

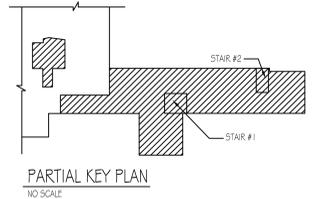
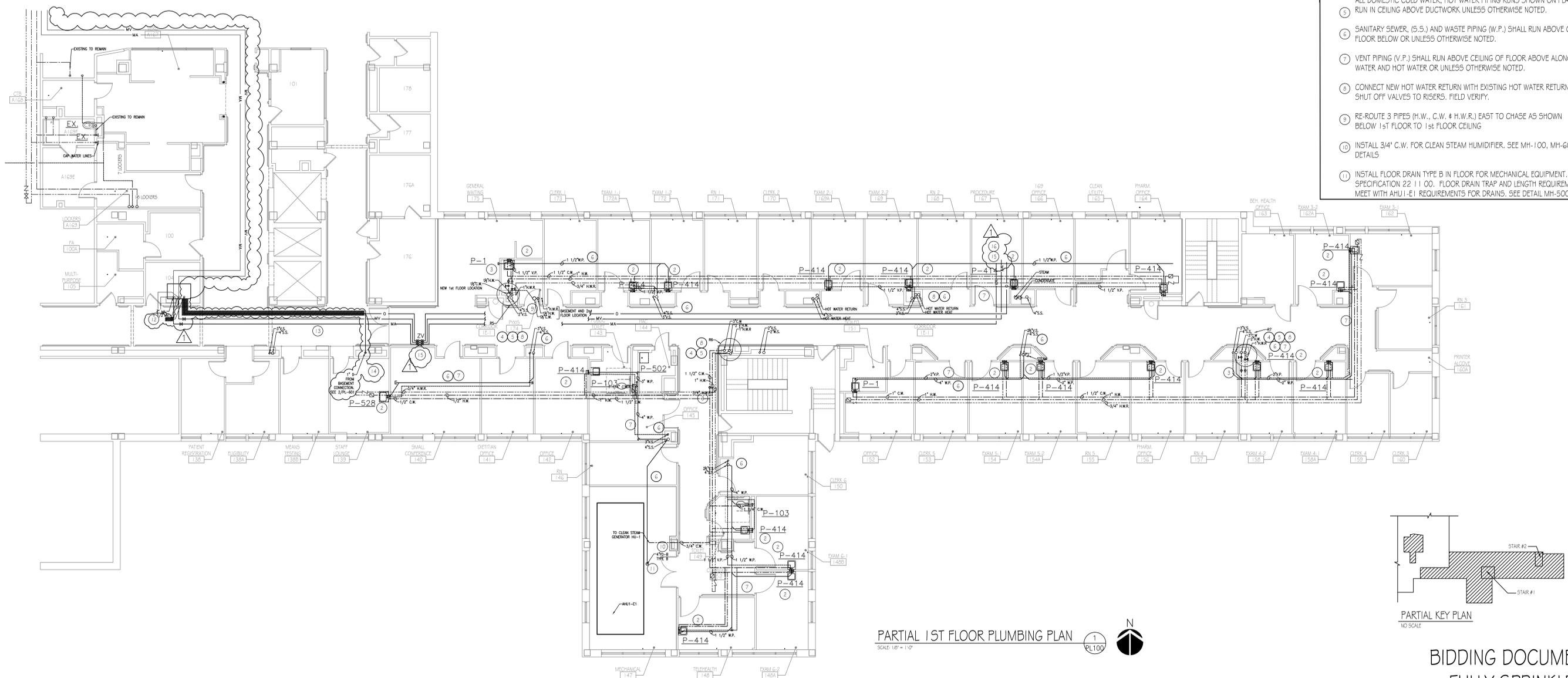
three inches = one foot
 one and one half inches = one foot
 one inch = one foot
 three quarters inch = one foot
 one half inch = one foot
 three eighths inch = one foot
 one quarter inch = one foot
 one eighth inch = one foot

NOTES

- PLAN NOTES CONTINUED:**
- 12. INSTALL MEDICAL AIR AND VACUUM FROM RISER LOCATED IN ROOM 104 DUMBWATER SHAFT. MAKE TAP AFTER HOURS WITH SHUTOFF VALVE, TEST AND RE-CERTIFY EXISTING MEDICAL AIR AND VACUUM PER REQUIREMENTS.
 - 13. INSTALL PIPING FROM SHUTOFF VALVES TO ZONE VALVE ZV-1.
 - 14. INSTALL OXYGEN FROM BASEMENT TAP CONNECTION NEAR MAIN SOURCE SHUT OFF VALVE OUTSIDE ROOM 58. MAKE TAP AFTER HOURS WITH SHUTOFF VALVE, TEST AND RE-CERTIFY OXYGEN PER REQUIREMENT. SUPPLY EMERGENCY OXYGEN AS NECESSARY.
 - 15. INSTALL ZONE VALVE ZV-1 FOR MEDICAL AIR, MEDICAL VACUUM AND OXYGEN. INSTALL PIPING FROM ZV-1 TO ROOM 167.
 - 16. INSTALL MEDICAL OUTLETS FOR MEDICAL AIR, MEDICAL VACUUM AND OXYGEN.

- GENERAL NOTES:**
1. DRAWING SHOWN REPRESENTING KNOWN CONDITIONS BASED ON EXISTING REFERENCE DRAWINGS AND OTHER ONGOING PROJECTS RELATED TO DOMESTIC WATER AND MEDICAL GASES. CONTRACTOR TO VERIFY EXISTING CONDITIONS AND COORDINATE WORK WITH OTHER KNOWN OR UNKNOWN RISER RENOVATION PROJECTS
 2. ANY SITE MODIFICATION NOT SHOWN ON DRAWINGS SHALL BE MARKED UP ON AN EXISTING DRAWING. CONTRACTOR SHALL SUBMIT A MARKED UP SET TO THE VA COR FOR AS-BUILT PURPOSES AT THE CONCLUSION OF THE PROJECT.
 3. PLUG, FULLY CLOSE AND REMOVE HANDLE FROM ALL UNUSED MEDICAL GAS VALVES.
 4. FOR SYMBOLS AND ABBREVIATIONS SEE DRAWING G1004
 5. SEE DRAWING PL-500 FOR DETAILS ON MOST PLUMBING FIXTURES.
 6. SEE DRAWING PL-600 FOR EQUIPMENT SCHEDULES.

- PLAN NOTES:**
1. SEE DRAWING PD-100 FOR WATER AND DRAIN LINE DEMOLITION PLAN
 2. 3/4" CW/WW TO FIXTURES. REDUCE 1/2" TO EACH FIXTURE.
 3. INSTALL WATER HAMMER ARRESTORS IN MAIN BRANCH LINES FEEDING TO SINK ZONES. SEE PL-601 AND PL-600 FOR HAMMER ARRESTOR TYPES.
 4. CONNECT NEW WATER BRANCH LINES TO MAIN RISERS WITH SHUT-OFF VALVES ON HOT AND COLD WATER BEFORE CONNECTION.
- ALL DOMESTIC COLD WATER, HOT WATER PIPING RUNS SHOWN ON PLAN SHALL BE RUN IN CEILING ABOVE DUCTWORK UNLESS OTHERWISE NOTED.
5. SANITARY SEWER, (S.S.) AND WASTE PIPING (W.P.) SHALL RUN ABOVE CEILING OF FLOOR BELOW OR UNLESS OTHERWISE NOTED.
 6. VENT PIPING (V.P.) SHALL RUN ABOVE CEILING OF FLOOR ABOVE ALONG WITH COLD WATER AND HOT WATER OR UNLESS OTHERWISE NOTED.
 7. CONNECT NEW HOT WATER RETURN WITH EXISTING HOT WATER RETURN PIPING AT SHUT OFF VALVES TO RISERS. FIELD VERIFY.
 8. RE-ROUTE 3 PIPES (H.W., C.W. & H.W.R.) EAST TO CHASE AS SHOWN BELOW 1ST FLOOR TO 1st FLOOR CEILING
 9. INSTALL 3/4" C.W. FOR CLEAN STEAM HUMIDIFIER. SEE MH-100, MH-600 FOR MORE DETAILS
 10. INSTALL FLOOR DRAIN TYPE B IN FLOOR FOR MECHANICAL EQUIPMENT. REFERENCE SPECIFICATION 22 11 00. FLOOR DRAIN TRAP AND LENGTH REQUIREMENTS SHALL MEET WITH AHU I-E1 REQUIREMENTS FOR DRAINS. SEE DETAIL MH-500



PARTIAL 1ST FLOOR PLUMBING PLAN
 SCALE: 1/8" = 1'-0"
 1 PL100

**BIDDING DOCUMENTS
 FULLY SPRINKLERED**

<p>REVISION - REVISED OXYGEN SOURCE FEED ROUTING 8/16/13</p> <p>BIDDING DOCUMENTS 03/27/2013</p> <p>Revisions: Date:</p>	 <p>VA Northern Indiana Health Care System, Fort Wayne 2121 Lake Ave., Fort Wayne IN 46805</p>	<p>CONSULTANTS: USFin Development, LLC 1105 West Weir Street Litchfield, Illinois 62056 Viridian Architectural Design, Inc. 2020 East Washington Blvd, Suite 200 Fort Wayne, Indiana 46803</p>	<p>ARCHITECT/ENGINEERS:</p> <div style="display: flex; justify-content: space-between;"> <div data-bbox="1305 1890 1528 2016">  <p>7280 SHADELAND STATION INDIANAPOLIS, IN 46256-3987 TEL 317.547.5580 FAX 317.543.0270 www.structurepoint.com</p> </div> <div data-bbox="1528 1890 1736 2016">  <p>Engineering Corporation The Fairmont Building 92445 Calumet Ave., Suite 205, Munster, IN 46321 (219) 836-2120 Fax (219) 836-1129</p> </div> </div>	<p>Approved: Medical Center Director NAME: _____ SIGNATURE: _____</p> <p>Approved: Medical Center Associate Director NAME: _____ SIGNATURE: _____</p>	<p>Drawing Title 1ST FLOOR MECHANICAL PLUMBING PLAN AND NOTES</p> <p>Approved: Engineering Service NAME: _____ SIGNATURE: _____</p> <p>Approved: Project Director NAME: _____ SIGNATURE: _____</p>	<p>Project Title Renovate First Floor East Wing for PACT</p> <p>Location 2121 Lake Ave., Fort Wayne, IN 46805</p> <p>Date 03/27/2013</p> <p>Checked DS</p> <p>Drawn DR</p>	<p>Project Number 610A4-12-107</p> <p>Building Number 01</p> <p>Drawing Number PL-100</p> <p>Dwg. 21 of 58</p>	<p>Office of Construction and Facilities Management</p>  <p>Department of Veterans Affairs</p>
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