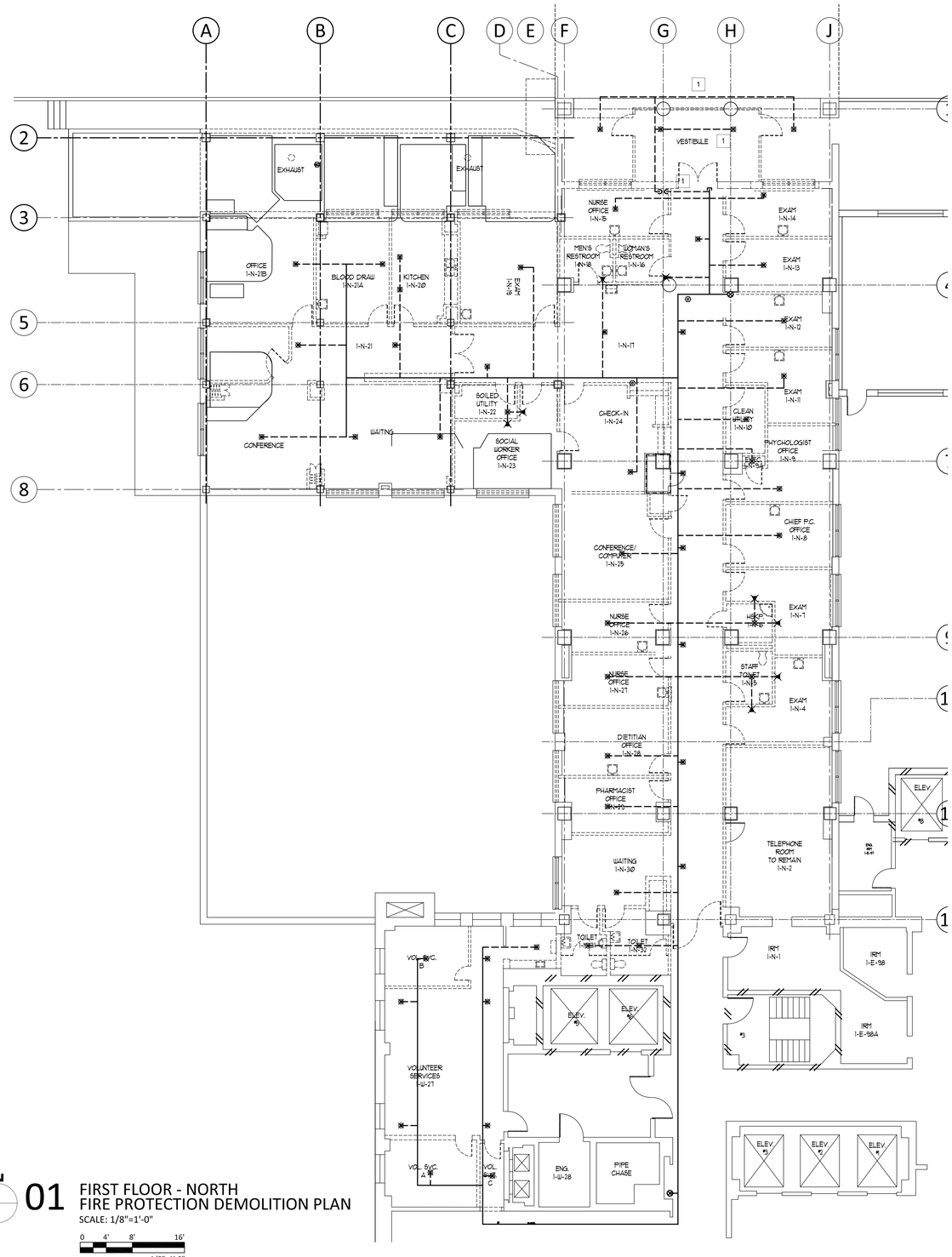


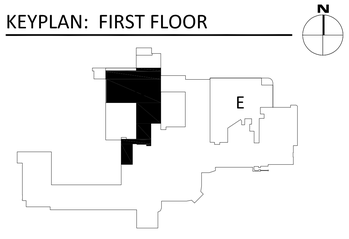
SHEET NOTES:

1. SEE SHEET FP0.1 FOR SYMBOL LEGEND AND NOTES.
2. EQUIPMENT SHOWN ON THIS SHEET IS FOR REFERENCE ONLY; BASED ON VISUAL OBSERVATION AND AS-BUILT DOCUMENTATION. NOT ALL EQUIPMENT MAY BE SHOWN. CONTRACTOR IS RESPONSIBLE TO MODIFY EXISTING SPRINKLER AS NECESSARY TO PROPERLY PROTECT NEW CONSTRUCTION IN ACCORDANCE WITH NFPA 13.
3. DEMOLITION SHOWN ON THIS SHEET IS FOR REFERENCE ONLY. CONTRACTOR SHALL RE-USE EXISTING PIPING AND OUTLETS TO THE MAXIMUM EXTENT POSSIBLE WHILE COMPLYING WITH THE APPLICABLE CODES.
4. IF EQUIPMENT IS REMOVED, CONTRACTOR SHALL REMOVE ASSOCIATED PIPING ABOVE CEILINGS AND BEHIND WALLS TO THE MAXIMUM EXTENT POSSIBLE.
5. CONTRACTOR SHALL VERIFY THAT DISCONNECTING EQUIPMENT DOES NOT AFFECT OTHER FIRE SPRINKLER SYSTEM EQUIPMENT WITHIN THE BUILDING (I.E., STANDPIPE CONNECTIONS, OTHER SPRINKLER ZONES, ETC.). IF DEMOLITION AFFECTS OTHER EQUIPMENT OUTSIDE THE ZONE OF DEMOLITION, CONTRACTOR SHALL RE-INSTALL PIPING TO ANY EXISTING EQUIPMENT TO REMAIN, EVEN IF NOT ASSOCIATED WITHIN THE SCOPE OF DEMOLITION.
6. ALL REMOVED EQUIPMENT SHALL BE RETURNED TO VA. REMOVED PIPING SHALL BE DISPOSED OF BY THE CONTRACTOR.
7. CONTRACTOR SHALL PROVIDE ALL LABOR AND MATERIALS NECESSARY FOR THE SCOPE OF WORK INCLUDED HEREIN.
8. CONTRACTOR SHALL MAINTAIN EXISTING FIRE SPRINKLER SYSTEM IN OPERATIONAL CONDITION AT ALL TIMES UNLESS SPECIFICALLY APPROVED BY VA. EXISTING FIRE SPRINKLER SYSTEM SHALL NOT BE TAKEN OUT OF SERVICE.

KEYED NOTES:

1 REMOVE ANTI-FREEZE LOOP PIPING IN ITS ENTIRETY BACK TO MAIN. CAP MAIN.

KEYPLAN: FIRST FLOOR



01 FIRST FLOOR - NORTH FIRE PROTECTION DEMOLITION PLAN

SCALE: 1/8"=1'-0"

0 4' 8' 16'

1/8"=1'-0"

FULLY SPRINKLERED

Scale: AS NOTED

Revisions	Date

CONSULTANTS:

The Estopinal Group
Architecture Engineering Interiors
820 Jordan Street, Suite 507
Shreveport, LA 71101
tel. 318.424.3700
fax 318.424.3764

HUGHES ASSOCIATES, INC.
FIRE PROTECTION ENGINEERS
CODE CONSULTANTS
2121 W. Spring Creek Parkway, Suite 108
Plano, Texas 75023 Phone 972-491-1900

STATE OF LOUISIANA
STEVEN E. LINGER
License No. 36385
PROFESSIONAL ENGINEER
01/09/2013

PROJECT MANAGERS AND ENGINEERS:

TNF A VETERAN OWNED COMPANY
3 EXECUTIVE COURT, UNIT 4
SOUTH BARRINGTON, IL 60010

Drawing Title	FIRST FLOOR - NORTH FIRE PROTECTION DEMOLITION PLAN
Approved: Project Director	
Project Title	RENOVATE ED + PRIMARY CARE
Location	SHREVEPORT VAMC 510 EAST STONER AVE
Date	01/09/13
Checked	SU
Drawn	MP
Project Number	667-10-100
Building Number	1N, 1E
Drawing Number	FP2.N1
Dwg. 90 of 112	

Office of Construction and Facilities Management

Department of Veterans Affairs

VA FORM 08-6231

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