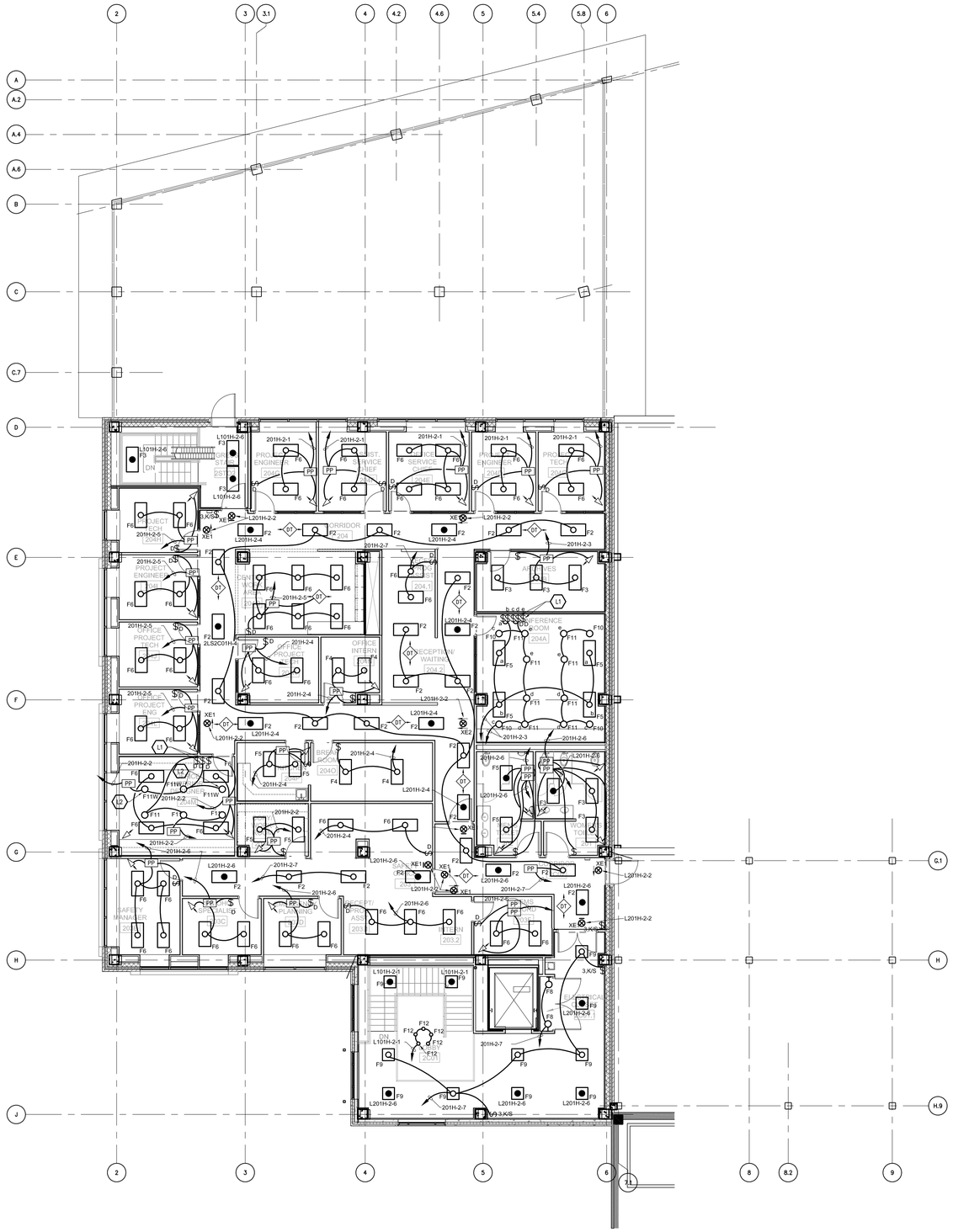


LIGHTING PLAN - SECOND FLOOR

1/8" = 1'-0"

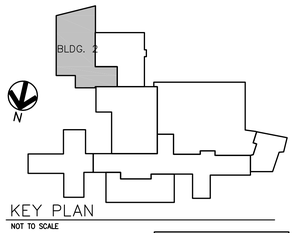
GENERAL ELECTRICAL NOTES:

1. REFER TO ARCHITECTURAL DRAWING AND ELEVATIONS FOR FINAL LOCATIONS OF ALL DEVICES MOUNTED ABOVE COUNTER.
2. REFER TO ARCHITECTURAL DRAWINGS AND ELEVATIONS FOR STANDARD MOUNTING HEIGHTS, EQUIPMENT DESCRIPTIONS AND EQUIPMENT FINAL LOCATIONS.
3. PROVIDE A GREEN INSULATED GROUNDING CONDUCTOR FOR ALL EQUIPMENT, LIGHT FIXTURES AND RECEPTACLES.
4. ALL COMBINATION TELEPHONE/DATA OUTLETS AND WALL TELEPHONE OUTLETS SHALL HAVE ONE (1) DOUBLE GANG BOX AND APPROPRIATE COVER PLATE. PROVIDE ONE (1) 1" CONDUIT FROM THE OUTLET BOX TO THE CORRIDOR CEILING SPACE CABLE TRAY. THE DEVICE, COVERPLATE, AND CABLING SHALL BE CONSIDERED BY ELECTRICAL CONTRACTOR.
5. REFER TO SHEET 2-E9 FOR MOTOR & EQUIPMENT WIRING. REFER TO SHEET 2-E8 FOR ELECTRICAL SYMBOLS LEGEND AND LIGHT FIXTURE SCHEDULE.
6. THE NEW AND RELOCATED FIRE ALARM DEVICES SHALL BE CONNECTED TO THE EXISTING SIMPLEX 4100 FIRE ALARM SYSTEM. ANY NEW FIRE ALARM DEVICES SHALL MATCH EXISTING. UPGRADE SYSTEM PER SPECIFICATIONS.
7. AT LOCATIONS WHERE ELECTRICAL DRAWINGS SHOW A NEW DEVICE IN AN EXISTING TO REMAIN WALL, ELECTRICAL CONTRACTOR SHALL CUT AND PATCH THE WALL AS REQUIRED TO RECESS THE BACKBOX AND ROUTE THE CONDUIT CONCEALED.
8. AT LOCATIONS WHERE A POWER RECEPTACLE IS INSTALLED WITHIN 6 FEET OF A LAVATORY, SINK, OR OTHER WATER SOURCE, THE RECEPTACLE SHALL BE GFI PROTECTED.

REFERENCED LIGHTING NOTES:

L1 PROVIDE AN APPROPRIATE SLIDER DIMMER WITH ON/OFF SWITCH FOR THE LED DOWN LIGHT FIXTURES (LUTRON).

L2 THE THREE INDICATED LED DOWN LIGHT FIXTURES TYPE F11W SHALL BE CONSIDERED AS TYPE F11 WITH THE COLOR TEMPERATURE MODEL #L30, THEREBY THE REVISED MODEL NUMBER FOR WARM WHITE SOURCE SHALL BE FOCAL POINT #FL4D-20LED-L30-R0-T-BH-L4-RO-DN-CD OR EQUIVALENT BY LIGHTOLIER.



KEY PLAN
NOT TO SCALE

2-1

Revisions | Date

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Drawing Title: SECOND FLOOR– LIGHTING PLAN

Project Title: RENOVATE AND EXPAND SPACE FOR PATIENT SUPPORT AREAS

Date 12-05-2014 CONSTRUCTION DOCUMENTS

Project No. DVA#636-311 S-H#110240-0

Approved: Division Chief

Approved: Service Director

Building Number 2 | Checked JJH | Drawn DMM

Location: IOWA CITY VA HEALTH CARE SYSTEM, IOWA CITY, IOWA

DRAWING NO. 2-E2

Dwg. 6 Of 15

Veterans Administration