

1. VERIFY ALL EXISTING CONDITIONS PRIOR TO BEGINNING WORK. NOTIFY THE ARCHITECT OR VA COITR OF CONFLICTS PRIOR TO PROCEEDING.
2. ALL ITEMS BEING REMOVED SHALL REMAIN THE PROPERTY OF THE OWNER UNTIL CONFIRMATION HAS BEEN MADE AS TO WHETHER THE OWNER WILL RETAIN SUCH ITEMS. ALL ITEMS NOT BEING RETAINED BY THE OWNER OR DESIGNATED ON THE DRAWINGS TO BE RELOCATED OR PENALTIZED SHALL BE COMPLETELY REMOVED FROM THE SITE AND PROPERTY DISPOSED OF.
3. ALL ATTEMPTS TO DEPICT CURRENT CONDITIONS AS SHOWN ON THE DRAWINGS WERE MADE TO BEST OF THE ARCHITECT'S KNOWLEDGE OF EXISTING CONDITIONS AND OTHER RESOURCES SUCH AS SITE INVESTIGATIONS AND REVIEW OF PREVIOUS DRAWINGS.
4. ASSURE THAT NO MEDICAL GASES ARE PRESENT IN THE AREA IF ANY LINES ARE IDENTIFIED OR SUSPECTED OF TRANSMITTING MEDICAL GASES THE COITR SHOULD BE IMMEDIATELY CONTACTED IN THE EVENT THAT A MEDICAL GAS LINE IS BREACHED, IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO IMMEDIATELY HIRE A CONTRACTOR CERTIFIED IN MEDICAL GAS SYSTEMS AS WELL AS TO HIRE A FIRM TO RE-CERTIFY THE MEDICAL GAS SYSTEM(S).

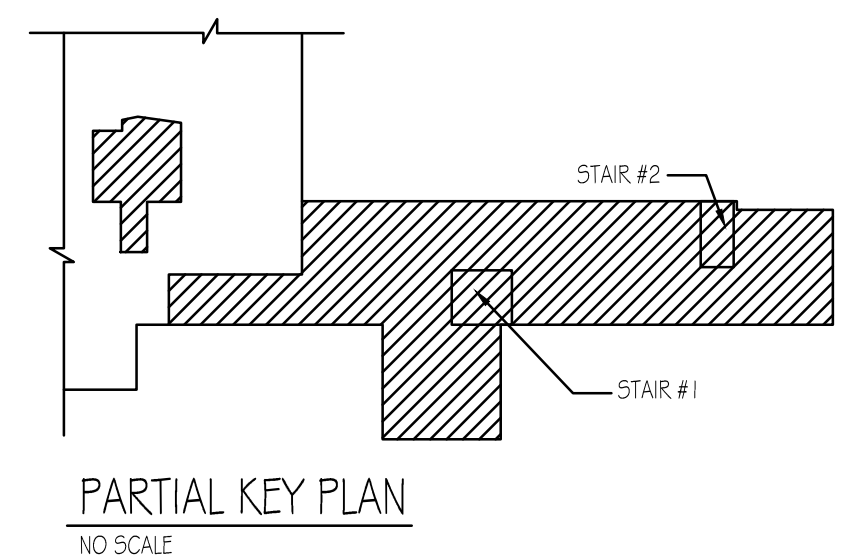
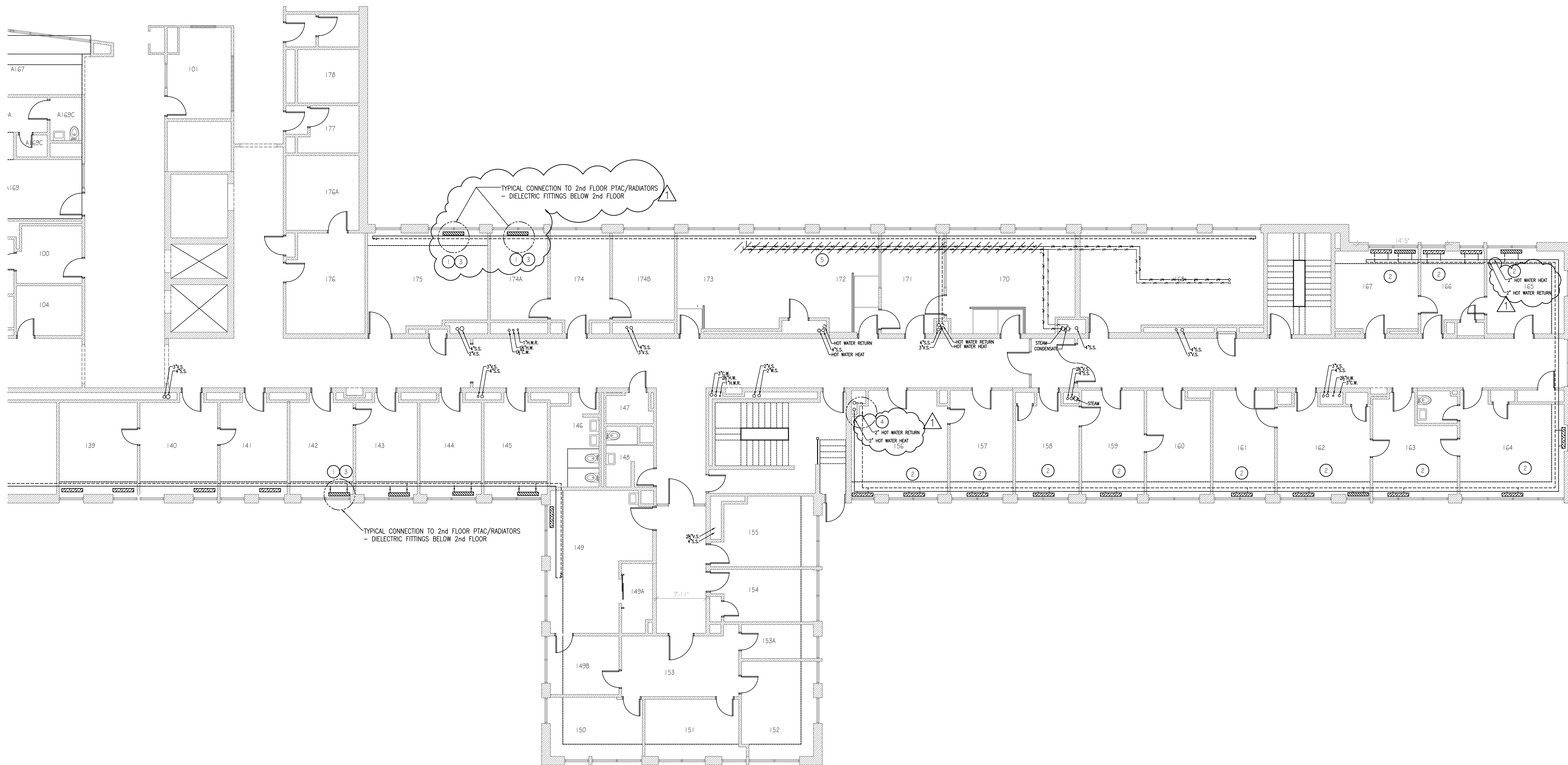
- ① RETAIN ALL HOT WATER HEAT AND HOT WATER RETURN LINES AND VALVES. THESE LINES SERVICE THE 2<sup>ND</sup> FLOOR AND NO INTERRUPTION TO THEIR SERVICE SHALL BE ALLOWED.
- ② REMOVE ALL HOT WATER HEAT AND HOT WATER RETURN LINES AND VALVES AND REPLACE WITH COPPER. THESE LINES SERVICE THE 2<sup>ND</sup> FLOOR UNITS. CONTRACTOR TO SCHEDULE A SEASONAL OUTAGE TO TAKE THE LINES IN THIS ZONE OUT OF SERVICE.
- ③ CONTRACTOR TO REPLACE ALL EXISTING UNITS FROM HOT WATER HEAT AND HOT WATER RETURN TO EACH FLOOR WITH NEW COPPER UNITS. THE NEW DIELECTRIC ETOM INSULATED UNIONS SHALL BE 1" SWEAT X FNPT. CONTRACTOR TO VARY REQUIREMENTS. REFERENCE DETAIL #1 DRAWING HMB-503.
- ④ CONTRACTOR TO INSTALL NEW DIELECTRIC ETOM INSULATED UNIONS SHALL BE 2" NOMINAL SWEAT X FNPT AT MAIN HOT WATER HEATING RISERS AND NEW COPPER LINE DISTRIBUTION. CONTRACTOR TO VARY REQUIREMENTS.
- ⑤ REMOVE LOW PRESSURE STEAM AND CONDENSATE LINES AND DO NOT REINSTALL.

\_\_\_\_\_ HOT WATER HEAT  
 - - - - - HOT WATER HEAT RETURN  
 —●—●—●—●—●—●— LOW PRESSURE STEAM LINE  
 \_\_\_\_\_ COORDINATE LINE



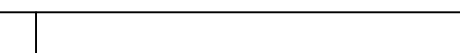
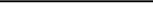
ABOVE FIRST FLOOR  
 DROPPED CEILING FOR  
 2nd FLOOR

3  
MH-503

TYPICAL DIELECTRIC UNION  
CONNECTION AT PTAC/RADIATORS



# BIDDING DOCUMENTS FULLY SPRINKLERED

REVISION - ADDED LINE SIZE AND CORRECTED NOTE 4		8-12-2013	 <div>VA Northern Indiana Health Care System, Fort Wayne 2121 Lake Ave., Fort Wayne IN 46805</div>	<b>CONSULTANTS:</b> USFin Development, LLC 1105 West Weir Street Litchfield, Illinois 62056 Viridian Architectural Design, Inc. 2020 East Washington Blvd, Suite 200 Fort Wayne, Indiana 46803				<b>ARCHITECT/ENGINEERS:</b> <div><div><b>AMERICAN STRUCTUREPOINT INC.</b></div><div>7260 SHADELAND STATION INDIANAPOLIS, IN 46266-3957 TEL 317.547.5580 FAX 317.543.0270 www.structurepoint.com</div><div><b>Enertronics</b> ENERGY TO EXCEL</div><div>Engineering Corporation The Famous Building 9245 Calumet Ave., Suite 205, Munster, IN 46321 (219) 836-2120 Fax (219) 836-1129</div></div>		Approved: Medical Center Director NAME: _____ SIGNATURE: _____		<b>Drawing Title</b> MECHANICAL DEMOLITION AND 2nd FLOOR SCOPE OF WORK, PLAN AND NOTES		<b>Project Title</b> Renovate First Floor East Wing for PACT		<b>Project Number</b> 610A4-12-107		<div>Office of Construction and Facilities Management</div> <div> Department of Veterans Affairs</div>
BIDDING DOCUMENTS		03/27/2013				Approved: Medical Center Associate Director NAME: _____ SIGNATURE: _____		Approved: Engineering Service NAME: _____ SIGNATURE: _____		<b>Location</b> 2121 Lake Ave., Fort Wayne, IN 46805		<b>Drawing Number</b> MD-101						
Revisions:		Date:				Approved: Project Director NAME: _____ SIGNATURE: _____		Approved: Project Director NAME: _____ SIGNATURE: _____		<b>Date</b> 03/27/2013		Checked DS	Drawn DR	Dwg 27 of 58				