

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND BUILDING PERMIT

This is to certify that MERCY HOSPITAL

Located At 144 STATE ST

Job ID: 2011-05-1028-ALTCOMM

CBI: 045 - C - 007 - 001 - - - -

has permission to Renovate existing endoscopy suite support space  
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of  
the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of  
the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured  
before this building or part thereof is lathed or otherwise  
closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner  
before this building or part thereof is occupied. If a  
certificate of occupancy is required, it must be

\_\_\_\_\_  
Fire Prevention Officer

*James Burke* 5/23/11  
\_\_\_\_\_  
Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No: 2011-05-1028-ALTCOMM	Date Applied: 5/4/2011	CBL: 045 - - C - 007 - 001 - - - - -	
Location of Construction: 144 STATE ST	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST PORTLAND, ME 04101	Phone: 207-553-6633
Business Name:	Contractor Name: LANGFORD & LOW INC	Contractor Address: 248 Warren Ave., PORTLAND ME 04104	Phone: (207) 797-5141
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: R-6
Past Use: Mercy Hospital	Proposed Use: Mercy Hospital – remodel endoscopy Scope Processing room	Cost of Work: 20000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: I-2/B Type: 2A IBL-2009 Signature: JMB
Proposed Project Description: 144 State Street – remodel endoscopy scope processing room		Pedestrian Activities District (P.A.D.) 5/23/11	

Permit Taken By:  1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.	<b>Zoning Approval</b>		
	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: OK w/ conditions 5/13/11 ASU	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in Dist or Landmark <input type="checkbox"/> Does not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: Any exterior work requires a separate review approval thru historic preservation.

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHON



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-05-1028-ALTCOMM

Located At: 144 STATE

CBL: 045 - - C - 007 - 001 - - - -

## **Conditions of Approval:**

### **Zoning**

1. This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
2. ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.

### **Fire**

1. All construction shall comply with City Code Chapter 10.

### **Building**

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
  2. All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2009 Section 713.
  3. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
-

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
  - **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
  - **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**
1. Close In Elec/Plmb/Framing
  2. Final at completion of the work

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

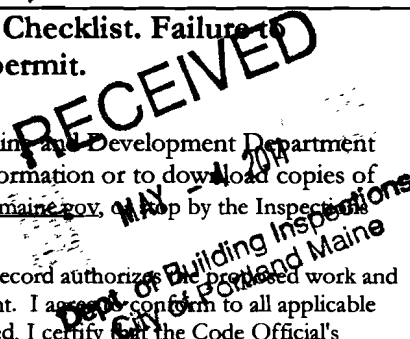


# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>144 STATE STREET (1205 h/c)</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>45</u> Block# <u>C</u> Lot# <u>7</u>	Applicant * <b>must</b> be owner, Lessee or Buyer* Name <u>Mercy Hospital</u> Address <u>144 STATE ST.</u> City, State & Zip <u>PORTLAND ME 04102</u>	Telephone: <u>(207) 553-6633</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>20,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>ENDO SUITE</u> If vacant, what was the previous use? Proposed Specific use: <u>SAME</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>ADD FINISHES and plumb + Elect. to existing ENDO SUITE SUPPORT SPACE.</u>		
Contractor's name: <u>Lynch and Low, INC.</u> Address: <u>248 WARREN AVE.</u> City, State & Zip <u>PORTLAND, ME 04104</u> Telephone: <u>797-5141</u> Who should we contact when the permit is ready: <u>Gus Dougherty</u> Telephone: <u>318-0546</u> Mailing address: <u>248 WARREN AVE. PORTLAND ME 04104</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.



In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov). Stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: [Signature] Date: 5-2-11

This is not a permit; you may not commence ANY work until the permit is issued



# New Commercial Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

## One (1) complete Set of construction drawings must include:

Note: Construction documents for costs in excess of \$50,000.00 must be prepared by a Design Professional and bear their seal.

- Cross sections w/framing details **N/A - all existing**
- Detail of any new walls or permanent partitions **N/A - all existing**
- Floor plans and elevations
- Window and door schedules **N/A - all existing**
- Foundation plans with rebar specifications and required drainage and damp proofing (if applicable) **N/A**
- Detail egress requirements and fire separations
- Insulation R-factors of walls, ceilings, floors and U-factors of windows as per the IECC 2003 **N/A**
- Complete the Accessibility Certificate and The Certificate of Design
- A statement of special inspections as required per the IBC 2003 **N/A**
- Complete electrical and plumbing layout.
- Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review. **N/A**
- Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17".
- Per State Fire Marshall, all new bathrooms must be ADA compliant. **N/A**

Separate permits are required for internal & external plumbing, HVAC and electrical installations.

Nine (9) copies of the minor (< 10,000 sf) or major (> 10,000 sf) site plan application is required that includes: **N/A**

- A stamped boundary survey to scale showing north arrow, zoning district and setbacks to a scale of  $\geq 1" = 20'$  on paper  $\geq 11" \times 17"$
- The shape and dimension of the lot, footprint of the proposed structure and the distance from the actual property lines. Photocopies of the plat or hand draw footprints not to scale will not be accepted.
- Location and dimensions of parking areas and driveways, street spaces and building frontage
- Finish floor or sill elevation (based on mean sea level datum)
- Location and size of both existing utilities in the street and the proposed utilities serving the building
- Existing and proposed grade contours
- Silt fence (erosion control) locations

**Fire Department requirements.**

The following shall be submitted on a separate sheet:

- Name, address and phone number of applicant **and** the project architect.
- Proposed use of structure (NFPA and IBC classification)
- Square footage of proposed structure (total and per story)
- Existing and proposed fire protection of structure.
- Separate plans shall be submitted for
  - a) Suppression system
  - b) Detection System (separate permit is required)
- A separate Life Safety Plan must include:
  - a) Fire resistance ratings of all means of egress
  - b) Travel distance from most remote point to exit discharge
  - c) Location of any required fire extinguishers
  - d) Location of emergency lighting
  - e) Location of exit signs
  - f) NFPA 101 code summary
- Elevators shall be sized to fit an 80" x 24" stretcher. *N/A all existing*

For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.

**Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.**

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost

**This is not a Permit; you may not commence any work until the Permit is issued.**



# Certificate of Design Application

From Designer:

Morris Switzer - Environments for Health

Date:

May 3, 2011

Job Name:

Mercy Hospital, Endoscopy Scope Processing Room Remodeling

Address of Construction:

144 State Street, Portland

## 2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year IBC 2009 Use Group Classification (s) I-2 & B

Type of Construction IA

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES NFPA 13

Is the Structure mixed use? YES If yes, separated or non separated or non separated (section 302.3) SEPARATED

Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) No

### Structural Design Calculations

N/A Submitted for all structural members (106.1 - 106.11)  
there are no modifications to the existing structure

Design Loads on Construction Documents (1603)  
Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown

### Wind loads (1603.1.4, 1609)

- Design option utilized (1609.1.1, 1609.6)
- Basic wind speed (1609.3)
- Building category and wind importance factor,  $I_w$ , table 1604.5, 1609.5
- Wind exposure category (1609.4)
- Internal pressure coefficient (ASCE 7)
- Component and cladding pressures (1609.1.1, 1609.6.2.2)
- Main force wind pressures (7603.1.1, 1609.6.2.1)

### Earth design data (1603.1.5, 1614-1623)

- Design option utilized (1614.1)
- Seismic use group ("Category")
- Spectral response coefficients,  $S_x$  &  $S_y$  (1615.1)
- Site class (1615.1.5)

- Live load reduction
- Roof live loads (1603.1.2, 1607.11)
- Roof snow loads (1603.7.3, 1608)
- Ground snow load,  $P_g$  (1608.2)
- If  $P_g > 10$  psf, flat-roof snow load  $P_f$
- If  $P_g > 10$  psf, snow exposure factor,  $C_e$
- If  $P_g > 10$  psf, snow load importance factor,  $I_s$
- Roof thermal factor,  $C_t$  (1608.4)
- Sloped roof snowload,  $P_s$  (1608.4)
- Seismic design category (1616.3)
- Basic seismic force resisting system (1617.6.2)
- Response modification coefficient,  $R_d$  and deflection amplification factor  $C_d$  (1617.6.2)
- Analysis procedure (1616.6, 1617.5)
- Design base shear (1617.4, 1617.5.1)

### Flood loads (1803.1.6, 1612)

- Flood hazard area (1612.3)
- Elevation of structure

### Other loads

- Concentrated loads (1607.4)
- Partition loads (1607.5)
- Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)





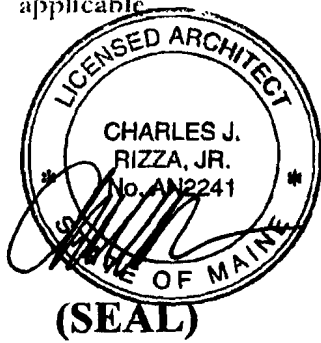
# Accessibility Building Code Certificate

Designer: Morris Switzer - Environments for Health, LLC

Address of Project: Mersey Hospital, 144 State Street, Portland 04101

Nature of Project: Interior renovation of space for a  
scope cleaning room associated with  
Endoscopy for Mersey Hospital

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: *[Handwritten Signature]*  
Charles Rizza, Jr., AIA

Title: Director

Firm: Morris Switzer

Address: 183 Middle Street  
Portland 04101

Phone: 773-8841

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



## Certificate of Design

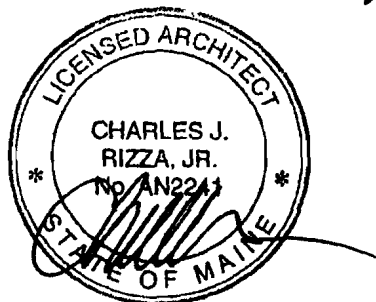
Date: May 3, 2011

From: MorrisSwitzer - Environments for Health, LLC

These plans and / or specifications covering construction work on:

Interior renovation of space for a scope cleaning room associated  
with Endoscopy for Mersey Hospital

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the 2003 *International Building Code* and local amendments. 2009



(SEAL)

Signature: [Handwritten Signature]

Charles Rizza, Jr., AIA

Title: Director

Firm: MorrisSwitzer

Address: 183 Middle Street

Portland 04101

Phone: 773-8841

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)

**morris****switzer**  
environments for health

May 5, 2011

**PROJECT:** Mercy Hospital  
Endoscopy Scope Processing Room Remodeling  
Project No. 201092

**OWNER:** Mercy Hospital  
144 State Street  
Portland, Maine 04101  
Contact: Brian Gay  
Telephone: (207) 553-6633

**ARCHITECT:** MorrisSwitzer~Environments for Health  
183 Middle Street, Suite 300  
Portland, Maine 04101  
Telephone: (207) 773-8841  
Facsimile: (207) 773-8840  
Contact: Bruce Anderson

**CONTRACTOR:** Langford and Low  
248 Warren Avenue  
Portland, Maine 04103  
Contact: Gus Doughty  
Telephone: (207) 797-5141

**BUILDING USE:** "I-2" and "B" occupancy – 2009 IBC  
Existing Health Care Occupancies and Existing Business  
Occupancies – 2006 NFPA 101 (Life Safety Code)

**BUILDING AREA:** 30,407 s.f. (Level B2), 40,760 s.f. (Level B1), 49,835 s.f. (Level 1),  
43,902 s.f. (level 2), 20,200 s.f. (Level 3), 22,325 s.f. (Level 4),  
22,226 s.f. (Level 5), 12,501 s.f. (Level 6)  
242,156 total square feet (eight stories)

**FIRE PROTECTION:** Construction Type: IA (2009 IBC Table 503)  
Type I (332) (2006 NFPA 101)

Fire Suppression System: (Existing) designed according to  
NFPA 13

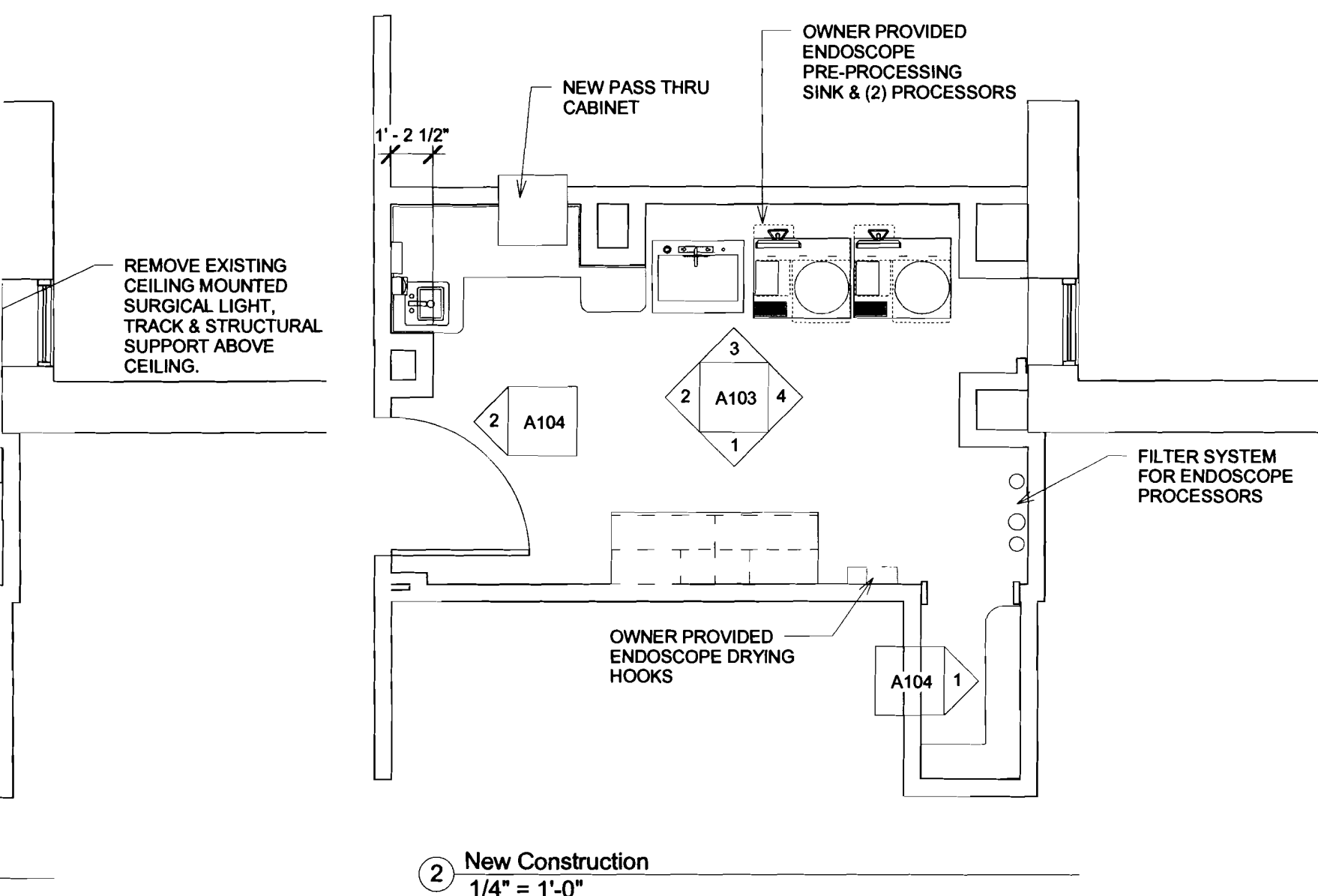
Fire Alarm System: (Existing) supervisory alarm system

# **Mercy Hopsital**

## **Endoscopy Scope Processing Room Remodeling**

### **Drawing Index**

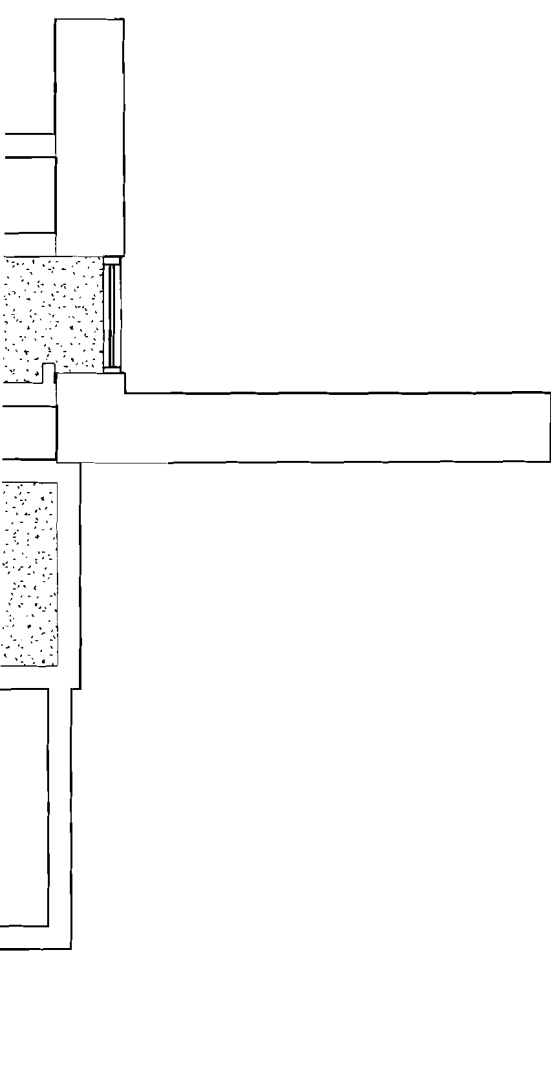
- A101 Demo/New Construction Plans**
- A102 Reflected Ceiling Plan & Architectural Specifications**
- A103 Interior Elevations**
- A104 Interior Elevations**
- A105 Millwork Details**
- A106 Millwork Details**
  
- M100 Mechanical and Plumbing Plan**
- M101 Mechanical and Plumbing Details**
- M102 Mechanical and Plumbing Specifications**



**DEMON/NEW CONSTRUCTION PLANS**

**Mercy Hospital - Scope Processing Room**

Sheet Title	Project Name
Date	3/4/2011
Scale	1/4" = 1'-0"
Drawn	Check
Project Number	201092
Addendum	RFI Reference
Drawing Reference	



**PAINT:**  
ICI Paints: Life Master, no VOC, Whisper White. Paint entire room.

**CEILING:**  
Armstrong: Fine fissured square layin Model #1811 24"x48"x3/4" for 15/16" suspension system.  
(Existing suspension system to remain.)

**CASEWORK:**  
Quality Grade: Provide products of quality specified by AWI/AWMAC/WI Architectural Woodwork Standards for Premium Grade.  
Cabinet Style: flush overlay.  
Cabinet Doors and Drawer Fronts: Flush style.

**High Pressure Decorative Laminate (HPDL): NEMA LD 3**  
Horizontal Surfaces: HGS, 0.048 inch nominal thickness, color as selected, matte finish.  
Vertical Surfaces: VGS, 0.028 inch nominal thickness, color as selected, matte finish.  
Cabinet Liner: CLS, 0.020 inch nominal thickness, color as selected, finish as selected.  
Laminate Backer: BKL, 0.020 inch nominal thickness, undercoated; for application to concealed backside of panels faced with high pressure decorative laminate.

**Plastic Edge Banding:** 3 mm. solid extruded PVC, flat shaped; smooth finish; self locking serrated tongue; width to match component thickness.

**Hardware:** BHMA A156.9, types as indicated for quality grade specified.  
Adjustable Shelf Supports: Standard side-mounted system using multiple holes for pin supports and coordinated shelf rests, polished chrome finish, for nominal 1 inch spacing adjustments.  
Drawer and Door Pulls: "U" shaped wire pull, steel with satin finish, 4 inch centers.  
**Drawer Slides:**  
Type: Full extension.  
Static Load Capacity: Extra Heavy Duty Grade.  
Mounting: Side mounted.  
Stops: Integral type.  
Features: Provide self closing/stay closed type.  
Hinges: 165 - 170 degree opening, 3-way adjustable, straight-arm, slip-on style European hinge; self-closing type, steel with satin finish.  
Countertop Support Brackets: size according to countertop dimensions and space supports to provide load capacity recommended by manufacturer.  
Product: Work Surface Bracket manufactured by Hafele.

**SOLID SURFACE COUNTERTOPS:**  
Solid Surfacing Countertops: Solid surfacing sheet or plastic resin casting over continuous substrate.  
Flat Sheet Thickness: 3/4 ince (19 mm), minimum.  
Color and Pattern: To be selected from manufacturer's full line.  
Exposed Edge Treatment: Built up to minimum 1 1/2 ince thick; bullnosed edge.  
Back and End Splasheds: Same sheet material, square top, minimum 4 inches high x 1/2 inch thick.

**ADJUSTABLE SHELVING:**  
Shelving: Particle board covered with high pressure decorative laminate and 3 mm. plastic edge banding all edges.  
Thickness: 3/4 inch

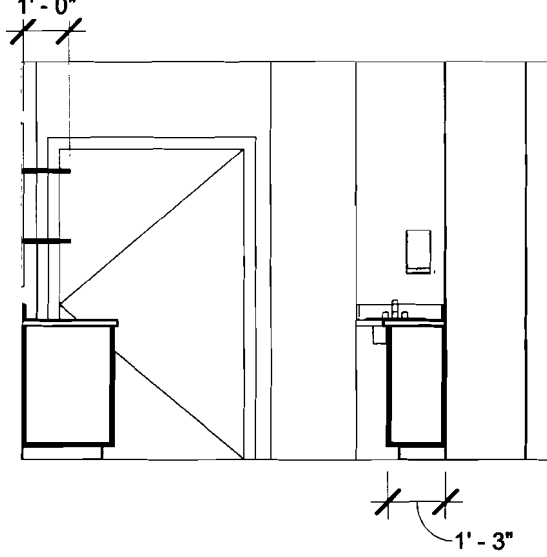
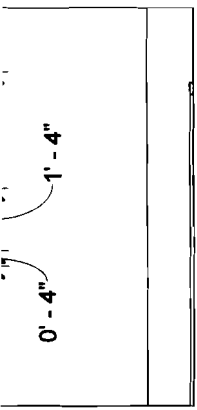
**Adjustable Shelf Supports:**  
Brackets: Heavy duty wall brackets with cam lever lock to secure bracket in place.  
Brackets: Knap & Vogt Manufacturing Company; Product 186/187: www.kv.com.  
Standards: Heavy duty wall standards with 2 inch slot adjustment.  
Standards: Knap & Vogt Manufacturing Company; Product 87: www.kv.com.  
Size: Size standards and brackets as appropriate for shelving indicated.

**WALL PROTECTION PANEL:**

**REFLECTED CEILING PLAN &  
ARCHITECTURAL SPECIFICATIONS**

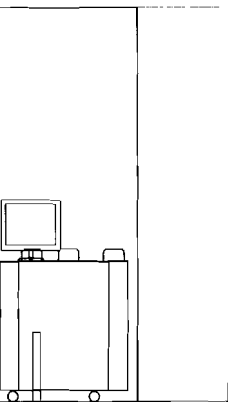
**Mercy Hospital - Scope Processing Room**

Sheet Title	Project Name
Date	3/4/2011
Scale	1/4" = 1'-0"
Drawn	Check
Project Number	201092
Addendum	RFI Reference
Drawing Reference	

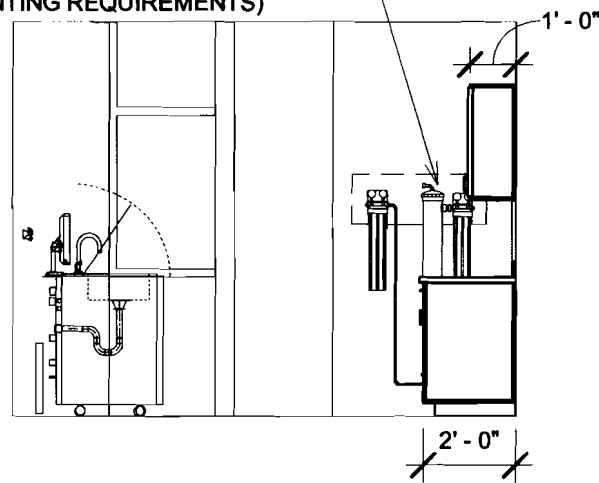


② Elevation 2  
1/4" = 1'-0"

OWNER PROVIDED ENDOSCOPE  
PRE-PROCESSING SINK & (2)  
PROCESSORS



PROVIDE SURFACE MOUNTED  
PAINTED WOOD BACKING PLATE  
FOR MOUNTING FILTER SYSTEM  
FOR ENDOSCOPE SYSTEM  
(VERIFY SIZE W/ EQUIPMENT  
MOUNTING REQUIREMENTS)



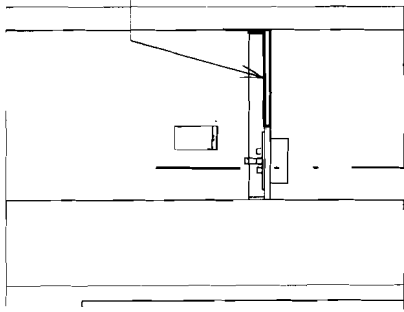
④ Elevation 4  
1/4" = 1'-0"

INTERIOR ELEVATIONS

Mercy Hospital - Scope Processing Room

Sheet Title	Project Name
Date	3/4/2011
Scale	1/4" = 1'-0"
Drawn	Check
Project Number	201092
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Drawing Reference	

SOLID SURFACE  
COUNTERTOP &  
BACKSPLASH



INTERIOR ELEVATIONS

Mercy Hospital - Scope Processing Room

Sheet Title	Project Name
3/4	Mercy Hospital - Scope Processing Room
Date	3/4/2011
Scale	1/4" = 1'-0"
Drawn	Check
Project Number	201092
Attachment	RFI Reference
Drawing Reference	

**MorrisSwitz**  
Environments for  
Milliston, Vermont  
Boston, Massachusetts  
Portland, Maine  
© 2008 MorrisSwitz



PROVIDE  
WOOD  
BLOCKING  
FOR  
COUNTERTOP  
ANCHORAGE

7'-2" A.F.F.

WOOD BLOCKING  
FOR WALL CABINET  
ANCHORAGE

1' - 0 3/4"

P.LAM (TYP.)

SHIM SPACE

ADJUSTABLE SHELVING

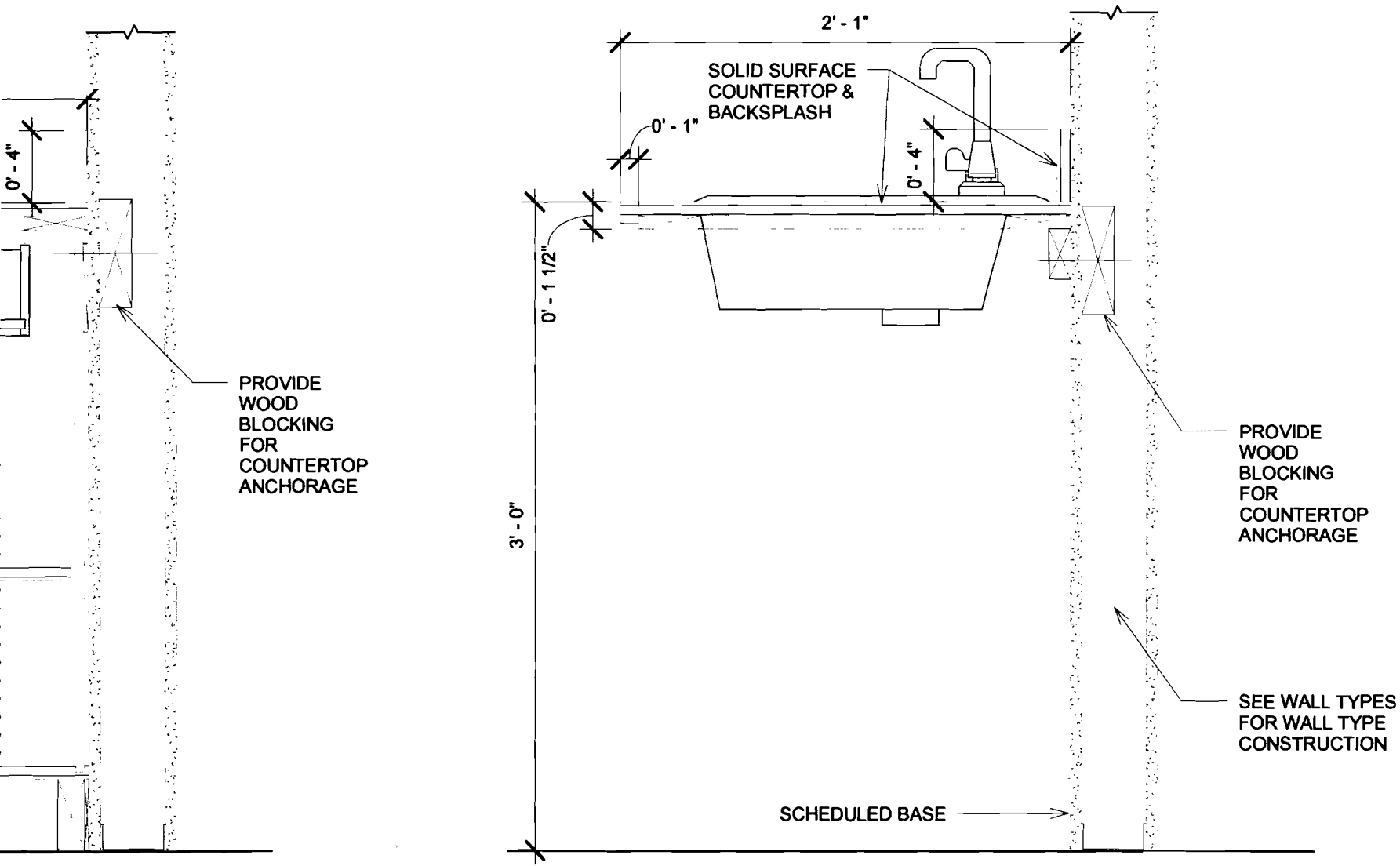
PULL - AS SPECIFIED  
WOOD SHIMS

② TYPICAL WALL CABINET  
1 1/2" = 1'-0"

MILLWORK DETAILS

Mercy Hospital - Scope Processing Room

Sheet Title	Project Name
Date	3/4/2011
Scale	1 1/2" = 1'-0"
Drawn	Check
Project Number	201092
Addendum	RFI Reference
Drawing Reference	



② TYPICAL SINK COUNTER  
 1 1/2" = 1'-0"

MILLWORK DETAILS

Mercy Hospital - Scope Processing Room

Sheet Title	Project Name
Date	3/4/2011
Scale	1 1/2" = 1'-0"
Drawn	Check
Project Number	201092
Addendum	RFI Reference
Drawing Reference	

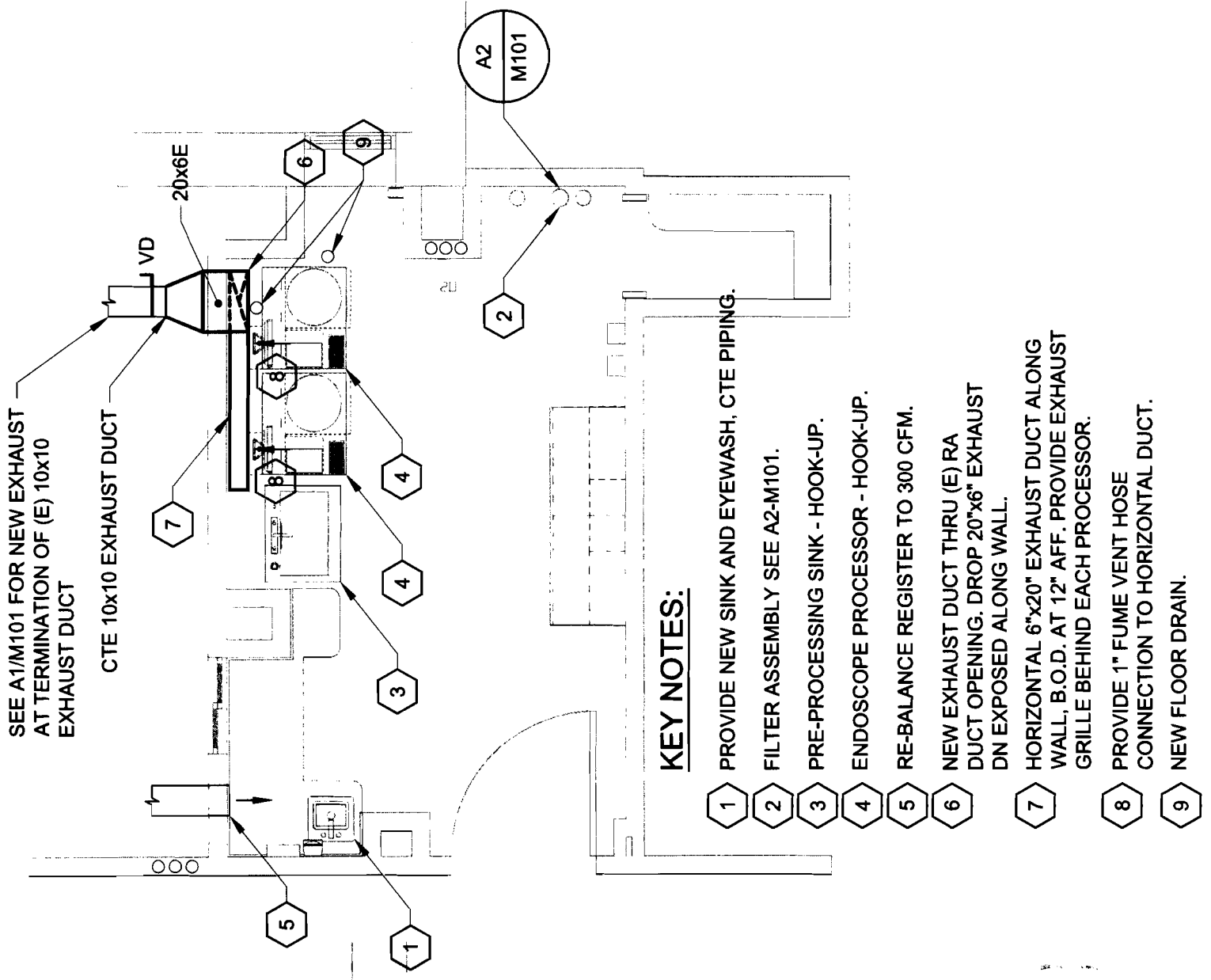
# MECHANICAL AND PLUMBING PLAN

MERCY HOSPITAL  
SCOPE PROCESSING ROOM  
PORTLAND, MAINE

1/4" = 1'-0" Date: 03/04/2011 Project No: 11003 Cad File: 11003M

Structural Mechanical Electrical Commissioning  
**Allied Engineering**

160 Veranda St  
Portland, Maine  
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SEE A1/M101 FOR NEW EXHAUST  
AT TERMINATION OF (E) 10x10  
EXHAUST DUCT

CTE 10x10 EXHAUST DUCT

20x6E  
VD

## KEY NOTES:

- 1 PROVIDE NEW SINK AND EYEWASH, CTE PIPING.
- 2 FILTER ASSEMBLY SEE A2-M101.
- 3 PRE-PROCESSING SINK - HOOK-UP.
- 4 ENDSCOPE PROCESSOR - HOOK-UP.
- 5 RE-BALANCE REGISTER TO 300 CFM.
- 6 NEW EXHAUST DUCT THRU (E) RA DUCT OPENING. DROP 20"x6" EXHAUST DN EXPOSED ALONG WALL.
- 7 HORIZONTAL 6"x20" EXHAUST DUCT ALONG WALL, B.O.D. AT 12" AFF. PROVIDE EXHAUST GRILLE BEHIND EACH PROCESSOR.
- 8 PROVIDE 1" FUME VENT HOSE CONNECTION TO HORIZONTAL DUCT.
- 9 NEW FLOOR DRAIN.

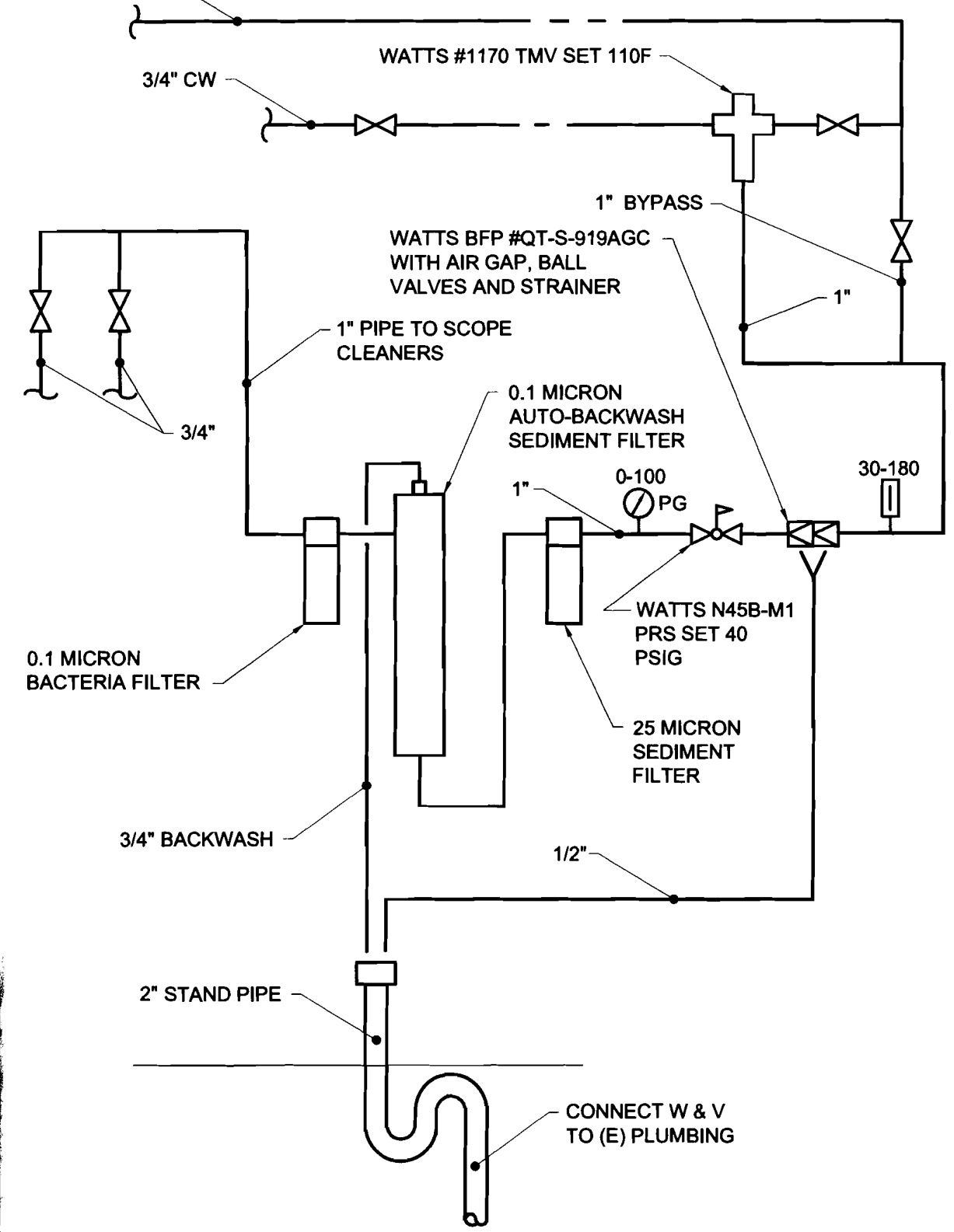
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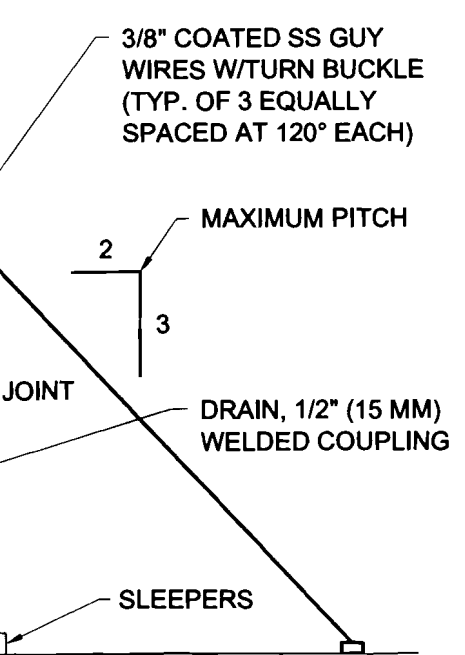
**MECHANICAL AND PLUMBING DETAILS**

MERCY HOSPITAL  
 SCOPE PROCESSING ROOM  
 PORTLAND, MAINE

NONE | Date: 03/04/2011 | Project No: 11003 | Cad File: 11003M



**NOTE:**  
 ALL ROOFING WORK PER  
 NRCA RECOMMENDATIONS



3/8" COATED SS GUY  
 WIRES W/TURN BUCKLE  
 (TYP. OF 3 EQUALLY  
 SPACED AT 120° EACH)

MAXIMUM PITCH

DRAIN, 1/2" (15 MM)  
 WELDED COUPLING

SLEEPERS

at a negative pressure

e.  
CNA, Seal Class A, 2"

be 309 CFM, this is

duct as required to allow

/3 OD S1 roof exhaust  
removed (Reasons: fan is  
known reliability).

t as per the detail.  
windows as feasible.  
y with hospital electrical.  
99.

gical utility set. Refer to

W rotation), belt drive,

shall be extended/routed


duct behind each

n processor to the

Verify that the room is  
must, 200 CFM infiltration).

2. Hookups shall be per equipment/fixture manufacturer's requirements and plumbing code.
3. Provide water shutoff valves for fixture and equipment connections. Provide SS braided flexible hoses.
4. Provide hookups for owner-provided endoscope pre-processing sink; ½" HW, ½" CW, 1.5" PVC standard sink drain with P-trap at 22" AFF, 1.5" PVC vent. Provide SS braided flexible hoses.
5. Provide hookups for the owner-provided (2) processors.
  - a. 2" diameter standpipe (18" AFF), trapped and vented per code. Material: Charlotte PVC ChemDrain CPVC.
  - b. Hose bibb water supplies shall have vacuum breakers. Provide SS braided flexible hoses.
6. Provide hookups for the filter system as per detail. Refer to detail A2/M101. Insulate the HW & CW piping with FG insulation, PVC jacket where exposed. No insulation required at hookups, filters and fittings.
7. Provide a floor drain (2" outlet) adjacent to the processors for emergency spills. Floor drain shall have a flap-type trap seal protector.
8. Provide new SS hand sink:
  - a. Elkay ELU129 undermount single-bowl SS sink; Bottom Grid Drain: LKWBG1209SS; Overall dimensions: 13-1/2x10-3/4"; Inside bowl dimensions 12'x 9-1/4'x 7" deep
  - b. Faucet: Chicago1100-GN2FC317CP, deck-mounted - 8" centers; 1.5GPM laminar flow outlet, gooseneck spout, 4" wrist-blade handles
  - c. Supplies, fittings and trim.
9. Provide an emergency eye wash and tempering valve adjacent to the sink.
  - a. Eyewash: GuardianG5022 Dual Head Eye Wash, Deck Mounted with Visibility Identification Sign and Inspection Tag.
  - b. Guardian G3600 Thermostatic mixing valve for eye wash precisely blends hot and cold water to deliver warm (tepid) water as required by the ANSI Z358.1 - 2004 standard. Valve has flow rate of 0.5 to 6 gallons per minute

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MECHANICAL AND PLUMBING SPECIFICATIONS			
MERCY HOSPITAL SCOPE PROCESSING ROOM PORTLAND, MAINE			
NONE	Date: 03/04/2011	Project No: 11003	Cad File: 11003M