OPENINGS WITH RESPECT TO DISTANCE TO ASSUMED PROPERTY LINES (705.8)</p> <p><input checked="" type="checkbox"/> OCCUPANCY USE FOR EACH AREA AS IT RELATES TO OCCUPANT LOAD CALCULATION (TABLE 1004.1.2)</p> <p><input checked="" type="checkbox"/> OCCUPANT LOADS FOR EACH AREA</p> <p><input checked="" type="checkbox"/> EXIT ACCESS TRAVEL DISTANCE (107)</p> <p><input checked="" type="checkbox"/> COMMON PATH OF TRAVEL DISTANCES (TABLES 1006.2.1 & 1006.3.2 (1))</p> <p><input checked="" type="checkbox"/> DEAD END LENGTHS (1020.4)</p> <p><input checked="" type="checkbox"/> CLEAR EXIT WIDTHS FOR EACH EXIT DOOR</p> <p><input checked="" type="checkbox"/> MAXIMUM CALCULATED OCCUPANT LOAD CAPACITY EACH EXIT DOOR CAN ACCOMMODATE BASED ON EGRESS WIDTH (1005.3)</p> <p><input checked="" type="checkbox"/> ACTUAL OCCUPANT LOAD FOR EACH EXIT DOOR</p> <p><input type="checkbox"/> A SEPARATE SCHEMATIC PLAN INDICATING WHERE FIRE RATED FLOOR/CEILING AND/OR ROOF STRUCTURE IS PROVIDED FOR PURPOSES OF OCCUPANCY SEPARATION</p> <p><input type="checkbox"/> LOCATION OF DOORS WITH PANIC HARDWARE (1010.1.10)</p> <p><input type="checkbox"/> LOCATION OF DOORS WITH DELAYED EGRESS LOCKS AND THE AMOUNT OF DELAY (1010.1.8.7)</p> <p><input type="checkbox"/> LOCATION OF DOORS EQUIPPED WITH HOLD-OPEN DEVICES</p> <p><input type="checkbox"/> LOCATION OF EMERGENCY ESCAPE WINDOWS (1030)</p> <p><input type="checkbox"/> THE SQUARE FOOTAGE OF EACH FIRE AREA (202)</p> <p><input type="checkbox"/> THE SQUARE FOOTAGE OF EACH SMOKE COMPARTMENT FOR OCCUPANCY CLASSIFICATION I-2 (407.5)</p> <p><input type="checkbox"/> NOTE ANY CODE EXCEPTIONS OR TABLE NOTES THAT MAY HAVE BEEN UTILIZED REGARDING THE ITEMS ABOVE</p> <p>ACCESSIBLE DWELLING UNITS (SECTION 1107): NA - NO DWELLING UNITS</p> <table border="1" style="width: 100%; font-size: 8px;"> <thead> <tr> <th>TOTAL UNITS</th> <th>ACCESSIBLE UNITS REQUIRED</th> <th>ACCESSIBLE UNITS PROVIDED</th> <th>TYPE 'A' UNITS REQUIRED</th> <th>TYPE 'A' UNITS PROVIDED</th> <th>TYPE 'B' UNITS REQUIRED</th> <th>TYPE 'B' UNITS PROVIDED</th> <th>TOTAL ACCESSIBLE UNITS PROVIDED</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>ACCESSIBLE PARKING: NA - EXISTING BUILDING AND PARKING</p> <table border="1" style="width: 100%; font-size: 8px;"> <thead> <tr> <th rowspan="2">LOT OR PARKING AREA</th> <th colspan="2">TOTAL # OF PARKING SPACES</th> <th colspan="3"># OF ACCESSIBLE SPACES PROVIDED</th> <th rowspan="2">TOTAL # ACCESSIBLE PROVIDED</th> </tr> <tr> <th>REQUIRED</th> <th>PROVIDED</th> <th>REGULAR WITH 5' ACCESSIBLE</th> <th>VAN SPACES WITH 13' ACCESSIBLE</th> <th>8' ACCESSIBLE</th> </tr> </thead> <tbody> <tr> <td>USE 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>USE 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>USE 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>STRUCTURAL DESIGN: NA - EXISTING BUILDING</p> <p>IMPORTANCE FACTORS: SNOW (S) _____ SEISMIC (S) _____</p> <p>LIVE LOADS: ROOF _____ psf MEZZANINE _____ psf FLOOR _____ psf</p> <p>GROUND SNOW LOAD: _____ psf</p> <p>WIND LOAD: BASIC WIND SPEED _____ mph (ASCE-7) EXPOSURE CATEGORY _____</p> <p>SEISMIC DESIGN CATEGORY <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</p> <p>PROVIDE THE FOLLOWING SEISMIC DESIGN PARAMETERS:</p> <p>RISK CATEGORY (Table 1604.5) <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV</p> <p>SPECTRAL RESPONSE ACCELERATION S_s _____ %g S_1 _____ %g</p> <p>SITE CLASSIFICATION (ASCE 7) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F</p> <p>DATA SOURCE: <input type="checkbox"/> FIELD TEST <input type="checkbox"/> PRESUMPTIVE <input type="checkbox"/> HISTORICAL DATA</p> <p>BASIC STRUCTURAL SYSTEM (CHECK ONE)</p> <p><input type="checkbox"/> BEARING WALL <input type="checkbox"/> DUAL W/ SPECIAL MOMENT FRAME</p> <p><input type="checkbox"/> BUILDING FRAME <input type="checkbox"/> DUAL W/ INTERMEDIATE R/C OR SPECIAL STEEL</p> <p><input type="checkbox"/> MOMENT FRAME <input type="checkbox"/> INVERTED PENDULUM</p> <p>ANALYSIS PROCEDURE <input type="checkbox"/> SIMPLIFIED <input type="checkbox"/> EQUIVALENT LATERAL FORCE <input type="checkbox"/> DYNAMIC</p> <p>ARCHITECTURAL MECHANICAL COMPONENTS ANCHORED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>LATERAL DESIGN CONTROL: EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/></p> <p>SOIL BEARING CAPACITY:</p> <p>FIELD TEST (PROVIDE COPY OF TEST REPORT) _____ psf</p> <p>PRESUMPTIVE BEARING CAPACITY _____ psf</p> <p>PILE SIZE, TYPE, AND CAPACITY _____ psf</p> <p>PLUMBING REQUIREMENTS</p> <table border="1" style="width: 100%; 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EACH DESIGNER SHALL FURNISH THE REQUIRED PORTIONS OF THE PROJECT INFORMATION FOR THE PLAN DATA SHEET. IF PERFORMANCE METHOD, STATE THE ANNUAL ENERGY COST BUDGET FOR THE STANDARD REFERENCE DESIGN VERSUS ANNUAL ENERGY COST FOR THE PROPOSED DESIGN.</p> <p>EXISTING BUILDING ENVELOPE COMPLIES WITH CODE: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (THE REMAINDER OF THIS SECTION IS NOT APPLICABLE)</p> <p>EXEMPT BUILDING: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (PROVIDE CODE OR STATUTORY REFERENCE) NA</p> <p>CLIMATE ZONE: <input type="checkbox"/> 3A <input checked="" type="checkbox"/> 4A <input type="checkbox"/> 5A</p> <p>METHOD OF COMPLIANCE:</p> <p>ENERGY CODE <input type="checkbox"/> PERFORMANCE <input checked="" type="checkbox"/> PRESCRIPTIVE</p> <p>ASHRAE 90.1 <input type="checkbox"/> PERFORMANCE <input type="checkbox"/> PRESCRIPTIVE</p> <p>(IF OTHER SPECIFY SOURCE HERE)</p> <p>THERMAL ENVELOPE (PRESCRIPTIVE METHOD ONLY)</p> <p>ROOF/CEILING ASSEMBLY (each assembly):</p> <p>DESCRIPTION OF ASSEMBLY: NA</p> <p>U-VALUE OF TOTAL ASSEMBLY: _____</p> <p>R-VALUE OF INSULATION: _____</p> <p>FLOORS OVER UNCONDITIONED SPACE (each assembly):</p> <p>DESCRIPTION OF ASSEMBLY: NA</p> <p>U-VALUE OF TOTAL ASSEMBLY: _____</p> <p>R-VALUE OF INSULATION: _____</p> <p>OPENINGS (WINDOWS OR DOORS WITH GLAZING)</p> <p>U-VALUE OF ASSEMBLY: _____ SOLAR HEAT GAIN COEFFICIENT: _____ PROTECTION FACTOR: _____</p> <p>DOOR R-VALUES: _____</p> <p>WALLS BELOW GRADE (each assembly):</p> <p>DESCRIPTION OF ASSEMBLY: NA</p> <p>U-VALUE OF TOTAL ASSEMBLY: _____</p> <p>R-VALUE OF INSULATION: _____</p> <p>FLOORS OVER UNCONDITIONED SPACE (each assembly):</p> <p>DESCRIPTION OF ASSEMBLY: NA</p> <p>U-VALUE OF TOTAL ASSEMBLY: _____</p> <p>R-VALUE OF INSULATION: _____</p> <p>FLOORS SLAB ON GRADE:</p> <p>DESCRIPTION OF ASSEMBLY: NA</p> <p>U-VALUE OF TOTAL ASSEMBLY: _____</p> <p>R-VALUE OF INSULATION: _____</p> <p>HORIZONTAL/VERTICAL REQUIREMENT: _____</p> <p>SLAB HEATED: _____</p> <p>MECHANICAL SUMMARY: SEE MECHANICAL DRAWINGS</p> <p>MECHANICAL SYSTEMS, SERVICE SYSTEMS AND EQUIPMENT</p> <p>THERMAL ZONE: WINTER DRY BALLB SUMMER DRY BALLB</p> <p>INTERIOR DESIGN CONDITIONS: WINTER DRY BALLB SUMMER DRY BALLB RELATIVE HUMIDITY _____</p> <p>BUILDING HEATING LOAD: _____</p> <p>BUILDING COOLING LOAD: _____</p> <p>MECHANICAL SPACING CONDITIONING SYSTEM: UNITARY</p> <p>DESCRIPTION OF UNIT: _____</p> <p>HEATING EFFICIENCY: _____</p> <p>COOLING EFFICIENCY: _____</p> <p>SIZE CATEGORY: IF OVERSIZED, STATE REASON: _____</p> <p>CHILLER: _____</p> <p>LIST EQUIPMENT EFFICIENCIES: _____</p> <p>ELECTRICAL SUMMARY: SEE ELECTRICAL DRAWINGS</p> <p>ELECTRICAL SYSTEM AND EQUIPMENT</p> <p>METHOD OF COMPLIANCE: ENERGY CODE <input type="checkbox"/> PRESCRIPTIVE <input type="checkbox"/> PERFORMANCE</p> <p>ASHRAE 90.1 <input type="checkbox"/> PRESCRIPTIVE <input type="checkbox"/> PERFORMANCE</p> <p>LIGHTING SCHEDULE (each fixture type):</p> <p>LAMP TYPE REQUIRED IN FIXTURE: _____</p> <p>NUMBER OF LAMPS IN FIXTURE: _____</p> <p>BALLAST TYPE USED IN FIXTURE: _____</p> <p>NUMBER OF BALLASTS IN FIXTURE: _____</p> <p>TOTAL WATTAGE PER FIXTURE: _____</p> <p>TOTAL INTERIOR WATTAGE SPECIFIED VS. ALLOWED (whole building or space by space): _____</p> <p>TOTAL EXTERIOR WATTAGE SPECIFIED VS. ALLOWED: _____</p> <p>ADDITIONAL EFFICIENCY PACKAGE OPTIONS (WHEN USING THE 2018 NCECC, NOT REQUIRED FOR ASHRAE 90.1)</p> <p><input type="checkbox"/> C406.2 MORE EFFICIENT MECHANICAL EQUIPMENT</p> <p><input type="checkbox"/> C406.3 REDUCED LIGHTING POWER DENSITY</p> <p><input type="checkbox"/> C406.4 ENHANCED DIGITAL LIGHTING CONTROLS</p> <p><input type="checkbox"/> C406.5 ON-SITE RENEWABLE ENERGY</p> <p><input type="checkbox"/> C406.6 DEDICATED OUTDOOR AIR SYSTEM</p> <p><input type="checkbox"/> C406.7 REDUCED ENERGY USE IN SERVICE WATER HEATING</p>	BUILDING ELEMENT	FIRE SEPARATION DISTANCE (FEET)	RATING PROVIDED (W/ NA * REDUCTION)	DETAIL # AND SHEET #	DESIGN # FOR RATED ASSEMBLY	SHEET # FOR RATED PENETRATION	SHEET # FOR RATED JOINTS	STRUCTURAL FRAME, INCLUDING COLUMNS, GIRDERS, TRUSSES	NA	0	0	NA	NA	NA	BEARING WALLS							EXTERIOR							NORTH	NA	NA	NA	NA	NA	NA	EAST	NA	NA	NA	NA	NA	NA	WEST	NA	NA	NA	NA	NA	NA	SOUTH	NA	NA	NA	NA	NA	NA	INTERIOR	NA	NA	NA	NA	NA	NA	NON-BEARING WALLS AND PARTITIONS							EXTERIOR WALLS							NORTH	30+	0	NA	NA	NA	NA	EAST	30+	0	NA	NA	NA	NA	WEST	30+	0	NA	NA	NA	NA	SOUTH	30+	0	NA	NA	NA	NA	INTERIOR WALLS AND PARTITIONS	NA	0	0	NA	NA	NA	FLOOR CONSTRUCTION, INCLUDING SUPPORTING BEAMS AND JOISTS	NA	0	0	NA	NA	NA	FLOOR CEILING ASSEMBLY	NA	NA	NA	NA	NA	NA	COLUMNS SUPPORTING FLOORS	NA	0	NA	NA	NA	NA	ROOF CONSTRUCTION, INCLUDING SUPPORTING BEAMS AND JOISTS	NA	0	0	NA	NA	NA	ROOF CEILING ASSEMBLY	NA	0	0	NA	NA	NA	COLUMNS SUPPORTING ROOF	NA	0	0	NA	NA	NA	SHAFT ENCLOSURES - EXIT	NA	NA	NA	NA	NA	NA	SHAFT ENCLOSURES - STAIR	NA	NA	NA	NA	NA	NA	CORRIDOR SEPARATION	NA	0	0	NA	NA	NA	OCCUPANCY/FIRE BARRIER SEPARATION	NA	NA	NA	NA	NA	NA	PARTY/FIRE WALL SEPARATION	NA	NA	NA	NA	NA	NA	SMOKE BARRIER SEPARATION	NA	NA	NA	NA	NA	NA	SMOKE PARTITION	NA	NA	NA	NA	NA	NA	TENANT DWELLING UNIT / SLEEPING UNIT SEPARATION	NA	1	1	19A.0	UL L419	WL 1001	INCIDENTAL USE SEPARATION	NA	NA	NA	NA	NA	NA	MEDICAL GAS CLOSET	NA	1	1	19A.0	UL L419	WL 1001	FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINE	DEGREE OF OPENINGS PROTECTION (TABLE 705.8)	ALLOWABLE AREA (%)	ACTUAL SHOWN ON PLANS (%)	NA - EXISTING BUILDING				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									LOT OR PARKING AREA	TOTAL # OF PARKING SPACES		# OF ACCESSIBLE SPACES PROVIDED			TOTAL # ACCESSIBLE PROVIDED	REQUIRED	PROVIDED	REGULAR WITH 5' ACCESSIBLE	VAN SPACES WITH 13' ACCESSIBLE	8' ACCESSIBLE	USE 1							USE 2							USE 3							TOTAL							SPACE	EXISTING	WATER CLOSET		URINALS	LAVATORIES		SHOWERS & TUBS	DRINKING FOUNTAINS	MALE	FEMALE	MALE	FEMALE	NEW	1	1	0	0	0	0	0	0	REQUIRED	1	1	0	1	1	0	1	1
DESIGNER	COMPANY	NAME	LICENSE#	TELEPHONE#	EMAIL																																																																																																																																																																																																																																																																																																																																																																																																																																																													
ARCHITECTURAL CIVIL	REDFOOT STUDIO	RICHARD REDFOOT	9221	(919) 931-7134	RICHARD@REDFOOTSTUDIO.COM																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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PARTY/FIRE WALL SEPARATION	NA	NA	NA	NA	NA	NA																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINE	DEGREE OF OPENINGS PROTECTION (TABLE 705.8)	ALLOWABLE AREA (%)	ACTUAL SHOWN ON PLANS (%)																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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SPACE	EXISTING	WATER CLOSET		URINALS	LAVATORIES		SHOWERS & TUBS	DRINKING FOUNTAINS																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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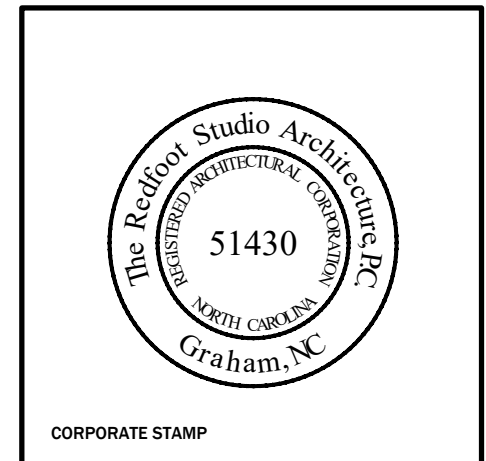
THE REDFOOT STUDIO ARCHITECTURE PC

2515 SAXAPAHAW-BETHEHEM CHURCH ROAD

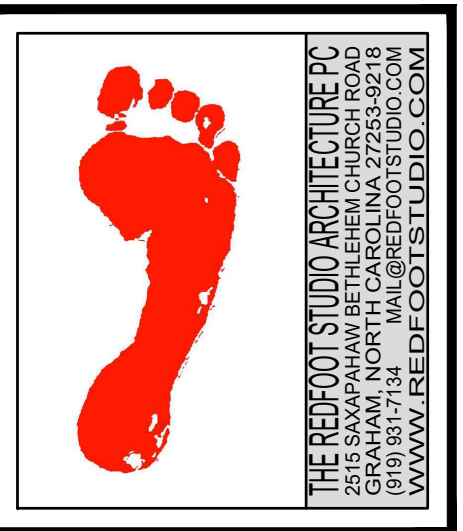
GRAHAM NORTH CAROLINA 27253-9218

(919) 931-7134 MAIL@REDFOOTSTUDIO.COM

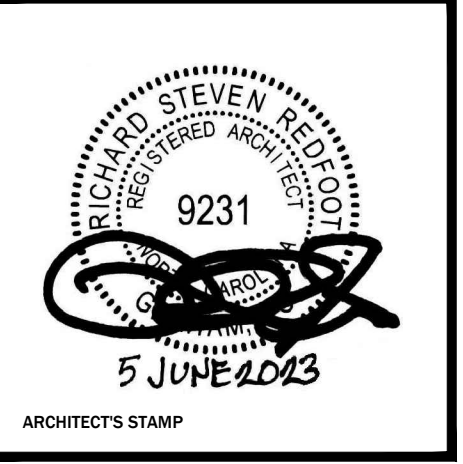
WWW.REDFOOTSTUDIO.COM



SOUTHERN SMILES

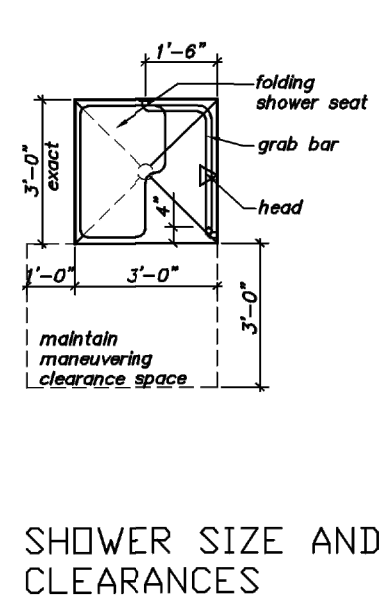
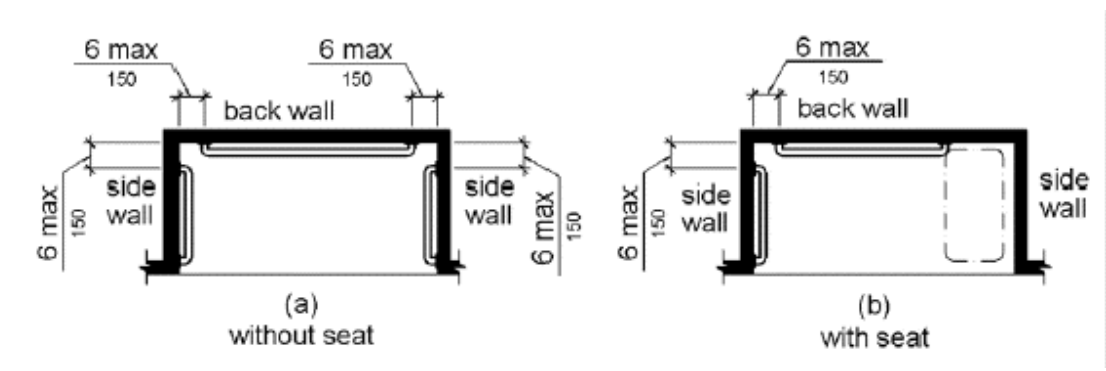


**SOUTHERN SMILES
PEDIATRIC DENTISTRY**
2305 NC HIGHWAY 24-87
CAMERON, NORTH CAROLINA

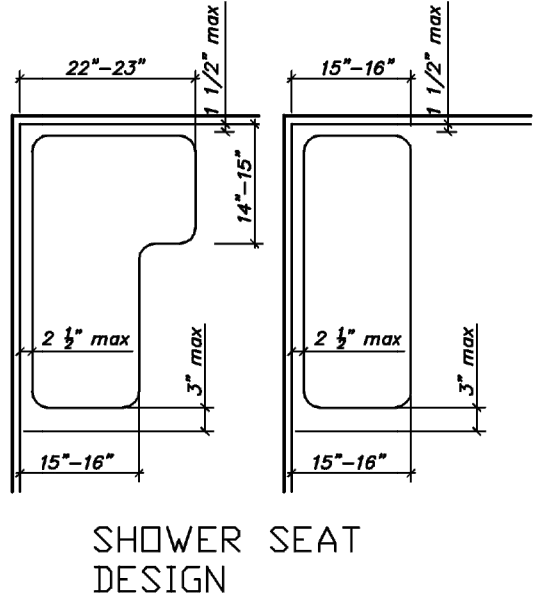


No.	Rev./Submissions	Date
	PERMIT	06/05/23
SCALE	AS NOTED	PROJECT NO. 230102
DESIGNED	RSR	DATE 5 JUNE 23
DRAWN	RSR	CHECKED RSR

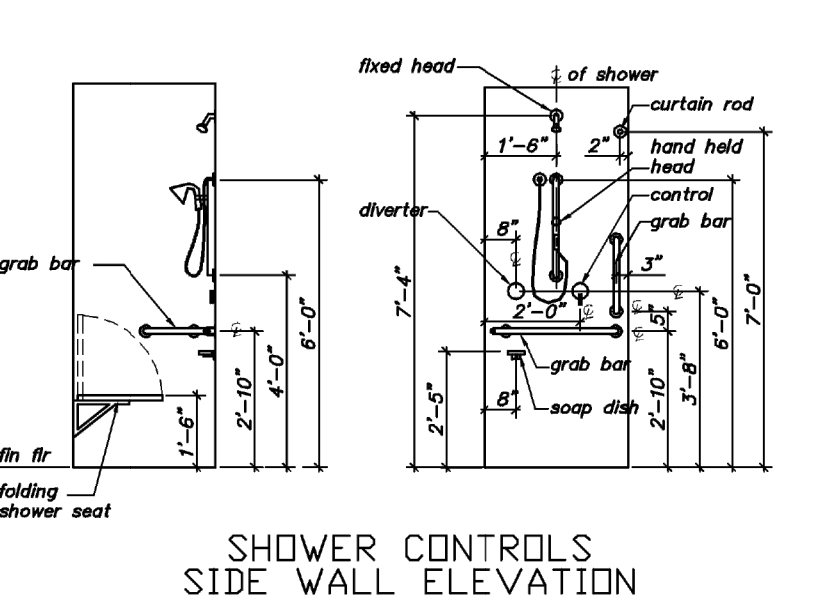
ACCESSIBILITY
DETAILS
DRAWING NO.
A0.1



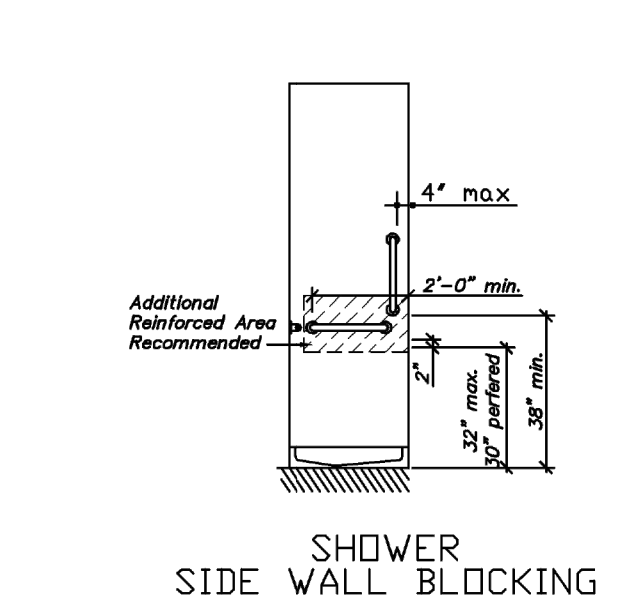
SHOWER SIZE AND CLEARANCES



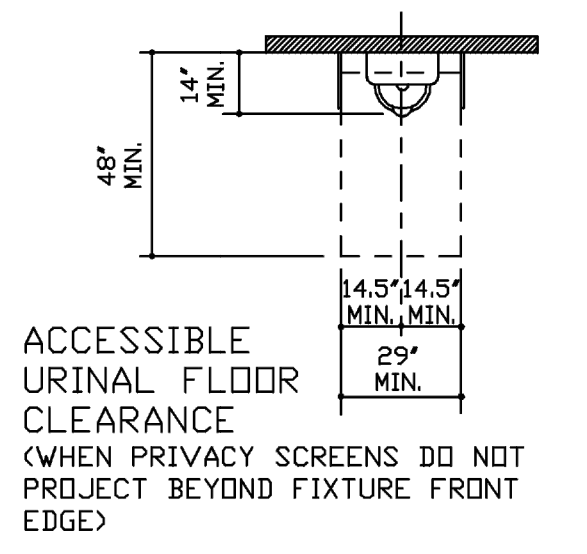
SHOWER SEAT DESIGN



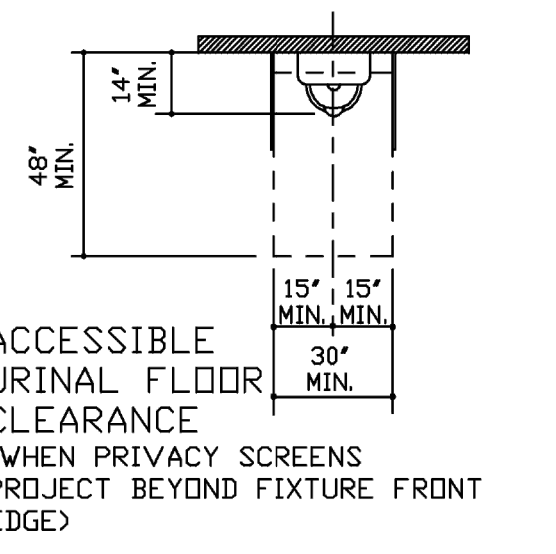
SHOWER CONTROLS SIDE WALL ELEVATION



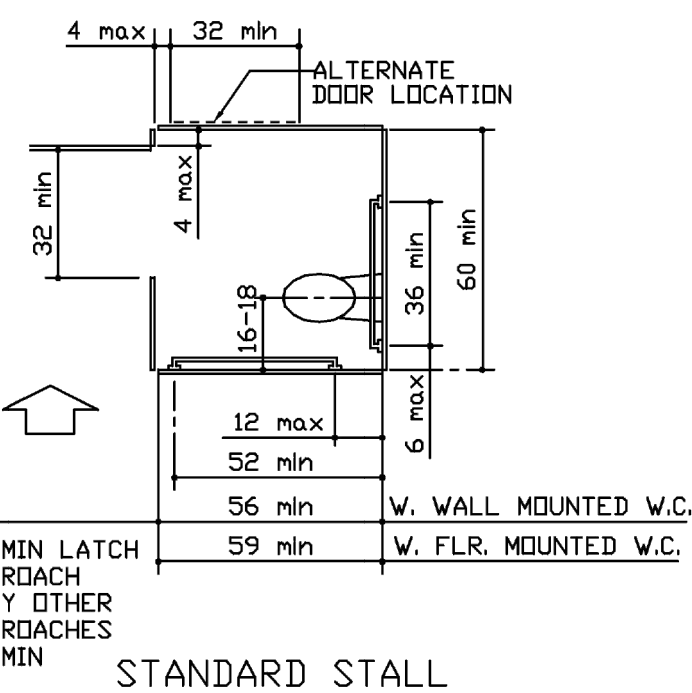
SHOWER SIDE WALL BLOCKING



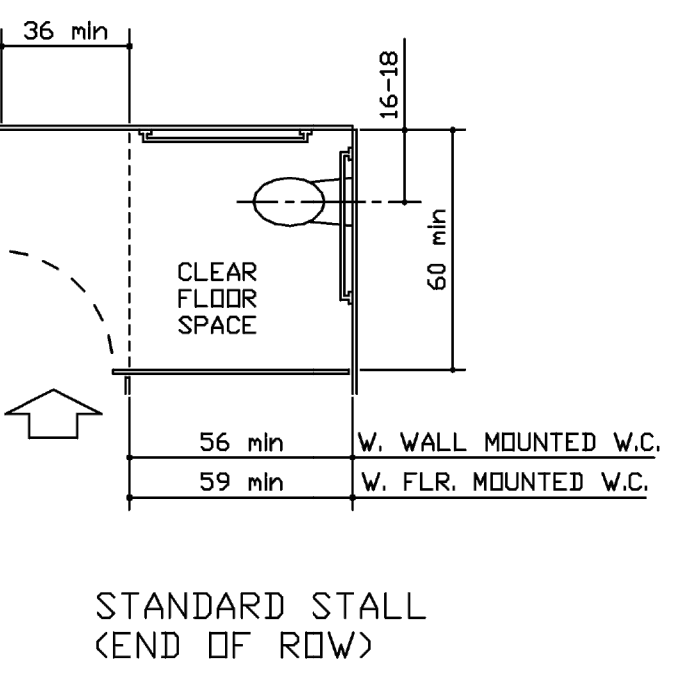
ACCESSIBLE URINAL FLOOR CLEARANCE (WHEN PRIVACY SCREENS DO NOT PROJECT BEYOND FIXTURE FRONT EDGE)



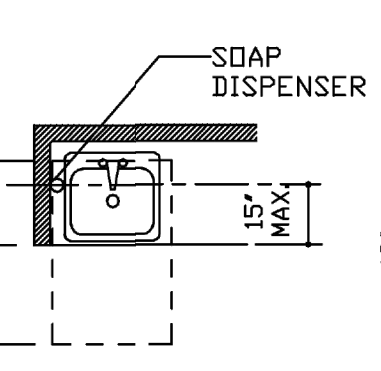
ACCESSIBLE URINAL FLOOR CLEARANCE (WHEN PRIVACY SCREENS PROJECT BEYOND FIXTURE FRONT EDGE)



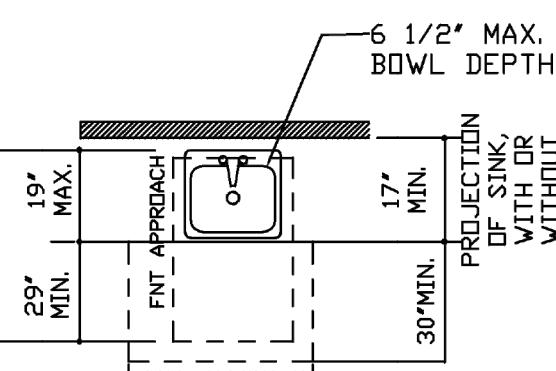
STANDARD STALL



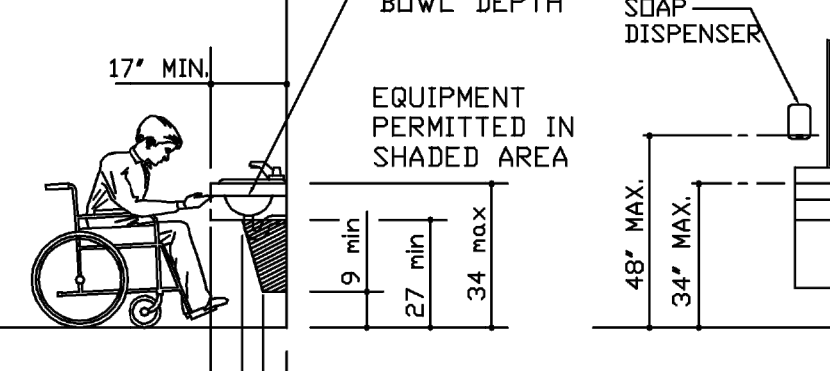
STANDARD STALL (END OF ROW)



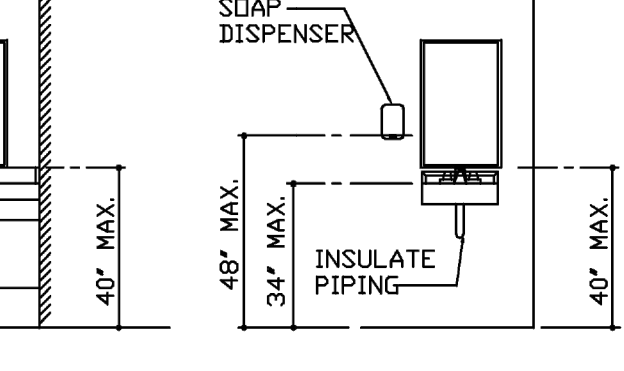
ACCESSIBLE SINK FLOOR CLEARANCE



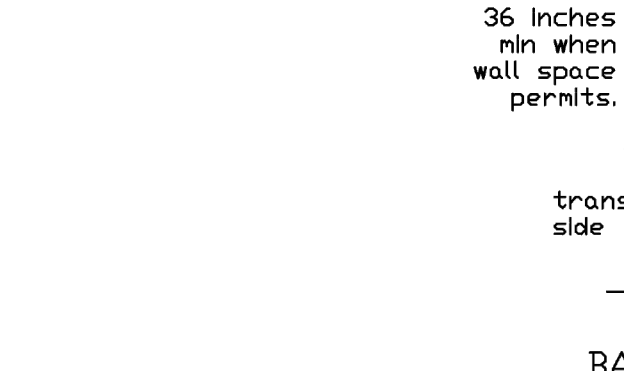
ACCESSIBLE SINK FLOOR CLEARANCE



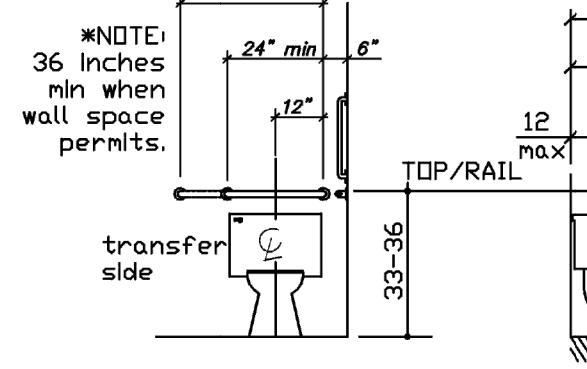
ACCESSIBLE SINK COUNTER HEIGHT AND KNEE CLEARANCE



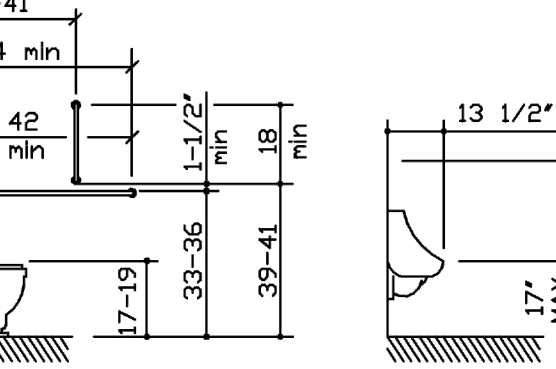
SINGLE LAVATORY COUNTER W/MIRROR



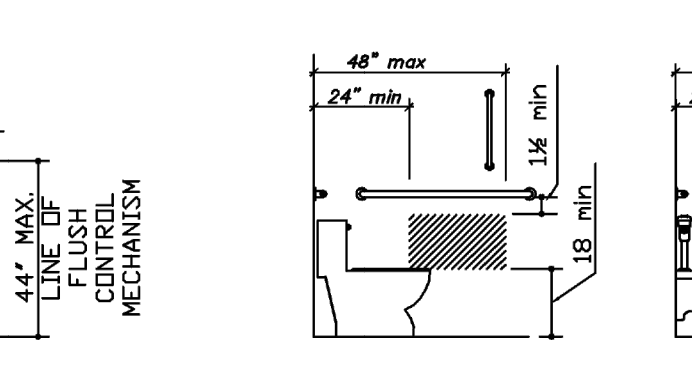
SINGLE LAVATORY COUNTER W/MIRROR



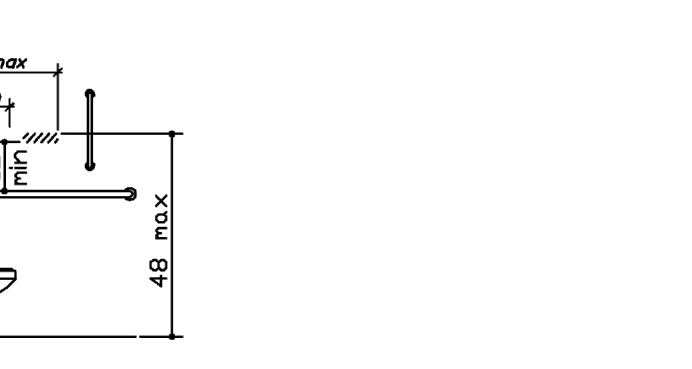
BACK WALL GRAB BARS AT WATER CLOSETS



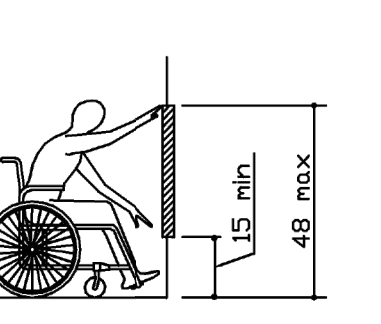
SIDE WALL GRAB BARS AT WATER CLOSETS



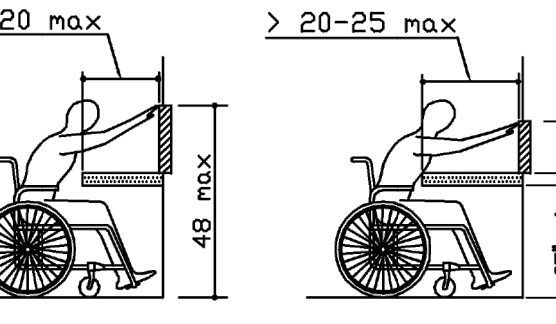
SIDE WALL ACCESSIBLE WALL HUNG URINAL



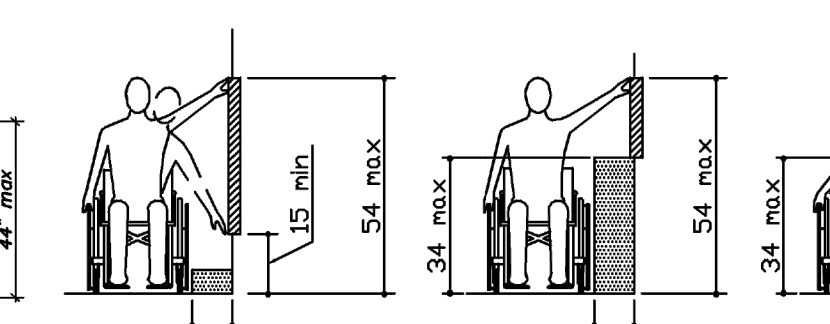
TOILET PAPER DISPENSER LOCATION



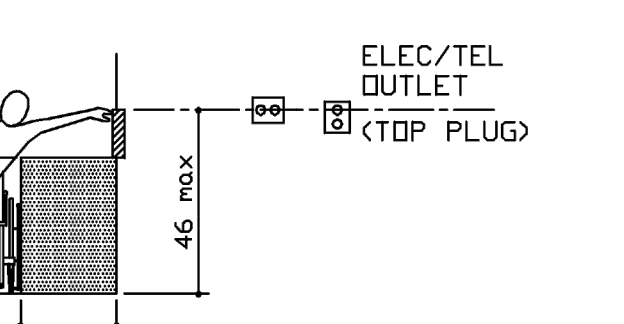
UNOBSTRUCTED FORWARD REACH



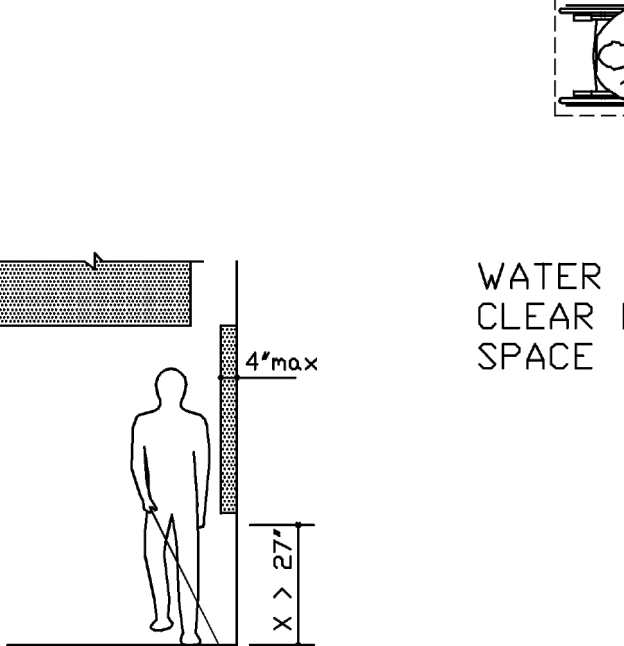
OBSTRUCTED HIGH FORWARD REACH



UNOBSTRUCTED SIDE REACH

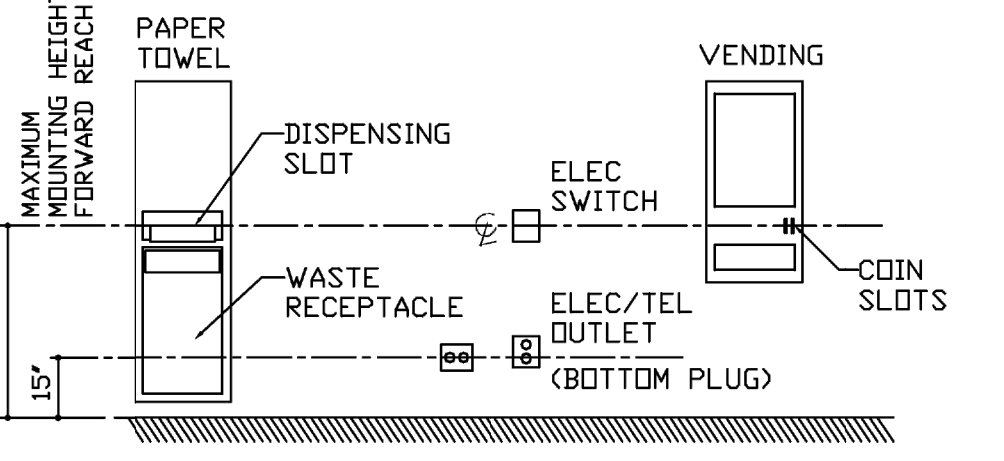


OBSTRUCTED HIGH SIDE REACH

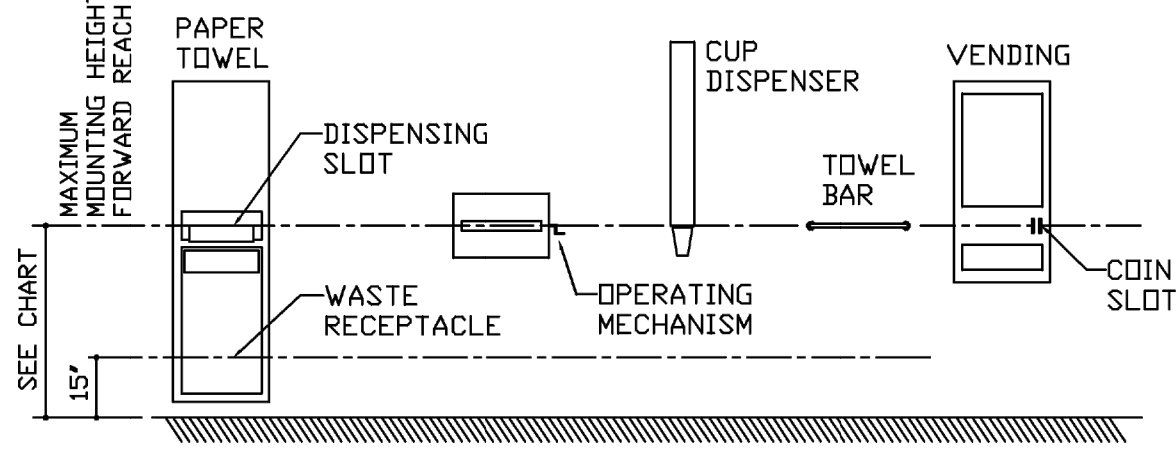


LIMIT OF PROTRUDING OBJECTS

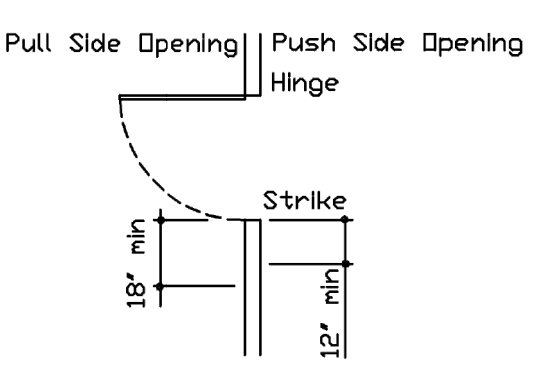
PROJECTED DIM FROM WALL FACE	.5 INCH	2 INCHES	5 INCHES	6 INCHES	9 INCHES	11 INCHES
MAXIMUM MOUNTING HEIGHT	48 INCH	46 INCH	42 INCH	40 INCH	36 INCH	34 INCH



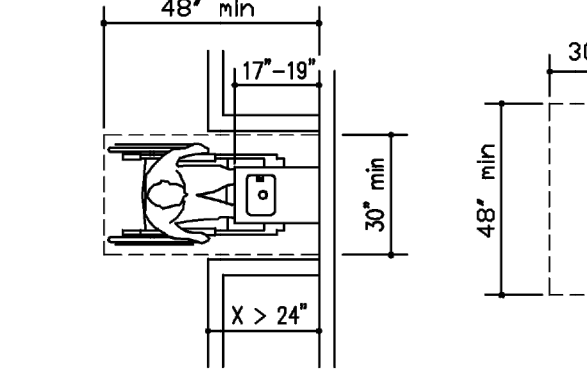
FLUSH MOUNTED EQUIPMENT (LESS THAN 1/2" PROJECTION FROM WALL FACE)



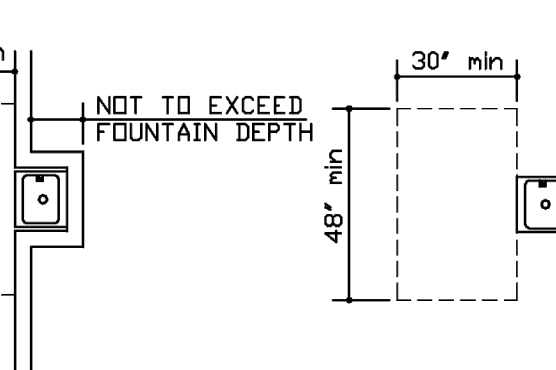
SURFACE MOUNTED EQUIPMENT (GREATER THAN 1/2" PROJECTION FROM WALL FACE)



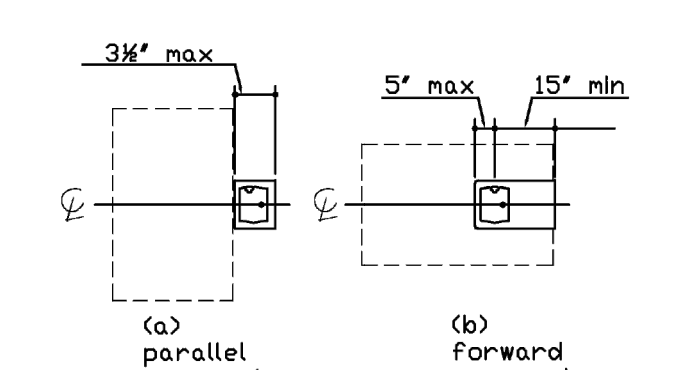
CLEAR AREA OF ACCESSIBILITY FORWARD APPROACH TO ACCESS WAY



WATER COOLER CLEAR FLOOR SPACE



BUILT-IN FOUNTAIN OR COOLER

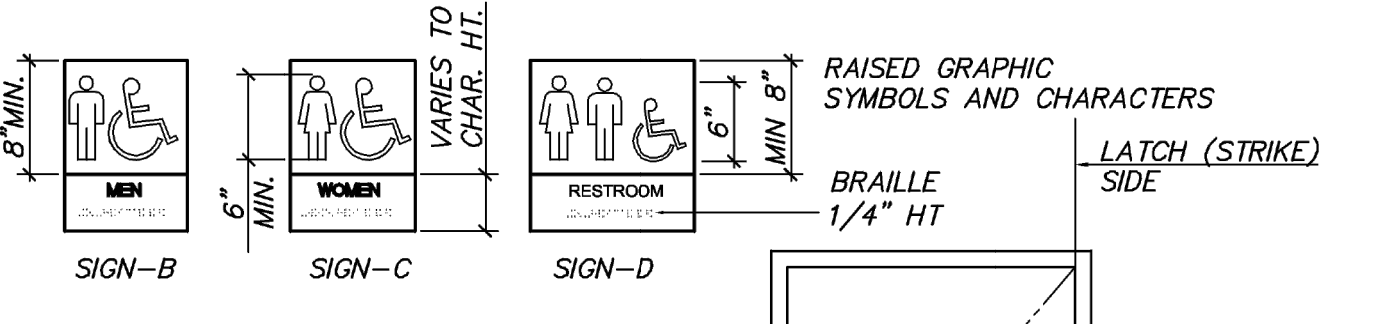


FREESTANDING FOUNTAIN OR COOLER



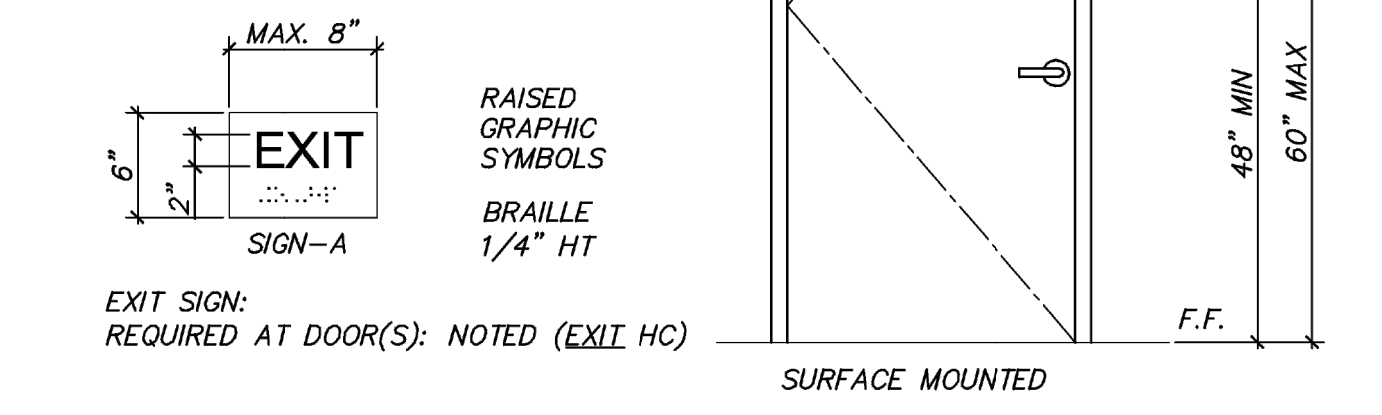
DRINKING FOUNTAIN SPOUT LOCATION

IDENTIFICATION SIGNAGE AT 60" A.F.F., ARE TO BE DISTINCTLY DIFFERENT FROM THE DOOR OR WALL IN COLOR AND CONTRAST.



ONLY IF ADJACENT WALL SPACE CANNOT ACCOMMODATE, THEN SIGN(S) SHALL BE CENTERED PLACE ON THE DOOR

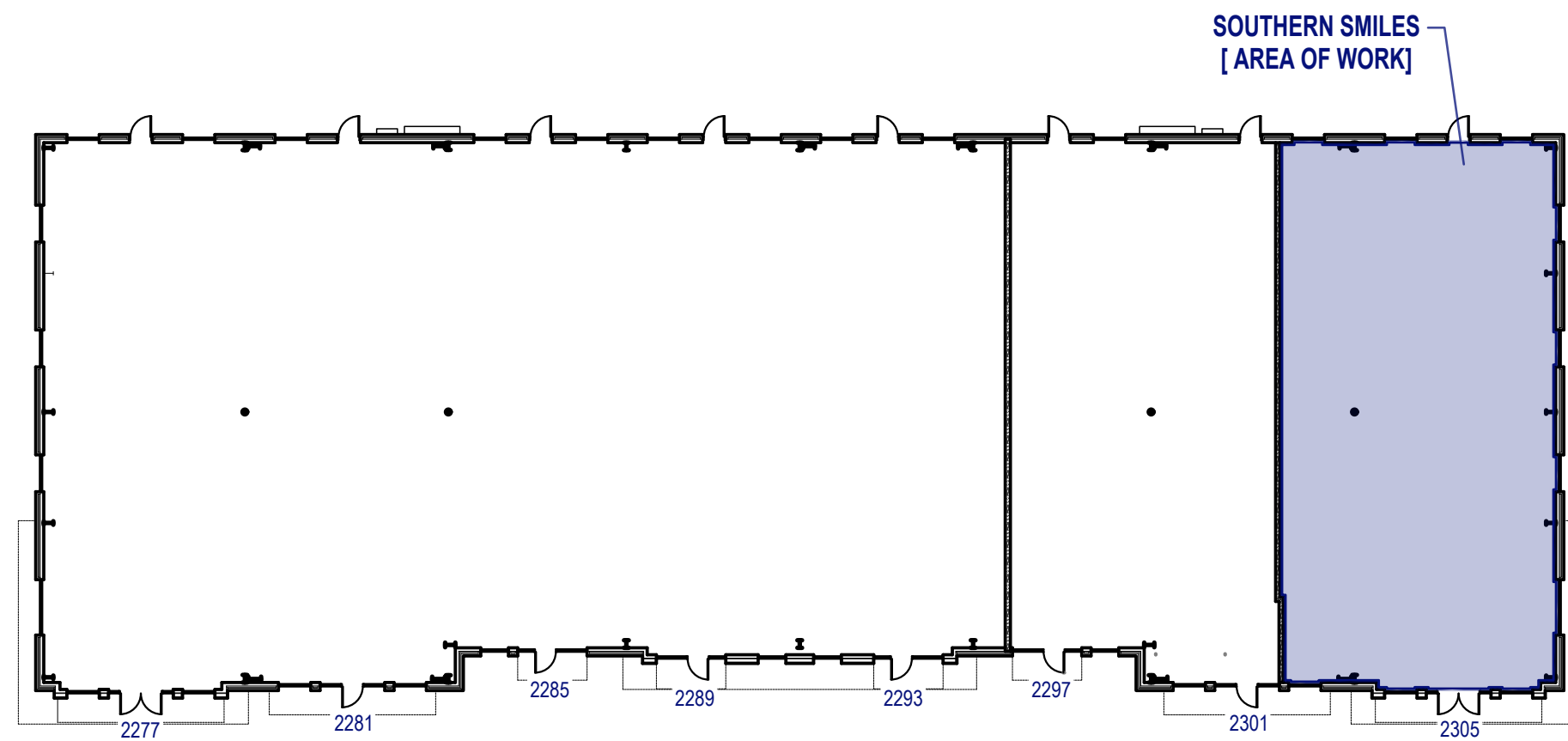
IF NO WALL SPACE AVAILABLE ADJACENT TO THE STRIKE JAMB/LATCH SIDE OF DOOR, THEN THE SIGN(S) SHALL BE PLACED ON THE NEAREST ADJACENT WALL



EXIT SIGN: REQUIRED AT DOOR(S): NOTED (EXIT HC)

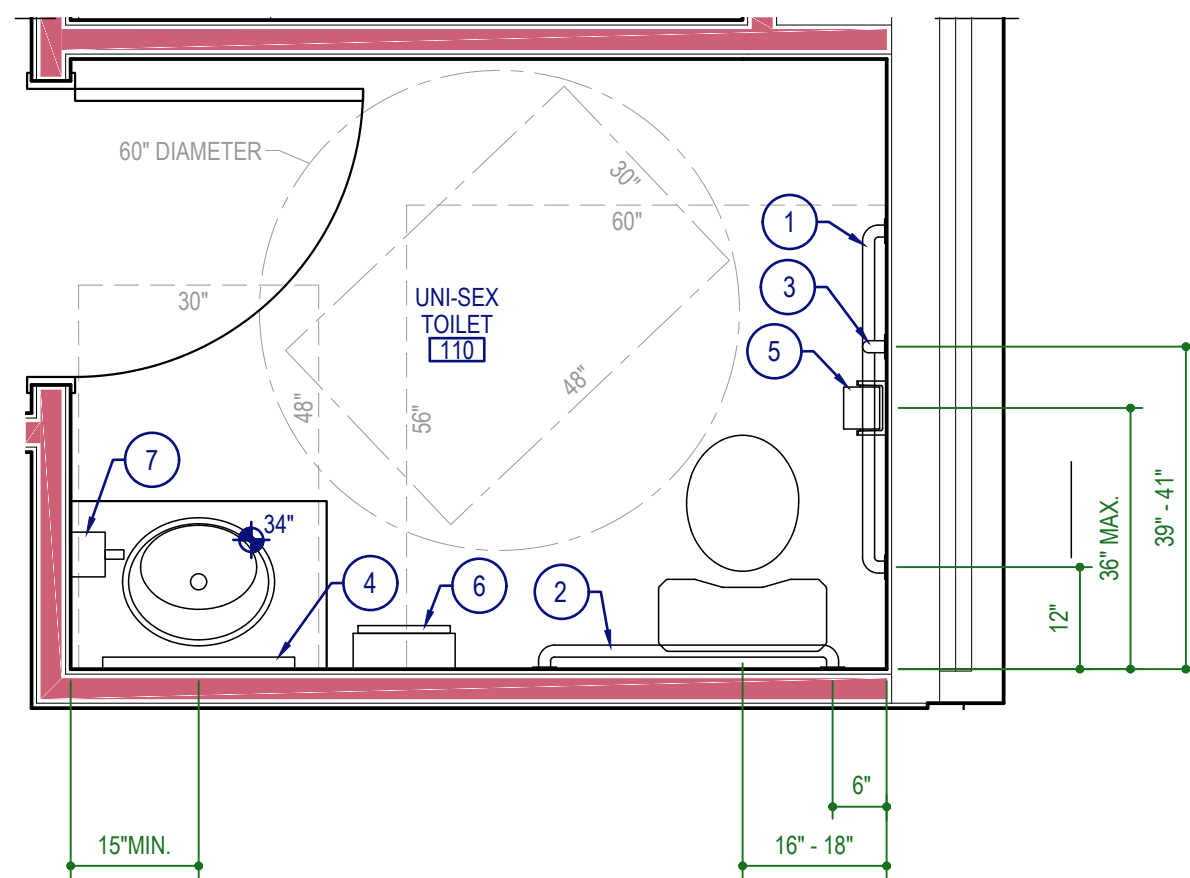
1 Accessibility Details and Requirements
SCALE 1 1/2" = 1'-0"

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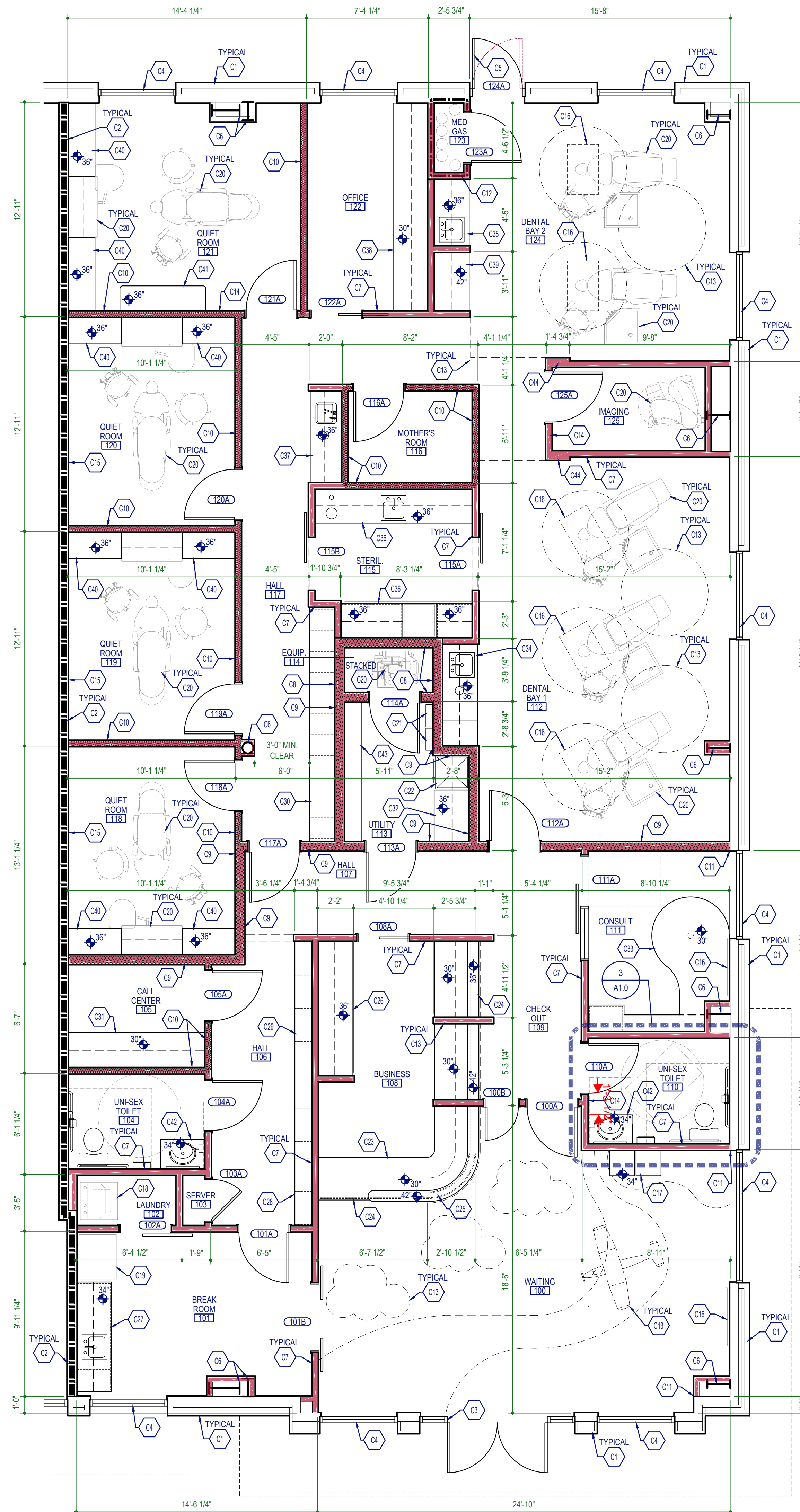
2 Key Plan
NOT TO SCALE

Toilet Accessory Schedule	
1	42" GRAB BAR, CENTERLINE OF GRAB BAR AT 34" A.F.F.
2	36" GRAB BAR, CENTERLINE OF GRAB BAR AT 34" A.F.F.
3	18" VERTICAL GRAB BAR, BOTTOM OF GRAB BAR AT 39"-41" A.F.F.
4	18" x 36" STAINLESS STEEL MIRROR, BOTTOM EDGE OF MIRROR 40" AFF. MAX.
5	TOILET PAPER DISPENSER, 19" AFF. MIN. TO CENTERLINE OF TOILET PAPER ROLL
6	PAPER TOWEL DISPENSER, 48" AFF. MAX. TO TOWEL DISPENSER SLOT OR OPERATING MECHANISM
7	SOAP DISPENSER, 48" AFF. MAX. TO DISPENSER
SCHEDULE NOTES: 1. ALL FIXTURES AND TOILET ACCESSORIES TO MEET ADA REQUIREMENTS AND BE INSTALLED PER ADA GUIDELINES. PROVIDE BLOCKING IN WALLS AS REQUIRED TO INSTALL ALL TOILET ACCESSORIES.	



TOILET PLAN NOTES:
 1. PROVIDE ALL BLOCKING REQUIRED FOR GRAB BARS AND OTHER ACCESSORIES.
 2. UNI-SEX TOILET-110 IS SHOWN, OTHER TOILET ROOMS ARE SIMILAR.

3 Enlarged Toilet Plan
SCALE 1/2" = 1'-0"



- FLOOR PLAN NOTES:**
- COORDINATE SELECTION OF ALL FINISHES AND COLORS WITH OWNER AND INTERIOR DESIGNER.
 - DIMENSIONS ARE TO FACE OF FRAMING.
 - 5/8" GYPSUM WALLBOARD, TYPICAL EXCEPT 5/8" GREENBOARD AT WET LOCATIONS.
 - PROVIDE METAL EDGE TRIM AT ALL GYPSUM WALLBOARD OUTSIDE CORNERS AND CASED OPENINGS, TYPICAL.
 - PROVIDE TRANSITION STRIPS BETWEEN DIFFERENT FLOORING MATERIALS.
 - PROVIDE ACOUSTIC BATT INSULATION IN ALL WALLS.
 - DENTAL EQUIPMENT SHOWN FOR DESIGN INTENT ONLY. COORDINATE INSTALLATION OF ALL DENTAL EQUIPMENT WITH MANUFACTURERS SPECIFICATIONS AND REQUIREMENTS.
 - PROVIDE SHIELDING AS REQUIRED FOR X-RAY ROOM(S). PROVIDE CERTIFICATION LETTER FOR RADIATION DESIGN AS REQUIRED.
 - PROVIDE BLOCKING FOR ALL EQUIPMENT, ACCESSORIES, CABINETS, FIXTURES, ETC.
 - PROVIDE TYPE 2A 10BC FIRE EXTINGUISHERS AS REQUIRED BY FIRE MARSHAL. DETERMINE FINAL LOCATIONS IN FIELD WITH FIRE MARSHAL.
 - VERIFY AND COORDINATE DESIGN OF ALL CABINETRY WITH OWNER. PROVIDE SHOP DRAWINGS OF CABINETRY FOR OWNER REVIEW PRIOR TO FABRICATION OF CABINETRY/CASEWORK.

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

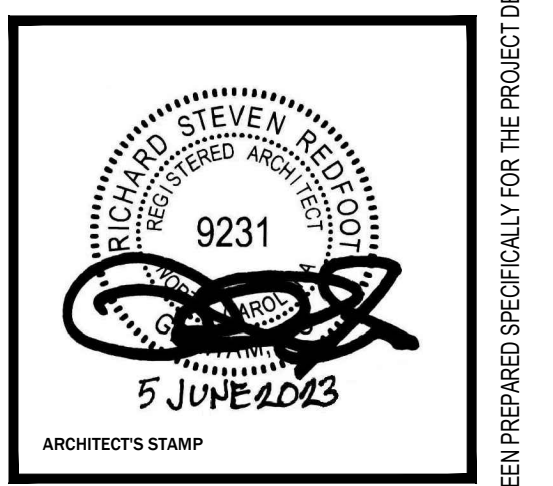
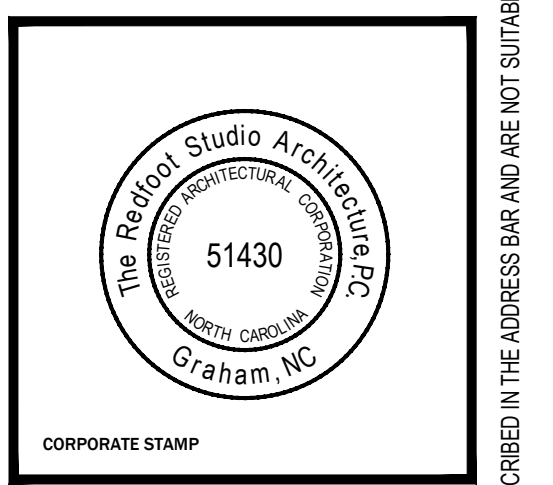


CONSTRUCTION NOTES:

- EXISTING MASONRY VENER FRAMED EXTERIOR WALL TO REMAIN, TYPICAL
- EXISTING 1-HOUR FIRE-RATED DEMISING WALL ASSEMBLY TO ROOF DECK, PROVIDE LAYER OF GYPSUM WALLBOARD TO TENANT SIDE OF WALL ONLY, SECURE AND FINISH PER UL 1419, SEE 1/A0.0
- EXISTING STOREFRONT ENTRY ASSEMBLY TO REMAIN, CASE OPENING W/ GYPSUM WALLBOARD
- EXISTING STOREFRONT WINDOW ASSEMBLY TO REMAIN, CASE OPENING W/ GYPSUM WALLBOARD
- EXISTING DOOR AND FRAME ASSEMBLY, MODIFY DOOR AS REQUIRED TO REVERSE DOOR HAND
- EXISTING STRUCTURAL STEEL COLUMN TO REMAIN, ENCLOSE W/ FURRING/FRAMING AND GYPSUM WALLBOARD, KEEP ENCLOSURE AS CLOSE TO THE COLUMN AS FEASIBLE.
- PROVIDE NEW INTERIOR 3.5/8" METAL STUD WALL, SEE 1/A2.0, TYPICAL WHERE SHOWN THUS
- PROVIDE NEW METAL STUD FRAMED TYPE 1 SOUND WALL, SEE 2/A2.0, TYPICAL AT EQUIPMENT 114
- PROVIDE NEW METAL STUD FRAMED TYPE 2 SOUND WALL. SEE 3/A2.0, TYPICAL AT UTILITY ROOM AND BETWEEN FRONT BUSINESS AREAS AND TREATMENT AREAS
- PROVIDE NEW METAL STUD FRAMED TYPE 3 SOUND WALL. SEE 4/A2.0, TYPICAL AT CALL CENTER 105, QUIET ROOMS 118-121 AND MOTHER'S ROOM 116
- ALIGN FINISHED FACE OF NEW WALL W/ FINISHED FACE OF STOREFRONT OPENING
- MED GAS CLOSET TO BE CONSTRUCTED PER NC FIRE CODE 3006.2.1. WALLS AND CEILING TO BE 1-HOUR FIRE-RATED CONSTRUCTION PER UL 1419, SEE 1/A0.0. DOOR AND FRAME TO BE 1-HOUR FIRE-RATED AND DOOR TO BE SELF-CLOSING. PROVIDE 1-HOUR FIRE-RATED DUCT ENCLOSURE FROM MEDICAL GAS CLOSET TO EXTERIOR OF BUILDING. PROVIDE ROOM WITH MECHANICAL VENTILATION, SEE MECHANICAL DRAWINGS. PROVIDE AT LEAST ONE AUTOMATIC SPRINKLER HEAD IN THE ROOM.
- MED GAS CLOSET TO HOLD (2) G SIZED CYLINDERS OF OXYGEN (251 CF EACH) FOR A MAXIMUM OF 502 CF OF OXYGEN AND (2) G SIZED CYLINDERS OF NITROUS OXIDE (487 CF EACH) FOR A MAXIMUM OF 974 CF OF NITROUS OXIDE. BASED ON THESE CYLINDER SIZES THE MAXIMUM TOTAL AMOUNT OF MEDICAL GAS IS 1,476 CF. PER TABLE 307.1(1) THE MAQPSA IS 1,500 TOTAL CUBIC FEET. HOWEVER, THE MEDICAL GAS CLOSET IS FIRE-RATED AND VENTILATED AND QUALIFIES AS AN EXHAUSTED ENCLOSURE WHICH, PER NOTE E OF TABLE 307.1(1), INCREASES THE ALLOWABLE AMOUNT OF MEDICAL GAS STORED BY 100% TO A TOTAL ALLOWABLE STORAGE AMOUNT OF 3,000 CF.
- LINE OF BULKHEAD, CASED OPENING, OR CEILING FEATURE, ABOVE, SEE REFLECTED CEILING PLAN AND INTERIOR DESIGN DRAWINGS
- MAINTAIN 18" CLEAR ON PULL SIDE OF DOOR
- PROPOSED LOCATION FOR FUTURE WALL MURAL, SEE INTERIOR DESIGN DRAWINGS
- PROPOSED LOCATION FOR TELEVISION, PROVIDE BLOCKING AS REQUIRED, VERIFY LOCATION W/ OWNER IN FIELD
- ACCESSIBLE DRINKING FOUNTAINS, SEE PLUMBING AND ELECTRICAL DRAWINGS
- STACKED WASHER/DRYER, SUPPLIED BY OWNER AND INSTALLED BY CONTRACTOR, SEE PLUMBING AND ELECTRICAL DRAWINGS
- REFRIGERATOR, SUPPLIED BY OWNER AND INSTALLED BY CONTRACTOR
- DENTAL EQUIPMENT, SEE DENTAL DRAWINGS, COORDINATE W/ MANUFACTURER'S REQUIREMENTS AND RECOMMENDATIONS, TYPICAL
- PROPOSED LOCATION FOR SURFACE MOUNTED ELECTRIC PANELS, SEE ELECTRICAL DRAWINGS
- PROPOSED LOCATION FOR MOP SINK, SEE PLUMBING DRAWINGS
- RECEPTION AND CHECK OUT DESKS, PROVIDE KNEE WALL TO FORM FACE OF DESK AND SUPPORT COUNTERS FINISHED W/ GYPSUM WALLBOARD EACH SIDE, PLASTIC LAMINATE WORK SURFACE AT 30" AFF. OPEN BELOW WORK SURFACE, LEVEL 2 GRANITE TRANSACTION COUNTERS AT 36" AFF OR 42" AFF (SEE FLOOR PLAN), PROVIDE (4) MOBILE FILE/STORAGE CART BELOW WORK COUNTER, COORDINATE DESIGN AND FINISHES W/ OWNER AND INTERIOR DESIGNER
- ACCESSIBLE TRANSACTION AREA, TOP OF COUNTER AT 36" AFF MAX., MINIMUM 36" CLEAR WIDTH
- CHECK-IN DESK TO BE DESIGNED AS A LIGHTHOUSE FEATURE, SOFFIT ABOVE RECEPTION COUNTER SLOPES BACK AS IT GOES TO CEILING, SEE INTERIOR DESIGN DRAWINGS
- BUSINESS CABINETS, SEE 1/A2.0
- STAFF LOUNGE CABINETS, COUNTERTOP AT 34" AFF. PROVIDE A MINIMUM OF (1) UPPER CABINET STORAGE SHELF AT 48" AFF MAX., SIDE APPROACH ACCESSIBLE SINK, SEE 10/A2.0
- STAFF LOCKERS, TRIPLE STACKED, LOCKABLE, (21) TOTAL LOCKERS
- 24" WIDE X 12" DEEP X 3'-6" HIGH STORAGE CABINETS, DOUBLE STACKED, (10) TOTAL CABINETS
- 15" WIDE X 18" DEEP X 3'-6" HIGH STORAGE CABINETS, DOUBLE STACKED, (22) TOTAL CABINETS
- CALL CENTER DESK, WORK SURFACE AT 30" AFF. OPEN BELOW WORK SURFACE PROVIDE (1) MOBILE FILE/STORAGE CARTS BELOW WORK COUNTER, PROVIDE (6) EQUAL WIDTH X 3'-0" TALL UPPER CABINETS, BOTTOM OF UPPER CABINETS AT 5'-0" AFF
- LAB COUNTER, WORK SURFACE AT 36" AFF. OPEN BELOW WORK SURFACE, PROVIDE (4) EQUAL WIDTH X 3'-0" TALL UPPER CABINETS, BOTTOM OF UPPER CABINETS AT 5'-6" AFF
- CONSULT DESK AND CABINETS, SEE 5/A2.0
- DENTAL BAY 1 CABINETS, SEE 6/A2.0
- DENTAL BAY 2 CABINETS, SEE 7/A2.0
- STERILIZATION CABINETS W/ OPEN SHELVES ABOVE, SEE 12/A2.0
- DENTAL SINK CABINETS, SEE 8/A2.0
- OFFICE DESK, WORK SURFACE AT 30" AFF. OPEN BELOW WORK SURFACE PROVIDE (3) MOBILE FILE/STORAGE CARTS BELOW WORK COUNTER, PROVIDE (12) EQUAL WIDTH X 3'-0" TALL UPPER CABINETS, BOTTOM OF UPPER CABINETS AT 5'-0" AFF
- STAND UP WORK STATION, WORK SURFACE AT 42" AFF, OPEN BELOW WORK SURFACE, PROVIDE (2) EQUAL WIDTH X 3'-0" TALL UPPER CABINETS, BOTTOM OF UPPER CABINETS AT 6'-0" AFF
- 12 O'CLOCK CABINETS ADJACENT TO DENTAL 12 O'CLOCK CABINET, DESIGN TO MATCH EXISTING SOUTHERN SMILES OFFICE
- 60" LONG ANESTHESIOLOGY TABLE, WORK SURFACE AT 36" AFF, OPEN BELOW WORK SURFACE
- LAVATORY SINK COUNTER, SEE 9/A2.0
- ADJUSTABLE SHELVES ON HEAVY-DUTY BRACKETS AND STANDARDS
- PROVIDE BUMP OUT IN WALL BY FRAMING SECTION WITH 6" METAL STUDS



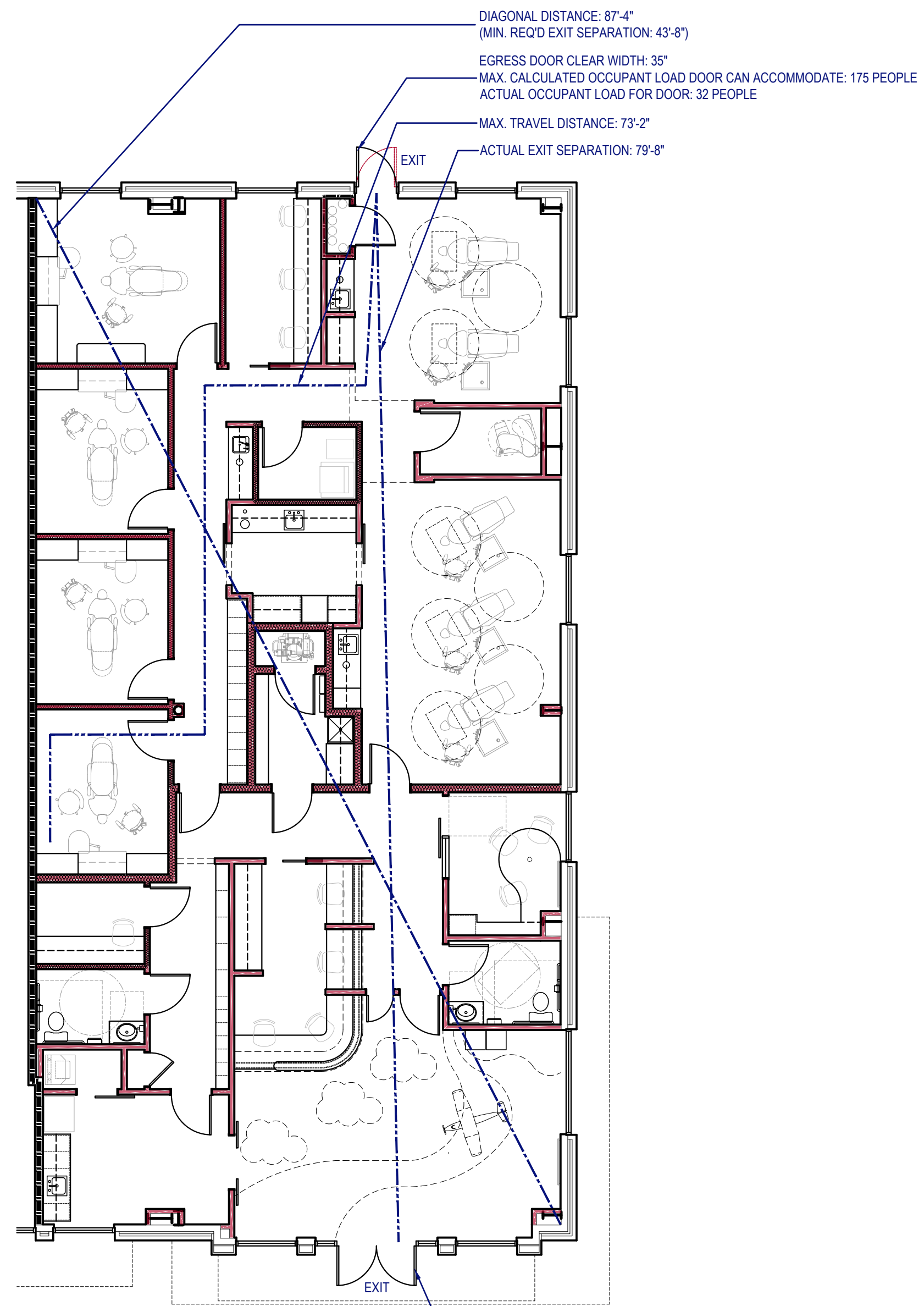
**SOUTHERN SMILES
PEDIATRIC DENTISTRY**
2305 NC HIGHWAY 24-87
CAMERON, NORTH CAROLINA



No	Rev./Submissions	Date
	PERMIT	06/05/23

FLOOR PLAN
DRAWING NO
A1.0

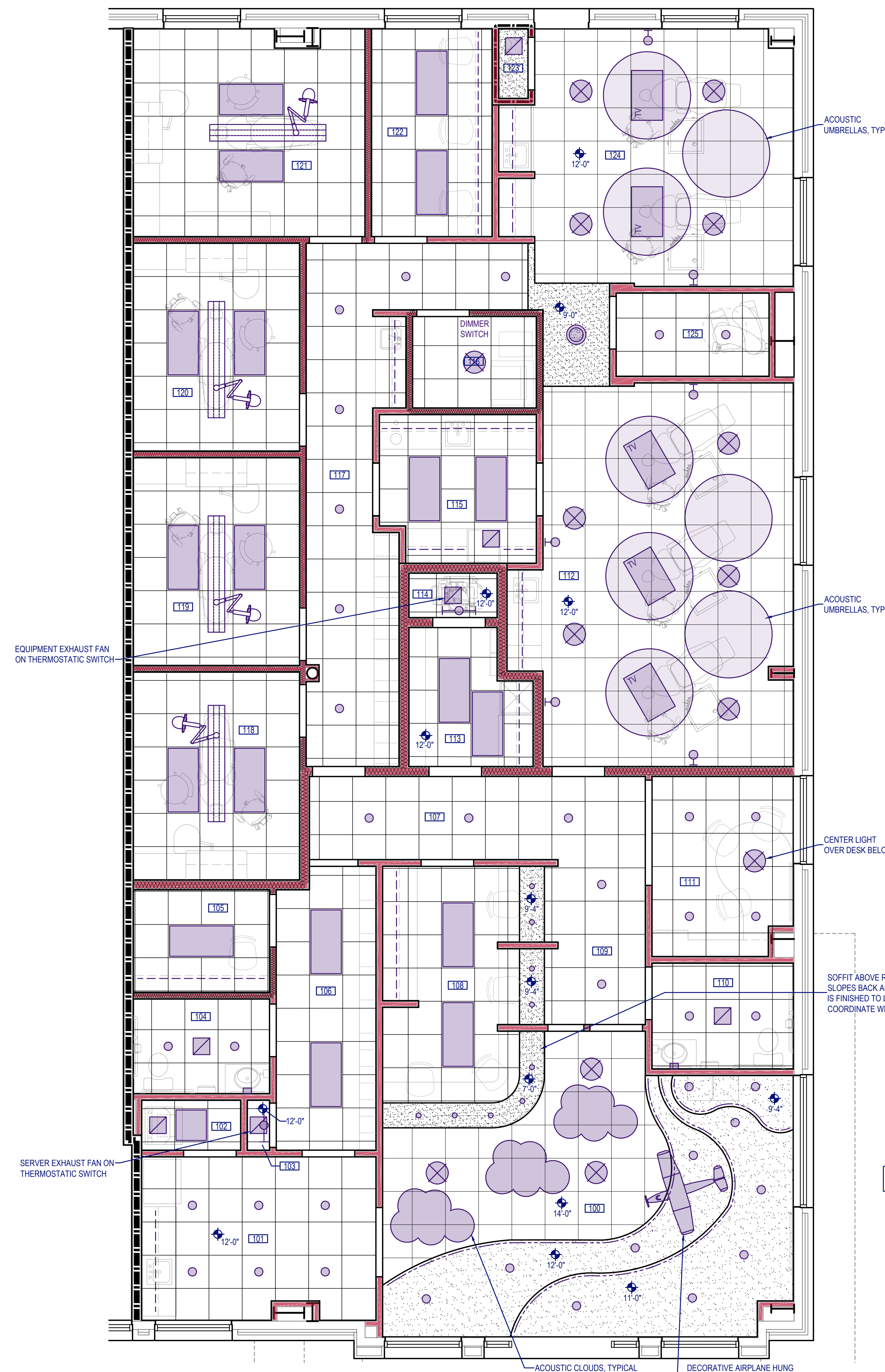
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OCCUPANT LOADS:
3,130 SF / 100 GROSS SF/PERSON = 32 PEOPLE

2 Life Safety Plan

SCALE 1/8" = 1'-0"



1 Ceiling Plan

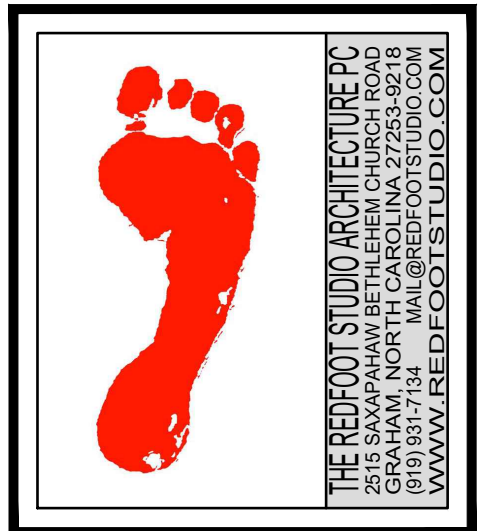
SCALE 1/4" = 1'-0"



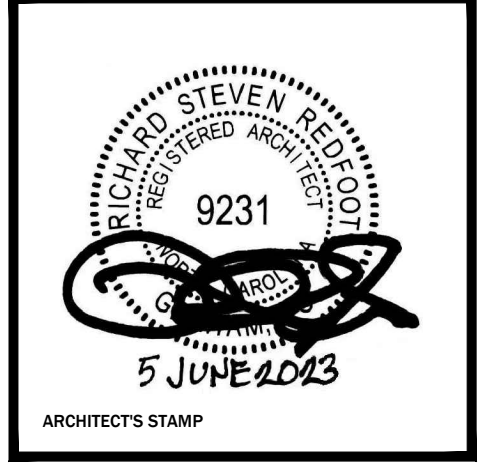
- LIGHTING PLAN NOTES:
1. TYPICAL CEILING HEIGHT IS 10'-0" AFF, U.O.N.
 2. SEE ELECTRICAL AND MECHANICAL DRAWINGS FOR ADDITIONAL NOTES AND INFORMATION.
 3. SEE INTERIOR DESIGN DRAWINGS FOR FINISHES.
 4. COORDINATE ELECTRICAL WITH DENTAL EQUIPMENT MANUFACTURER REQUIREMENTS.
 5. BATH FANS AND LIGHTS SWITCHED SEPARATELY.
 6. PROVIDE JUNCTION BOX ABOVE EACH ACOUSTIC UMBRELLA FOR POTENTIAL FUTURE LIGHTING.
 7. PROVIDE LINEAR DIFFUSERS IN WAITING ROOM GYPSUM WALLBOARD CEILING.
 8. PROVIDE BLOCKING AS REQUIRED FOR DENTAL LIGHTS AND TELEVISIONS, COORDINATE W/ MANUFACTURER'S REQUIREMENTS. ANY WOOD USED TO BE FIRE-TREATED.

LIGHTING LEGEND

- 2X2 LED FLAT PANEL
- 2X4 LED FLAT PANEL
- RECESSED CAN LIGHT
- PENDANT LIGHT
- SURFACE MOUNTED LIGHT
- WALL SCONCE
- JUNCTION BOX FOR LED MIRROR @ 58" AFF
- 1X2 LED MOUNTED ON WALL ABOVE DOOR
- BELOW CABINET LIGHT



**SOUTHERN SMILES
PEDIATRIC DENTISTRY**
2305 NC HIGHWAY 24-87
CAMERON, NORTH CAROLINA



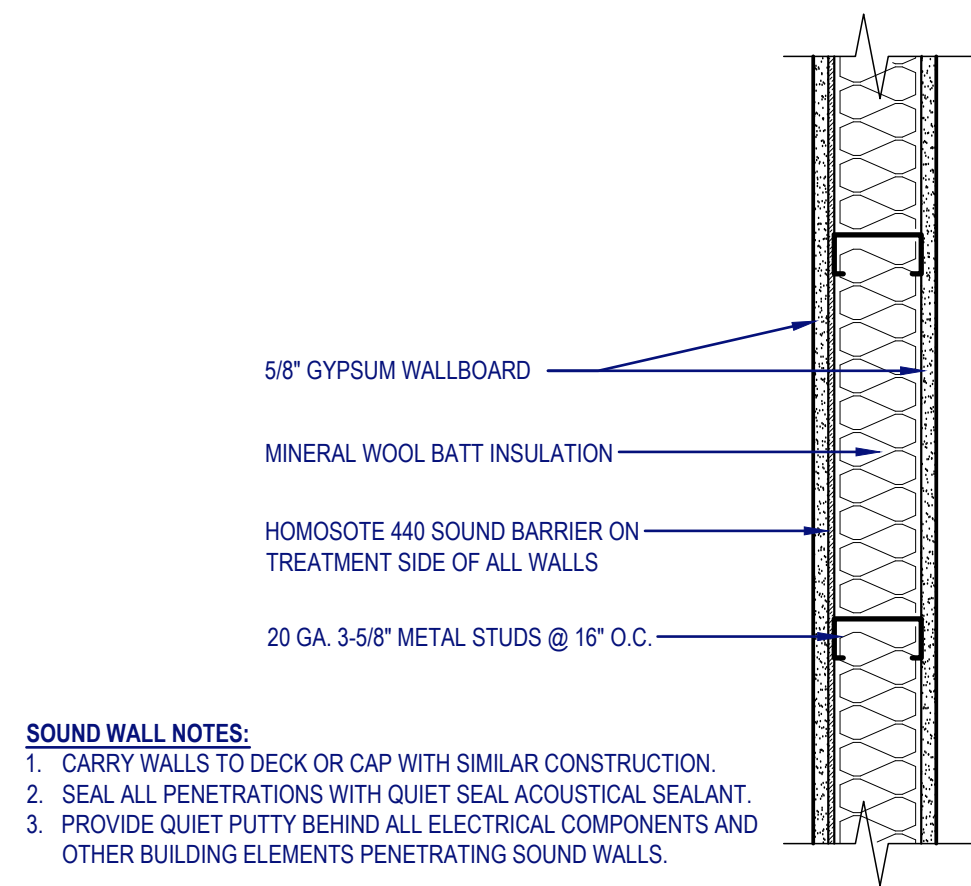
No	Rev./Submissions	Date
	PERMIT	06/05/23

SCALE	PROJECT NO
AS NOTED	230102
DESIGNED	DATE
RSR	5 JUNE 23
DRAWN	CHECKED
RSR	RSR

REFLECTED
CEILING & LIFE
SAFETY PLANS

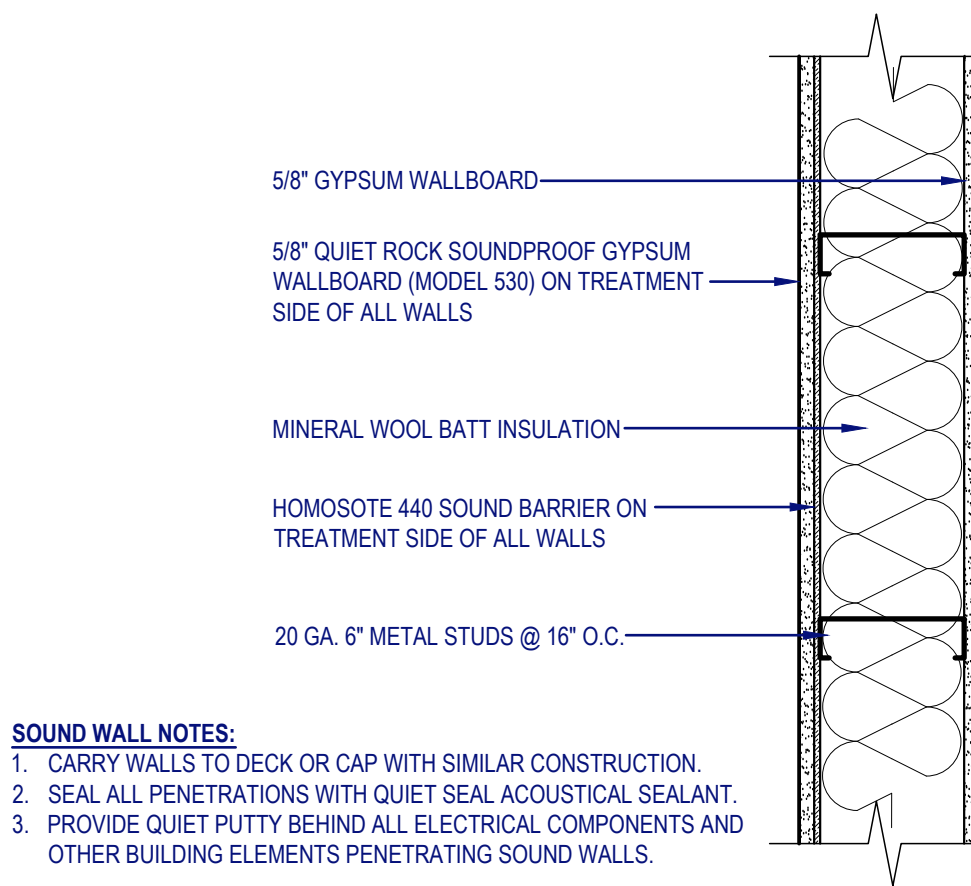
DRAWING NO
A1.1

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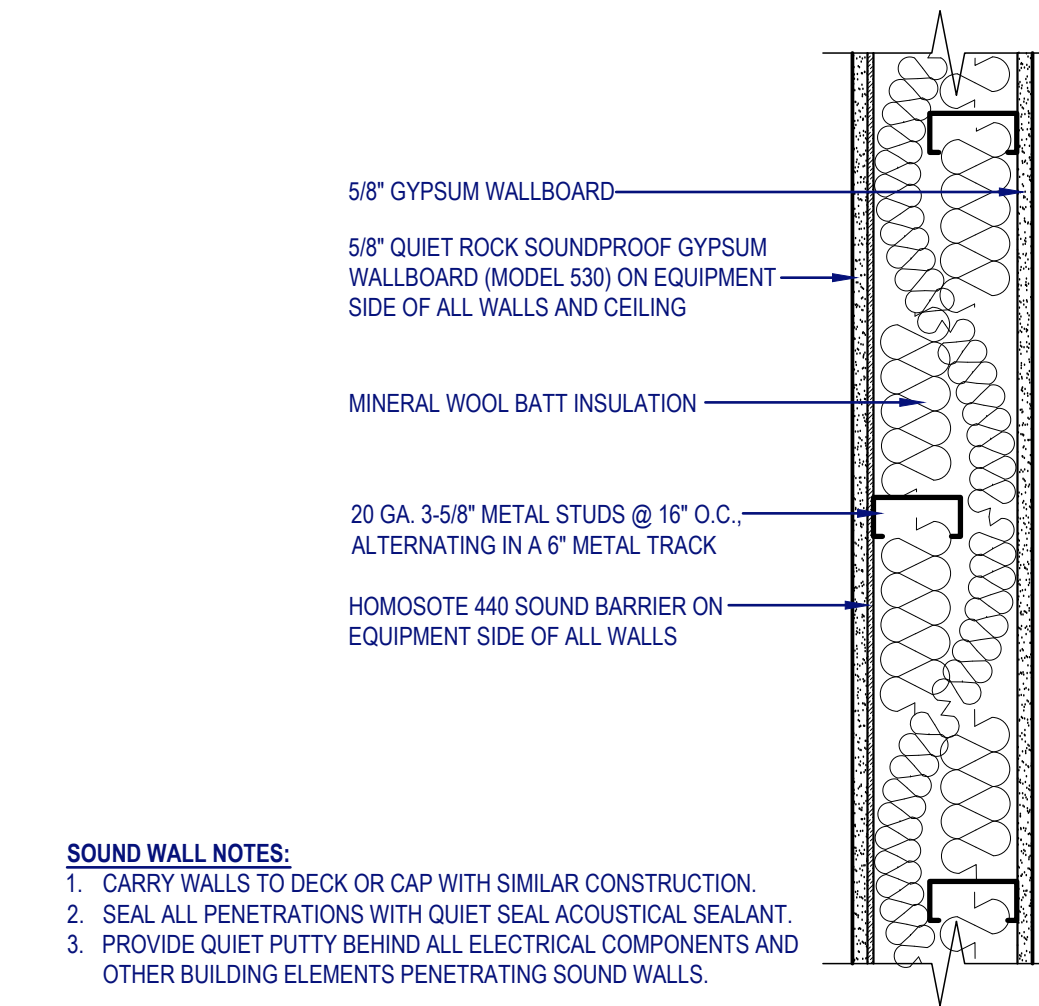
SOUND WALL NOTES:
 1. CARRY WALLS TO DECK OR CAP WITH SIMILAR CONSTRUCTION.
 2. SEAL ALL PENETRATIONS WITH QUIET SEAL ACOUSTICAL SEALANT.
 3. PROVIDE QUIET PUTTY BEHIND ALL ELECTRICAL COMPONENTS AND OTHER BUILDING ELEMENTS PENETRATING SOUND WALLS.

4 Sound Wall - type 3
 SCALE 1 1/2" = 1'-0"



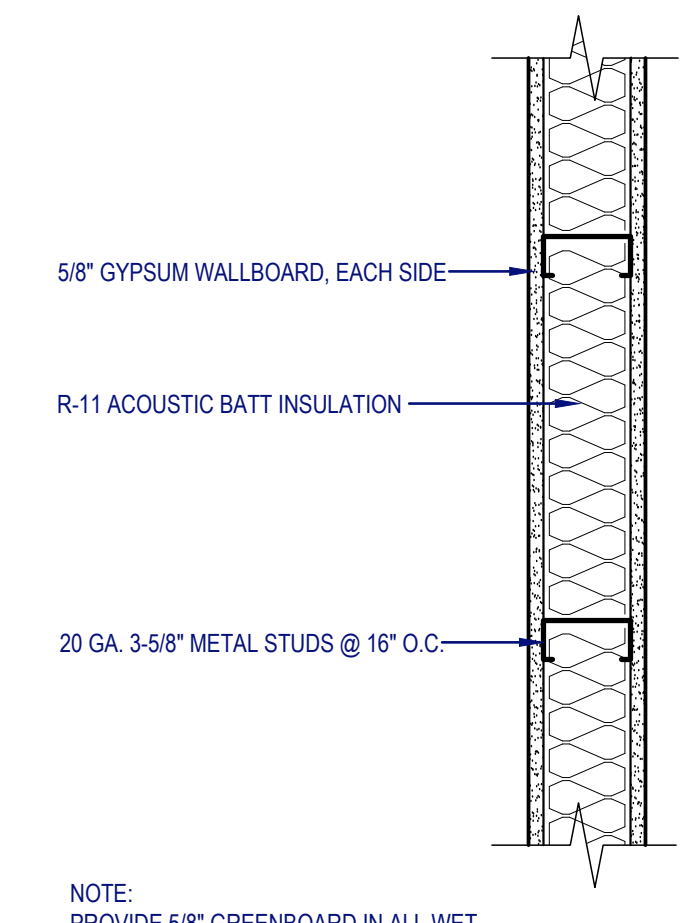
SOUND WALL NOTES:
 1. CARRY WALLS TO DECK OR CAP WITH SIMILAR CONSTRUCTION.
 2. SEAL ALL PENETRATIONS WITH QUIET SEAL ACOUSTICAL SEALANT.
 3. PROVIDE QUIET PUTTY BEHIND ALL ELECTRICAL COMPONENTS AND OTHER BUILDING ELEMENTS PENETRATING SOUND WALLS.

3 Sound Wall - type 2
 SCALE 1 1/2" = 1'-0"



SOUND WALL NOTES:
 1. CARRY WALLS TO DECK OR CAP WITH SIMILAR CONSTRUCTION.
 2. SEAL ALL PENETRATIONS WITH QUIET SEAL ACOUSTICAL SEALANT.
 3. PROVIDE QUIET PUTTY BEHIND ALL ELECTRICAL COMPONENTS AND OTHER BUILDING ELEMENTS PENETRATING SOUND WALLS.

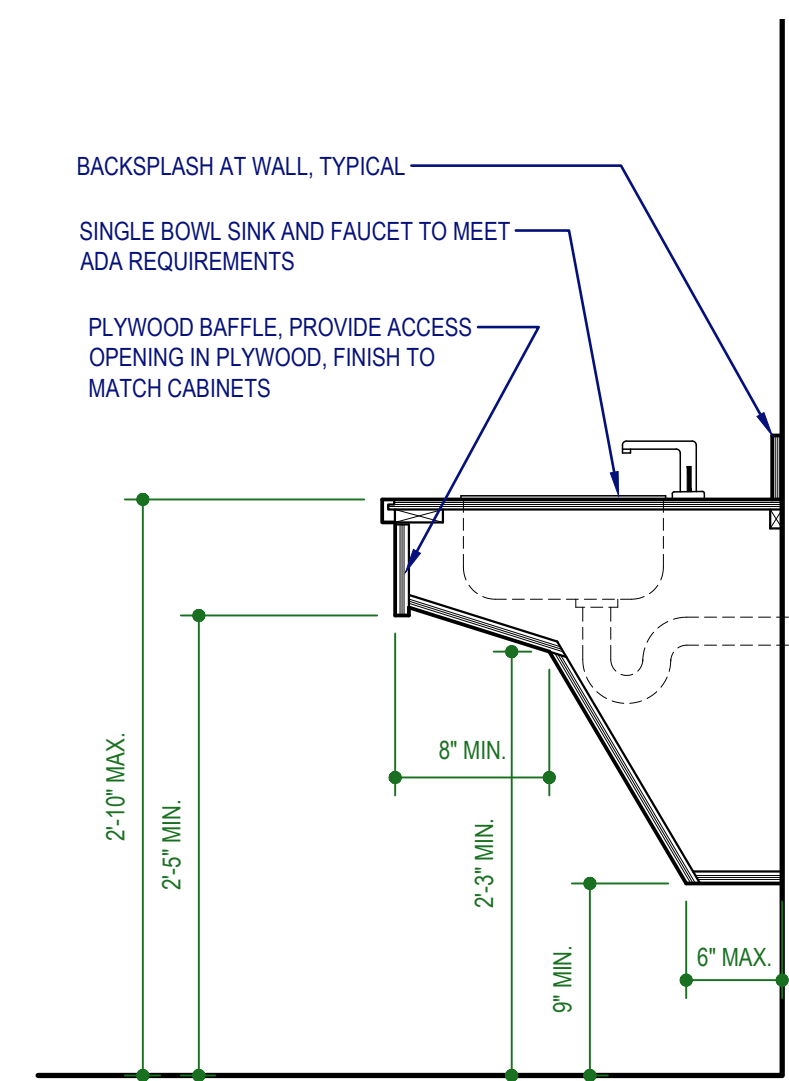
2 Sound Wall - type 1
 SCALE 1 1/2" = 1'-0"



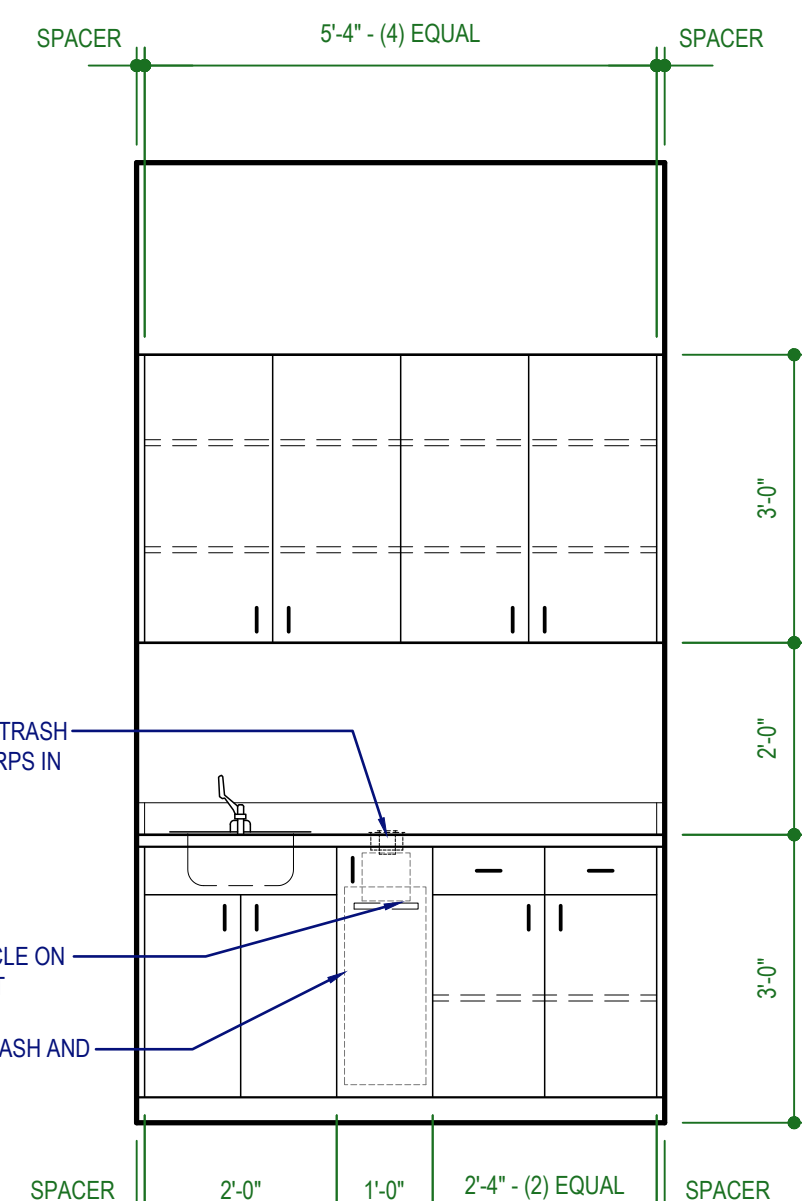
NOTE:
 PROVIDE 5/8\"/>

1 Interior Wall
 SCALE 1 1/2" = 1'-0"

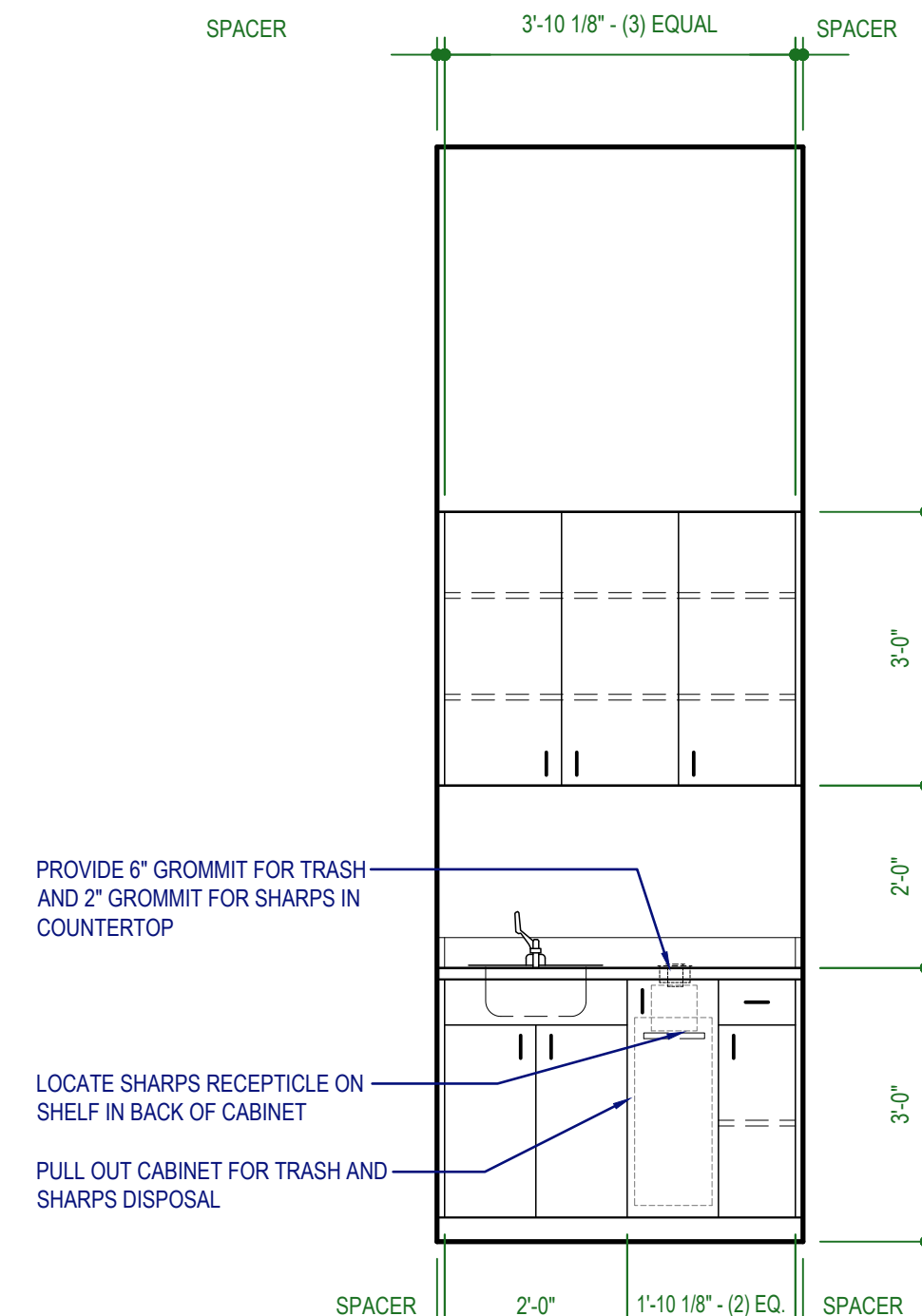
CABINET NOTES:
 1. PROVIDE SHOP DRAWINGS FOR OWNER REVIEW OF ALL CABINETS AND CASEWORK.
 2. COORDINATE FINISHES, COLORS, AND DESIGN W/ OWNER AND INTERIOR DESIGNER.



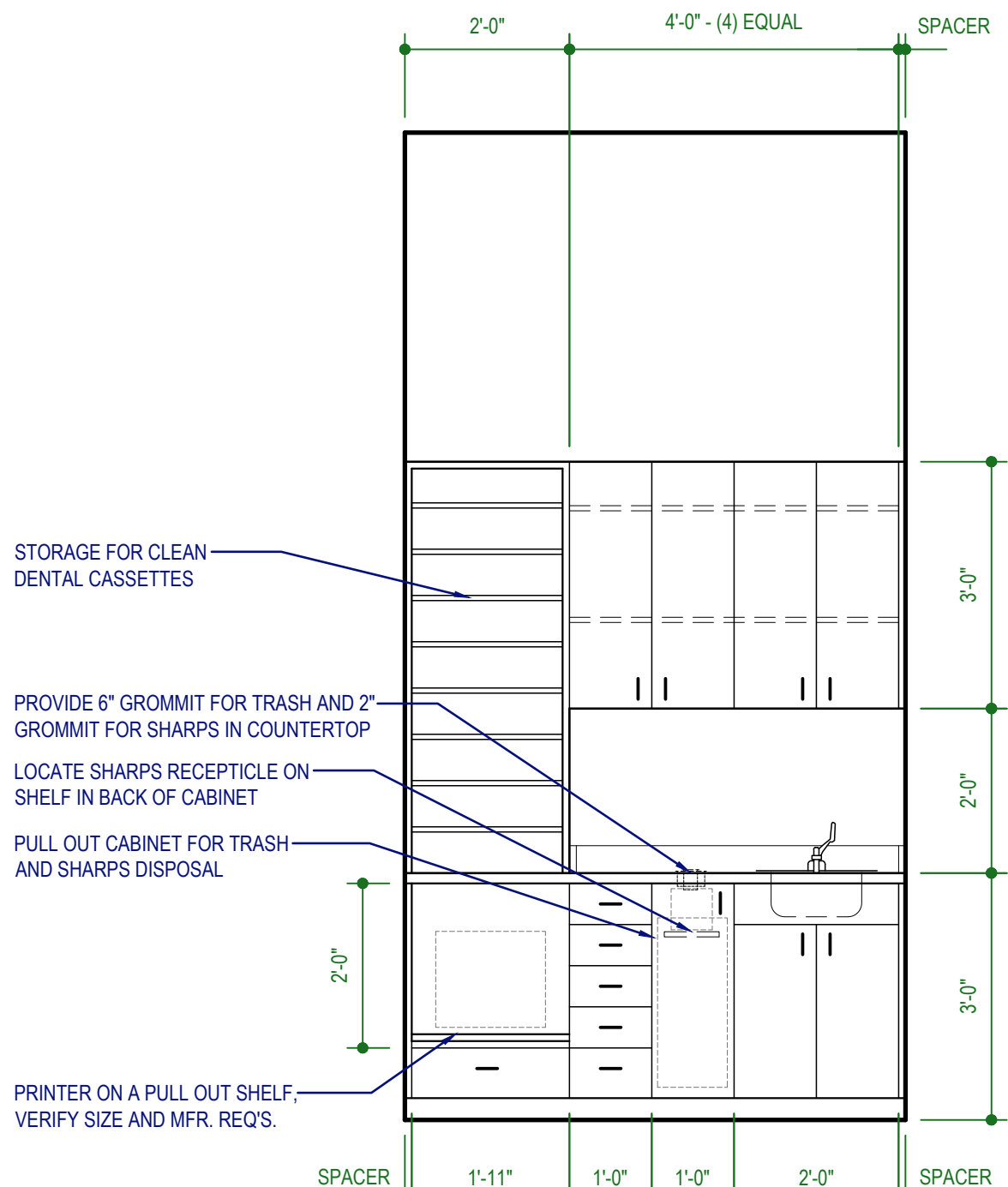
9 Lavatory Section
 SCALE 1" = 1'-0"



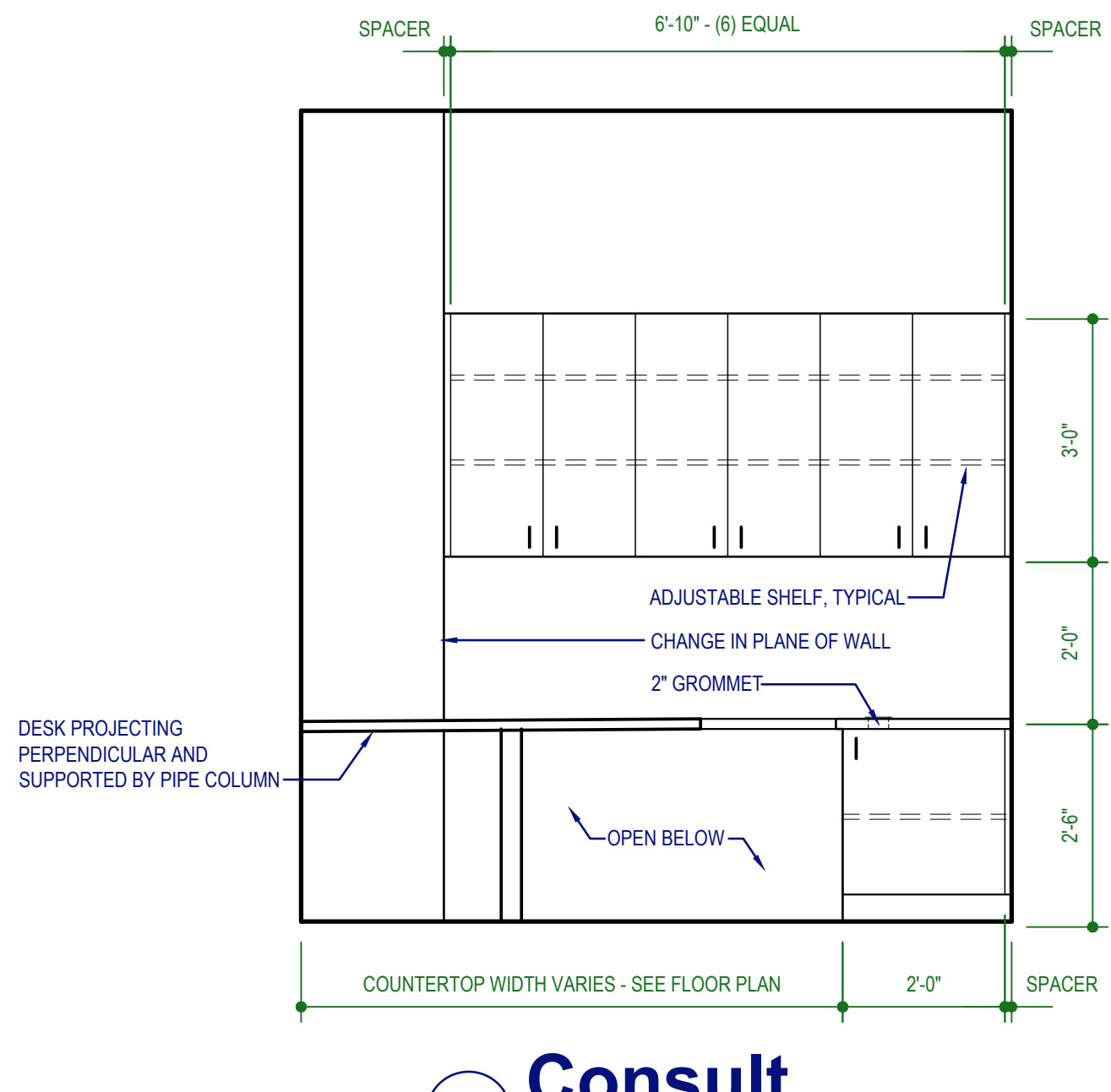
8 Dental Sink 1
 SCALE 1/2" = 1'-0"



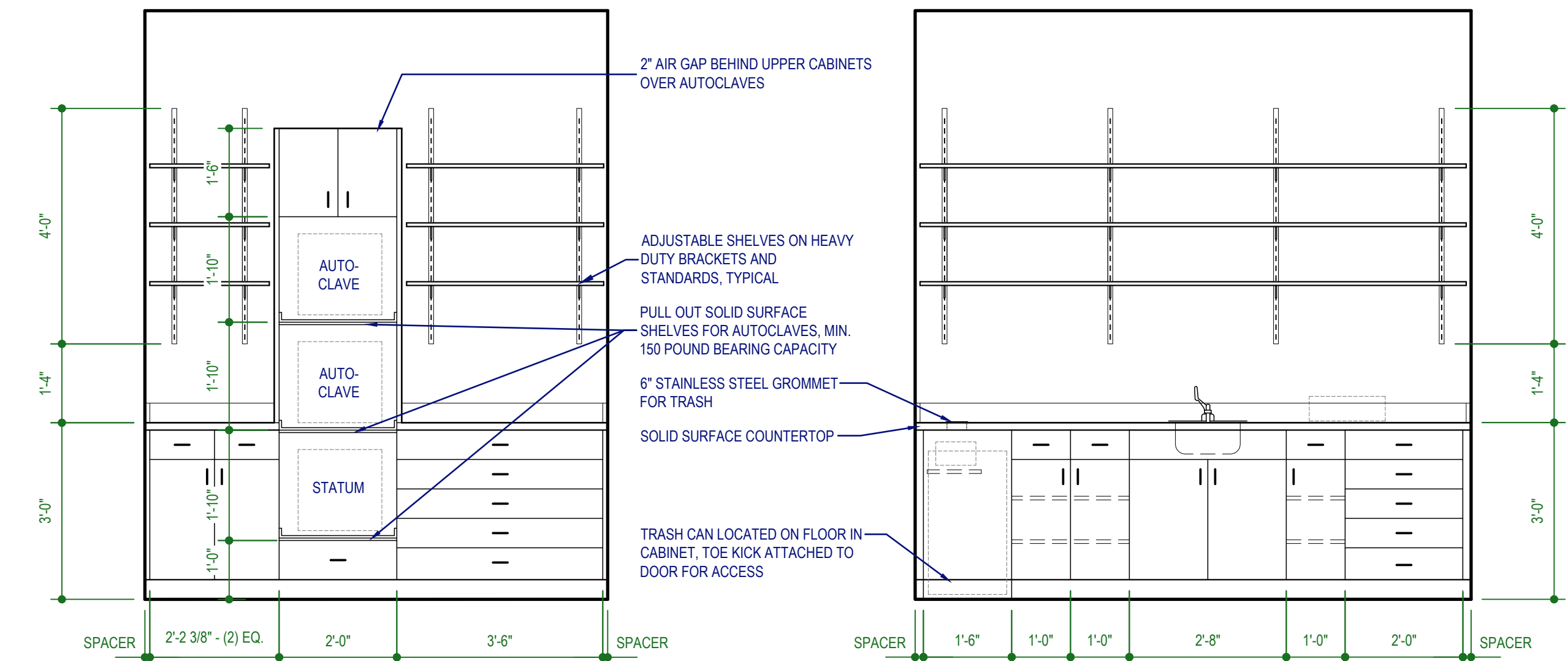
7 Dental Bay 2
 SCALE 1/2" = 1'-0"



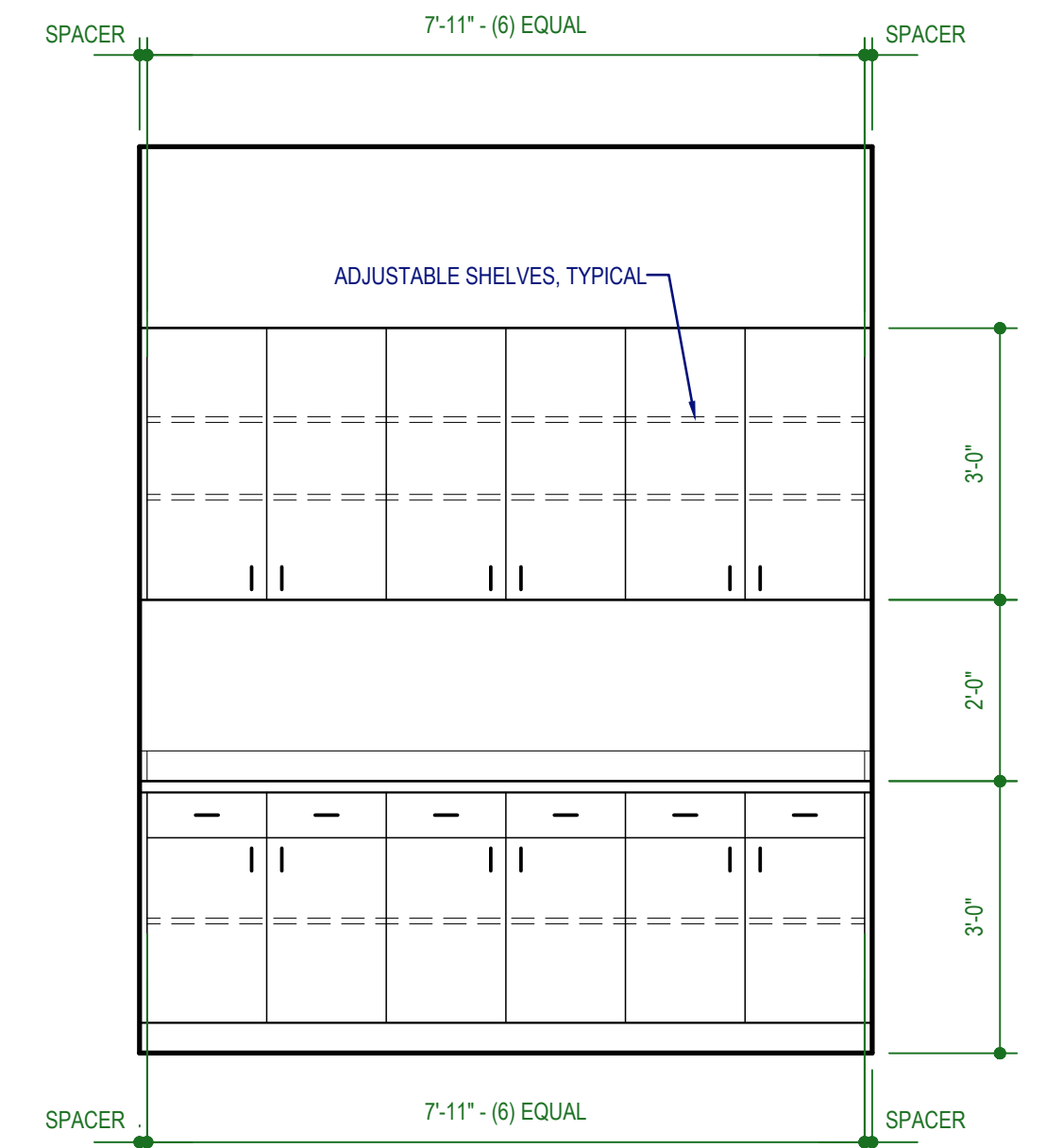
6 Dental Bay 1
 SCALE 1/2" = 1'-0"



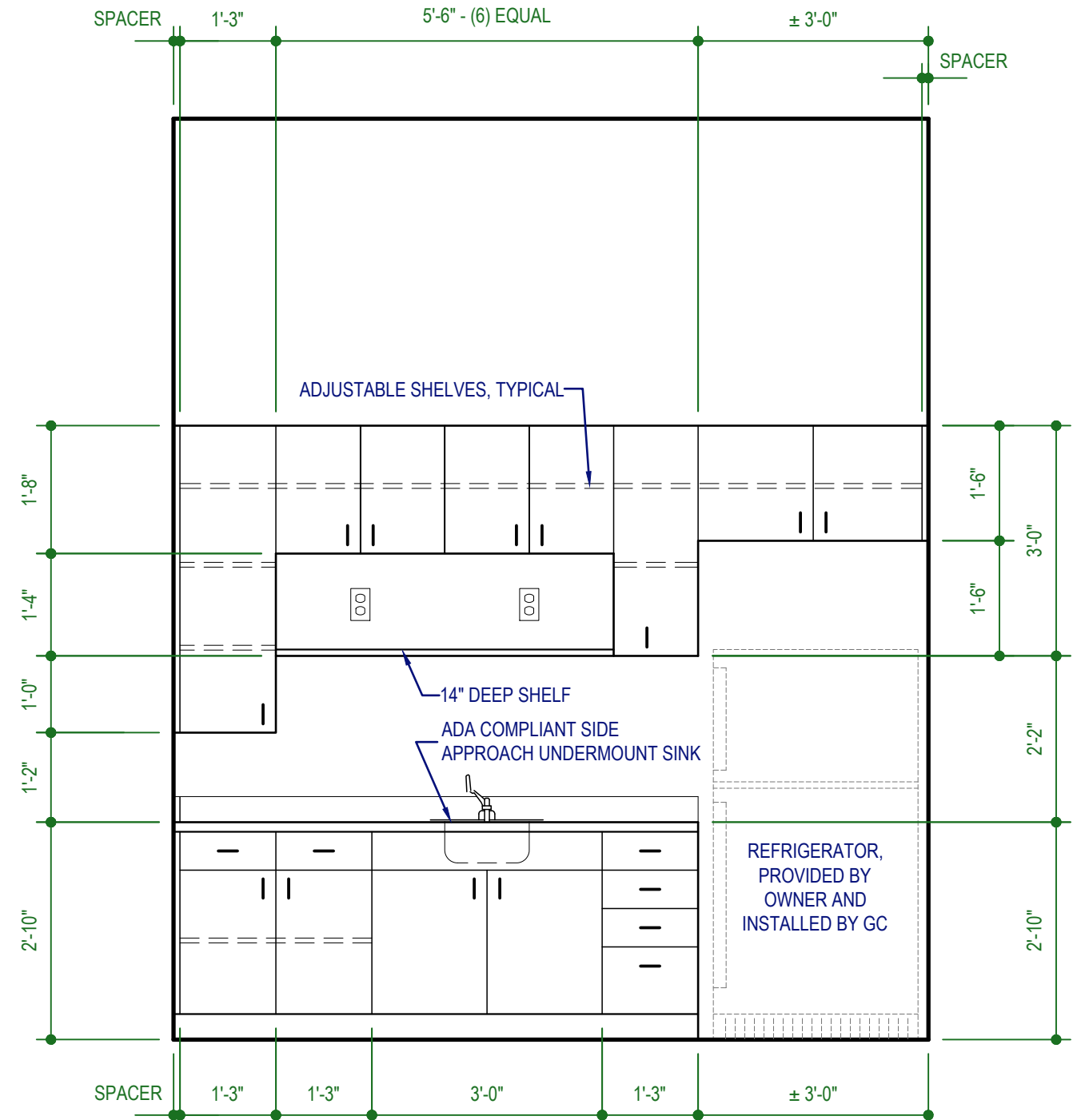
5 Consult
 SCALE 1/2" = 1'-0"



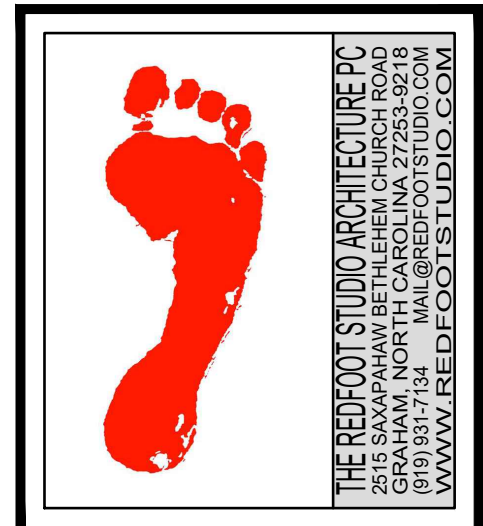
12 Sterilization
 SCALE 1/2" = 1'-0"



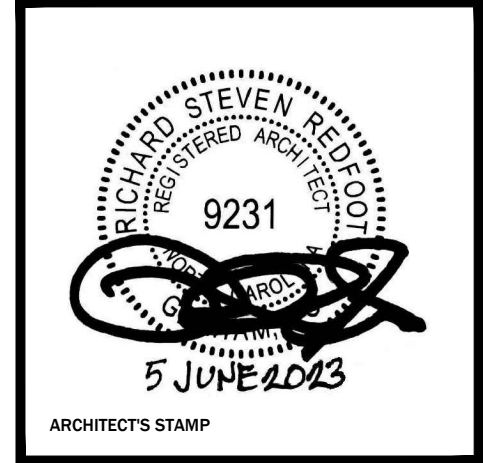
11 Business
 SCALE 1/2" = 1'-0"



10 Staff Lounge
 SCALE 1/2" = 1'-0"



**SOUTHERN SMILES
 PEDIATRIC DENTISTRY**
 2305 NC HIGHWAY 24-87
 CAMERON, NORTH CAROLINA



No	Rev./Submissions	Date
	PERMIT	06/05/23

SCALE	PROJECT NO
AS NOTED	230102
DESIGNED	DATE
RSR	5 JUNE 23
DRAWN	CHECKED
RSR	RSR

**DETAILS,
 TOILET ROOM &
 LIFE SAFE PLANS**
 DRAWING NO
A2.0

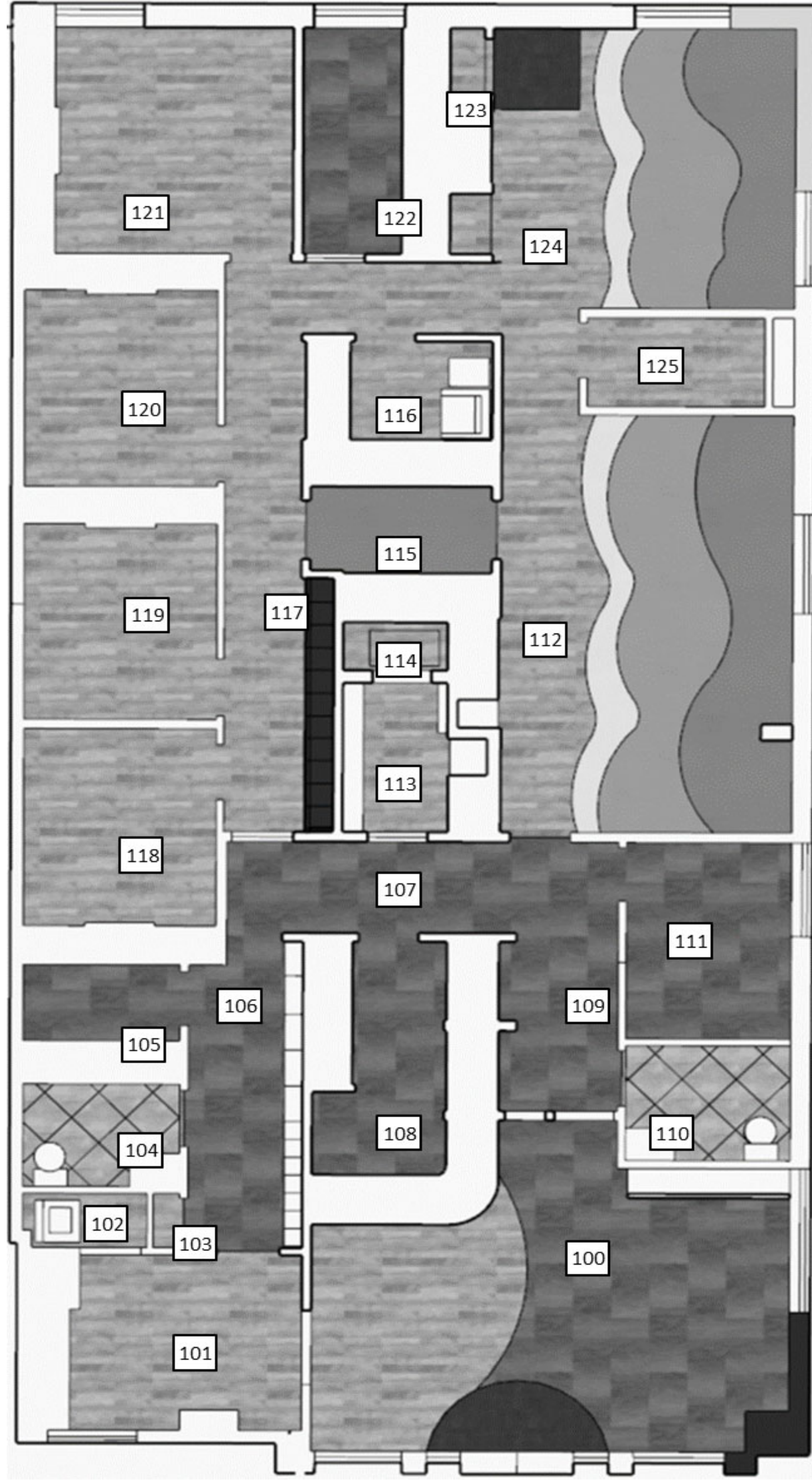
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ROOM FINISH SCHEDULE											
ROOM NO	ROOM NAME	FLOOR	WALL	Walls				DOORS	CEILING	CEILING HEIGHT	REMARKS
				N	S	E	W				
100	WAITING	LVT-1 CPT-1,2	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-1, 3, GYP	VARIED	1
101	BREAK ROOM	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	12'-0"	
102	LAUNDRY	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
103	SERVER	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	12'-0"	
104	UNISEX	CT-1	WB-1	PT-1	PT-3	PT-1	PT-3	PT-6	ACT-2	10'-0"	
105	CALL CENTER	CPT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
106	HALL	CPT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
107	HALL	CPT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
108	BUSINESS	CPT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
109	CHECK OUT	CPT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
110	UNISEX	CT-1	WB-1	PT-1	PT-3	PT-1	PT-3	PT-6	ACT-2	10'-0"	
111	CONSULT	CPT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
112	DENTAL BAY 1	LVT-1.2.3.4	WB-1	PT-1,4, MURAL WC	PT-1,4, MURAL WC	PT-1	PT-1	PT-6	ACT-1,3	12'-0"	2, 3
113	UTILITY	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	12'-0"	
114	EQUIP	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	12'-0"	
115	STERILIZATION	LVT-2	WB-1	PT-3	PT-3	PT-1	PT-1	PT-6	ACT-2	10'-0"	
116	MOTHER'S ROOM	LVT-1	WB-1	PT-1	PT-1 / MURAL WC	PT-1	PT-1 / MURAL WC	PT-6	ACT-2	10'-0"	
117	HALL	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
118	QUIET ROOM	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	3
119	QUIET ROOM	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	3
120	QUIET ROOM	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	3
121	QUIET ROOM	LVT-1	WB-1	PT-1	PT-1	PT-1 / MURAL WC	PT-1	PT-6	ACT-2	10'-0"	3
122	OFFICE	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
123	MED GAS	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-2	10'-0"	
124	DENTAL BAY 2	LVT-1.2.3.4 CPT-2	WB-1	PT-1	PT-1,4, MURAL WC	PT-1	PT-1	PT-6	ACT-1,3	12'-0"	2, 3
125	IMAGING	LVT-1	WB-1	PT-1	PT-1	PT-3	PT-1	PT-6	GYP	10'-0"	

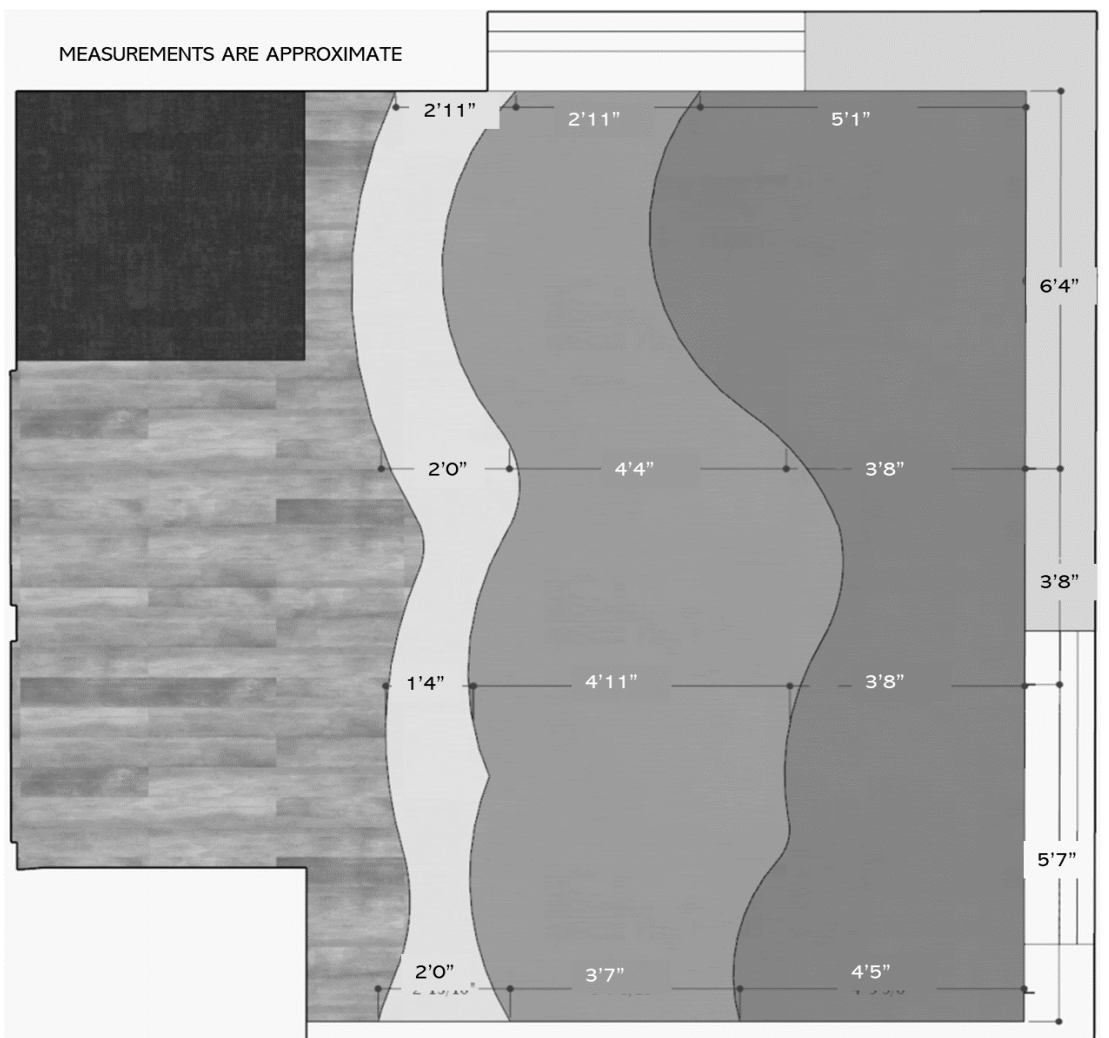
- GENERAL FINISH SCHEDULE NOTES
- A. COORDINATE AND VERIFY FINISHES AND COLORS WITH INTERIOR DESIGNER AND/OR OWNER
 - B. WALL PAINT TO BE SHERWIN WILLIAMS OR APPROVED EQUAL. ONE COAT OF PRIMER TINTED TO WALL COLOR, TWO COATS OF PAINT.
 - C. ALL FLOORING TRANSITION STRIPS TO BE LOW PROFILE SCHLUTER ALUMINUM
 - D. ANY NATURAL STONE SLABS TO BE SELECTED BY DESIGNER
 - E. ALL FREESTANDING WORKSURFACES TO BE SUPPORTED WITH FLAT CONCEALED BRACKETS IN WALL (I.E. ECFLAT24 2.0)

- MATERIALS
- CT-1 BEST TILE, PROVENCE PORCELAIN, 24 X 24" ECRU FOR FIELD, CUT TO 4" X24 FOR WALL BASE (CAP WITH ALUMINUM TILE EDGE); MAPEI 5027 SILVER GROUT (SOURCE: BROCK CONTRACT, SCOUT 919-239-9224)
 - CPT-1 PATCRAFT VAPOROUS I0579, LAGUNA 00450, 24 X24" (SOURCE: BROCK CONTRACT, SCOUT 919-239-9224)
 - CPT-2 PATCRAFT ACCESS I0533, TREK 00590, 24" X 24" (SOURCE: BROCK CONTRACT, SCOUT 919-239-9224)
 - LVT-1 PATCRAFT STYLE I420V TIMBER GROVE II, 20 MIL, COLOR 00174 HEATHER-V3 5.96 X 48" PLANK (SOURCE: BROCK CONTRACT, SCOUT 919-239-9224)
 - LVT-2 SHAW CONTRACT, PIGMENT DIRECT GLUE, 0503V, 7 X 48", BLUE (SOURCE: BROCK CONTRACT, SCOUT 919-239-9224)
 - LVT-3 SHAW CONTRACT, PIGMENT DIRECT GLUE, 20 MIL, 0503V, 7 X 48", CYAN (SOURCE: BROCK CONTRACT, SCOUT 919-239-9224)
 - LVT-4 SHAW CONTRACT, PIGMENT DIRECT GLUE, 20 MIL, 0503V, 7 X 48", BONE (SOURCE: BROCK CONTRACT, SCOUT 919-239-9224)
 - WB-1 TARKETT/JOHNSONITE 4" BASE IN 92 BLUE LAGOON (SOURCE: BROCK CONTRACT, SCOUT 919-239-9224)
 - PT-1 WALLS: SHERWIN WILLIAMS, DURATION SATIN FINISH SW7063 'NEBULOUS WHITE'
 - PT-2 ACCENT: SHERWIN WILLIAMS, DURATION SATIN FINISH SW7063 'RAVE RED'
 - PT-3 ACCENT: SHERWIN WILLIAMS, DURATION SATIN FINISH SW6966 'BLUEBLOOD'
 - PT-4 ACCENT: SHERWIN WILLIAMS, DURATION SATIN FINISH SW6788 'CAPRI'
 - PT-5 ACCENT: SHERWIN WILLIAMS, DURATION SATIN FINISH SW7005 'PURE WHITE'
 - PT-6 DOORS: SHERWIN WILLIAMS, PRO INDUSTRIAL PRE-CATALYZED WATERBASED EPOXY SEMI-GLOSS- SW6966 'BLUEBLOOD'
 - PT-7 ACT-1 GRID: SHERWIN WILLIAMS, PRO INDUSTRIAL PRE-CATALYZED WATERBASED EPOXY EG SHELL - SW6224 'MOUNTAIN AIR'
 - ACT-1 CERTAINTEED, SYMPHONY M 24X24 ACOUSTIC CEILING TILE 1222BB-75-1, IN PT-7, SW6224 MOUNTAIN AIR, 15/16" GRID FIELD PAINTED TO MATCH TILE (SOURCE: BROCK CONTRACT, ERIC CHRISTIAN 919-614-8104)
 - ACT-2 CERTAINTEED, SYMPHONY M 24X24 ACOUSTIC CEILING TILE 1222BB-75-1, WHITE, 15/16" GRID (SOURCE: BROCK CONTRACT, ERIC CHRISTIAN 919-614-8104)
 - ACT-3 TURF.DESIGN CUSTOM ORDER (DETAILED DESIGN ON FILE AT SOURCE: BROCK CONTRACT, ERIC CHRISTIAN 919-614-8104)

- REMARKS
- 1 GYPSUM WALLBOARD BULKHEAD OVER TRANSACTION COUNTER AND FREEFORM SOFFITS. NOTE ACT GRID TO BE FIELD PAINTED. REFERENCE ACT-1 AND REFLECTED CEILING PLAN.
 - 2 PAINT BUMP/OUT WALL FEATURE EITHER SIDE OF IMAGING SOFFIT PT-4
 - 3 PAINT ON ALL WALLS, THEN WALL COVERING ON NOTED WALLS.
 - 4
 - 5
 - 6



FLOORING DESIGN DETAIL FOR ROOM 124



DESIGNER
MICHELLE CUMMINGS
 CONTACT
617.233.3189

**SOUTHERN SMILES
 PEDIATRIC DENTISTRY**
 2305 NC HIGHWAY 24-87
 CAMERON, NORTH CAROLINA

FINISHES	
MONTH	JUNE
DAY	2
YEAR	2023

ID 1.0

PLUMBING FIXTURES						
ROOM NO	TYPE	DESCRIPTION	MANUFACTURER	MODEL	COLOR	NOTES
101	SINK	UNDERMOUNT SINGLE BASIN CENTER DRAIN, INCLUDES DRAIN INSTALLATION UNDERMOUNT CLIP 8 PACK	ELKAY	ELUH2317	STAINLESS STEEL	25 1/2"
	FAUCET	GENTA LX PULL-DOWN SPRAY KITCHEN FAUCET	MOEN	7882SRS	SPOT RESIST STAINLESS	POWERCLEAN TECHNOLOGY
104	LAVATORY	RECTANGULAR CERAMIC UNDERMOUNT SINK WITH OVERFLOW	DURAVIT	0330480017	WHITE	20-5/8"
	DRAIN	ADA COMPLIANT DRAIN OPENING NO OVERFLOW	ELKAY	LKAD174LO	CHROME	1 1/2" OR 1 5/8" DRAIN OPENING
	FAUCET	0.5 GPM SINGLE HOLE BATHROOM FAUCET - ELECTRONIC	DELTA	821DPA50-SS	BRILLIANCE STAINLESS	BATTERY OPERATED
	MIXING VALVE	UNIVERSAL MIXING VALVE WITH 3/8" CONNECTIONS	DELTA	R2910-MIXLF	BRASS	
110	WATER CLOSET	CADET 3, 1.28 GPF TWO PIECE ELONGATED TOILET, LEFT MOUNTED TRIP LEVER, SLOW CLOSE SEAT INCLUDED	AMERICAN STANDARD	2989101.02	WHITE	LEFT SIDE LEVER
	LAVATORY	RECTANGULAR CERAMIC UNDERMOUNT SINK WITH OVERFLOW	DURAVIT	0330480017	WHITE	20-5/8"
	DRAIN	ADA COMPLIANT DRAIN OPENING NO OVERFLOW	ELKAY	LKAD174LO	CHROME	1 1/2" OR 1 5/8" DRAIN OPENING
	FAUCET	0.5 GPM SINGLE HOLE BATHROOM FAUCET - ELECTRONIC	DELTA	821DPA50-SS	BRILLIANCE STAINLESS	BATTERY OPERATED
112	MIXING VALVE	UNIVERSAL MIXING VALVE WITH 3/8" CONNECTIONS	DELTA	R2910-MIXLF	BRASS	
	WATER CLOSET	CADET 3, 1.28 GPF TWO PIECE ELONGATED TOILET, RIGHT MOUNTED TRIP LEVER, SLOW CLOSE SEAT INCLUDED	AMERICAN STANDARD	2989813.02	WHITE	RIGHT SIDE LEVER
	SINK	LUSTERSTONE UNDERMOUNT SINGLE BASKING SINK	ELKAY	ELUH1212	STAINLESS STEEL	14 1/2"
	FAUCET	MODERN .5 GPM SINGLE HOLE FAUCET	DELTA	581LF-HGM-PP	CHROME	
117	SINK	LUSTERSTONE UNDERMOUNT SINGLE BASKING SINK	ELKAY	ELUH1212	STAINLESS STEEL	14 1/2"
	FAUCET	MODERN .5 GPM SINGLE HOLE FAUCET	DELTA	581LF-HGM-PP	CHROME	
	SINK	LUSTERSTONE UNDERMOUNT SINGLE BASKING SINK	ELKAY	ELUH1212	STAINLESS STEEL	14 1/2"
	FAUCET	MODERN .5 GPM SINGLE HOLE FAUCET	DELTA	581LF-HGM-PP	CHROME	
124	SINK	LUSTERSTONE UNDERMOUNT SINGLE BASKING SINK	ELKAY	ELUH1212	STAINLESS STEEL	14 1/2"
	FAUCET	MODERN .5 GPM SINGLE HOLE FAUCET	DELTA	581LF-HGM-PP	CHROME	
	SINK	LUSTERSTONE UNDERMOUNT SINGLE BASKING SINK	ELKAY	ELUH1212	STAINLESS STEEL	14 1/2"
	FAUCET	MODERN .5 GPM SINGLE HOLE FAUCET	DELTA	581LF-HGM-PP	CHROME	

LIGHTING FIXTURES												
ROOM NO	MARK	DESCRIPTION	MANUFACTURER	SERIES	CATALOG#	LAMPS	CRI/CCT	LUMENS	COLOR TEMP	VOLTS	QUANTITY	REMARKS
100	P1	19" ROUND INTEGRATED LED PENDANT, SATIN NICKEL FINISH, WHITE SHADE	AFS	ANP	ANP1932LAJUDSN-LW	42W INTEGRATED LED	90	3200	3500	120, 277	3	1, 2
112,116,124	P2	15" ROUND INTEGRATED LED PENDANT, SATIN NICKEL FINISH, WHITE SHADE	AFS	ANP	ANP1524LAJUDSN-LW	30W INTEGRATED LED	90	2400	3500	120, 277	10	1, 2
111	P3	12" ROUND INTEGRATED LED PENDANT, SATIN NICKEL FINISH, WHITE SHADE	AFS	ANP	ANP1214LAJUDSN-LW	18W INTEGRATED LED	90	1400	3000	120, 277	1	3
100	C1	FLEX NEON LRUDR8 BENDS LEFT/RIGHT & UP/DOWN 0.8" ROUND LENS, 5W, RGBW	PURE EDGE LIGHTING	FLEX NEON	LRDUR8	5W RGBW				24VDC		4,5
104, 110	LED MIRROR	24 x 36" LED MIRROR	CORDOVA MIRRORS	UNITY	UNY2436	47W INTEGRATED LED	90	4200	3000	120	2	6

REMARKS	
1	INSTALL DIFFUSER AT 10'0" AFF, EXCEPT IN 116 INSTALL AT 7'6"
2	ADJUSTABLE COLOR TEMPERATURE, SELECT 3500 FOR 112, 124, SELECT 3000 FOR 116
3	INSTALL DIFFUSER AT 5'0" AFF
4	FOLLOWS CURVE ATTACHED TO FACE OR RECESSED. LAMP TO FACE UP OR OUT, NOT DOWN.
5	REQUIRES REMOTE CONTROL CDMX1-RGBW-WH AND OTHER POWER SUPPLIES.
6	MIRROR TO HANG BETWEEN 3'4" - 6'4" AFF

DESIGNER

MICHELLE CUMMINGS

CONTACT

617.233.3189

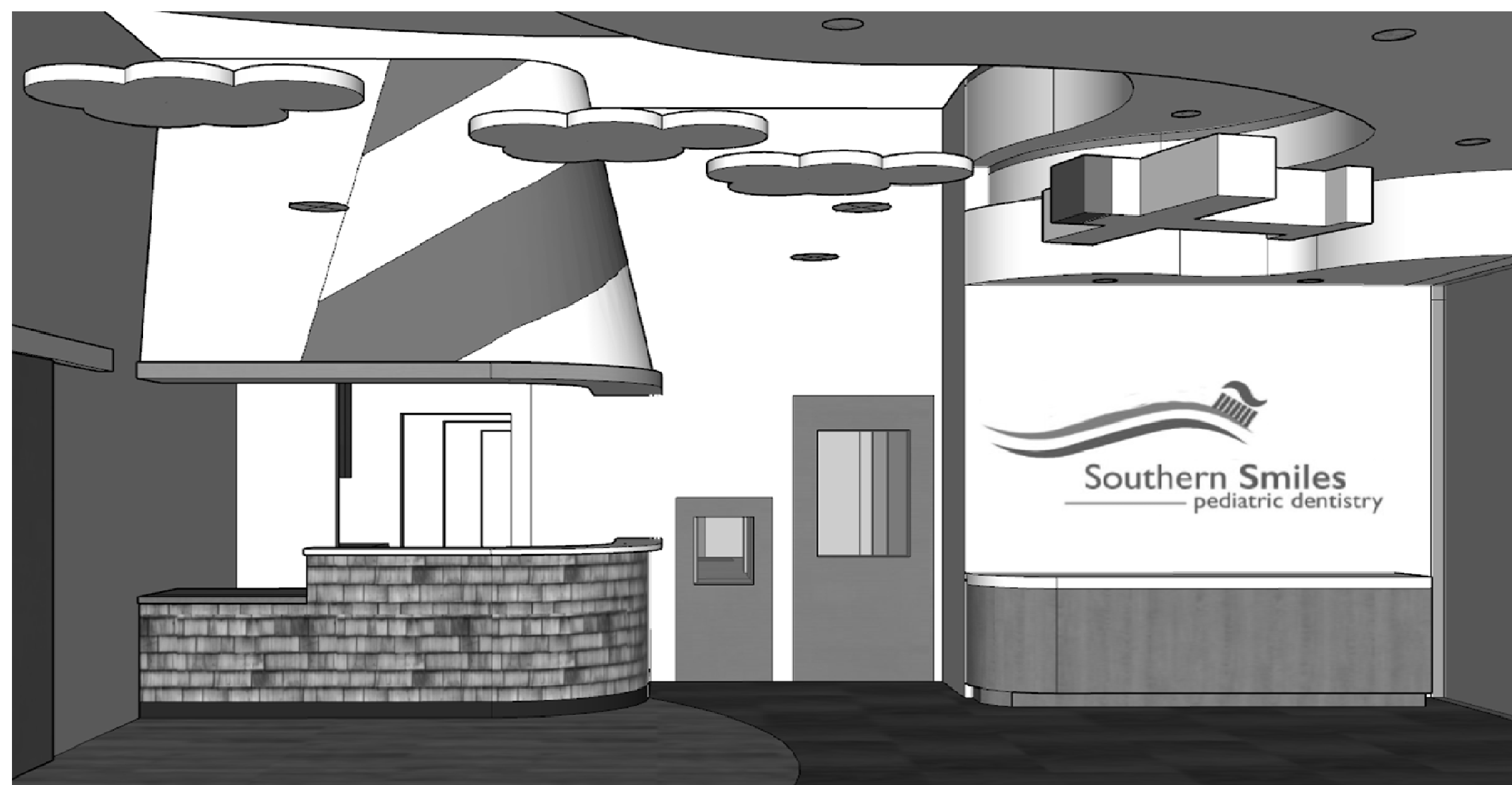
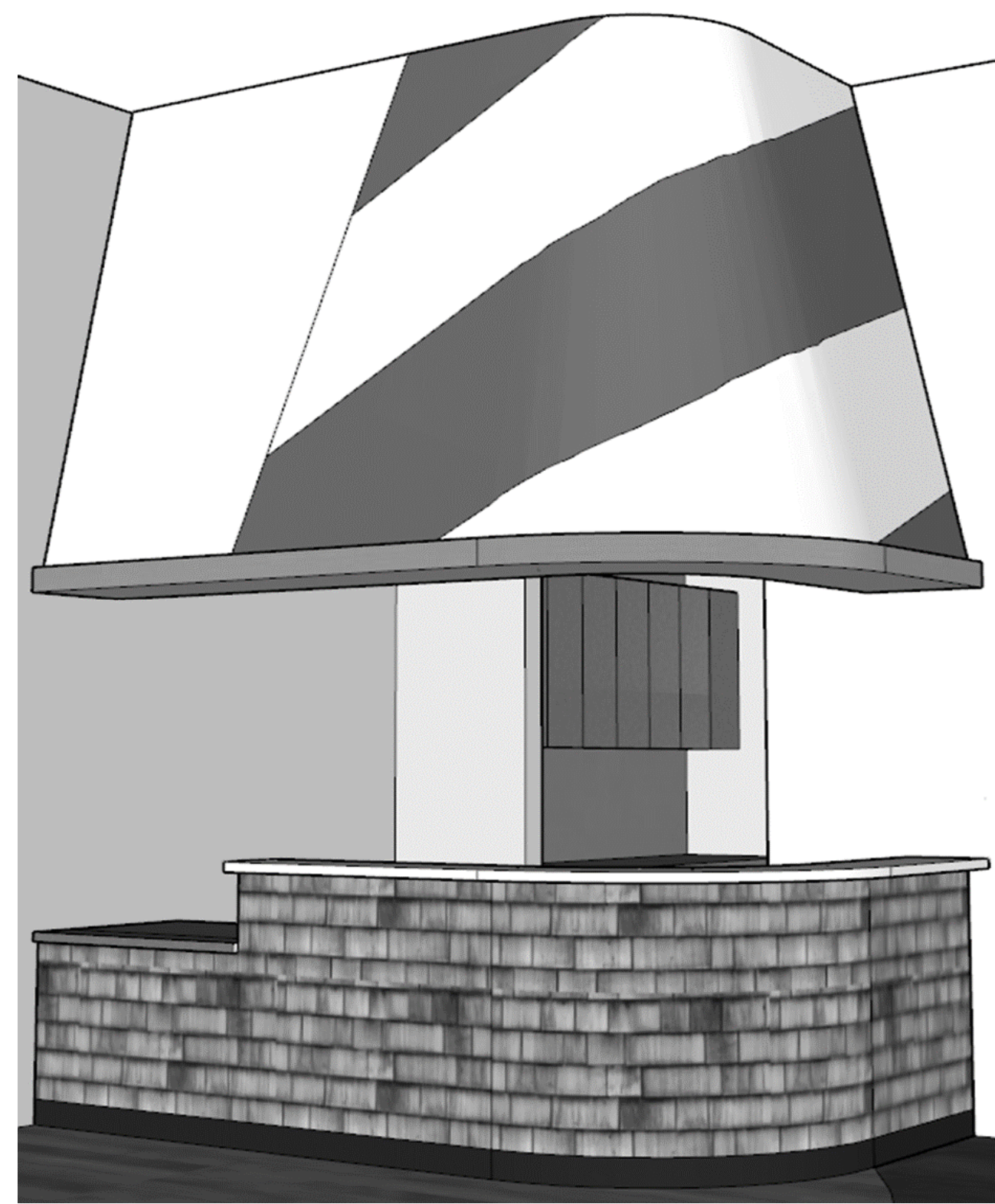
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PEDIATRIC DENTISTRY**
2305 NC HIGHWAY 24-87
CAMERON, NORTH CAROLINA

FIXTURES

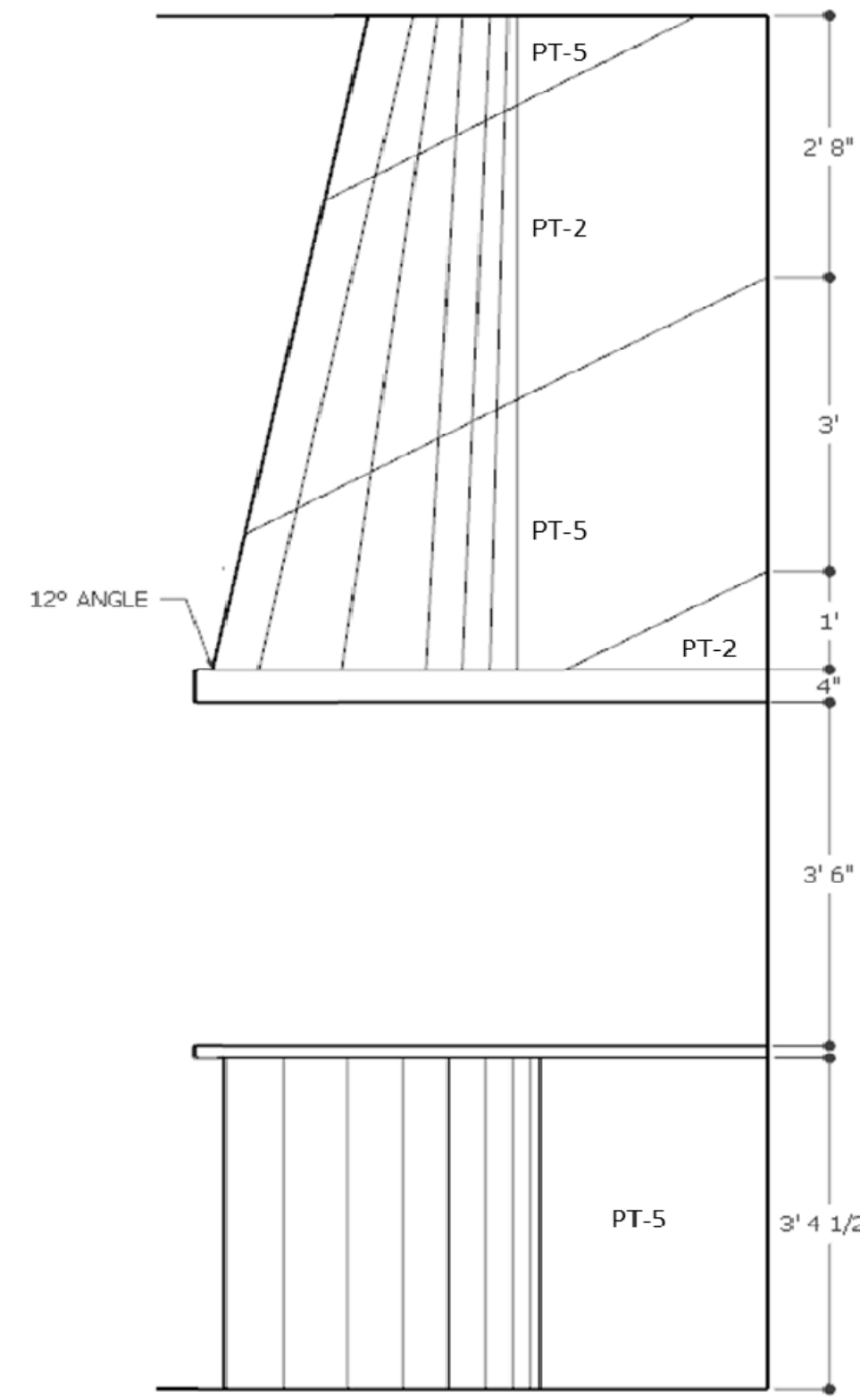
MONTH	JUNE
DAY	2
YEAR	2023

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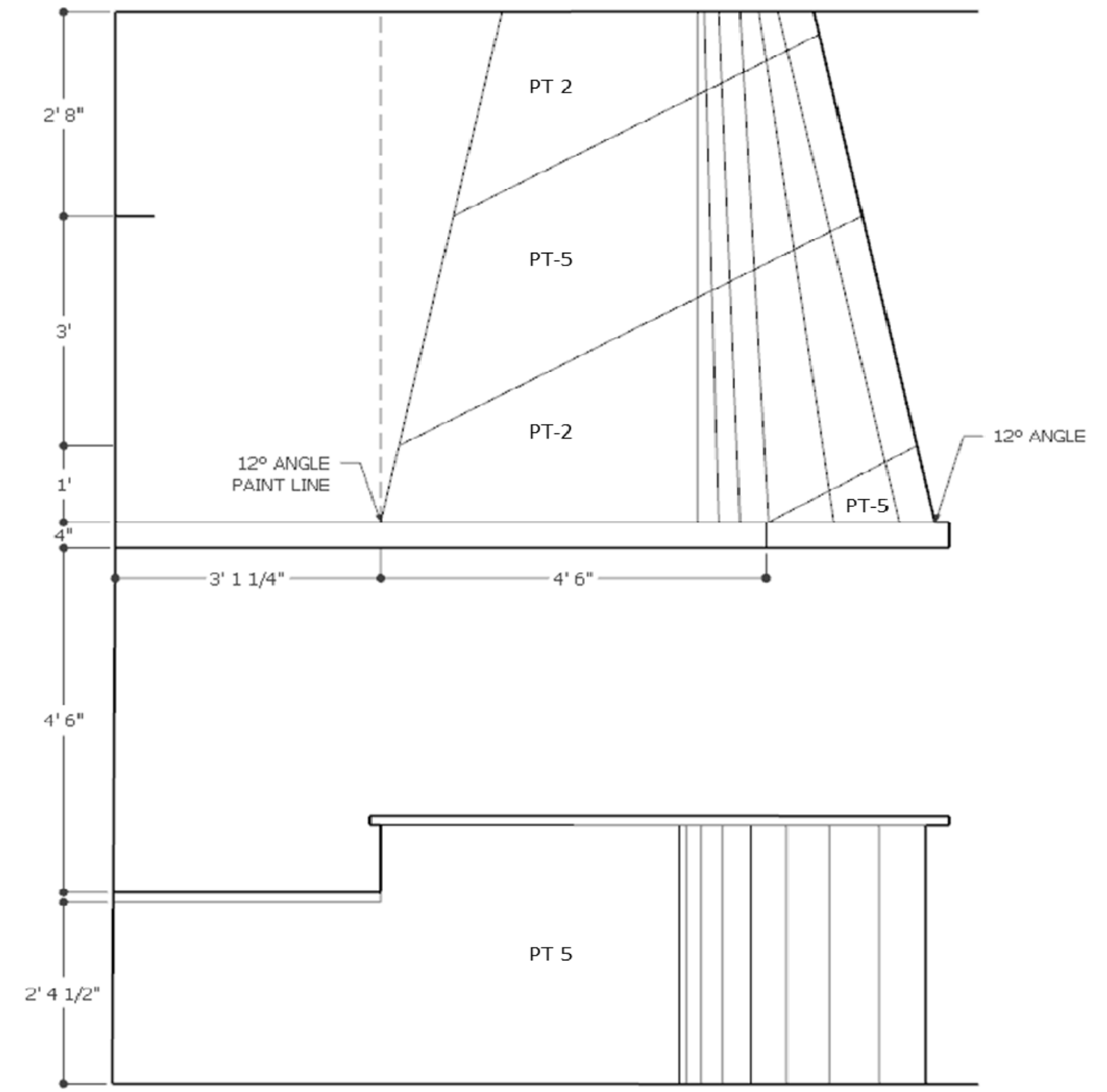
NOTES	
A.	PROVIDE KNEE WALL TO FORM FACE OF DESK AND SUPPORT COUNTERS FINISH W/ PAINTED GYPSUM WALLBOARD EACH SIDE, PROVIDE PLASTIC LAMINATE WORK SURFACE AT 30" AFF, OPEN BELOW WORK SURFACE, LEVEL 2 GRANITE TRANSACTION COUNTERS AT 42" AFF, PROVIDE (2) MOVABLE BELOW COUNTER FILE CABINETS
B.	APPLY MURAL PAPER TO FRONT OF TRANSACTION COUNTER WITH RUBBER BASE
C.	SOFFIT SLOPE FOR CONSTRUCTION AND PAINT LINE IS 12 DEGREES
D.	
E.	
F.	



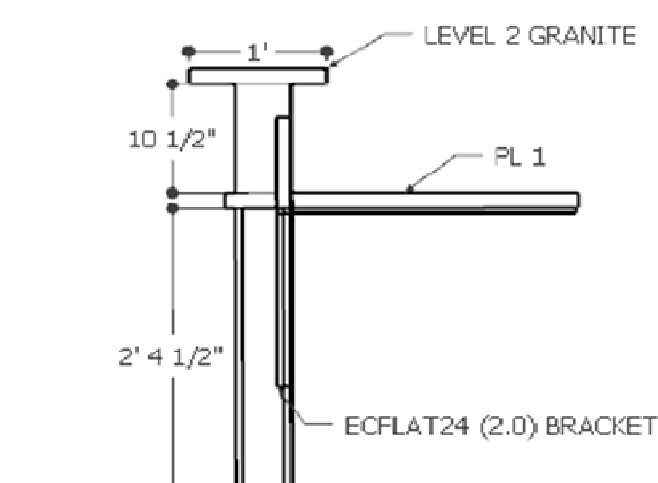
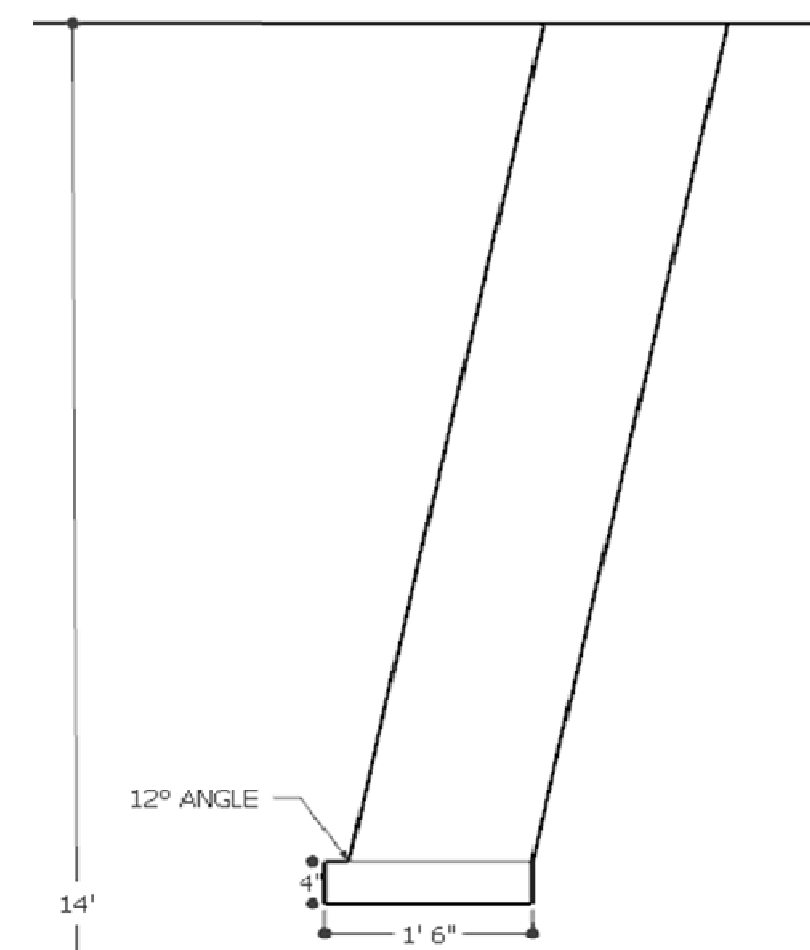
WAITING 100 - SKETCH FOR CONTEXT



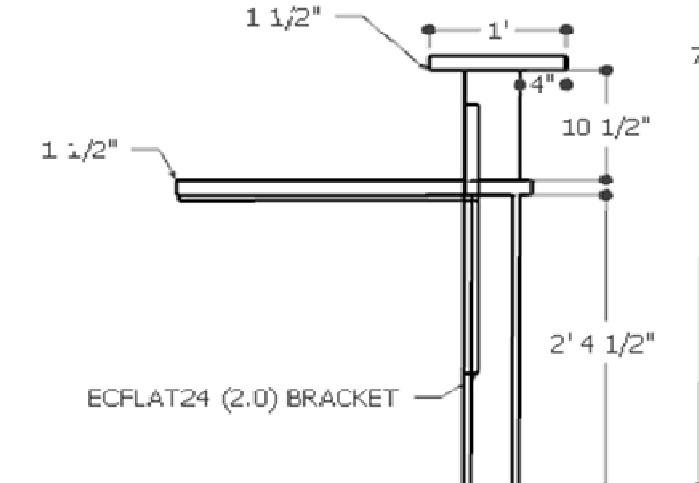
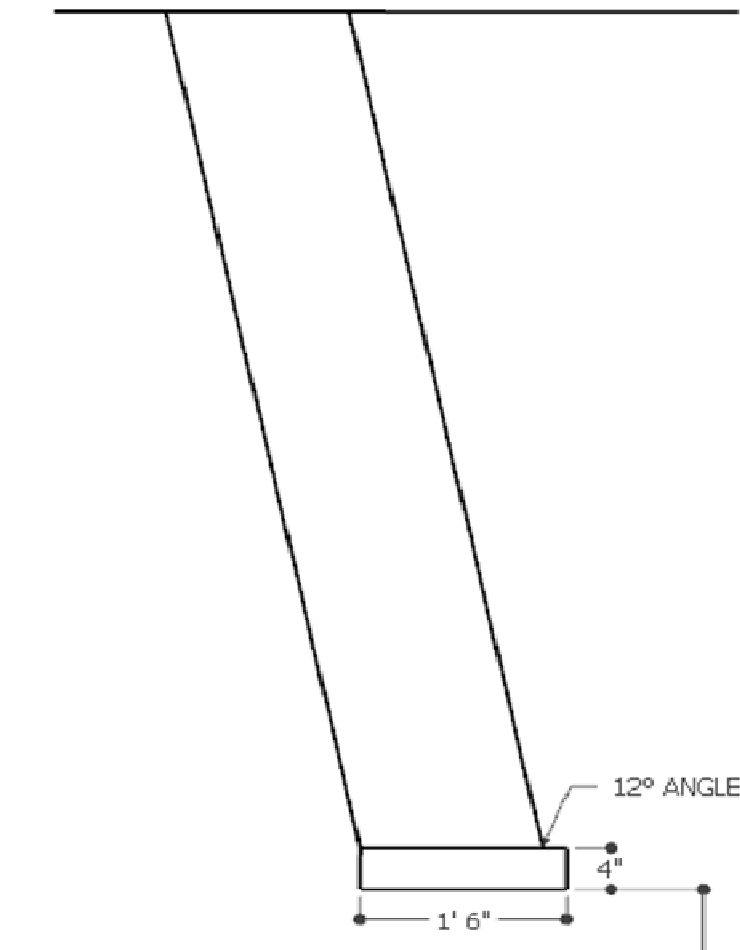
FRONT DESK - WEST ELEVATION



FRONT DESK - NORTH ELEVATION



FRONT DESK - WEST ELEVATION



FRONT DESK - NORTH ELEVATION

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INTERIORS

DESIGNER

MICHELLE CUMMINGS

CONTACT

617.233.3189

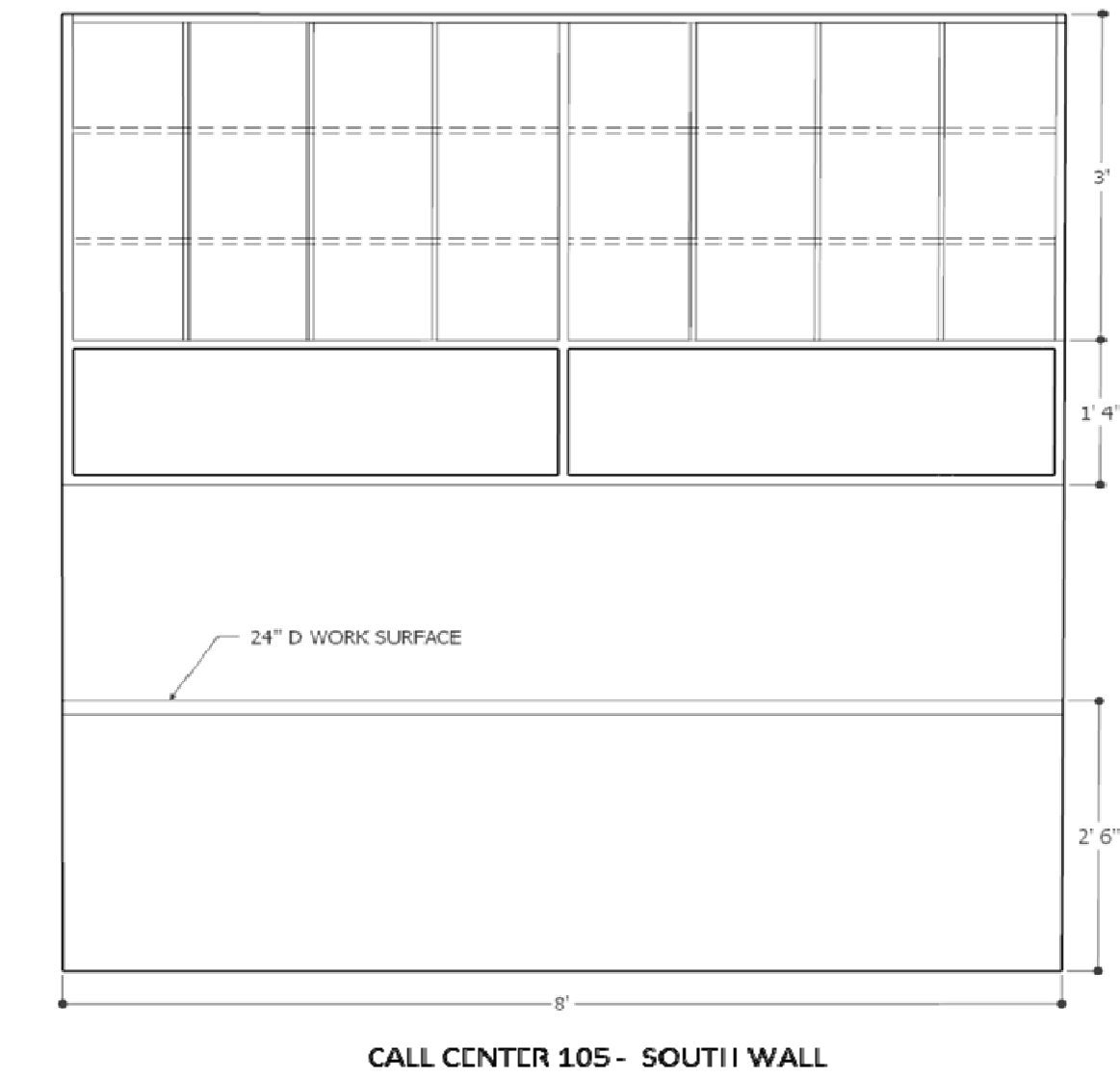
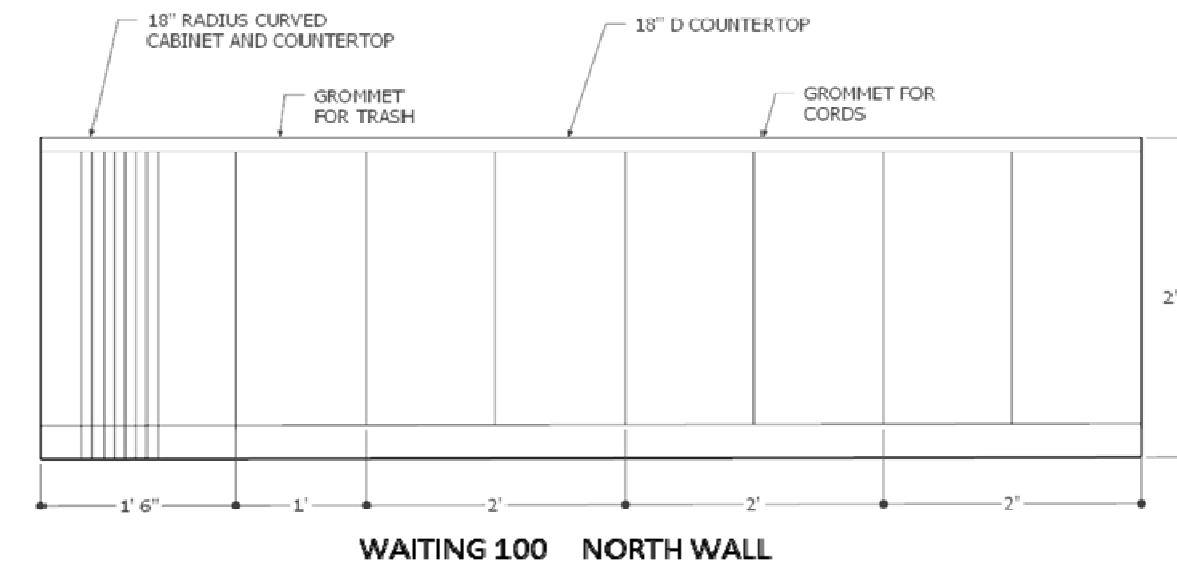
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CAMERON, NORTH CAROLINA

CUSTOM
FEATURE

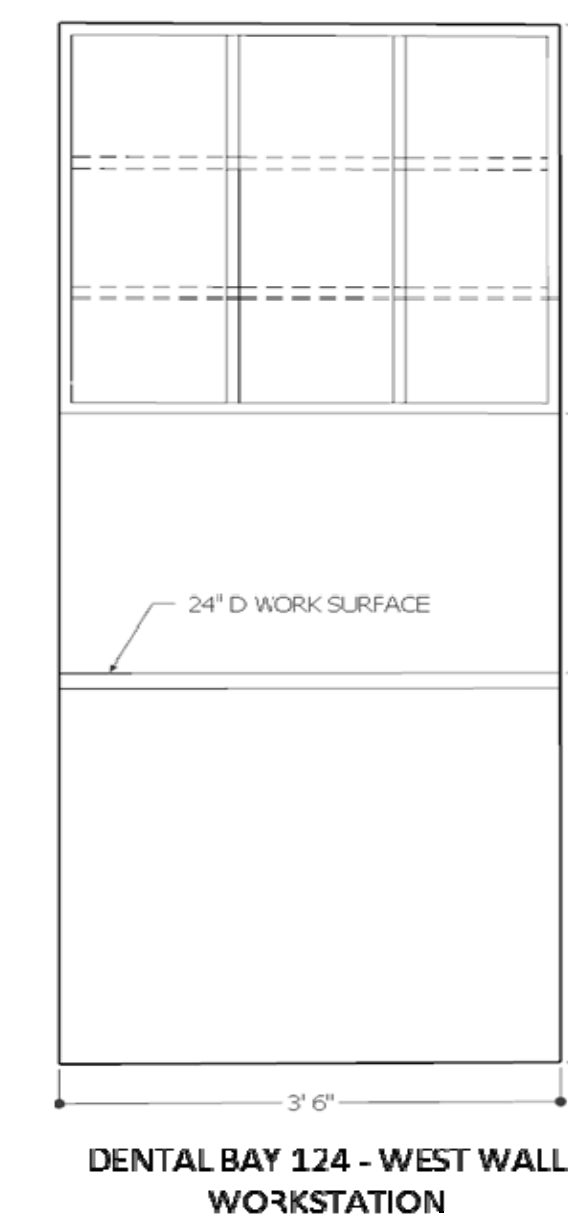
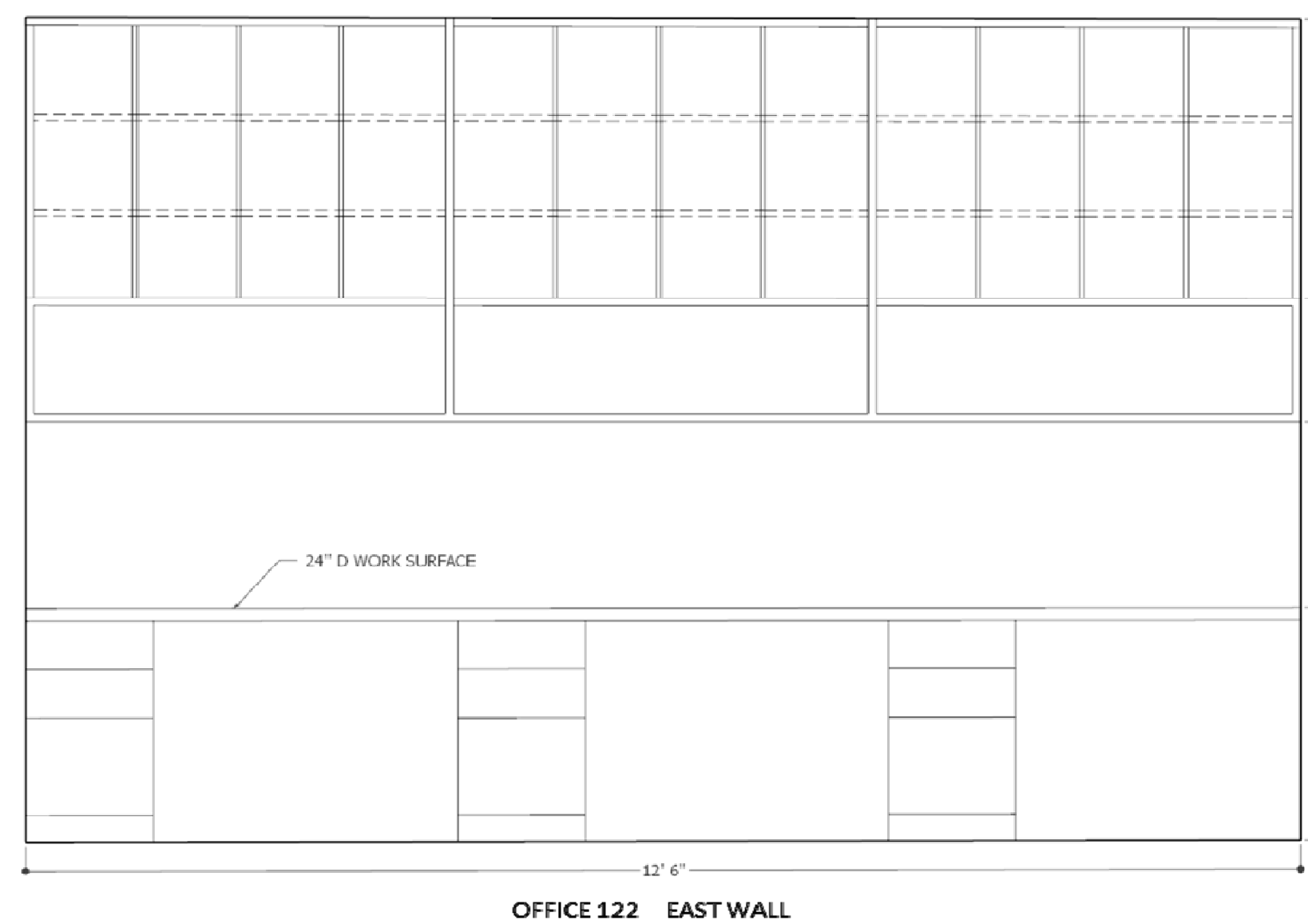
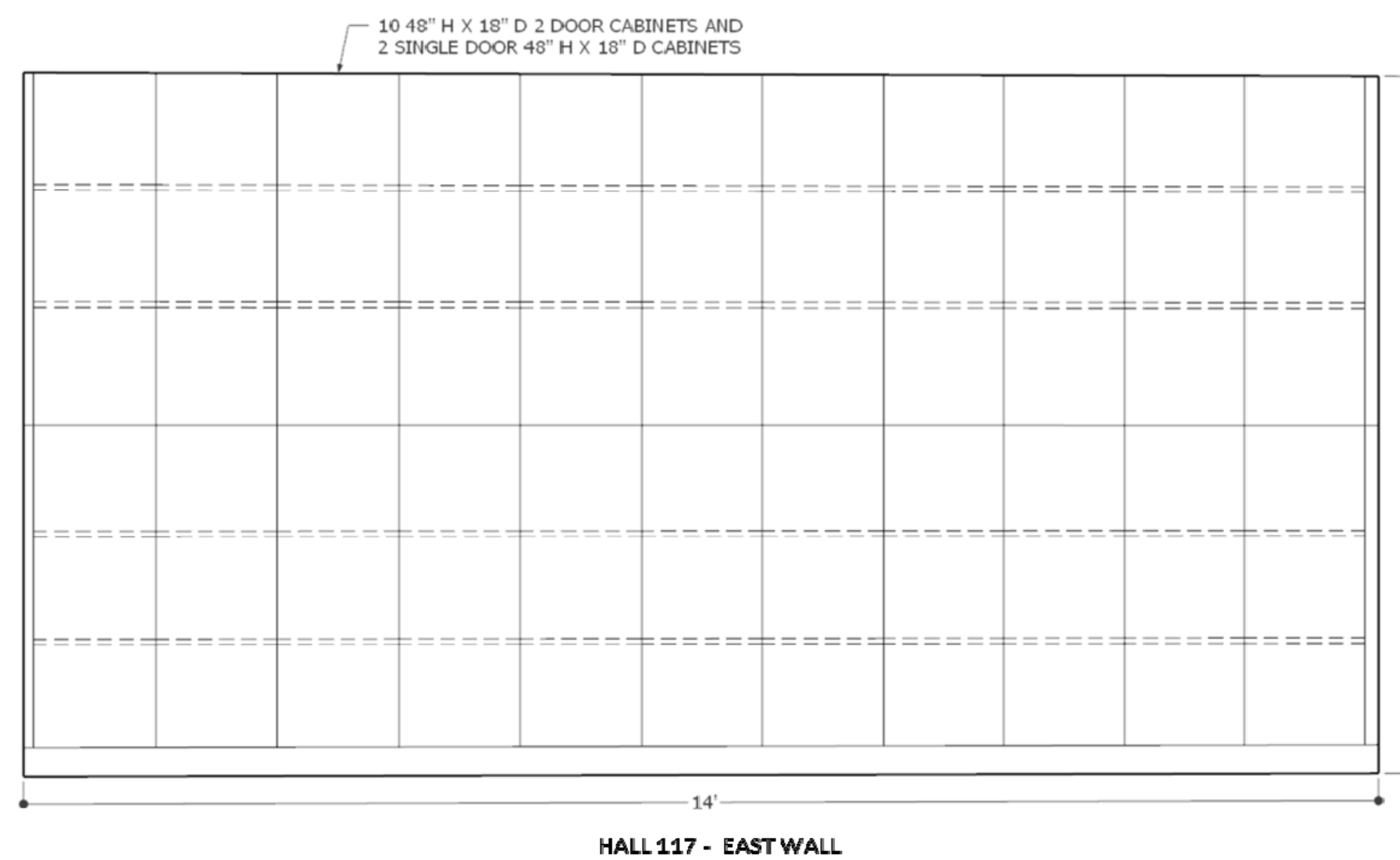
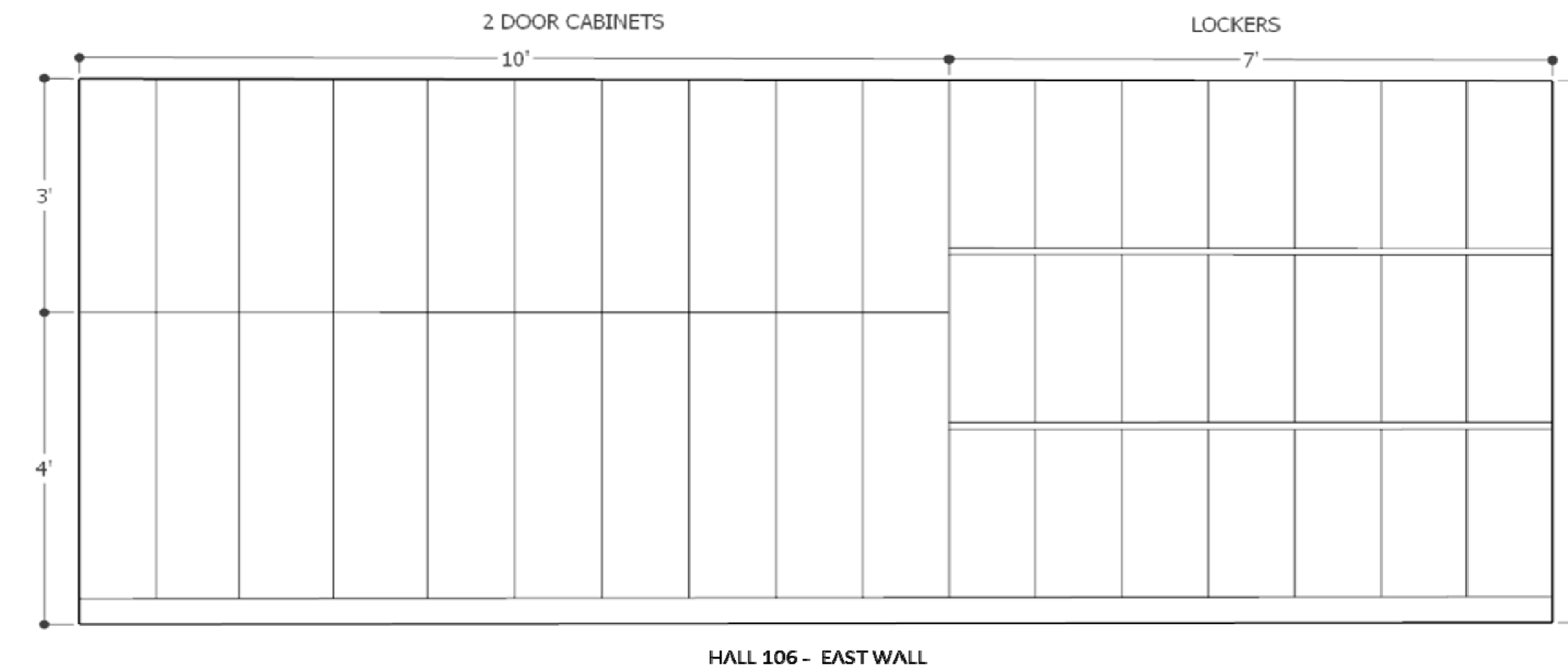
MONTH	JUNE
DAY	2
YEAR	2023

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CABINET LOCATION						
ROOM NO	ROOM NAME	WALL	CABINERY		REMARKS	
			BODY	COUNTER		
100	WAITING	NORTH	PL-2	ST-1	1	
101	BREAK ROOM	WEST	PL-4	ST-1	1	
104	UNISEX	SOUTH	PL-1	ST-1	1	
105	CALL CENTER	SOUTH	PL-2	PL-2		
106	HALL	EAST	PL-1	SS-1		
108	BUSINESS	EAST, SOUTH, WEST	PL-1	PL-1		
109	CHECK OUT	WEST	NA	ST-1		
110	UNISEX	SOUTH	PL-1	ST-1	1	
111	CONSULT	EAST, SOUTH	PL-2	PL-2		
112	DENTAL BAY 1	WEST	PL-1	SS-1		
115	STERILIZATION	NORTH, SOUTH	PL-1	SS-1		
117	HALL	EAST	PL-1	SS-1		
118	QUIET ROOM	SOUTH	PL-1	SS-1		
119	QUIET ROOM	NORTH	PL-1	SS-1		
120	QUIET ROOM	NORTH	PL-1	SS-1		
121	QUIET ROOM	WEST	PL-1	SS-1		
122	OFFICE	EAST	PL-2	PL-2		
124	DENTAL BAY 2	WEST	PL-1	SS-1		



GENERAL CABINERY NOTES	
A	PROVIDE SHOP DRAWINGS FOR OWNER REVIEW OF ALL CABINETS AND CASEWORK
B	COORDINATE AND VERIFY FINISHES AND COLORS WITH INTERIOR DESIGNER AND/OR OWNER
C	PROVIDE SOFT CLOSE HARDWARE ON ALL CABINETS
D	CONFIRM LOCKING PREFERENCES WITH OWNER
E	ALL FREESTANDING WORKSURFACES TO BE SUPPORTED WITH FLAT CONCEALED BRACKETS IN WALL (I.E. ECFLAT24 2.0)
CABINET FINISHES	
PL-1	TAFISA BRUSHED ALUMINUM T474 (CR) CRYSTALITE / VERTICAL GRAIN DIRECTION
PL-2	WILSONART FRISTON ASH 8229K-79 RIDGEWOOD TEXTURE FINISH / VERTICAL GRAIN DIRECTION
PL-3	FORMICA HAZEL WALNUT 5788-NG NATURAL GRAIN FINISH / VERTICAL GRAIN DIRECTION
PL-4	WILSONART PHANTOM CHARCOAL 8214K-28 GLOSS LINE FINISH / VERTICAL GRAIN DIRECTION
SS-1	TO BE CONFIRMED AS MATCH FOR COUNTERTOPS ON THE 12 O'CLOCK CABINETS BEING ORDERED THROUGH PATTERSON
ST-1	ANDROMEDA WHITE GRANITE OR SIMILAR. SLAB TO BE SELECTED BY DESIGNER.
CABINET HARDWARE	
PULLS	BERENSON BRAVO 3" FINGER PULL, BRUSHED NICKEL, 1057-4BPN-P
HINGES	SOFT CLOSE
LOCKS	TYPICAL CYLINDAR LOCKS ON ALL DOORS. ALL LOCKS WITHIN A ROOM TO BE KEYPED ALIKE.
CABINET NOTES	
1	NATURAL STONE SLAB TO BE SELECTED BY DESIGNER
2	
3	



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INTERIORS

DESIGNER

MICHELLE CUMMINGS

CONTACT

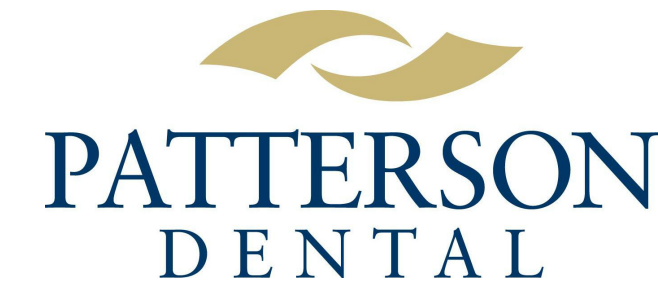
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**SOUTHERN SMILES
PEDIATRIC DENTISTRY**
2305 NC HIGHWAY 24-87
CAMERON, NORTH CAROLINA

CABINERY

MONTH	JUNE
DAY	2
YEAR	2023

ID 2.1



1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

NOT FOR CONSTRUCTION

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
DP111	LVL 1 MEDGAS PLAN
DX110	DETAILS
DX111	MEDGAS 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 OXIDE 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.**

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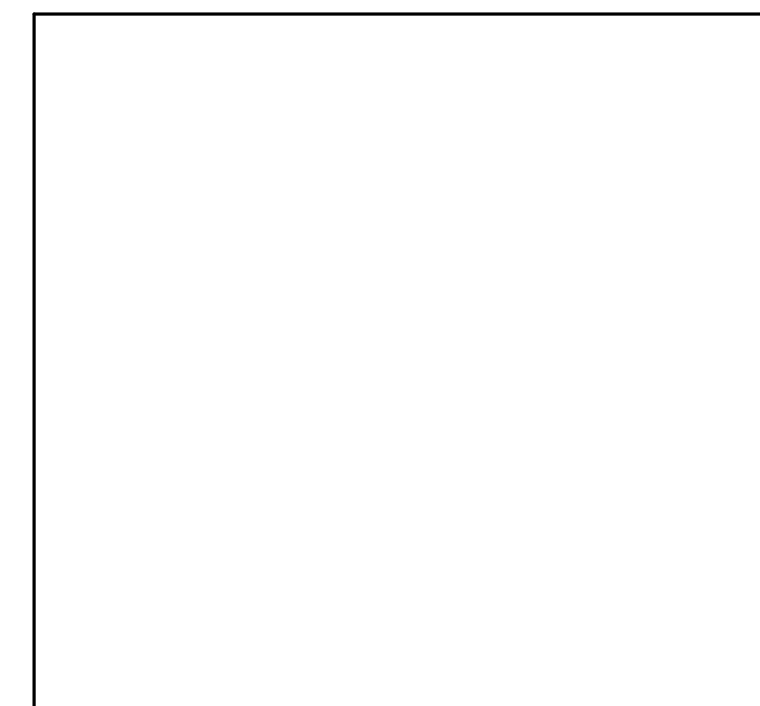
**Southern Smiles
Pediatric Dentistry**

LOCATION:

1512 NC 24-87
Cameron, NC. 28326

DRAWN BY	EQUIPMENT REP:	EQUIPMENT REP #:
KWK	Donald Grose	(919) 302-1545
PROJECT #:	ISSUE DATE:	
763-990869	03/23/2023	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE
1	Req Set Rev	KWK	05/11/2023



SHEET NO.
DA001

NOT FOR CONSTRUCTION

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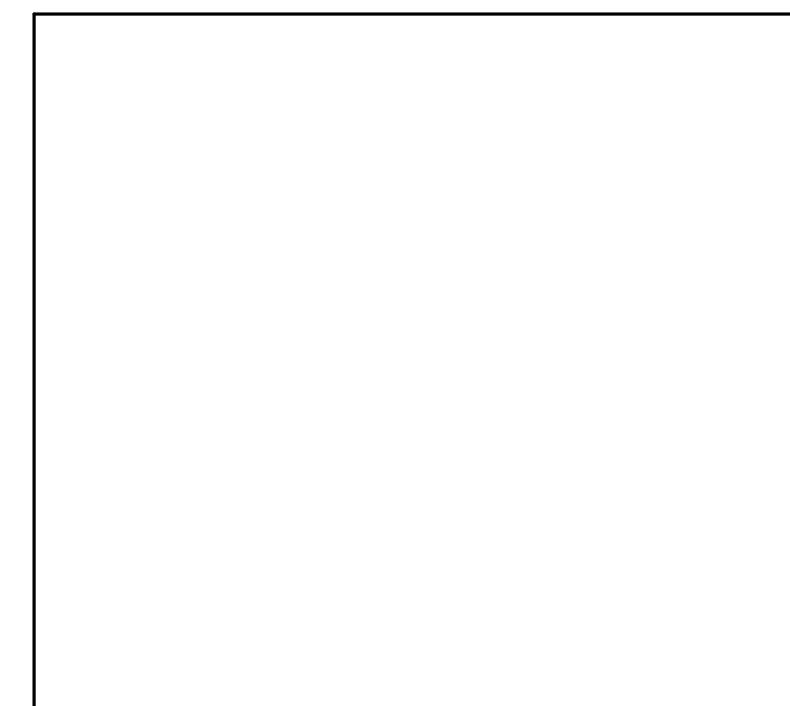
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OWNER:
Southern Smiles Pediatric Dentistry

LOCATION:
1512 NC 24-87
Cameron, NC. 28326

DRAWN BY KWK	EQUIPMENT REP: Donald Grose	EQUIPMENT REP #: (919) 302-1545
PROJECT #: 763-990869	ISSUE DATE: 03/23/2023	

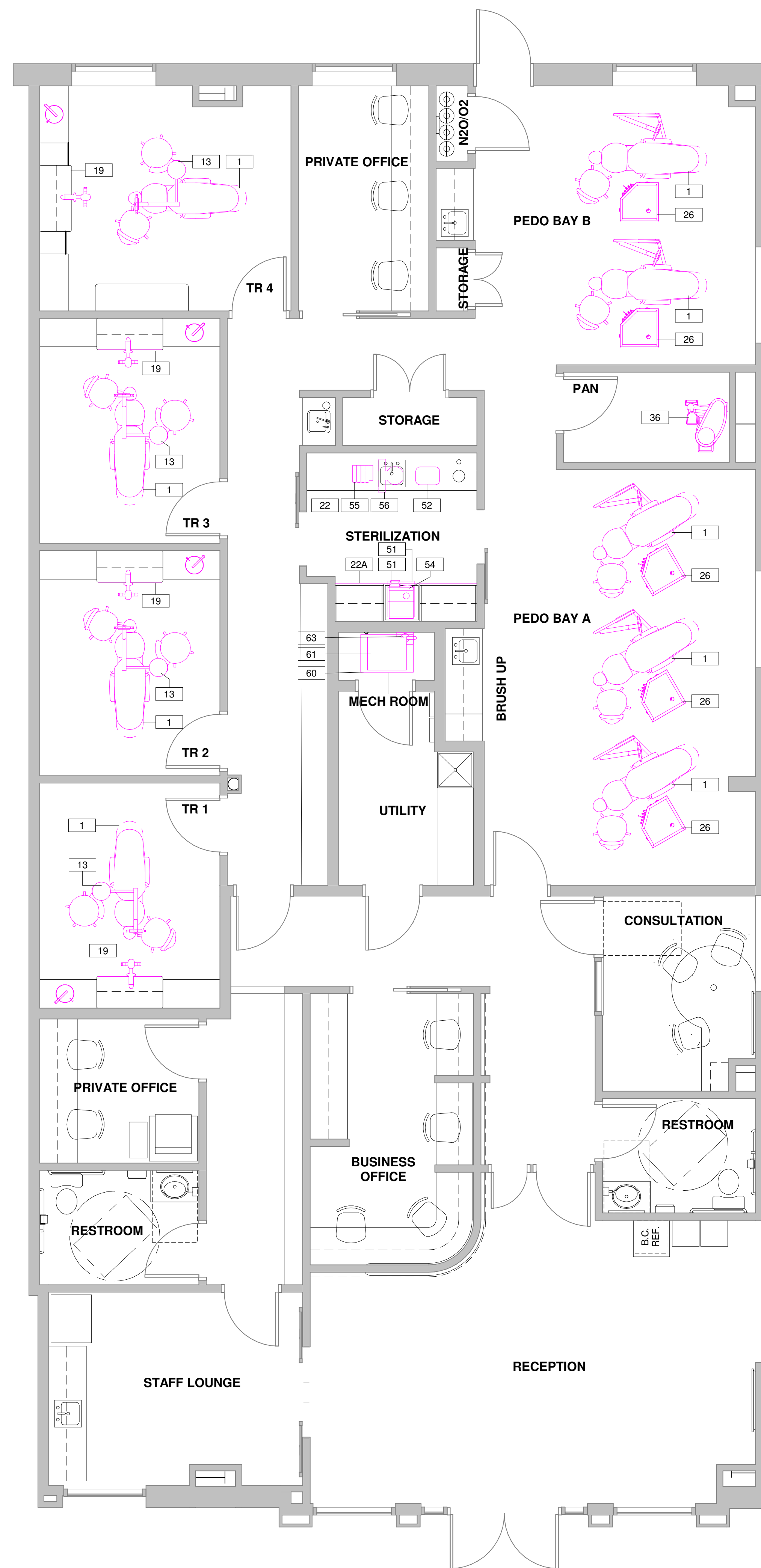
REVISIONS			
REV #	SCOPE	DRAWN BY	DATE
1	Req Set Rev	KWK	05/11/2023



EQUIPMENT SCHEDULE							
EQUIPMENT INFO							
QTY	ITEM #	DESCRIPTION	STATUS	MANUFACTURER	MODEL	SUPPLIED BY	INSTALLED BY
MECH							
1	60	AIR COMPRESSOR	NW	RAMVAC	AERAS 6	PD	PD
1	61	VACUUM	NW	RAMVAC	AERAS 7	PD	PD
1	63	AMALGAM SEPARATOR	NW	SOLMETEX	HG5	PD	PC
PAN							
1	36	PANORAMIC X-RAY	NW	PLANMECA	PROONE DIGITAL	PD	PD
PEDO BAY							
5	1	DENTAL CHAIR	NW	BOYD	M3000LC	PD	PD
							PROVIDE UMBILICAL CONNECTION TO CART FOR ALL UTILITIES
5	26	PEDO CART	NW	BOYD	VFY	PD	PD
							PROVIDE UMBILICAL CONNECTION TO CART FOR ALL UTILITIES
STERILIZATION							
1	22	STERILIZATION CABINET CONTAMINATED	NW	MCC	MC8000	PD	PD
1	22A	STERILIZATION CABINET CLEAN	NW	MCC	MC8000	PD	PD
2	51	STERILIZER	NW	MIDMARK	M11-020	PD	PD
1	52	ULTRASONIC CLEANER	NW	MIDMARK	QUICKCLEAN	PD	PD
1	54	STATIM	NW	SCICAN	STATIM G4	PD	PD
1	55	HANDPIECE MAINTENANCE	NW	KAVO	QUATTROCARE	PD	PD
1	56	WATER TREATMENT	NW	VISTA	PURE	PD	PD
TREATMENT							
4	1	DENTAL CHAIR	NW	BOYD	M3000LC	PD	PD
4	13	DENTAL CEILING LIGHT (LED)	NW	A-DEC	A-DEC LIGHT CEILING MOUNT	PD	PD
4	19	REAR CABINET	NW	MCC	CUSTOM	PD	PD

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

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



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

NOT FOR CONSTRUCTION

NOT FOR CONSTRUCTION

BIM 060/763 Southern Smiles Pediatric Dentistry 990869/763 Southern Smiles Pediatric Dentistry 990869.rvt

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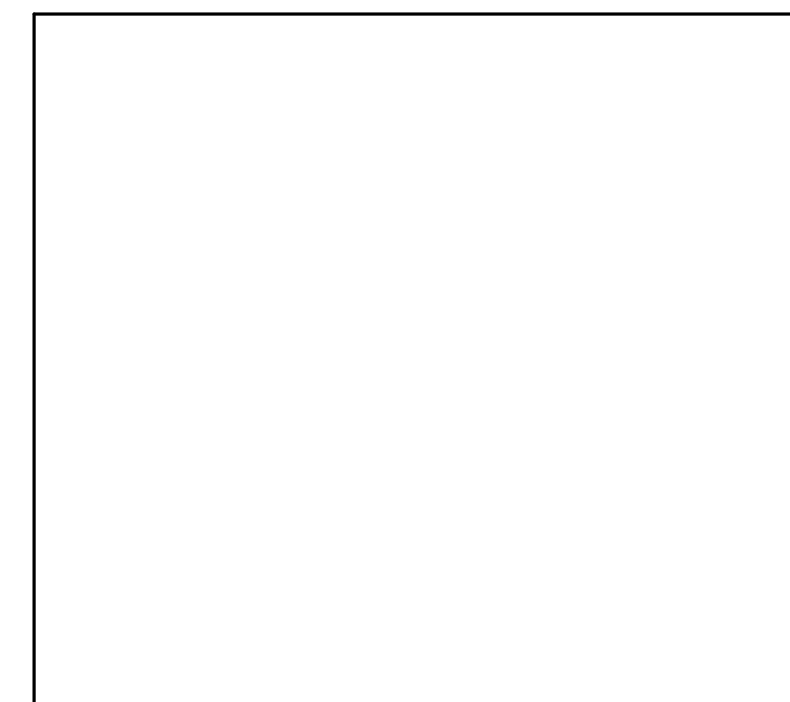
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OWNER:
Southern Smiles Pediatric Dentistry

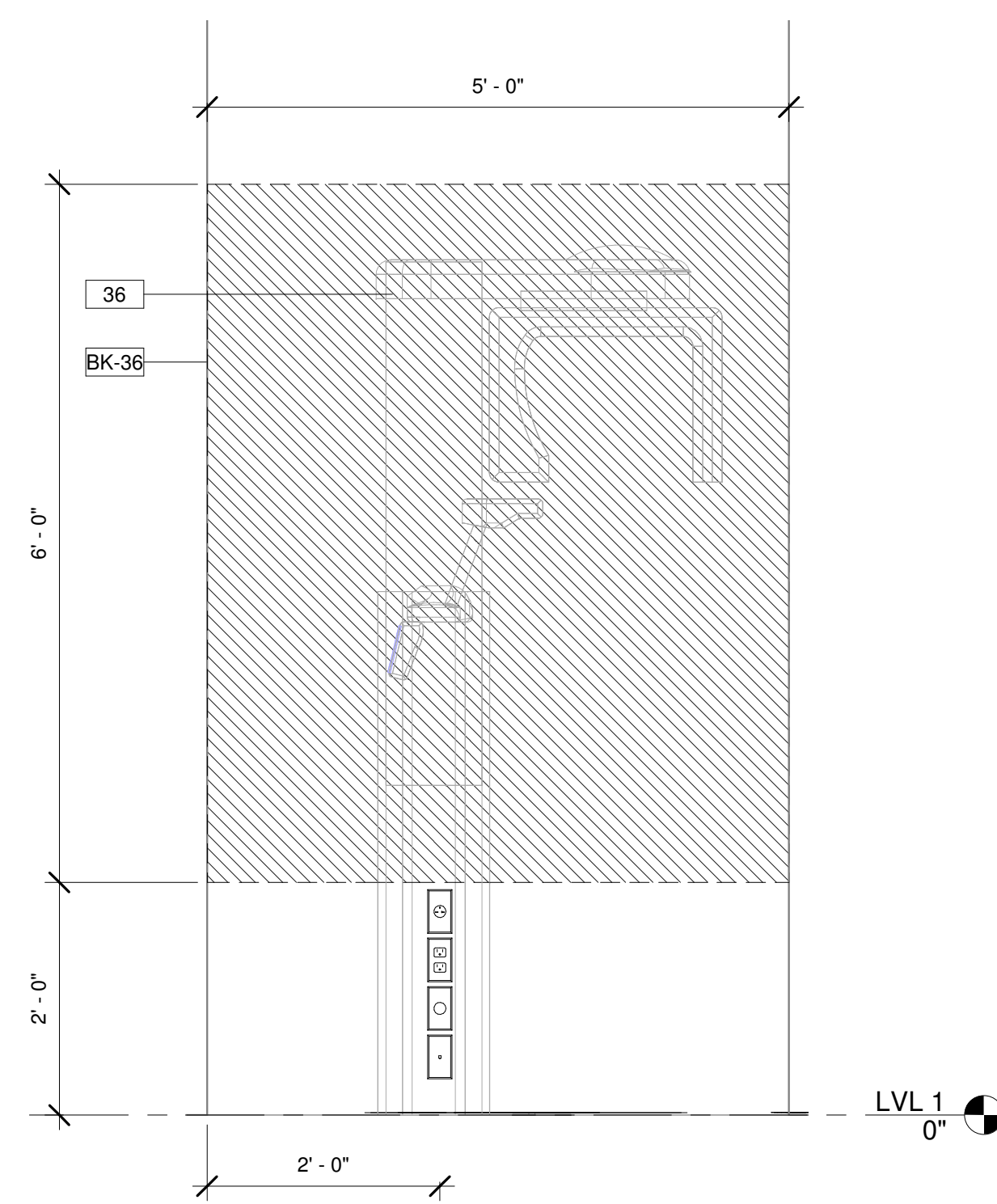
LOCATION:
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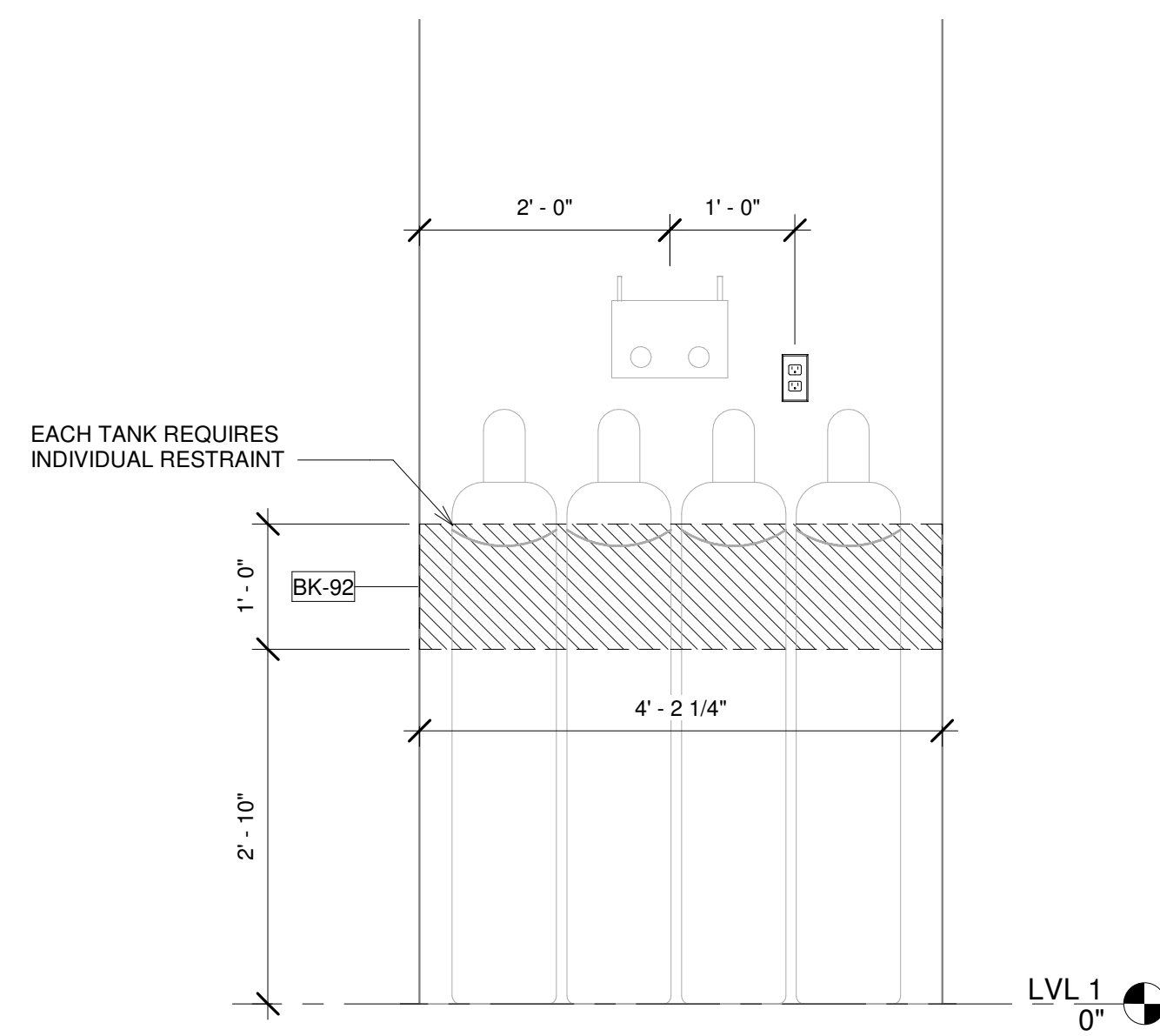
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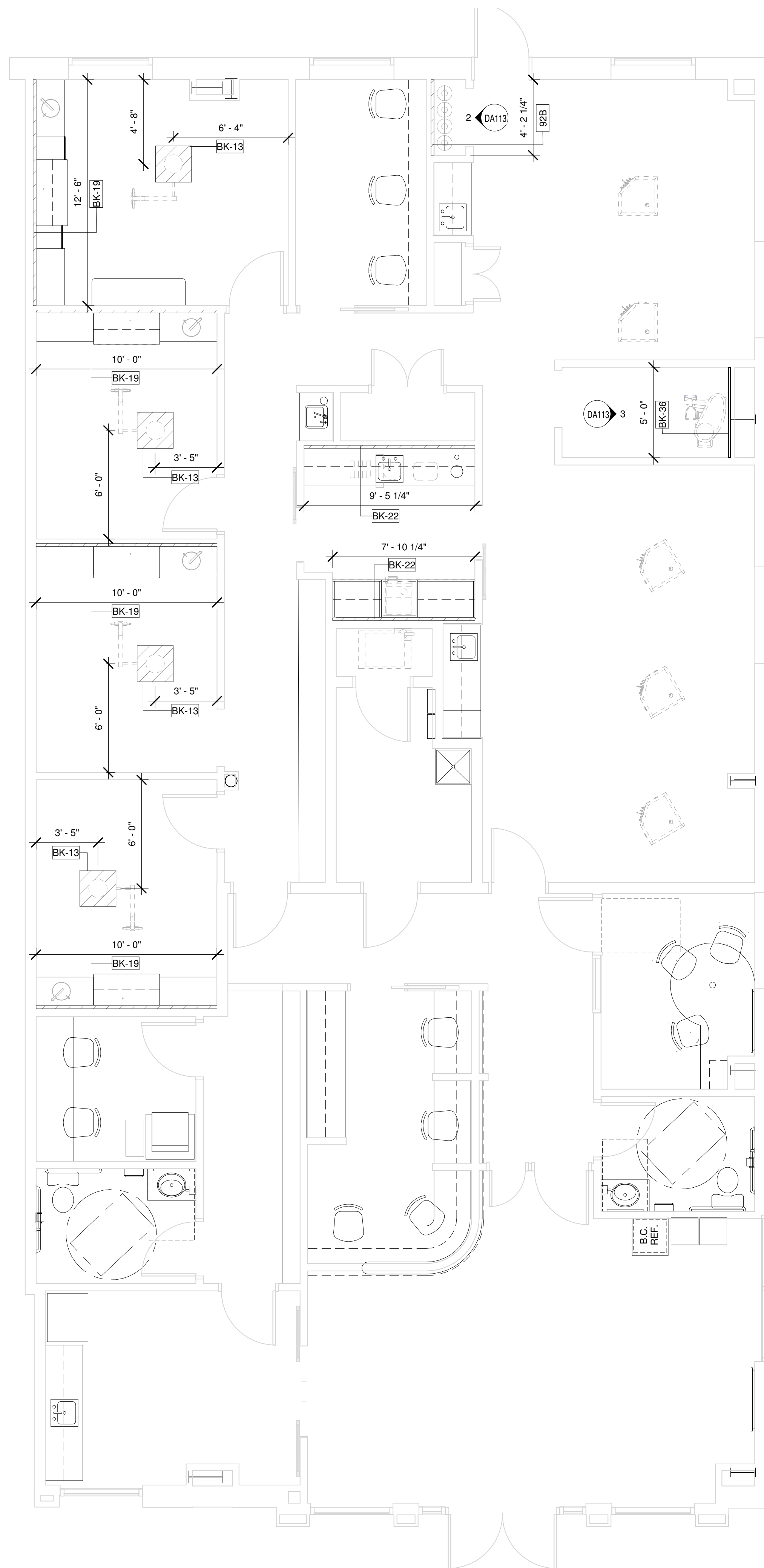
EQUIPMENT BACKING SCHEDULE												
NOTE: ALL DBL PLYWOOD BACKING IS TO BE GLUED AND SCREWED												
QTY	BACKING NUMBER	EQUIPMENT DESCRIPTION	WALL				CEILING			BACKING REMARKS		
			SGL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 2" X 8" FLOOR TO STRUCTURE ABOVE	DBL 3/4" PLYWOOD (GLUED & SCREWED)	SGL 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
4	BK-13	DENTAL CEILING LIGHT (LED)										24" x 24"
1	BK-19	REAR CABINET										
1	BK-22	STERILIZATION CABINET CLEAN										
1	BK-22	STERILIZATION CABINET CONTAMINATED										
1	BK-36	PANORAMIC X-RAY										
1	BK-92B	COMPRESSED GAS CYLINDER RESTRAINT										GC TO PROVIDE 2"x12" BRACING / SEE ELEVATION FOR DETAILS



3 ELEVATION PANORAMIC WALL
3/4" = 1'-0"



2 ELEVATION N2O/O2 WALL
3/4" = 1'-0"



1 LVL 1 BACKING PLAN
1/4" = 1'-0"

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BM 160/763 Southern Smiles Pediatric Dentistry 990869 763 Southern Smiles Pediatric Dentistry 990869 763

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Cameron, NC. 28326

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REV #	SCOPE	DRAWN BY	DATE
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SHEET NO.
DB110

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
18	⊕	120v QUAD OUTLET FLOOR, MOUNTED ON FLOOR
4	⊙	J-BOX FLOOR, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F.

PLUMBING SYMBOLS IN FLOOR

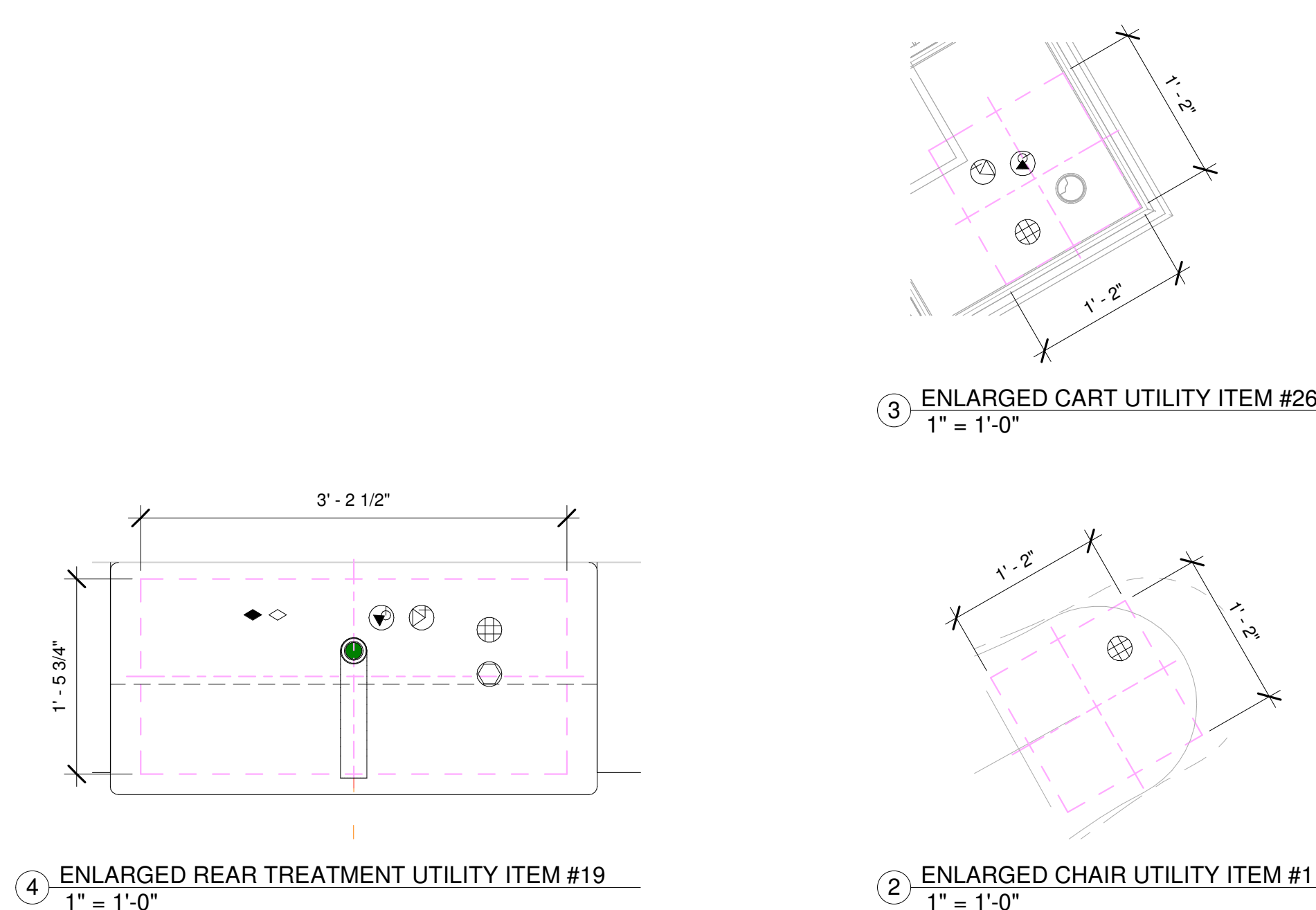
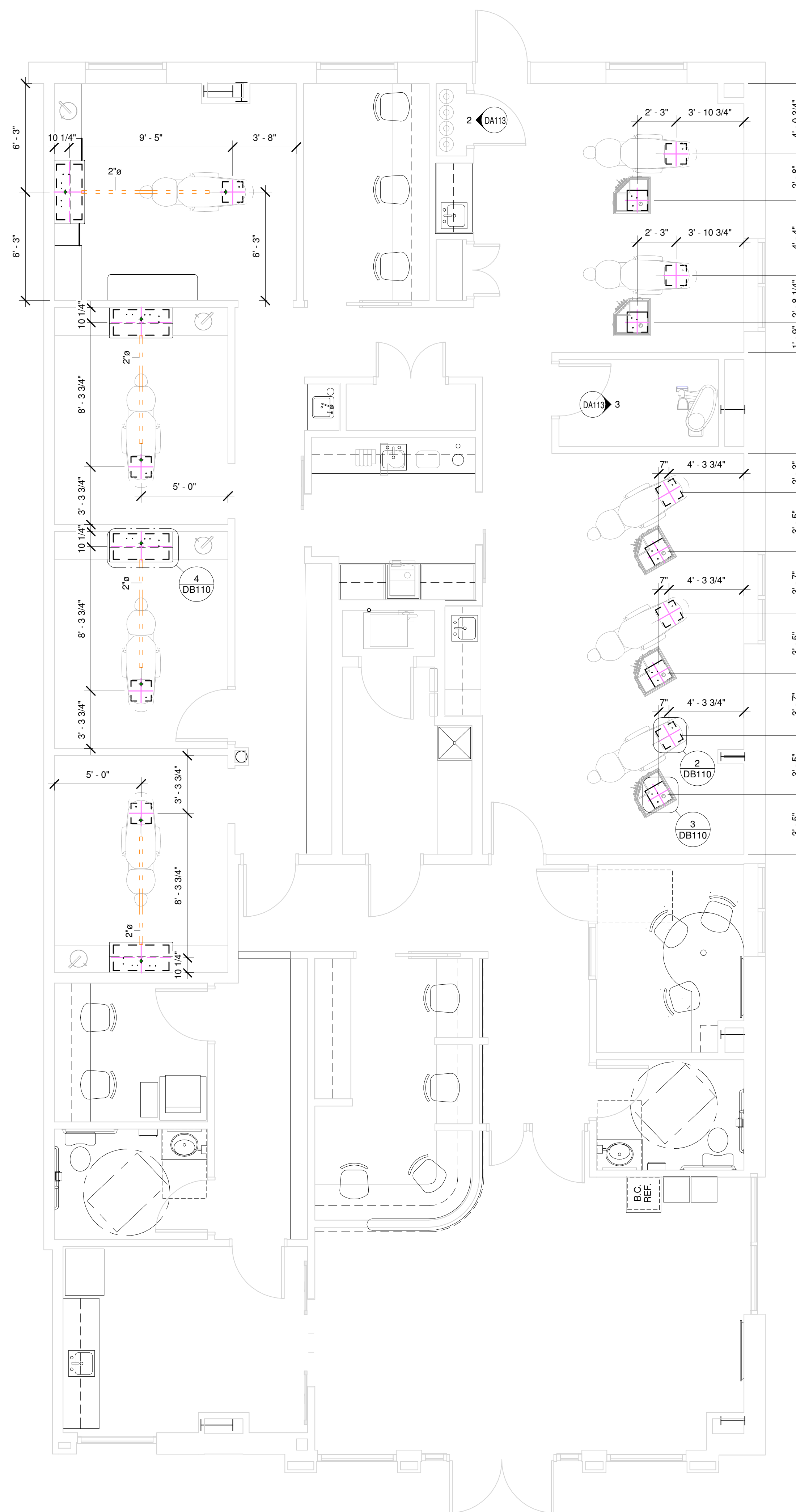
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+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.

QTY.	SYM.	DESCRIPTION
6	⊕	1/2" OD, TO 3/8" OD SHUT OFF AIR CONNECTION FLOOR HEIGHT 3" A.F.F. TO CENTER UNLESS OTHERWISE NOTED
5	⊙	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

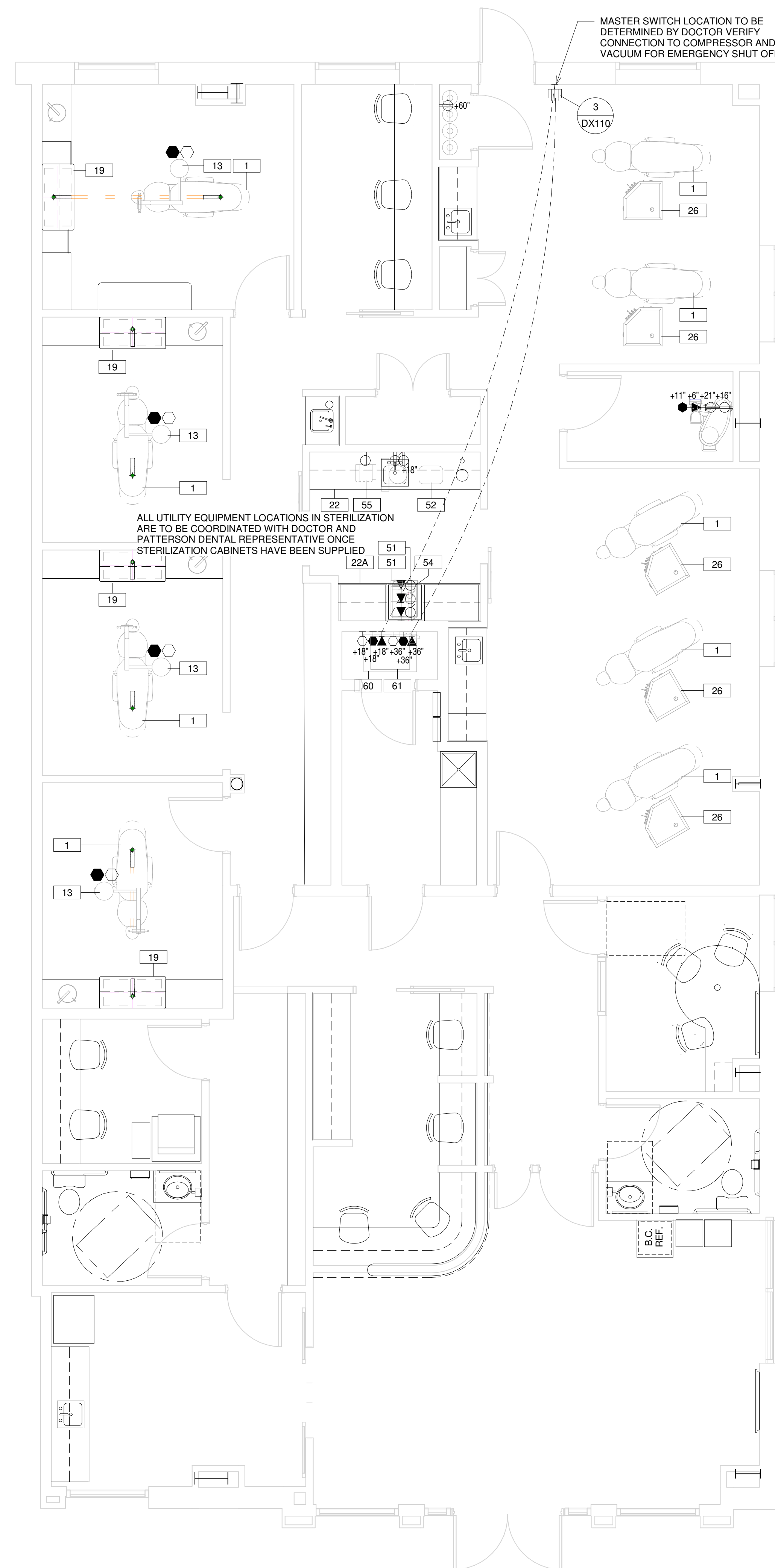


ELECTRICAL SYMBOLS		
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODE. ALL LOCATIONS SHOULD BE VERIFIED WITH PATTERSON REP OR OWNER PRIOR TO PLACEMENT.		
+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
5	⊕	120v DUPLX DEDICATED OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
2	⊕	120v FLUSH DUPLX OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
1	⊕	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
4	⊕	J-BOX CLG, IF TAG NOT PRESENT HEIGHT IS 6" ABOVE FINISHED CEILING
2	⊕	J-BOX WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.

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
8	⊕	DATA DEVICE WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
6	⊕	J-BOX CLG LV, IF TAG NOT PRESENT HEIGHT IS 6" ABOVE FINISHED CEILING
4	⊕	J-BOX WALL LOW VOLTAGE, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
3	⊕	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

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

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	POWER VOLTS	CONNECTION AMPS	TYPE	ELECTRICAL REMARKS	LV CONNECTION BY	2" EMPTY CONDUIT	3/4" EMPTY CONDUIT	1" EMPTY CONDUIT	18/3 WIRE	18/4 WIRE	JBOX LV	CAT5e OR BETTER	MFG CABLE	MONITOR CABLE	LV REMARKS
9	1	DENTAL CHAIR	NW	EC	120v	7.0	•	EC TO PROVIDE ELECTRICAL WHIP FROM ELECTRICAL BOX TO LIGHT FIXTURE.	EC	•	•	•	•	•	•	•	•	•	JBOX TO BE MOUNTED ABOVE FINISHED CEILING WITHIN 2' OF FIXTURE.
4	13	DENTAL CEILING LIGHT (LED)	NW	EC	120v	3	•	EC TO LEAVE MIN 3' FLEXIBLE CONDUIT	EC	•	•	•	•	•	•	•	•	•	RUN LOW VOLTAGE WIRES AND OR CABLES TO LOCATIONS INDICATED ON PLANS
4	19	REAR 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	22	STERILIZATION CABINET CONTAMINATED	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	22A	STERILIZATION CABINET CLEAN	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
5	26	PEDO CART	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	36	PANORAMIC X-RAY	NW	EC	120	20.0	•	•	EC	•	•	•	•	•	•	•	•	•	DEDICATED POWER
2	51	STERILIZER	NW	EC	120v	12.0	•	•	EC	•	•	•	•	•	•	•	•	•	•
1	52	ULTRASONIC CLEANER	NW	EC	120v	2.0	•	•	EC	•	•	•	•	•	•	•	•	•	•
1	54	STATIM	NW	EC	120v	11.0	•	•	EC	•	•	•	•	•	•	•	•	•	•
1	55	HANDPIECE MAINTENANCE	NW	EC	120v	5.0	•	•	EC	•	•	•	•	•	•	•	•	•	•
1	60	AIR COMPRESSOR	NW	EC	220v	30	•	BREAKER SIZE 30.0 AMPS /DISCONNECT REQUIRED IF UNIT IS NOT LOCATED IN SAME ROOM AS ELECTRICAL PANEL. IF SERVICE IS ABOVE OR BELOW VOLT AGE INDICATED IN STALL A BUCK/BOOST TRANSFORMER AS REQUIRED. COORDINATE WITH EQUIPMENT SPECIALIST.	EC	•	•	•	•	•	•	•	•	•	•
1	61	VACUUM	NW	EC	220v	20.0	•	DISCONNECT REQUIRED IF UNIT IS NOT LOCATED IN SAME ROOM AS ELECTRICAL PANEL	EC	•	•	•	•	•	•	•	•	•	•



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

PATTERSON DENTAL
1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

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OWNER:
Southern Smiles Pediatric Dentistry
LOCATION:
1512 NC 24-87
Cameron, NC. 28326

DRAWN BY	EQUIPMENT REP:	EQUIPMENT REP #:
KWK	Donald Grose	(919) 302-1545
PROJECT #:	ISSUE DATE:	
763-990869	03/23/2023	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE
1	Req Set Rev	KWK	05/11/2023

SHEET NO.
DE110

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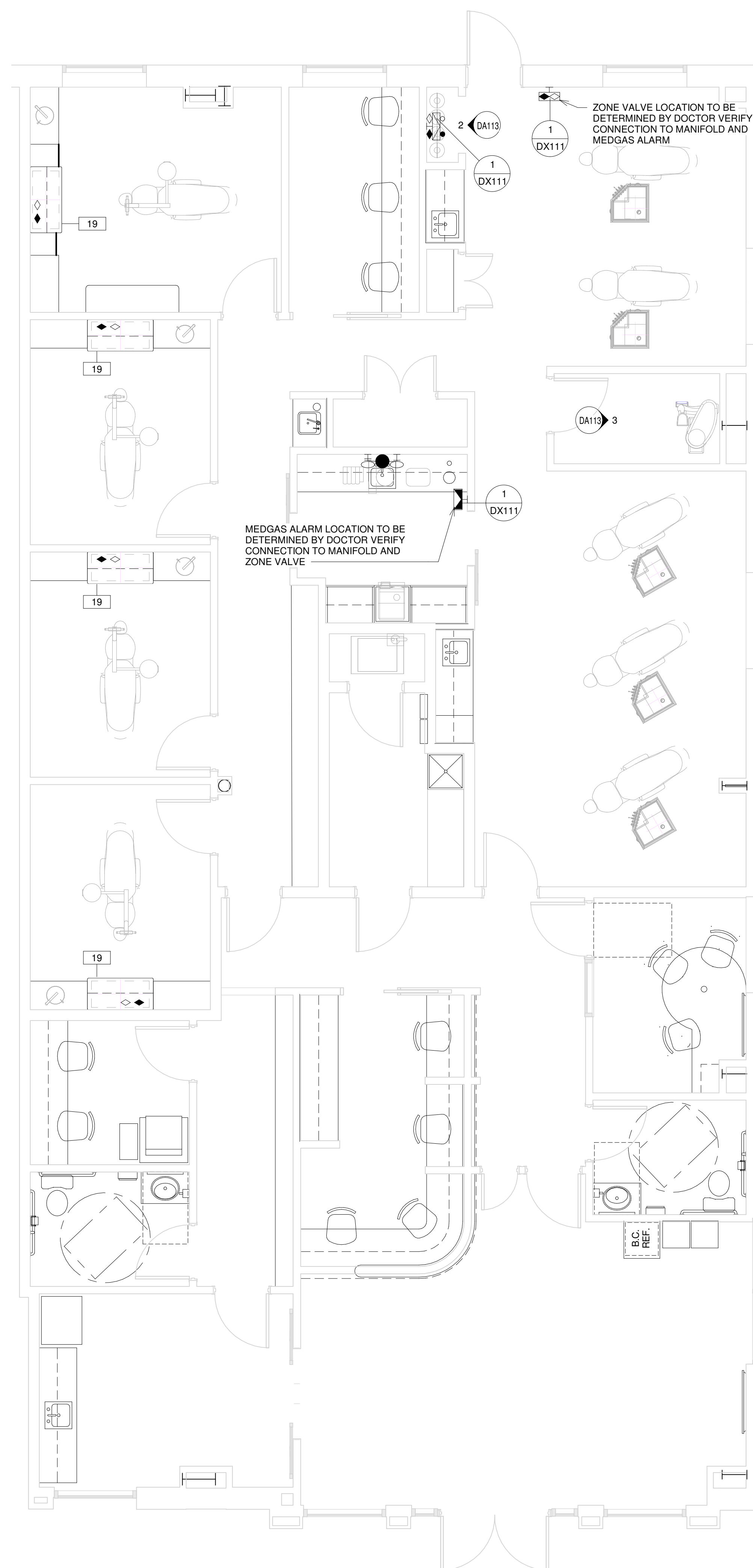
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PROJECT #: 763-990869	ISSUE DATE: 03/23/2023	

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EQUIPMENT N2O-O2 SCHEDULE				
GENERAL NOTES:				
ALL ITEMS IDENTIFIED AS "FT" WILL BE INSTALLED AT A FUTURE DATE. ALL UTILITIES NEED TO BE CAP AND CONCEALED FOR FUTURE USE...				
ALL ITEMS ARE REQUIRED TO BE INSTALLED PER NFPA-99, STATE AND LOCAL CODES.				
QTY	ITEM #	DESCRIPTION	STATUS	MED GAS INFO
4	19	REAR CABINET	NW	• 3/8" TYPE L OR K COPPER • 1/2" TYPE L OR K COPPER

N2O-O2 SYMBOLS		
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 OXIDE 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.		
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.		
+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		N2O-O2 ALARM ON WALL, IF TAG NOT PRESENT HEIGHT IS 60" TO CENTER OF DEVICE A.F.F.
1		N2O-O2 MANIFOLD ON WALL, UNLESS OTHERWISE NOTED HEIGHT IS 60" TO BOTTOM OF DEVICE A.F.F.
1		N2O-O2 ZONE VALVE IN WALL, UNLESS NOTED OTHERWISE, HEIGHT IS 60" A.F.F. TO BOTTOM OF DEVICE



1 LVL 1 MEDGAS PLAN
1/4" = 1'-0"

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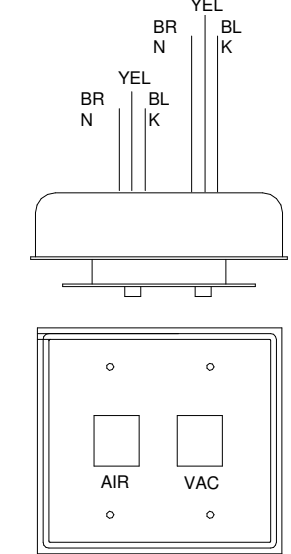
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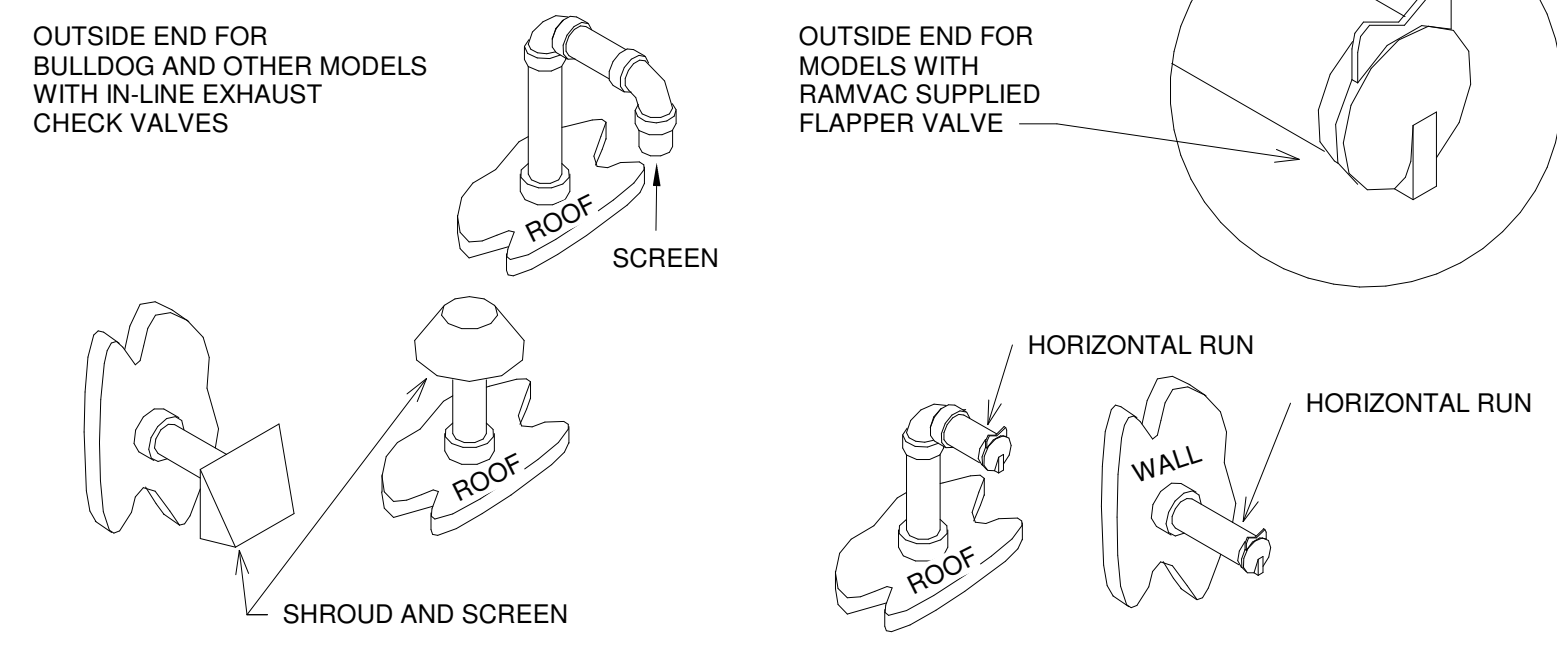
NOTE:
All wires to be class B low voltage. For "runs" under 150', wire to be 18 gage. For "runs" over 150', wires should be 16 gage.

Caution! Local codes may dictate changes to the above specifications.

Contractor to provide wire from mechanical room to remote control panel.

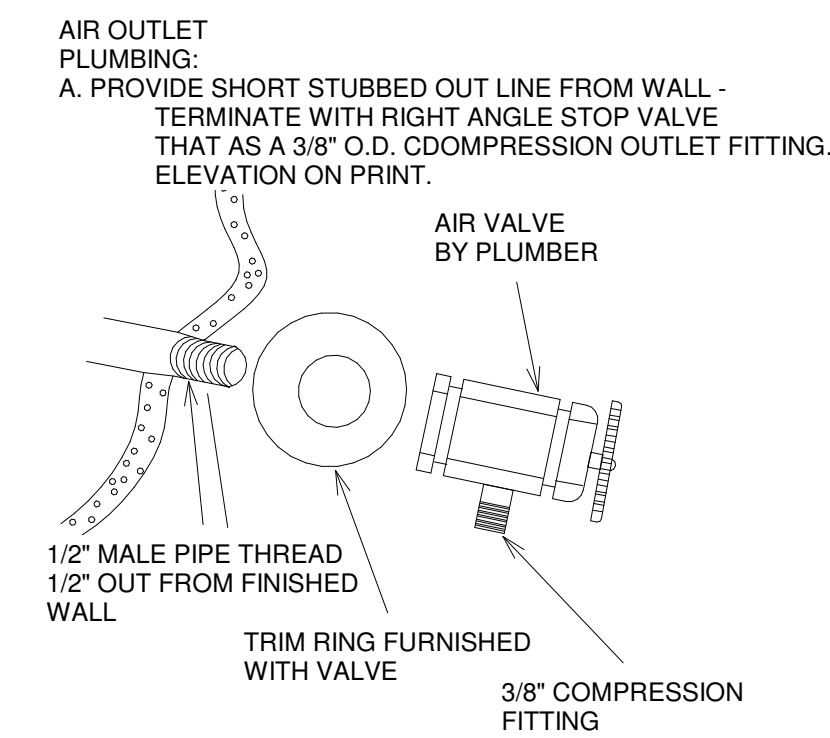


③ REMOTE CONTROL PANEL
3" = 1'-0"

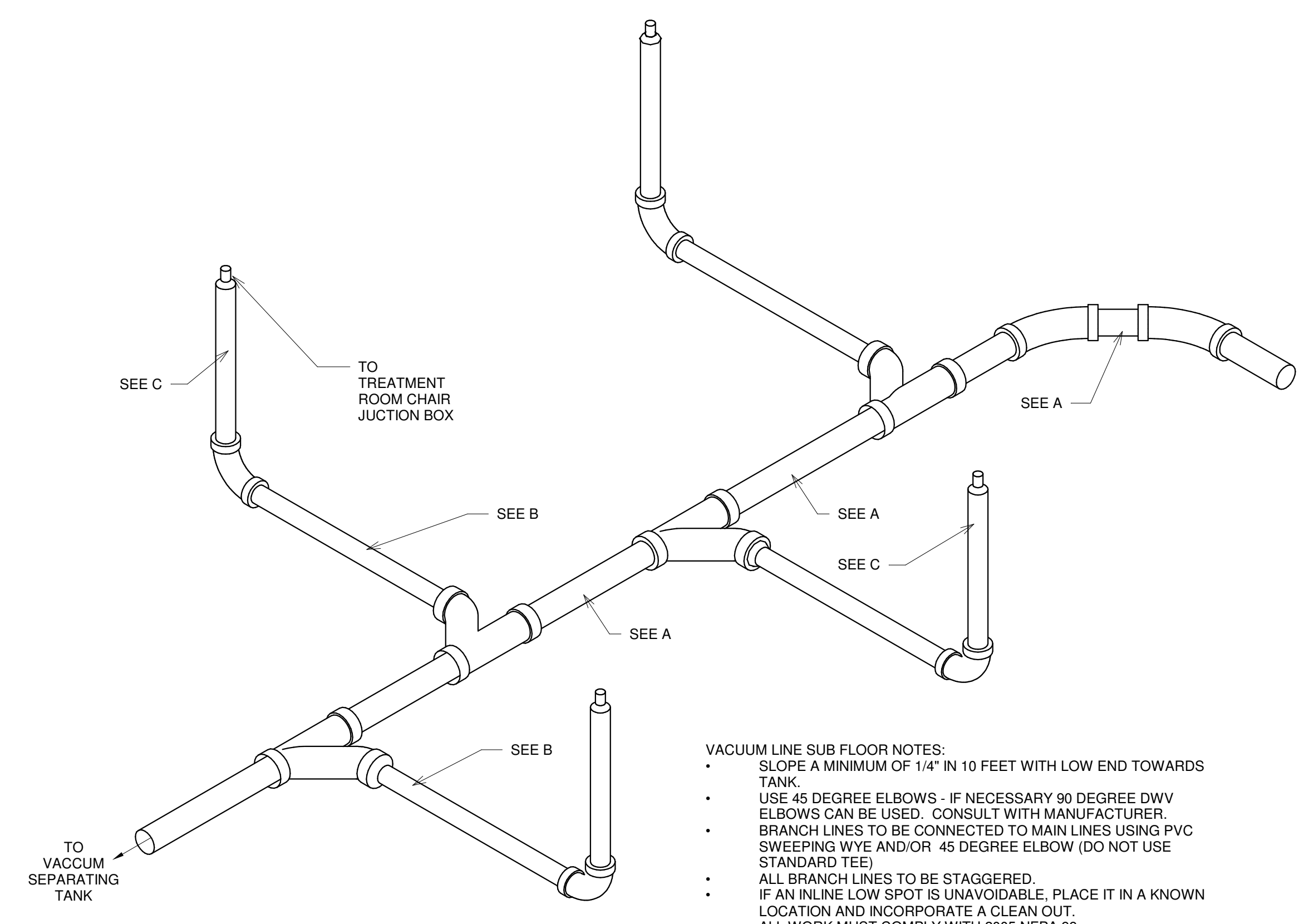


- PROTECT OUTSIDE END OF EXHAUST FROM ENTRY OF WATER, DEBRIS, AND CREATURES.
- POINT AWAY FROM PREVAILING WINDS, CLEAR OF SNOW OR OTHER OBSTRUCTIONS.
- CLEAR ROOF TOPS OR OUTSIDE WALLS BY A MINIMUM OF 6 INCHES.
- LOCATE IN AN INCONSPICUOUS SITE AWAY FROM DOORS, WINDOWS OR VENTILATION INTAKES.
- ALL WORK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

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



① AIR OUTLET
3" = 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.

DENTALEZ RAMVAC							
IF A PIPING DIAGRAM IS PROVIDED BY THE MANUFACTURER, IT SUPERCEDES THIS CHART. IF NOT, USE THIS CHART IN CONFERENCE WITH PATTERSON DENTAL REP.							
		BULLDOG	BISON 3	BISON 5	BISON 7	BISON 9	AERAS
A	MAIN LINE DIAMETER MINIMUM-MAXIMUM	1 - 5 ROOMS 1-1/2" 5 - 15 ROOMS 2"	2" PVC SCH. 40			1 - 1/2" PVC SCH. 40	2" PVC SCH. 40
B	BRANCH LINE DIAMETER MINIMUM-MAXIMUM	1 - 5 ROOMS 1-1/2" 5 - 15 ROOMS 2"	2" PVC SCH. 40			1 - 1/2" PVC SCH. 40	2" PVC SCH. 40
C	RISER LINE DIAMETER						

④ VACUUM LINE - SUB FLOOR (DENTALEZ RAMVAC)
1 1/2" = 1'-0"

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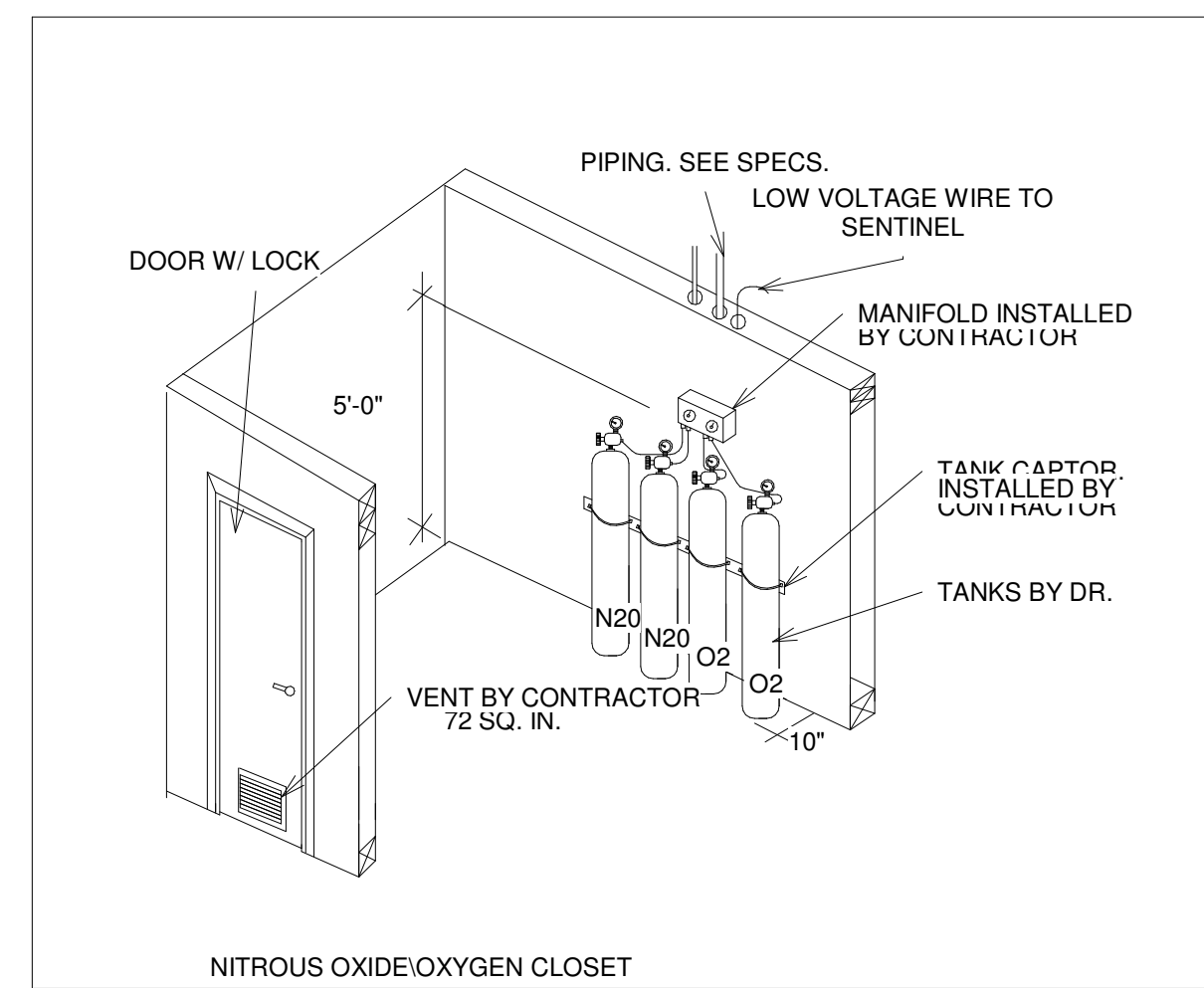
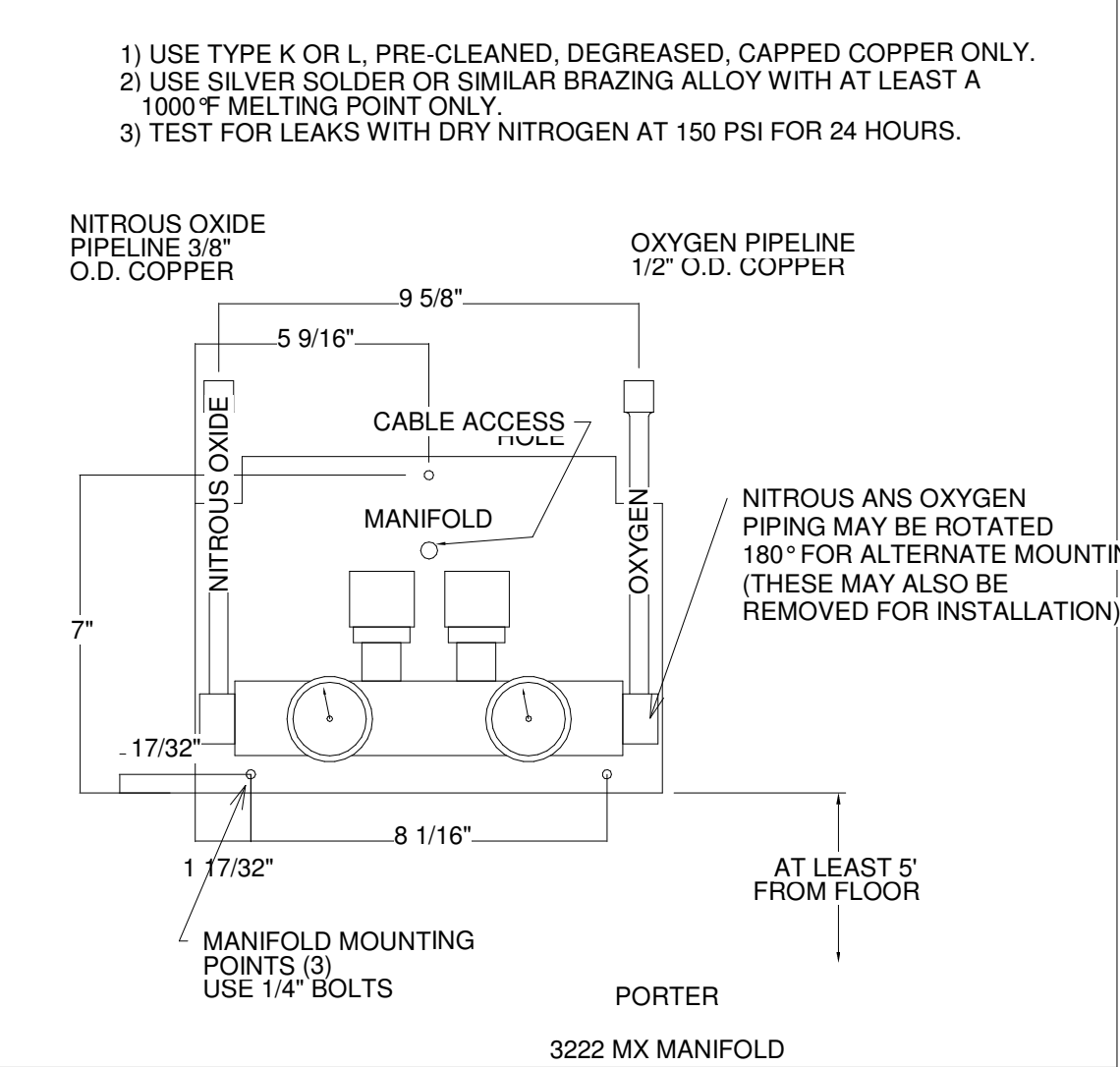
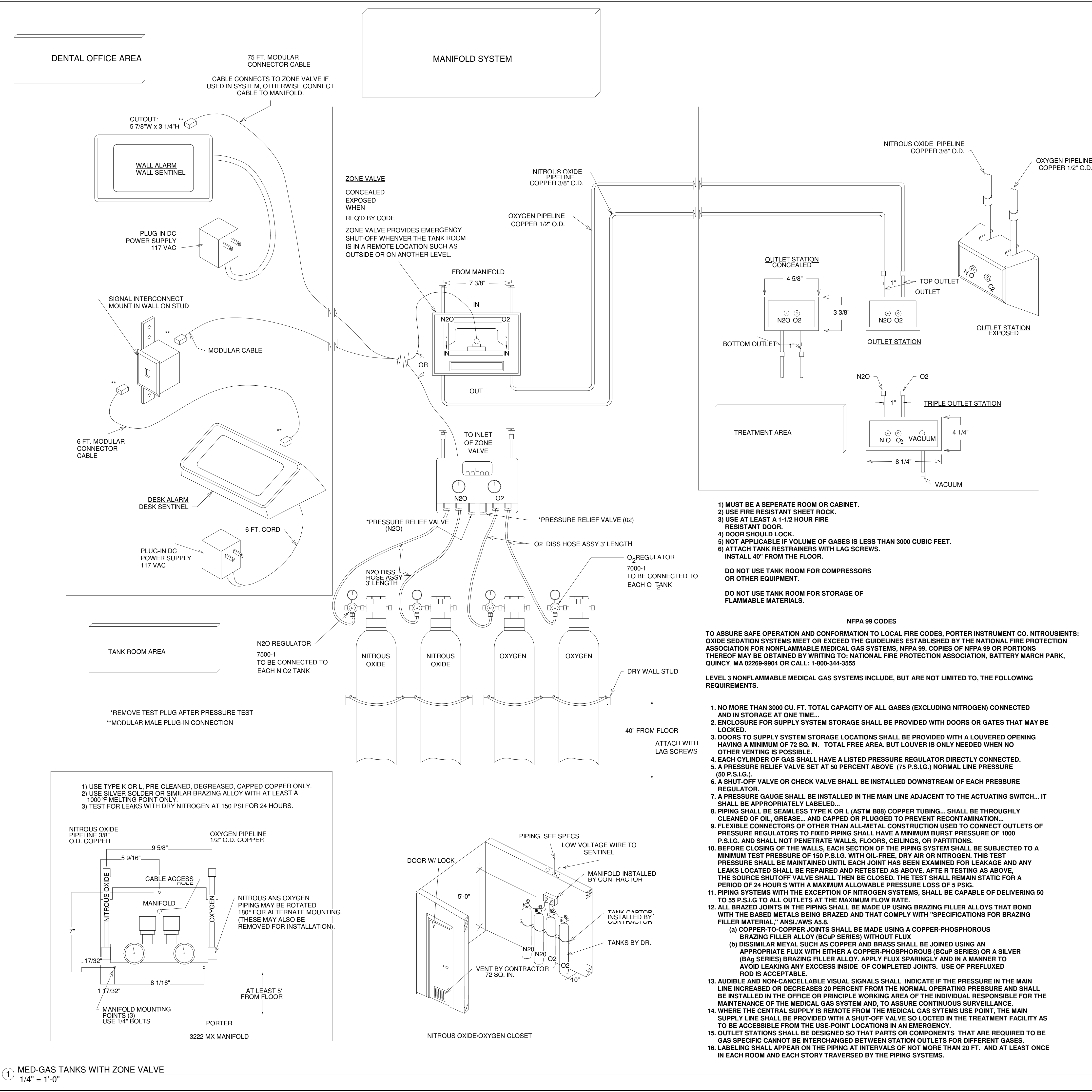
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1512 NC 24-87
Cameron, NC. 28326

DRAWN BY KWK	EQUIPMENT REP: Donald Grose	EQUIPMENT REP #: (919) 302-1545
PROJECT #: 763-99069	ISSUE DATE: 03/23/2023	

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1 MED-GAS TANKS WITH ZONE VALVE
1/4" = 1'-0"

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BIM 060/763 Southern Smiles Pediatric Dentistry 99069/763 Southern Smiles Pediatric Dentistry 99069/763