

PLUMBING SPECIFICATIONS

QUANTITY	SPEC. NUMBER	DESCRIPTION	UTILITIES							MECH. DETAIL	CONS. DETAIL
			COLD WATER	HOT WATER	COMPRESSED AIR	NATURAL GAS	VACUUM	N2O	OXYGEN		
11	2A	UTILITY CENTER - SELF-CONTAINED WATER.									
1	3A	REAR CABINET UTILITY CENTER - SELF-CONTAINED WATER. BACK FLOW PREVENTION REQUIRED AS PER LOCAL CODE.									2A
1	3A.1	CUSTOM REAR UTILITY CENTER - SELF-CONTAINED WATER. BACK FLOW PREVENTION REQUIRED AS PER LOCAL CODE.									3A.1
1	3A.2	CHAIR UTILITY CENTER - SELF-CONTAINED WATER. BACK FLOW PREVENTION REQUIRED AS PER LOCAL CODE.									3A.2
8	11	MODULAR SINKS & FAUCETS - SINK AND FAUCET SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR. FINAL CONNECTIONS BY CONTRACTOR.									
6	11C	CENTER ISLAND CABINET - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. SINK AND FAUCET TO BE CONNECTED BY CONTRACTOR. FINAL CONNECTIONS BY CONTRACTOR.									11C
14	12	AIR POWERED SINK CONTROL - FROM (12) TO (11) OR (11C). SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR.									
2	13	COMPRESSED AIR LINE AND VALVE - TERMINATE WITH A 1/2" SWEAT X 3/8" COMPRESSION STOP.									13
1	15A	INSTRUMENT WASHER (HYDRIM) - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.									15A
1	15B	HANDPIECE MAINTENANCE SYSTEM - CONTRACTOR TO PROVIDE REQ'D UTILITIES. 1/2" AIR LINE WITH VALVE STOP (58-145 P3) ABOVE COUNTERTOP. SYSTEM SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.									15B
1	16	MODEL TRIMMER - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL. BACK FLOW PREVENTION AS REQUIRED PER CODE.									16
1	17	PLASTER TRAP - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR ON SINK DRAIN LINE.									16
1	25	DENTAL AIR COMPRESSOR - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR. FOR GAS-DRIVEN DEVICES IN A LEVEL 3 FACILITY. 1/2" I.D. COPPER TYPE K OR L SUPPLY LINES TO LOCATIONS THAT REQUIRE AIR. BUCK BOOST TRANSFORMER SUPPLIED AND INSTALLED BY CONTRACTOR (IF REQ'D). FINAL CONNECTIONS BY CONTRACTOR. REFER TO NFPA 99, 2005, 5.3.3.5 FOR REGULATIONS & REQUIREMENTS.									25
1	27B	VACUUM PUMP (DRY) - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY CONTRACTOR. 1.5" OR 2" MAIN TRUNK LINES. USE SCH 40 PVC WHERE PERMITTED BY CODE. VERIFY TRUNK & BRANCH LINE SIZES WITH MFR RECOMMENDATIONS. EXHAUST PUMP TO OUTSIDE. BACK FLOW PREVENTION REQ'D PER LOCAL CODE. BUCK BOOST TRANSFORMER SUPPLIED AND INSTALLED BY CONTRACTOR (IF REQ'D). FINAL CONNECTIONS BY CONTRACTOR. PROVIDE WATER LINE WITH HOSE BIB NEAR UNIT.									27B

PLUMBING SPECIFICATIONS

QUANTITY	SPEC. NUMBER	DESCRIPTION	UTILITIES							MECH. DETAIL	CONS. DETAIL
			COLD WATER	HOT WATER	COMPRESSED AIR	NATURAL GAS	VACUUM	N2O	OXYGEN		
1	28	VACUUM INLET - CONTRACTOR TO PROVIDE A 1/2" PVC BRANCH WITH TERMINATION FITTING FROM MAIN TRUNK LINE. VERIFY HEIGHT AND LOCATION WITH HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST.									28
1	29A	AMALGAM SEPARATOR - SUPPLIED BY HENRY SCHEIN DENTAL. INSTALLED BY PLUMBER. VERIFY LOCATION WITH HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST.									29A
1	30G	ULTRA PURE WATER SYSTEM (P&C VISTAPURE @ STERILIZATION) - SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.									30G

PLUMBING NOTES

1. THIS SPECIFICATION SHEET IS INTENDED AS A GUIDE FOR TRADESMEN. THE FLOOR PLANS ENCLOSED HEREIN ARE SUGGESTIONS FOR THE PLACEMENT OF DENTAL EQUIPMENT. THEY ARE NOT INTENDED FOR CONSTRUCTION.
2. EXACT EQUIPMENT LOCATIONS MUST BE JOB SITE VERIFIED BY THE HENRY SCHEIN DENTAL EQUIPMENT SPECIALIST.
3. FOLLOW MANUFACTURER'S DRAWINGS FOR EXACT REQUIREMENTS FOR ANY EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. CONSULT WITH HENRY SCHEIN DENTAL REP FOR ADDITIONAL INFORMATION.
4. ANY REFERENCE TO "AIR", "COMPRESSED AIR" OR "AIR COMPRESSOR" REFER TO THE UNIT AND ALL COMPONENTS WHICH ARE CONSIDERED A LEVEL 3 "GAS-DRIVEN DEVICE" SUPPLY SYSTEM. REFER TO NFPA 99, 2005, 5.3.3.5 FOR REGULATIONS & REQUIREMENTS. THIS SHOULD NOT BE CONFUSED WITH "AIR" AS IT IS DEFINED IN LEVEL 1 OR LEVEL 2 MEDICAL FACILITIES.
5. WATER PRESSURE MUST NOT EXCEED 50 PSI AT ALL DENTAL UNITS.
6. BACK-FLOW PREVENTION IS REQUIRED ON ALL LINES AS PER LOCAL CODE.

SEE SHEETS SPE.1 & SPE.2 FOR ILLUSTRATIONS & DETAILS

VACUUM NOTES

THE VACUUM PIPING LAYOUT HAS A LARGE EFFECT ON THE EFFICIENCY AND RELIABILITY OF THE DENTAL VACUUM SYSTEM. REFER TO MANUFACTURER'S PRE-INSTALLATION GUIDE PROVIDED BY HENRY SCHEIN EQUIPMENT SPECIALIST (FOR SPECIFIC SIZING OF STUB-UP, TRUNK, AND BRANCH LINES).

IT IS HIGHLY RECOMMENDED THAT VACUUM LINES RUN UNDERNEATH DENTAL EQUIPMENT BY MEANS OF TRENCHING/ CORING (CONCRETE SLAB) OR IN SUB FLOOR (BASEMENT/ CRAWL SPACE). ALL LINES ARE TO BE DESIGNED WITH PVC PIPING UNLESS DICTATED BY LOCAL CODES TO USE COPPER OR CAST IRON.

TO ENSURE OPTIMUM VACUUM PERFORMANCE, INSTALL MAIN LINE DIRECTLY BELOW THE DENTAL CHAIR, CABINET OR WALL JUNCTION BOX TO REDUCE OR ELIMINATE BRANCH LINE RUNS WHEREVER POSSIBLE.

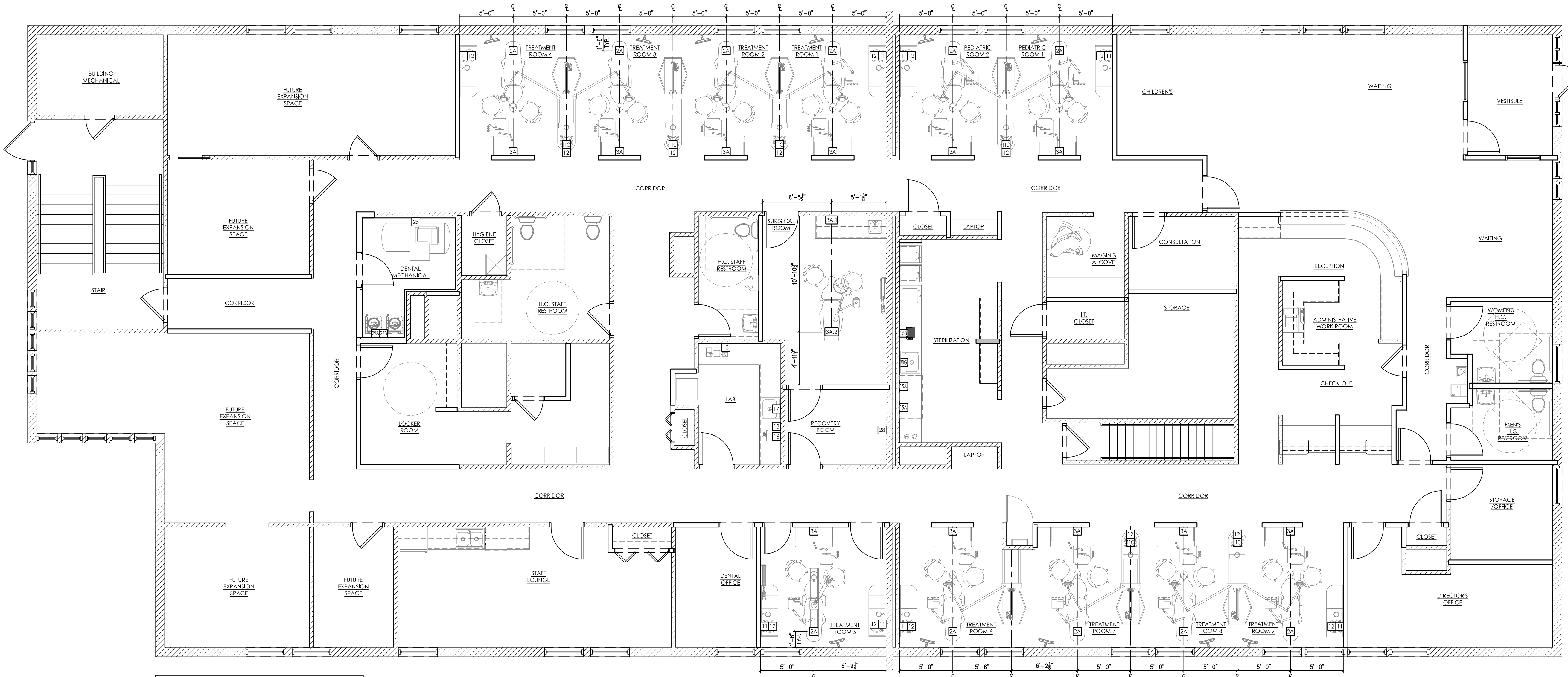
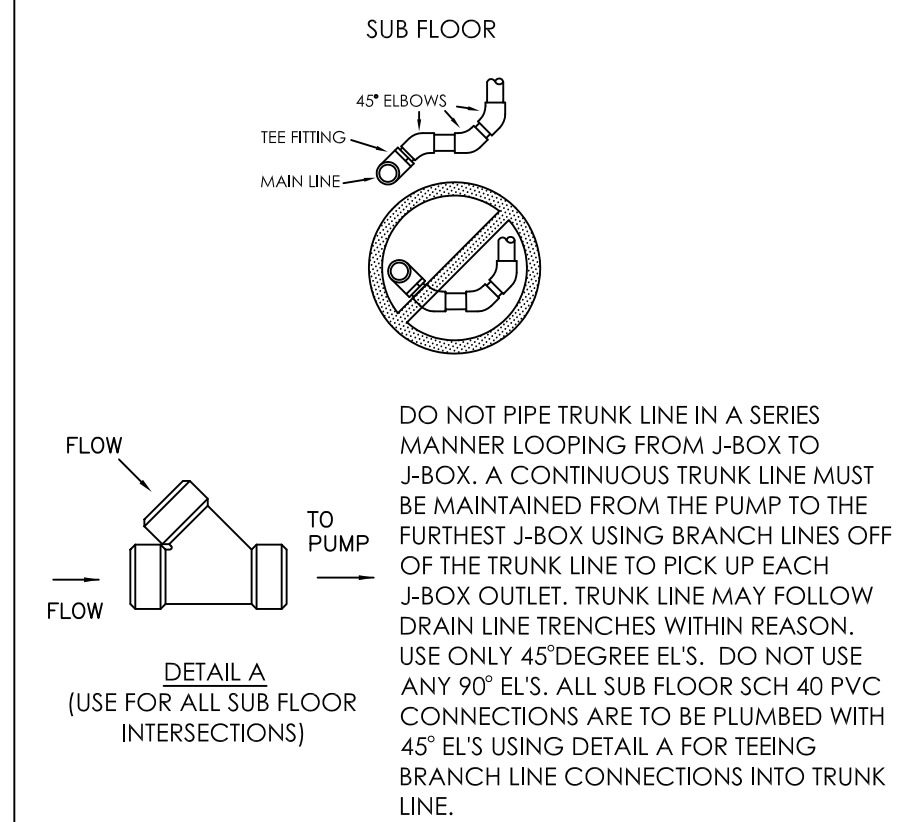
1. **STUB-UP**
TERMINATE VACUUM TRUNK LINE IN MECHANICAL ROOM W/ VERTICAL STUB-UP 3" A.F.F. PLUMBING CONTRACTOR TO PROVIDE FPT ADAPTOR ON END OF STUB-UP. SIZE OF ADAPTOR TO BE DETERMINED BY TRUNK AND PUMP INTAKE PIPE SIZES. IN THE CASE OF DUAL TRUNK LINE SYSTEM, PROVIDE ENOUGH SPACE BETWEEN STUB-UPS TO INSTALL TEES ON BOTH LINES.

2. **TRUNK LINE(S)**
VACUUM TRUNK LINE(S) TO BE SUPPORTED EVERY 6'-0" TO PREVENT SAG AND SLOPED A MINIMUM OF 1/4" PER 10'-0" TOWARD THE VACUUM PUMP.

3. **BRANCH LINE(S)**
BRANCH LINES ARE TO BE "SWEEPING" 90 DEGREE TURNS TO AVOID VACUUM LOSS. A "Y" TEE FITTING SHOULD BE USED WHEN AVAILABLE TO BRANCH TWO LINES TOGETHER.

SPECIAL NOTE:
IF VACUUM LINES ENCRUSH ON EITHER A WALL OR COLUMN FOOTING, USE 45 DEGREE ELBOWS TO PIPE AROUND FOOTING SO PIPE REACHES PROPER LOCATION.

BRANCH LINE CONFIGURATIONS



THIS PLAN IS FOR THE SOLE PURPOSE OF SPECIFICATION AND INSTALLATION OF THE DENTAL EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. EXISTING CONDITIONS MAY NOT MEET LOCAL BUILDING AND ACCESSIBILITY CODES. IT IS THE ARCHITECT/ CONTRACTOR'S RESPONSIBILITY TO VERIFY THAT ALL CODE REQUIREMENTS ARE MET.

PROPOSED DENTAL PLUMBING SPECIFICATIONS

3/16"=1'-0"

HENRY SCHEIN®
DENTAL
10920 WEST LINCOLN AVENUE
WEST ALLIS, WI 53227

PROJECT:
COMMUNITY DENTAL PORTLAND
640 BRIGHTON AVENUE
PORTLAND, ME 04101

HENRY SCHEIN REP:
JESSE LEVEILLE
CENTER:
BOSTON, MA
PHONE #:
(207) 233-4978

IMPORTANT NOTE:
THIS DOCUMENT HAS BEEN PREPARED AS AN INSTRUMENT OF THE PROFESSIONAL SERVICE, AND IS NOT AN ARCHITECTURAL PLAN. IDEAS/ DESIGNS INCLUDED HEREIN ARE THE SOLE PROPERTY OF HENRY SCHEIN DENTAL, AND ARE PROTECTED UNDER COPYRIGHT. THEY MAY NOT BE USED OR REPRODUCED WITHOUT EXPRESSED WRITTEN CONSENT OF HENRY SCHEIN AND FULL PAYMENT OF ANY ASSOCIATED DESIGN FEES.
ALL DIMENSIONS ARE SUBJECT TO JOB-SITE VERIFICATION.

DRAWING NAME:
COMMUNITY DENTAL PORTLAND-1A-F
PROJECT START DATE:
07/20/2015
FINALS START DATE:
01/22/2016
DRAWN BY: ARCH
FINALS BY: AKL
CHECKED BY: GMC

REVISIONS:	DATE	BY
02/10/16	AKL	
02/16/16	AKL	
04/07/16	AKL	
---	---	---
---	---	---
---	---	---

INT. SQ. FT. = PER ARCH

SCALE: 3/16"=1'-0" **SHT. SIZE:** D
PLUMBING PLAN
SP.1