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DENTAL DRAWING - FOR INFORMATION ONLY	
DA001	DENTAL   GENERAL NOTES
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**2018 APPENDIX B - BUILDING CODE SUMMARY FOR ALL COMMERCIAL PROJECTS**

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@HMDEVELOPMENT.COM  
 CITY: CAMERON COUNTY STATE: NC

CONTACT:  
 DESIGNER: REDFOOT STUDIO COMPANY NAME: RICHARD REDFOOT LICENSE# 9231 TELEPHONE# (919) 931-7134 EMAIL: RICHARD@REDFOOTSTUDIO.COM  
 ARCHITECTURAL: NA CIVIL: NA ELECTRICAL: NA FIRE ALARM: NA PLUMBING: NA MECHANICAL: NA SPRINKLER-STANDPIPE: NA STRUCTURAL: NA RETAINING WALLS > 5' HIGH: NA OTHER: NA

2018 NC BUILDING CODE:  NEW BUILDING  ADDITION  RENOVATION  
 1ST TIME INTERIOR COMPLETION  
 SHELLCORE - CONTACT THE LOCAL INSPECTION JURISDICTION FOR POSSIBLE ADDITIONAL PROCEDURES AND REQUIREMENTS  
 PHASED CONSTRUCTION - SHELLCORE - CONTACT THE LOCAL INSPECTION JURISDICTION FOR POSSIBLE ADDITIONAL PROCEDURES AND REQUIREMENTS

2018 NC EXISTING BUILDING CODE:  PRESCRIPTIVE  REPAIR  CHAPTER 14  
 LEVEL I  LEVEL II  LEVEL III  CHANGE OF USE  
 HISTORIC PROPERTY

CONSTRUCTED (date): 2022 CURRENT OCCUPANCY(S) (Ch. 3): NA  
 RENOVATED (date): NA PROPOSED OCCUPANCY(S) (Ch. 3): B

RISK CATEGORY (TABLE 1604.5): CURRENT:  I  II  III  IV  
 PROPOSED:  I  II  III  IV

BUILDING DATA:  
 CONSTRUCTION TYPE:  I-A  I-B  I-C  I-D  I-E  I-F  I-G  I-H  I-I  I-J  I-K  I-L  I-M  I-N  I-O  I-P  I-Q  I-R  I-S  I-T  I-U  I-V  I-W  I-X  I-Y  I-Z

GROSS BUILDING AREA:  
 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)

ALLOWABLE AREA OCCUPANCY:  
 ASSEMBLY:  A-1  A-2  A-3  A-4  A-5  
 BUSINESS:  B-1  B-2  B-3  B-4  B-5  
 EDUCATIONAL:  E-1  E-2  E-3  E-4  E-5  
 FACTORY/INDUSTRIAL:  F-1 MODERATE  F-2 LOW  
 HAZARDOUS:  H-1 DETONATE  H-2 DEFLAGRATE  H-3 COMBUST  H-4 HEALTH  H-5 HPM  
 INSTITUTIONAL:  I-1 CONDITION  I-2  I-3  I-4  
 MERCANTILE:  M-1  M-2  M-3  M-4  
 RESIDENTIAL:  R-1  R-2  R-3  R-4  
 STORAGE:  S-1 MODERATE  S-2 LOW  HIGH PILED  
 UTILITY AND MISCELLANEOUS:  U-1  U-2  U-3  U-4  U-5

ACCESSORY OCCUPANCY CLASSIFICATIONS: NA  
 INCIDENTAL USES (TABLE 509): NA  
 SPECIAL USES (CHAPTER 4 - LIST CODE SECTIONS): NA  
 SPECIAL PROVISIONS (CHAPTER 5 - LIST CODE SECTIONS): NA  
 MIXED OCCUPANCY:  NO  YES SEPARATION: NA HR EXCEPTION: NA  
 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.  
 SEPARATED USE (508.4) - SEE BELOW FOR AREA CALCULATIONS FOR EACH STORY. THE AREA OF THE OCCUPANCY SHALL BE SUCH THAT THE SUM OF THE RATIOS OF THE ACTUAL FLOOR AREA OF EACH USE DIVIDED BY THE ALLOWABLE FLOOR AREA FOR EACH USE SHALL NOT EXCEED 1.  

$$\frac{\text{ACTUAL AREA OF OCCUPANCY A}}{\text{ALLOWABLE AREA OF OCCUPANCY A}} + \frac{\text{ACTUAL AREA OF OCCUPANCY B}}{\text{ALLOWABLE AREA OF OCCUPANCY B}} \leq 1$$

STORY NO.	DESCRIPTION AND USE	(A) BLDG. AREA PER STORY (ACTUAL)	(B) TABLE 508.2.4 AREA	(C) AREA FOR FRONTAGE INCREASE <sup>5</sup>	(E) ALLOWABLE AREA PER STORY OR UNLIMITED <sup>2,3</sup>
1	B	17,178	69,000	NOT USED	69,000

1 FRONTAGE AREA INCREASES FROM SECTION 508.2 ARE COMPUTED THIS:  
 A. PERIMETER WHICH FRONTS A PUBLIC WAY OR OPEN SPACE HAVING 20 FEET MINIMUM WIDTH = --- (F)  
 B. TOTAL BUILDING PERIMETER = --- (P)  
 C. RATIO (FR) = --- (F/P)  
 D. W = MINIMUM WIDTH OF PUBLIC WAY = --- (W)  
 E. PERCENT OF FRONTAGE INCREASE  $I_1 = 100 \left[ \frac{FR - 0.25}{W} \right] \times W30 = \text{---} (\%)$   
 2 UNLIMITED AREA APPLICABLE UNDER CONDITIONS OF SECTION 507  
 3 MAXIMUM BUILDING AREA = TOTAL NUMBER OF STORIES IN THE BUILDING x D (MAXIMUM 3 STORIES) (508.2)  
 4 THE MAXIMUM AREA OF OPEN PARKING GARAGES MUST COMPLY WITH 406.5.4. THE MAXIMUM AREA OF AIR TRAFFIC CONTROL TOWERS MUST COMPLY WITH 412.3.1  
 5 FRONTAGE INCREASE BASED ON THE UNSPRINKLERED AREA VALUE IN TABLE 506.2

ALLOWABLE HEIGHT  
 BUILDING HEIGHT IN FEET (TABLE 504.3) NA - EXISTING TO REMAIN  
 BUILDING HEIGHT IN STORES (TABLE 504.4) NA - EXISTING TO REMAIN

**FIRE PROTECTION REQUIREMENTS**

BUILDING ELEMENT	FIRE SEPARATION DISTANCE (FEET)	RATING	DETAIL #	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

\* INDICATES SECTION NUMBER PERMITTING REDUCTION.

**PERCENTAGE OF WALL OPENING CALCULATIONS**

FIRE SEPARATION DISTANCE (FEET) FROM PROPERTY LINE	DEGREE OF OPENINGS PROTECTION (TABLE 705.8)	ALLOWABLE AREA (%)	ACTUAL SHOWN ON PLANS (%)
NA - EXISTING BUILDING			

**LIFE SAFETY SYSTEM REQUIREMENTS**

EMERGENCY LIGHTING:  NO  YES  
 EXIT SIGNS:  NO  YES  
 FIRE ALARM:  YES  NO  PARTIAL  
 SMOKE DETECTION SYSTEMS:  YES  NO  
 CARBON MONOXIDE DETECTION:  YES  NO

**LIFE SAFETY PLAN REQUIREMENTS**  
 LIFE SAFETY PLAN SHEET # 2/A1.1  
 FIRE AND SMOKE RATED WALL LOCATIONS (Chapter 7)  
 ASSUMED AND REAL PROPERTY LINE LOCATIONS (IF NOT ON THE SITE PLAN)  
 EXTERIOR WALL OPENINGS WITH RESPECT TO DISTANCE TO ASSUMED PROPERTY LINES (705.8)  
 OCCUPANCY USE FOR EACH AREA AS IT RELATES TO OCCUPANT LOAD CALCULATION (TABLE 1004.1.2)  
 OCCUPANT LOADS FOR EACH AREA  
 EXIT ACCESS TRAVEL DISTANCE (1017)  
 COMMON PATHS OF TRAVEL DISTANCES (TABLES 1006.2.1 & 1006.3.2 (1))  
 DEAD END LENGTHS (1020.4)  
 CLEAR EXIT WIDTHS FOR EACH EXIT DOOR  
 MAXIMUM CALCULATED OCCUPANT LOAD CAPACITY EACH EXIT DOOR CAN ACCOMMODATE BASED ON EGRESS WIDTH (1005.3)  
 ACTUAL OCCUPANT LOAD FOR EACH EXIT DOOR  
 A SEPARATE SCHEMATIC PLAN INDICATING WHERE FIRE RATED FLOOR/CEILING AND/OR ROOF STRUCTURE IS PROVIDED FOR PURPOSES OF OCCUPANCY SEPARATION  
 LOCATION OF DOORS WITH PANIC HARDWARE (1010.1.10)  
 LOCATION OF DOORS WITH DELAYED EGRESS LOCKS AND THE AMOUNT OF DELAY (1010.1.8.7)  
 LOCATION OF DOORS EQUIPPED WITH HOLD-OPEN DEVICES  
 LOCATION OF EMERGENCY ESCAPE WINDOWS (1030)  
 THE SQUARE FOOTAGE OF EACH FIRE AREA (202)  
 THE SQUARE FOOTAGE OF EACH SMOKE COMPARTMENT FOR OCCUPANCY CLASSIFICATION I-2 (407.5)  
 NOTE ANY CODE EXCEPTIONS OR TABLE NOTES THAT MAY HAVE BEEN UTILIZED REGARDING THE ITEMS ABOVE

**ACCESSIBLE DWELLING UNITS (SECTION 1107) NA - NO DWELLING UNITS**

TOTAL UNITS	ACCESSIBLE UNITS REQUIRED	ACCESSIBLE UNITS PROVIDED	TYPE 'A' UNITS REQUIRED	TYPE 'A' UNITS PROVIDED	TYPE 'B' UNITS REQUIRED	TYPE 'B' UNITS PROVIDED	TOTAL ACCESSIBLE UNITS PROVIDED

**ACCESSIBLE PARKING NA - EXISTING BUILDING AND PARKING**

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						

**STRUCTURAL DESIGN NA - EXISTING BUILDING**

IMPORTANCE FACTORS:  
 SNOW (S): \_\_\_\_\_  
 SEISMIC (S<sub>s</sub>): \_\_\_\_\_  
 LIVE LOADS: ROOF \_\_\_\_\_ psf  
 MEZZANINE \_\_\_\_\_ psf  
 FLOOR \_\_\_\_\_ psf  
 GROUND SNOW LOAD \_\_\_\_\_ psf  
 WIND LOAD: BASIC WIND SPEED \_\_\_\_\_ mph (ASCE-7)  
 EXPOSURE CATEGORY \_\_\_\_\_

SEISMIC DESIGN CATEGORY  A  B  C  D

PROVIDE THE FOLLOWING SEISMIC DESIGN PARAMETERS:  
 RISK CATEGORY (Table 1604.5)  I  II  III  IV  
 SPECTRAL RESPONSE ACCELERATION S<sub>s</sub> \_\_\_\_\_ %g S<sub>1</sub> \_\_\_\_\_ %g  
 SITE CLASSIFICATION (ASCE 7)  A  B  C  D  E  F  
 DATA SOURCE:  FIELD TEST  PRESUMPTIVE  HISTORICAL DATA

BASIC STRUCTURAL SYSTEM (CHECK ONE)  
 BEARING WALL  DUAL W/ SPECIAL MOMENT FRAME  
 BUILDING FRAME  DUAL W/ INTERMEDIATE R/C OR SPECIAL STEEL  
 MOMENT FRAME  INVERTED PENDULUM

ANALYSIS PROCEDURE  SIMPLIFIED  EQUIVALENT LATERAL FORCE  DYNAMIC  
 ARCHITECTURAL MECHANICAL COMPONENTS ANCHORED?  YES  NO

LATERAL DESIGN CONTROL: EARTHQUAKE  WIND   
 SOIL BEARING CAPACITY:  
 FIELD TEST (PROVIDE COPY OF TEST REPORT) \_\_\_\_\_ psf  
 PRESUMPTIVE BEARING CAPACITY \_\_\_\_\_ psf  
 PILE SIZE, TYPE, AND CAPACITY \_\_\_\_\_ psf

**PLUMBING REQUIREMENTS**

SPACE	EXISTING	WATER CLOSET		URINALS	LAVATORIES		SHOWERS & TUBS	DRINKING FOUNTAINS
		MALE	FEMALE		MALE	FEMALE		
		0	0	0	0	0	0	0
	NEW	1	1	0	1	1	0	1
	REQUIRED	1	1	0	1	1	0	1

SPECIAL APPROVALS (LOCAL JURISDICTION, DEPARTMENT OF INSURANCE, OSC, CPI, DPHS, ETC., DESCRIBE BELOW)  
 NA

**ENERGY REQUIREMENTS**  
 THE FOLLOWING DATA SHALL BE CONSIDERED MINIMUM AND ANY SPECIAL ATTRIBUTE REQUIRED TO MEET THE ENERGY CODE SHALL ALSO BE PROVIDED. EACH DESIGNER SHALL FURNISH THE REQUIRED PORTIONS OF THE PROJECT INFORMATION FOR THE PLAN DATA SHEET. IF PERFORMANCE METHOD, STATE THE ANNUAL ENERGY COST BUDGET FOR THE STANDARD REFERENCE DESIGN VERSUS ANNUAL ENERGY COST FOR THE PROPOSED DESIGN.  
 EXISTING BUILDING ENVELOPE COMPLIES WITH CODE:  NO  YES (THE REMAINDER OF THIS SECTION IS NOT APPLICABLE)  
 EXEMPT BUILDING:  NO  YES (PROVIDE CODE OR STATUTORY REFERENCE) NA

CLIMATE ZONE:  3A  4A  5A  
 METHOD OF COMPLIANCE:  
 ENERGY CODE  PERFORMANCE  PRESCRIPTIVE  
 ASHRAE 90.1  PERFORMANCE  PRESCRIPTIVE  
 (IF OTHER SPECIFY SOURCE HERE)

**THERMAL ENVELOPE (PRESCRIPTIVE METHOD ONLY)**  
 ROOF/CEILING ASSEMBLY (each assembly):  
 DESCRIPTION OF ASSEMBLY: NA  
 U-VALUE OF TOTAL ASSEMBLY: \_\_\_\_\_  
 R-VALUE OF INSULATION: \_\_\_\_\_  
 SKYLIGHTS IN EACH ASSEMBLY:  
 U-VALUE OF SKYLIGHT: \_\_\_\_\_  
 TOTAL SQ FT OF SKYLIGHTS IN EACH ASSEMBLY: \_\_\_\_\_

EXTERIOR WALLS (each assembly):  
 DESCRIPTION OF ASSEMBLY: NA  
 U-VALUE OF TOTAL ASSEMBLY: \_\_\_\_\_  
 R-VALUE OF INSULATION: \_\_\_\_\_  
 OPENINGS (WINDOWS OR DOORS WITH GLAZING)  
 U-VALUE OF ASSEMBLY: \_\_\_\_\_  
 SOLAR HEAT GAIN COEFFICIENT: \_\_\_\_\_  
 PROTECTION FACTOR: \_\_\_\_\_  
 DOOR R-VALUES: \_\_\_\_\_

WALLS BELOW GRADE (each assembly):  
 DESCRIPTION OF ASSEMBLY: NA  
 U-VALUE OF TOTAL ASSEMBLY: \_\_\_\_\_  
 R-VALUE OF INSULATION: \_\_\_\_\_

FLOORS OVER UNCONDITIONED SPACE (each assembly):  
 DESCRIPTION OF ASSEMBLY: NA  
 U-VALUE OF TOTAL ASSEMBLY: \_\_\_\_\_  
 R-VALUE OF INSULATION: \_\_\_\_\_  
 HORIZONTAL/VERTICAL REQUIREMENT:  
 SLAB HEATED: \_\_\_\_\_

**MECHANICAL SUMMARY SEE MECHANICAL DRAWINGS**

MECHANICAL SYSTEMS, SERVICE SYSTEMS AND EQUIPMENT  
 THERMAL ZONE: WINTER DRY BALLB SUMMER DRY BALLB  
 INTERIOR DESIGN CONDITIONS: WINTER DRY BALLB SUMMER DRY BALLB RELATIVE HUMIDITY \_\_\_\_\_  
 BUILDING HEATING LOAD \_\_\_\_\_  
 BUILDING COOLING LOAD \_\_\_\_\_  
 MECHANICAL SPACING CONDITIONING SYSTEM UNITARY  
 DESCRIPTION OF UNIT: \_\_\_\_\_  
 HEATING EFFICIENCY: \_\_\_\_\_  
 COOLING EFFICIENCY: \_\_\_\_\_  
 SIZE CATEGORY OF UNIT: \_\_\_\_\_  
 BOILER: SIZE CATEGORY: IF OVERSIZED, STATE REASON \_\_\_\_\_  
 CHILLER: SIZE CATEGORY: IF OVERSIZED, STATE REASON \_\_\_\_\_  
 LIST EQUIPMENT EFFICIENCIES: \_\_\_\_\_

**ELECTRICAL SUMMARY SEE ELECTRICAL DRAWINGS**

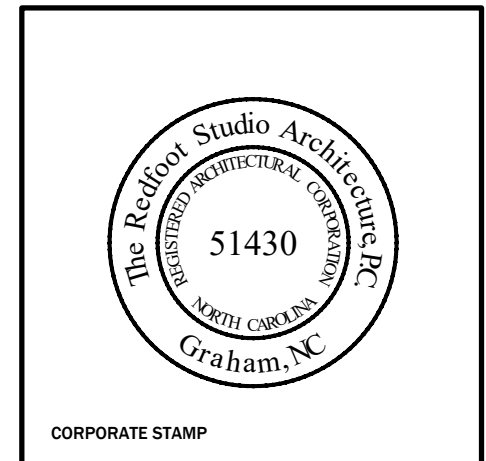
ELECTRICAL SYSTEM AND EQUIPMENT  
 METHOD OF COMPLIANCE: ENERGY CODE  PRESCRIPTIVE  PERFORMANCE  
 ASHRAE 90.1  PRESCRIPTIVE  PERFORMANCE

**LIGHTING SCHEDULE (each fixture type)**  
 LAMP TYPE REQUIRED IN FIXTURE \_\_\_\_\_  
 NUMBER OF LAMPS IN FIXTURE \_\_\_\_\_  
 BALLAST TYPE USED IN FIXTURE \_\_\_\_\_  
 NUMBER OF BALLASTS IN FIXTURE \_\_\_\_\_  
 TOTAL WATTAGE PER FIXTURE \_\_\_\_\_  
 TOTAL INTERIOR WATTAGE SPECIFIED VS. ALLOWED (whole building or space by space) \_\_\_\_\_  
 TOTAL EXTERIOR WATTAGE SPECIFIED VS. ALLOWED \_\_\_\_\_

ADDITIONAL EFFICIENCY PACKAGE OPTIONS (WHEN USING THE 2018 NCECC, NOT REQUIRED FOR ASHRAE 90.1)  
 C406.2 MORE EFFICIENT MECHANICAL EQUIPMENT  
 C406.3 REDUCED LIGHTING POWER DENSITY  
 C406.4 ENHANCED DIGITAL LIGHTING CONTROLS  
 C406.5 ON-SITE RENEWABLE ENERGY  
 C406.6 DEDICATED OUTDOOR AIR SYSTEM  
 C406.7 REDUCED ENERGY USE IN SERVICE WATER HEATING

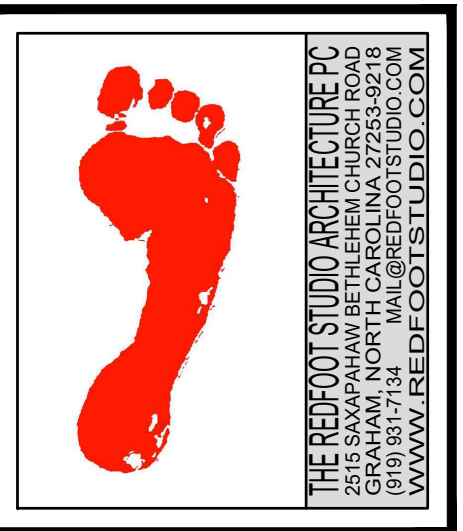


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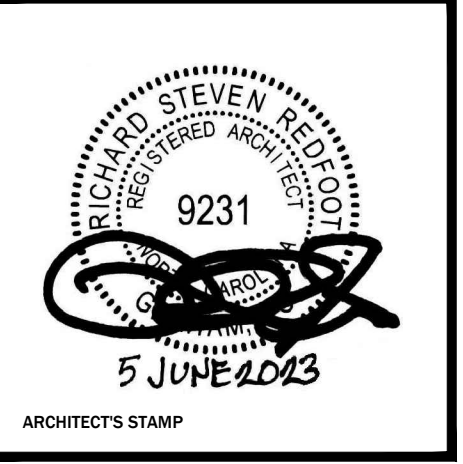


**SOUTHERN SMILES**



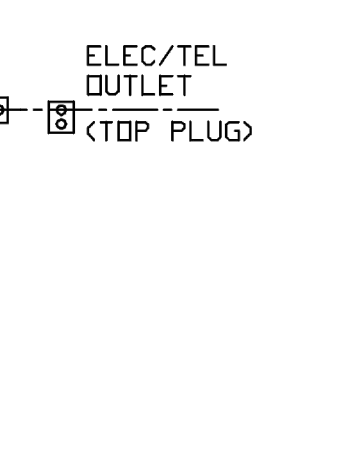
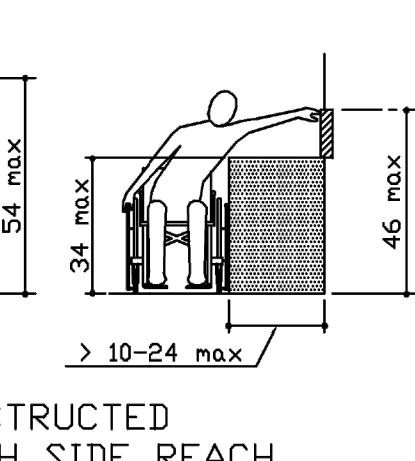
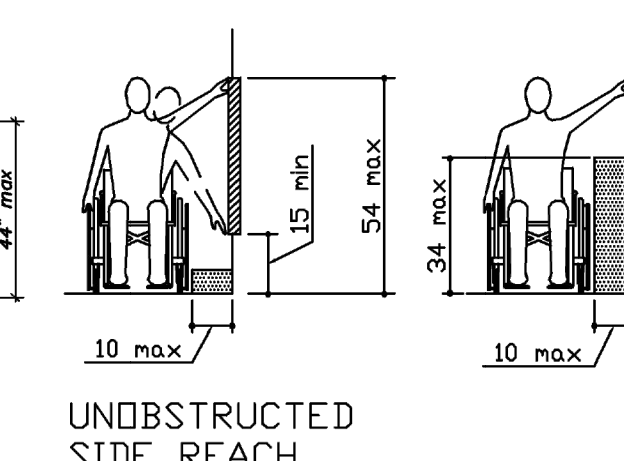
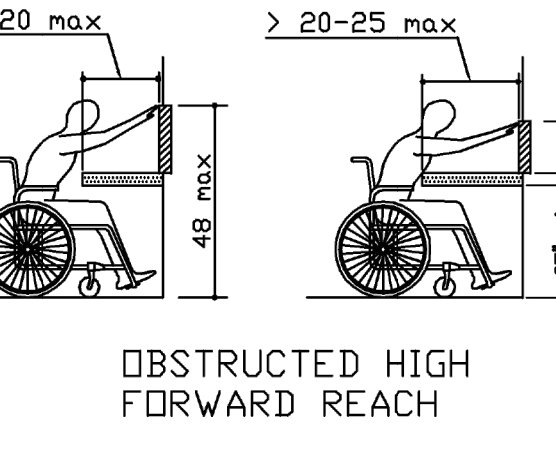
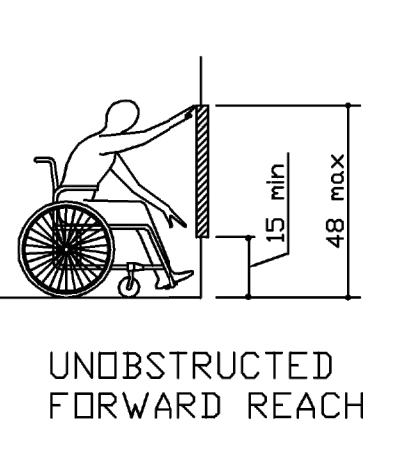
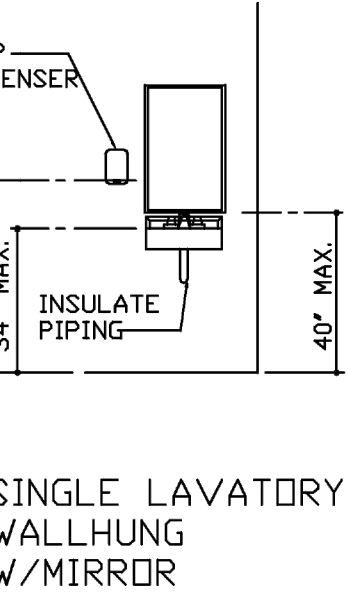
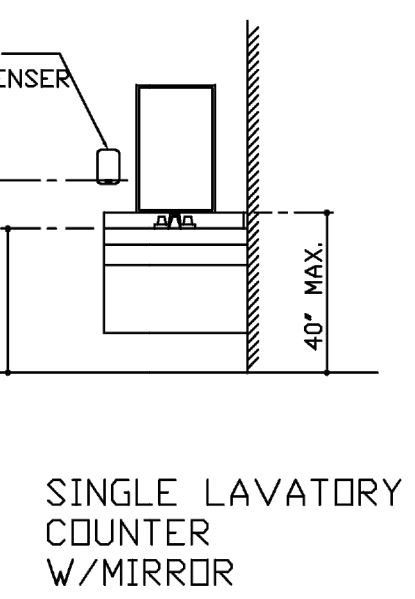
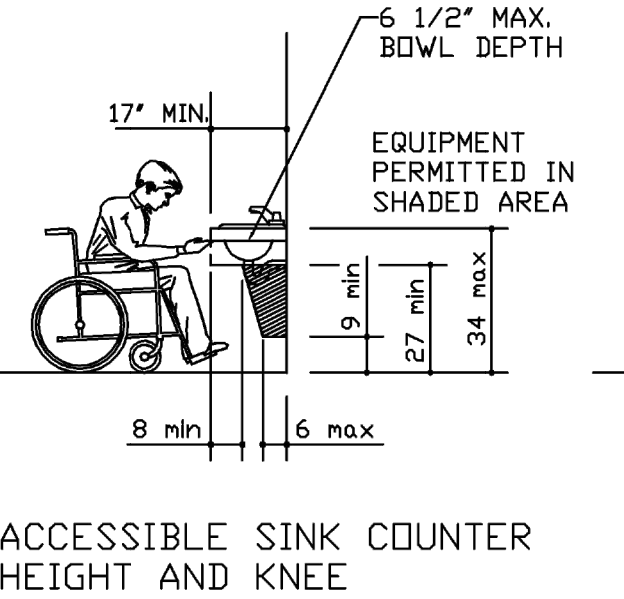
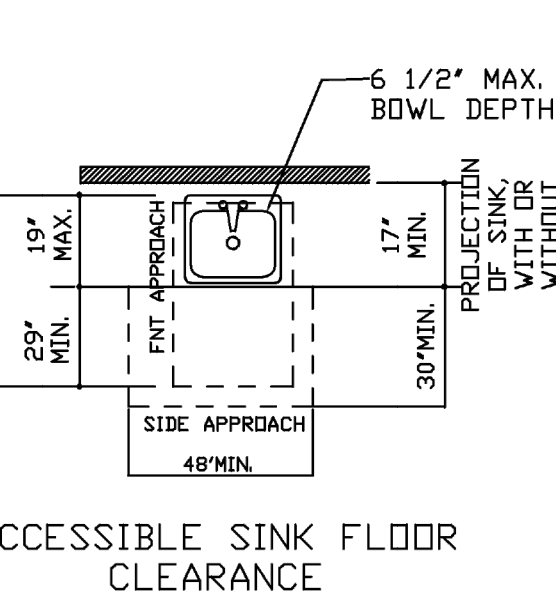
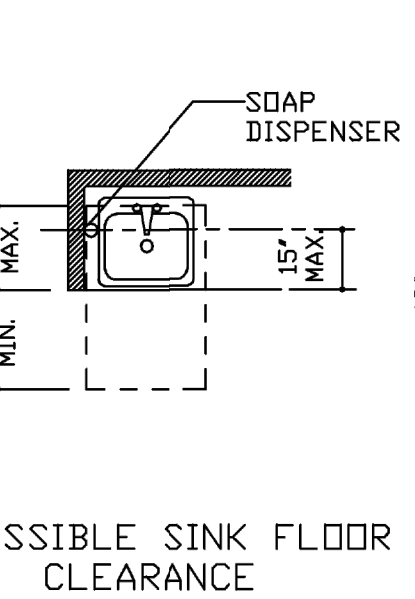
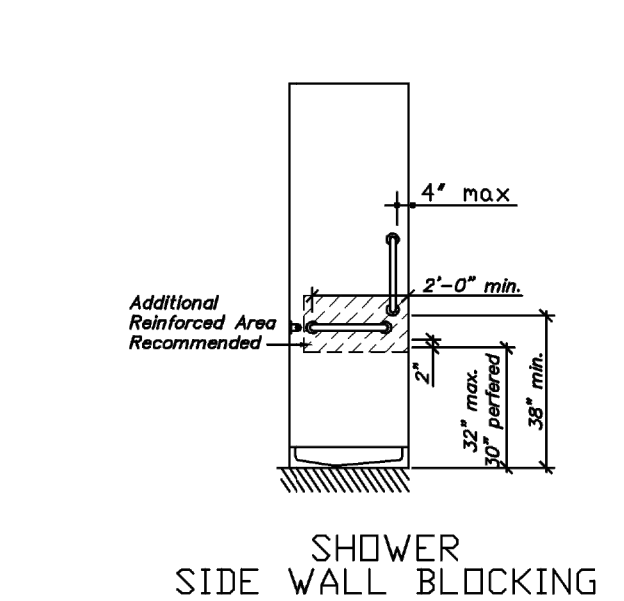
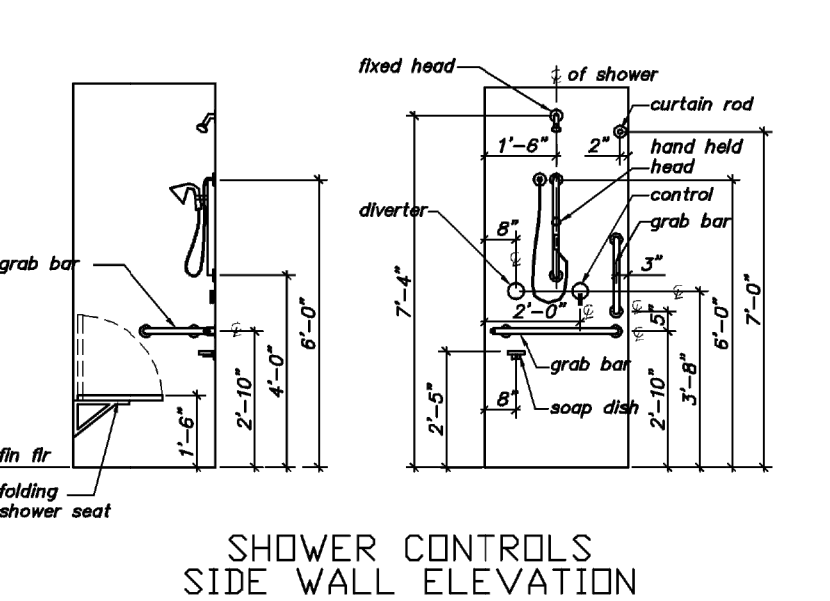
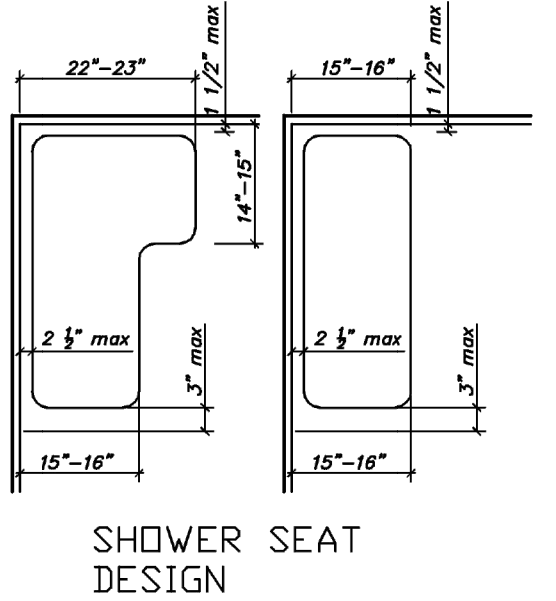
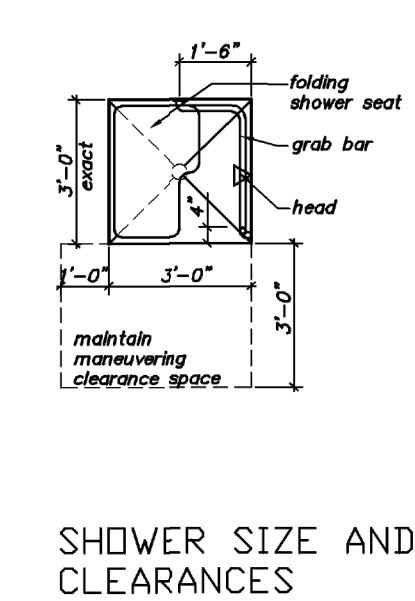
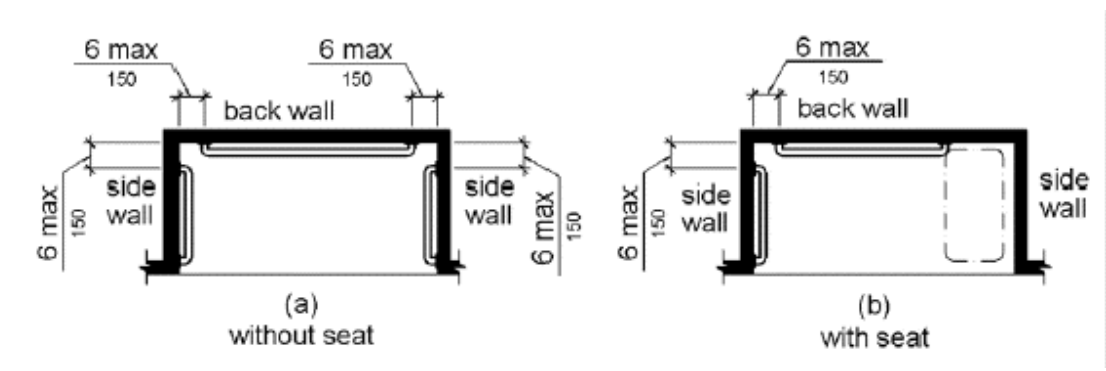


**SOUTHERN SMILES  
PEDIATRIC DENTISTRY**  
2305 NC HIGHWAY 24-87  
CAMERON, NORTH CAROLINA



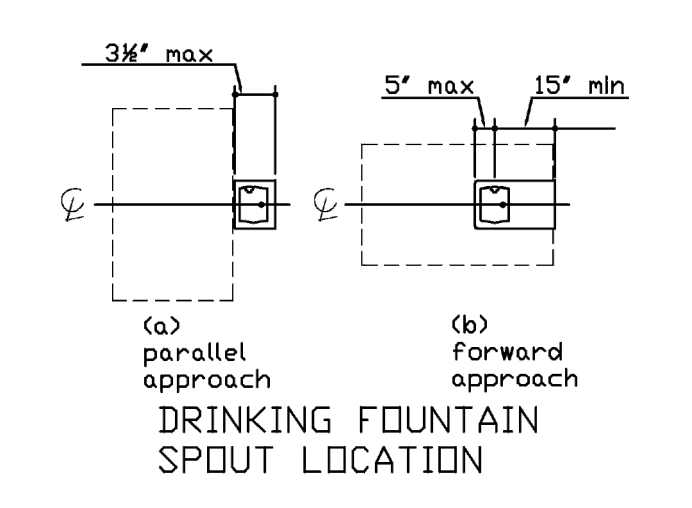
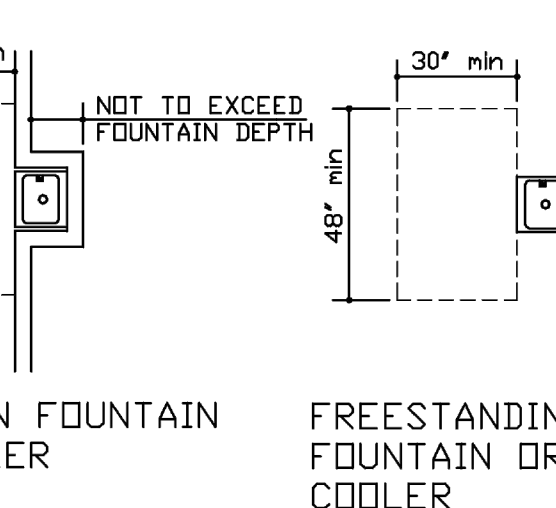
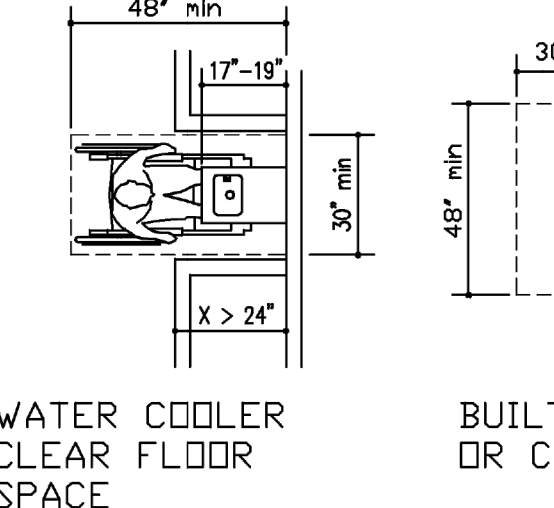
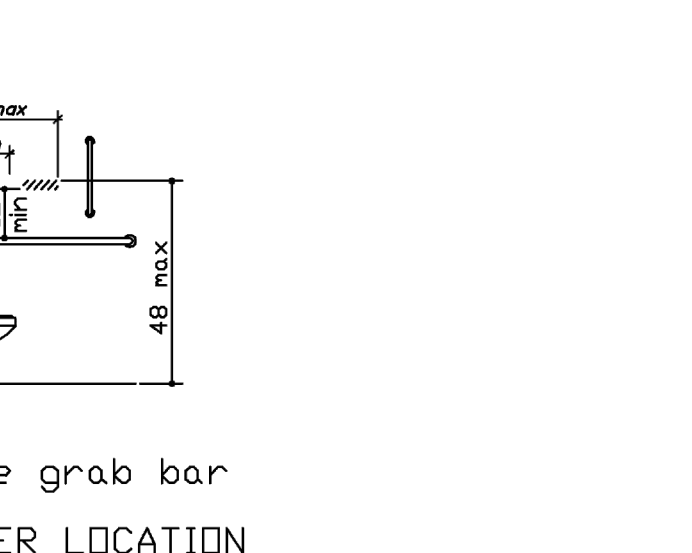
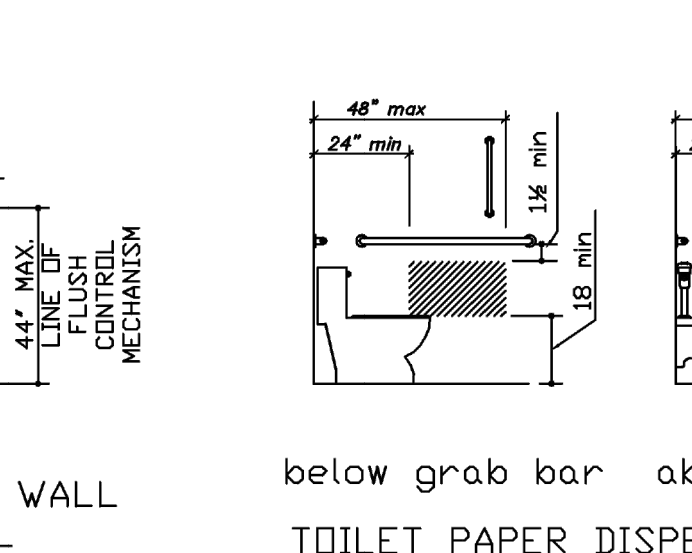
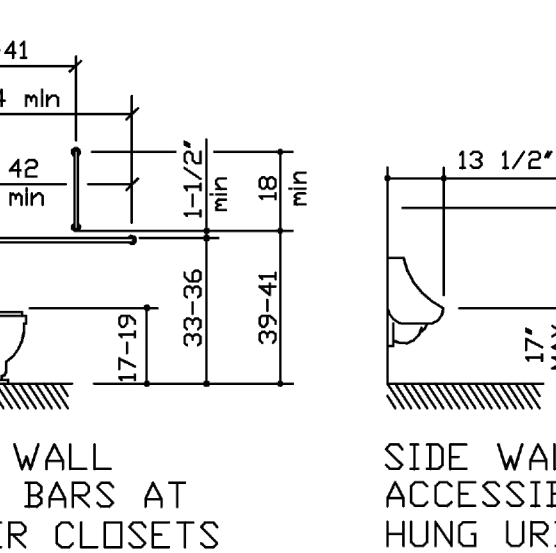
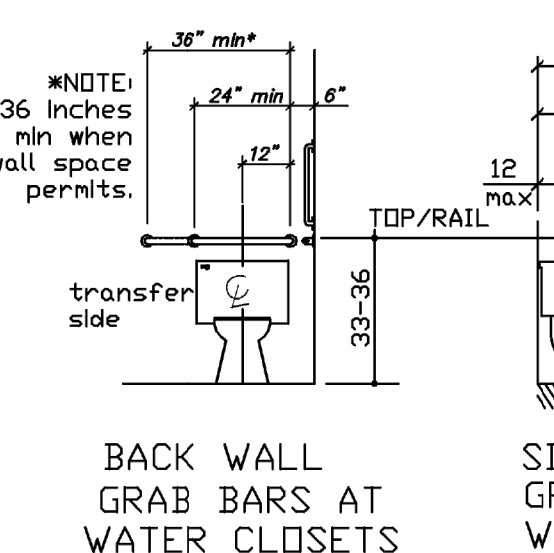
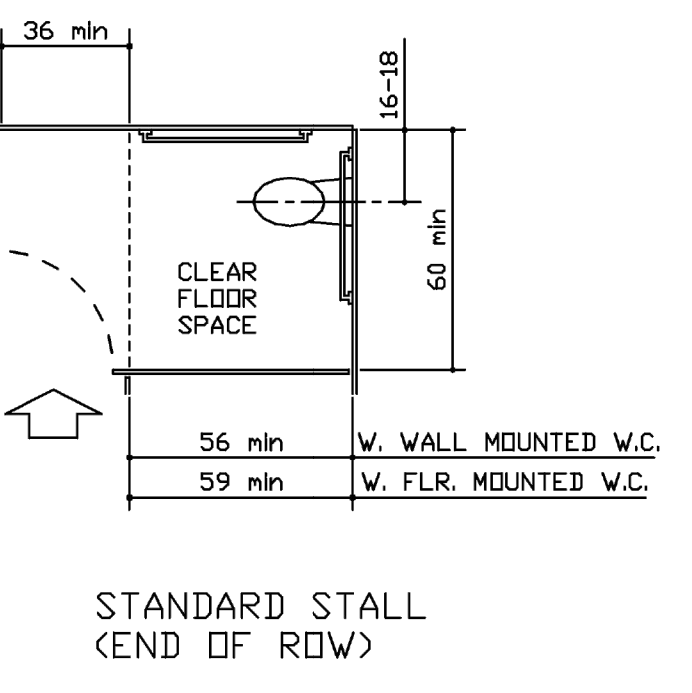
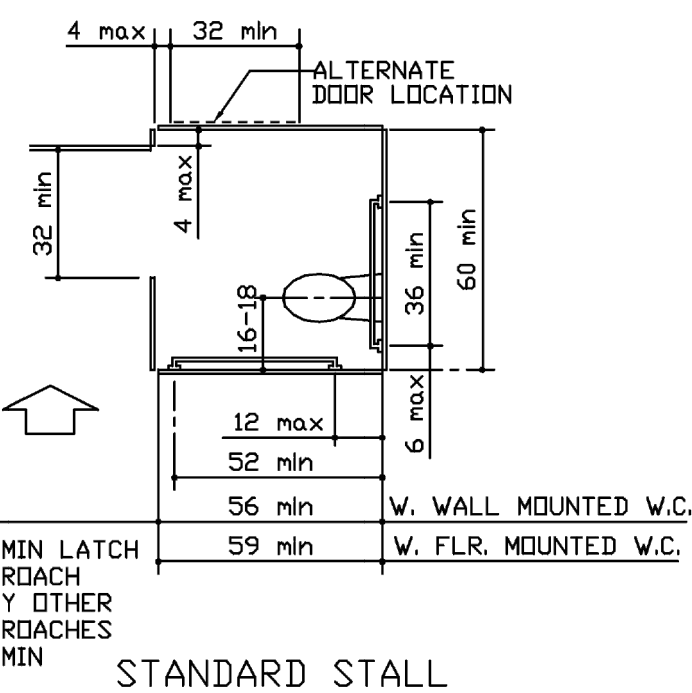
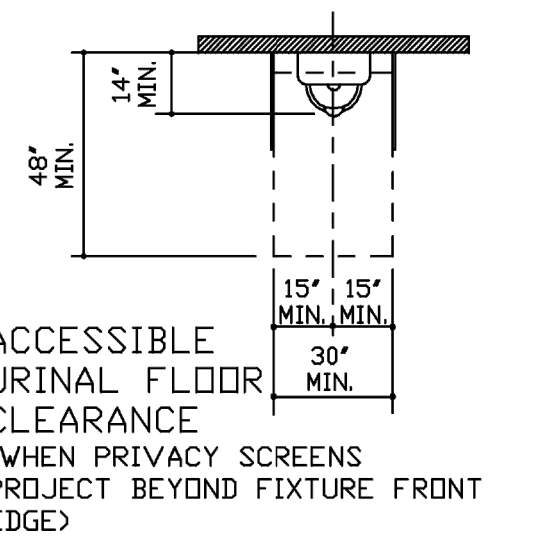
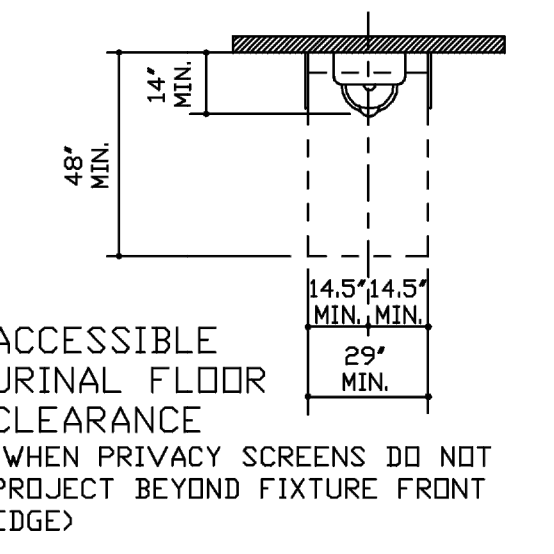
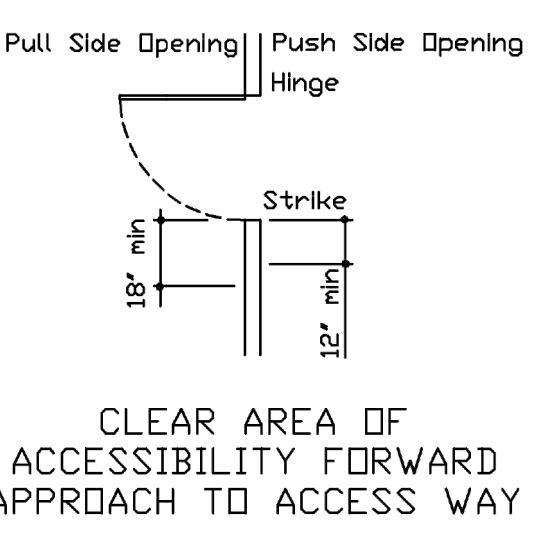
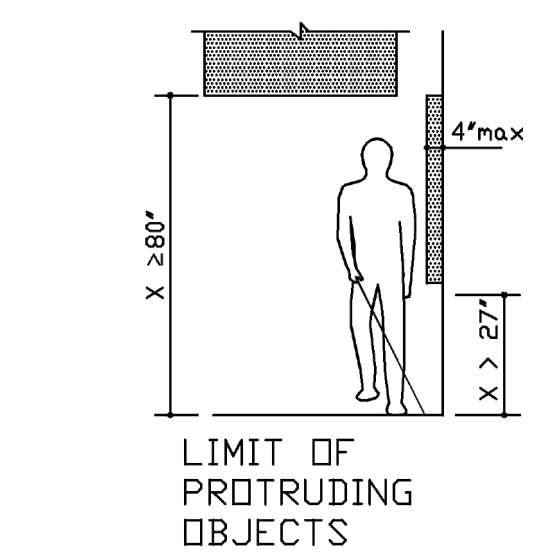
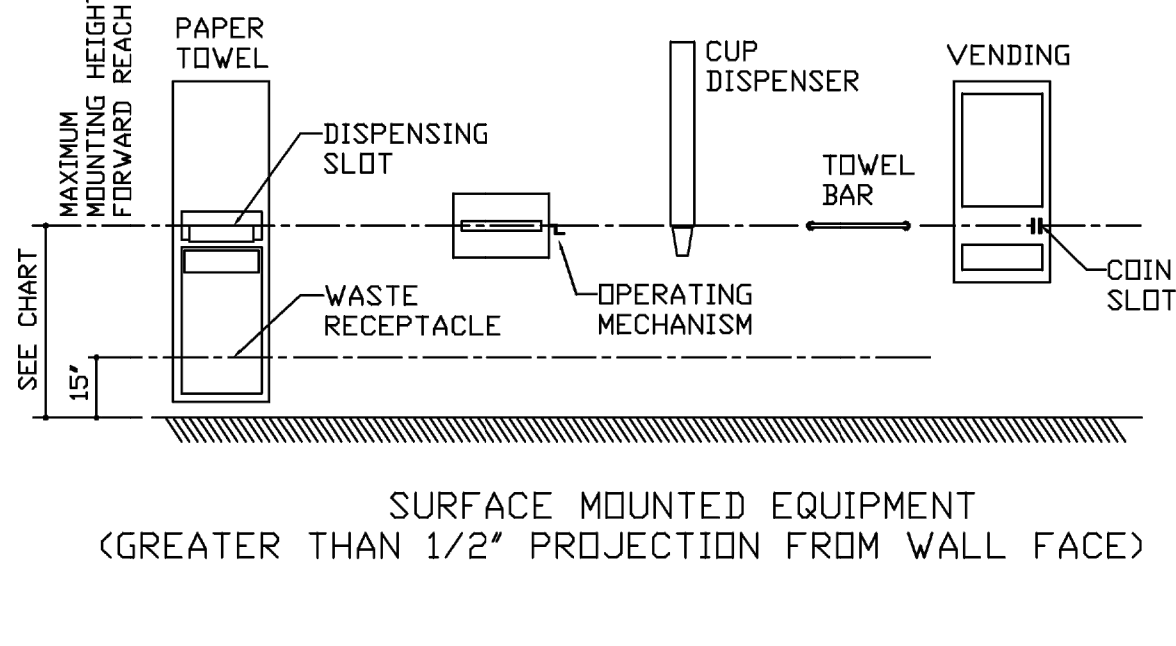
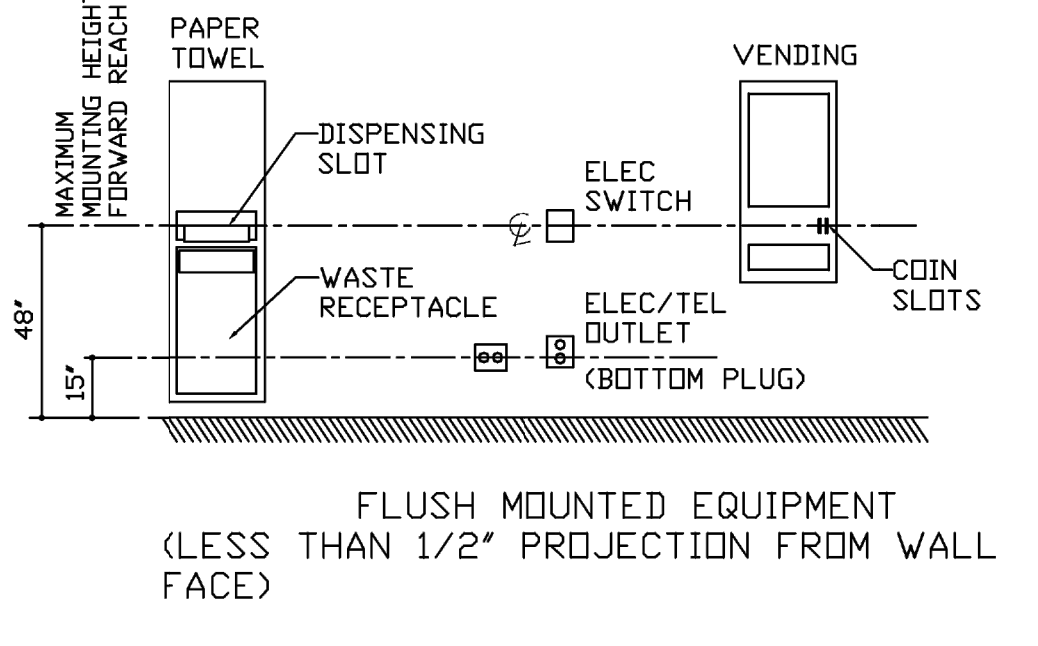
No.	Rev./Submissions	Date
	PERMIT	06/05/23
SCALE	AS NOTED	PROJECT NO. 230102
DESIGNED	RSR	DATE 5 JUNE 23
DRAWN	RSR	CHECKED RSR

ACCESSIBILITY  
DETAILS  
DRAWING NO.  
**A0.1**

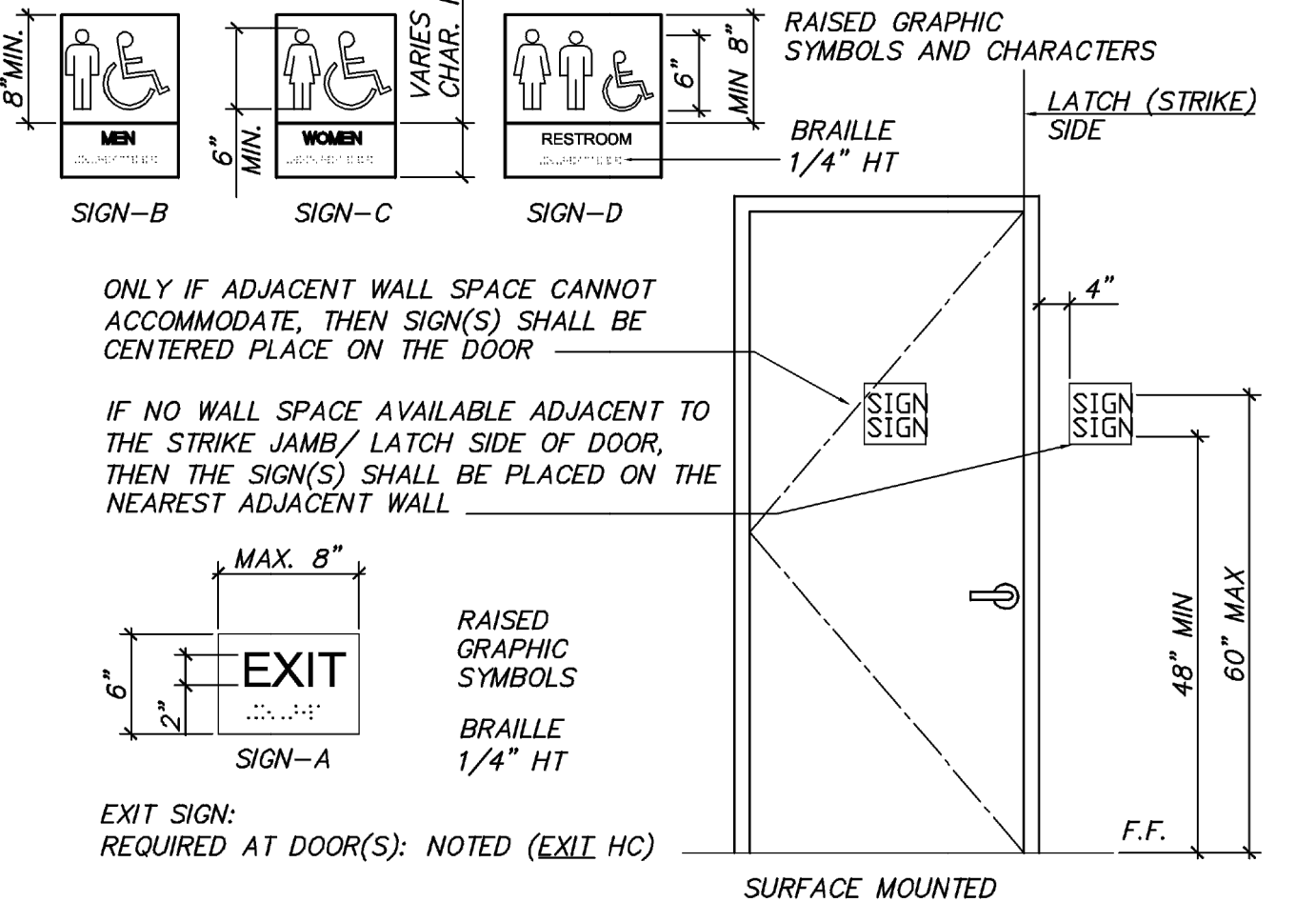


SURFACE MOUNTED ACCESSORIES  
MAXIMUM REACH DEPTH AND HEIGHT (FORWARD APPROACH)

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

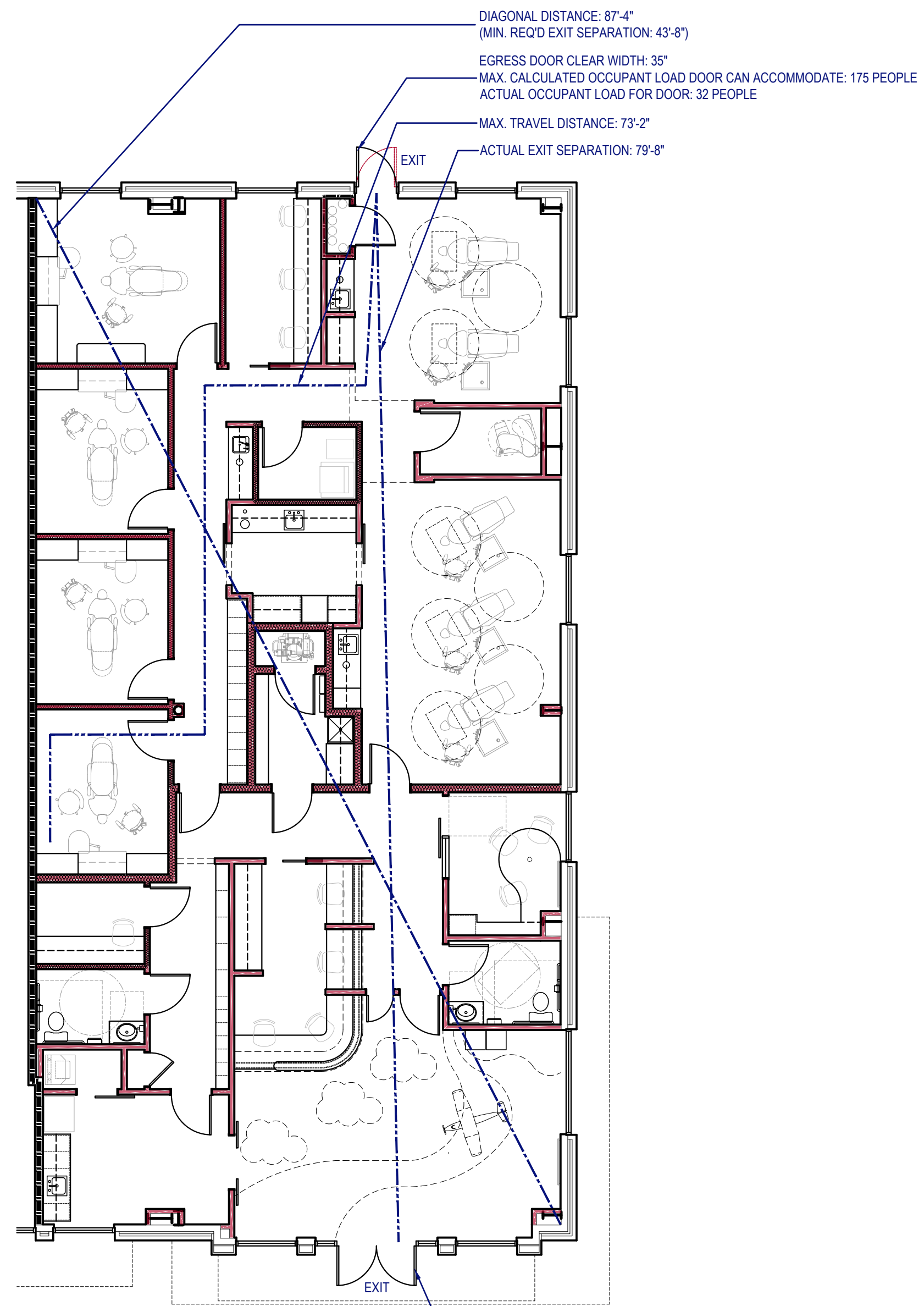


IDENTIFICATION SIGNAGE AT 60" A.F.F., ARE TO BE DISTINCTLY DIFFERENT FROM THE DOOR OR WALL IN COLOR AND CONTRAST.



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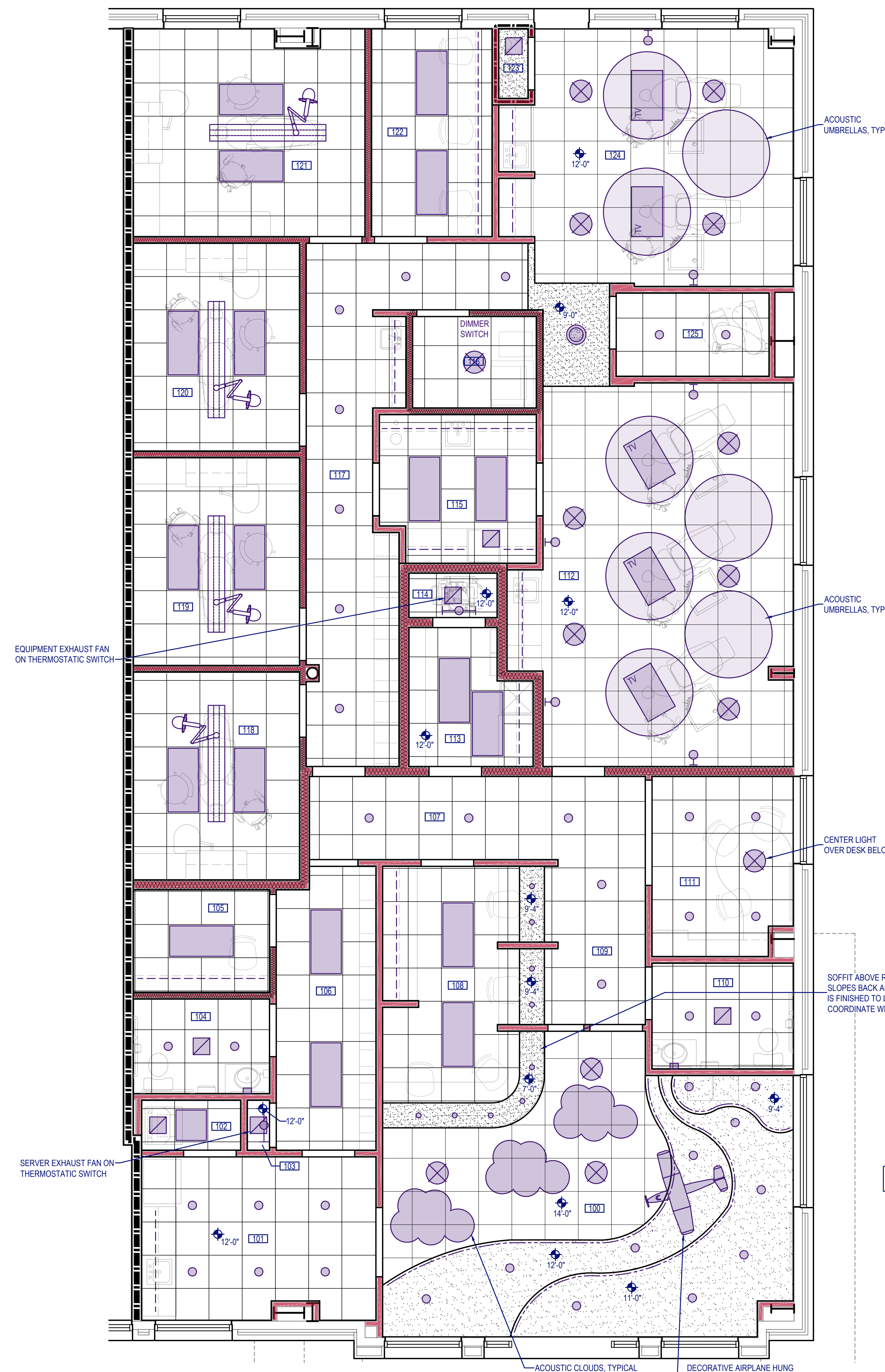




OCCUPANT LOADS:  
3,130 SF / 100 GROSS SF/PERSON = 32 PEOPLE

## 2 Life Safety Plan

SCALE 1/8" = 1'-0"



## 1 Ceiling Plan

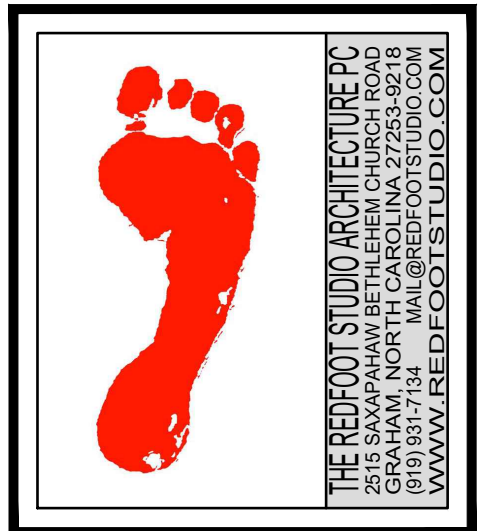
SCALE 1/4" = 1'-0"



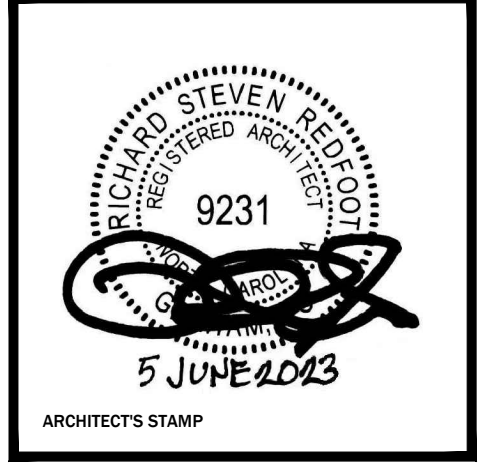
- LIGHTING PLAN NOTES:
1. TYPICAL CEILING HEIGHT IS 10'-0" AFF, U.O.N.
  2. SEE ELECTRICAL AND MECHANICAL DRAWINGS FOR ADDITIONAL NOTES AND INFORMATION.
  3. SEE INTERIOR DESIGN DRAWINGS FOR FINISHES.
  4. COORDINATE ELECTRICAL WITH DENTAL EQUIPMENT MANUFACTURER REQUIREMENTS.
  5. BATH FANS AND LIGHTS 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



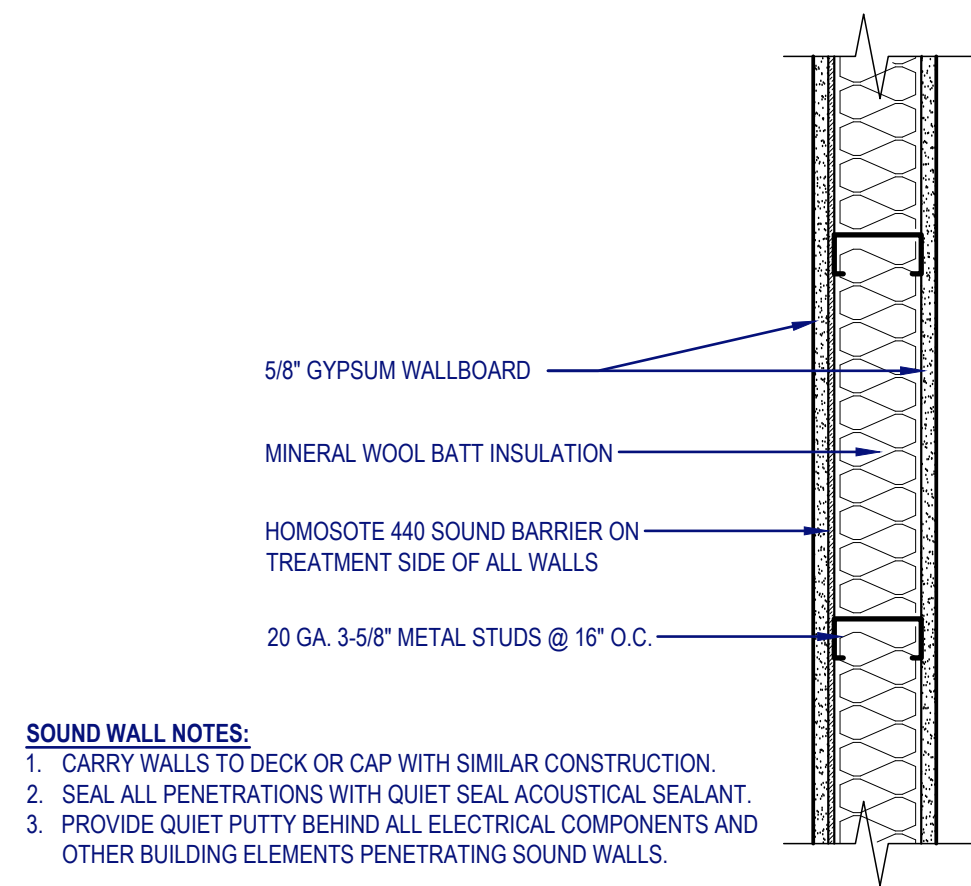
No	Rev./Submissions	Date
	PERMIT	06/05/23

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

REFLECTED  
CEILING & LIFE  
SAFETY PLANS

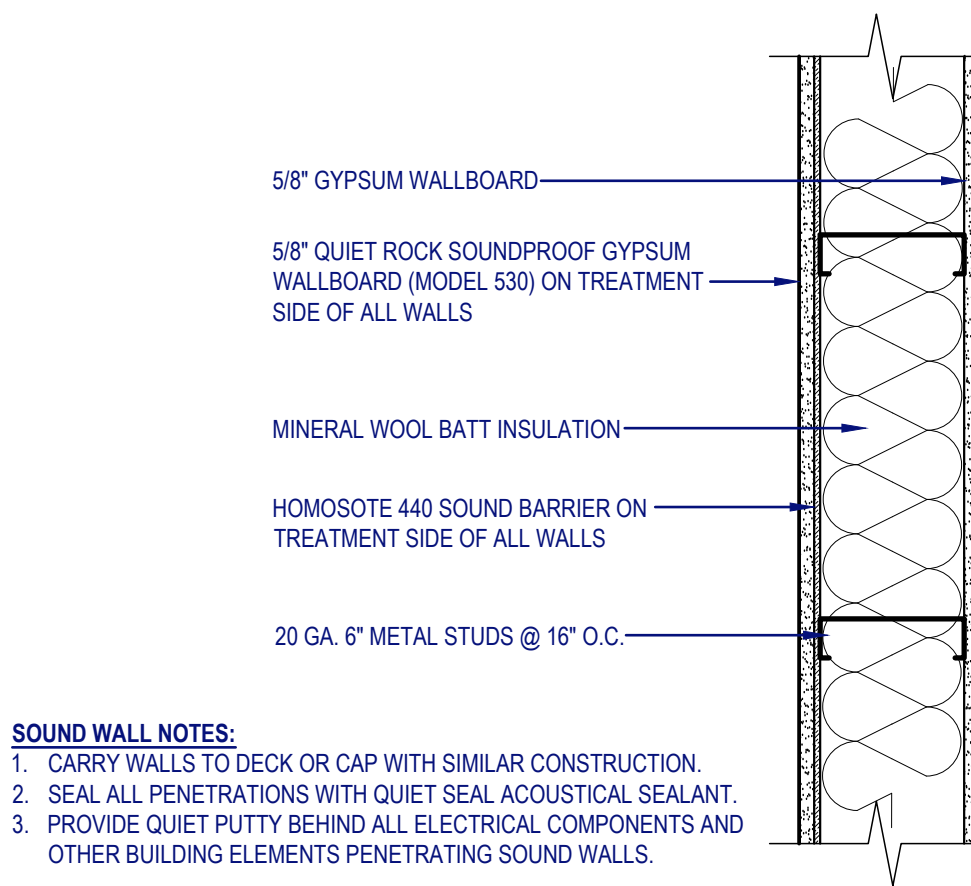
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**A1.1**

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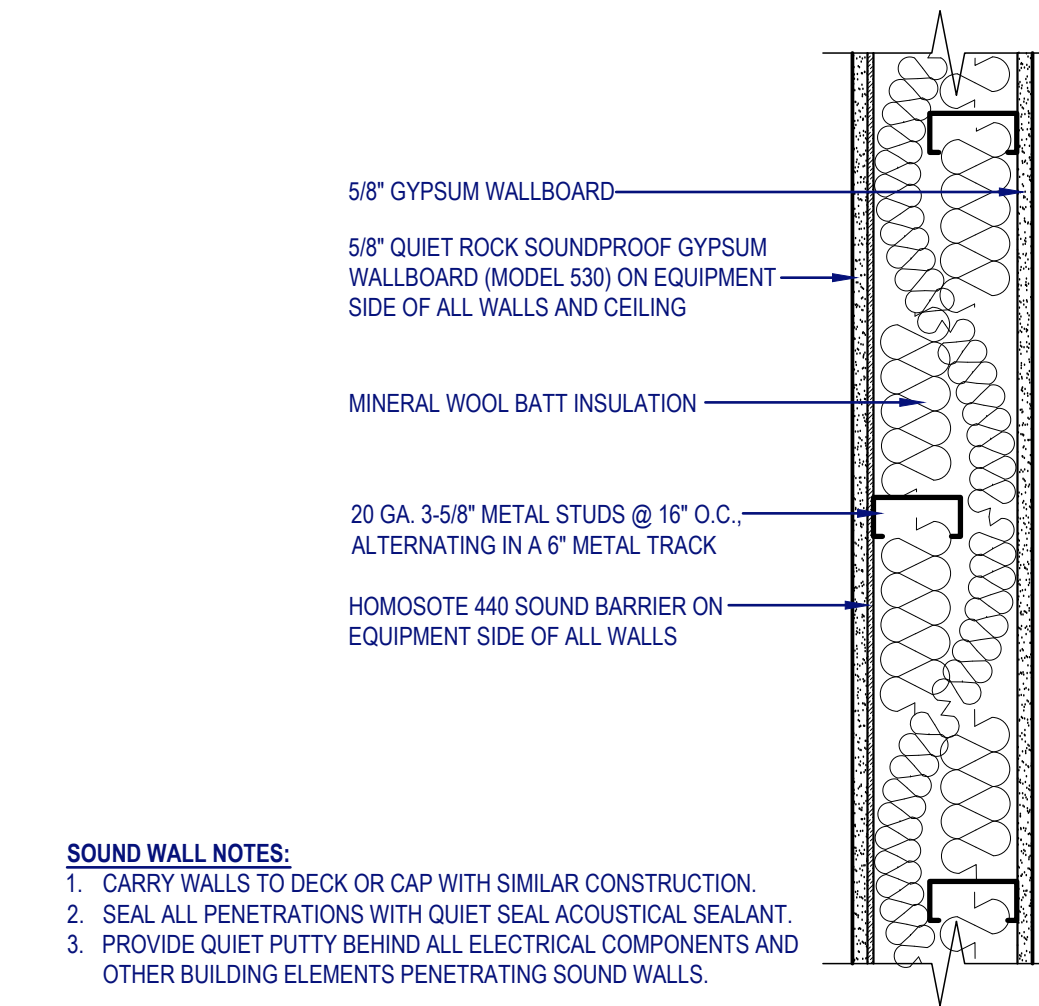
**SOUND WALL NOTES:**  
 1. CARRY WALLS TO DECK OR CAP WITH SIMILAR CONSTRUCTION.  
 2. SEAL ALL PENETRATIONS WITH QUIET SEAL ACOUSTICAL SEALANT.  
 3. PROVIDE QUIET PUTTY BEHIND ALL ELECTRICAL COMPONENTS AND OTHER BUILDING ELEMENTS PENETRATING SOUND WALLS.

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



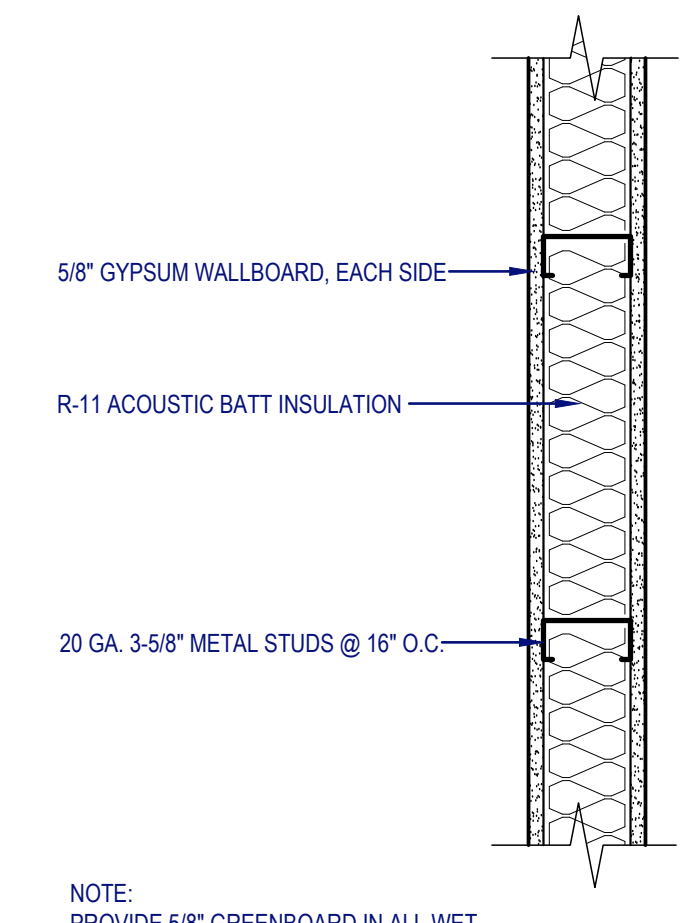
**SOUND WALL NOTES:**  
 1. CARRY WALLS TO DECK OR CAP WITH SIMILAR CONSTRUCTION.  
 2. SEAL ALL PENETRATIONS WITH QUIET SEAL ACOUSTICAL SEALANT.  
 3. PROVIDE QUIET PUTTY BEHIND ALL ELECTRICAL COMPONENTS AND OTHER BUILDING ELEMENTS PENETRATING SOUND WALLS.

**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.

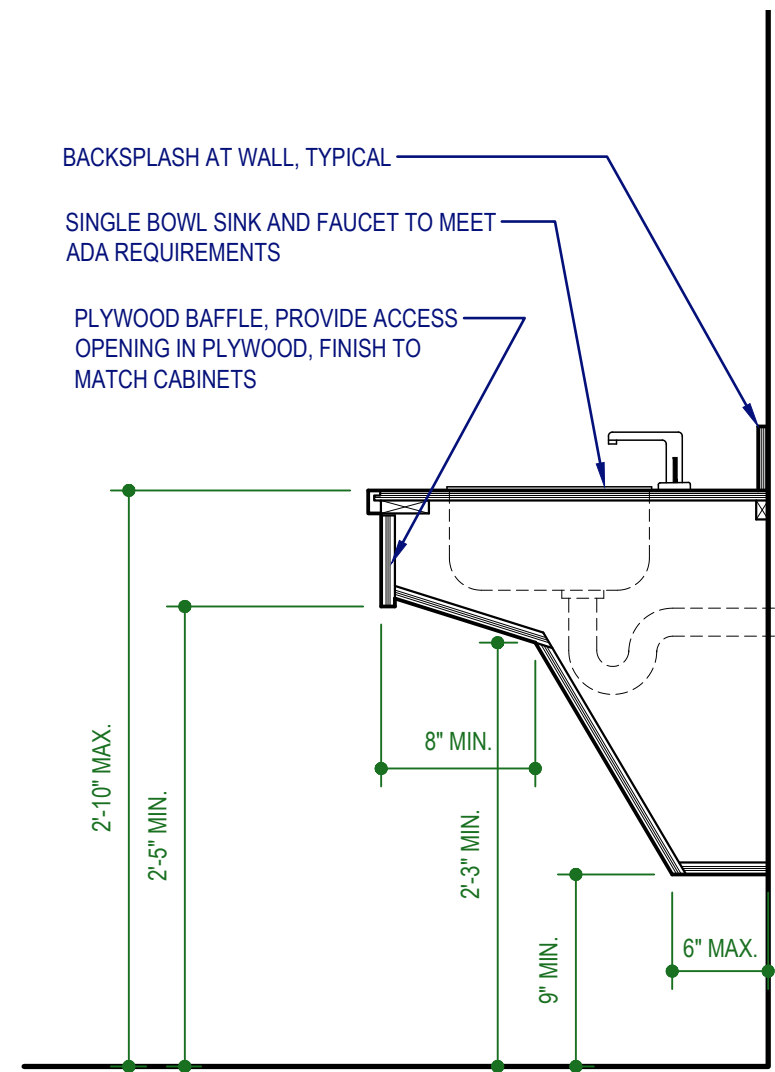
**2 Sound Wall - type 1**  
 SCALE 1 1/2" = 1'-0"



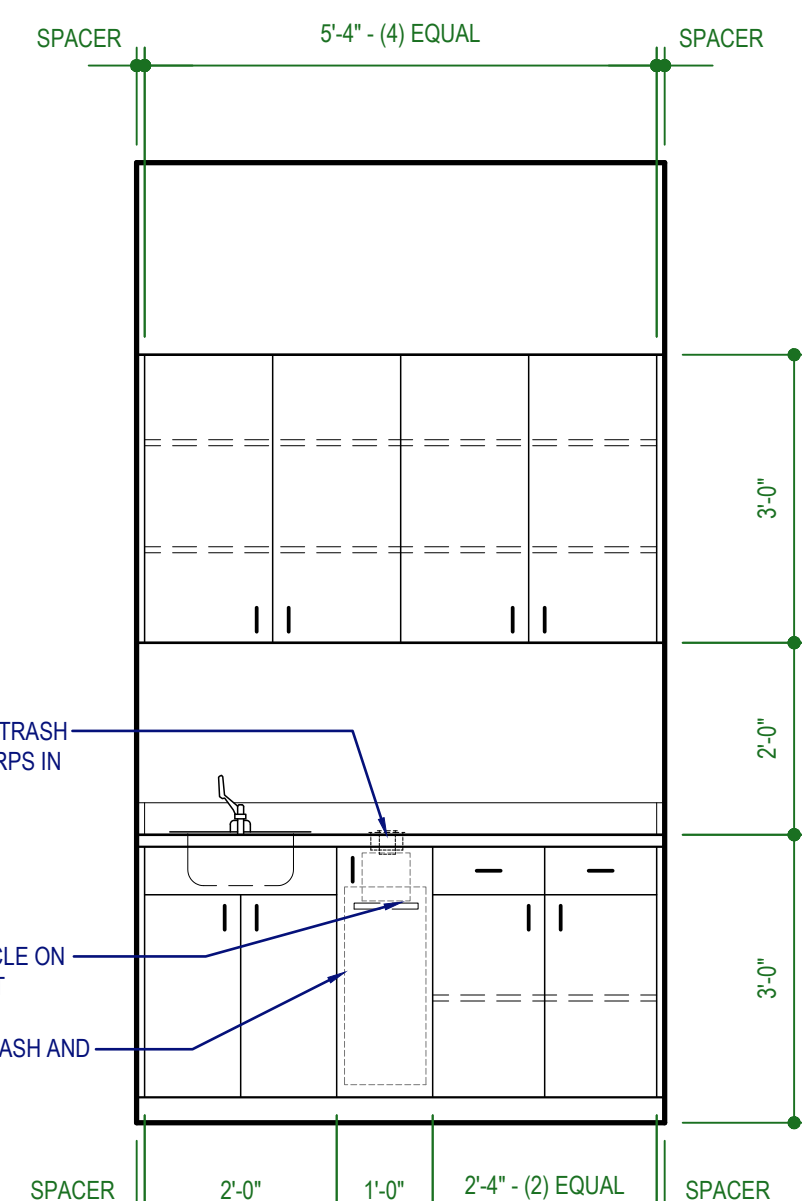
**NOTE:**  
 PROVIDE 5/8\"/>

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

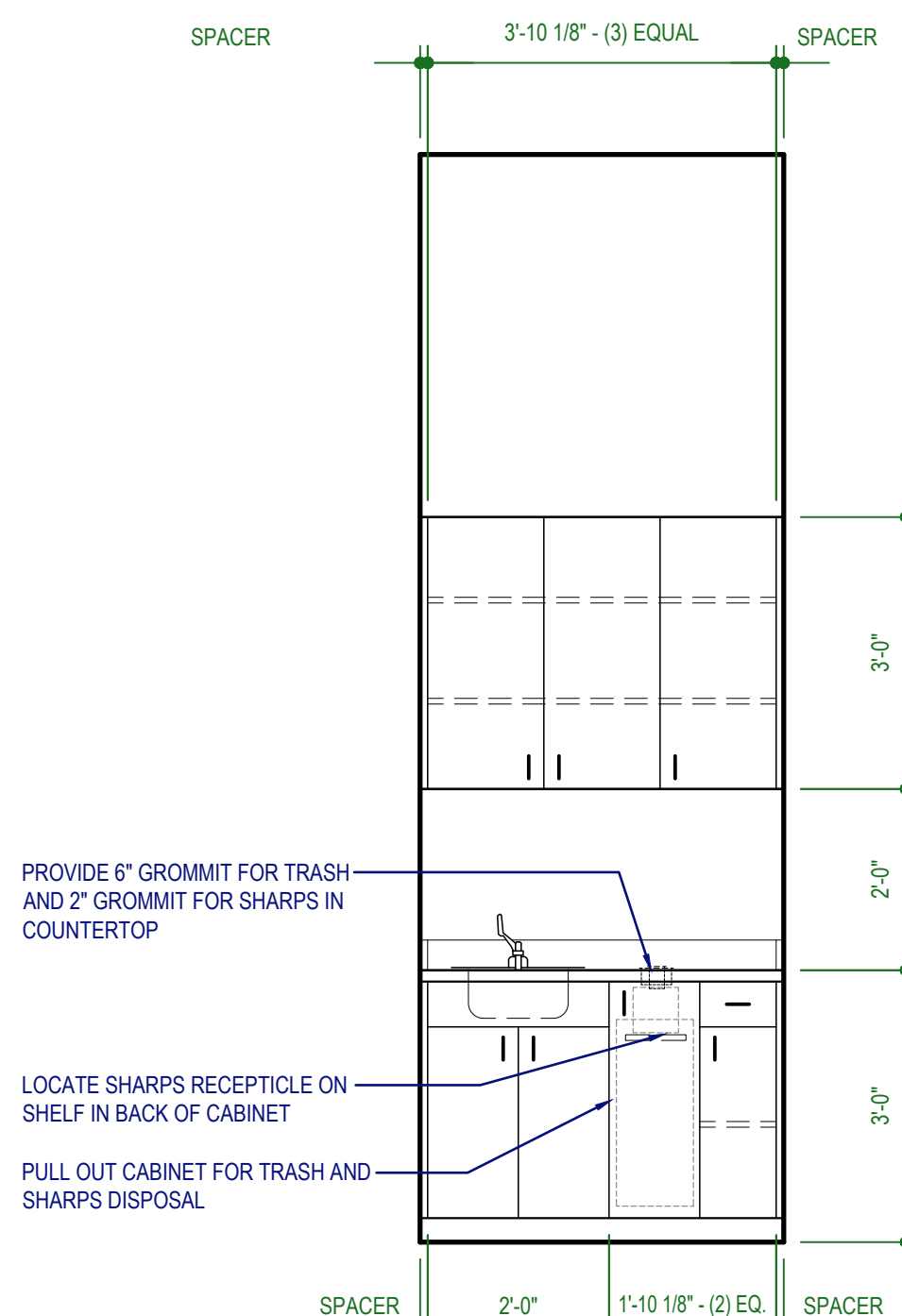
**CABINET NOTES:**  
 1. PROVIDE SHOP DRAWINGS FOR OWNER REVIEW OF ALL CABINETS AND CASEWORK.  
 2. COORDINATE FINISHES, COLORS, AND DESIGN W/ OWNER AND INTERIOR DESIGNER.



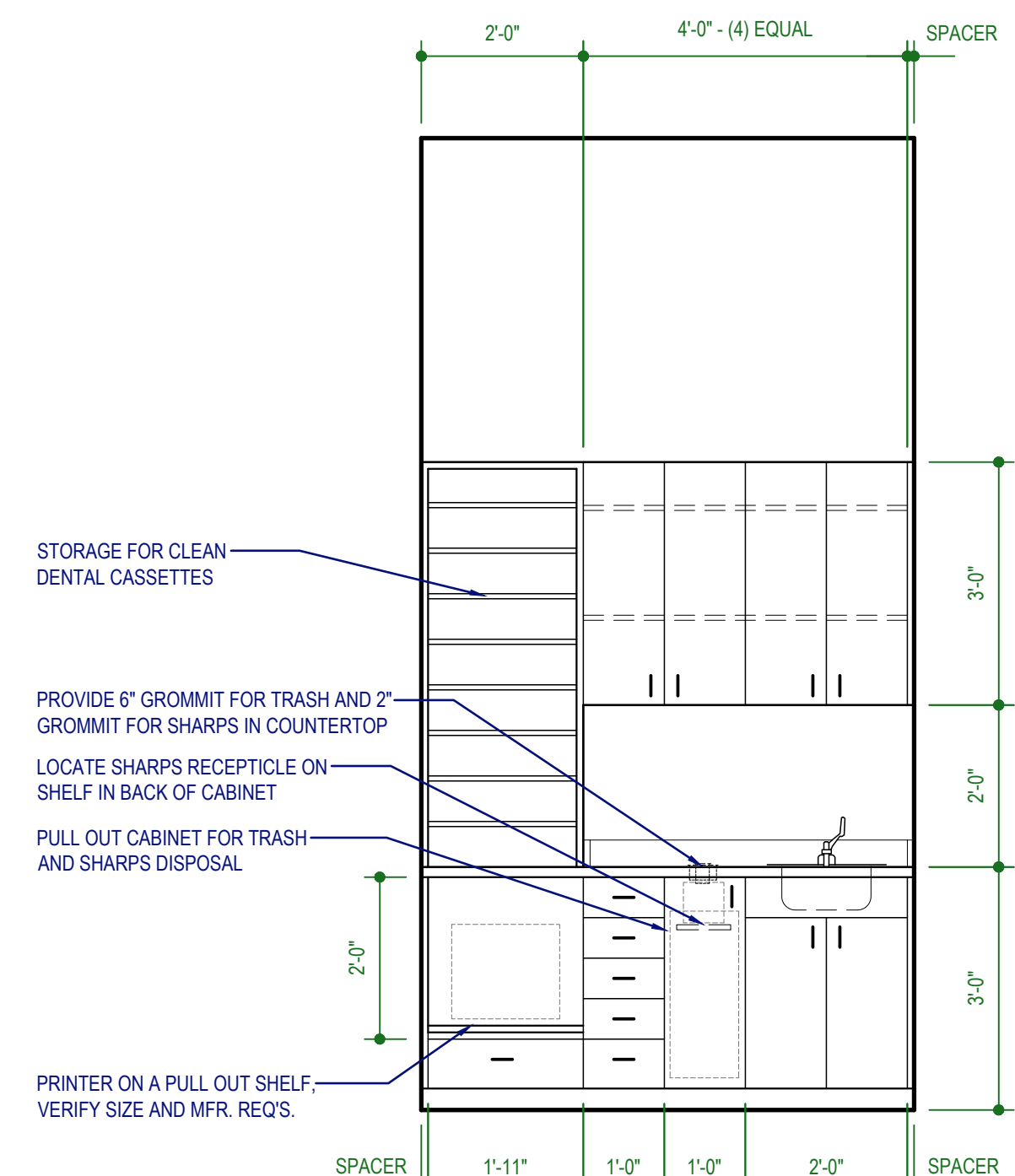
**9 Lavatory Section**  
 SCALE 1" = 1'-0"



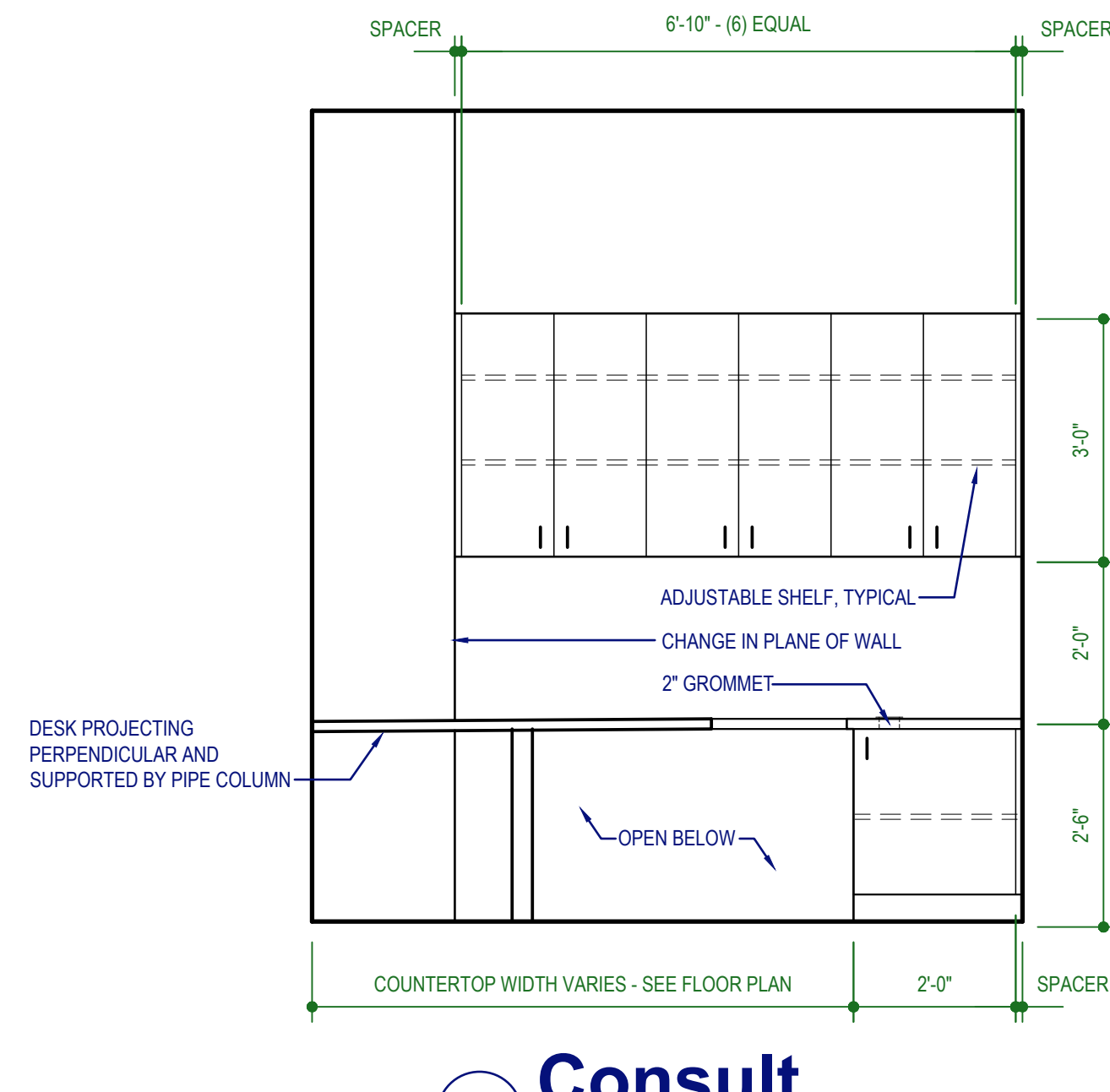
**8 Dental Sink 1**  
 SCALE 1/2" = 1'-0"



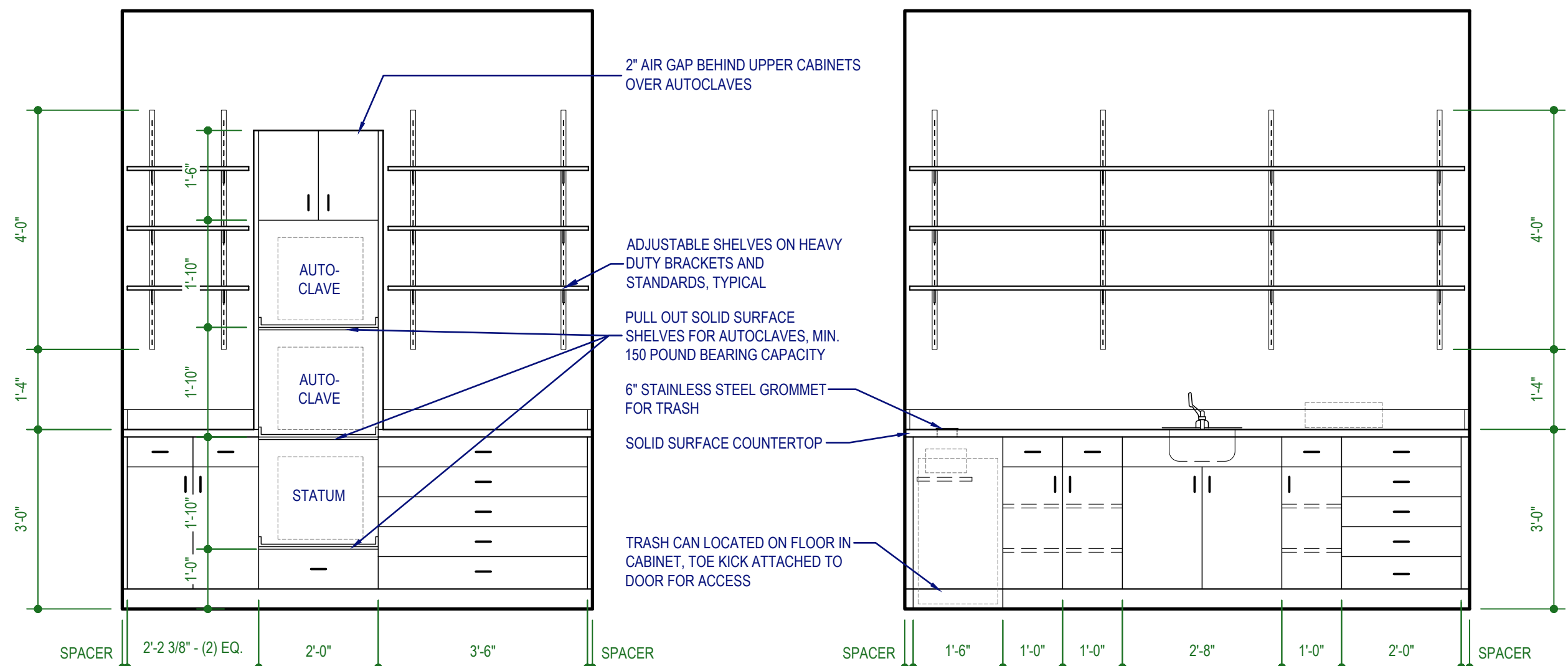
**7 Dental Bay 2**  
 SCALE 1/2" = 1'-0"



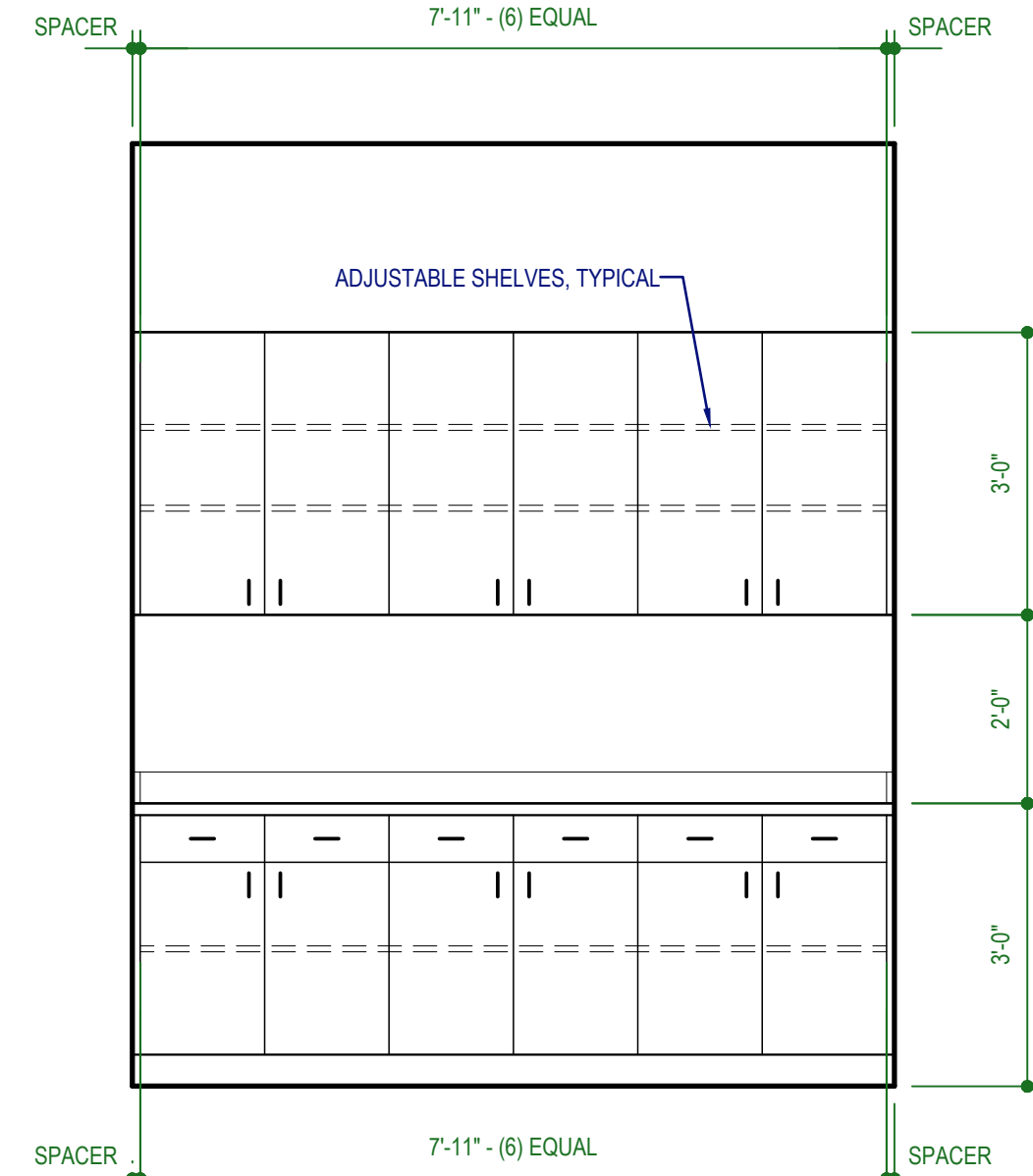
**6 Dental Bay 1**  
 SCALE 1/2" = 1'-0"



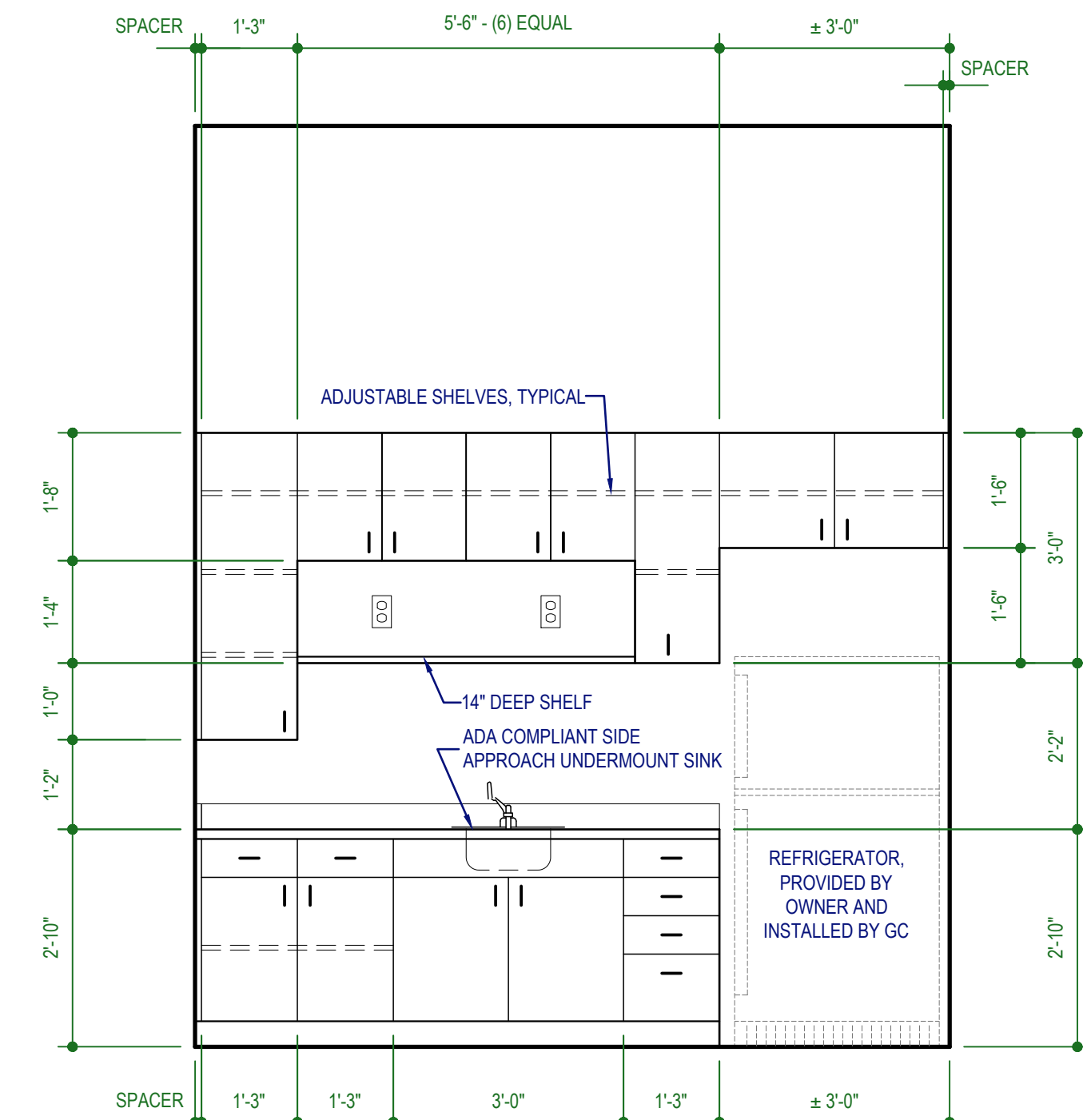
**5 Consult**  
 SCALE 1/2" = 1'-0"



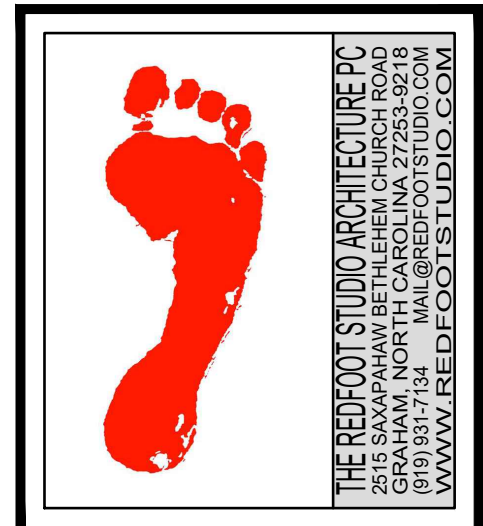
**12 Sterilization**  
 SCALE 1/2" = 1'-0"



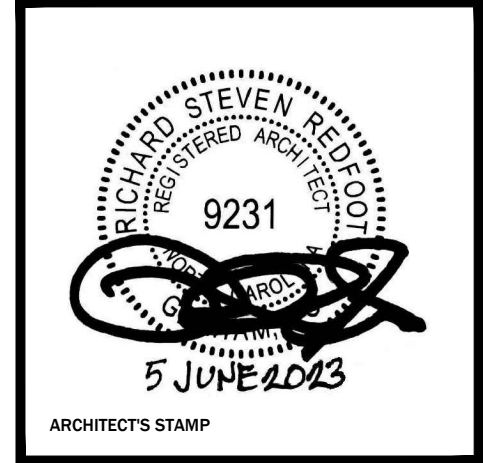
**11 Business**  
 SCALE 1/2" = 1'-0"



**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**

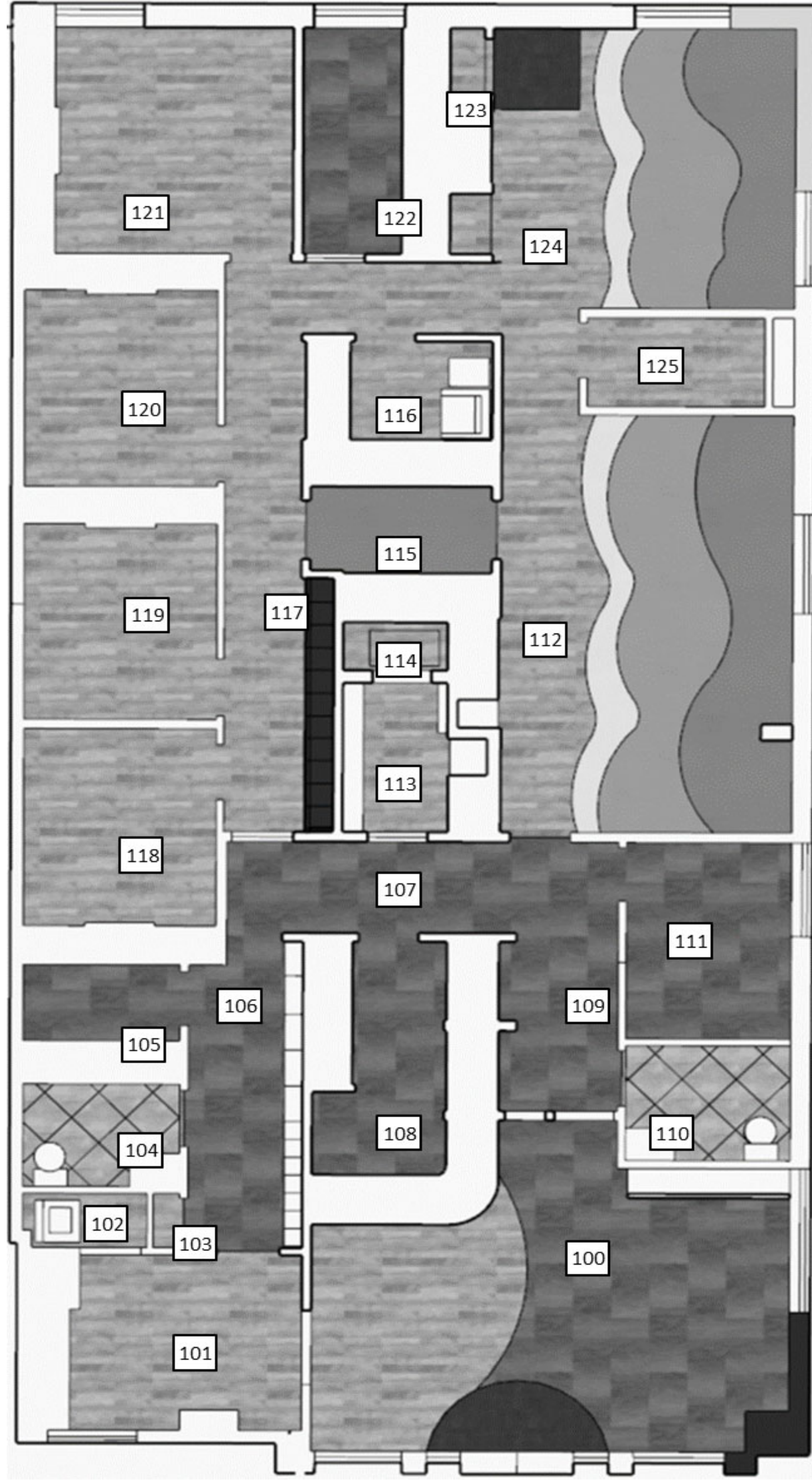
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ROOM FINISH SCHEDULE											
ROOM NO	ROOM NAME	FLOOR	WALL	Walls				DOORS	CEILING	CEILING HEIGHT	REMARKS
				N	S	E	W				
100	WAITING	LVT-1 CPT-1,2	WB-1	PT-1	PT-1	PT-1	PT-1	PT-6	ACT-1, 3, GYP	VARIED	1
101	BREAK ROOM	LVT-1	WB-1	PT-1	PT-1	PT-1	PT-1	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"	

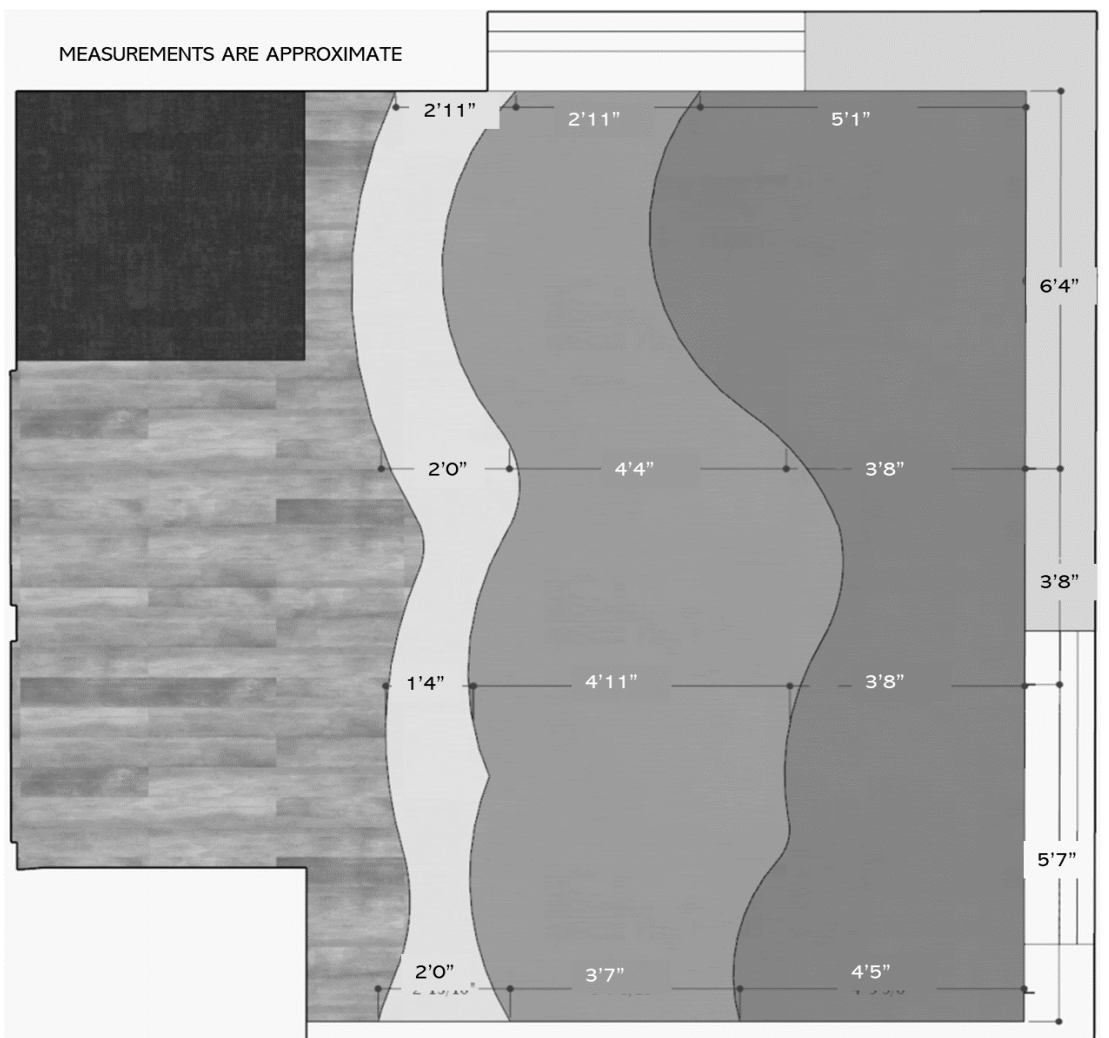
- GENERAL FINISH SCHEDULE NOTES
- A. COORDINATE AND VERIFY FINISHES AND COLORS WITH INTERIOR DESIGNER AND/OR OWNER
  - B. WALL PAINT TO BE SHERWIN WILLIAMS OR APPROVED EQUAL. ONE COAT OF PRIMER TINTED TO WALL COLOR, TWO COATS OF PAINT.
  - C. ALL FLOORING TRANSITION STRIPS TO BE LOW PROFILE SCHLUTER 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 CERTAINTED, 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 CERTAINTED, 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**

**SOUTHERN SMILES  
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CAMERON, NORTH CAROLINA

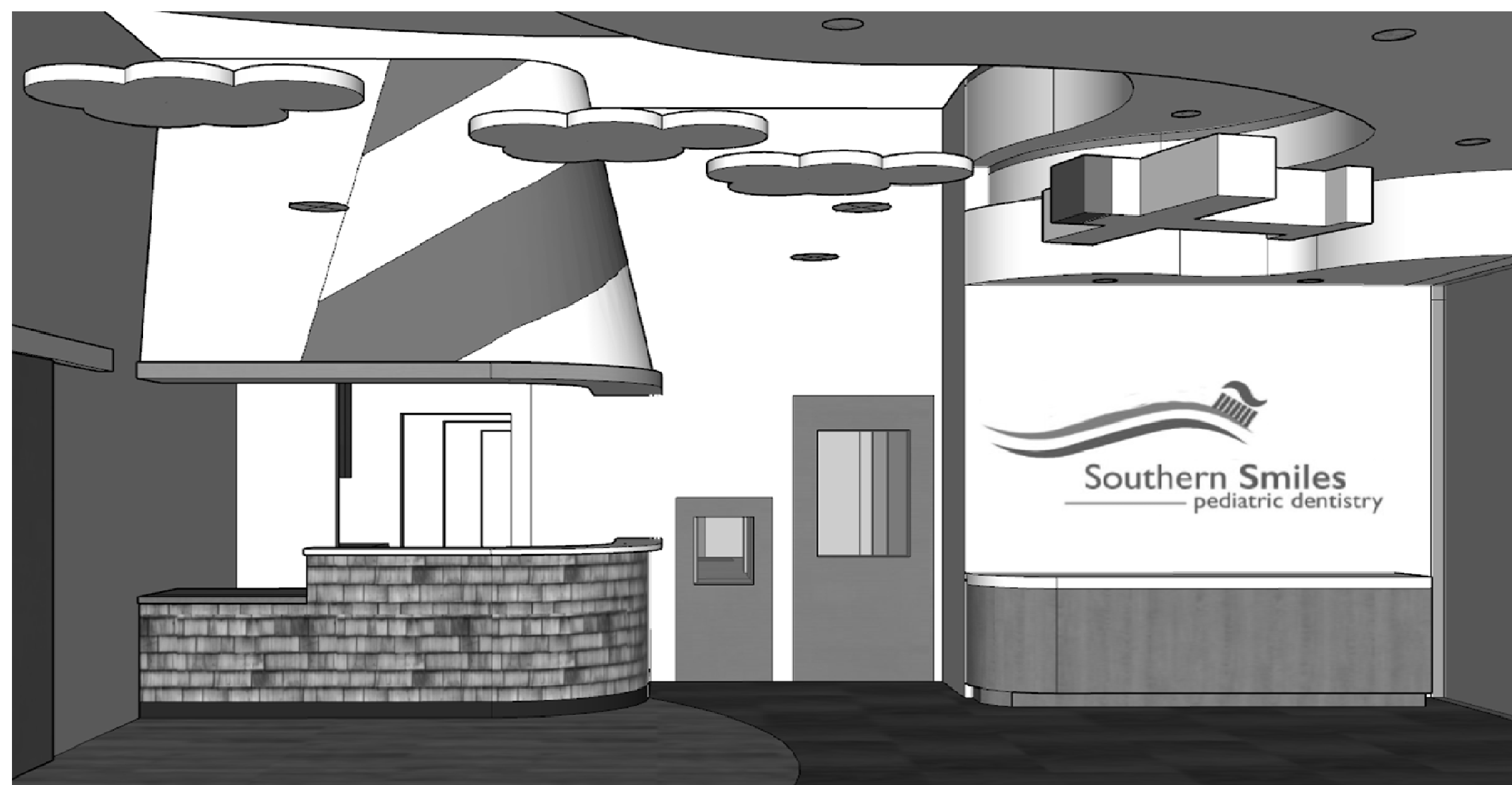
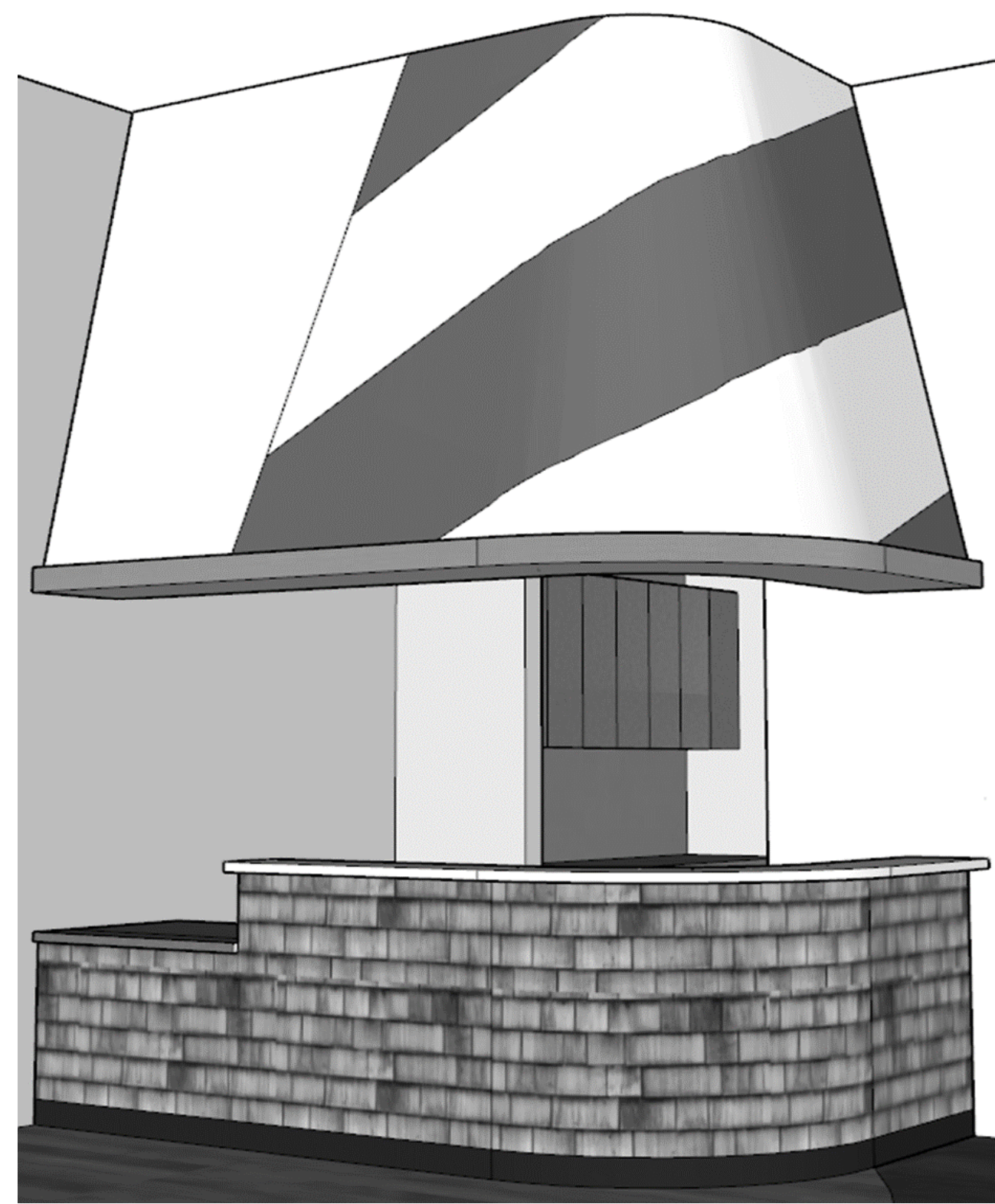
**FIXTURES**

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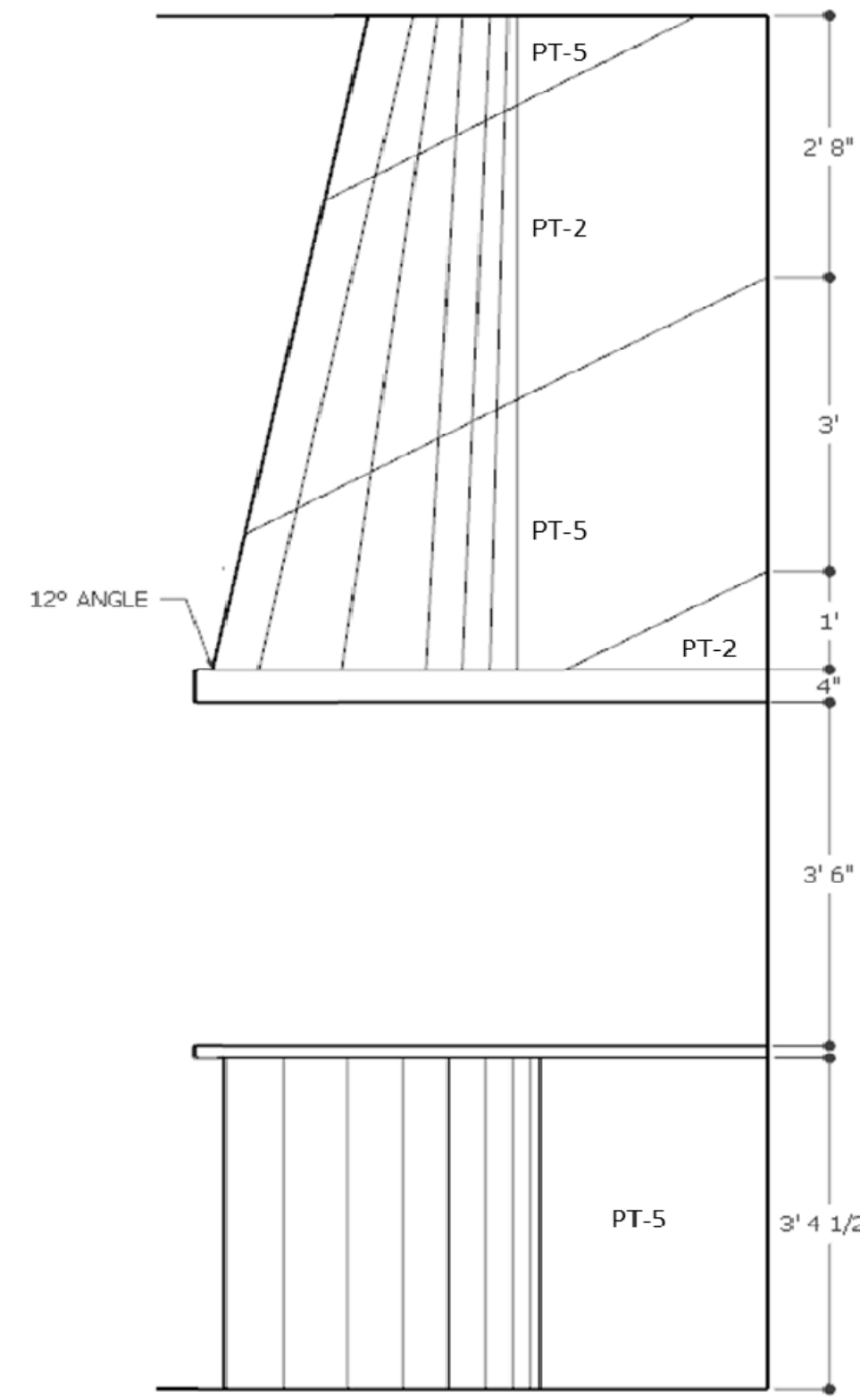
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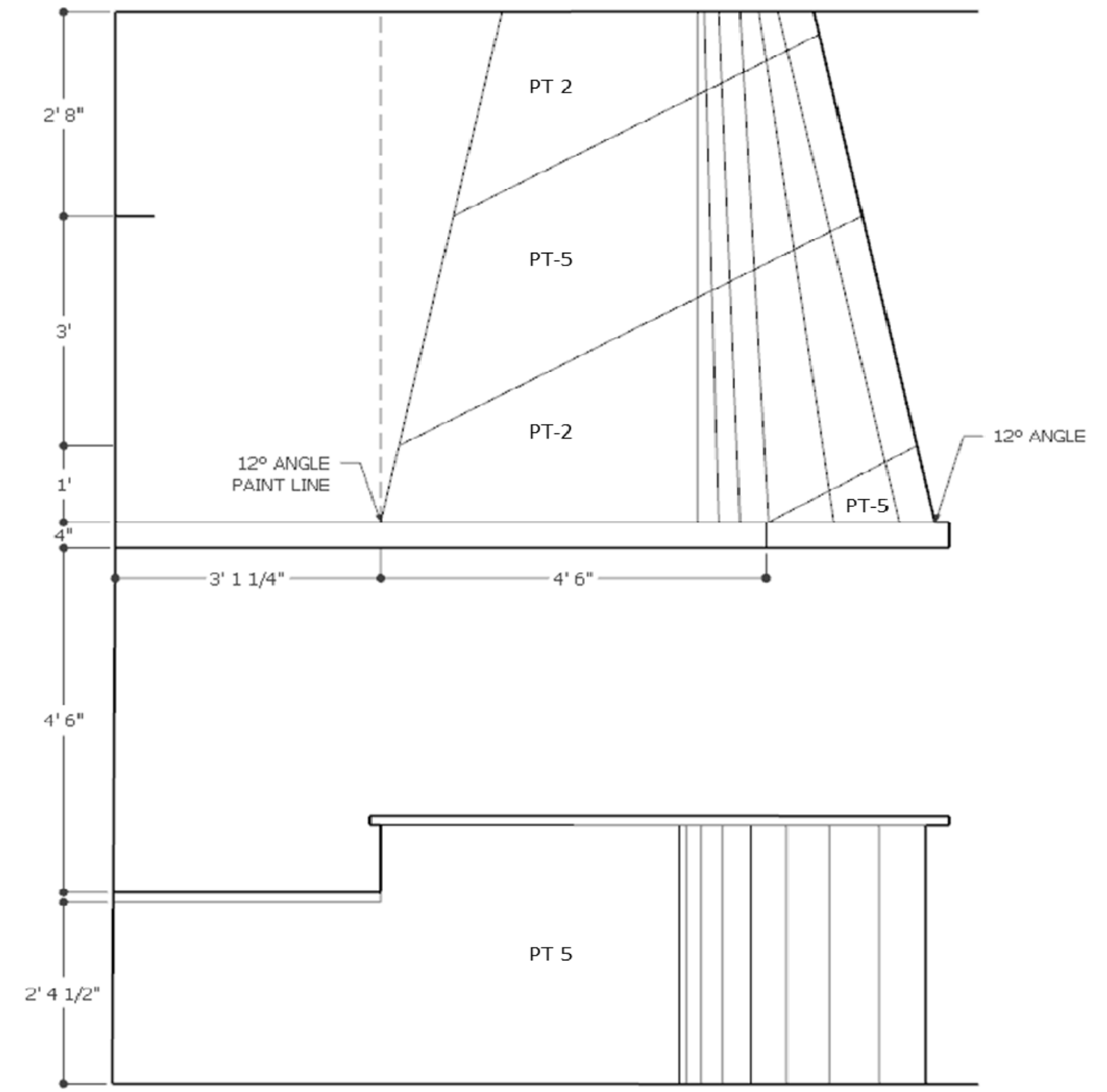
NOTES	
A.	PROVIDE KNEE WALL TO FORM FACE OF DESK AND SUPPORT COUNTERS FINISH W/ PAINTED GYPSUM WALLBOARD EACH SIDE, PROVIDE PLASTIC LAMINATE WORK SURFACE AT 30" AFF, OPEN BELOW WORK SURFACE, LEVEL 2 GRANITE TRANSACTION COUNTERS AT 42" AFF, PROVIDE (2) MOVABLE BELOW COUNTER FILE CABINETS
B.	APPLY MURAL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



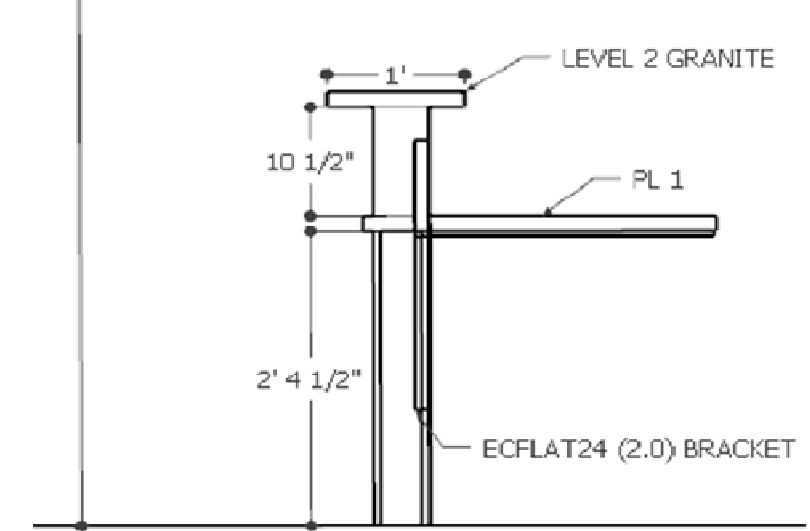
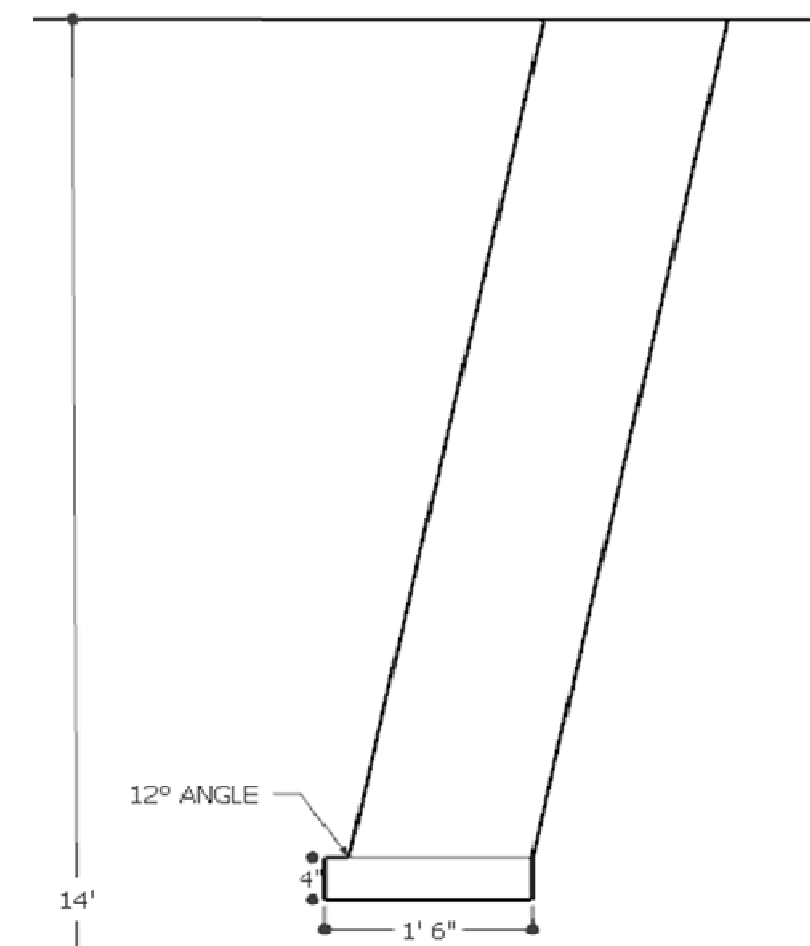
WAITING 100 - SKETCH FOR CONTEXT



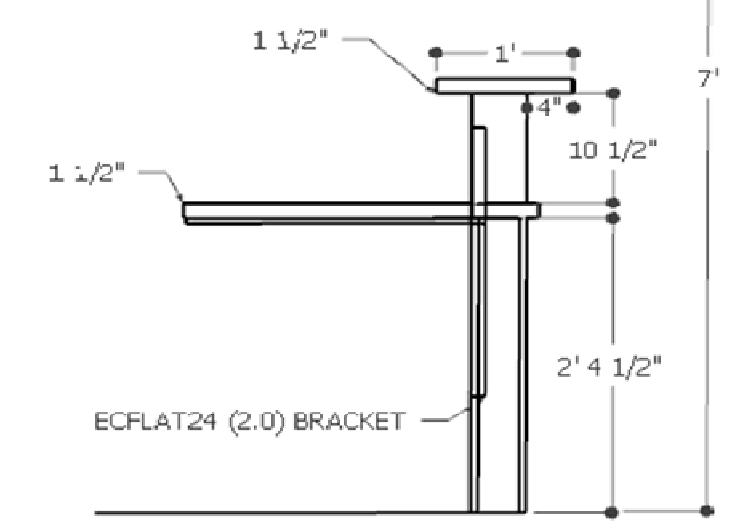
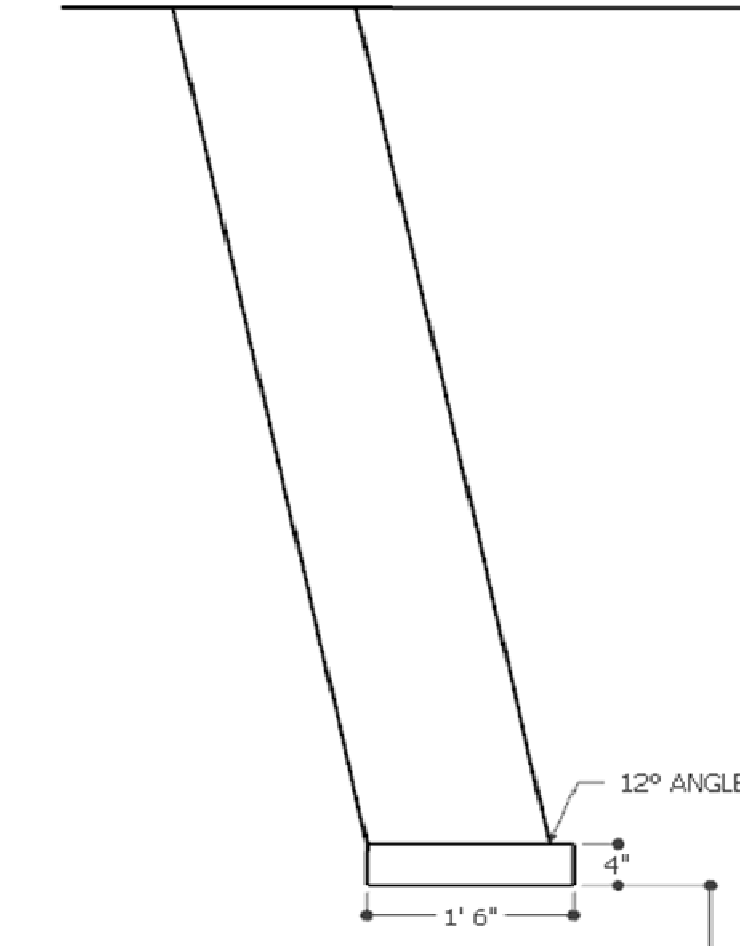
FRONT DESK - WEST ELEVATION



FRONT DESK - NORTH ELEVATION



FRONT DESK - WEST ELEVATION



FRONT DESK - NORTH ELEVATION

elle

INTERIORS

DESIGNER

MICHELLE CUMMINGS

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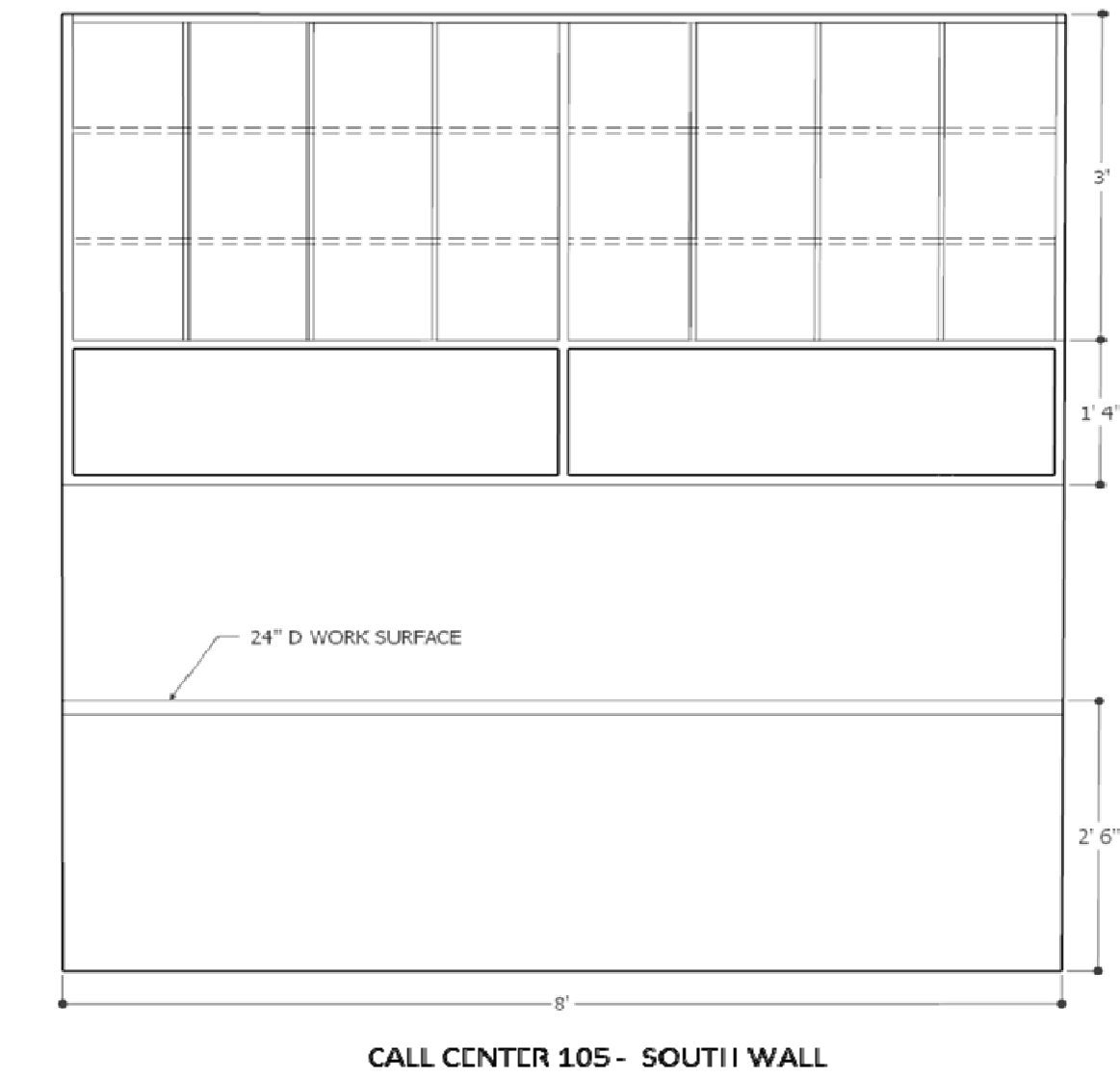
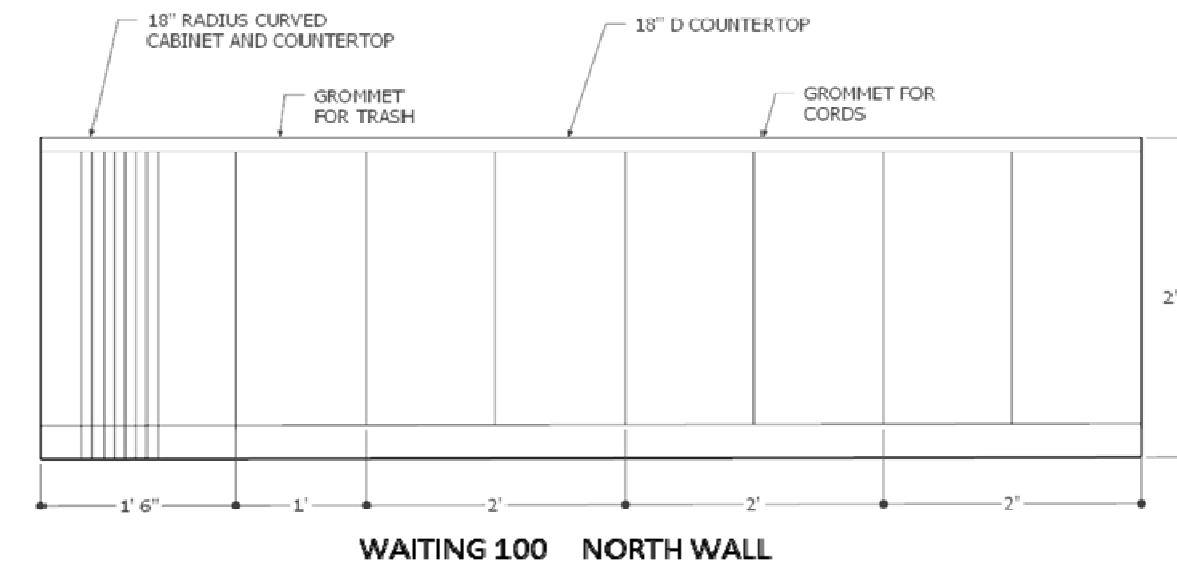
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2305 NC HIGHWAY 24-87  
CAMERON, NORTH CAROLINA

CUSTOM  
FEATURE

MONTH	JUNE
DAY	2
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ID 2.0

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		

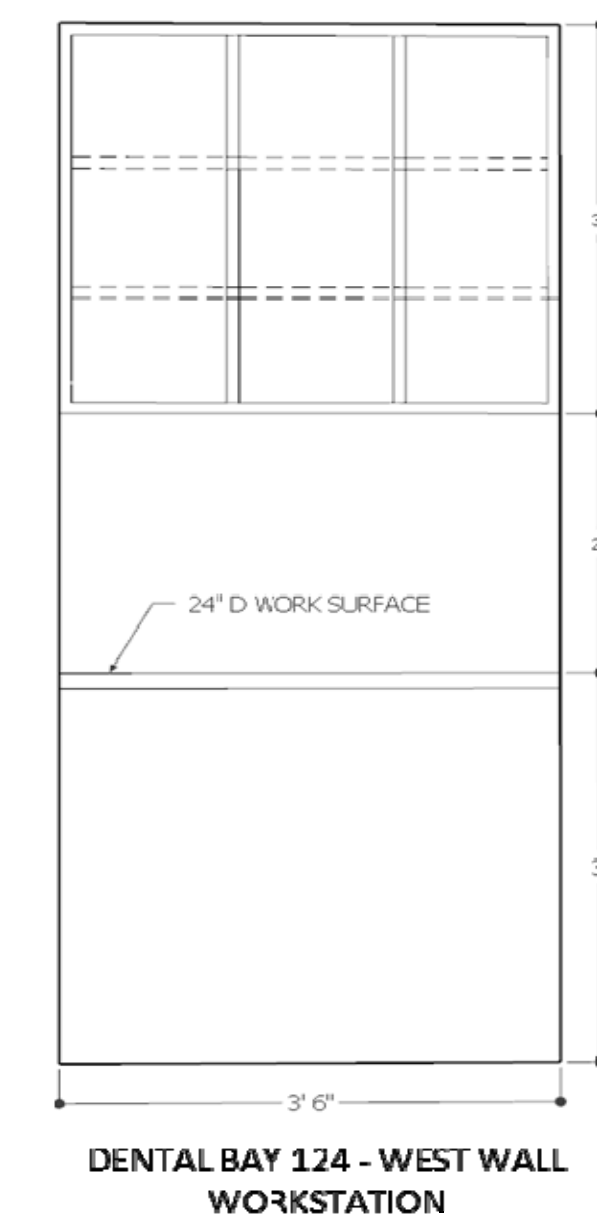
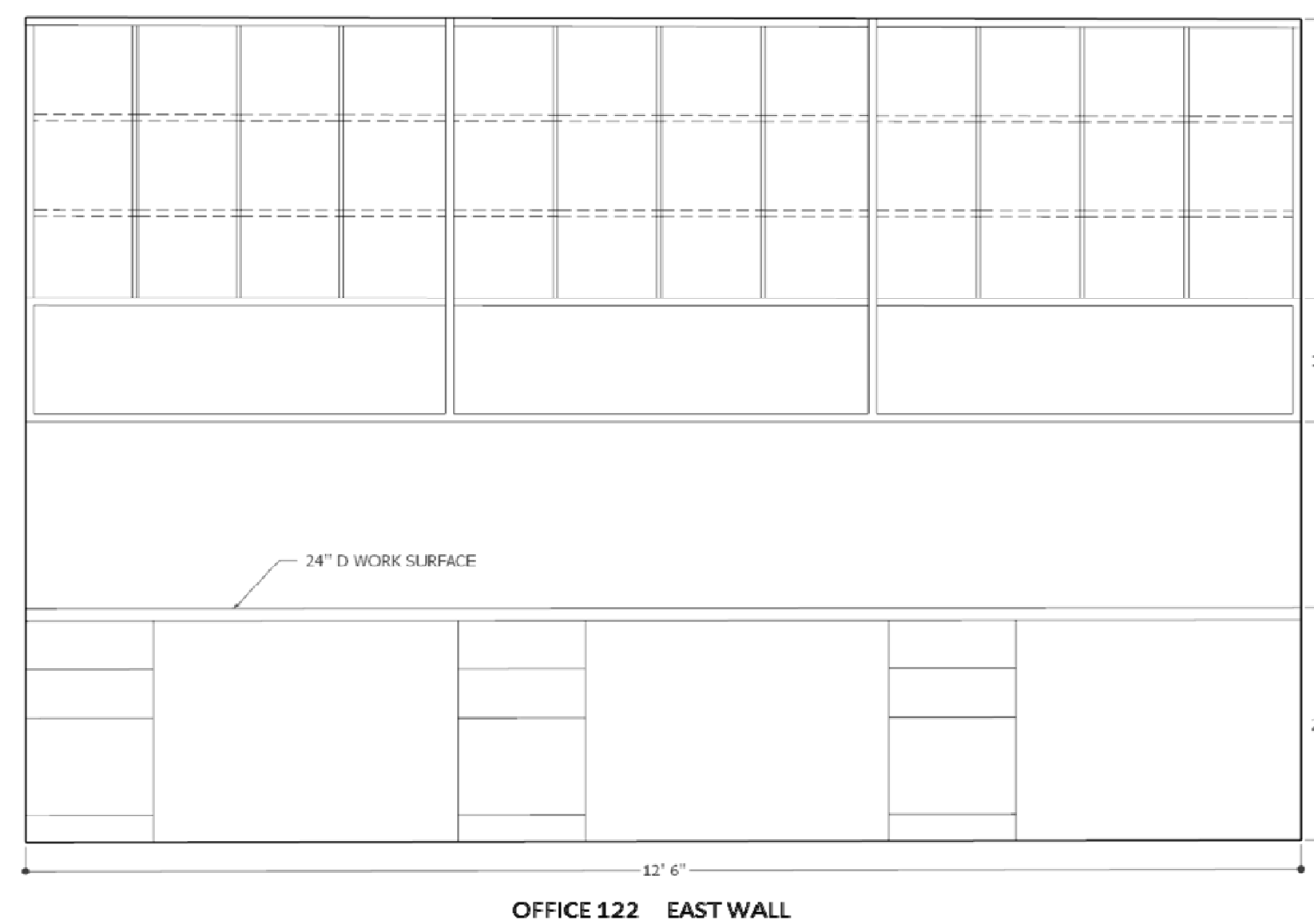
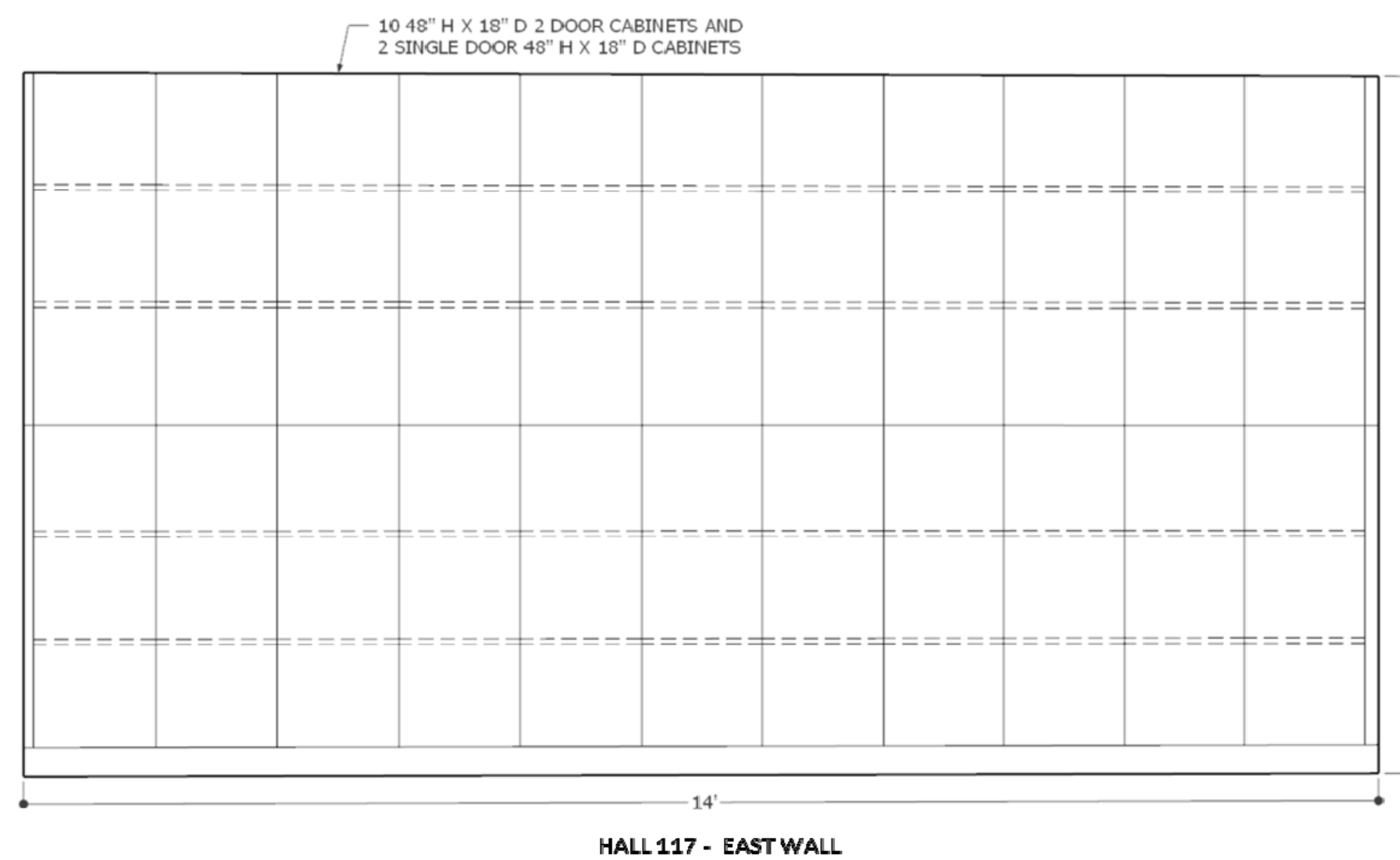
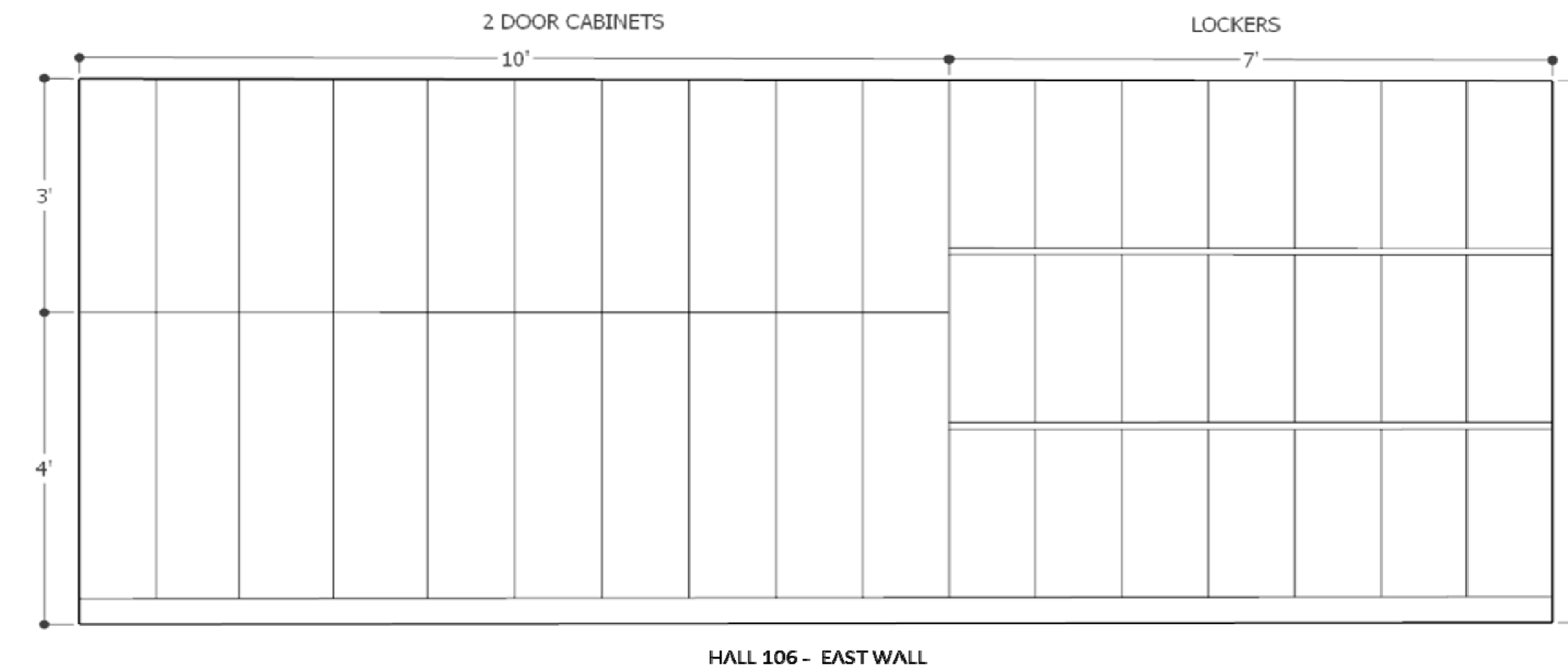


GENERAL CABINERY NOTES	
A	PROVIDE SHOP DRAWINGS FOR OWNER REVIEW OF ALL CABINETS AND CASEWORK
B	COORDINATE AND VERIFY FINISHES AND COLORS WITH INTERIOR DESIGNER AND/OR OWNER
C	PROVIDE SOFT CLOSE HARDWARE ON ALL CABINETS
D	CONFIRM LOCKING PREFERENCES WITH OWNER
E	ALL FREESTANDING WORKSURFACES TO BE SUPPORTED 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	



**elle**  
INTERIORS

DESIGNER

**MICHELLE CUMMINGS**

CONTACT

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

**CABINERY**

MONTH	JUNE
DAY	2
YEAR	2023

**ID 2.1**

























PANEL A (P112)							
CKT	LOAD	BKR	LOAD		BKR	LOAD	CKT
			kVA	PH			
1			14.10	A	3.54	60/2	2
3	PANEL A	200/3	12.20	B	3.54		4
5			18.10	C	3.54	60/2	6
7	VAC-1	30/2	2.08	A	4.58		8
9			2.08	B	4.58	45/2	10
11	COMP-1	30/2	2.08	C	4.58		12
13			2.25	A	4.58	45/2	14
15	VH-1	30/2	2.25	B	4.58		16
17			2.25	C	0.00		18
19	IMAGING UNIT	20/2	1.60	A	0.00		20
21			1.60	B	0.00		22
23	RECIRC PUMP	20/1	0.25	C	0.00		24
25	IMAGING UNIT CPU	20/1	0.18	A	0.00		26
27	MASTER CONTROL FOR VAC + COMP	20/1	0.25	B	0.00		28
29	CHARGING STATION	20/1	0.18	C	0.00		30
31	SPACE		0.00	A	0.00		32
33	SPACE		0.00	B	0.00		34
35	SPACE		0.00	C	0.00		36
37	SPACE		0.00	A	0.00		38
39	SPACE		0.00	B	0.00		40
41	SPACE		0.00	C	0.00		42
			kVA	PH	AMPS		
			31.7	A	254		
			31.1	B	259		
			31.0	C	258		
VOLTAGE/PHASE			208Y/120V, 3P, 4W				
BUS RATING			400A				
MAIN CIRCUIT BREAKER RATING			MLO				
AIC RATING			22K				
SERVICE ENTRANCE RATED			NO				
ENCLOSURE			NEMA 1				
MOUNTING			SURFACE				

- ☐ CONFIRM ELECTRICAL REQUIREMENTS WITH EQUIPMENT SUPPLIER.
- COORDINATE EQUIPMENT BOOST TRANSFORMER NECESSITY WITH EQUIPMENT SUPPLIER.

PANEL B (P112)							
CKT	LOAD	BKR	LOAD		BKR	LOAD	CKT
			kVA	PH			
1	PATIENT CARE AREA LTS	20/1	1.27	A	0.90	20/1	CALL CENTER RECEPTACLES
3	ENTRY + CORRIDOR LTS	20/1	1.65	B	1.26	20/1	CONSULT RECEPTACLES
5	OFFICE + STORAGE LTS	20/1	1.41	C	0.72	20/1	QUIET ROOM 118 + 119 CHAIRS
7	EF-4,5,6	20/1	0.36	A	0.72	20/1	QUIET ROOM 120 + 121 CHAIRS
9	OVERHEAD DENTAL LIGHTS	20/1	1.44	B	0.9	20/1	QUIET ROOM 118 RECEPTACLES
11	WAITING GENERAL RECEPTACLES	20/1	1.44	C	0.36	20/1	QUIET ROOM 118 REAR CABINET
13	INTERIOR SIGN	20/1	1.20	A	0.90	20/1	QUIET ROOM 119 RECEPTACLES
15	DRINKING FOUNTAIN W/BOTTLE FILLER	20/1	0.50	B	0.36	20/1	QUIET ROOM 119 REAR CABINET
17	BELOW COUNTER REFRIGERATOR	20/1	0.50	C	0.90	20/1	QUIET ROOM 120 RECEPTACLES
19	BREAK ROOM GENERAL RECEPTACLES	20/1	0.36	A	0.36	20/1	QUIET ROOM 120 REAR CABINET
21	BREAK ROOM COUNTER RECEPTACLES	20/1	0.36	B	0.90	20/1	QUIET ROOM 121 QUAD CABINET
23	BREAK ROOM QUAD RECEPTACLE	20/1	0.36	C	1.62	20/1	QUIET ROOM 121 RECEPTACLES
25	BREAK ROOM REFRIGERATOR	20/1	0.50	A	0.18	20/1	QUIET ROOM 121 REAR CABINET
27	LAUNDRY - WASHER	20/1	0.18	B	0.72	20/1	UTILITY RECEPTACLES
29	LAUNDRY - DRYER	30/2	2.60	C	0.72	20/1	DENTAL BAY 1 - CHAIR 1 + 2
31			2.60	A	0.36	20/1	DENTAL BAY 1 - CHAIR 3
33	SERVER	20/1	0.36	B	0.18	20/1	DENTAL BAY 1 - CART 1
35	BUSINESS RECEPTACLES	20/1	1.62	C	0.18	20/1	DENTAL BAY 1 - CART 2
37	BUSINESS BACK COUNTER RECEPTACLES	20/1	0.72	A	0.18	20/1	DENTAL BAY 1 - CART 3
39	TLT - LED MIRRORS	20/1	0.36	B	1.26	20/1	DENTAL BAY 1 RECEPTACLES
41	HALL + TLT RECEPTACLES	20/1	1.62	C	0.90	20/1	DENTAL BAY 2 CHAIR 1 + 2
43	STERIL RECEPTACLES	20/1	0.90	A	0.72	20/1	DENTAL BAY 2 CHAIR 1 + 2
45	STATIM	20/1	1.00	B	0.18	20/1	DENTAL BAY 2 - CART 1
47	AUTOCCLAVE	20/1	1.00	C	0.18	20/1	DENTAL BAY 2 - CART 2
49	AUTOCCLAVE	20/1	1.00	A	1.26	20/1	DENTAL BAY 2 RECEPTACLES
51	MOTHER'S ROOM RECEPTACLE	20/1	0.36	B	0.18	20/1	MED GAS RECEPTACLE
53	OFFICE RECEPTACLES	20/1	1.44	C	0.54	20/1	SVC RECEPTACLES
			kVA	PH	AMPS		
			14.5	A	121		
			12.2	B	101		
			18.1	C	151		
VOLTAGE/PHASE			208Y/120V, 3P, 4W				
BUS RATING			200A				
MAIN CIRCUIT BREAKER RATING			MLO				
AIC RATING			22K				
SERVICE ENTRANCE RATED			NO				
ENCLOSURE			NEMA 1				
MOUNTING			SURFACE				

- ◇ INDICATES GFCI BREAKER
- WIRED THROUGH TIME CLOCK

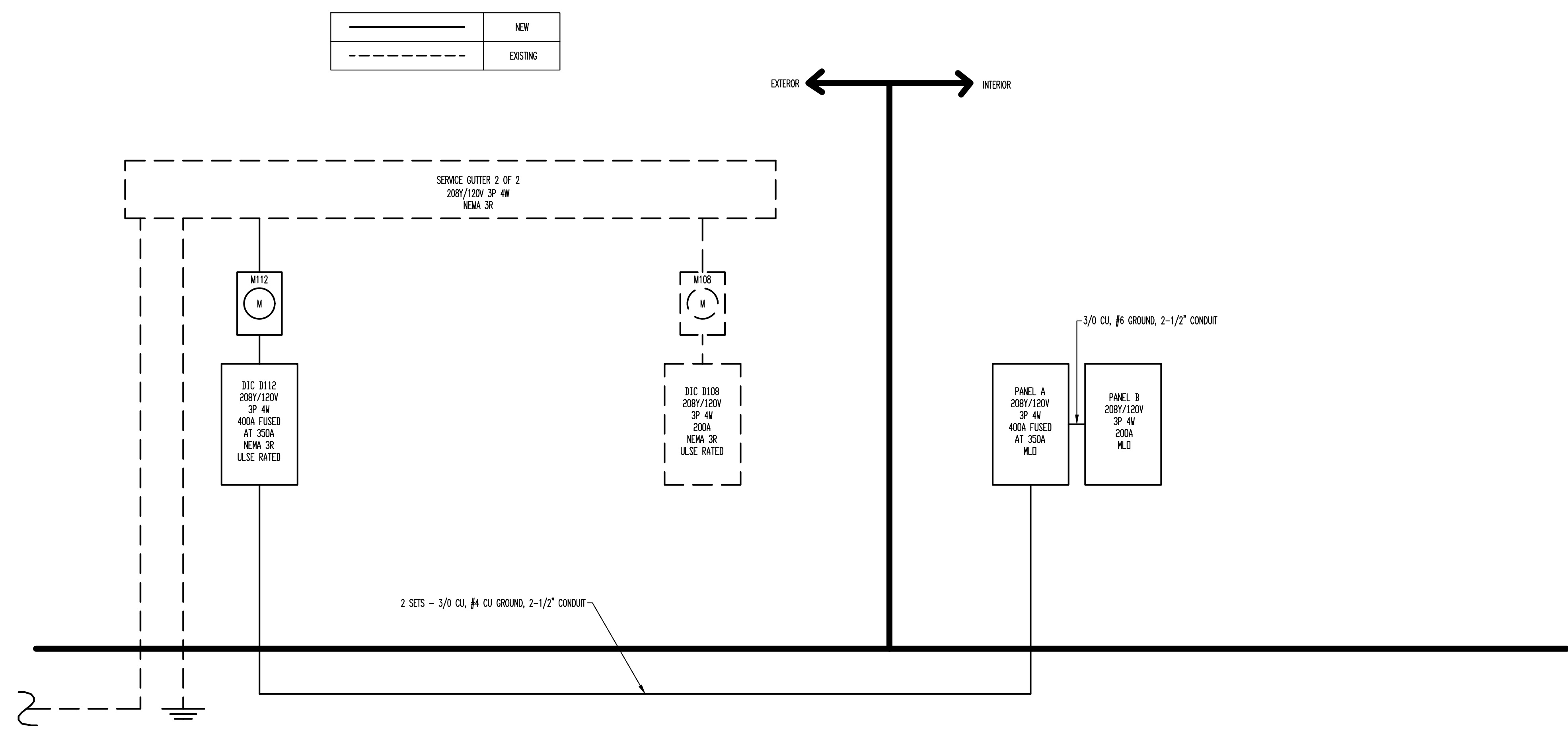
BREAKER FEEDER SCHEDULE			
AMPS	WIRE SIZE	GROUND SIZE	CONDUIT SIZE
20A	#12	#12	1/2"
25A	#10	#10	3/4"
30A	#10	#10	3/4"
40A	#8	#10	1"
50A	#8	#10	1"
100A	#3	#8	1 1/2"
200A	3/0	#6	2 1/2"
350A	500 MCM	#3	4"
400A	2 SETS - 3/0	#3	2 1/2"

1 CONDUCTOR PER POLE PLUS NEUTRAL PER SET. E.G. TO VERIFY NECESSITY OF NEUTRAL FOR EACH CIRCUIT, NEUTRAL MAY BE DELETED IF NOT REQUIRED FOR INDIVIDUAL PIECES.

NEC ELECTRIC DEMAND SUMMARY 208Y/120V, 3P, 4W							
EQUIPMENT	DEMAND FACTOR	kVA			LOAD kVA	NEC REFERENCE	NOTES/CALCULATIONS
		A	B	C			
LIGHTING	125%	1.34	1.34	1.34	4.02	220.12	3096 SF X 1.3 VA/SF
RECEPTACLES < 10 kVA	100%	3.33	3.34	3.33	10.00	220.44	
RECEPTACLES > 10 kVA	50%	4.17	2.86	6.69	13.71	220.44	
HVAC	100%	11.66	12.70	8.12	32.48	--	BASED ON MCA
WATER HEATER	125%	--	2.81	2.81	5.63	422.13	STORAGE TANK (120 GAL @ 125%)
SIGN	100%	1.20	--	--	1.20	220.14(F)	
DENTAL EQUIPMENT	100%	6.94	6.73	4.78	18.45	--	BASED ON MCA
DEMAND kVA PER PHASE		28.64	29.78	27.07			
DEMAND AMPS PER PHASE		239	248	225			

THE CALCULATED LIGHTING LOAD EXCEEDS THE CONNECTED LIGHTING LOAD.

PANEL SCHEDULES - NOT TO SCALE 1



ELECTRICAL RISER - NOT TO SCALE 2

Kilian Engineering, Inc.

PO Box 3801, Henderson, NC 27536 | www.kilianengineering.com  
 (P) 252.638.8718 | CORPORATE LICENSE C2277

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048744  
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KEITH D. COCHRAN

INTERIOR COMPLETION  
SOUTHERN SMILES  
PEDIATRIC DENTISTRY  
2305 NC HIGHWAY 4487  
CAMERON, NORTH CAROLINA

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DRAWN BY: CAT  
CHECKED BY: KDC  
ELECTRICAL RISERS & SCHEDULES

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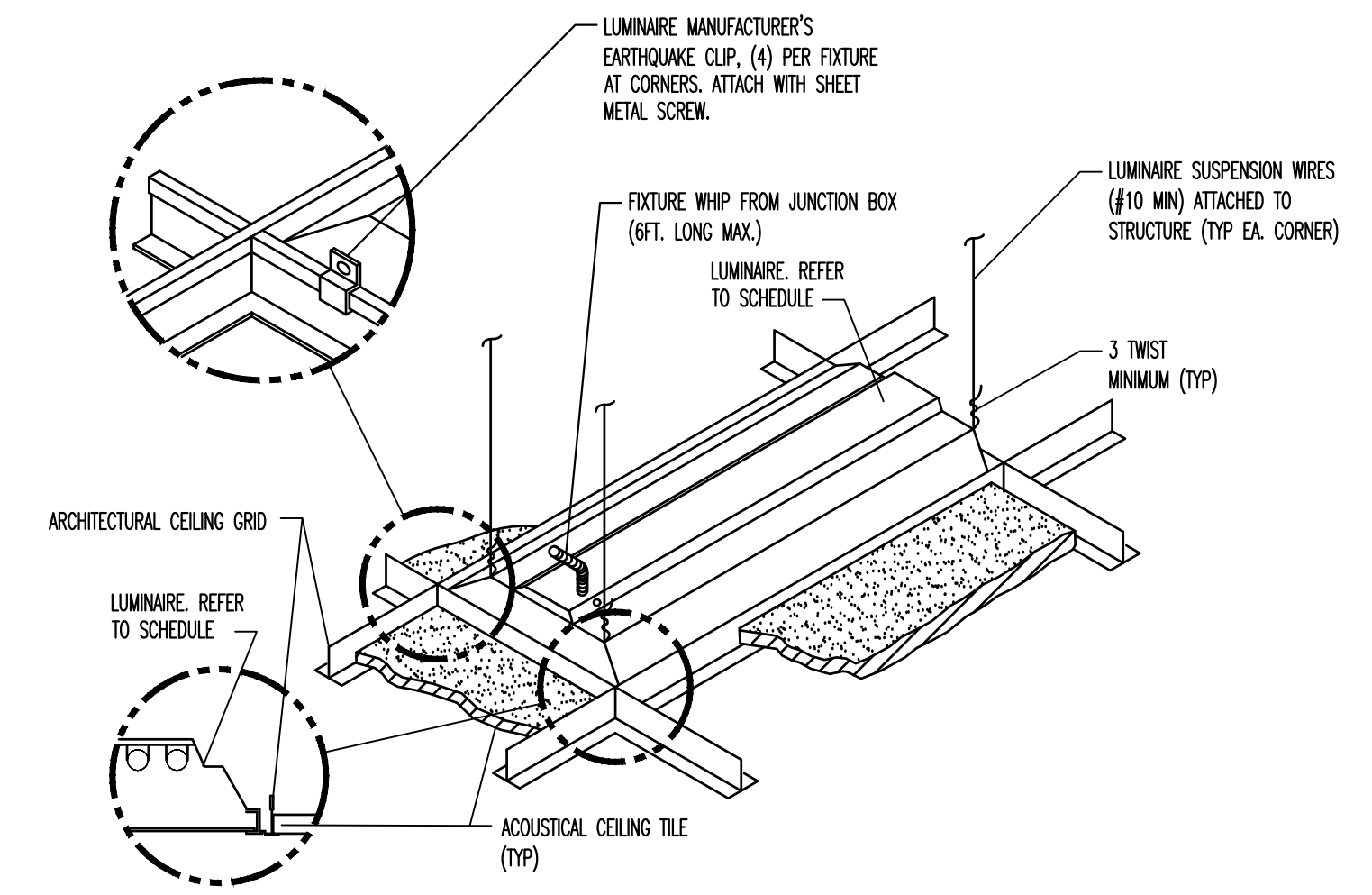
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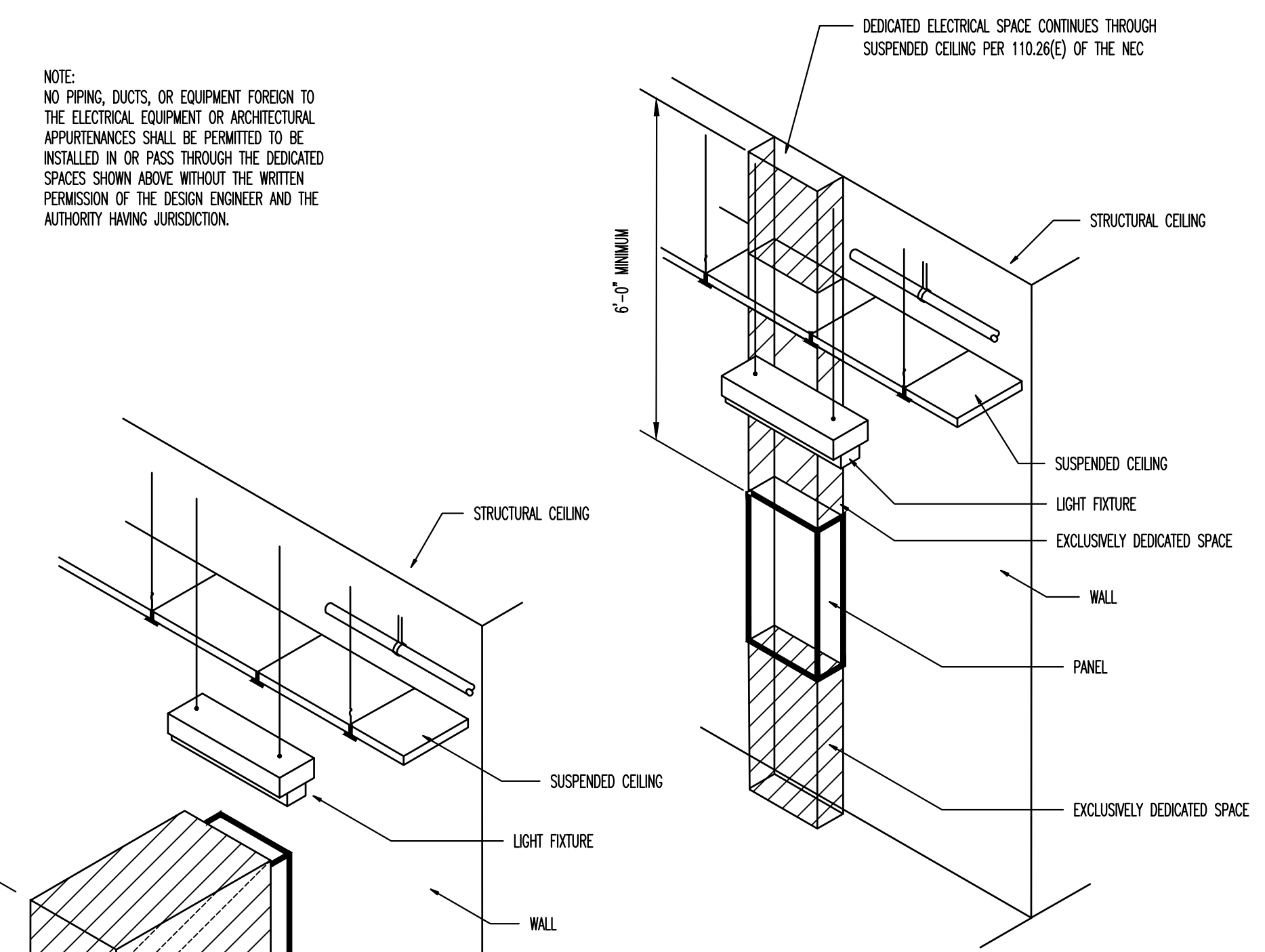
PROJECT NO: 230332

SEAL  
KILIAN ENGINEERING, INC.  
CORPORATE LICENSE  
NORTH CAROLINA

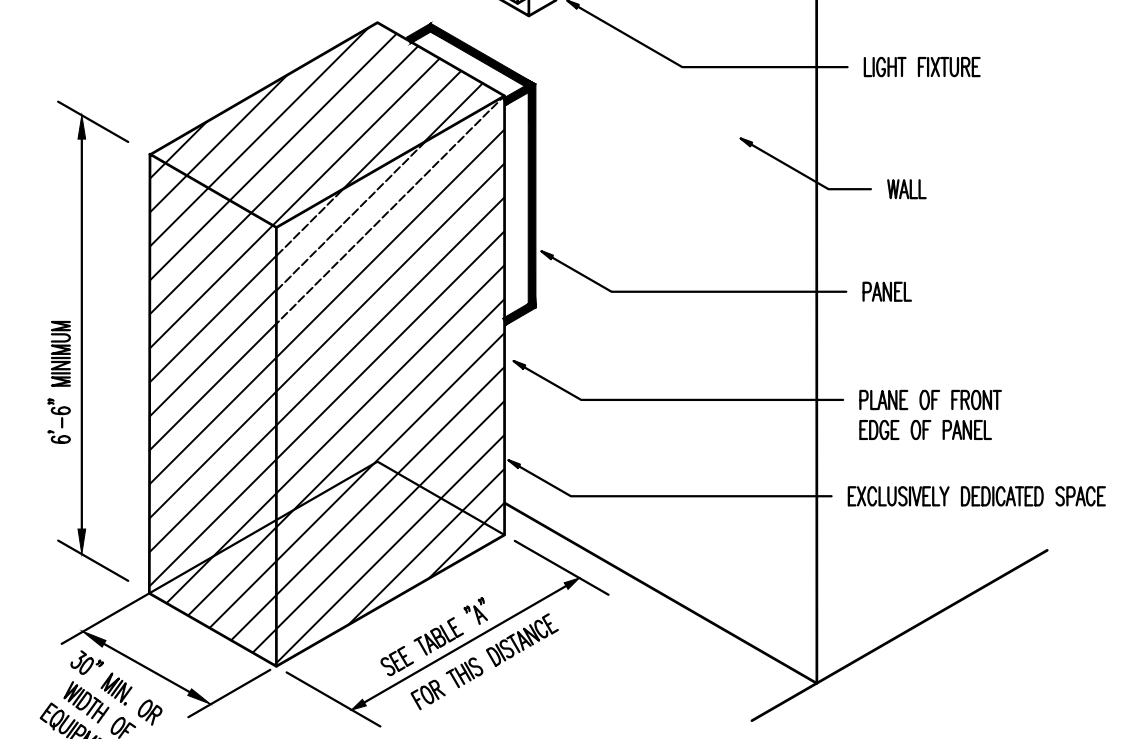
PROJECT NO: 230332



LAY-IN FIXTURE SUPPORT-NO SCALE 1



NOTE: THIS FIGURE ILLUSTRATES THE ADDITIONAL EXCLUSIVELY DEDICATED SPACE REQUIRED OVER AND UNDER THE PANELBOARD BY 110.26(E) OF THE NATIONAL ELECTRIC CODE.



NOTE: THIS FIGURE ILLUSTRATES THE WORKING SPACE IN FRONT OF THE PANELBOARD REQUIRED BY 110.26 OF THE NATIONAL ELECTRIC CODE.

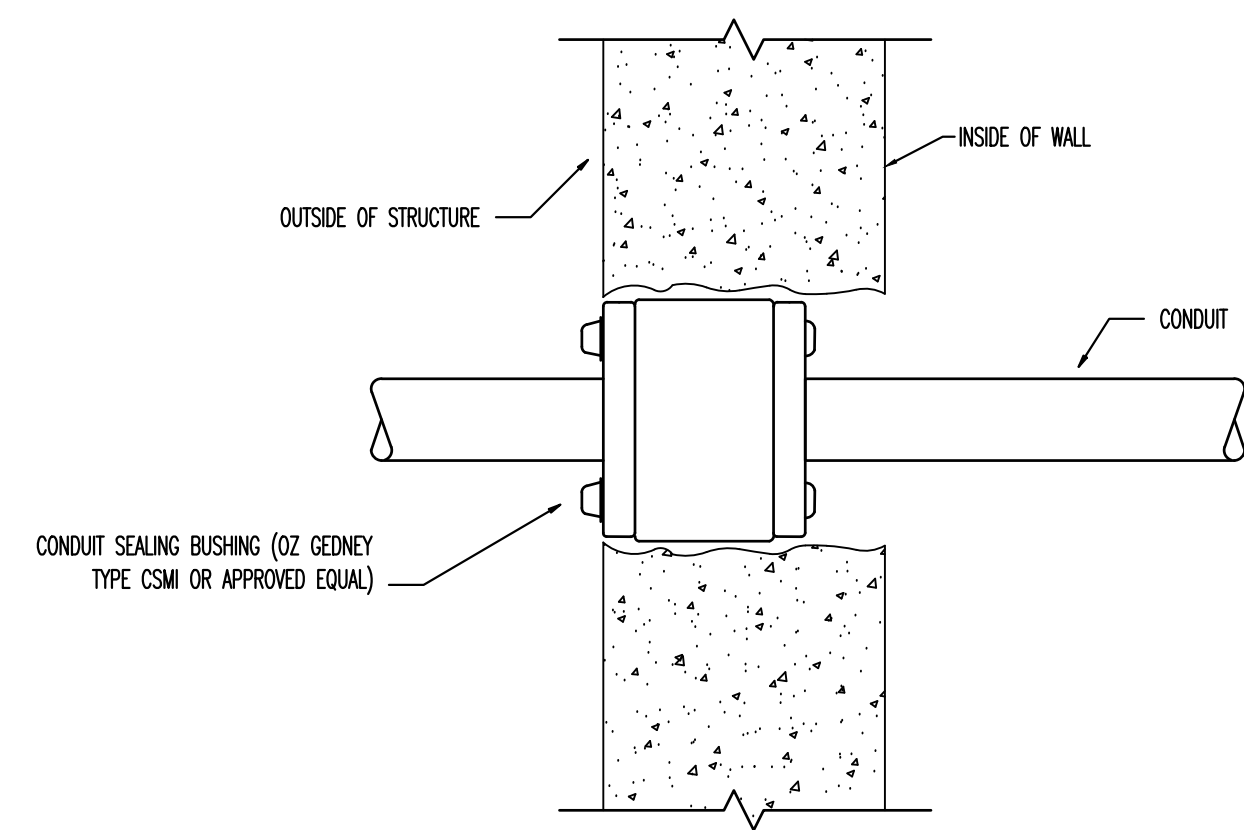
NOTE: WHERE THE CONDITIONS ARE AS FOLLOWS:

CONDITION 1 - EXPOSED LIVE PARTS ON ONE SIDE OF THE WORKING SPACE AND NO LIVE OR GROUNDED PARTS ON THE OTHER SIDE OF THE WORKING SPACE, OR EXPOSED LIVE PARTS ON BOTH SIDES OF THE WORKING SPACE THAT ARE EFFECTIVELY GUARDED BY INSULATING MATERIALS.

CONDITION 2 - EXPOSED LIVE PARTS ON ONE SIDE OF THE WORKING SPACE AND GROUNDED PARTS ON THE OTHER SIDE OF THE WORKING SPACE. CONCRETE, BRICK, OR TILE WALLS SHALL BE CONSIDERED AS GROUNDED.

CONDITION 3 - EXPOSED LIVE PARTS ON BOTH SIDES OF THE WORKING SPACE.

VOLTAGE TO GROUND, NOMINAL	MINIMUM CLEAR DISTANCE (FEET)		
	CONDITION 1	2	3
0-150	3	3	3
151-600	3	3-1/2	4



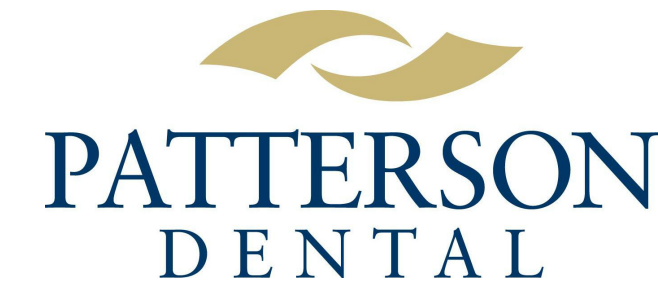
EXTERIOR WALL PENETRATION-NO SCALE 2

REQUIRED CLEARANCES-NO SCALE 3

REVISION:


ISSUED:


ISSUED FOR CONSTRUCTION  
 08/05/2022  
 DRAWN BY: CAT  
 CHECKED BY: KDC  
 ELECTRICAL DETAILS



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.**

**NOTE:**  
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**OWNER:**

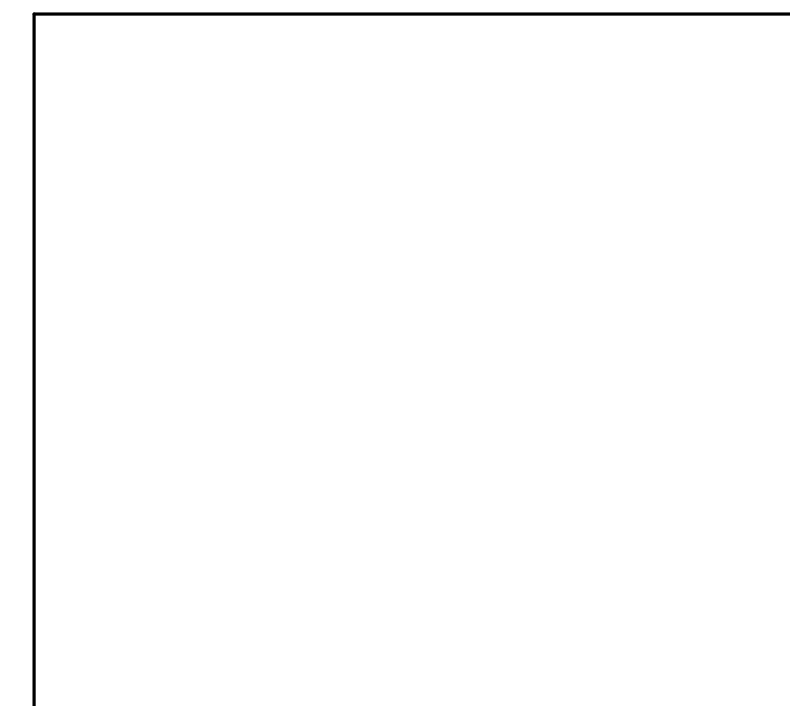
**Southern Smiles  
Pediatric Dentistry**

**LOCATION:**

1512 NC 24-87  
Cameron, NC. 28326

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

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



NOT FOR CONSTRUCTION

SHEET NO.  
**DA001**



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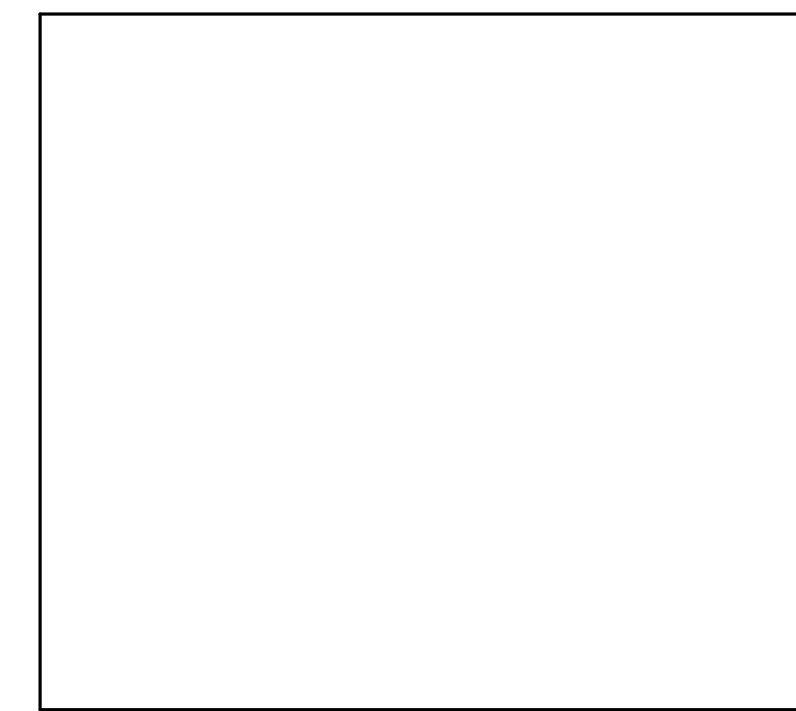
**Southern Smiles Pediatric Dentistry**

LOCATION:

1512 NC 24-87  
Cameron, NC. 28326

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

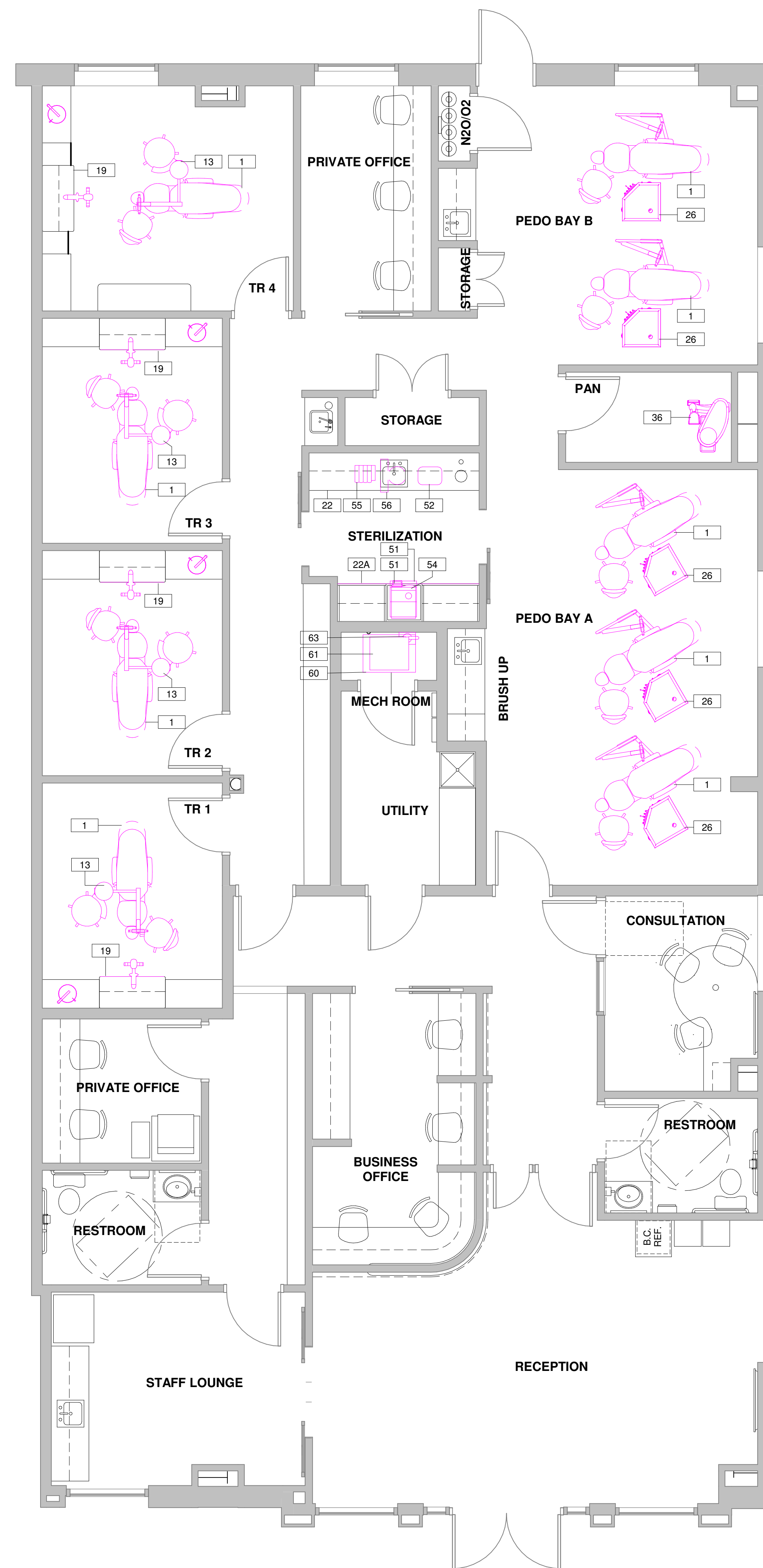
REVISIONS			
REV #	SCOPE	DRAWN BY	DATE
1	Req Set Rev	KWK	05/11/2023



EQUIPMENT SCHEDULE							
EQUIPMENT INFO							
QTY	ITEM #	DESCRIPTION	STATUS	MANUFACTURER	MODEL	SUPPLIED BY	INSTALLED BY
<b>MECH</b>							
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
<b>PAN</b>							
1	36	PANORAMIC X-RAY	NW	PLANMECA	PROONE DIGITAL	PD	PD
<b>PEDO BAY</b>							
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
<b>STERILIZATION</b>							
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
<b>TREATMENT</b>							
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

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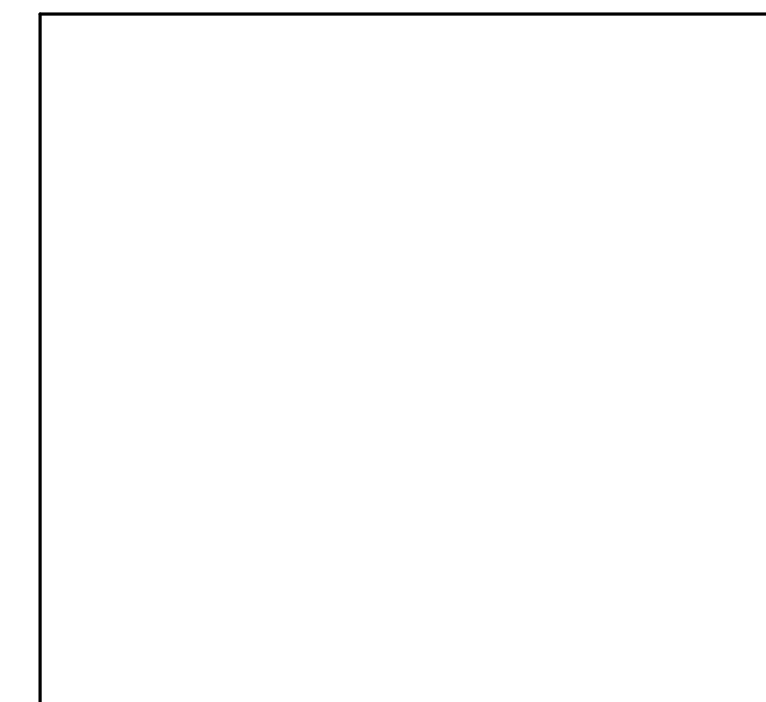
**Southern Smiles Pediatric Dentistry**

LOCATION:

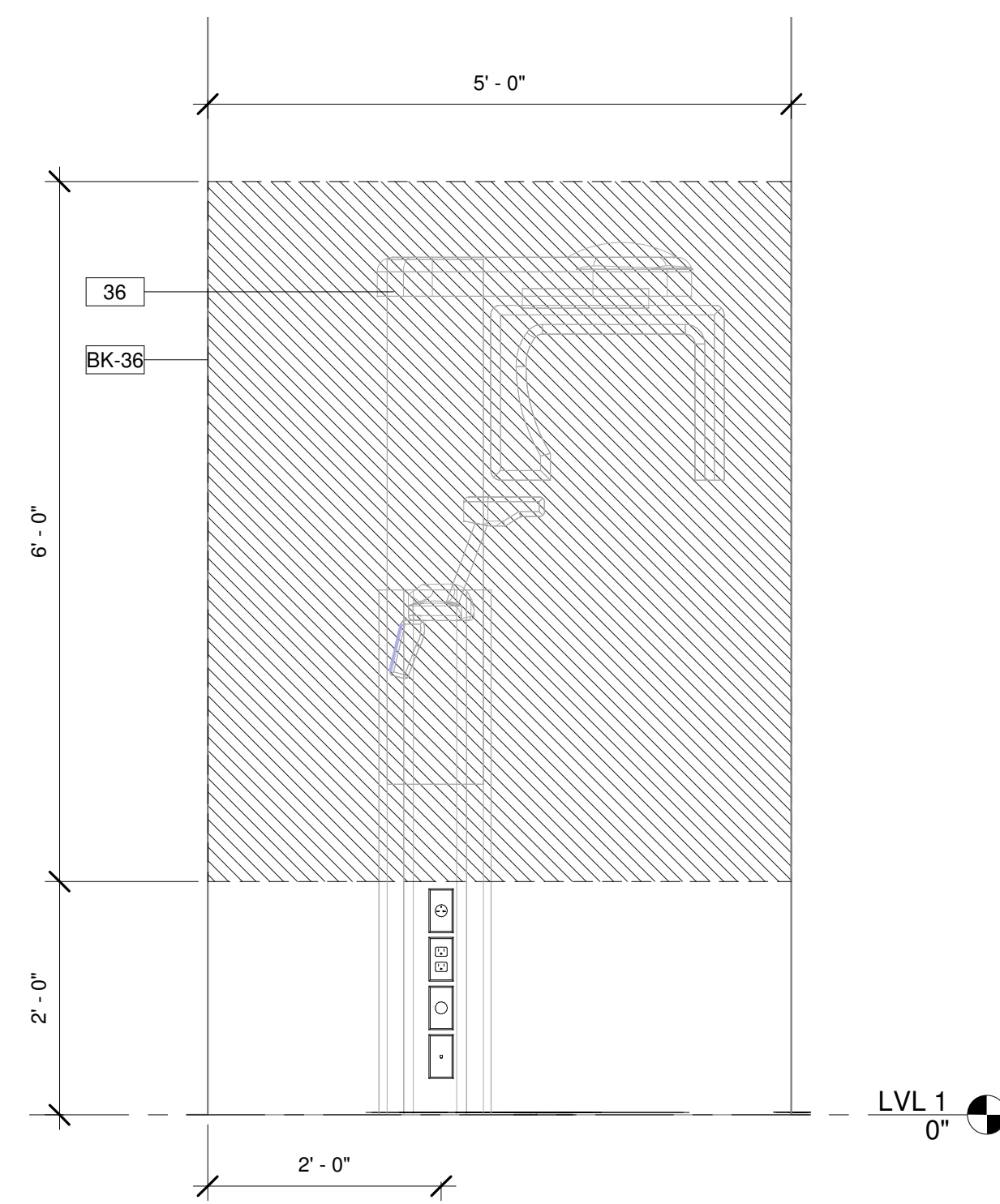
1512 NC 24-87  
Cameron, NC. 28326

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

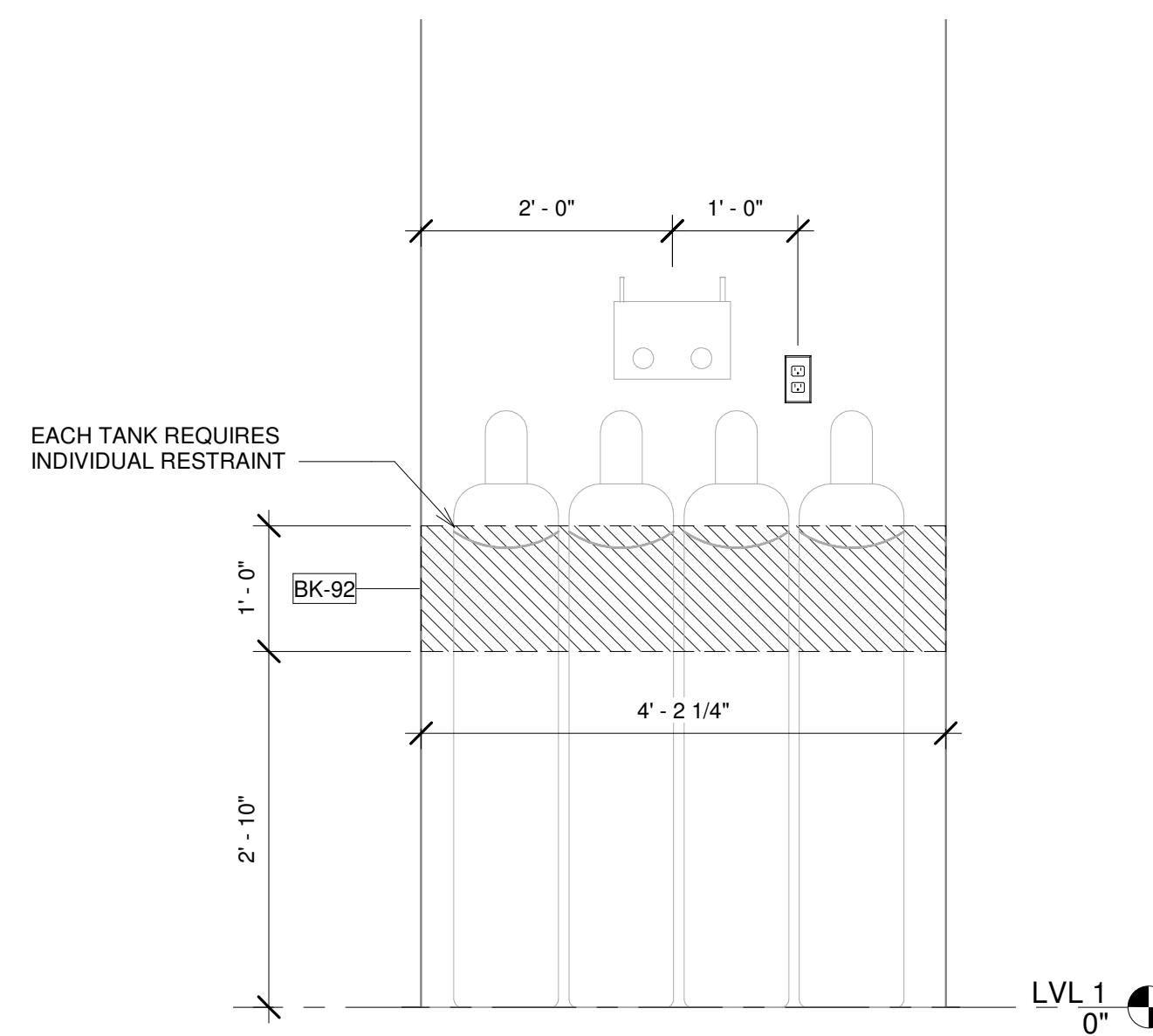
REVISIONS			
REV #	SCOPE	DRAWN BY	DATE
1	Req Set Rev	KWK	05/11/2023



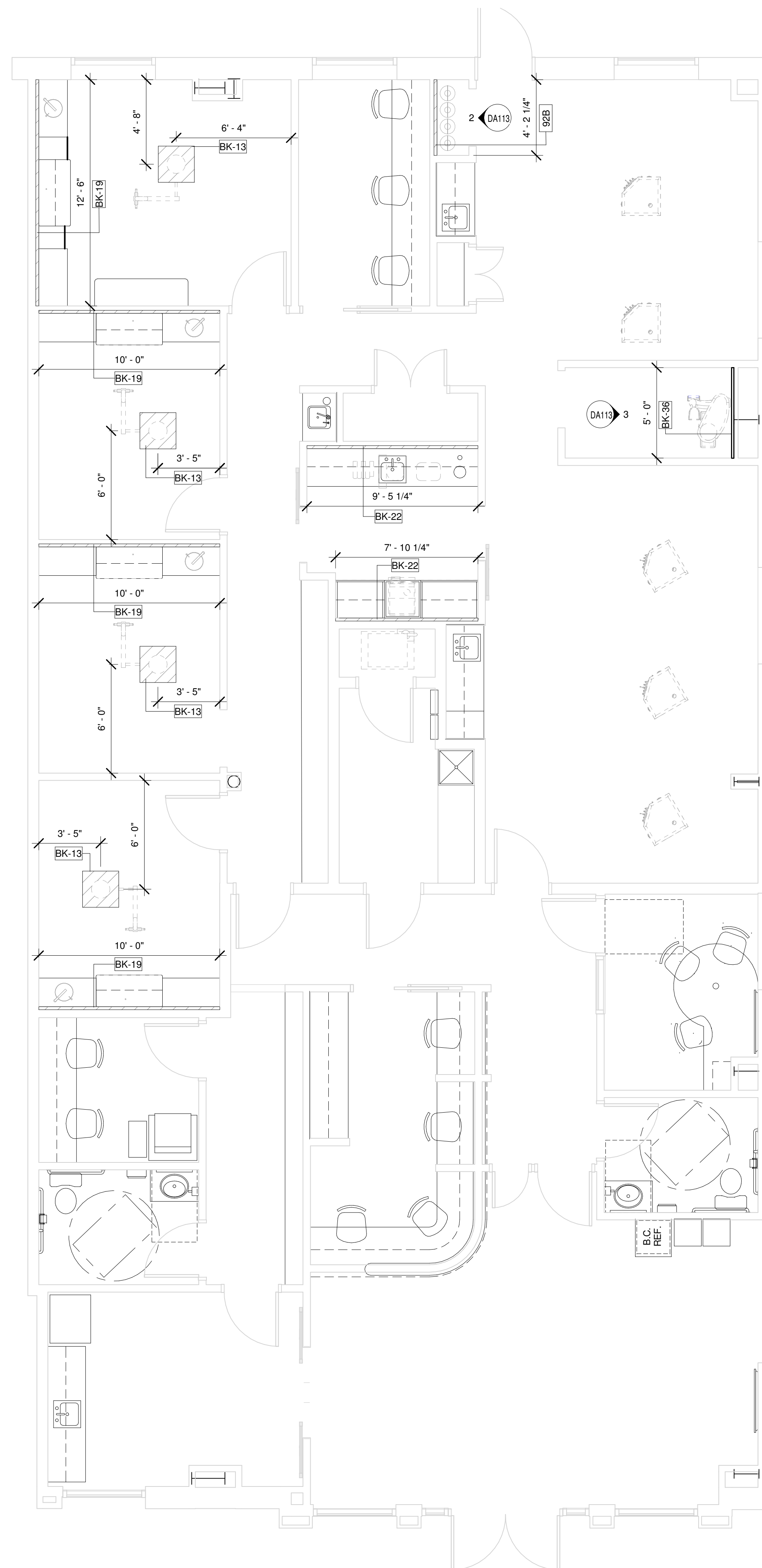
EQUIPMENT BACKING SCHEDULE												
NOTE: ALL DBL PLYWOOD BACKING IS TO BE GLUED AND SCREWED												
QTY	BACKING NUMBER	EQUIPMENT DESCRIPTION	WALL				CEILING			BACKING REMARKS		
			SGL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 2" X 8" FLOOR TO STRUCTURE ABOVE	DBL 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"

NOT FOR CONSTRUCTION

NOT FOR CONSTRUCTION

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

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**OWNER:**  
**Southern Smiles Pediatric Dentistry**

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

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

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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**

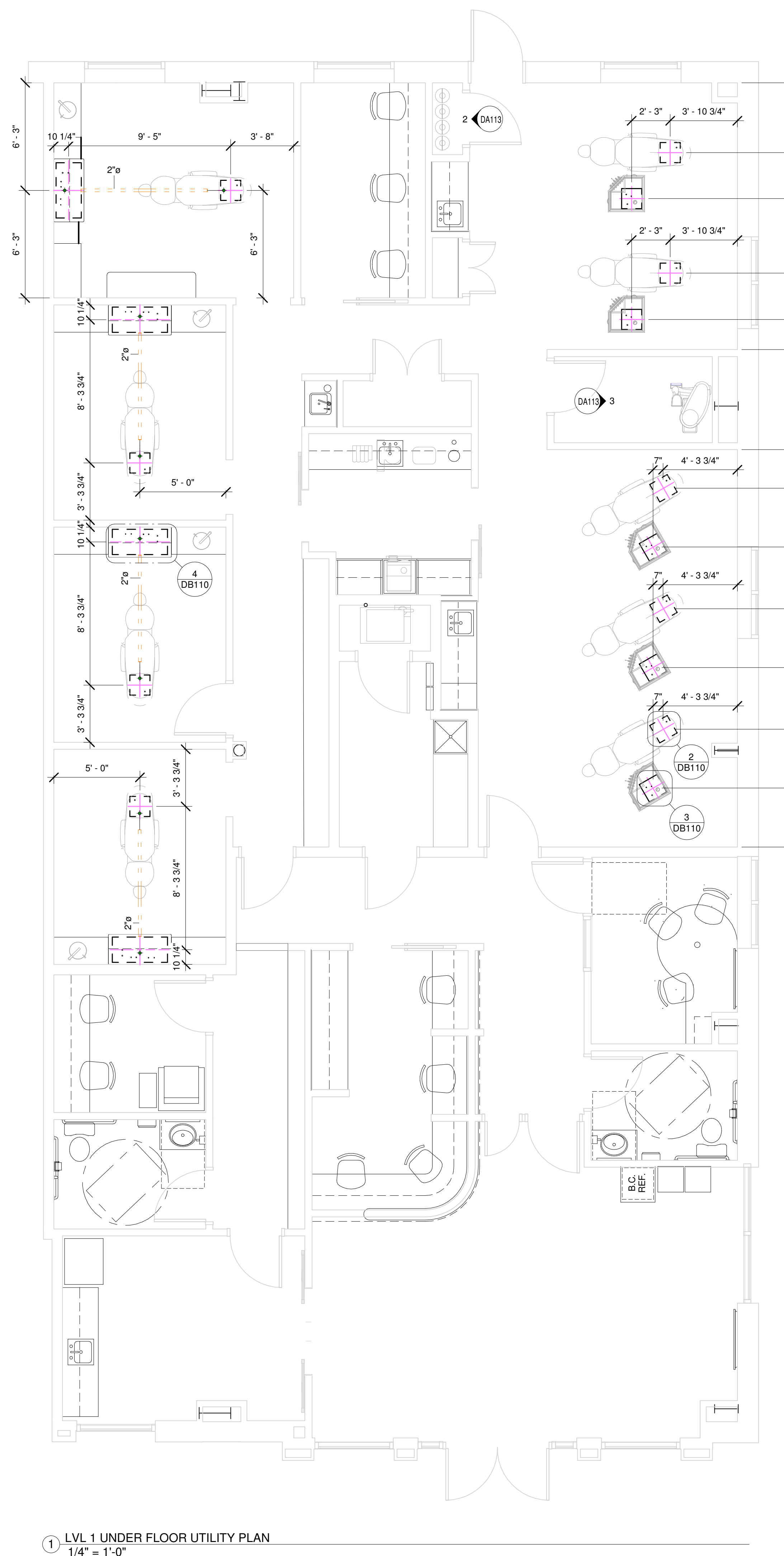
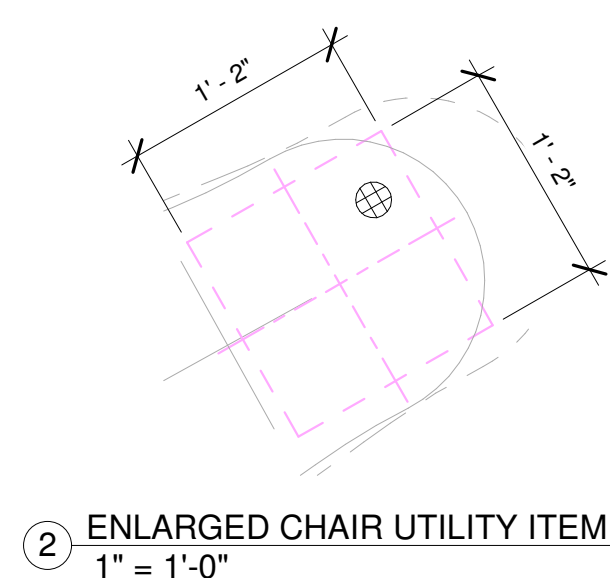
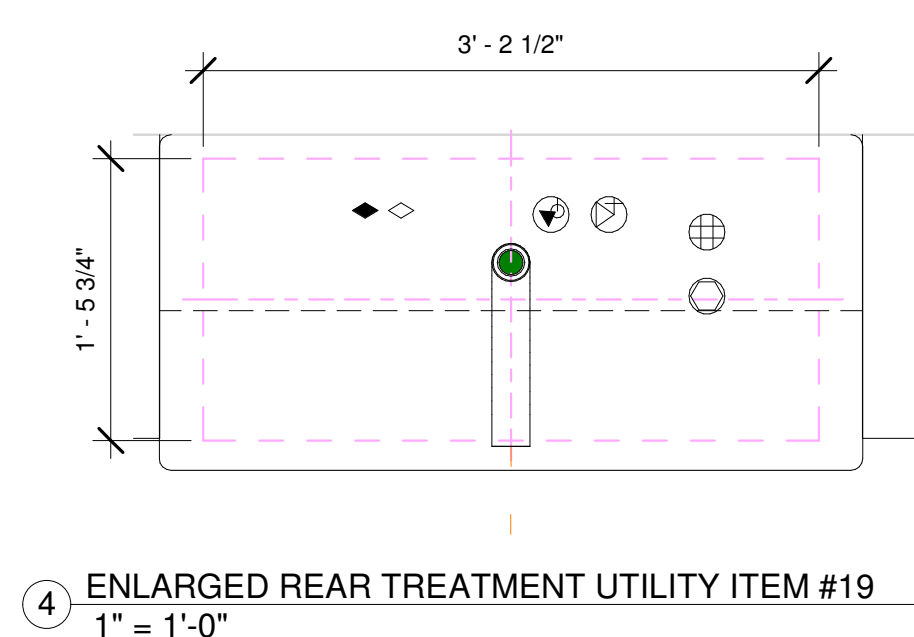
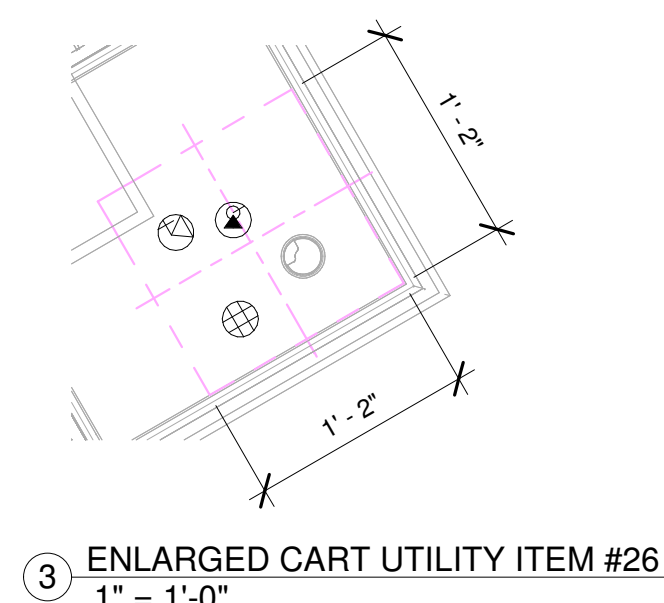
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QTY.	SYM.	DESCRIPTION
6	⊕	1/2" OD, TO 3/8" OD SHUT OFF AIR CONNECTION FLOOR HEIGHT 3" A.F.F. TO CENTER UNLESS OTHERWISE NOTED
5	⊙	VACUUM PIPE CONNECTION FLOOR
1	⊕	VACUUM RISER FLOOR

**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



NOT FOR CONSTRUCTION

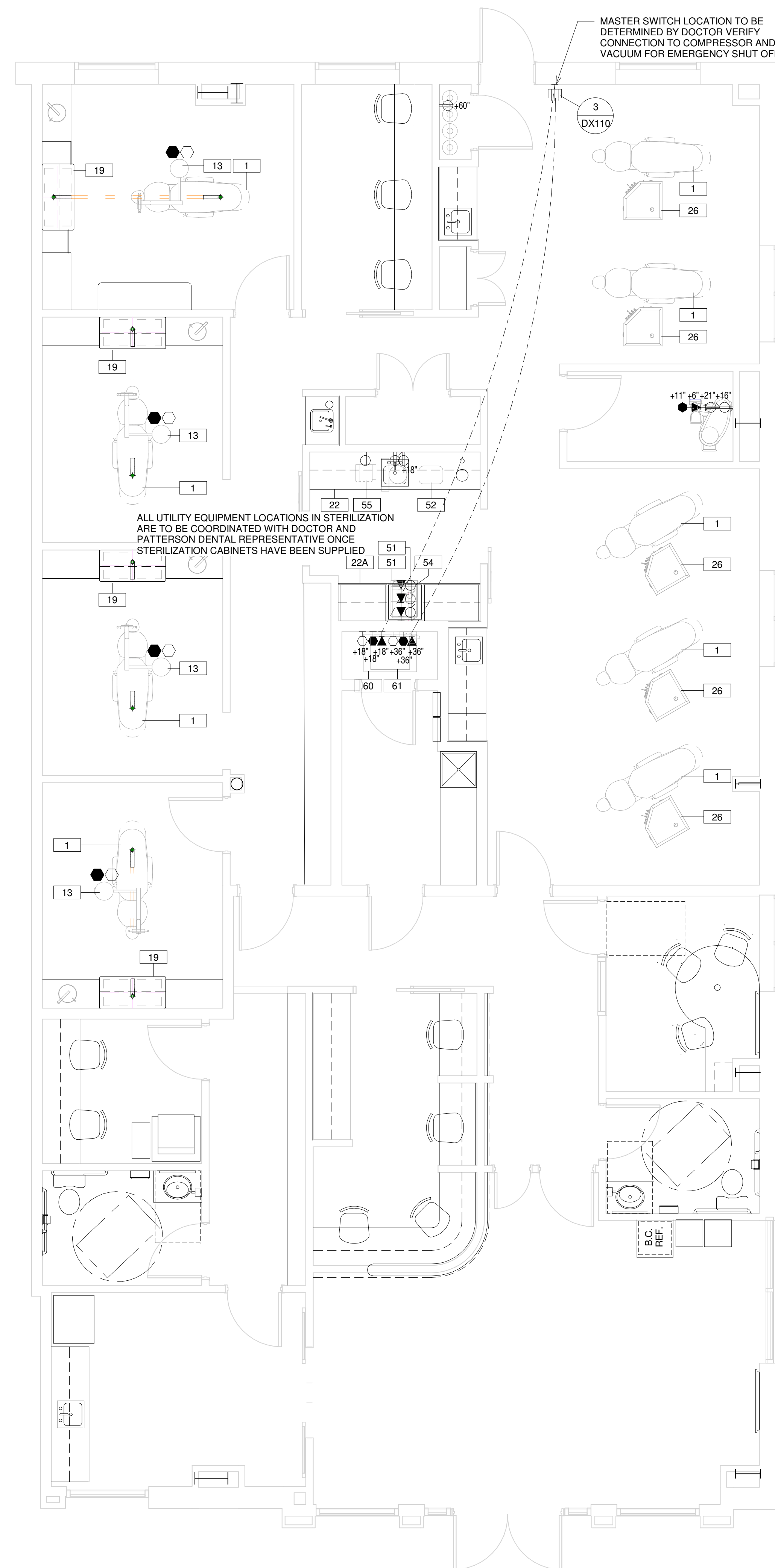
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+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
5	⊕	120v DUPLX DEDICATED OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF 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	CONNECTION TYPE	ELECTRICAL REMARKS	LV CONNECTION BY	2" EMPTY CONDUIT	3/4" EMPTY CONDUIT	1" EMPTY CONDUIT	18/3 WIRE	18/4 WIRE	J-BOX LV	CAT5e OR BETTER	MFG CABLE	MONITOR CABLE	LV REMARKS	
9	1	DENTAL CHAIR	NW	EC	120v	7.0	EC TO PROVIDE ELECTRICAL WHIP FROM ELECTRICAL BOX TO LIGHT FIXTURE.	EC											
4	13	DENTAL CEILING LIGHT (LED)	NW	EC	120v	3		EC											JBOX TO BE MOUNTED ABOVE FINISHED CEILING WITHIN 2' OF FIXTURE.
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											
2	51	STERILIZER	NW	EC	120v	12.0		EC											DEDICATED POWER
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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LOCATION:  
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Cameron, NC. 28326

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

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SHEET NO.  
**DE110**

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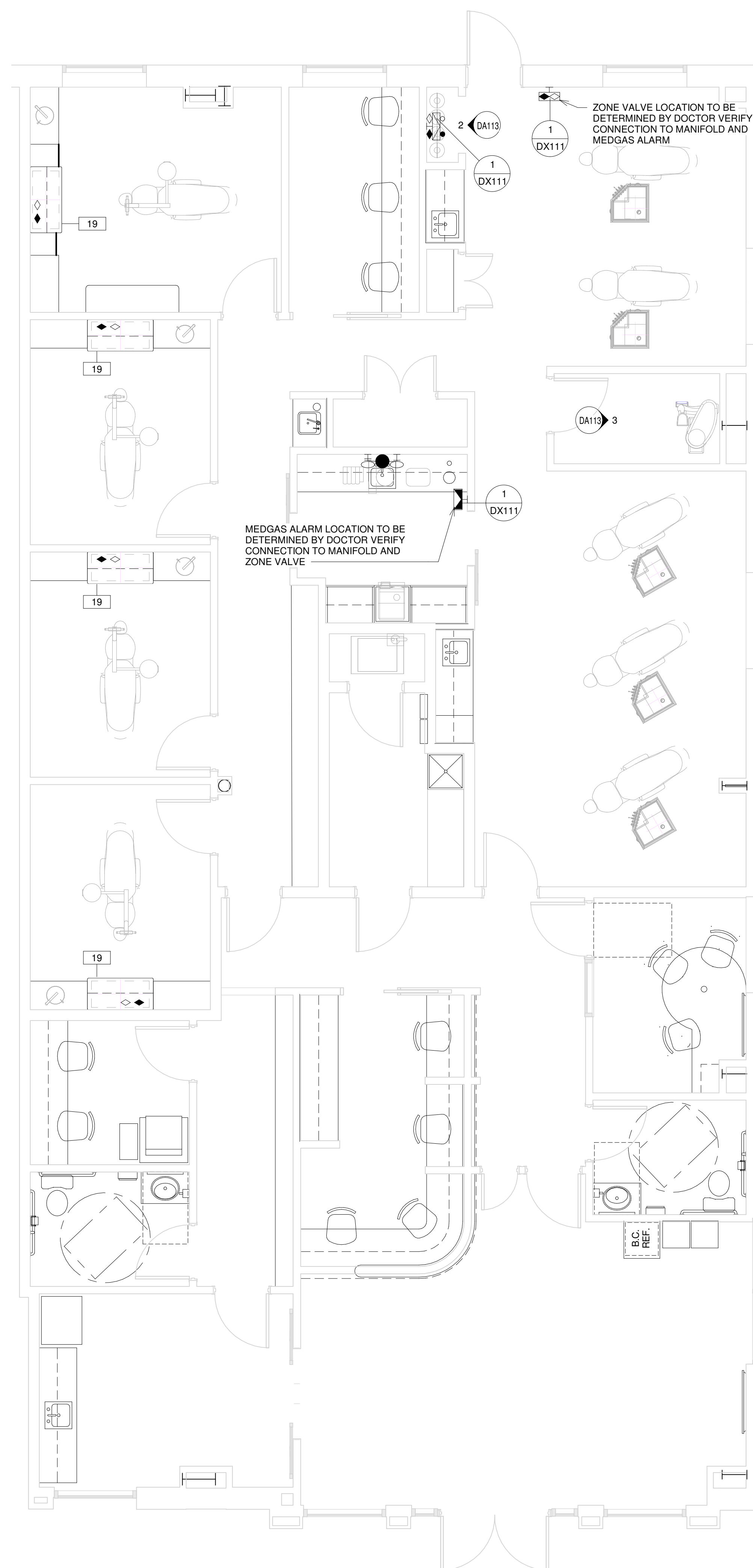
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EQUIPMENT N2O-O2 SCHEDULE				
GENERAL NOTES: ALL ITEMS IDENTIFIED AS "FT" WILL BE INSTALLED AT A FUTURE DATE. ALL UTILITIES NEED TO BE CAP AND CONCEALED FOR FUTURE USE... ALL ITEMS ARE REQUIRED TO BE INSTALLED PER NFPA-99, STATE AND LOCAL CODES.		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

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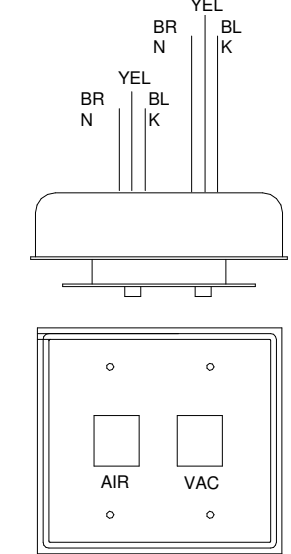
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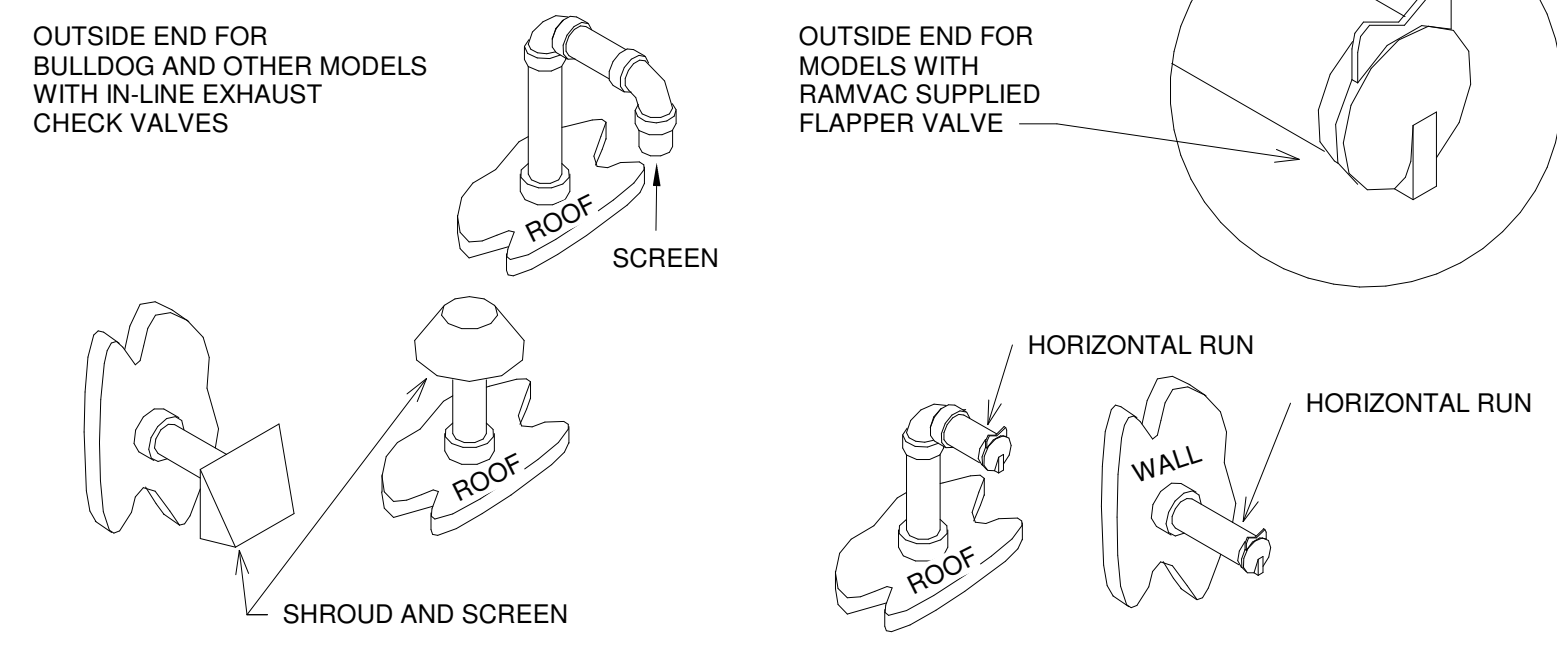
**NOTE:**  
All wires to be class B low voltage. For "runs" under 150', wire to be 18 gage. For "runs" over 150', wires should be 16 gage.

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

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

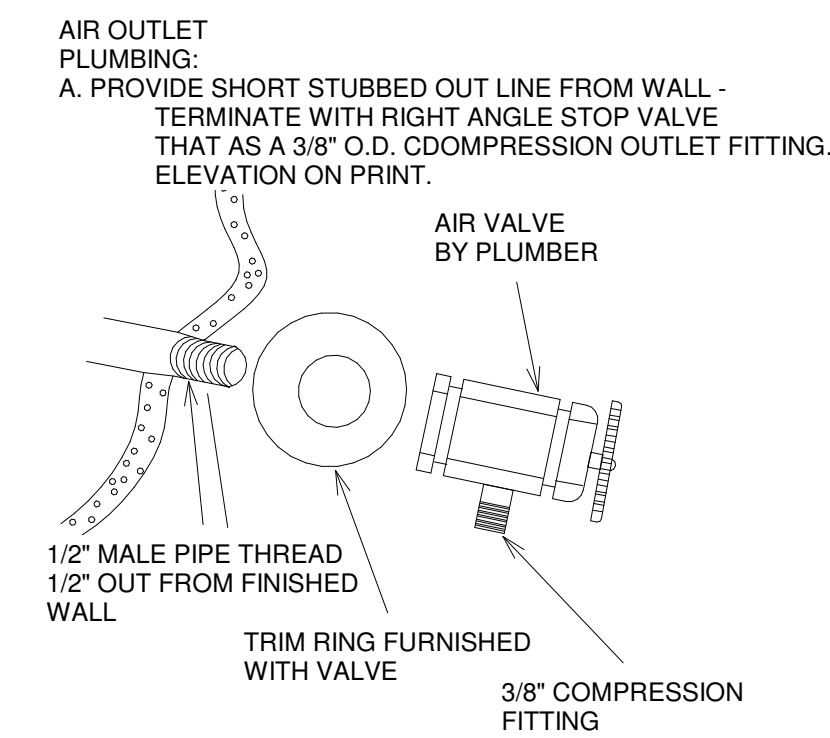


③ REMOTE CONTROL PANEL  
3" = 1'-0"

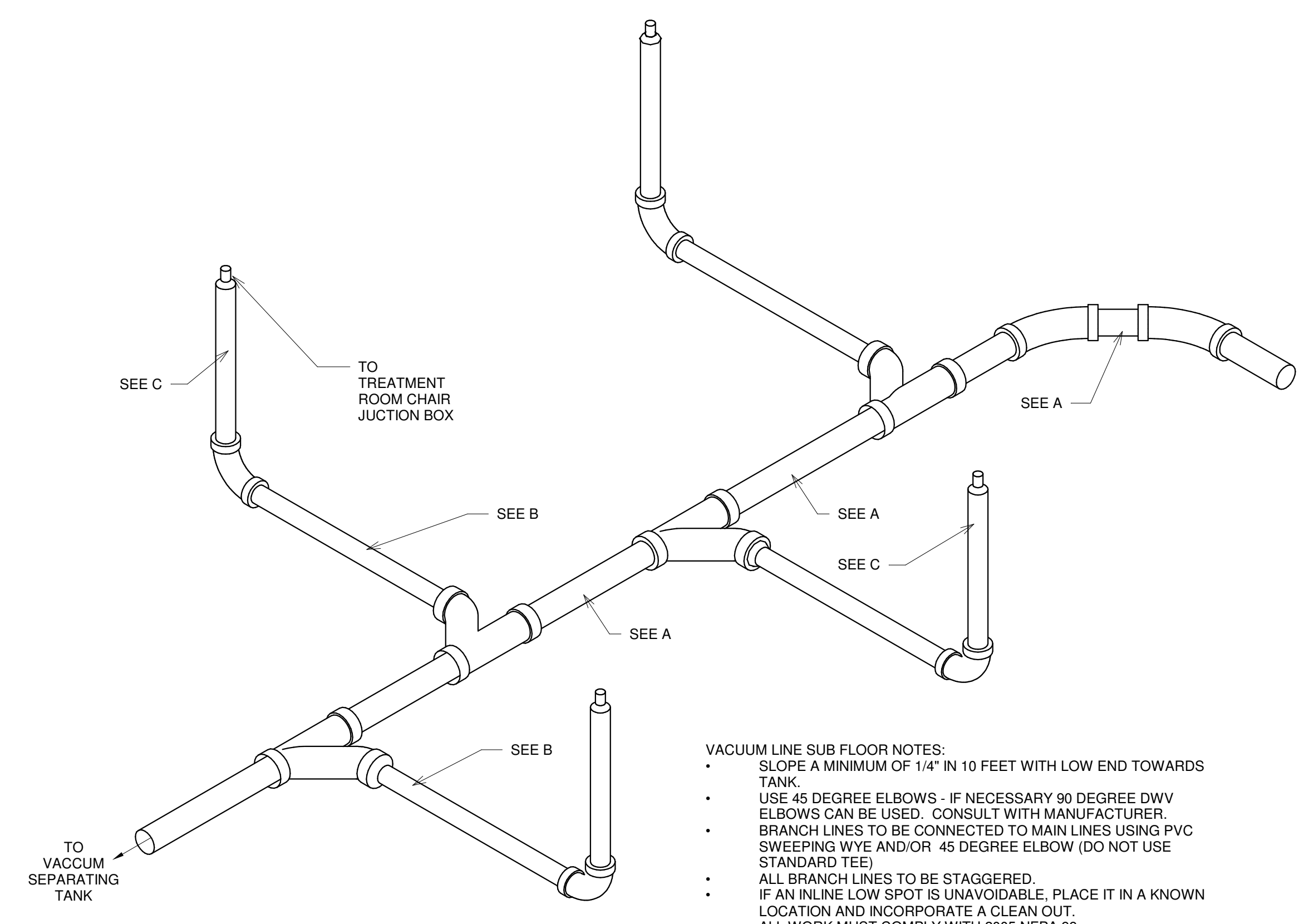


- PROTECT OUTSIDE END OF EXHAUST FROM ENTRY OF WATER, DEBRIS, AND CREATURES.
- POINT AWAY FROM PREVAILING WINDS, CLEAR OF SNOW OR OTHER OBSTRUCTIONS.
- CLEAR ROOF TOPS OR OUTSIDE WALLS BY A MINIMUM OF 6 INCHES.
- LOCATE IN AN INCONSPICUOUS SITE AWAY FROM DOORS, WINDOWS OR VENTILATION INTAKES.
- ALL WORK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

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

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

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

THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL CURRENT AMERICAN DISABILITIES ACT, (ADA) ACCESSIBILITY GUIDELINES. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR ALL REQUIRED BACKFLOW PREVENTERS. THE CONTRACTOR SHALL COMPLY WITH ALL STATE, CITY AND LOCAL CODES, PERTAINING TO THE CONSTRUCTION OF THIS PROJECT.

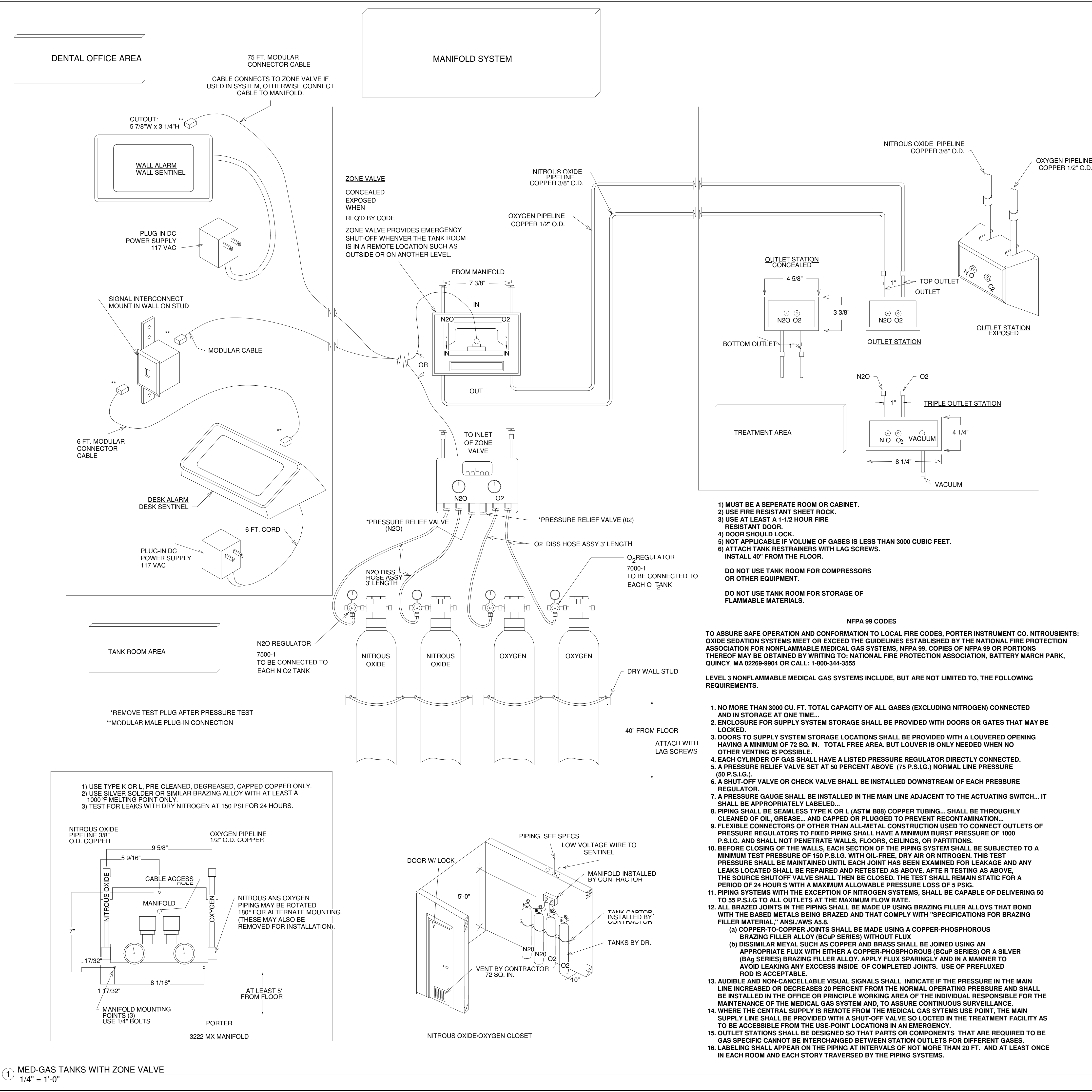
THE INFORMATION CONTAINED IN THESE DRAWINGS IS FOR CONCEPT PURPOSES ONLY. THESE DRAWINGS ARE NOT TO BE USED FOR CONSTRUCTION AND DO NOT TAKE THE PLACE OF CONSTRUCTION PLANS AND SPECIFICATIONS. THESE DRAWINGS ARE NOT TO SCALE, NOR HAVE FIELD CONDITIONS BEEN VERIFIED. PATTERSON WILL NOT BE HELD RESPONSIBLE FOR THE USE OR MISUSE OF THE INFORMATION CONTAINED IN THESE DRAWINGS.

**OWNER:**  
**Southern Smiles Pediatric Dentistry**

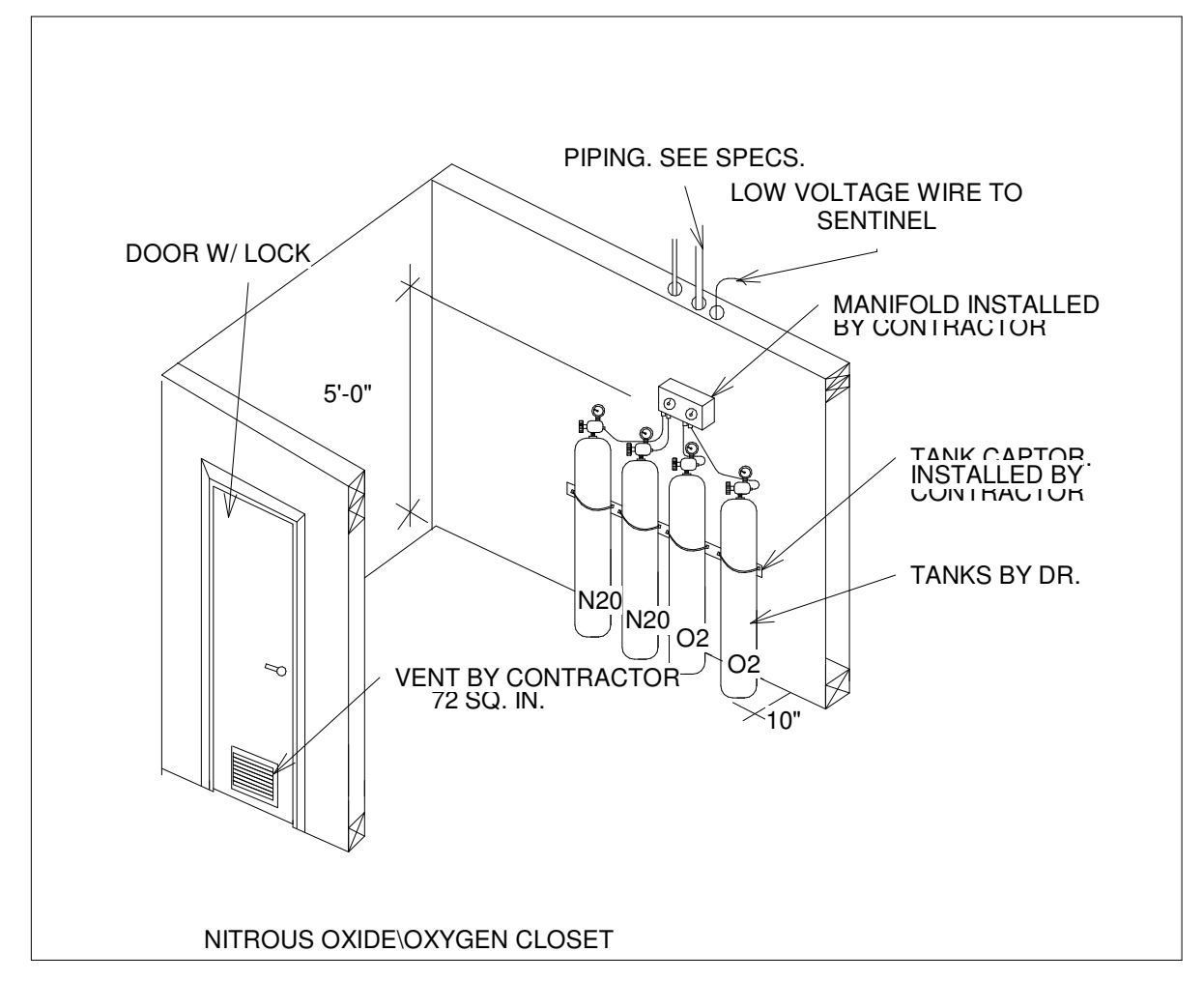
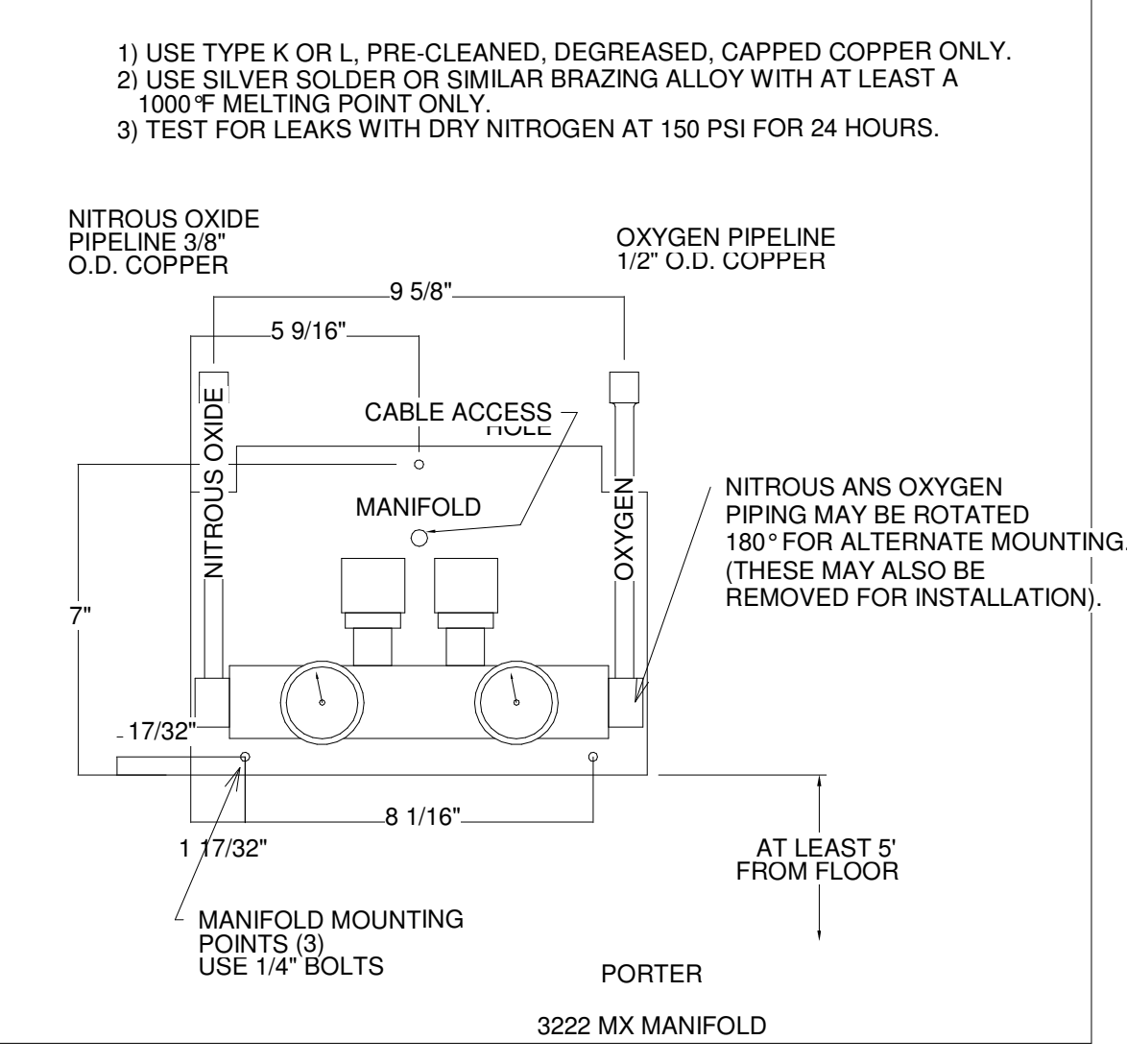
**LOCATION:**  
1512 NC 24-87  
Cameron, NC. 28326

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

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



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



NOT FOR CONSTRUCTION

NOT FOR CONSTRUCTION

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