

**GENERAL NOTES**

- A. FLOOR DRAINS SHALL BE TYPE C (FD-C) AS INDICATED IN SPECIFICATIONS.
- B. ALL WASTE PIPE SHOWN ON THIS SHEET IS LOCATED IN FIRST FLOOR CEILING SPACE UNLESS OTHERWISE NOTED.
- C. ALL SANITARY VENT PIPING IS LOCATED IN 2ND FLOOR CEILING SPACE.

**SHEET KEY NOTES**

- 1. NEW RELOCATED 2" WASTE STACK AND NEW 2" VENT STACK. CONNECT NEW WASTE AND NEW 2" VENT TO EXISTING 2" WASTE AND 2" VENT IN FIRST FLOOR CEILING SPACE AND IN 2ND FLOOR CEILING SPACE. VERIFY EXACT LOCATION IN FIELD.
- 2. NEW RELOCATED 4" WASTE AND 3" VENT STACKS. CONNECT TO EXISTING 4" WASTE AND 3" VENT STACKS IN 1ST FLOOR CEILING SPACE AND IN 2ND FLOOR CEILING SPACE. VERIFY EXACT LOCATION IN FIELD.
- 3. EXISTING 6" RAIN LEADER TO REMAIN.
- 4. CONNECT NEW 4" WASTE AND 3" VENT TO EXISTING ABOVE CEILING.
- 5. EXISTING 4" WASTE AND 3" VENT STACKS TO REMAIN.
- 6. CONNECT NEW 6" RL, 2" WASTE, AND 2" VENT TO EXISTING AND RELOCATE AND SHOWN. VERIFY EXACT LOCATION IN FIELD. RECONNECT NEW 6" RL, 2" WASTE, AND 2" VENT TO EXISTING IN FIRST FLOOR CEILING.
- 7. NEW RELOCATED 4" WASTE AND 4" VENT STACKS. CONNECT TO EXISTING 4" WASTE AND 4" VENT STACKS IN 1ST FLOOR CEILING AND RECONNECT TO EXISTING IN 2ND FLOOR CEILING. FIELD VERIFY EXACT LOCATION.
- 8. COORDINATE EXACT LOCATION OF FLOOR DRAIN WITH HYDRO THERAPY TUB PROVIDED.
- 9. ALL FLOOR DRAINS SHOWN SHALL BE FLOOR DRAIN TYPE FD-C UNLESS OTHERWISE NOTED.

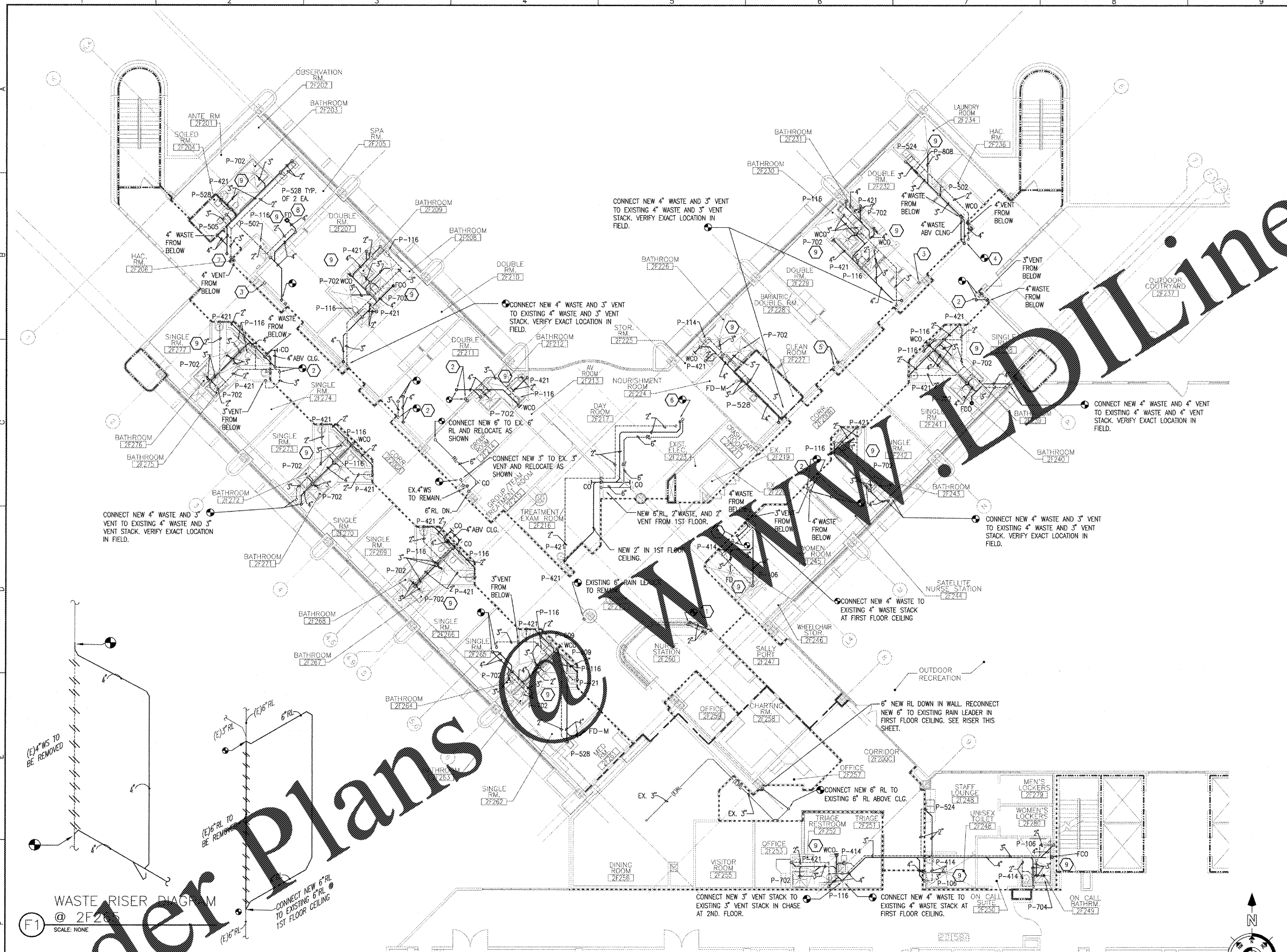
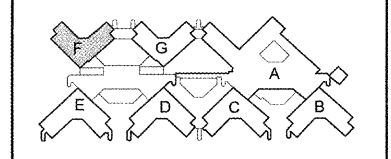
**COORDINATION DRAWINGS**

SEE COVER SHEET FOR COORDINATION NOTES.

**SYMBOLS LEGEND**

- EXISTING WALL, DOOR, WINDOW, MILLWORK, FIXTURE OR OTHER FIXTURE OR ASSEMBLY TO REMAIN.
- NEW WALL
- SMOKE TIGHT WALL
- 2-HOUR FIRE/ SMOKE RATED WALL
- 1 HOUR FIRE RATED WALL
- 1 HOUR SMOKE BARRIER WALL
- NO PIPING OR DUCTWORK SHALL BE ROUTED THROUGH ELECTRICAL AND/OR DATA ROOMS.
- EXISTING CONCRETE COLUMN

**KEY PLAN**



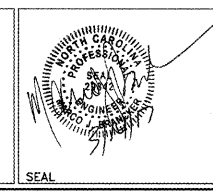
WASTE RISER DIAGRAM @ 2F255 SCALE: NONE

STORM RISER DIAGRAM @ DINING ROOM 2F256 SCALE: NONE

"F" WING SECOND FLOOR OVERALL PLUMBING PLAN -- WASTE AND VENT SCALE: 1/8" = 1'-0"

REVISION	DESCRIPTION	DATE

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**1 Freedom Way**  
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Recommended Approvals:	
1. MEDICAL CENTER DIRECTOR	6. OPERATIONS SERVICE LINE MANAGER
2. ASSISTANT DIRECTOR	7. INFECTION CONTROL MANAGER
3. CHIEF OF STAFF	8. SAFETY MANAGER
4. ASSOC. DIRECTOR	9. GENERAL ENGINEER
5. SERVICE LINE MGRS.	10. COR

Drawing Title  
**"F" WING OVERALL PLUMBING PLAN-- WASTE & VENT**

100% CONSTRUCTION DOCUMENTS

FULLY SPRINKLERED

Project Title  
**RENOVATE MENTAL HEALTH UNITS**

Date  
 February 10, 2017

Project Number  
 509-12-104

Drawn  
 LDR

Building Number  
 Reviewed

AutoCAD File Name  
 Const. Contract No.

DRAWING No.  
**PL101**

