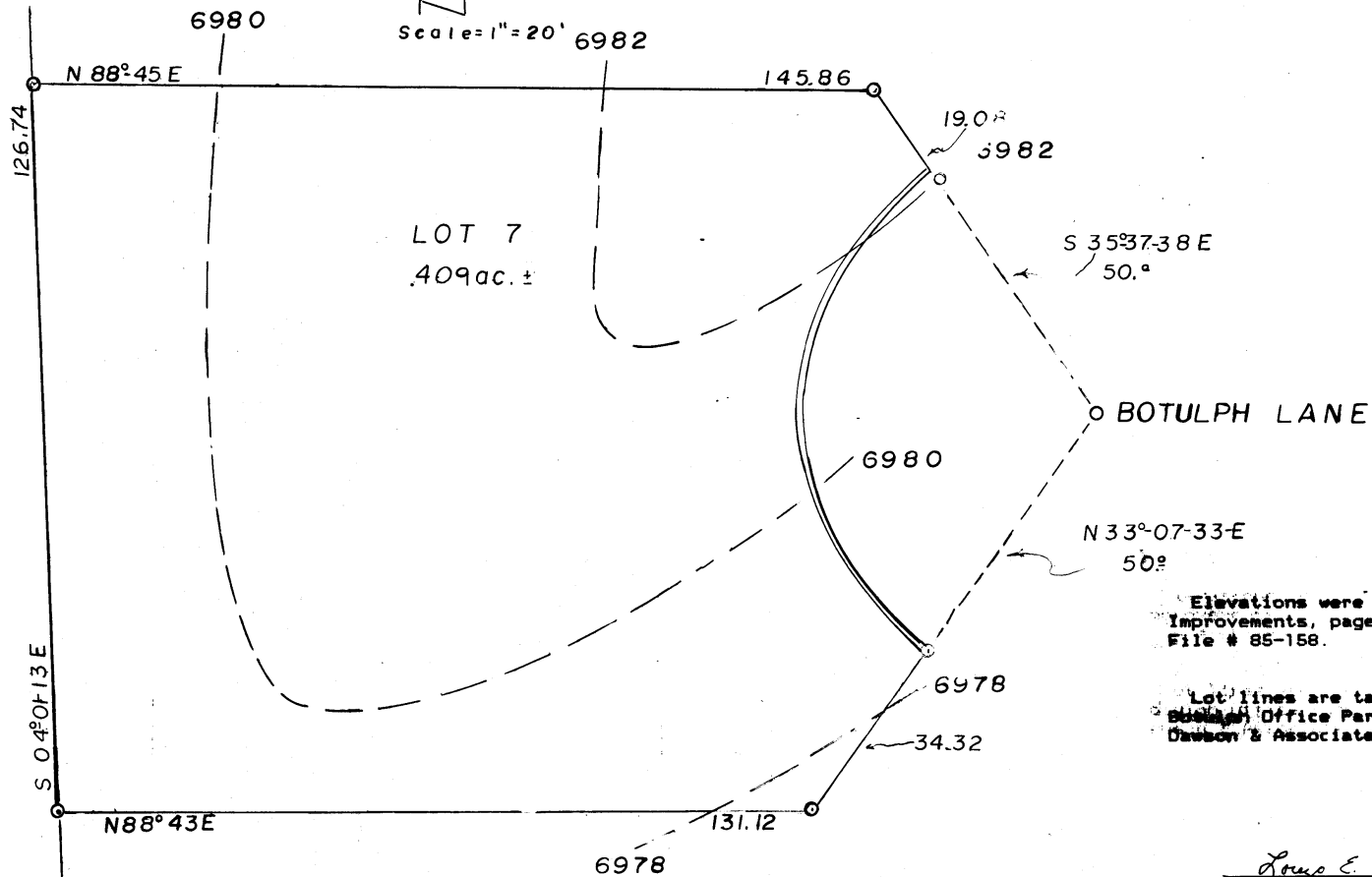


0 10 20 30 40

Scale = 1" = 20'



Elevations were established using Botulph Road Improvements, page 5 of 7, prepared by Gary Dawson, File # 85-158.

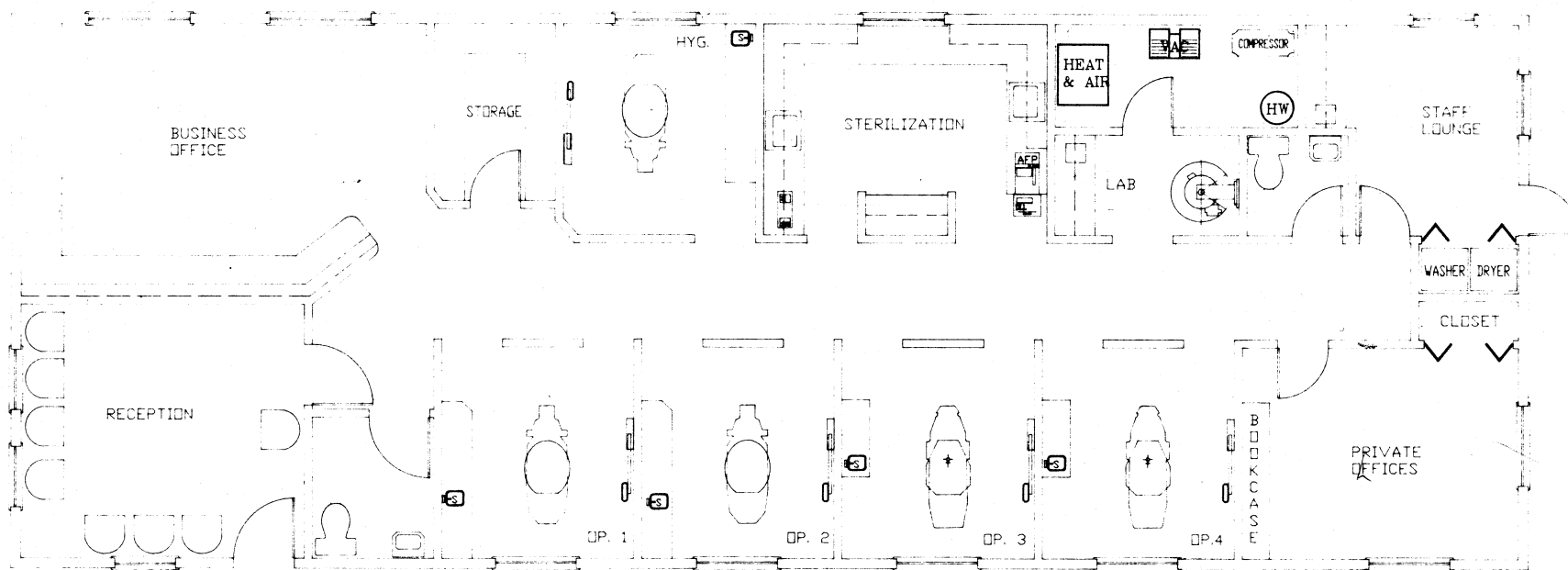
Lot lines are taken from A Subdivision Plat Of Botulph Office Park, recorded 12/5/85, by Gary Dawson & Associates.

*Louise E. Davis*

1 DR. CHRIS SPIER  
MARCH 1992

SANTA FE, NM

1/4"=1'-0"



|                             |                      |
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| DR. CHRISTOPHER SPIER       | DRAWN BY: JIM MARTIN |
| CITY: SANTA FE, NM          | AREA: 2069 SQ. FT.   |
| DATE: FEB. 1992             | SCALE: 1/4"= 1'-0"   |

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## PLUMBING SPECIFICATIONS

ITEMS MARKED WILL BE REQUIRED AS PART OF CONSTRUCTION.

PLUMBER TO SUPPLY & INSTALL 'BACKFLOW PREVENTION VALVE' AT MAIN WATER METER, IN CITY OF ALBU. PER ALBU. WATER CONTROL DEPT. CODE.  
PLUMBER TO RUN ALL PIPING IN ACCORDANCE WITH LOCAL CODES AND REGULATIONS. ALL PLUMBING LINES ARE TO BE CONCEALED UNLESS OTHERWISE SPECIFIED.

DURING DENTAL EQUIPMENT INSTALLATION THE PLUMBER MUST BE ON THE JOB TO CONNECT ALL PLUMBING LINES TO THE DENTAL UNITS (P-1), MODULAR CABINET SINKS AND FAUCETS, DEVELOPING TANK, GAS & AIR VALVES, NITROUS OXIDE & OXYGEN EQUIPMENT, AIR COMPRESSOR, AIR DRYER, VACUUM SUCTION SEPARATOR AND WATER VALVES. MANUFACTURERS SPECIFICATION TEMPLATES FOR ALL DENTAL EQUIPMENT WILL BE PROVIDED BY THE PATTERSON DENTAL REPRESENTATIVE. PATTERSON DENTAL WILL LOCATE ALL DENTAL EQUIPMENT REQUIREMENTS ON THE JOBSITE.

☒ P-1 A UTILITY JUNCTION BOX W/OUT DRAIN ABOVE FLOOR SUPPLIED BY DOCTOR. INSTALL 1/2" COPPER MPT COLD WATER, 1/2" COPPER MPT AIR, AND VACUUM PIPES ABOVE FINISHED FLOOR. THESE DIMENSIONS ARE CRITICAL AND MUST COMPLY WITH MEASUREMENTS OF MFG TEMPLATE. ADAPTERS AND VALVES, WHERE INDICATED, MUST BE CONFORMED TO. PATTERSON DENTAL WILL PROVIDE 'ADEC DETROIT' DOUBLE CHECK VALVE ON WATER SUPPLY, WHERE REQUIRED BY CITY CODE. SEE DETAIL D-1 A.

☒ P-1 B UTILITY JUNCTION BOX WITH DRAIN ABOVE FLOOR SUPPLIED BY DOCTOR. SAME REQUIREMENTS AS P-1 A, WITH 1 1/2" DRAIN LINE WITH TRAP REDUCED TO 1" OR AS PER MFG TEMPLATE. SEE DETAIL D-1 B.

☒ P-1 C UTILITY JUNCTION BOX, WALL SUPPLIED BY DOCTOR. SAME REQUIREMENTS AS P-1 A, MOUNTED TO WALL. VACUUM TRUNK LINE TO BE RUN IN OR ALONG FLOOR, UNLESS OTHERWISE SPECIFIED. SEE DETAIL D-1 C.

☐ P-2 WATER OUTLET: SUPPLIED BY PLUMBER. INSTALL 1/2" COPPER MPT COLD WATER LINE WITH ANGLE STOP. SEE PATTERSON FOR LOCATION.

☒ P-3 MASTER WATER VALVE: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL IN COLD WATER LINE TO ENTIRE DENTAL SUITE. PROVIDE SHUTOFF AND BYPASS VALVES IF NOT PART OF ASSEMBLY. VALVE MUST BE ACCESSIBLE TO DOCTOR. SEE DETAIL D-3 AND MFG TEMPLATE.

☒ P-4 AIR COMPRESSOR - SINGLE: SUPPLIED BY DOCTOR. PLUMBER TO RUN 1/2" COPPER AIR LINE, STARTING FROM AIR COMPRESSOR LOCATION AND TEE OFF TO DENTAL UNITS (P-1) AND ALL OTHER AREAS THAT REQUIRE AIR. REDUCE LINE SIZE TO CONFORM TO MFG SPECIFICATIONS. SEE DETAIL D-4.

☐ P-5 AIR COMPRESSOR - DUAL: SUPPLIED BY DOCTOR. SAME REQUIREMENTS AS P-4. SEE DETAIL D-5.

☐ P-6 AIR DRYER: SUPPLIED BY DOCTOR. PLUMBER TO PROVIDE AND INSTALL 1/2" COPPER AIR LINE FROM AIR COMPRESSOR TO AIR DRYER AND FROM AIR DRYER TO OUTGOING AIR LINE TO OPERATORIES. INSTALL BY-PASS VALVE SYSTEM WHEN NOT PROVIDED AS PART OF AIR DRYER ASSEMBLY. SEE DETAIL D-6 AND MFG TEMPLATE.

☐ P-7 VACUUM PUMP - SINGLE: SUPPLIED BY DOCTOR. SEE DETAIL D-7 AND MFG TEMPLATE. PLUMBER TO INSTALL AND PROVIDE:

A) VACUUM LINE- RUN 1" ID SCHEDULE 40 PVC PIPING BELOW AND THROUGH FLOOR OR IN WALL TO TREATMENT ROOM LOCATIONS (P-1), AS INDICATED ON PLAN. USE COPPER ONLY WHERE CITY CODE DEMANDS. REDUCE TO SIZE AND SUPPLY FITTINGS PER MFG TEMPLATE. PLUMBER TO INSTALL 45 DEGREE ANGLES AND AVOID 90 DEGREE ANGLES WHERE POSSIBLE.

B) WATER- PROVIDE VALVED 1/2" FPT COLD WATER LINE. PLUMBER TO PROVIDE AND INSTALL 'REDUCED PRESSURE BACKFLOW PREVENTION VALVE' ON WATER LINE IF REQUIRED BY CITY CODE. POSITION ABOVE FLOOR SINK.

C) DRAIN- PROVIDE FLOOR SINK OR VENTED WASTE LINE WITH P-TRAP, WHERE CODES PERMIT. DRAIN MUST BE LOCATED WITHIN 3' FROM VACUUM.

D) EXTERNAL VENT- PROVIDE FOR EXHAUST AIR WHERE REQUIRED BY MFG SPECS. INSTALL AIR/WATER SEPARATOR WITH CONNECTION TO EXTERNAL VENT.

☒ P-8 VACUUM PUMP - DUAL: SUPPLIED BY DOCTOR. SAME REQUIREMENTS AS P-7. SEE DETAIL D-8 AND MFG TEMPLATE.

☒ P-9 FILM PROCESSOR: SUPPLIED BY DOCTOR. PLUMBER TO PROVIDE AND INSTALL A VALVED COLD WATER LINE (GARDEN HOSE TYPE VALVED) WITH ATMOSPHERIC VACUUM BREAKER (6" ABOVE FLOOD RIM) ABOVE COUNTER TOP. SUPPLY DRAIN AT 18" ABOVE THE FLOOR WITH TRAPPED STANDPIPE. WASTE LINES TO BE PVC PLASTIC OR IRON PIPE. SEE DETAIL D-9 & MFG TEMPLATE. REFER TO 'NOTES' IN THE CITY OF ALBU. NM.

☐ P-10 DEVELOPING TANK: SUPPLIED BY DOCTOR. RECESS TANK INTO COUNTER TOP. SUPPLY DRAIN WITH TRAP 12" ABOVE FLOOR. RUN HOT AND COLD WATER ABOVE COUNTER TOP AND PROVIDE FAUCETS AND LONG STEM SPOGOT. SEE DETAIL D-10 AND MFG TEMPLATE.

☐ P-11 MODEL TRIMMER: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL COLD WATER LINE WITH 3/8" ANGLE STOP ABOVE THE COUNTER TOP. PATTERSON TO PROVIDE AND INSTALL 'ADEC DETROIT VALVE' BETWEEN WATER VALVE AND TRIMMER. PLUMBER TO RUN WASTE LINE FROM TRIMMER TO SINK TAILPIPE/ PLASTER TRAP. SEE DETAIL D-11. REFER TO 'NOTES' IN THE CITY OF ALBU. NM.

☐ P-12 PLASTER TRAP: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL FOR SINK WITH MODEL TRIMMER. BRACE TRAP TO SUPPORT WEIGHT OF FULL TRAP AND TO SIMPLIFY REMOVAL OF CANNISTER FOR CLEANING. SEE DETAIL D-12.

☐ P-13 OXYGEN OUTLET: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL 1/2" TYPE K OR L COPPER OXYGEN LINE FROM TANK ROOM. USE SILVER SOLDER JOINTS AND COMPLY WITH LOCAL CODES. SEE DETAIL D-23.

☐ P-14 NITROGEN OUTLET: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL 5/8" O.D. COPPER LINE FROM TANK ROOM TO OUTLET LOCATION. PER PLAN. PIPING MUST COMPLY WITH LOCAL CODES.

☐ P-15 SURGICAL SUCTION OUTLET: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL 1/2" COPPER TRUNK LINE OVERHEAD FROM VACUUM (P-16) TO LOCATIONS AS PER PLAN. REDUCE RISERS PER MFG SPECIFICATIONS.

☐ P-16 SURGICAL VACUUM: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL 3/4" I.D. COPPER TRUNK LINE FROM VACUUM TO SUCTION OUTLET, AS PER PLAN. PLUMBER TO PROVIDE 1/2" VENT PIPE FROM VACUUM TO OUTSIDE ATMOSPHERE.

☐ P-18 AIR OUTLET: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL 1/2" COPPER AIR LINE TO AIR OUTLETS, AS PER PLAN. REDUCE TO 3/8" FPT FLANGE FLUSH WITH WALL. COMPLY WITH MFG VALVE ADAPTATION TO LINE. INSTALL 44" ABOVE FLOOR. SEE DETAIL D-18, 19.

☐ P-19 GAS OUTLET: SUPPLIED BY DOCTOR. SAME SPECIFICATIONS AS AIR OUTLET BUT FOR NATURAL GAS. SEE DETAIL D-18, 19.

☐ P-23 N2O-O2 OUTLET STATION: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL 1/2" O.D. COPPER OXYGEN AND 3/8" O.D. COPPER NITROUS OXIDE LINES FROM TANK ROOM. LINES TO BE TYPE K OR L COPPER WITH SILVER SOLDERED JOINTS, AND COMPLY WITH LOCAL CODES. OXYGEN IS ALWAYS ON THE RIGHT AND NITROUS OXIDE ON THE LEFT, AS YOU FACE THE OUTLET. SEE DETAIL D-23.

☐ P-24 N2O-O2 TANK ROOM & VALVES: VALVES AND MANIFOLD ARE SUPPLIED BY DOCTOR. PLUMBER TO PROVIDE & INSTALL O2-N2O LINES STARTING FROM TANK ROOM AT 72" ABOVE FLOOR. TWO SIZES OF TYPE K OR L DECREASED COPPER TUBING TO OUTLET STATIONS (P-13 & P-23) AT 12" ABOVE FLOOR OR AS PER MFG TEMPLATE. OXYGEN IS TO BE 1/2" O.D. AND NITROUS OXIDE TUBING 3/8" O.D. ALL CONNECTIONS MUST BE SILVER SOLDERED. LINES AND VALVES ARE TO BE PRESSURE TESTED WITH NITROGEN GAS AT 150 PSI AND MAINTAINED FOR 24 HOURS WITHOUT LOSS OF PRESSURE. TANK ROOM IS TO VENTED TO OUTSIDE ATMOSPHERE BY HIGH & LOW GRILLS ON EXTERIOR WALL.

☐ P-26 TURBINE VACUUM: SUPPLIED BY DOCTOR. PLUMBER TO INSTALL A 2" O.D. PVC, SCHEDULE 40, VACUUM TRUNK LINE TO TREATMENT ROOM LOCATIONS (P-1). REDUCE TRUNK LINE TO 1 1/2" O.D. RISERS & SUPPLY FITTINGS AT TERMINATION POINTS PER MFG TEMPLATE. INSTALL 45 DEGREE ANGLES WHERE POSSIBLE. INSTALL 3/4" DRAIN LINE AND EXHAUST VENT TO OUTSIDE NEXT TO VACUUM. SEE DETAIL D-26 AND MFG TEMPLATE.

## NOTES:

① IN THE CITY OF ALBU. NM. THE WATER SUPPLY LINES FOR THE FILM PROCESSOR (P-9) AND THE MODEL TRIMMER (P-11) ARE TO BE TIED INTO THE SAME WATER LINE AS THE VACUUM (P-7 OR P-8).

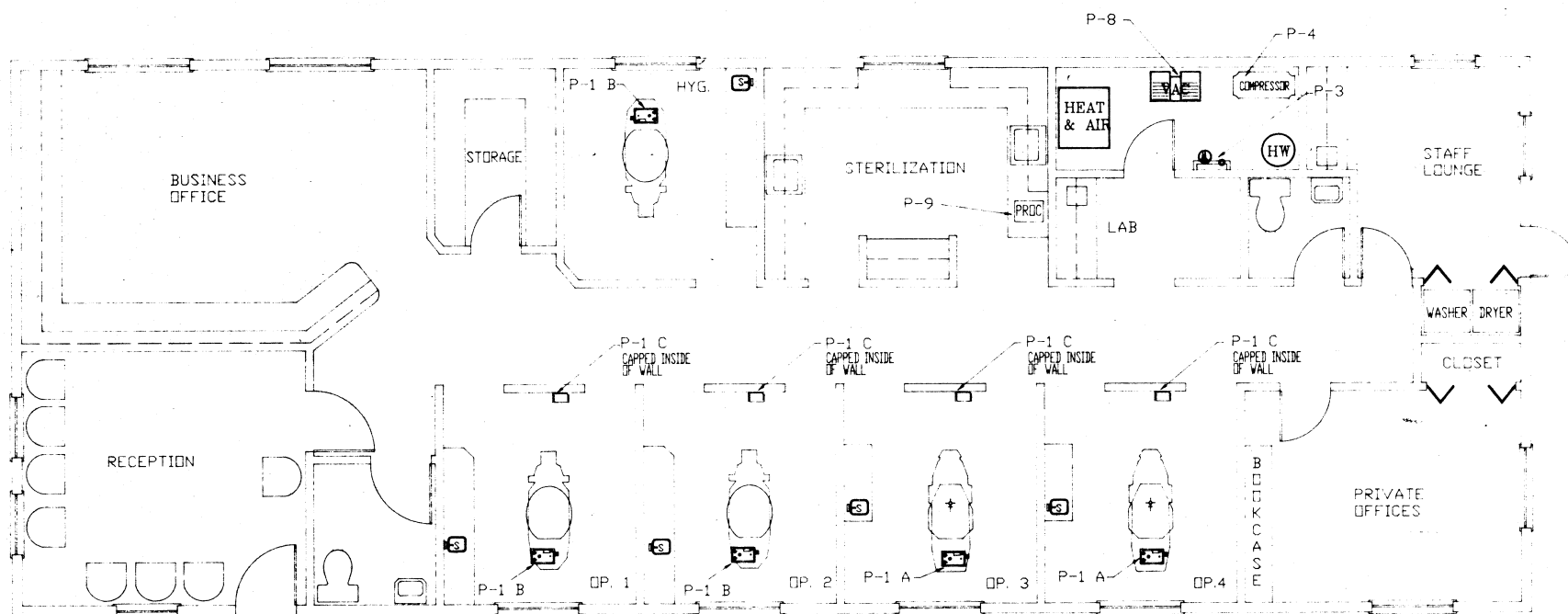
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1 DR. CHRIS SPIER  
MARCH 1992

SANTA FE, NM

1/4"=1'-0"

## PLUMBING SPECIFICATIONS



PATTERSON DENTAL COMPANY  
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| CITY:     | SANTA FE, NM          | AREA, S. FT.: | 2069 SQ. FT. |
| DATE:     | FEB. 1992             | SCALE:        | 1/4"= 1'-0"  |

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# ELECTRICAL SPECIFICATIONS

ITEMS MARKED WILL BE REQUIRED AS PART OF CONSTRUCTION.

ELECTRICIAN TO MEET ALL LOCAL CODES. ON THE DAY OF DENTAL EQUIPMENT INSTALLATION THE ELECTRICIAN MUST BE ON THE JOB TO MAKE FINAL CONNECTIONS WHERE NECESSARY. ALL ELECTRICAL LINES TO BE CONCEALED. PATTERSON DENTAL WILL LOCATE ALL DENTAL REQUIREMENTS ON THE JOBSITE.

☒ E-1 A UTILITY JUNCTION BOX: SUPPLIED BY DOCTOR. REQUIRES 110 VOLT LINE WITH MAXIMUM 12 AMP DRAW. INSTALL RIGID OR FLEX CONDUIT WITH CONNECTOR OR QUAD OUTLET, AS PER MFG. TEMPLATE. WHERE INDICATED BY 'LV' RUN 2 #18 LOW VOLTAGE WIRES TO VACUUM. SEE DETAIL D-1 A. D-1 B OR D-1 C.

☒ E-2 MASTER DENTAL PANEL: SUPPLIED BY DOCTOR. REQUIRES 3 CONDUCTOR LOW VOLT WIRE TO VACUUM, COMPRESSOR AND MASTER WATER. SEE DETAIL D-2.

☒ E-3 MASTER WATER VALVE: SUPPLIED BY DOCTOR. REQUIRES 3 CONDUCTOR LOW VOLTAGE WIRE TO MASTER DENTAL PANEL. SEE DETAIL D-3.

☒ E-4 AIR COMPRESSOR - SINGLE: SUPPLIED BY DOCTOR. REQUIRES SEPARATE CIRCUIT, 20 AMP, SINGLE PHASE RECEPTACLE, OR AS PER MFG. TEMPLATE. FINAL CONNECTION BY ELECTRICIAN. SEE DETAIL D-4.

☐ 110 VOLT ☒ 220 VOLT

NOTE: IF 208 VOLT OR LOWER, ELECTRICIAN TO SUPPLY AND INSTALL BOOST TRANSFORMER.

☐ E-5 AIR COMPRESSOR - DUAL: SUPPLIED BY DOCTOR. REQUIRES 220 VOLT, 20 AMP, SEPARATE CIRCUIT, SINGLE PHASE RECEPTACLE, OR AS PER MFG. TEMPLATE. FINAL CONNECTION BY ELECTRICIAN. SEE DETAIL D-5. NOTE: IF 208 VOLT OR LOWER, ELECTRICIAN TO SUPPLY AND INSTALL BOOST TRANSFORMER.

☐ E-6 AIR DRYER: SUPPLIED BY DOCTOR. REQUIRES 110 VOLT, 15 AMP RECEPTACLE. SEE DETAIL D-6.

☐ E-7 CENTRAL VACUUM PUMP - SINGLE: SUPPLIED BY DOCTOR. REQUIRES SEPARATE CIRCUIT, 20 AMP, SINGLE PHASE RECEPTACLE, OR AS PER MFG. TEMPLATE. FINAL CONNECTION BY ELECTRICIAN. SEE DETAIL D-7.

☐ 110 VOLT ☐ 220 VOLT

NOTE: IF 208 VOLT OR LOWER, ELECTRICIAN TO SUPPLY AND INSTALL BOOST TRANSFORMER.

☒ E-8 CENTRAL VACUUM PUMP - DUAL: SUPPLIED BY DOCTOR. REQUIRES 220 VOLT, 30 AMP, SEPARATE CIRCUIT, SINGLE PHASE RECEPTACLE, OR AS PER MFG. TEMPLATE. FINAL CONNECTION BY ELECTRICIAN. SEE DETAIL D-8. NOTE: IF 208 VOLT OR LOWER, ELECTRICIAN TO SUPPLY AND INSTALL BOOST TRANSFORMER.

☒ E-9 FILM PROCESSOR: SUPPLIED BY DOCTOR. REQUIRES 110 VOLT QUAD RECEPTACLE 44" ABOVE FLOOR. SEE DETAIL D-9.

☐ E-11 MODEL TRIMMER: SUPPLIED BY DOCTOR. REQUIRES 110 VOLT RECEPTACLE 44" ABOVE FLOOR. PLUG MOLDING WILL SUBSTITUTE IF USED BY DOCTOR. SEE DETAIL D-11.

☒ E-14 X-RAY HEAD CONTROL PANEL: SUPPLIED BY DOCTOR. REQUIRES 110 VOLT, 20 AMP, SEPARATE CIRCUIT WITH 'EARTH GROUND'. SEE MFG. TEMPLATE. LEAVE 2 FEET SLACK WIRE FOR CONTROL HOOK-UP. SEE DETAIL D-14.

☐ E-15 X-RAY HEAD: SUPPLIED BY DOCTOR. REQUIRES 7 #12 COLOR CODED STRANDED WIRE FROM EACH X-RAY HEAD JUNCTION BOX TO THE X-RAY HEAD CONTROL PANEL. HEIGHT OF X-RAY HEAD AS PER MFG. TEMPLATE. PROVIDE 2 FEET OF SLACK WIRE AT BOTH ENDS. SEE DETAIL D-15.

☒ E-16 X-RAY REMOTE SWITCH: SUPPLIED BY DOCTOR. REQUIRES 3 #12 COLOR CODED STRANDED WIRE FROM EACH X-RAY HEAD CONTROL PANEL. SEE DETAIL D-16.

☒ E-17 PANORAMIC X-RAY CONTROL RECEPTACLE: SUPPLIED BY ELECTRICIAN. REQUIRES SEPARATE CIRCUIT, 20 AMP RECEPTACLE OR JUNCTION BOX WITH 'EARTH GROUND'. MAY REQUIRE CONDUIT WITH PULL WIRE FROM X-RAY HEAD TO X-RAY CONTROL. SEE MFG. TEMPLATE.

☐ 110 VOLT ☐ 220 VOLT

☒ E-18 AUTOCLAVE RECEPTACLE: SUPPLIED BY ELECTRICIAN. REQUIRES 110 VOLT, 20 AMP, SEPARATE CIRCUIT WITH GROUND. LOCATED 44" ABOVE FLOOR. SEE PATTERSON DENTAL.

☐ E-19 PLUG MOLD STRIP (110V PLUG MOLD): SUPPLIED BY ELECTRICIAN. REQUIRES 110 VOLT, 20 AMP, SEPARATE CIRCUIT, WHERE SPECIFIED ON PLAN. INSTALL OVER COUNTERTOP 44" ABOVE FLOOR WITH PLUG EVERY 18".

☐ E-20 CEILING MOUNTED LIGHT - POST: SUPPLIED BY DOCTOR. REQUIRES 110 VOLT, 3 AMP, WHERE NOTED ON PLAN. RUN RIGID OR FLEX CONDUIT WITH CONNECTOR. ELECTRICIAN TO SWITCH OFF WITH OVERHEAD GENERAL CEILING LIGHTING. SEE DETAIL D-20.

☐ E-21 CEILING MOUNTED LIGHT - TRACK: SUPPLIED BY DOCTOR. REQUIRES 110 VOLT, 3 AMP, WHERE NOTED ON PLAN. RUN RIGID OR FLEX CONDUIT WITH CONNECTOR. ELECTRICIAN TO SWITCH OFF WITH OVERHEAD GENERAL CEILING LIGHTING. SEE DETAIL D-21.

☐ E-22 RECESSED VIEW BOX: SUPPLIED BY DOCTOR. REQUIRES 110 VOLT, 3 AMP. INSTALL CONCEALED WIRES TO BOTTOM OF RECESS. SEE DETAIL D-22.

☐ E-23 RECESSED FLOOR RECEPTACLE (⊙): SUPPLIED BY ELECTRICIAN. REQUIRES 110 VOLT, 6 AMP, RECESSED FLOOR TYPE RECEPTACLE, WHERE DESIGNATED. SEE PATTERSON FOR LOCATION.

☐ E-24 N2O-O2 TANK ROOM & VALVES: SUPPLIED BY DOCTOR. REQUIRES ELECTRICIAN TO PULL WIRING HARNESS OR LOW VOLTAGE WIRES TO N2O-O2 ALARM PANEL. SEE DETAIL D-24.

☐ E-25 N2O-O2 ALARM PANEL: SUPPLIED BY DOCTOR. REQUIRES 110 VOLT, 1.5 AMP OUTLET AND LOW VOLTAGE WIRES FROM TANK ROOM. PER MFG. TEMPLATE. SEE DETAIL D-25.

☐ E-26 TURBINE VACUUM: SUPPLIED BY DOCTOR. REQUIRES 220 VOLT, 20 AMP, SEPARATE CIRCUIT, SINGLE PHASE RECEPTACLE, OR AS PER MFG. TEMPLATE. FINAL CONNECTION BY ELECTRICIAN. SEE DETAIL D-26. NOTE: IF 208 VOLT OR LOWER, ELECTRICIAN TO SUPPLY AND INSTALL BOOST TRANSFORMER.

☐ E-27 SURGICAL VACUUM: SUPPLIED BY DOCTOR. REQUIRES SEPARATE CIRCUIT, 20 AMP, SINGLE PHASE RECEPTACLE, OR AS PER MFG. TEMPLATE. FINAL CONNECTION BY ELECTRICIAN. SEE DETAIL D-4.

☐ 110 VOLT ☐ 220 VOLT

☐ LV LOW VOLTAGE WIRE: SUPPLIED BY DOCTOR. REQUIRES 3 #18 WIRES TO RUN FROM UTILITY JUNCTION BOX(S) E-1 TO CENTRAL VACUUM PUMPS (E-7, OR E-8). WIRES TO BE RUN IN PARALLEL.

☒ ⊕ WALL RECEPTACLE: SUPPLIED BY ELECTRICIAN. 110 VOLT RECEPTACLE WHERE SPECIFIED ON PLAN.

☐ \$ WALL SWITCH: SUPPLIED BY ELECTRICIAN. TO CONTROL DESIGNATED WALL RECEPTACLE AND CEILING LIGHTS.

☐ ⊕ CEILING LIGHT OUTLET: SUPPLIED BY ELECTRICIAN AS LOCATED.

☐ ⊕ EXHAUST FAN: SUPPLIED BY CONTRACTOR. INSTALL WIRING TO OPERATE WHEN VACUUM PUMPS ARE ON. IF IN DARK ROOM INSTALL CONCEALED WIRING TO WALL SWITCH AND FAN IS TO BE LIGHT PROOF.

NOTES:

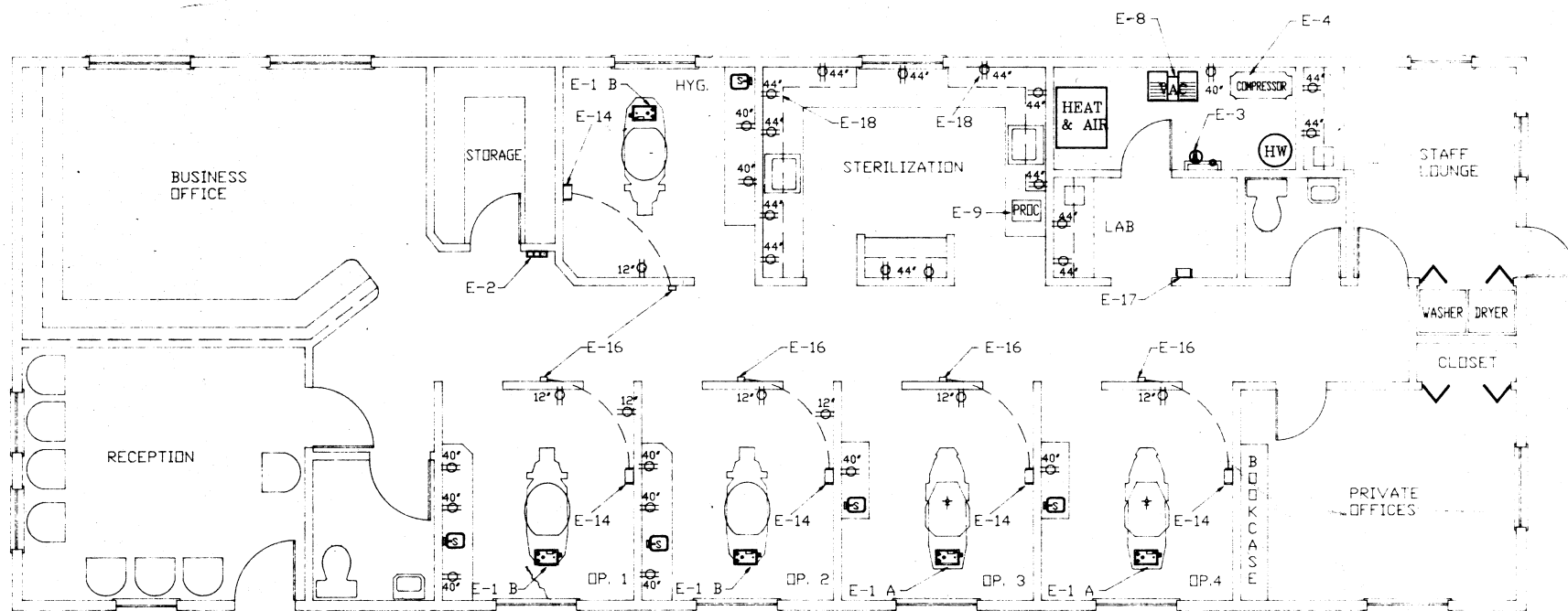
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1 DR. CHRIS SPIER  
MARCH 1992

SANTA FE, NM

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## ELECTRICAL SPECIFICATIONS



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## CARPENTRY SPECIFICATIONS

ITEMS MARKED WILL BE REQUIRED AS PART OF CONSTRUCTION.

DURING CONSTRUCTION PATTERSON DENTAL WILL LOCATE "ON THE JOBSITE" ALL SUPPORT BACKING FOR REQUIREMENTS REGARDING DENTAL EQUIPMENT.

- ☒ C-1 BACKING FOR X-RAY HEAD: SUPPLIED BY CONTRACTOR. INSTALL TWO 4"x4" POSTS OR DOUBLE STUD 2"x4" ON 16" CENTERS. INSTALL FROM FLOOR TO SUPPORTING STRUCTURE ABOVE. INSTALL 2"x6" 'S FLAT BETWEEN STUDS OR 4"x4" 'S FROM 3' TO 5' ABOVE FINISHED FLOOR. THE WALL IS TO SUPPORT 700 POUNDS PULL OFF TOP BOLTS. SEE DETAIL D-13 AND MFG. TEMPLATE.
- ☐ C-2 BACKING FOR X-RAY CONTROL: SUPPLIED BY CONTRACTOR. INSTALL 2" X 8" X 24" FLAT HORIZONTAL BACKING 60" ABOVE FLOOR. SEE MFG. TEMPLATE.
- ☒ C-3 BACKING FOR PANORAMIC X-RAY: SUPPLIED BY CONTRACTOR. INSTALL 2" X 8" FLAT, CENTERED ACROSS ENTIRE PANORAMIC AREA. MUST SUPPORT 150 POUNDS OF WEIGHT. SEE MFG. TEMPLATE.
- ☐ C-4 BACKING FOR WALL MNT. DENTAL UNITS: SUPPLIED BY CONTRACTOR. INSTALL 2" X 8" FLAT, ACROSS DESIGNATED AREA. PATTERSON TO DETERMINE HEIGHT OF BACKING.
- ☐ C-5 SHELF IN MECHANICAL ROOM: SUPPLIED BY CONTRACTOR. INSTALL A SHELF 36" ABOVE FINISHED FLOOR. SHELF TO SUPPORT 100 POUND LOAD. SEE PATTERSON DENTAL FOR DIMENSIONS.
- ☐ C-6 02-N20 TANK ROOM: SUPPLIED BY CONTRACTOR. REQUIRES ONE HOUR FIRE DOOR, WALLS, & CEILING, PER CODE.
- ☒ C-7 SOUND INSULATION: SUPPLIED BY CONTRACTOR. INSTALL AS NOTED ON PLAN.
- ☐ C-8 DARK ROOM LIGHT PROOFING: SUPPLIED BY CONTRACTOR. INSTALL NECESSARY MATERIALS TO INSURE DARK ROOM IS LIGHT TIGHT.
- ☐ C-17 X-RAY CABINET: SUPPLIED BY CONTRACTOR. INSTALL CABINET FOR SWING-THROUGH X-RAY AS NOTED ON PLAN. CONFIRM CUT OUT DIMENSIONS AND LOCATION WITH PATTERSON. ALL NOTED MEASUREMENTS ARE "INSIDE FINISHED." SEE DETAIL D-17.
- ☐ C-20 CEILING LIGHT - POST: SUPPLIED BY DOCTOR. INSTALL BACKING IN CEILING TO SUPPORT 150 POUNDS OFFSET LOAD FOR CEILING MOUNTED "POST" LIGHT. SEE DETAIL D-20 AND MFG. TEMPLATE.
- ☐ C-21 CEILING LIGHT - TRACK: SUPPLIED BY DOCTOR. INSTALL BACKING IN CEILING TO SUPPORT 250 POUNDS OFFSET LOAD FOR CEILING MOUNTED TRACKLIGHT. SEE DETAIL D-20 AND MFG. TEMPLATE.
- ☐ C-22 RECESSED X-RAY VIEWER: SUPPLIED BY DOCTOR. CUT OUT RECESS 42" ABOVE FLOOR TO BOTTOM OF VIEWBOX. SEE MFG. TEMPLATE FOR EXACT SIZE OF CUT-OUT. SEE DETAIL D-22.

## NOTES:

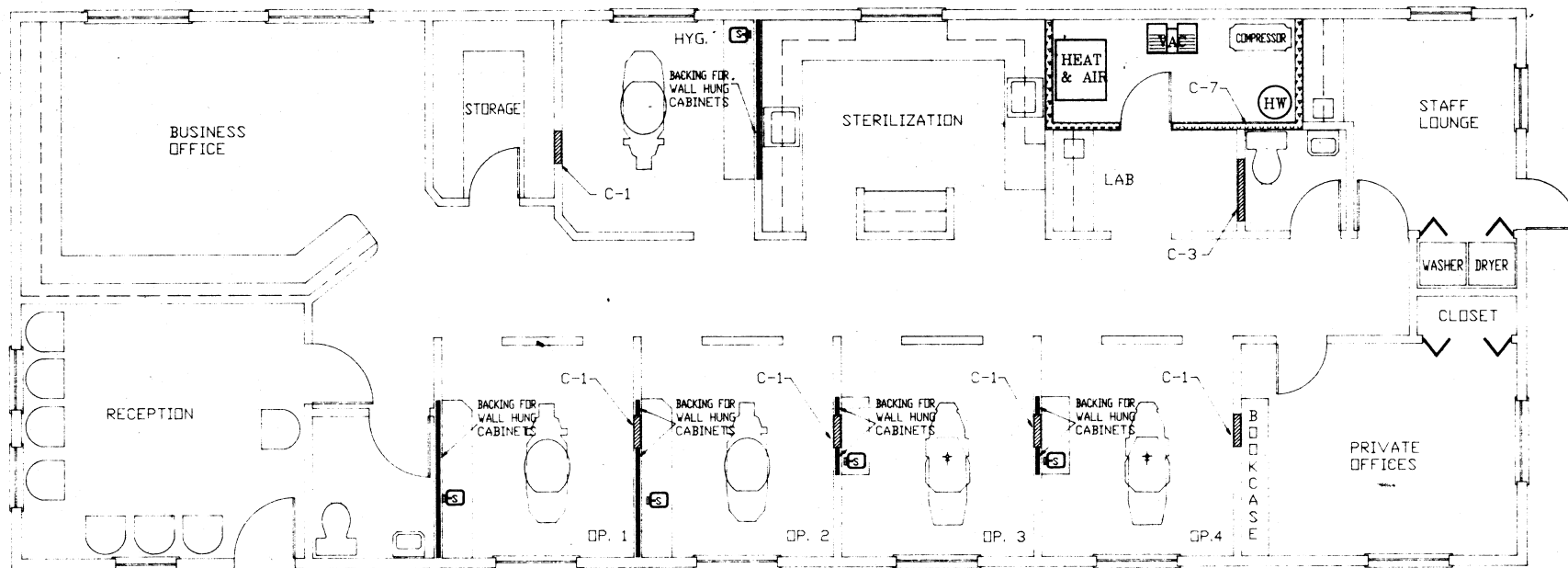
- ① BACKING FOR WALL HUNG DENTAL CABINETS ~~WILL~~ WHERE INDICATED. SEE PATTERSON.

1 DR. CHRIS SPIER  
MARCH 1992

SANTA FE, NM

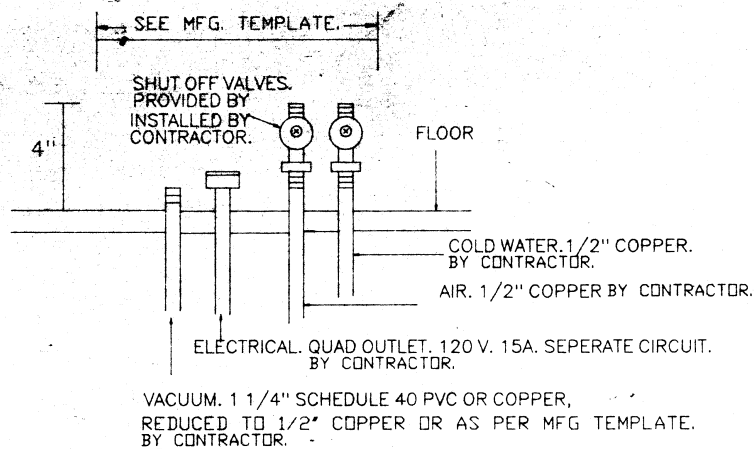
1/4"=1'-0"

## CARPENTRY SPECIFICATIONS



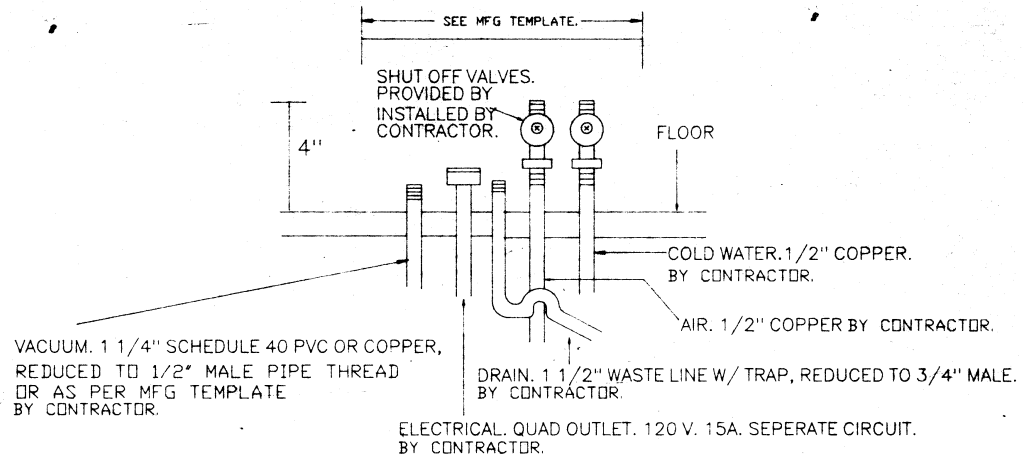
|                             |                       |                      |
|-----------------------------|-----------------------|----------------------|
| PATTERSON DENTAL COMPANY    |                       | (505) 884-6747       |
| NEW MEXICO, COLORADO, TEXAS |                       | (800) 876-7376       |
| CUSTOMER:                   | DR. CHRISTOPHER SPIER | DRAWN BY: JIM MARTIN |
| CITY:                       | SANTA FE, NM          | AREA: N.M.           |
| DATE:                       | FEB. 1992             | SCALE: 1/4" = 1'-0"  |
|                             |                       | 2069 SQ. FT.         |

THESE DIAGRAMS ARE NOT AN ARCHITECTURAL PLAN. These diagrams are not drawn to architectural scale, nor do they include all of the requirements that may be required for an architect to provide you with complete architectural plans. Patterson's diagrams may not be submitted as finished architectural drawings for purposes of obtaining a building permit. IF YOU SHOULD CHOOSE TO USE PATTERSON'S DIAGRAM IN THE PLACEMENT OF YOUR EQUIPMENT, YOU SHOULD RETAIN A REGISTERED ARCHITECT TO CONVERT THE DIAGRAM INTO PROPER AND COMPLETE ARCHITECTURAL PLANS. Patterson will work with the architect you select to develop complete architectural plans.



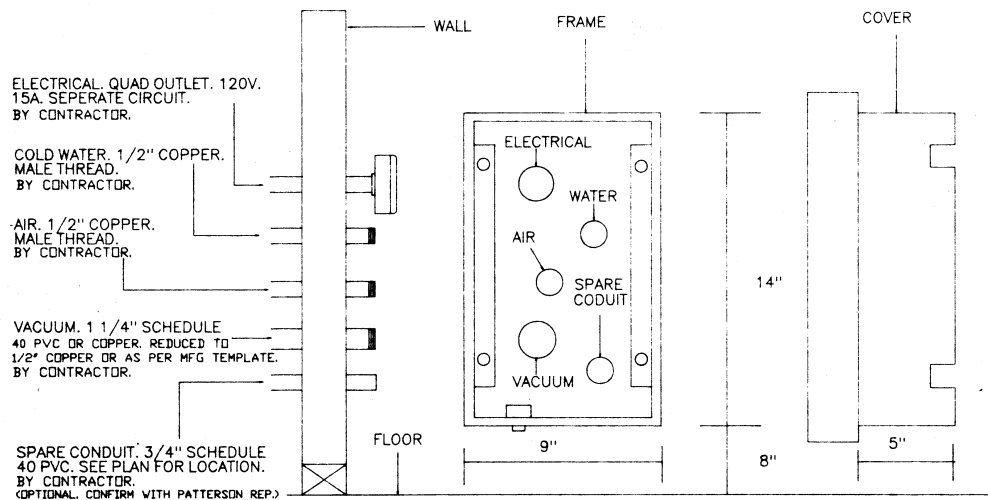
PROVIDED AND INSTALLED BY PATTERSON.

D-1 A UTILITY JUNCTION BOX. W/OUT DRAIN . ABOVE FLOOR.



PROVIDED AND INSTALLED BY PATTERSON.

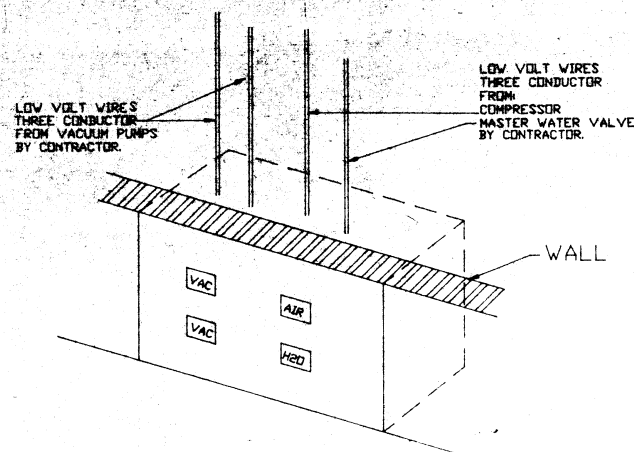
D-1 B UTILITY JUNCTION BOX. W/DRAIN . ABOVE FLOOR.



PROVIDED AND INSTALLED BY PATTERSON.

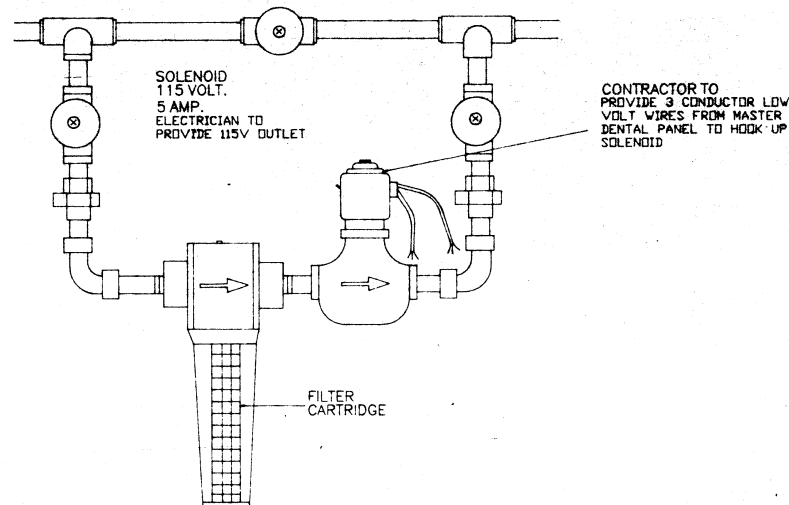
D-1 C UTILITY JUNCTION BOX. WALL.

THESE DIAGRAMS ARE NOT AN ARCHITECTURAL PLAN. These diagrams are not drawn to architectural scale, nor do they include all of the requirements that may be required for an architect to provide you with complete architectural plans. Patterson's diagrams may not be submitted as finished architectural drawings for purposes of obtaining a building permit. IF YOU SHOULD CHOOSE TO USE PATTERSON'S DIAGRAMS IN THE PLACEMENT OF YOUR EQUIPMENT, YOU SHOULD RETAIN A REGISTERED ARCHITECT TO CONVERT THE DIAGRAMS INTO PROPER AND COMPLETE ARCHITECTURAL PLANS. Patterson will work with the architect you select to develop complete architectural plans.



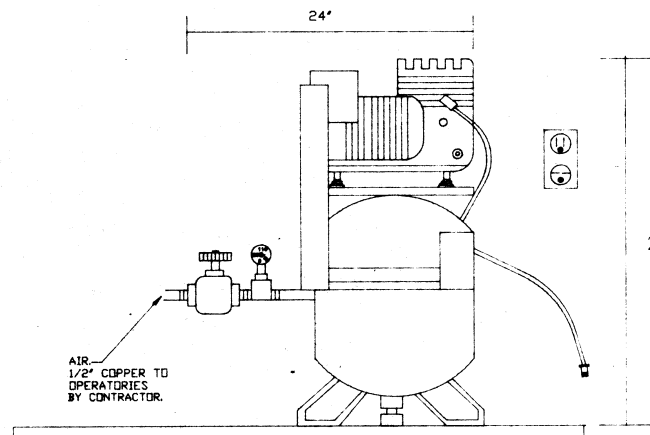
PANEL PROVIDED & INSTALLED BY PATTERSON  
ELECTRICIAN TO PROVIDE & PULL WIRING

D-2 MASTER DENTAL PANEL



NOTE: STYLES VARY. SEE PATTERSON DENTAL REGARDING INFO.  
PROVIDED BY: PATTERSON. INSTALLED BY: CONTRACTOR

D-3 MASTER WATER VALVE W/FILTER



PROVIDED BY: PATTERSON. INSTALLED BY: CONTRACTOR

D-4 AIR COMPRESSOR SINGLE

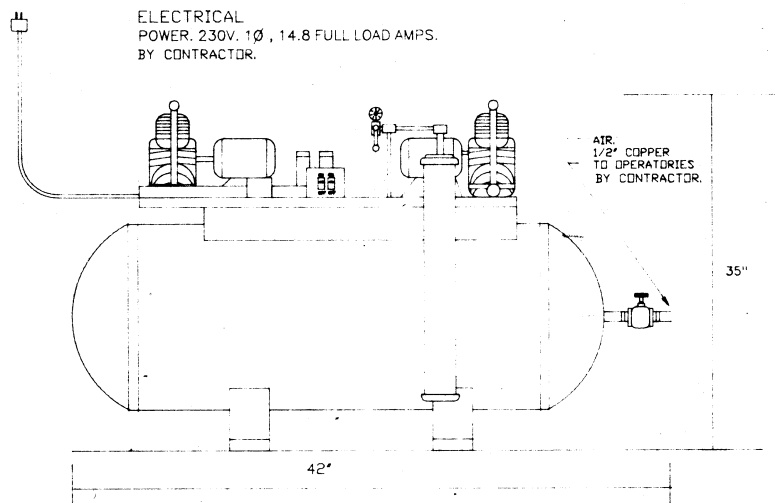
ELECTRICAL  
BY CONTRACTOR.

115 V. 13.8A  
SEPERATE  
CIRCUIT.

OR

27\"/>

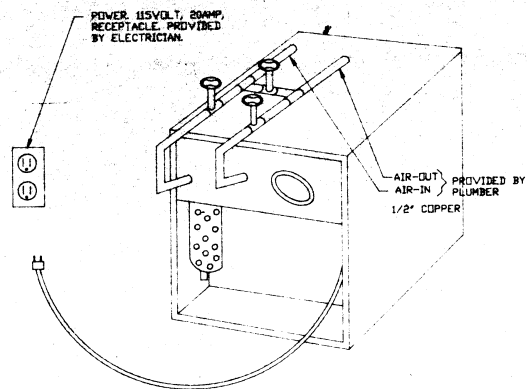
HARD WIRE  
IF CODE  
REQUIRES.



PROVIDED BY PATTERSON. INSTALLED BY CONTRACTOR.

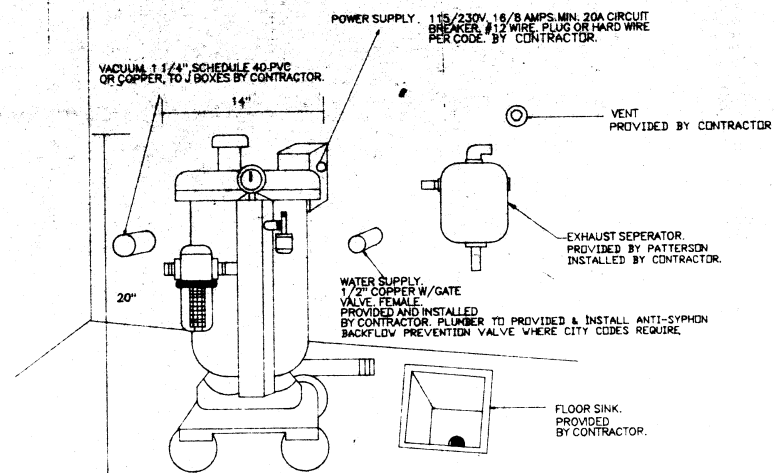
D-5 AIR COMPRESSOR. DUAL.

THESE DIAGRAMS ARE NOT AN ARCHITECTURAL PLAN. These diagrams are not drawn to architectural scale, nor do they include all of the requirements that may be required for an architect to provide you with complete architectural plans. Patterson's diagrams may not be submitted as finished architectural drawings for purposes of obtaining a building permit. IF YOU SHOULD CHOOSE TO USE PATTERSON'S DIAGRAM IN THE PLACEMENT OF YOUR EQUIPMENT YOU SHOULD RETAIN A REGISTERED ARCHITECT TO CONVERT THE DIAGRAM INTO PROPER AND COMPLETE ARCHITECTURAL PLANS. Patterson will work with the architect you select to develop complete architectural plans.



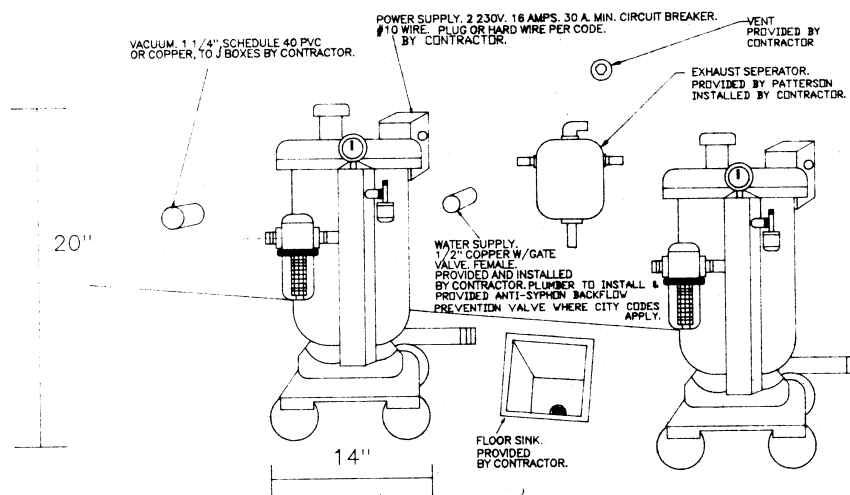
PROVIDED BY PATTERSON - INSTALLED BY CONTRACTOR

D-6 AIR DRYER



PATTERSON TO SPOT ALL LOCATIONS

D-7 CENTRAL VACUUM PUMP. SINGLE



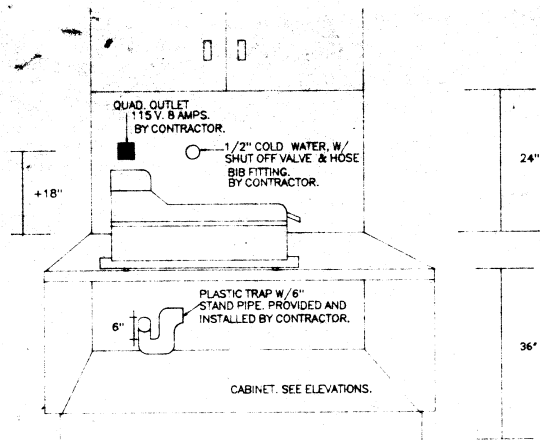
PATTERSON TO SPOT ALL LOCATIONS

D-8 CENTRAL VACUUM PUMP. DUAL

THESE DIAGRAMS ARE NOT AN ARCHITECTURAL PLAN. These diagrams are not drawn to architectural scale, nor do they include all of the requirements that may be required for an architect to provide you with complete architectural plans. Patterson's diagrams may not be submitted as finished architectural drawings for purposes of obtaining a building permit. IF YOU SHOULD CHOOSE TO USE PATTERSON'S DIAGRAMS IN THE PLACEMENT OF YOUR EQUIPMENT YOU SHOULD RETAIN A REGISTERED ARCHITECT TO CONVERT THE DIAGRAM INTO PROPER AND COMPLETE ARCHITECTURAL PLANS. Patterson will work with the architect you select in developing complete architectural plans.

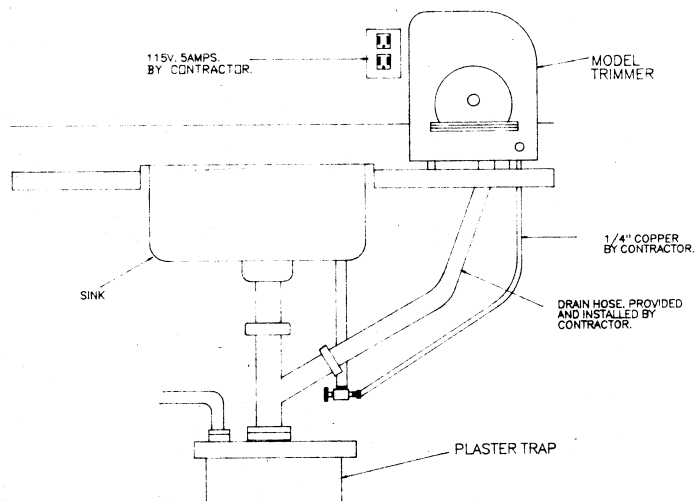


**PATTERSON**  
Patterson Dental Company



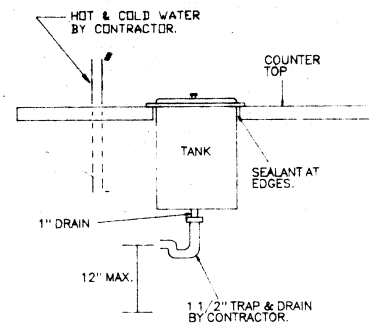
PROVIDED BY PATTERSON. INSTALLED BY CONTRACTOR.

D-9 FILM PROCESSOR



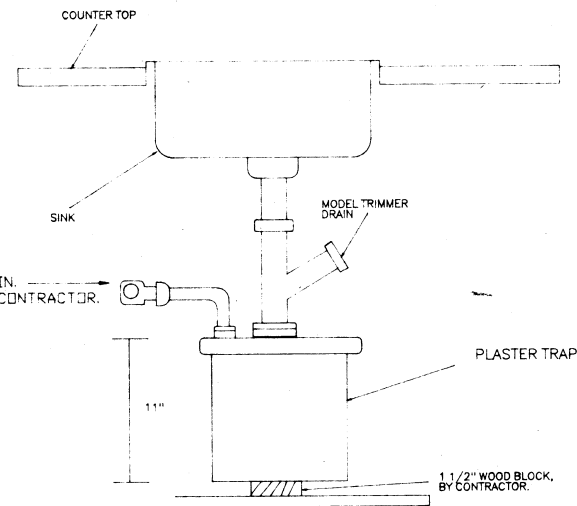
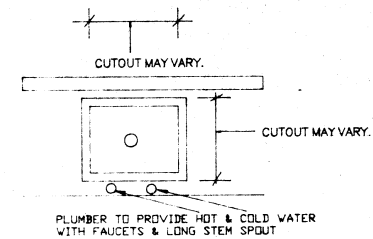
PROVIDED BY PATTERSON. INSTALLED BY CONTRACTOR.

D-11 MODEL TRIMMER



PROVIDED BY PATTERSON. INSTALLED BY CONTRACTOR.

D-10 DEVELOPING TANK

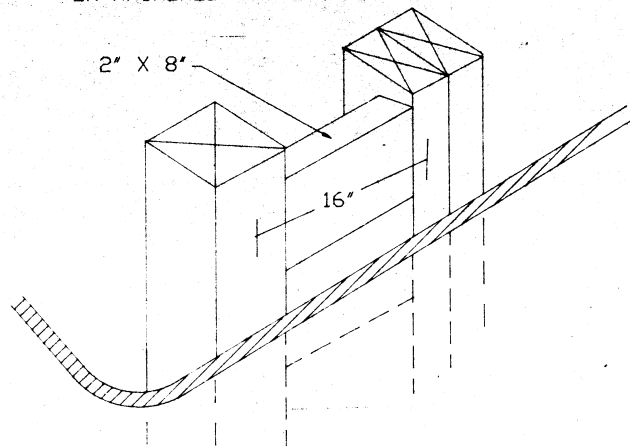


PROVIDED BY PATTERSON. INSTALLED BY CONTRACTOR.

D-12 PLASTER TRAP

THESE DIAGRAMS ARE NOT AN ARCHITECTURAL PLAN. These diagrams are not drawn to architectural scale, nor do they include all of the requirements that may be required for an architect to provide you with complete architectural plans. Patterson's diagrams may not be submitted as finished architectural drawings for purposes of obtaining a building permit. IF YOU SHOULD CHOOSE TO USE PATTERSON'S DIAGRAM IN THE PLACEMENT OF YOUR EQUIPMENT, YOU SHOULD RETAIN A REGISTERED ARCHITECT TO CONVERT THE DIAGRAM INTO PROPER AND COMPLETE ARCHITECTURAL PLANS. Patterson will work with the architect you select to develop complete architectural plans.

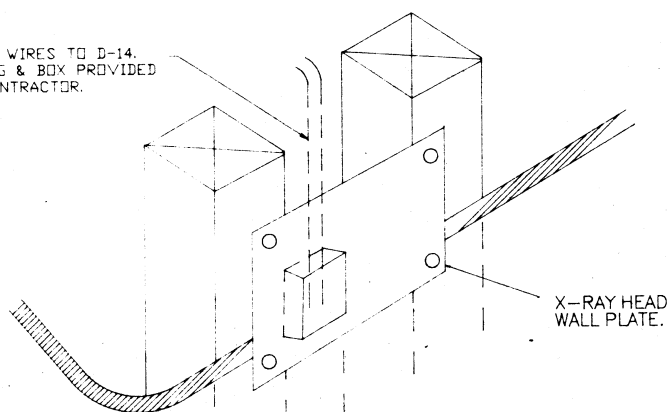
FRAMING: 4" X 4" OR DBL. STUD 2" X 4" TO BE BRACED  
OR ANCHORED AT TOP AND BOTTOM



PROVIDED AND INSTALLED BY CONTRACTOR.  
PATTERSON TO SPOT LOCATION

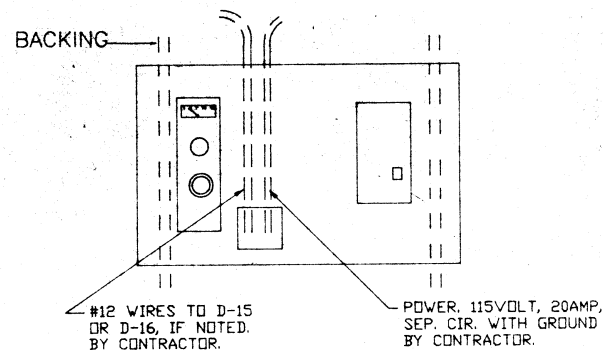
D-13 X-RAY HEAD SUPPORT BACKING.

7 #12 WIRES TO D-14.  
WIRING & BOX PROVIDED  
BY CONTRACTOR.



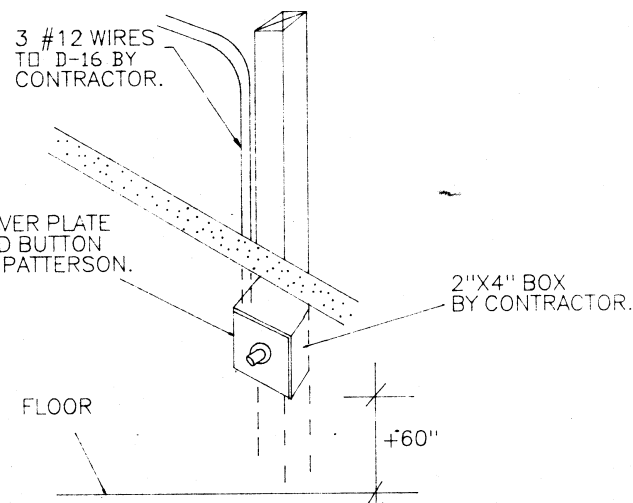
PROVIDED AND INSTALLED BY PATTERSON.  
PATTERSON TO SPOT LOCATION

D-15 X-RAY HEAD.



PROVIDED AND INSTALLED BY PATTERSON.  
PATTERSON DENTAL TO SPOT LOCATION.

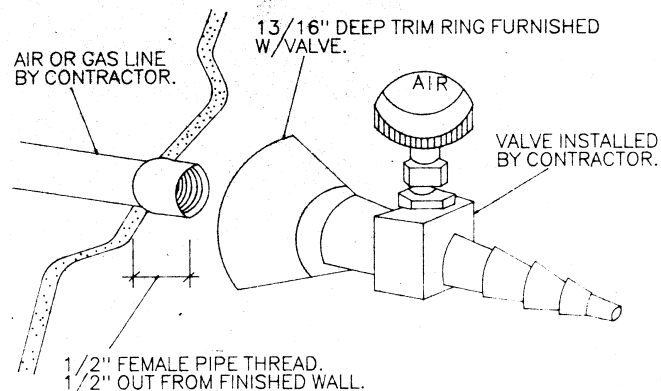
D-14 X-RAY HEAD CONTROL PANEL.



PROVIDED AND INSTALLED BY PATTERSON.  
PATTERSON TO SPOT LOCATION.

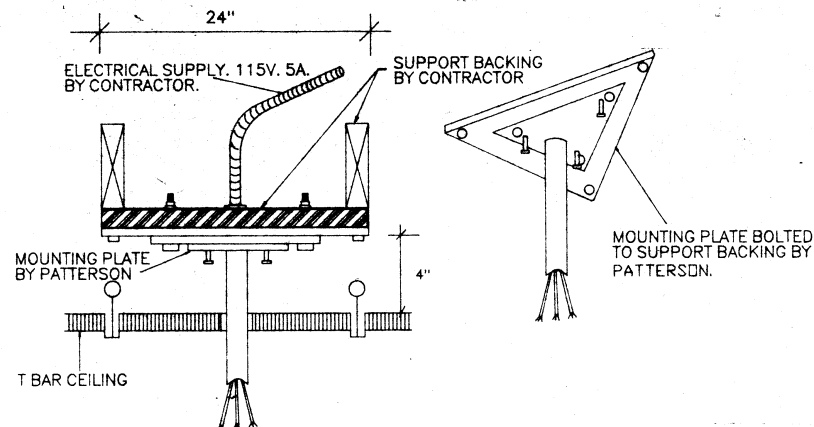
D-16 X-RAY REMOTE SWITCH.

THESE DIAGRAMS ARE NOT AN ARCHITECTURAL PLAN. These diagrams are not drawn to architectural scale, nor do they include all of the requirements that may be required for an architect to provide you with complete architectural plans. Patterson's diagrams may not be submitted as finished architectural drawings for purposes of obtaining a building permit. IF YOU SHOULD CHOOSE TO USE PATTERSON'S DIAGRAM IN THE PLACEMENT OF YOUR EQUIPMENT YOU SHOULD RETAIN A REGISTERED ARCHITECT TO CONVERT THE DIAGRAM INTO PROPER AND COMPLETE ARCHITECTURAL PLANS. Patterson will work with the architect you select to develop complete architectural plans.



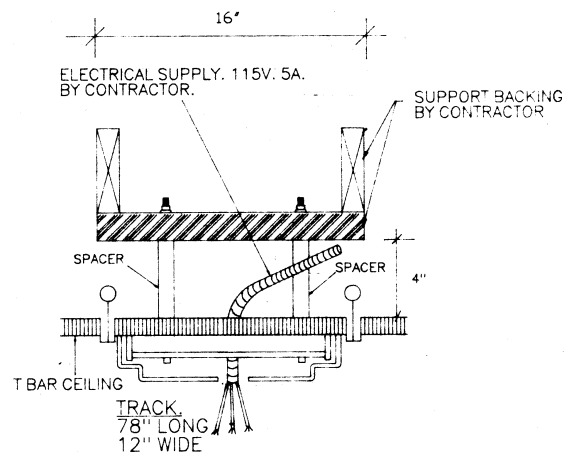
PROVIDED BY PATTERSON. INSTALLED BY CONTRACTOR.

D-18, 19 AIR OR GAS VALVES



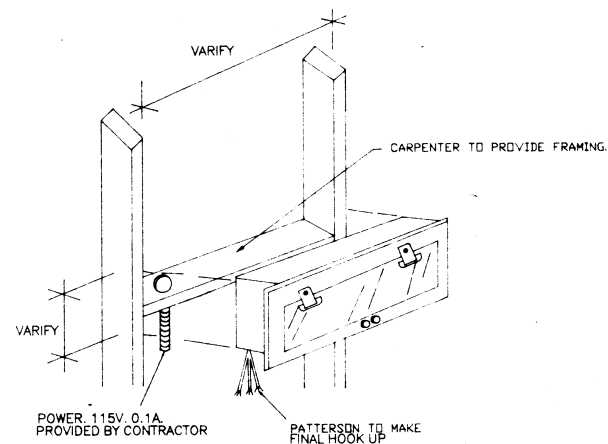
PROVIDED & INSTALLED BY PATTERSON.  
PATTERSON TO SPOT LOCATION.

D-20 CEILING MOUNTED LIGHT POST



PROVIDED & INSTALLED BY PATTERSON.  
PATTERSON TO SPOT LOCATION.

D-21 CEILING MOUNTED LIGHT TRACK



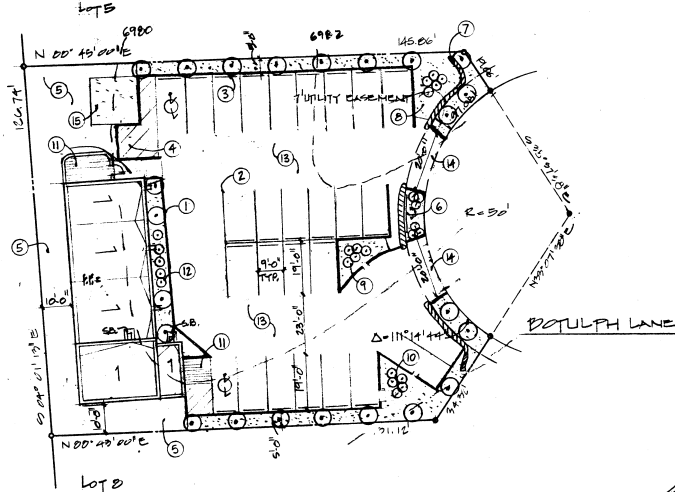
PROVIDED & INSTALLED BY PATTERSON.  
PATTERSON TO SPOT LOCATION.

D-22 RECESSED X-RAY VIEWER

THESE DIAGRAMS ARE NOT AN ARCHITECTURAL PLAN. These diagrams are not drawn to architectural scale, nor do they include all of the requirements that may be required for an architect to provide you with complete architectural plans. Patterson's diagrams may not be submitted as finished architectural drawings for purposes of obtaining a building permit. IF YOU SHOULD CHOOSE TO USE PATTERSON'S DIAGRAMS IN THE PLACEMENT OF YOUR EQUIPMENT, YOU SHOULD OBTAIN A REGISTERED ARCHITECT TO CONVERT THE DIAGRAM INTO PROPER AND COMPLETE ARCHITECTURAL PLANS. Patterson will work with the architect you select to develop complete architectural plans.

## KEY NOTES

- 1- 6" CONCRETE CURB
- 2- YELLOW STRIPING
- 3- CONCRETE SIDE WALK
- 4- TRASH AREA
- 5- UNDEVELOPED PART OF SITE
- 6- SIGN LOCATION - SEE DETAIL - PROVIDE LIGHT AS REQUIRED
- 7- 3' x 6" HIGH 10' CMT TAPER WALL - STACK 6" PAPER
- 8- POND #1
- 9- POND #2
- 10- POND #3
- 11- BRICK RAINING
- 12- PLANTER
- 13- 2' x 6" x 10' x 6" COMPACTED SUBGRADE
- 14- CURB CUT LOCATION
- 15- POND #4



⊗ - ASPELS - MIN. 10 FEET TALL - #S AS SHOWN

⊗ - SEEDING AREAS - PLANTS OF THE SOUTHWEST "DETROIT BLEND" - 2 lbs/1000 sq ft HEIGHT 2-3 FEET

○ - FINISH - MIN. 4'-6" HIGH - MAX SPACING 15'-0" O.C.

PROVIDE TIMED IRRIGATION SYSTEM!

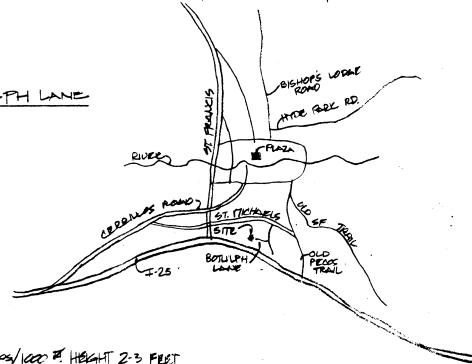
## SITE PLAN

SCALE 1/8" = 1'-0"

## LIST OF DRAWINGS

- 1 SITE PLAN & INFORMATION
- 2 DRAINAGE PLAN
- 3 FOUNDATION & FRAMING PLAN
- 4 FLOOR PLAN
- 5 WALL SECTION & DETAILS
- 6 ELEVATIONS
- 7 INTERIOR ELEVATIONS
- 8 SCHEDULES
- 9 ELECTRICAL
- 10 MECHANICAL
- 11 PLUMBING

COORDINATE ABOVE WITH ATTACHED DETAIL DRAWINGS!



## VICINITY MAP

## PROJECT INFORMATION

ZONING: C-1

SETBACKS: 10'-0" FRONT, SIDE, REAR

MAX HT: 36 FEET

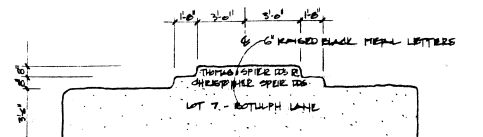
PARKING: 1 SPACE/2000

OCCUPANT LOAD: 20 PEOPLE

TOTAL SQ. FOOTAGE: 2000

## GENERAL NOTES

1. All construction shall conform to the local building codes.
2. The Contractor shall verify all lot dimensions and conditions before commencement of work, and shall report any discrepancies or errors to the Architect.
3. Construction details not specifically shown shall be constructed in accordance with details shown for similar conditions and materials. Minor modifications may be required to suit the job dimensions or conditions and shall be included in the contract documents.
4. The Contractor shall coordinate all mechanical and electrical equipment as to weight, and exact location of structural supports. If purchased equipment deviates in weight or location from those indicated in the Contract Documents, the Contractor shall be notified and his approval obtained prior to installation. The Contractor shall make and be responsible for any subsequent alterations.
5. The Contractor shall be responsible for the installation and patching to match work in their respective trades for a complete installation.
6. COOPERATION OF TRADES: Contractors shall cooperate with other trades in the interest of obtaining the most practical arrangement of equipment, piping, conduit, ducts, light fixtures, etc. to maintain maximum headroom and accessibility.
7. SURVEY DATA: The data provided are as accurate as could be secured, but their accuracy cannot be guaranteed. The Contractor Documents are for the Contractor's assistance and guidance only. Locations, distances, elevations, etc., governed by the building, existing conditions, utilities, etc., shall be field verified, and not be taken at face value.
8. DESIGN DECISIONS: All matters of color, texture, design, and interpretation of the Contract Documents shall be referred by the Contractor to the Architect in the event such matters are not adequately covered.
9. The Contractor shall provide all necessary devices to insure adequate protection during construction in accordance with Chapter 46 of the IBC.
10. All construction shall comply with the Occupational Health and Safety Administration's "General Industry Standards."



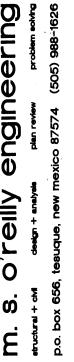
SKETCH FRONT WALL ELEVATION  
1/4" = 1'-0"

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SPRINK DETAIL OFFICE  
LOT 7 - BOTOLPH OFFICE PARK

|         |              |
|---------|--------------|
| DRAWN   |              |
| CHECKED |              |
| DATE    | 15 MAY 1992  |
| SCALE   | 1/8" = 1'-0" |
| JOB NO. |              |
| SHEET   | 1            |
| OF      | SHEETS       |



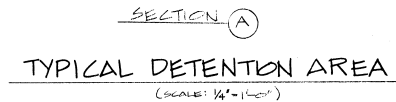
**SPEIR DENTAL OFFICE**  
**LOT 7 - BOTULPH OFFICE PARK**

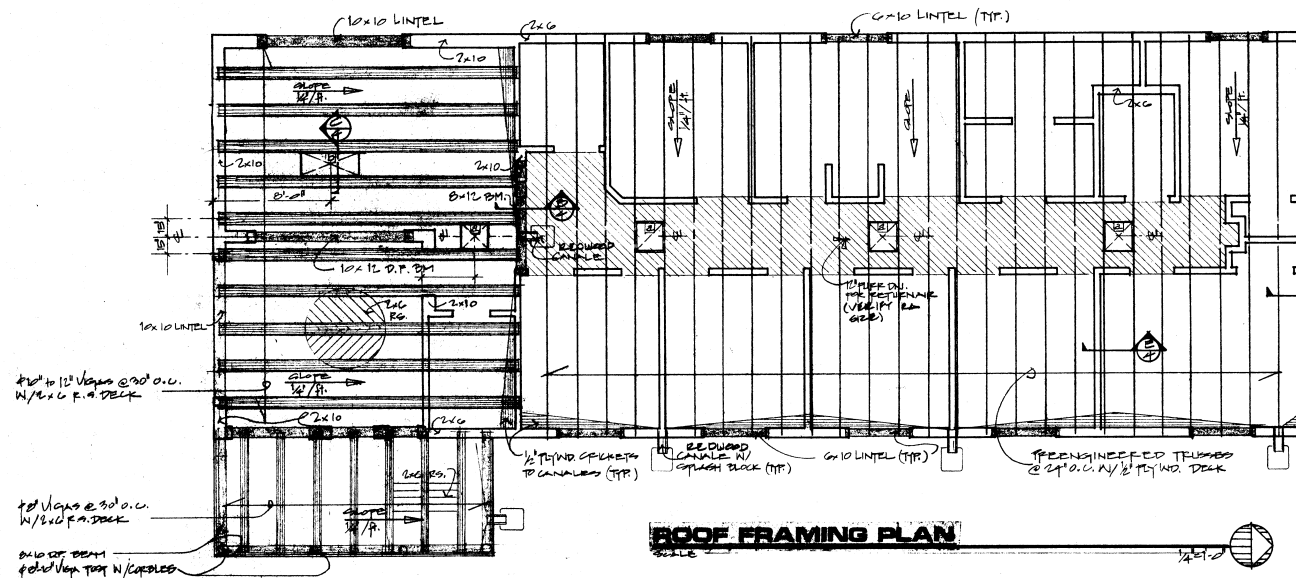
92-07

terrain  
mgmt.  
plan

10 june 92

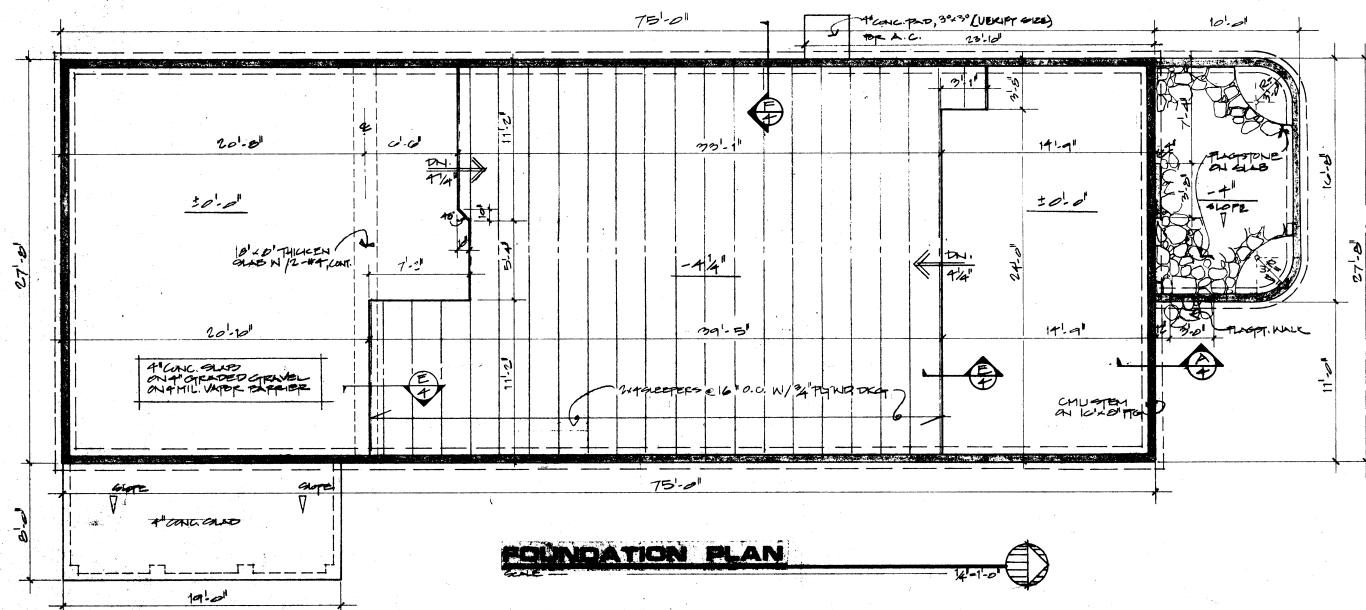
1 of 1


$$\text{FACTOR OF SAFETY} = \frac{1520}{1485} = 1.02$$




- ## NOTES

1. SEE ALSO CARPENTRY SPECS. BY PATTERSON DENTAL COMPANY FOR IN WALL BACKING.
2. VERIFY ALL SOIL CONDITIONS.
3. ALL CONCRETE TO BE MIN. 3000 PSI

[illegible]

SPR DELTA OFF DE  
OT 7 - BOTULPH OFFER PAK

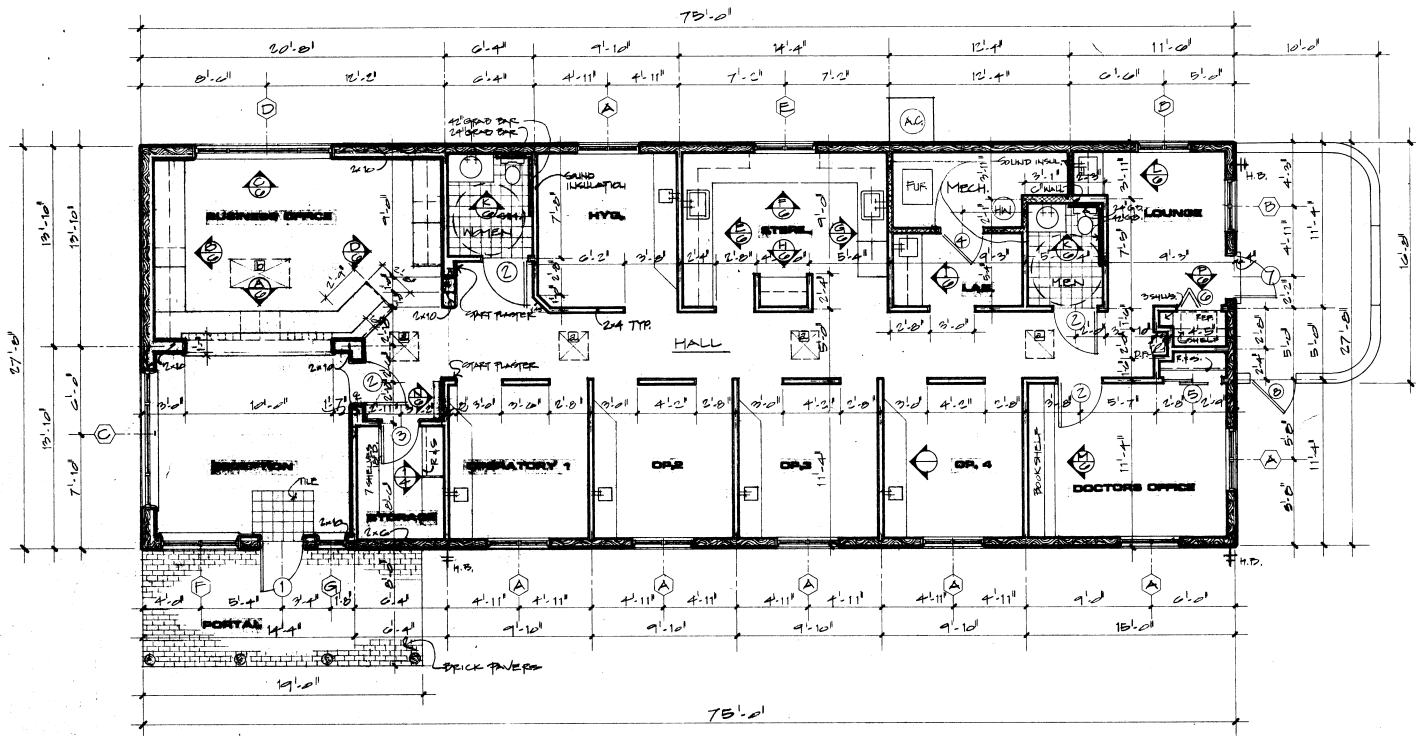
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 15 MAR 1992  
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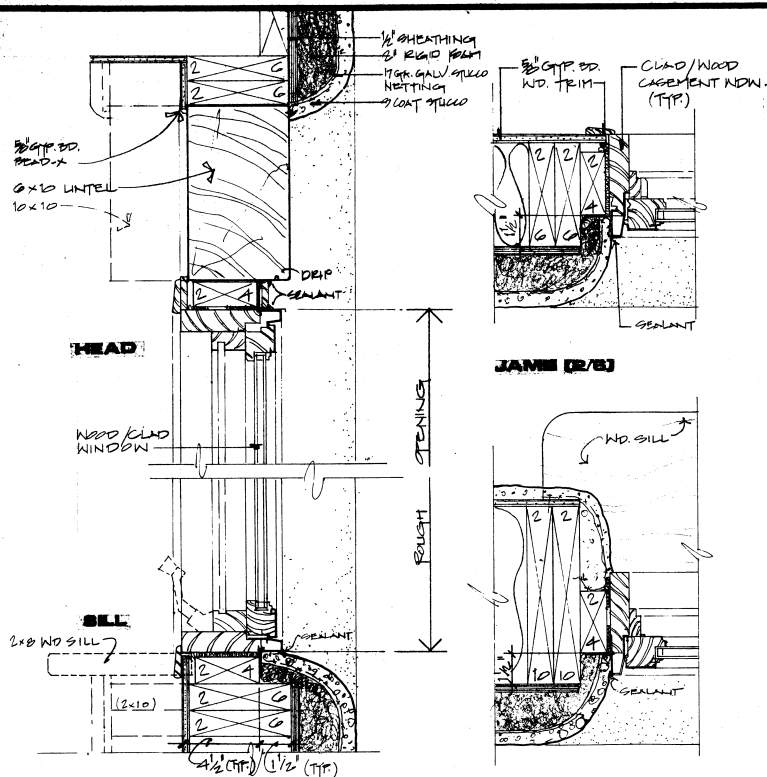


SPIER DENTAL OFFICE  
LOT 7 - BOTTLUP OFFICE PARK

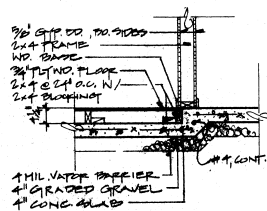
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| SHEET   | 3            |
| OF      | 3 SHEETS     |



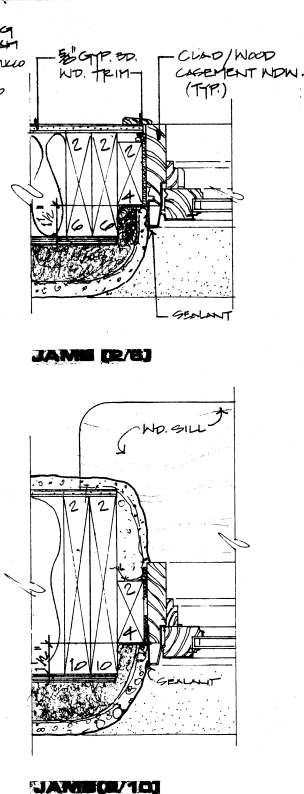
**FLOOR PLAN**  
SCALE 1/4" = 1'-0"



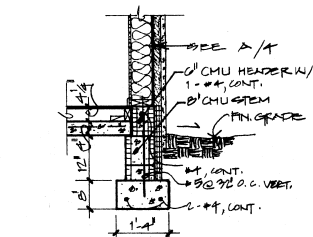
**WINDOW DETAILS**  
No Scale



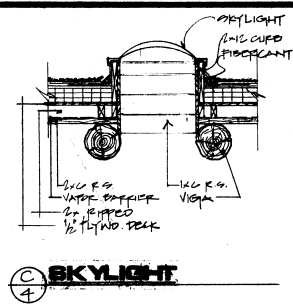
**SECTION**  
1/4\"/>



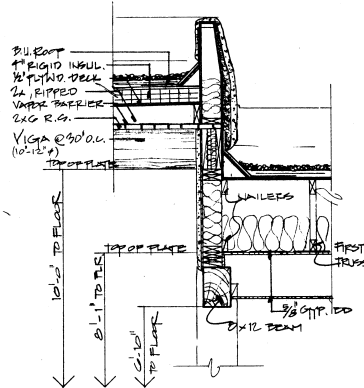
**JAMB (R/S)**



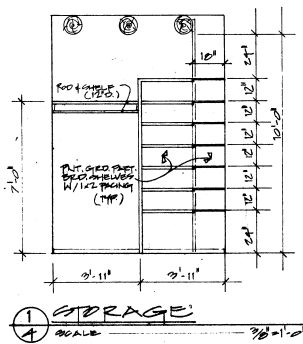
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1/4\"/>



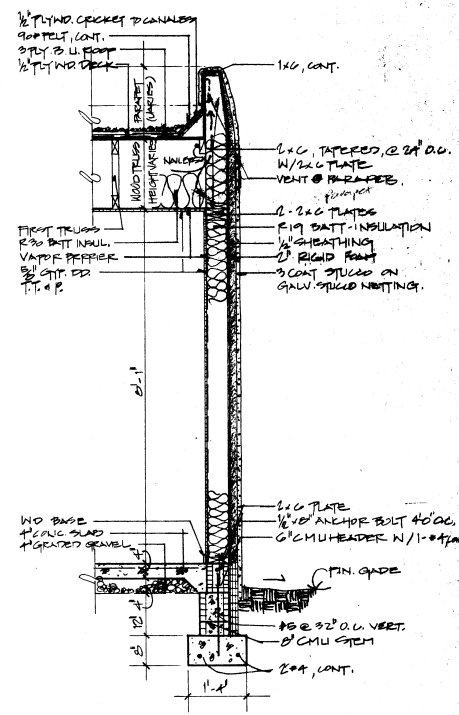
**SKYLIGHT**



**SECTION**  
1/4\"/>



**STORAGE**  
SCALE 3/8\"/>



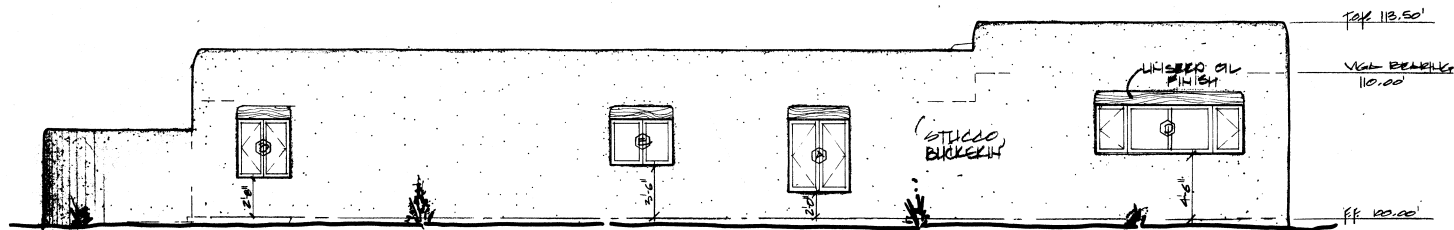
**TYP. WALL SECTION**  
3/4\"/>

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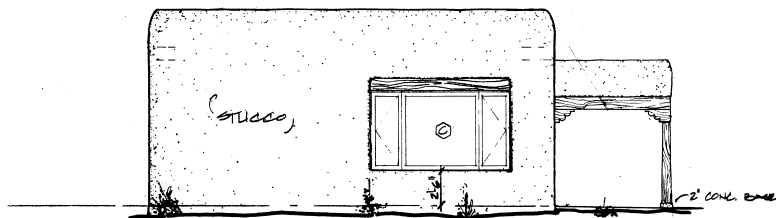
SPRINKLER DETAIL OFFICE  
LOT 7 - BOTTLER OFFICE PARK

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| DATE            |
| DRAWN           |
| 15.11.1992      |
| ACQ. 15.11.1992 |
| JOB NO.         |
| 4               |



**WEST ELEVATION**

SCALE  $\frac{1}{4}" = 1' - 0"$



**SOUTH ELEVATION**

SCALE  $\frac{1}{4}" = 1' - 0"$



**NORTH ELEVATION**

SCALE  $\frac{1}{4}" = 1' - 0"$



**EAST ELEVATION**

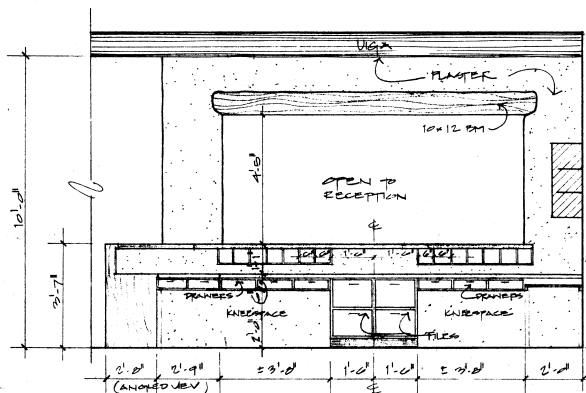
SCALE  $\frac{1}{4}" = 1' - 0"$

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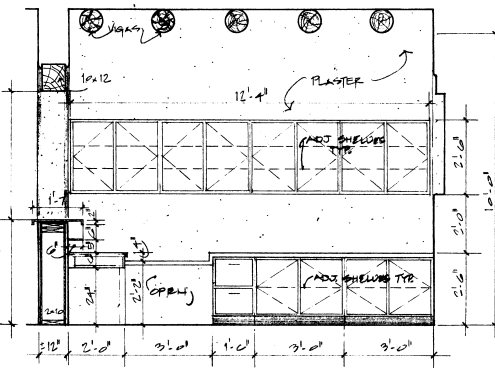


SPIER DENTAL OFFICE  
LOT 7 - BUTLPH OFFICE PARK

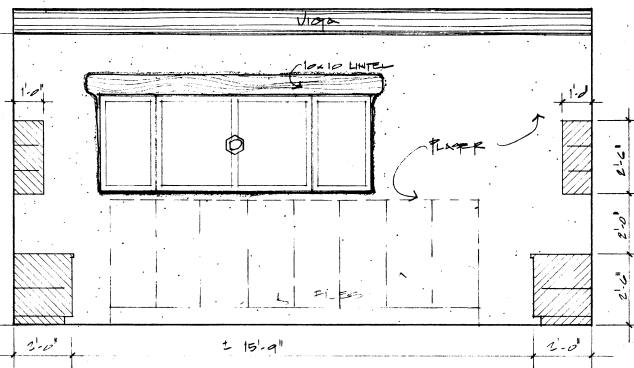
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| DRAWN                    |
| CHECKED                  |
| DATE                     |
| 12 MAY 1992              |
| SCALE                    |
| $\frac{1}{4}" = 1' - 0"$ |
| JOB NO.                  |
| 5                        |
| GP                       |
| CHARTS                   |



A BUSINESS OFFICE  
SCALE 1/8" = 1'-0"

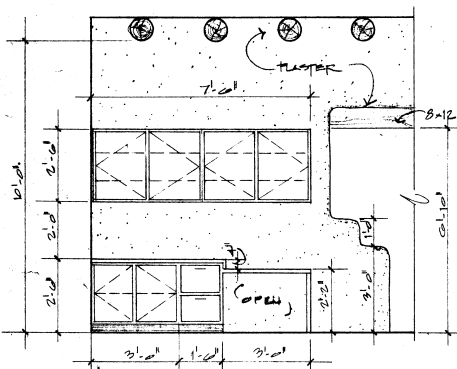


B BUSINESS OFFICE  
SCALE 1/8" = 1'-0"

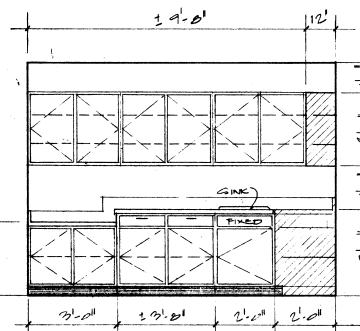


C BUSINESS OFFICE  
SCALE 1/8" = 1'-0"

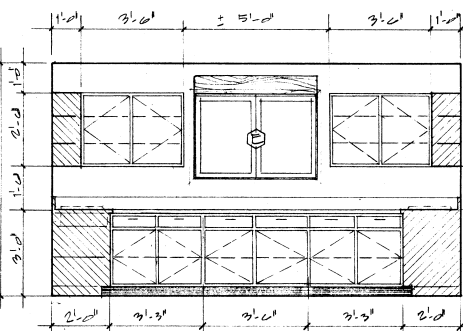
ALL CASEWORK TO BE PLASTIC LAMINATE FACES & METALINE INTERIORS!



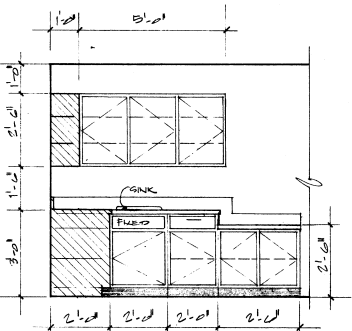
D BUSINESS OFFICE  
SCALE 1/8" = 1'-0"



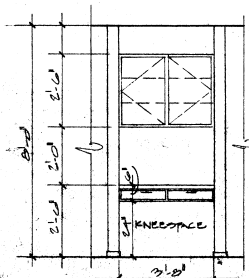
E STERILIZATION  
SCALE 1/8" = 1'-0"



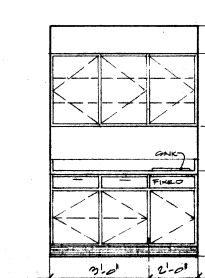
F STERILIZATION  
SCALE 1/8" = 1'-0"



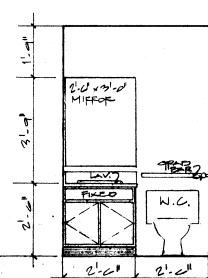
G STERILIZATION  
SCALE 1/8" = 1'-0"



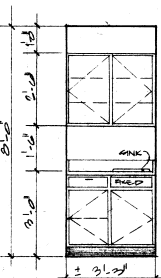
H STERILIZATION  
SCALE 1/8" = 1'-0"



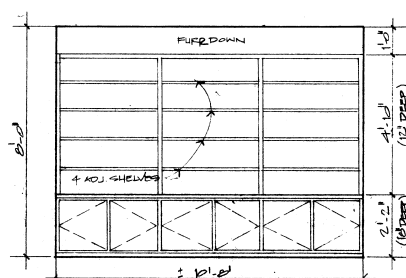
I LAB  
SCALE 1/8" = 1'-0"



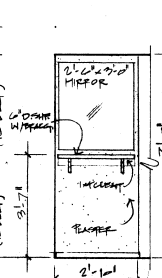
J PATHROOM  
SCALE 1/8" = 1'-0"



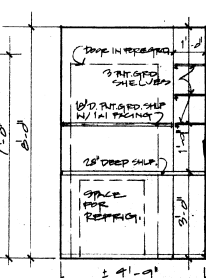
K LOUNGE  
SCALE 1/8" = 1'-0"



L DOCTOR'S OFFICE  
SCALE 1/8" = 1'-0"



M HALL  
SCALE 1/8" = 1'-0"



N LOUNGE  
SCALE 1/8" = 1'-0"

| REVISIONS | BY |
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SPIER DENTAL OFFICE  
LOT 7 - BOUTLPH OFFICE PARK

|              |                    |
|--------------|--------------------|
| DESIGN       | CHECKED            |
| 15. MAY 1977 | SCALE 1/8" = 1'-0" |
| DATE         | NO. 6              |
| BY           | DATE               |

# SCHEDULES

## ROOM FINISH SCHEDULE

| ROOM NAME    | FLOOR    | BASE | WALLS | CEILING | CLG. HGT. | REMARKS      |
|--------------|----------|------|-------|---------|-----------|--------------|
| RECEPTION    | CONCRETE | WOOD | WOOD  | WOOD    | 10'       | LOT 102, 103 |
| OFFICE       | VINYL    | WOOD | WOOD  | WOOD    | 10'       |              |
| STORAGE      | BRICK    | WOOD | WOOD  | WOOD    | 10'       |              |
| NOMEN        | PAVERS   | WOOD | WOOD  | WOOD    | 10'       |              |
| HEN          | TILE     | WOOD | WOOD  | WOOD    | 10'       |              |
| HYD.         | WOOD     | WOOD | WOOD  | WOOD    | 10'       |              |
| STERIL.      | WOOD     | WOOD | WOOD  | WOOD    | 10'       |              |
| LAB          | WOOD     | WOOD | WOOD  | WOOD    | 10'       |              |
| MESH.        | WOOD     | WOOD | WOOD  | WOOD    | 10'       |              |
| LOUNGE       | WOOD     | WOOD | WOOD  | WOOD    | 10'       |              |
| HALL         | WOOD     | WOOD | WOOD  | WOOD    | 10'       |              |
| DOC'S OFFICE | WOOD     | WOOD | WOOD  | WOOD    | 10'       |              |
| RECEPTION    | WOOD     | WOOD | WOOD  | WOOD    | 10'       |              |

## FINISHES

## PLUMBING FIXTURES & FAUCETS OR EQUAL

| ITEM            | MAKE | MODEL NO. | FINISH | FAUCET MAKE | MODEL NO. | VALVE | FINISH | REMARKS |
|-----------------|------|-----------|--------|-------------|-----------|-------|--------|---------|
| KITCHEN SINK    |      |           |        |             |           |       |        |         |
| WET BAR SINK    |      |           |        |             |           |       |        |         |
| BATHROOM        |      |           |        |             |           |       |        |         |
| LAV. SINK       |      |           |        |             |           |       |        |         |
| WATERCLOSET     |      |           |        |             |           |       |        |         |
| TUB/WHIRLPOOL   |      |           |        |             |           |       |        |         |
| SHOWER STALL    |      |           |        |             |           |       |        |         |
| SHOWER PAN      |      |           |        |             |           |       |        |         |
| TILE WALL SURR. |      |           |        |             |           |       |        |         |
| MASTER BATH     |      |           |        |             |           |       |        |         |
| LAV. SINK       |      |           |        |             |           |       |        |         |
| WATERCLOSET     |      |           |        |             |           |       |        |         |
| BIDET           |      |           |        |             |           |       |        |         |
| TUB             |      |           |        |             |           |       |        |         |
| TILE WALL SURR. |      |           |        |             |           |       |        |         |
| SHOWER STALL    |      |           |        |             |           |       |        |         |
| SHOWER PAN      |      |           |        |             |           |       |        |         |
| WHIRLPOOL       |      |           |        |             |           |       |        |         |

## HARDWARE OR EQUAL (SUBJECT TO CHANGE, VERIFY COLOR SELECTION CHART.)

| ITEM                     | MAKE              | NAME/MOD. NO. | QTY. | FINISH | REMARKS                |
|--------------------------|-------------------|---------------|------|--------|------------------------|
| ENTRY DOOR HANDLE SET    |                   |               |      |        |                        |
| EXT. DOOR KEYED KNOB SET |                   |               |      |        |                        |
| INTERIOR DOOR LEVER SET  |                   |               |      |        |                        |
| GARAGE DOOR OPENER       |                   |               |      |        | PROVIDE 200% ALLOWANCE |
| ENTRY LOCKS              | SINGLE CYLINDER   |               |      |        |                        |
|                          | DOUBLE CYLINDER   |               |      |        |                        |
| PRIVACY LOCKS            |                   |               |      |        |                        |
| SELF CLOSERS             |                   |               |      |        |                        |
| BATHROOM                 | TOWEL BARS        |               |      |        |                        |
|                          | TISSUE ROLLERS    |               |      |        | PROVIDE 100% ALLOWANCE |
|                          | MEDICINE CABINETS |               |      |        |                        |
|                          | GRAB BAR          | 1/2" & STEEL  |      |        | G.S.                   |

## APPLIANCES OR EQUAL

| ITEM                | MAKE     | MODEL NO.   | COLOR | REMARKS |
|---------------------|----------|-------------|-------|---------|
| KITCHEN:            |          |             |       |         |
| DISHWASHER          | NA       |             |       |         |
| RANGE               |          |             |       |         |
| DISPOSAL            |          |             |       |         |
| RANGE HOOD/VENTED   |          |             |       |         |
| NON-VENTED          |          |             |       |         |
| COOK TOP            | NA       |             |       |         |
| MICROWAVE           | NA       |             |       |         |
| WATER HEATER        | STATE    | 75 GAL.     |       |         |
| FURNACE: FORCED AIR | CHRYSLER | 16 REQUIRED |       |         |
| BOILER: BASEBOARD   | NA       |             |       |         |

## HEAT LOSS CALCS - JOB NAME: MECHANICAL CONTRACTOR TO COMPLETE

| ROOM NAME                                   | ROOM DIMENSION | CEILING HEIGHT | TYPE OF EXPOSURE | MULTIPLIER | AREA | BTU LOSS | AREA | BTU LOSS | AREA | BTU LOSS | AREA | BTU LOSS | AREA | BTU LOSS | AREA | BTU LOSS | AREA | BTU LOSS |
|---------------------------------------------|----------------|----------------|------------------|------------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|------|----------|
| GROSS WALL AREA                             |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| GLASS AREA                                  |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| DOOR AREA                                   |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| NET WALL AREA                               |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| CEILING AREA                                |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| FLOOR PER. AREA                             |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| INFILTRATION CU. FT.                        |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| SUB-TOTAL                                   |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| TEMPERATURE ADJUSTMENT 20% (+)              |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| OUTLINE LOSS                                |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| ADJUSTED LOSS                               |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| TOTAL HEAT LOSS 2 ROOMS                     |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| TOTAL HEAT LOSS                             |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| BTU'S (OEN, BOILER OR FURNACE CAPACITY)     |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| SUB-TOTAL HEAT LOSS                         |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| BTU'S REQUIRED PER 1' BASEBOARD             |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |
| CALC. MULTIPLIERS = 1/8 x 70° = BTU/SQ. FT. |                |                |                  |            |      |          |      |          |      |          |      |          |      |          |      |          |      |          |

| ELEVATION      | A             | B   | C   | D              | E  | F                         |
|----------------|---------------|-----|-----|----------------|----|---------------------------|
| DOORS OR EQUAL |               |     |     |                |    |                           |
| NO.            | SIZE          | WXH | EL. | TYPE           | LH | REMARKS                   |
| 1              | 7'-0" x 2'-0" |     | A   | MTL. INSL.     | 1  | W/ H.M. FRAME             |
| 2              | 3'-0" x 6'-0" |     | A   | R. PANEL       | 2  |                           |
| 3              | 2'-0" x 6'-0" |     | A   |                | 1  |                           |
| 4              | 3'-0" x 6'-0" |     | C   | FLUSH AC. HND. | 1  | FURNACE W/ MTH. THRESHOLD |
| 5              | 4'-0" x 6'-0" |     | A   | R. PANEL       | 1  | DOOR UNIT 21-200          |
| 6              | 3'-0" x 6'-0" |     | E   | LOWSEED        | 1  | BI-FOLD                   |
| 7              | 3'-0" x 6'-0" |     | C   | MTL. INSL.     | 1  | W/H.M. FRAME              |
| 8              | 3'-0" x 3'-0" |     |     | GRATE          | 1  | 2" FRAME + 1" INSL.       |
| 9              |               |     |     |                |    |                           |
| 10             |               |     |     |                |    |                           |
| 11             |               |     |     |                |    |                           |
| 12             |               |     |     |                |    |                           |
| 13             |               |     |     |                |    |                           |
| 14             |               |     |     |                |    |                           |
| 15             |               |     |     |                |    |                           |
| 16             |               |     |     |                |    |                           |

| ELEVATION        | A                      | B     | C        | D          | E    | F               |
|------------------|------------------------|-------|----------|------------|------|-----------------|
| OR EQUAL         |                        |       |          |            |      |                 |
| TYPE GLASS/ALUM. |                        |       |          |            |      |                 |
| BY LINCOLN       |                        |       |          |            |      |                 |
| NO.              | R.O. SIZE              | W X H | TYPE     | MODEL NO.  | QTY. | EL.             |
| A                | 4'-2 1/2" x 4'-11 3/4" |       | CASEMENT | 2054-2     | 7    | D               |
| B                | 3'-0" x 3'-11 3/4"     |       |          | 1642-2     | 2    | D               |
| C                | 9'-0" x 3'-5 3/4"      |       |          | OTC 214    | 1    | 200 TUBULE UNIT |
| D                | 9'-0" x 3'-5 3/4"      |       |          | 2426-2-2   | 1    | 200             |
| E                | 4'-2 1/2" x 3'-5 3/4"  |       |          | 2036-2     | 1    | D               |
| F                | 5'-0" x 4'-11 3/4"     |       |          | 1642-2-104 | 1    | 200             |
| G                | 2'-1 1/2" x 4'-11 3/4" |       |          | 2054       | 1    | D               |
| H                |                        |       |          |            |      |                 |
| I                |                        |       |          |            |      |                 |
| J                |                        |       |          |            |      |                 |
| K                |                        |       |          |            |      |                 |
| L                |                        |       |          |            |      |                 |
| M                |                        |       |          |            |      |                 |
| N                |                        |       |          |            |      |                 |
| O                |                        |       |          |            |      |                 |
| P                |                        |       |          |            |      |                 |
| Q                |                        |       |          |            |      |                 |
| R                |                        |       |          |            |      |                 |
| S                |                        |       |          |            |      |                 |
| T                |                        |       |          |            |      |                 |
| U                |                        |       |          |            |      |                 |

SEE DETAIL (C) FOR WINDOW INSTALLATION

| SKYLIGHTS OR EQUAL |                   |            |           | BY: _____ |             |  |
|--------------------|-------------------|------------|-----------|-----------|-------------|--|
| NO.                | R.O. SIZE, W x H  | TYPE       | MODEL NO. | QTY.      | REMARKS     |  |
| a                  | 22 1/4" x 22 1/4" | CURF MOUNT | 2052      | 1         | 200 RELEASE |  |
| b                  | 22 1/4" x 42 1/4" | CURF MOUNT | 2052      | 1         | 200         |  |
| c                  |                   |            |           |           |             |  |
| d                  |                   |            |           |           |             |  |
| e                  |                   |            |           |           |             |  |
| f                  |                   |            |           |           |             |  |
| g                  |                   |            |           |           |             |  |
| h                  |                   |            |           |           |             |  |
| i                  |                   |            |           |           |             |  |
| j                  |                   |            |           |           |             |  |

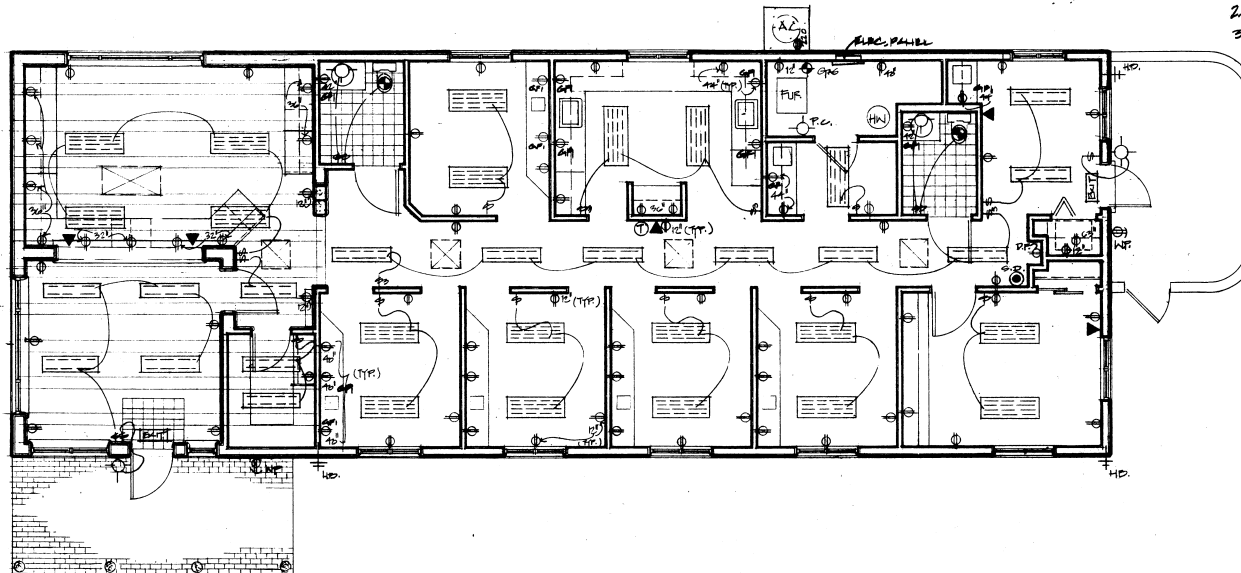
SEE DETAIL (C) FOR WINDOW INSTALLATION

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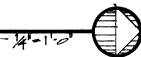


SPRINKLER DETAIL OFFICE  
LOT 7 - BOUTLPH OFFICE PARK

CHECKED  
DATE 13 MAY 1992  
SCALE  
JOB NO.  
SHEET  
7  
SHEETS



**ELECTRICAL PLAN**  
SCALE



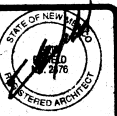
# **LEGEND**

- ⬤ SINGLE POLE SWITCH
- ⬤ 3WAY SWITCH
- ⬤ WP WATER TREAT. OUTLET
- ⬤ DUPLEX OUTLET
- ⬤ 220V OUTLET
- ⬤ WALL MOUNTED FIXTURE
- ⬤ P.C. PULL CHAIN
- ⬤ TELEPHONE
- ⬤ S.D. SMOKE DETECTOR
- ⬤ THERMOSTAT
- ⬤ EXHAUST FAN
- ⬤ 4 BULB FLUO. L. FIXTURE COR. CORRECTED
- ⬤ 2 BULB FLUO. LIGHT FIXTURE

## **NOTES:**

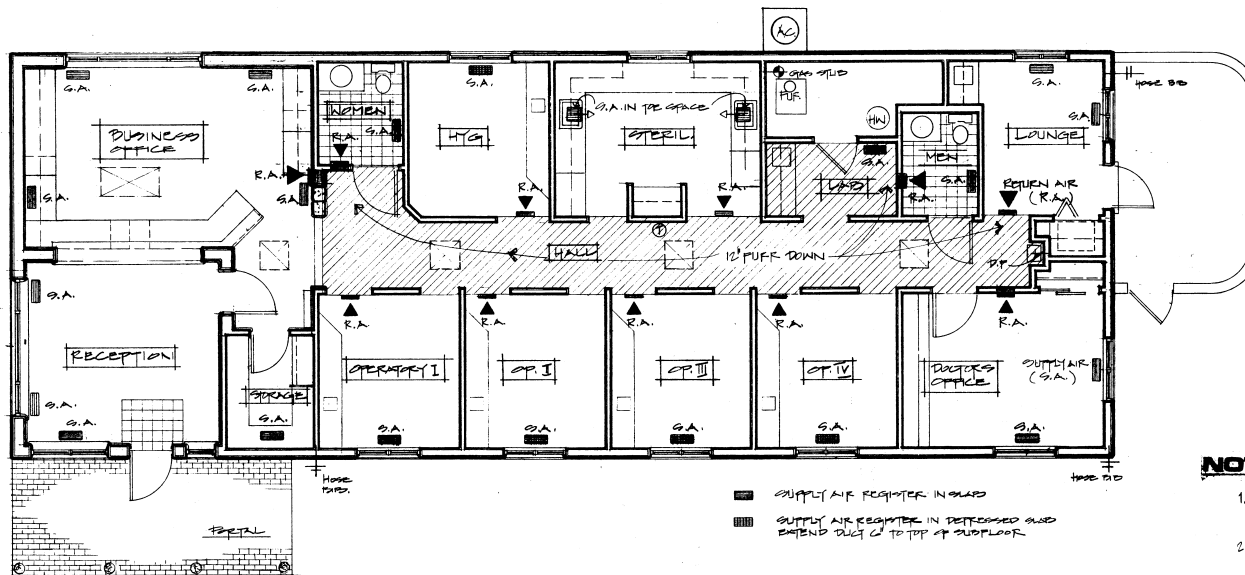
1. ELECTRICAL CONTRACTOR TO VERIFY LOCATIONS OF ALL SPECIAL DENTAL EQUIPMENT W/ PATTERSON DENTAL CO.
2. SUBMIT FIXTURE TYPES WITH BID!
3. PREWIRE FOR ALARM AND SKYLIGHTS.
4. VERIFY SPECIAL EQUIPMENT & COMPATIBLE W/ ARCHITECT.

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SPIER DENTAL OFFICE  
LOT 7 - BOTTLEPH APPLE PARK

|                    |
|--------------------|
| DRAWN              |
| CHECKED            |
| DATE 15 MAY 1972   |
| SCALE 1/4" = 1'-0" |
| JOB NO.            |
| SHEET              |
| 8                  |
| OF SHEETS          |



**MECHANICAL PLAN**  
SCALE 1/4" = 1'-0"

- SUPPLY AIR REGISTER IN WALL
- SUPPLY AIR REGISTER IN RETROFitted WALL  
EXTEND DUCT TO TOP OF SUBFLOOR

**NOTES:**

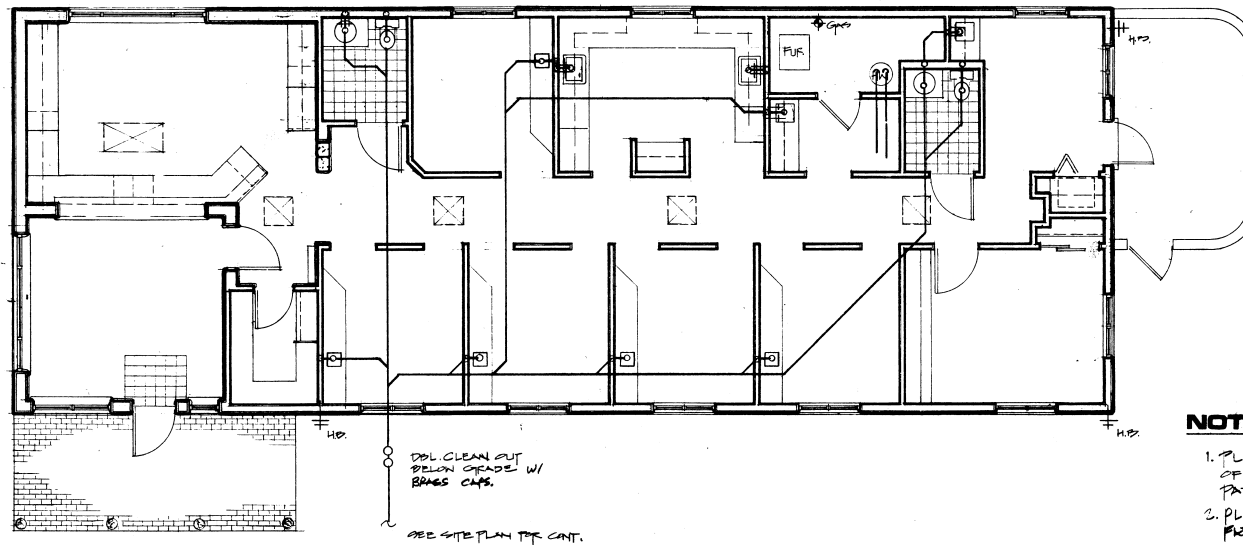
1. MECHANICAL CONTRACTOR TO VERIFY LOCATIONS OF SPECIAL DENTAL EQUIPMENT W/ PATTERSON DENTAL CO.
2. ALL DUCTS AND EXTERIOR VENTS FOR SUPPLY AIR TO BE SIZED, LOCATED AND INSTALLED BY MECHANICAL CONTRACTOR. ~~LATER ENGINEERS REVIEW OF SYSTEM~~
3. TEST & BALANCE SYSTEM AS REQUIRED.

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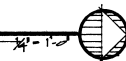


SHEK DENTAL OFFICE  
LOT 7 - BOTALPH OFFICE BKK

|                     |                       |
|---------------------|-----------------------|
| DRAWN<br>E          | CHECKED<br>E          |
| DATE<br>15 MAY 1992 | SCALE<br>1/4" = 1'-0" |
| JOB NO.             | SHEET<br>9            |
| DP                  | SHEET                 |



**PLUMBING PLAN**  
SCALE



**NOTES:**

1. PLUMBING CONTRACTOR TO VERIFY LOCATION OF SPECIAL DENTAL EQUIPMENT W/ PATTERSON - DENTAL COMPANY.
2. PLUMBING CONTRACTOR TO SUBMIT FUTURE SCHEDULE WITH BID.

| REVISIONS | BY |
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SPRUE DENTAL OFFICE  
LOT 7 - BLOTHUP OFFICE PARK

|                       |
|-----------------------|
| DRAWN<br>JC           |
| CHECKED               |
| DATE<br>03 MAY 1992   |
| SCALE<br>1/4" = 1'-0" |
| JOB NO.               |
| SHEET                 |
| <b>10</b>             |
| OF SHEETS             |