

Sheet List	
Sheet Number	Sheet Name
DA001	GENERAL NOTES
DA111	LVL 1 FLOOR PLAN
DA113	LVL 1 BACKING PLAN
DA310	LVL 1 DENTAL ELEVATIONS
DB110	LVL 1 DENTAL UTILITIES UNDERFLOOR
DE110	LVL 1 ELECTRICAL & LOW VOLTAGE
DP110	LVL 1 PLUMBING
DP111	LVL 1 MEDGAS PLAN

**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 OXYGEN 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.**



1031 MENDOTA HEIGHTS ROAD  
MENDOTA HEIGHTS, MN

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OWNER:

**ALCONA HEALTH**

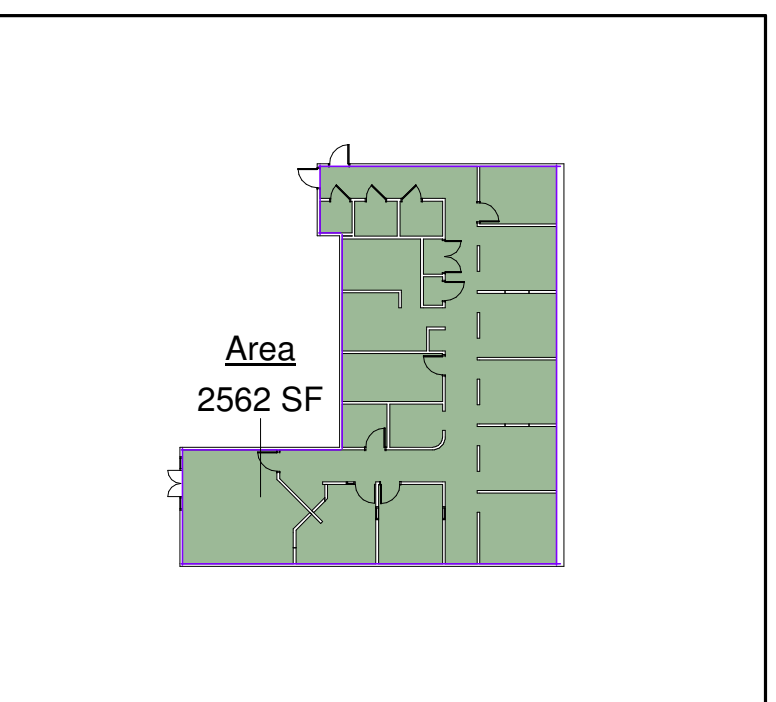
LOCATION:

OSCODA, MI

DRAWN BY	EQUIPMENT REP.	EQUIPMENT REP #:
AR	COLLIN FABIAN	(248)497-6052
PROJECT #:	ISSUE DATE:	
19-1600	05/24/2019	

**REVISIONS**

REV #	SCOPE	DRAWN BY	DATE



SHEET NO.

**DA001**

NOT FOR CONSTRUCTION

NOT FOR CONSTRUCTION

EQUIPMENT SCHEDULE							
EQUIPMENT INFO							
QTY	ITEM #	DESCRIPTION	STATUS	MANUFACTURER	MODEL	SUPPLIED BY	INSTALLED BY
<b>LAB</b>							
1	31	LAB CABINETS	NW	VFY	VFY	GC	GC
1	40	PLASTER TRAP	ER	VFY	VFY	DR	PD
1	41	MODEL TRIMMER	ER	HANDLER MFG CO	31-SV	DR	PD
1	42	LATHE	ER	VFY	VFY	DR	PD
<b>MECH</b>							
1	60	COMPRESSOR	NW	AIR TECHNIQUES	AS30	PD	PD
1	61	WET VACUUM SYSTEM	NW	AIR TECHNIQUES	VSS0	PD	PD
<b>PAN</b>							
1	36	PAN	ER	SIRONA DENTAL INC.	XG3	DR	PD
<b>STERILIZATION</b>							
1	22	STERILIZATION CABINET	NW	VFY	VFY	GC	GC
1	51	STERILIZER	NW	MIDMARK	M11-020	PD	PD
1	52	ULTRASONIC CLEANER	NW	MIDMARK	M150-001	PD	PD
1	54	STATIM	NW	SCICAN	STATIM G4	PD	PD
<b>TREATMENT</b>							
3	1	DENTAL CHAIR	NW	A-DEC	A-DEC 411	PD	PD
2	1A	DENTAL CHAIR	ER	A-DEC	A-DEC 411	DR	PD
3	6	STOOL DENTIST	NW	A-DEC	521	PD	PD
2	6A	STOOL DENTIST	ER	A-DEC	521	DR	PD
3	7	STOOL ASSISTANT	NW	A-DEC	1622	PD	PD
2	7A	STOOL ASSISTANT	ER	A-DEC	1622	DR	PD
5	19	REAR CABINET	NW	A-DEC	591	PD	PD
5	20	SIDE CABINET	NW	VFY	VFY	GC	GC
4	20A	SIDE CABINET	NW	VFY	VFY	GC	GC
2	25	PASS THRU X-RAY CABINET	NW	A-DEC	5732.49	PD	PD
2	30	INTRAORAL X-RAY	NW	PROGENY	P7017G	PD	PD
1	30A	INTRAORAL X-RAY	NW	PROGENY	P7017G	PD	PD



① LVL 1 FLOOR PLAN  
1/4" = 1'-0"

PLAN LEGEND	
	DENTAL FURNITURE & EQUIPMENT
	DENTAL FURNITURE & EQUIPMENT EXISTING RELOCATED
	DENTAL FURNITURE & EQUIPMENT FUTURE
	EQUIPMENT NUMBER TAG (NUMBERS ARE RANDOM)

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OWNER:  
**ALCONA HEALTH**

LOCATION:  
**OSCODA, MI**

DRAWN BY	EQUIPMENT REP.	EQUIPMENT REP.#
AR	COLLIN FABIAN	(248)497-6052
PROJECT #:	ISSUE DATE:	
19-1600	05/24/2019	

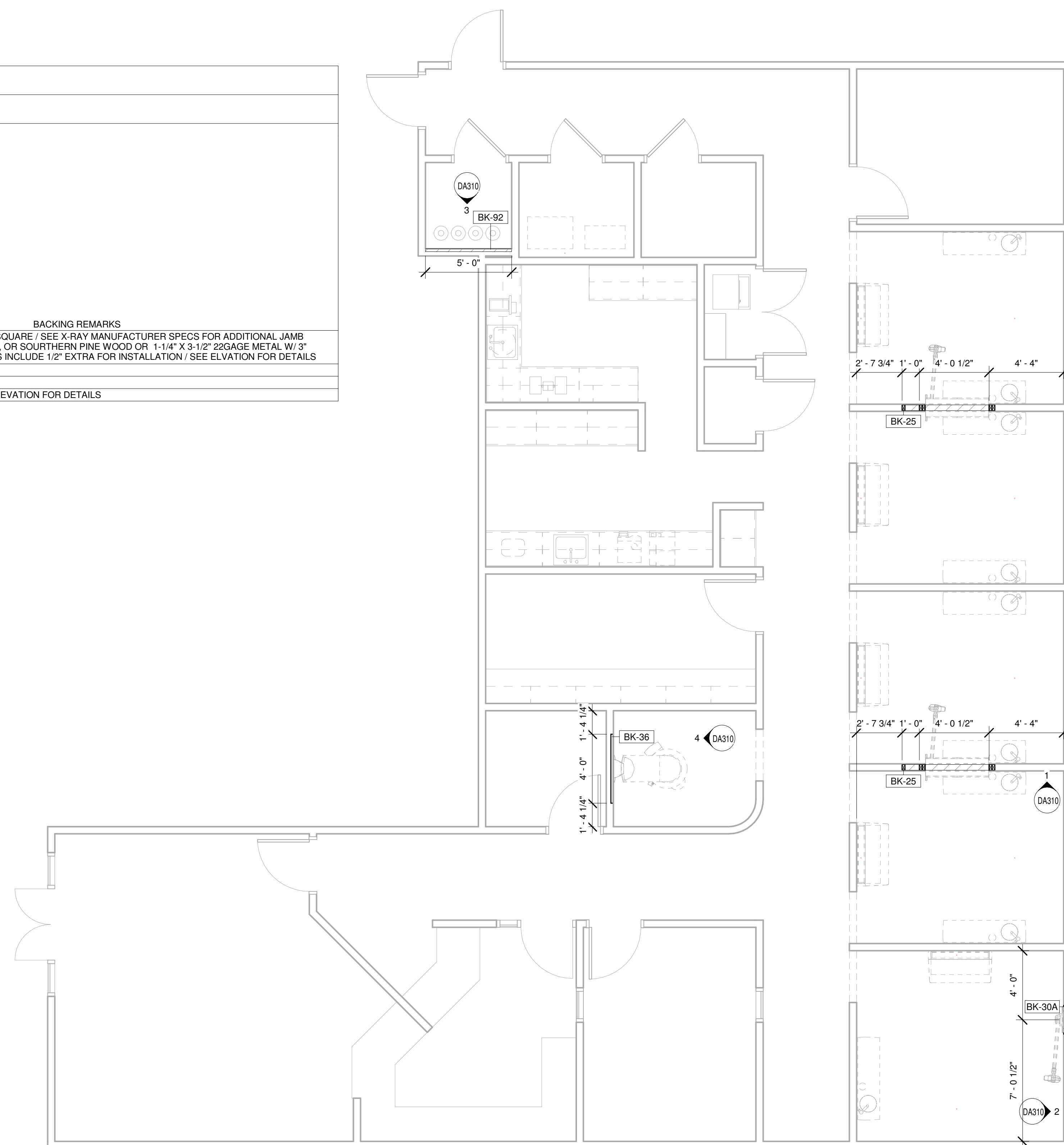
REVISIONS			
REV #	SCOPE	DRAWN BY	DATE

SHEET NO.  
**DA111**

NOT FOR CONSTRUCTION

NOT FOR CONSTRUCTION

EQUIPMENT BACKING SCHEDULE										
NOTE: ALL DBL PLYWOOD BACKING IS TO BE GLUED AND SCREWED										
QTY	ITEM #	EQUIPMENT DESCRIPTION	BACKING NUMBER	WALL			CEILING			OTHER
				SGL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 4" X 4" FLOOR TO STRUCTURE ABOVE	DBL 2" X 12" FLOOR TO STRUCTURE ABOVE	DBL 3/4" PLYWOOD (GLUED & SCREWED)	SGL 3/4" PLYWOOD	SGL 2" X 8" TOP OF BASE CABINET	
2	25	PASS THRU X-RAY CABINET	BK-25							<ul style="list-style-type: none"> <li>ROUGH OPENING MUST BE PLUMB AND SQUARE / SEE X-RAY MANUFACTURER SPECS FOR ADDITIONAL JAMB FRAMING / USE #2 DOUGLAS, FIR, LARCH, OR SOUTHERN PINE WOOD OR 1-1/4" X 3-1/2" 22GAGE METAL W/ 3" SCREWS / ROUGH OPENING DIMENSIONS INCLUDE 1/2" EXTRA FOR INSTALLATION / SEE ELEVATION FOR DETAILS</li> </ul>
1	30A	INTRAORAL X-RAY	BK-30							
1	36	PAN	BK-36							
1	92B	COMPRESSED GAS CYLINDER RESTRAINT	BK-92B							<ul style="list-style-type: none"> <li>GC TO PROVIDE 2"x12" BRACING / SEE ELEVATION FOR DETAILS</li> </ul>



① LVL 1 BACKING PLAN  
1/4" = 1'-0"

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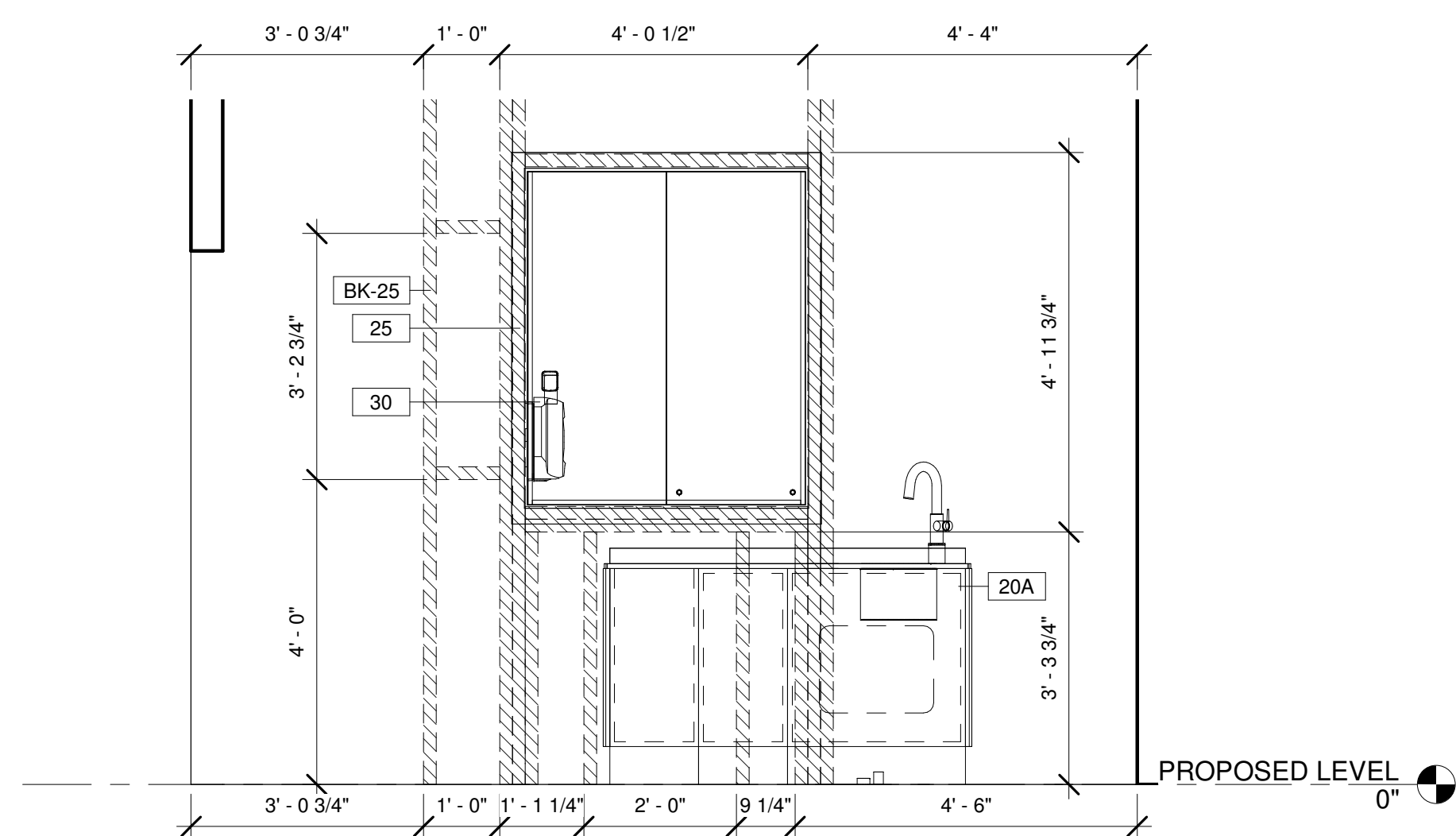
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**ALCONA HEALTH**

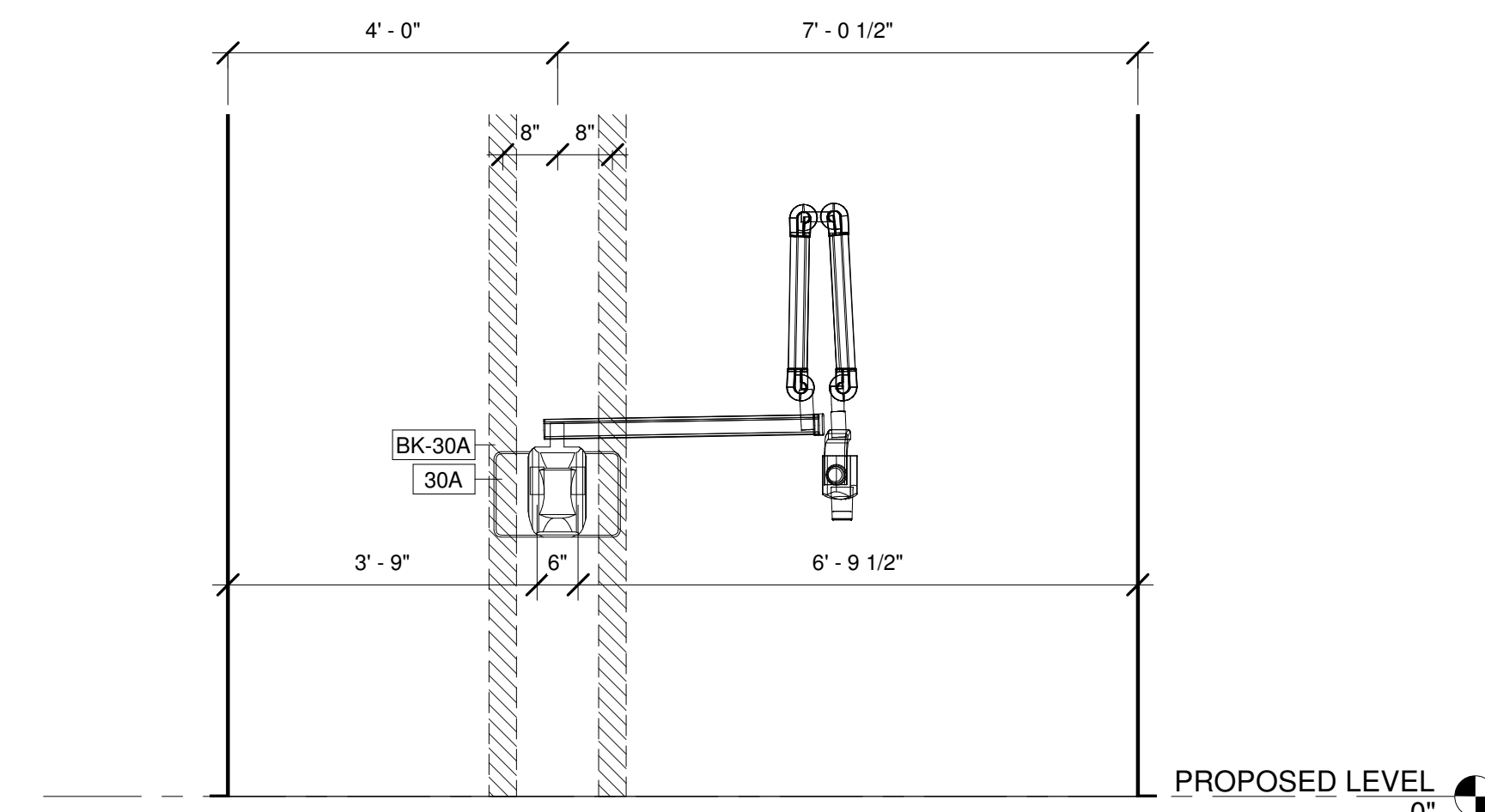
LOCATION:  
**OSCODA, MI**

<b>DRAWN BY</b> AR	<b>EQUIPMENT REP:</b> COLLIN FABIAN	<b>EQUIPMENT REP #:</b> (248)497-6052
<b>PROJECT #:</b> 19-1600	<b>ISSUE DATE:</b> 05/24/2019	

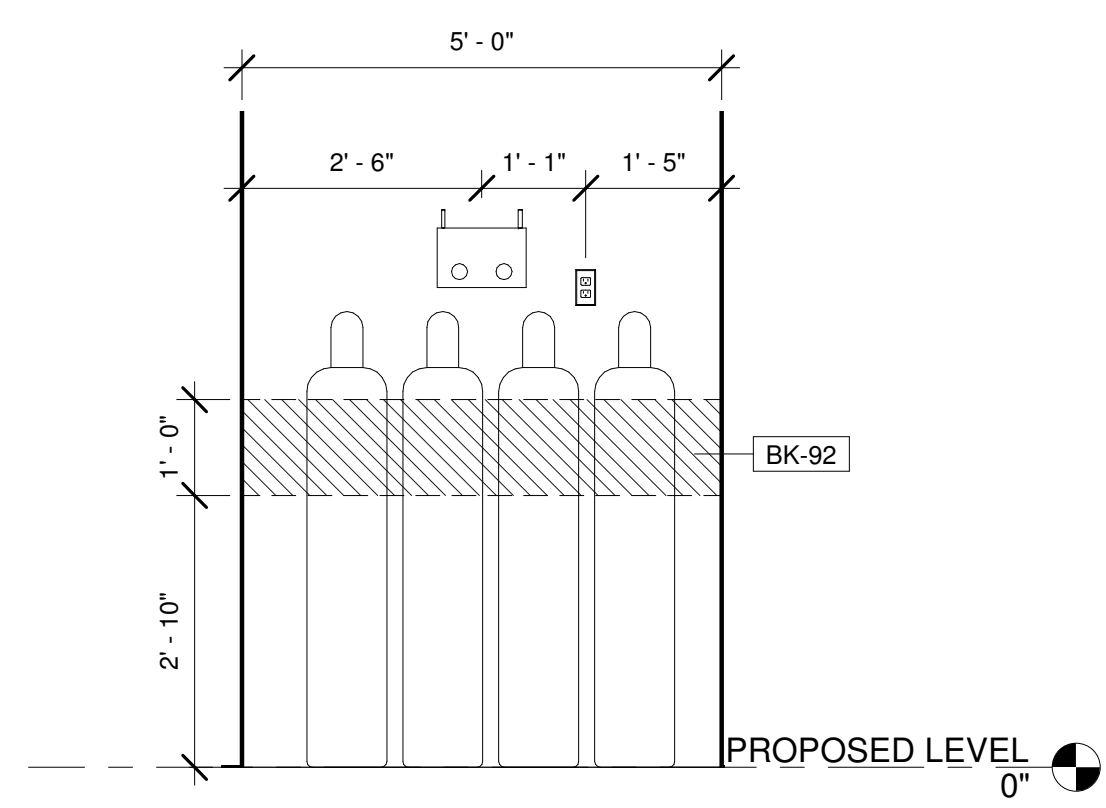
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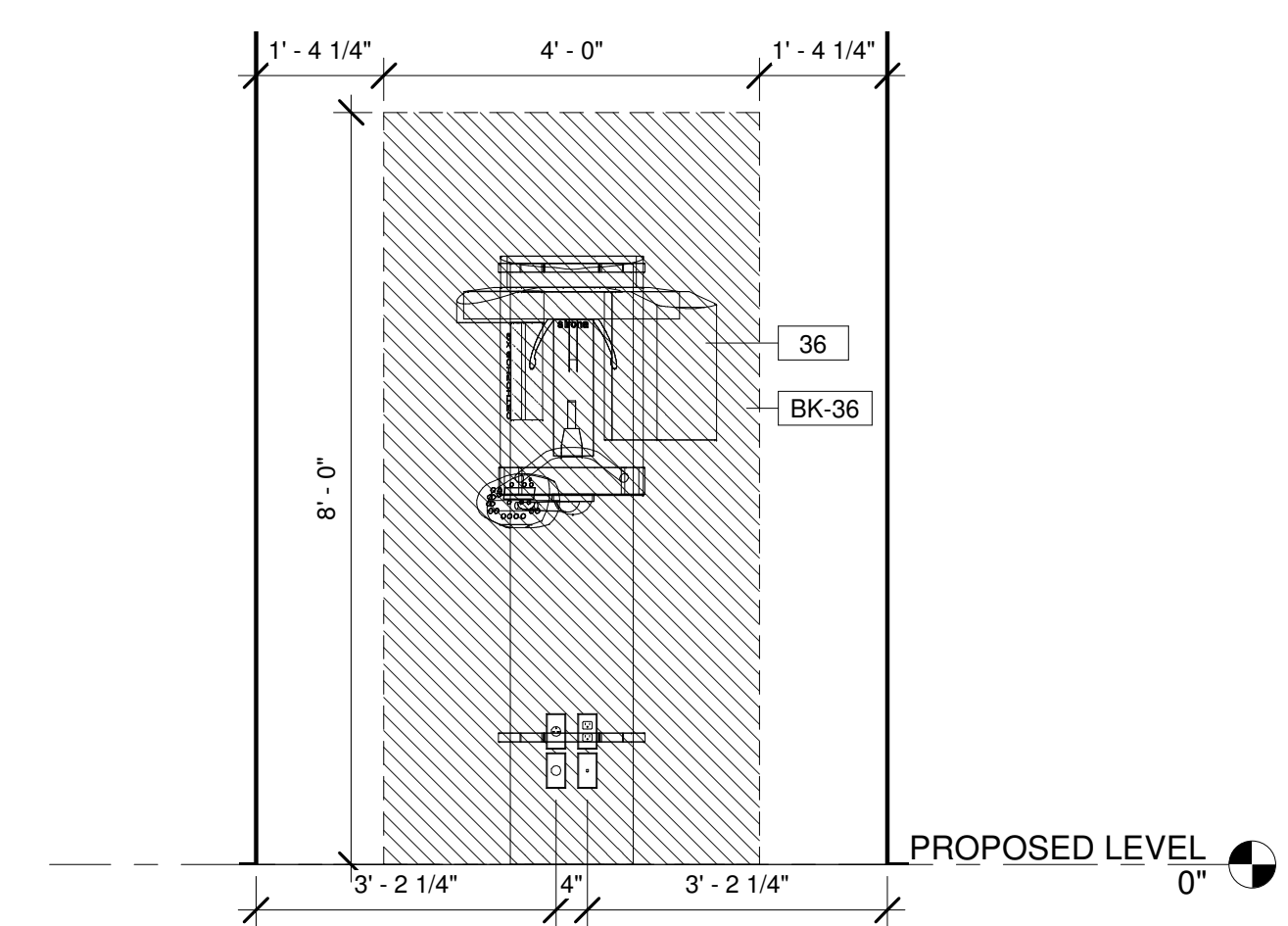
① ELEVATION ASSISTANT WALL  
1/2" = 1'-0"



② ELEVATION ASSISTANT WALL - TR 1  
1/2" = 1'-0"



③ ELEVATION MEDGAS WALL  
1/2" = 1'-0"



④ ELEVATION PANORAMIC WALL  
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OWNER:  
**ALCONA HEALTH**

LOCATION:  
**OSCODA, MI**

DRAWN BY AR	EQUIPMENT REP: COLLIN FABIAN	EQUIPMENT REP #: (248)497-6052
PROJECT #: 19-1600	ISSUE DATE: 05/24/2019	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE

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**ALCONA HEALTH**

LOCATION:  
**OSCODA, MI**

<b>DRAWN BY</b> AR	<b>EQUIPMENT REP:</b> COLLIN FABIAN	<b>EQUIPMENT REP #:</b> (248)497-6052
<b>PROJECT #:</b> 19-1600	<b>ISSUE DATE:</b> 05/24/2019	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE



SHEET NO.  
**DB110**

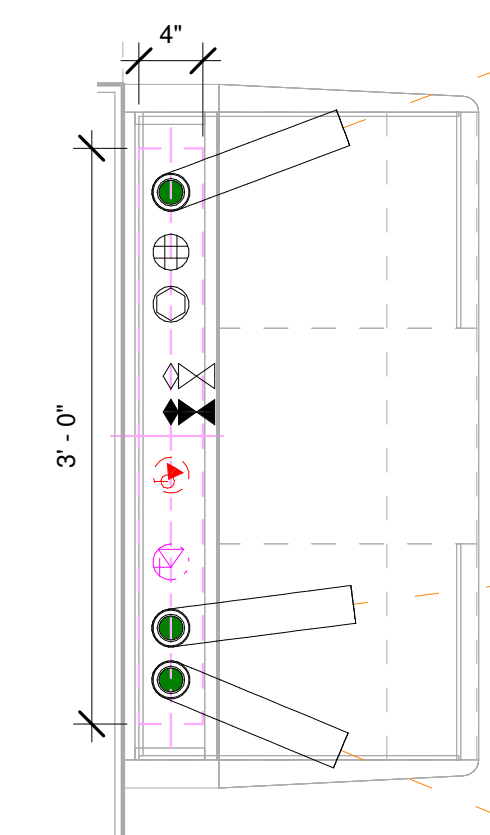
NOT FOR CONSTRUCTION

NOT FOR CONSTRUCTION

ELECTRICAL SYMBOLS		
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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
4		120v DUPLEX DEDICATED OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
8		120v DUPLEX OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
10		120v QUAD OUTLET FLOOR, MOUNTED ON FLOOR
4		220v SINGLE OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
5		J-BOX FLOOR, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F.
3		J-BOX WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.

LOW VOLTAGE SYMBOLS		
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QTY.	SYM.	DESCRIPTION
30		CONDUIT FLOOR STUB OUT, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F.
1		DATA DEVICE WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
6		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
1		REMOTE PAN SWITCH IN WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
3		REMOTE X-RAY SWITCH WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.

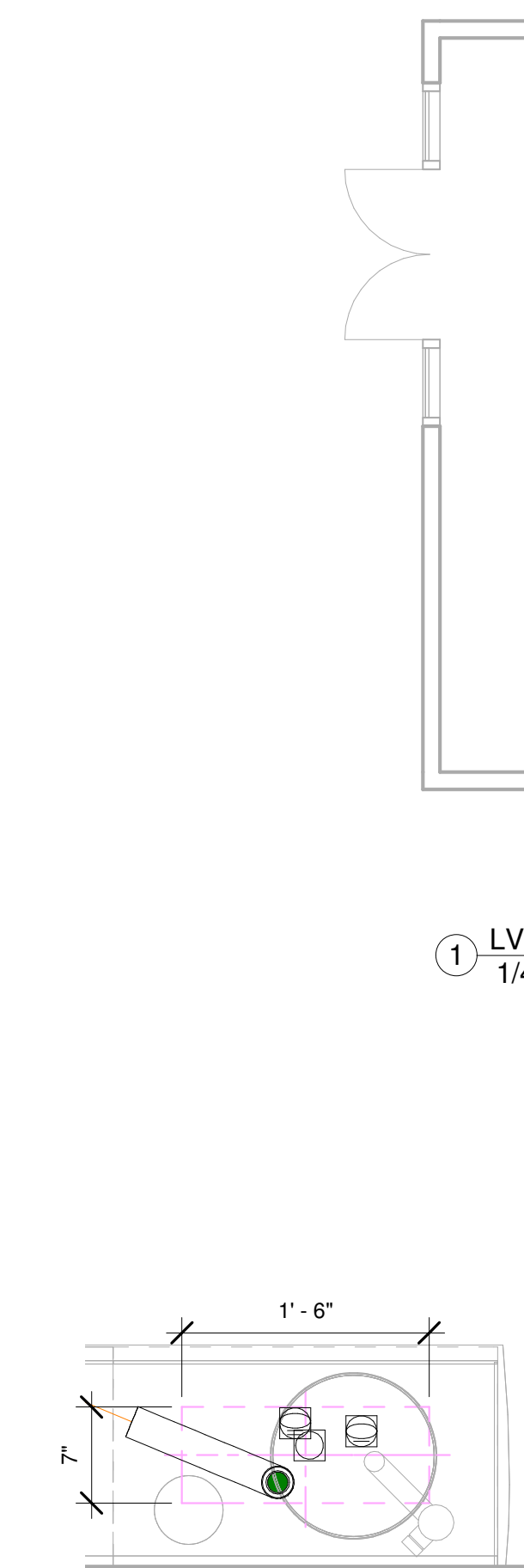
ELECTRICAL LEGEND	
	18/3 WIRE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	18/4 WIRE, WIRES RUN IN WALLS OR ABOVE FINISHED CEILING
	CAT5e OR BETTER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	MANUFACTURER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	ELECTRICAL CONDUIT UNDER FLOOR, SIZE AS INDICATED ON PLAN
	ELECTRICAL CONDUIT ABOVE CEILING, SIZE AS INDICATED ON PLAN



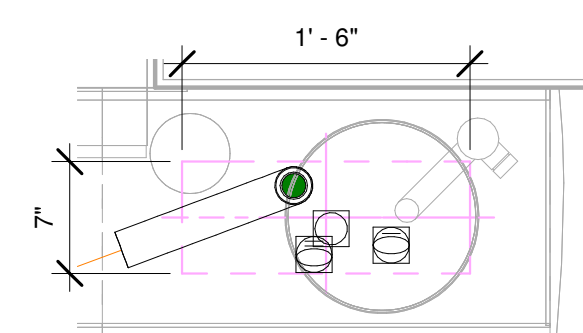
② ENLARGED REAR TREATMENT CABINET UTILITY #19  
1" = 1'-0"

PLUMBING SYMBOLS		
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QTY.	SYM.	DESCRIPTION
11		1/2" OD. TO 3/8" OD. SHUT OFF AIR CONNECTION FLOOR HEIGHT 3" A.F.F. TO CENTER UNLESS OTHERWISE NOTED
2		1/2" OD. TO 3/8" OD. SHUT OFF AIR CONNECTION WALL HEIGHT 3" A.F.F. TO CENTER IF TAG NOT PRESENT
9		DIRECT DRAIN FLOOR
1		DIRECT DRAIN WALL
9		SHUT OFF VALVE COLD WATER FLOOR
1		SHUT OFF VALVE COLD WATER WALL
9		SHUT OFF VALVE HOT WATER FLOOR
1		SHUT OFF VALVE HOT WATER WALL
6		VACUUM PIPE CONNECTION FLOOR
1		VACUUM PIPE CONNECTION WALL

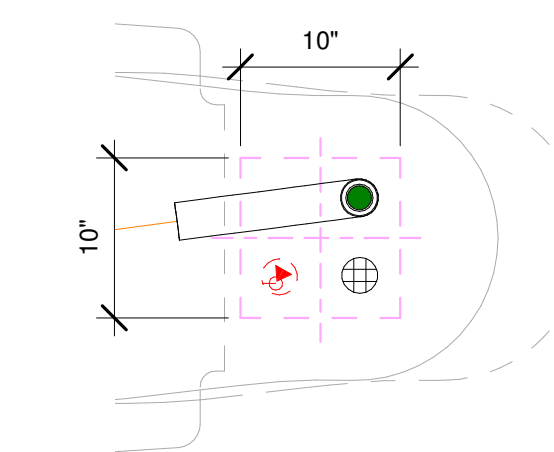
PLUMBING LEGEND	
	VACUUM LINE
	DRIVE GAS (AIR)
	FILTERED CW
	NITROGEN



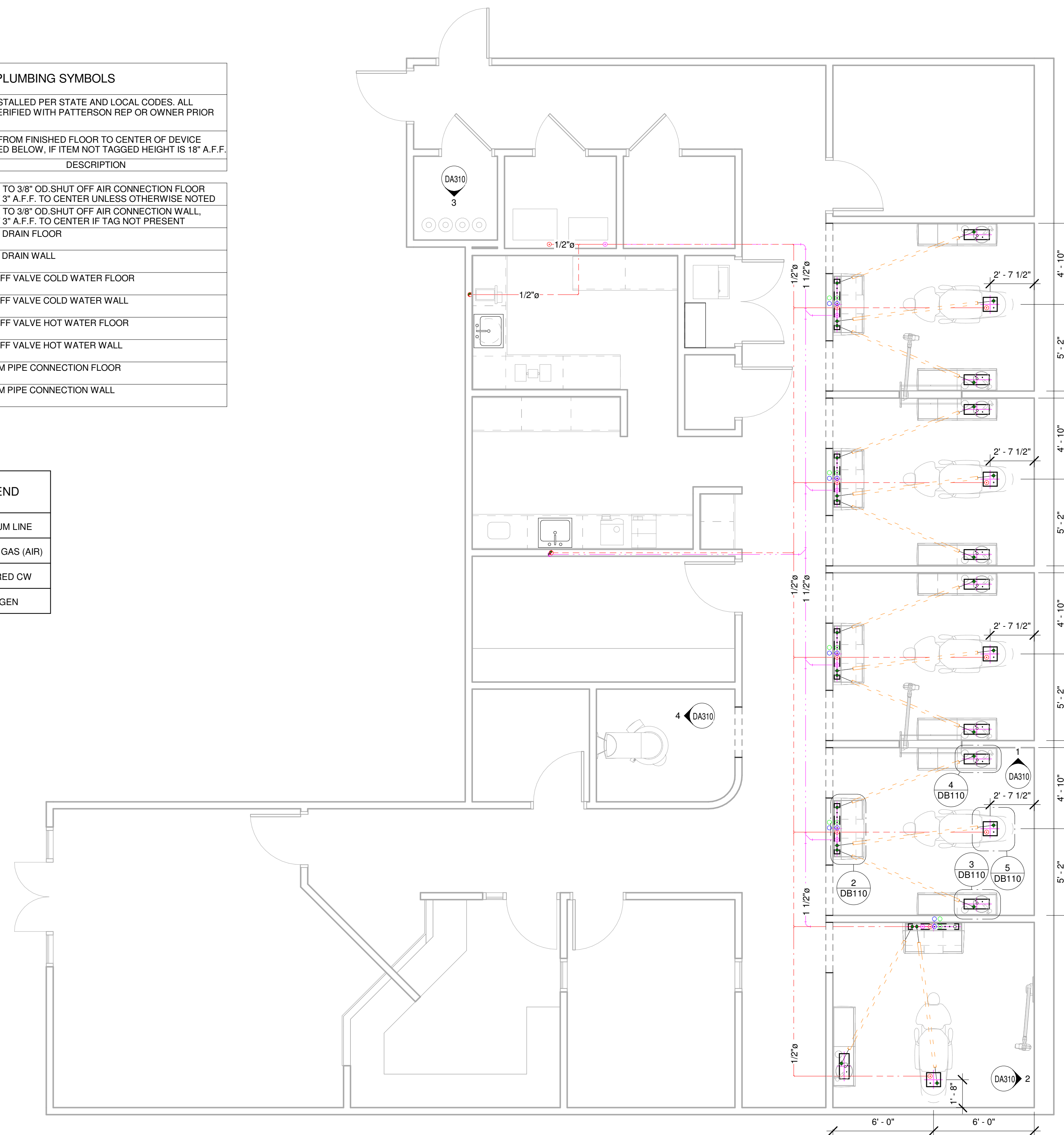
③ ENLARGED DOCTOR'S CABINET UTILITY #20  
1" = 1'-0"



④ ENLARGED ASSISTANT'S CABINET UTILITY #20A  
1" = 1'-0"



⑤ ENLARGED CHAIR UTILITY #1  
1" = 1'-0"



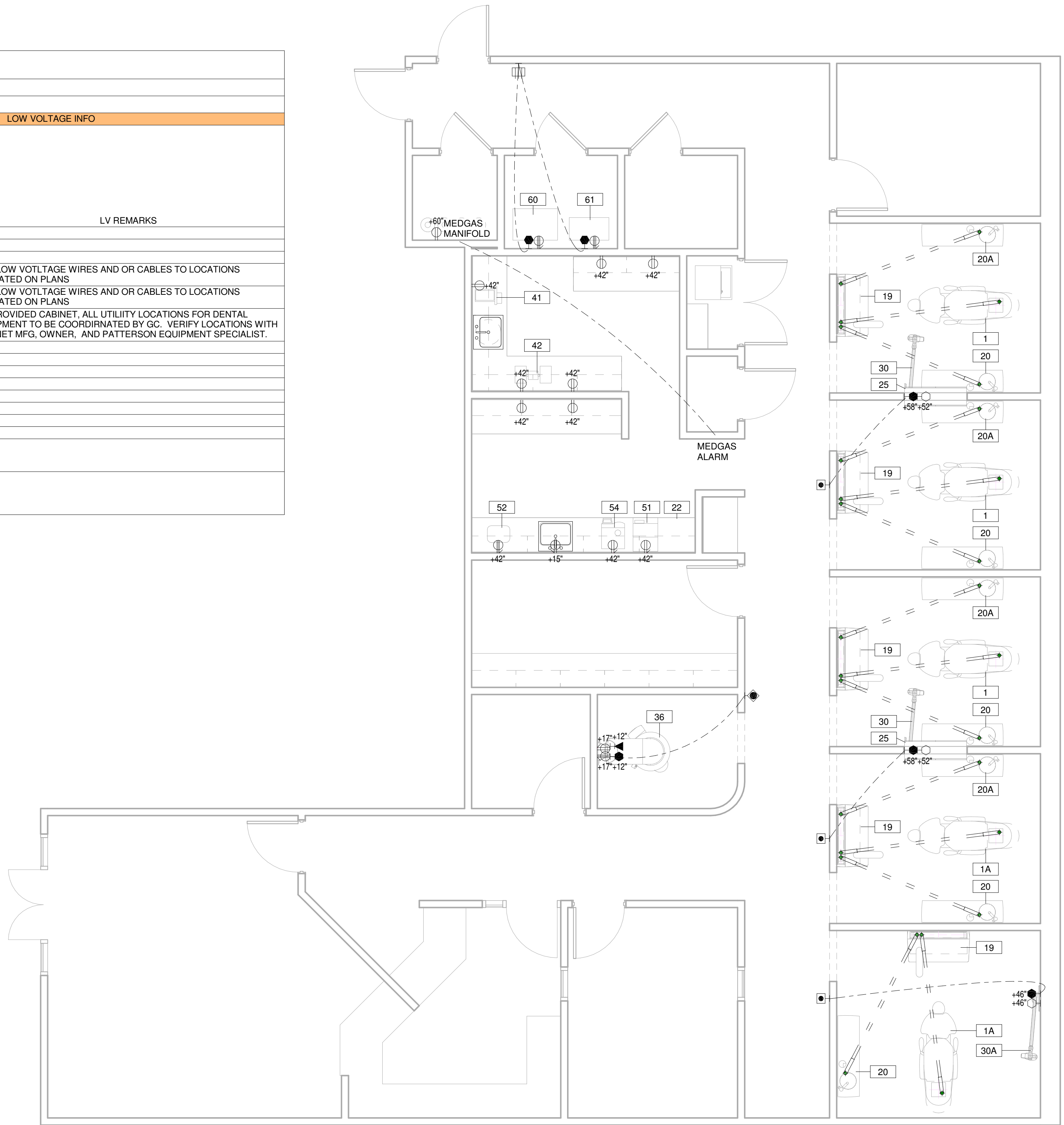
① LVL 1 UNDER FLOOR UTILITY PLAN  
1/4" = 1'-0"

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	JBOX LV	CAT5e OR BETTER MFG CABLE	MONITOR CABLE	LV REMARKS
					VOLTS	AMPS	SINGLE OUTLET	DUPLEX OUTLET	DIRECT WIRE											
3	1	DENTAL CHAIR	NW	EC	120v	7.0														
2	1A	DENTAL CHAIR	ER	EC	120v	7.0														
5	19	REAR CABINET	NW	EC	120v	20.0				EC TO LEAVE MIN 3' FLEXIBLE CONDUIT										
5	20	SIDE CABINET	NW	EC	120v	20.0														
4	20A	SIDE CABINET	NW	EC	120v	20.0														
1	22	STERILIZATION CABINET	NW	EC	120v	20.0														
2	30	INTRAORAL X-RAY	NW	EC	120	20.0														
1	30A	INTRAORAL X-RAY	NW	EC	120	20.0														
1	36	PAN	ER	EC	220/120	20.0														
1	41	MODEL TRIMMER	ER	EC	120	10.0														
1	42	LATHE	ER	EC	120	5.0														
1	51	STERILIZER	NW	EC	120v	12.0				DEDICATED POWER										
1	52	ULTRASONIC CLEANER	NW	EC	120v	2.0														
1	54	STATIM	NW	EC	120v	11.0														
1	60	COMPRESSOR	NW	EC	220V	20.0				BREAKER RATING 40.0 AMPS / IF SERVICE IS ABOVE OR BELOW VOLTAGE INDICATED, INSTALL A BUCK/BOOST TRANSFORMER AS REQUIRED.										
1	61	WET VACUUM SYSTEM	NW	EC	(2)220v	30.0				DEDICATED POWER, DISCONNECT REQUIRED IF UNIT IS NOT LOCATED IN SAME ROOM AS ELECTRICAL PANEL / IF VOLTAGE FALLS ABOVE OR BELOW THE MINIMUM OR MAXIMUM A BUCK/BOOST TRANSFORMER MUST BE INSTALLED.										

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ELECTRICAL LEGEND	
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	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



① LVL 1 POWER & LOW VOLTAGE PLAN  
1/4" = 1'-0"

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LOCATION:  
**OSCODA, MI**

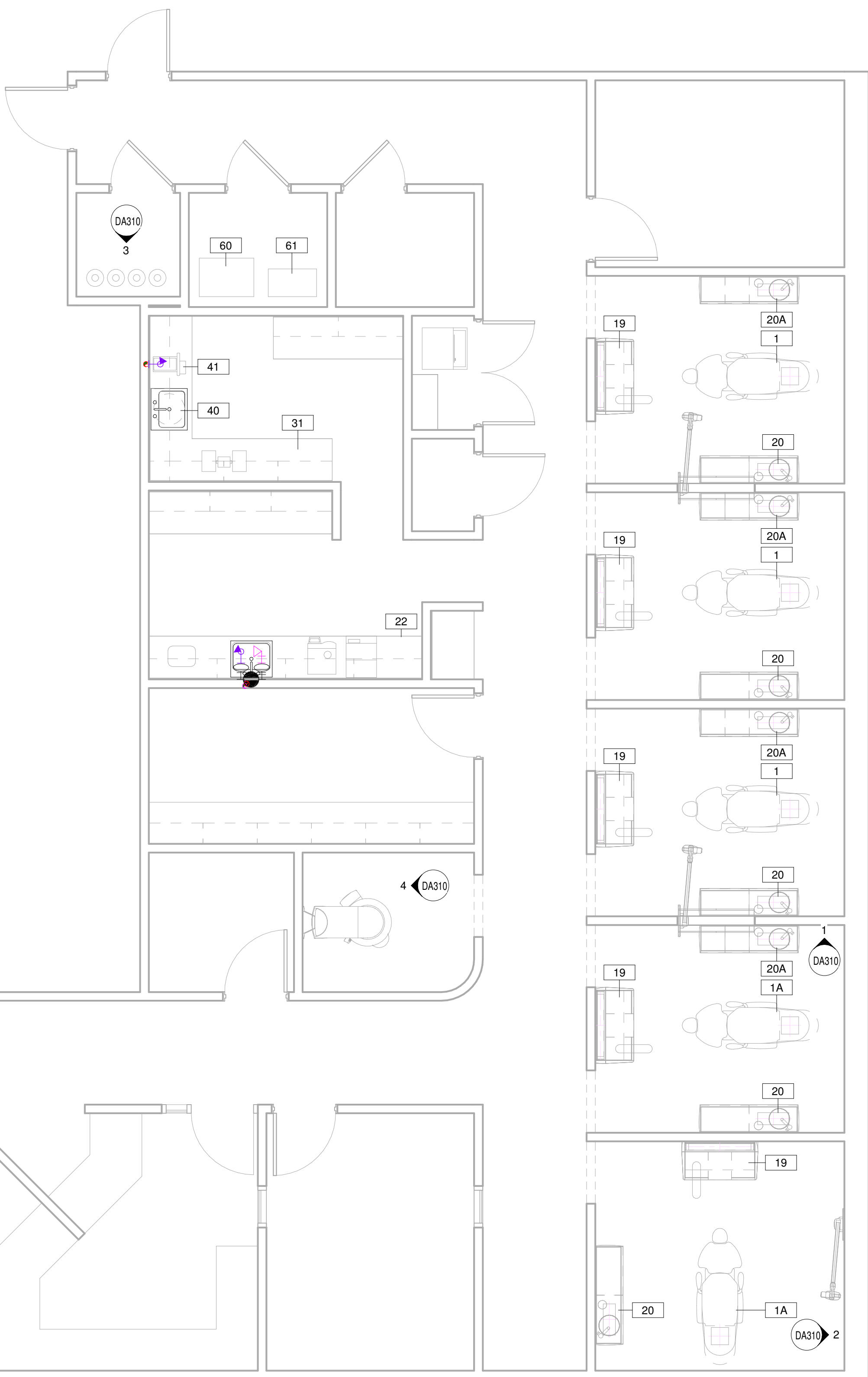
DRAWN BY	EQUIPMENT REP:	EQUIPMENT REP #:
AR	COLLIN FABIAN	(248)497-6052
PROJECT #:	ISSUE DATE:	
19-1600	05/24/2019	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE

SHEET NO.  
**DE110**

**EQUIPMENT PLUMBING-DENTAL COMPRESSED AIR-VAC SCHEDULE**

GENERAL NOTES:																				
ALL ITEMS TO BE INSTALLED PER STATE AND LOCAL CODES..																				
QTY	ITEM #	DESCRIPTION	STATUS	PLUMBING								PLUMBING INFO					VAC INFO		DENTAL COMPRESSED AIR	
				PLUMBING CONNECTION BY	1/4" COLD WATER FLEX TUBING	1/2" COLD WATER COPPER	3/4" COLD WATER COPPER	1" COLD WATER COPPER	3/4" COPPER TYPE M	1-1/2" PVC WASTE SCHEDULE 40	DRAIN DIRECT	DRAIN INDIRECT	DRAIN STAND PIPE	RISERS	MAIN & BRANCHES	VAC REMARKS	COMPRESSED AIR REMARKS			
3	1	DENTAL CHAIR	NW	PC																
2	1A	DENTAL CHAIR	ER	PC																
5	19	REAR CABINET	NW	PC																
5	20	SIDE CABINET	NW	PC																
4	20A	SIDE CABINET	NW	PC																
1	22	STERILIZATION CABINET	NW	PC																
1	31	LAB CABINETS	NW	PC																
1	40	PLASTER TRAP	ER	PC																
1	41	MODEL TRIMMER	ER																	
1	60	COMPRESSOR	NW	PC																
1	61	WET VACUUM SYSTEM	NW	PC																



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**ALCONA HEALTH**

**LOCATION:**  
**OSCODA, MI**

<b>DRAWN BY:</b> AR	<b>EQUIPMENT REP.:</b> COLLIN FABIAN	<b>EQUIPMENT REP #:</b> (248)497-6052
<b>PROJECT #:</b> 19-1600	<b>ISSUE DATE:</b> 05/24/2019	

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**PLUMBING SYMBOLS**

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QTY.	SYM.	DESCRIPTION
11	⊕	1/2" OD. TO 3/8" OD. SHUT OFF AIR CONNECTION FLOOR HEIGHT 3" A.F.F. TO CENTER UNLESS OTHERWISE NOTED
2	⊕	1/2" OD. TO 3/8" OD. SHUT OFF AIR CONNECTION WALL, HEIGHT 3" A.F.F. TO CENTER IF TAG NOT PRESENT
9	⊕	DIRECT DRAIN FLOOR
1	●	DIRECT DRAIN WALL
9	⊕	SHUT OFF VALVE COLD WATER FLOOR
1	⊕	SHUT OFF VALVE COLD WATER WALL
9	⊕	SHUT OFF VALVE HOT WATER FLOOR
1	⊕	SHUT OFF VALVE HOT WATER WALL
6	⊕	VACUUM PIPE CONNECTION FLOOR
1	⊕	VACUUM PIPE CONNECTION WALL

**EQUIPMENT EXHAUST 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 WILL BE INSTALLED PER STATE AND LOCAL CODES..

QTY	ITEM #	EQUIPMENT INFO		STATUS	VENT EXHAUST REMARKS
		DESCRIPTION			
1	60	COMPRESSOR		NW	
1	61	WET VACUUM SYSTEM		NW	2" PVC SCHEDULE 40 FRESH AIR VENT REQUIRED TO OUTSIDE. / ROOM TEMP MUST NOT BE BELOW 40° OR ABOVE 104° / SEE DETAIL AN INDICATED ON PLAN

**PLUMBING LEGEND**

	VACUUM LINE
	DRIVE GAS (AIR)
	FILTERED CW
	NITROGEN

① LVL 1 PLUMBING PLAN  
1/4" = 1'-0"

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LOCATION:  
**OSCODA, MI**

<b>DRAWN BY</b> AR	<b>EQUIPMENT REP:</b> COLLIN FABIAN	<b>EQUIPMENT REP #:</b> (248)497-6052
<b>PROJECT #:</b> 19-1600	<b>ISSUE DATE:</b> 05/24/2019	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE

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.		
+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
1		N2O-O2 ALARM ON WALL, IF TAG NOT PRESENT HEIGHT IS 60" TO CENTER OF DEVICE A.F.F.
5		N2O-O2 DISS FITTINGS, IN FLOOR, WITH SHUT OFF'S, HEIGHT IS NOT TO EXCEED 3" A.F.F TO TOP OF DEVICE
1		N2O-O2 MANIFOLD ON WALL, UNLESS OTHERWISE NOTED HEIGHT IS 60" TO BOTTOM OF DEVICE A.F.F.

N2O-O2 LEGEND	
	N2O PIPE, TYPE L OR K COPPER, SILVER SOLDER BRAISED, TERMINATES AT 3/8" CONNECTION.
	O2 PIPE, TYPE L OR K COPPER, SILVER SOLDER BRAISED, TERMINATES AT 1/2" CONNECTION.

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
QTY	ITEM #	DESCRIPTION	STATUS	
5	19	REAR CABINET	NW	• 3/8" TYPE L OR K COPPER • 1/2" TYPE L OR K COPPER



① LVL 1 MEDGAS PLAN  
1/4" = 1'-0"

**N2O lines WILL NOT be installed  
O2 lines WILL NOT be installed  
N2O and O2 alarms WILL NOT be installed**