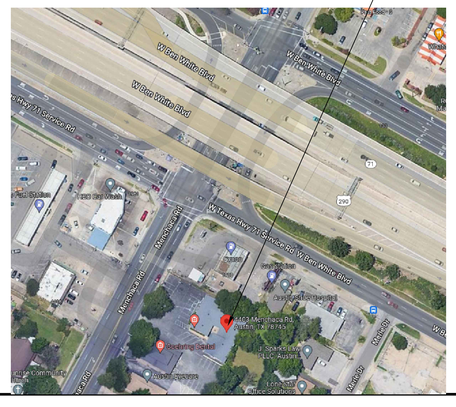
DR. GOEHRING

4403 MENCHACA RD, SUITES A,B,C

AUSTIN, TEXAS 78745

PROJECT LOCATION



NO	DATE	DESCRIPTION	BY
1	07.06.22	PERMIT SET	JM
2	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

CITY OF AUSTIN
APPROVED
Date 9/02/22
FOUNDED 1839

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DRAWING LIST

N20 OR O2 IS USED ON THIS PROJECT

SHEET NO.	SHEET TITLE	PERMIT SET
CS	COVER SHEET	●
SP	SITE PLAN	●
A0	DEMO PLAN	●
A1	FLOOR PLAN	●
A1.1	MISC. INFORMATION & DETAILS	●
A2	DIMENSIONS PLAN	●
A3	CEILING PLAN	●
A4	ACCESSIBILLITY PLAN	●
E1	ELECTRICAL PLAN	●
E1.1	ELECTRICAL PLAN CONTINUED.	●
E2	LIGHTING PLAN	●
M1	MECHANICAL PLAN	●
P1	DOMESTIC PLUMBING PLAN	●
P2	SANITARY PLUMBING PLAN	●
P2.1	TRENCH PLAN	●
P3	MEDGAS PLUMBING PLAN	●

GOVERNING CODES

2021 INTERNATIONAL BUILDING CODE
2021 INTERNATIONAL FIRE CODE
2021 UNFORM MECHANICAL CODE
2021 UNIFORM PLUMBING CODE
2020 NATIONAL ELECTRIC CODE
2021 INTERNATIONAL ENERGY CONSERVATION CODE

ALL ABOVE CODES WITH LOCAL AMENDMENTS FOR THE CITY OF AUSTIN

BUILDING INFORMATION

SUITE NO:..... A,B,C
CONSTRUCTION TYPE..... IIB
OCCUPANCY CLASS..... B
OCCUPANT LOAD..... 29
FINISH-OUT SQ.FT..... 2,987
NO. OF EXITS REQUIRED..... 1
NO. OF EXITS PROVIDED..... 2
FIRE SPRINKLERS..... N/A
FIRE ALARM..... N/A

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

COVER SHEET

SHEET NO:
CS

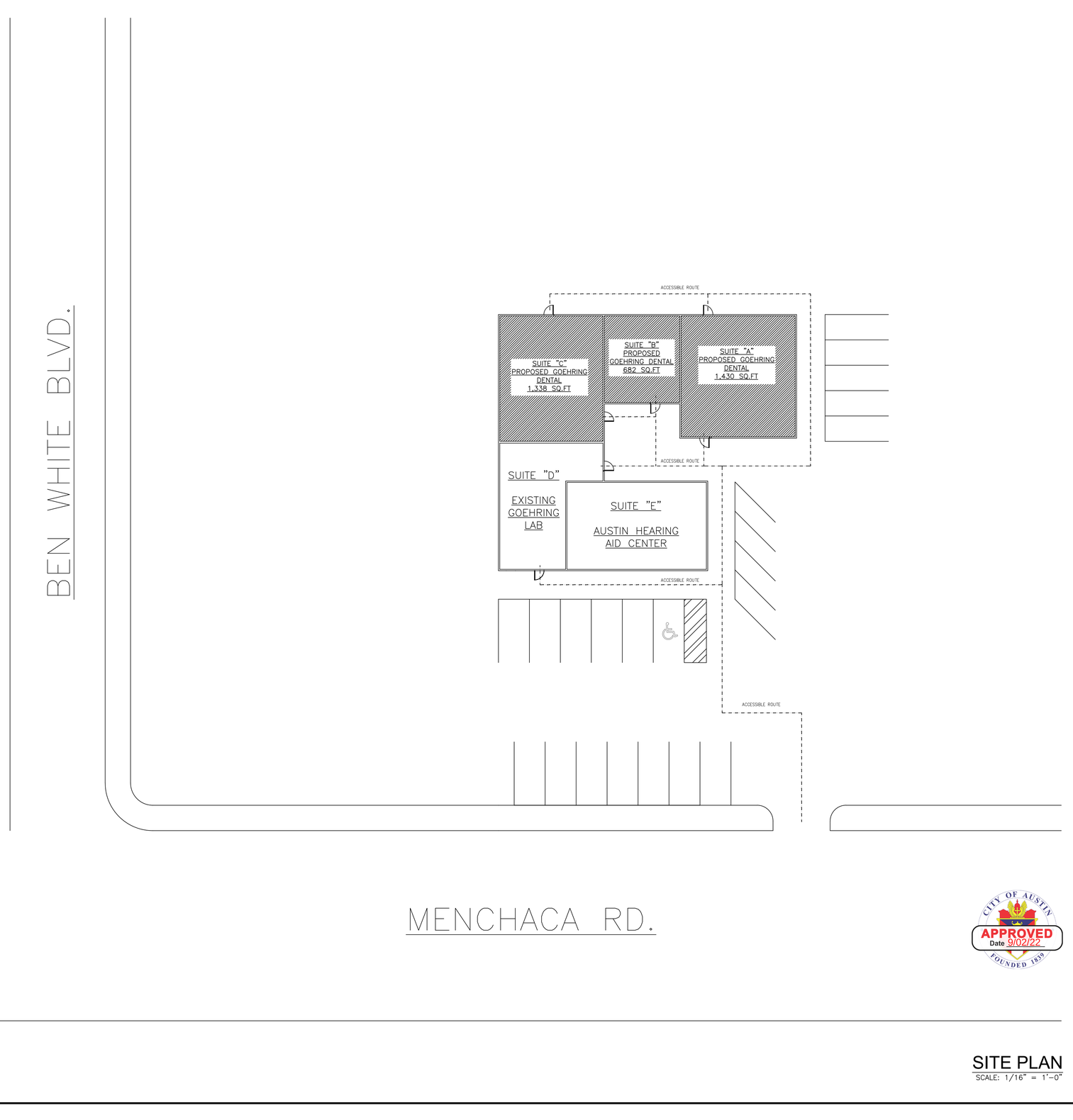
PARKING ANALYSIS

NAME	BUSINESS TYPE	SQ.FT.	SPACES NEEDED
SUITE "A" – NEW GOEHRING DENTAL	MEDICAL	1430	5
SUITE "B" – NEW GOEHRING DENTAL	MEDICAL	682	3
SUITE "C" – NEW GOEHRING DENTAL	MEDICAL	1338	5
SUITE "D" – EXISTING GOEHRING LAB	MEDICAL	1025	4
SUITE "E" – AUSTIN HEARING AID CENTER	MEDICAL	1258	5
TOTAL		5733	22

MEDICAL FOR SUITE "A" = 1430 SQ FT/275 = 5
MEDICAL FOR SUITE "B" = 682 SQ FT/275 = 3
MEDICAL FOR SUITE "C" = 1338 SQ FT/275 = 5

22 PARKING SPACE PROVIDED
13 PARKING SPACES REQUIRED

PROPOSED SCOPE OF WORK IS FOR INTERIOR REMODEL ONLY WITHIN SUITES "A","B"&"C" AND IN TURN, REQUESTING CHANGE OF USE FROM ADMINISTRATIVE TO MEDICAL.



CITY OF AUSTIN APPROVED Date 9/02/22 FOUNDED 1839

SITE PLAN
SCALE: 1/16" = 1'-0"

NO	DATE	DESCRIPTION	BY
1	07.06.22	PERMIT SET	JM
2	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

SHEET TITLE: SITE PLAN

SHEET NO: SP

DEMO PLAN SYMBOL LEGEND

SYMBOL	DESCRIPTION
	ITEMS TO BE REMOVED

DEMO PLAN DRAWING NOTES

1. DEMO ALL INTERIOR WALLS AS NOTED ON PLANS.
2. DEMO ALL INTERIOR DOORS.
3. DEMO ALL CEILING GRID, TILE, DIFFUSERS AND LIGHTS.
   DO NOT DEMO WIRING OR CONDUITS ABOVE CEILING.
4. DEMO ALL HVAC DUCTWORK.
   DO NOT DEMO PLENIUM DROP FROM UNIT.
5. DEMO ALL FLOORING.
6. DEMO ALL ELECTRICAL IN WALLS.
   DO NOT DEMO LOW VOLTAGE WIRING.
   DO NOT DEMO RTU WIRING.
7. DEMO ALL LIGHTING ELECTRICAL.

HIGHLIGHTED AREA TO BE IN SCOPE OF WORK

DEMO PLAN
SCALE: ¼" = 1'-0"

CITY OF AUSTIN
APPROVED
Date 9/02/22
FOUNDED 1839

NO	DATE	DESCRIPTION	BY
1	07.06.22	PERMIT SET	JM
2	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

SHEET TITLE:
DEMO PLAN

SHEET NO:
A0

DOOR SCHEDULE

MARK	WIDTH	HEIGHT	THICKNESS	DOOR MATERIAL	FRAME MATERIAL	RATING	GLAZING	HARDWARE	NOTES
001	–	–	–	–	–	–	–	–	EXISTING DOOR TO REMAIN AS-IS
002	–	–	–	–	–	–	–	–	EXISTING DOOR TO REMAIN AS-IS
003	–	–	–	–	–	–	–	–	EXISTING DOOR TO REMAIN AS-IS
004	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	TEMP	POCKET	SOLID CORE, POCKET DOOR, FROST, HALF LITE
005	2'-6"	7'-0"	1-3/4"	PLAM	TIMELY	–	–	POCKET	SOLID CORE, POCKET DOOR
006	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	TEMP	POCKET	SOLID CORE, POCKET DOOR, FROST, HALF LITE
007	2'-6"	7'-0"	1-3/4"	PLAM	TIMELY	–	–	POCKET	SOLID CORE, POCKET DOOR
008	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	TEMP	POCKET	SOLID CORE, POCKET DOOR, FROST, HALF LITE
009	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	1HR	–	PRIVACY	SOLID CORE DOOR
010	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	–	PASSAGE	SOLID CORE DOOR
011	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	–	PRIVACY	SOLID CORE DOOR
012	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	–	PASSAGE	SOLID CORE DOOR
013	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	TEMP	PASSAGE	SOLID CORE, BARN STYLE, FROST, FULL LITE
014	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	TEMP	PASSAGE	SOLID CORE, FROST, FULL LITE
015	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	–	PASSAGE	SOLID CORE DOOR
016	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	–	PRIVACY	SOLID CORE DOOR
017	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	–	PRIVACY	SOLID CORE DOOR
018	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	TEMP	POCKET	SOLID CORE, POCKET DOOR, FROST, FULL LITE
019	3'-0"	7'-0"	1-3/4"	PLAM	TIMELY	–	–	PRIVACY	SOLID CORE DOOR
020	–	–	–	–	–	–	–	–	EXISTING DOOR TO REMAIN AS-IS
021	–	–	–	–	–	–	–	–	EXISTING DOOR TO REMAIN AS-IS

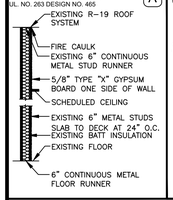
NOTE 1 – EGRESS DOORS SHALL BE READILY OPEN FROM THE EGRESS SIDE WITHOUT THE USE OF A KEY OR SPECIAL KNOWLEDGE OR EFFORT.
NOTE 2 – EGRESS DOOR LOCKS AND LATCHES SHALL COMPLY WITH 2021 INTERNATIONAL FIRE CODE, SECTION 1008.1.8.3

FLOOR PLAN SYMBOL LEGEND

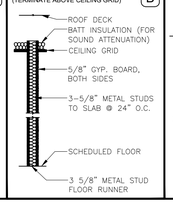
SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
	WALL INSULATION		HEADER
	HALF WALL	000	DOOR MARKER
	DEMISING WALL	A1.1	ELEVATION MARKER
	EXTERIOR WALL		WALL MOUNTED TV
	EGRESS ROUTE	FX	FIRE EXTINGUISHERS

WALL TYPES

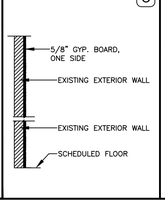
A TYPICAL DEMISING WALL
1 HOUR FIRE RATED BARRIER
UL. NO. 263 DESIGN NO. 465



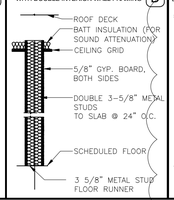
B TYPICAL INTERIOR WALL
(TERMINATE ABOVE CEILING GRID)



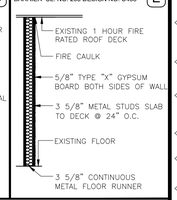
C EXISTING EXTERIOR WALL



D TYPICAL INTERIOR WALL
WITH DOUBLE INTERIOR WALL FRAMING



E 1 HOUR FIRE RATED
BARRIER UL. NO. 263 DESIGN NO. U465



ALL WALL TYPES TO BE TYPE "B" (TYPICAL INTERIOR WALL) UNLESS OTHERWISE NOTED.

FINISH SCHEDULE

RM NAME	FLOOR	BASE	PAINTED	CEILING	CLG HT.	NOTES	MATERIAL CLASS
CONSULT	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
RECEPTION	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
BUSINESS MANAGER	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
OFFICE	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
RESTROOMS	CERAMIC TILE	CERAMIC TILE	● ●	SHEETROCK	9'-0"	TILE 4' UP WALLS	A
TREATMENT ROOMS	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
STERILIZATION	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
MECHANICAL	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
MED GAS	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
STAFF LOUNGE	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
HALLWAYS	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
PAN	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
STORAGE	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B
IT ROOM	VINYL STRIP	RUBBER COVE	● ●	SHEETROCK	9'-0"	–	B

FINISH REQUIREMENTS NOTES

NOTE 1 – ALL INTERIOR FINISH MATERIALS, INCLUDING WALLS, FLOORS, AND ACOUSTIC CEILINGS, SHALL MEET THE REQUIREMENTS AND LIMITATIONS AS SET PER SECTIONS 803 THRU 805, AND LISTED IN SECTIONS 803.5 AND TABLE 803.5. THE INFORMATION PROVIDED IN THE FINISH SCHEDULE MUST CLEARLY DOCUMENT THE MINIMUM FINISH MATERIAL CLASSIFICATION REQUIRED FOR THE AREA WHERE THE MATERIALS ARE PROPOSED. THE FLAME SPREAD AND SMOKE DEVELOP MUST COMPLY WITH THE LIMITATIONS INDICATED IN SECTION 803. ALL WALL COVERINGS AND CEILING FINISHES SHALL MEET THE FINISH REQUIREMENTS AS PER TABLE 803.5. PLEASE SHOW THAT ALL FINISHES COMPLY WITH SECTION 803.5 AND TABLE 803.5(CLASS A,B,OR C, FLAME SPREAD AND SMOKE DEVELOPED INDEX.

NOTE 2 – INTERIOR TRIM; MATERIALS, OTHER THAN FOAM PLASTICS USED AS TRIM SHALL HAVE PREFERABLY CLASS A FLAME SPREAD(0–25) & SMOKE DEVELOPED INDEX (0–450) PER ASTM E–84 OR UL 723.

FLOOR PLAN KEYED NOTES

1. BREAK METAL WALL CAPS
2. EXTERIOR WINDOWS TO FRAME OVER AND FILL IN(BLACK OUT WINDOW TINT BEHIND FRAMING).
3. SOUNDBOARD (APPLIED UNDER 1 LAYER OF SHEETROCK).
4. ROCK VENEER; FACE OF CHECK IN/OUT HALF WALL.
5. DOOR TO HAVE STANDARD DOOR CLOSER.

FLOOR PLAN GENERAL NOTES

- SQUARE CORNER BEAD TO BE INSTALLED AT ALL CORNER JOINTS.
- ROLLER STIPPLE TEXTURE TO BE APPLIED.
- LATEX PRIMER TO BE APPLIED.
- EGGSHELL LATEX TO BE APPLIED. COLOR IS T.B.D.
- CHECK-IN COUNTER TO COMPLY WITH TAS 7.2. SEE DETAIL 1 & 2. PAGE A1.1.
- INSTALL SHEET ROCK CEILINGS DIRECTLY TO EXISTING BUILDING TRUSSES.
- PER 2021 IBC 1104.1 AT LEAST ONE ACCESSIBLE ROUTE WITHIN THE SITE SHALL BE PROVIDED FROM PUBLIC TRANSPORTATION STOPS, ACCESSIBLE PARKING, ACCESSIBLE PASSENGER LOADING ZONES, AND PUBLIC STREETS OR SIDEWALKS TO THE ACCESSIBLE BUILDING ENTRANCE SERVED.

Non Fixed Seating
Occupancy:
B=42

FLOOR PLAN
SCALE: ¼" = 1'-0"

NO	DATE	DESCRIPTION	BY
07.06.22	PERMIT SET		JM
08.24.22	CITY COMMENTS R1		JM

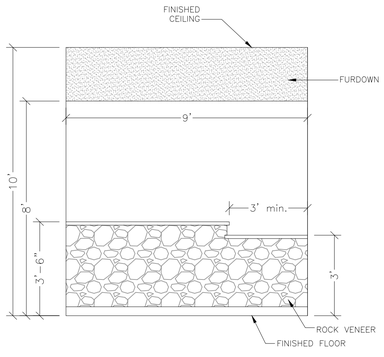
REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

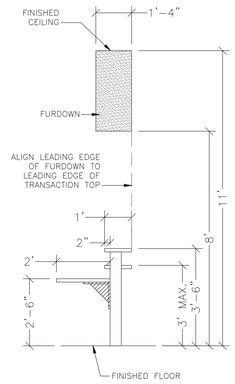
SHEET TITLE: FLOOR PLAN

SHEET NO: A1



1 RECEPTION DESK

Scale: 3/8":1'



2 RECEPTION DESK

Scale: 3/8":1'

NO	DATE	DESCRIPTION	BY
1	07.06.22	PERMIT SET	JM
2	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

CITY OF AUSTIN
APPROVED
Date 9/02/22
FOUNDED 1839

SHEET TITLE:
MISC. INFORMATION & DETAILS

SHEET NO:
A1.1

DIMENSION PLAN SYMBOL LEGEND

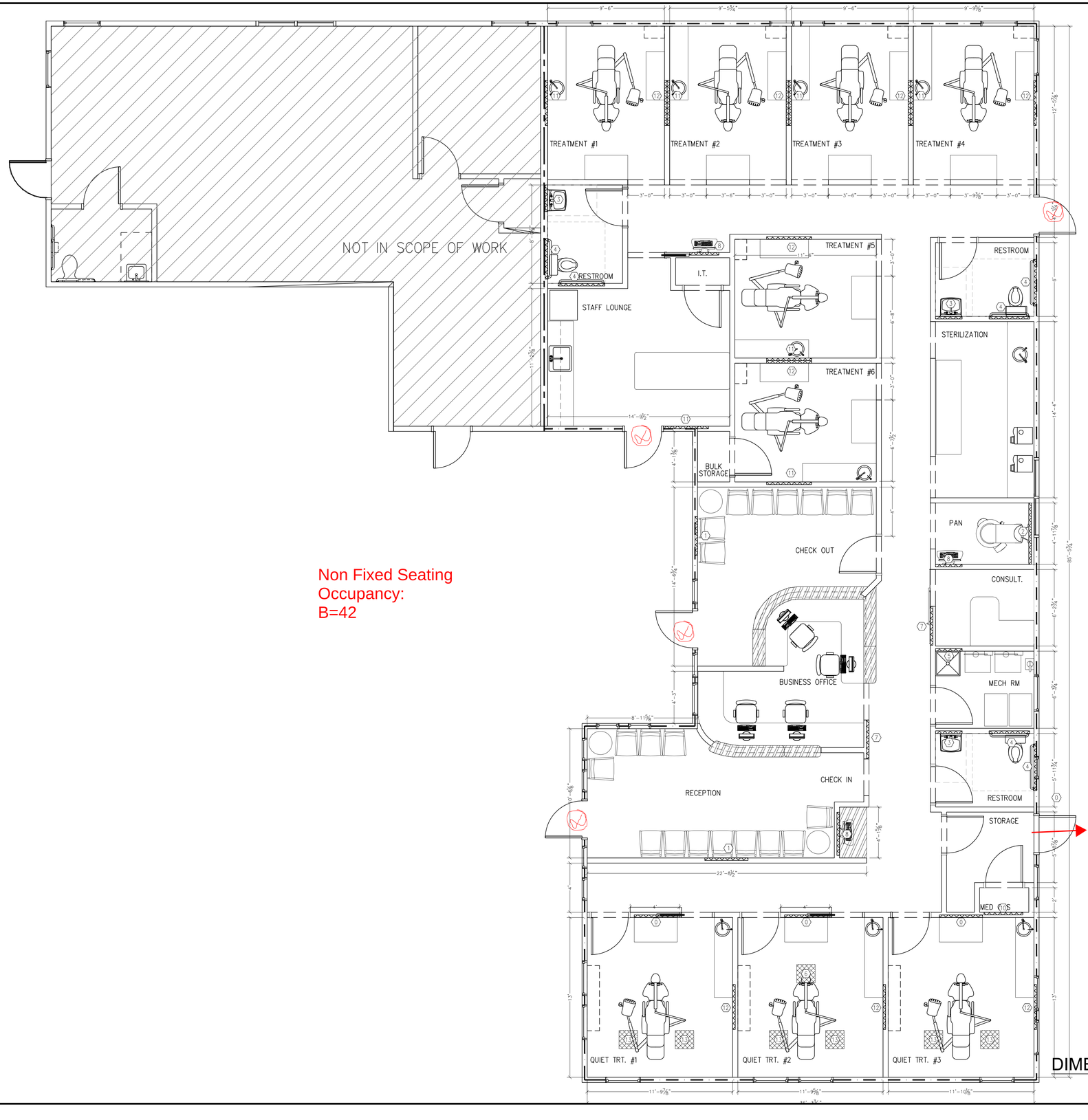
SYMBOL	DESCRIPTION
	DOUBLE 3/4" BACKING
	HALF WALL
	HEADER
	FURDOWN

DIMENSION PLAN KEYED NOTES

1. TV BACKING @ WAITING, VERIFY MOUNTING HEIGHT.
2. WALL BACKING FOR PAN-X X-RAY.
3. WALL BACKING FOR WALL MOUNTED SINK.
4. WALL BACKING FOR HANDICAP RAILING.
5. WALL BACKING FOR WALL MOUNTED WATER HEATER DRESS.
6. WALL BACKING FOR CEILING MOUNTED MICROSCOPE (ABOVE HEAD OF DENTAL CHAIR).
7. WALL BACKING FOR WALL MOUNTED BARN DOOR.
8. WALL BACKING FOR WALL MOUNTED CPU/MONITOR.
9. WALL BACKING FOR TV. VERIFY MOUNTING HEIGHT.
10. WALL BACKING FOR MED GAS TANKS.
11. WALL BACKING FOR WALL MOUNTED DENTAL LIGHTS.
12. WALL BACKING FOR WALL MOUNTED (INTRA-ORAL) X-RAYS.
13. WALL BACKING FOR CEILING MOUNTED DENTAL LIGHTS.

**INSTALL SETS OF BACKING FOR ALL WOOD FRAMED DOORS (EXCEPT POCKET DOORS)

Non Fixed Seating
Occupancy:
B=42



DIMENSION PLAN
SCALE: ¼" = 1'-0"

CITY OF AUSTIN APPROVED Date 9/02/22 FOUNDED 1839

NO	DATE	DESCRIPTION	BY
	07.06.22	PERMIT SET	JM
	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

SHEET TITLE: DIMENSION PLAN

SHEET NO: A2

RCP SYMBOL LEGEND

SYMBOL	DESCRIPTION
	24x24 SUPPLY AIR DIFFUSER
	24x24 RETURN AIR DIFFUSER
	24x48 LED FLAT PANEL LAY-IN LIGHT
	RECESSED CAN LIGHT
	PENDANT LIGHT
	DENTAL POLE LIGHT (CEILING MOUNTED)
	DENTAL LIGHT (WALL MOUNTED)
	EMERGENCY EXIT SIGN WITH LIGHTS
	80 CFM EXHAUST FAN
	150 CFM EXHAUST FAN WITH T-STAT CONTROL
	80 CFM EXHAUST FAN WITH T-STAT CONTROL
	FURDOWN CEILING @ 8'-0"
	SHEETROCK CEILINGS
	1 HOUR RATED CEILING

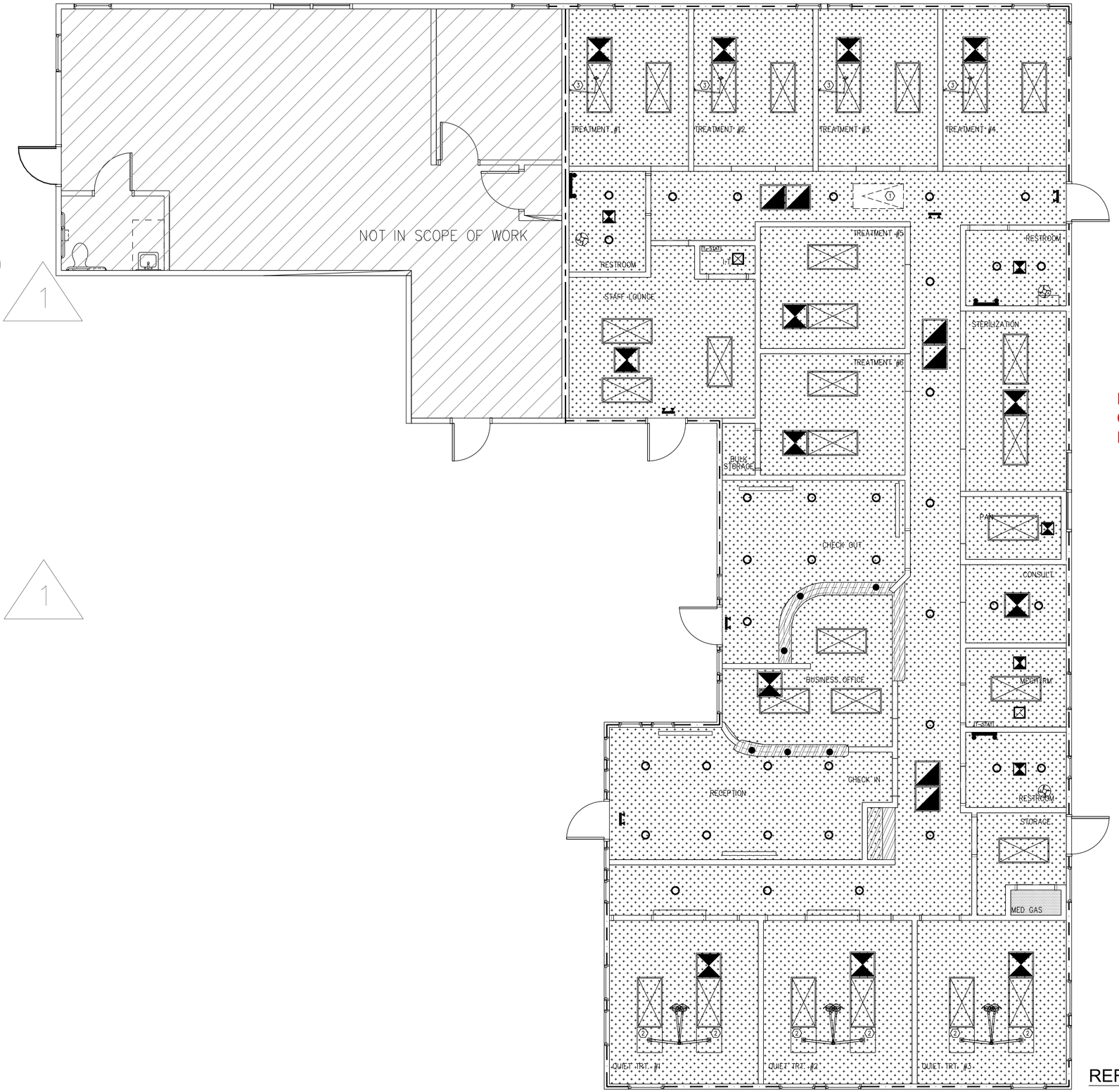
RCP GENERAL NOTES

- REFER TO FINISH SCHEDULE FOR ALL CEILING HEIGHTS.
- ALL HEADER HEIGHTS ARE 7'-0" UNLESS OTHERWISE NOTED.
- FUR DOWN AT RECEPTION DESK IS AT 8'-0" A.F.F.
- ALL RECESSED CANS TO BE CENTERED IN CEILING TILE UNLESS DIMENSIONED OTHERWISE.
- REFER TO MECHANICAL PLAN FOR EXHAUST REQUIREMENTS IN MECH ROOM.
- PROVIDE 6" BATT INSULATION ABOVE ACOUSTICAL CEILING. FINAL ASSEMBLY SHALL HAVE AN R-VALUE OF R-13.

RCP KEYED NOTES

1. ATTIC STAIR WITH FRAMING.
2. CEILING MOUNTED DENTAL LIGHT INSTALLED BY EQUIPMENT SUPPLIER. FINAL CONNECT BY ELECTRICIAN. MOUNT TO BLOCKING ABOVE CEILING.
3. WALL MOUNTED DENTAL LIGHT INSTALLED BY EQUIPMENT SUPPLIER. FINAL CONNECT BY ELECTRICIAN. MOUNT TO BLOCKING BEHIND SHEETROCK.

1



Non Fixed Seating
Occupancy:
B=42

CITY OF AUSTIN
APPROVED
Date 9/02/22
FOUNDED 1839

REFLECTED CEILING PLAN

SCALE: ¼" = 1'-0"

NO	DATE	DESCRIPTION	BY
1	07.06.22	PERMIT SET	JM
2	08.24.22	CITY COMMENTS R1	JM

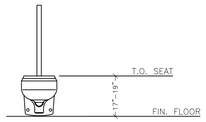
REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.497.0871

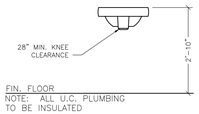
DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

SHEET TITLE:
REFLECTED CEILING PLAN

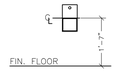
SHEET NO:
A3



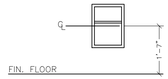
01 TOILET - TYPICAL
N.T.S.



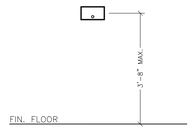
02 LAVATORY
N.T.S.



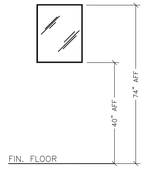
03 T. PAPER DISP.
N.T.S.



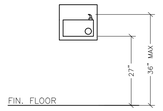
04 TAMPON DISPOSAL
N.T.S.



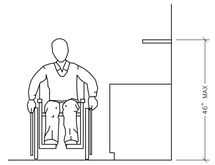
05 SOAP DISPENSER
N.T.S.



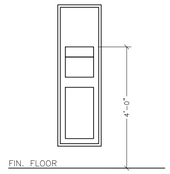
06 MIRROR @ RESTROOM
N.T.S.



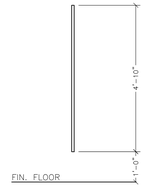
07 DRINKING FOUNTAIN
N.T.S.



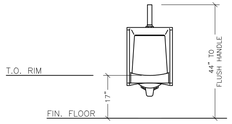
08 ADA COMPLIANCE
N.T.S.



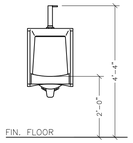
09 TOWEL DISP / WASTE
N.T.S.



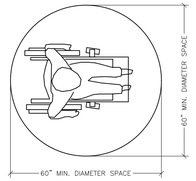
10 TOILET PARTITION
N.T.S.



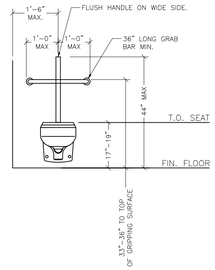
11 ADA URINAL HEIGHT
N.T.S.



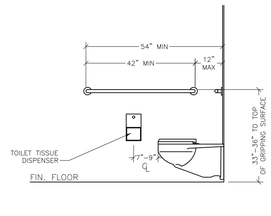
12 TYP. URINAL
N.T.S.



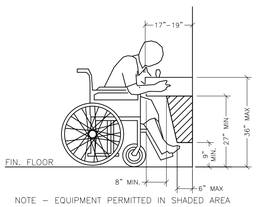
13 ADA COMPLIANCE
N.T.S.



14 MOUNTING HEIGHTS
N.T.S.

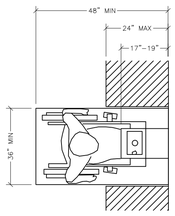


15 ELEVATION
N.T.S.

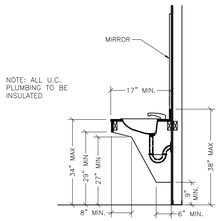


NOTE – EQUIPMENT PERMITTED IN SHADED AREA

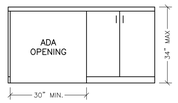
16 ADA COMPLIANCE
N.T.S.



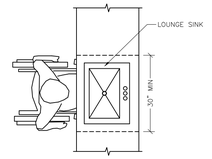
17 ADA COMPLIANCE
N.T.S.



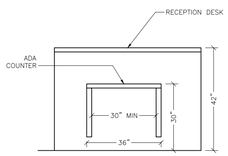
18 LAV. CLEARANCE
N.T.S.



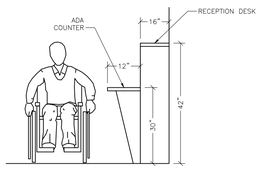
19 LOUNGE CLEARANCE
N.T.S.



20 ADA LOUNGE COMPLIANCE
N.T.S.



21 RECEPTION CLEARANCE
N.T.S.



22 RECEPTION CLEARANCE
N.T.S.

NO	DATE	DESCRIPTION	BY
1	07.06.22	PERMIT SET	JM
2	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

CITY OF AUSTIN APPROVED Date 9/02/22 FOUNDED 1839

SHEET TITLE:
ACCESSIBILITY PLAN

SHEET NO:
A4

MECHANICAL PLAN SYMBOL LEGEND

SYMBOL	DESCRIPTION
	24x24 SUPPLY AIR DIFFUSER
	24x24 RETURN AIR DIFFUSER
	SUPPLY AIR DUCTWORK
	RETURN AIR DUCTWORK
S	SMOKE DETECTOR

MECHANICAL PLAN GENERAL NOTES

- ALL TRUNK LINES TO BE DUCTBOARD. FLEXIBLE DUCTBOARD TO NOT EXCEED 5'0".
- ALL ROOFTOP MOUNTED HVAC EQUIPMENT MUST BE PLACED IN DESIGNATED LOADING ZONE. VERIFY LOADING ZONE LOCATION WITH LANDLORD REPRESENTATIVE OR SHELL BUILDING PLAN.
- ALL ROOF PENETRATIONS ARE TO BE MADE BY LANDLORDS APPROVED ROOFER.
- ALL ROOF PENETRATIONS ARE TO BE SEALED BY LANDLORDS APPROVED ROOFER.
- PERMANENT ROOF ACCESS PROVIDED BY SHELL OF BUILDING.
- ALL REFRIGERANT CIRCUIT SERVICE PORTS LOCATED ON THE EXTERIOR OF THE BUILDING SHALL BE PROVIDED WITH LOCKING ACCESS PORTS.
- CONDENSATE LINE IS TO TERMINATE AT THE NEAREST SINK TAILPIECE.
- EACH UNIT TO HAVE 24/7 PROGRAMMABLE THERMOSTAT.
- SECONDARY DRAIN PAN TO BE PROVIDED AND TO DRAIN TO VIEWABLE AREA.
- EACH RTU/AHU WILL HAVE A SMOKE DETECTOR INSTALLED IN THE SUPPLY AIR DUCT.

MECHANICAL PLAN KEYED NOTES

(A) – DEMO EXISTING AHU AND REPLACE WITH NEW AHU.

(B) RESTROOM/MECHANICAL ROOM EXHAUST TO TERMINATE THROUGH THE ROOF. ALL DUCTWORK TO COMPLY WITH 2021 UMC 502.2.1

MECHANICAL PLAN EQUIPMENT SCHEDULE

MARK	DESCRIPTION	NOMINAL TONS	FUEL	SEER / EER	CFM
CU#1	NEW SPLIT SYSTEM	4	ELECTRIC	14 SEER	1,600
CU#2	NEW SPLIT SYSTEM	4	ELECTRIC	14 SEER	1,600
CU#3	NEW SPLIT SYSTEM	4	ELECTRIC	14 SEER	1,600
AHU#1	NEW SPLIT SYSTEM	4	ELECTRIC	14 SEER	1,600
AHU#2	NEW SPLIT SYSTEM	4	ELECTRIC	14 SEER	1,600
AHU#3	NEW SPLIT SYSTEM	4	ELECTRIC	14 SEER	1,600

NOTE: CONDENSATE FROM AIR HANDLING UNIT TO DRAIN TO TAIL PIECE OF MOP SINK.

NOTE: PER TABLE 403.3 OUTDOOR VENTILATION AIR, OUTDOOR WILL BE PROVIDED AT 20 CFM PER PERSON FOR A TOTAL OF 220 CFM.

NOTE: EACH UNIT WILL HAVE 24/7 PROGRAMMABLE THERMOSTAT.

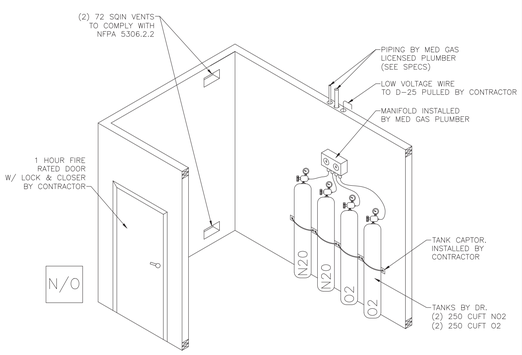
REQUIRED OUTDOOR VENTILATION

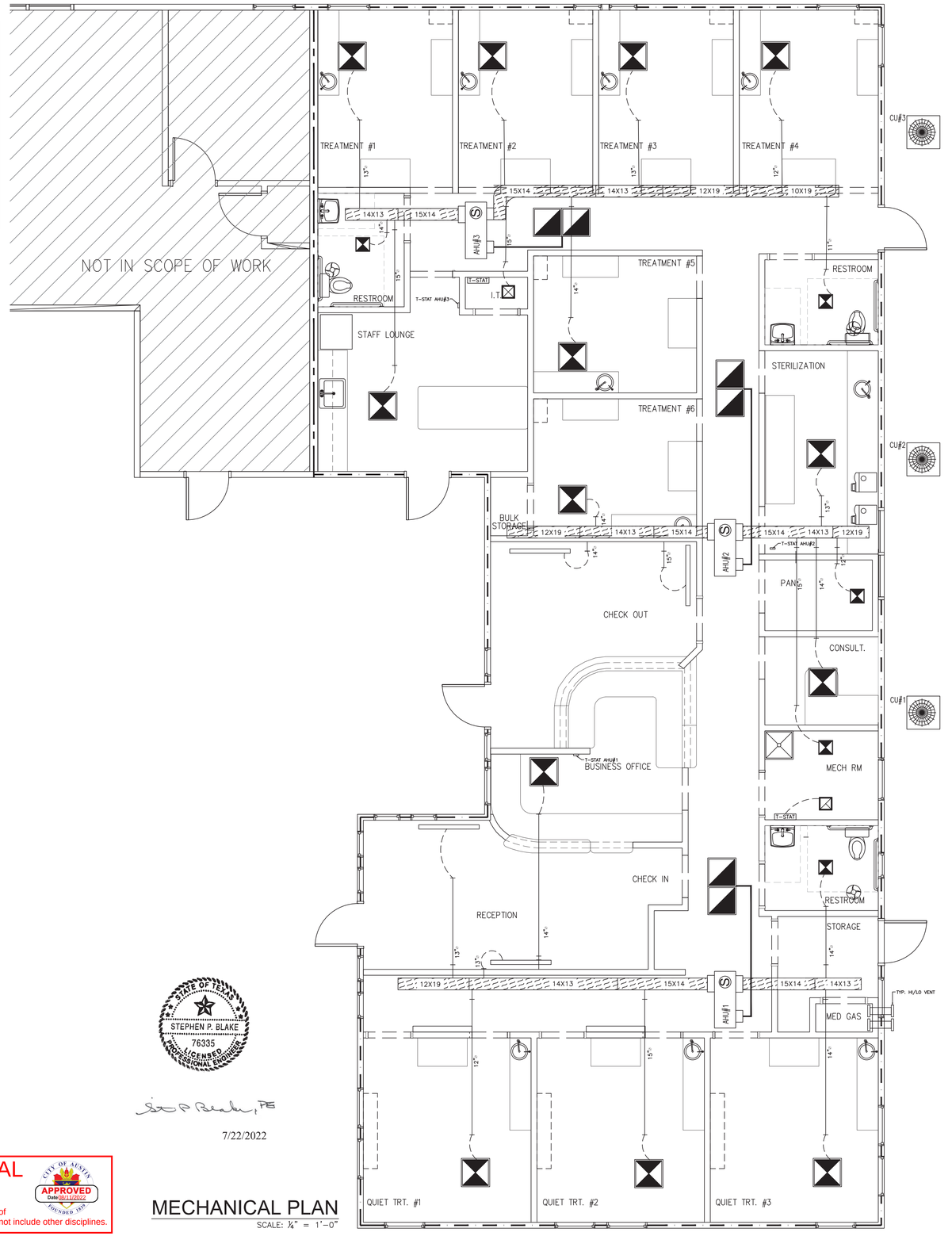
AS PER THE CURRENT MECHANICAL CODE, 20 CFM OF OUTDOOR AIR IS REQUIRED PER PERSON.
29 PEOPLE = 597 CFM REQUIRED FOR THE TENANT.

MECHANICAL PLAN EXHAUST FAN SCHEDULE

SYMBOL	DESCRIPTION	MANUFACTURER	CAT. NUMBER	CFM/NOTES
	EXHAUST FAN	BROAN	XB80	80
	EXHAUST FAN FOR MECH ROOM WITH T-STAT CONTROL	BROAN	L300	150
	EXHAUST FAN FOR SERVER ROOM WITH T-STAT	BROAN	L300	80

1 HOUR RATED MEDGAS CLOSET DETAIL





STATE OF TEXAS
STEPHEN P. BLAKE
76335
LICENSED PROFESSIONAL ENGINEER

Stephen P. Blake, PE

7/22/2022

MECHANICAL APPROVAL
This stamp serves as a means of mechanical approval and does not include other disciplines.
CITY OF AUSTIN TEXAS APPROVED Date 08/11/2022 FOUNDED 1839

MECHANICAL PLAN
SCALE: ¼" = 1'-0"

NO	DATE	DESCRIPTION	BY
	07.06.22	PERMIT SET	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.497.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

BLAKE ENGINEERING, LLC
22014 PELICAN EDGE
SAN ANTONIO, TX 78258
FIRM REGISTRATION NO: F-5276

P.E. STAMP

SHEET TITLE: MECHANICAL PLAN

SHEET NO: M1

ELECTRICAL SYSTEM DIAGRAM

SYMBOL	DESCRIPTION
	110V DUPLEX OUTLET
	110V GFI DUPLEX OUTLET
	110V DEDICATED OUTLET
	110V QUAD OUTLET
	110V DEDICATED QUAD OUTLET
	110V GFI QUAD OUTLET
	110V DUPLEX FLOOR PLUG
	110V X-RAY OUTLET
	220V PAN X-RAY OUTLET
	X-RAY LOW VOLTAGE OUTLET
EWH	ELECTRICAL WATER HEATER W/ DISCONNECT
	DATA/PHONE OUTLET
	ELECTRICAL PANEL
AWV PNL	AIR, WATER & VACUUM PANEL
N2O PNL	NITROUS & OXYGEN ALARM PANEL
	2" CONDUIT (BELOW SLAB)

ELECTRICAL PLAN KEYED NOTES

1 WIRE NITROUS ALARM TO PANEL "B".

1

ELECTRICAL PLAN GENERAL NOTES

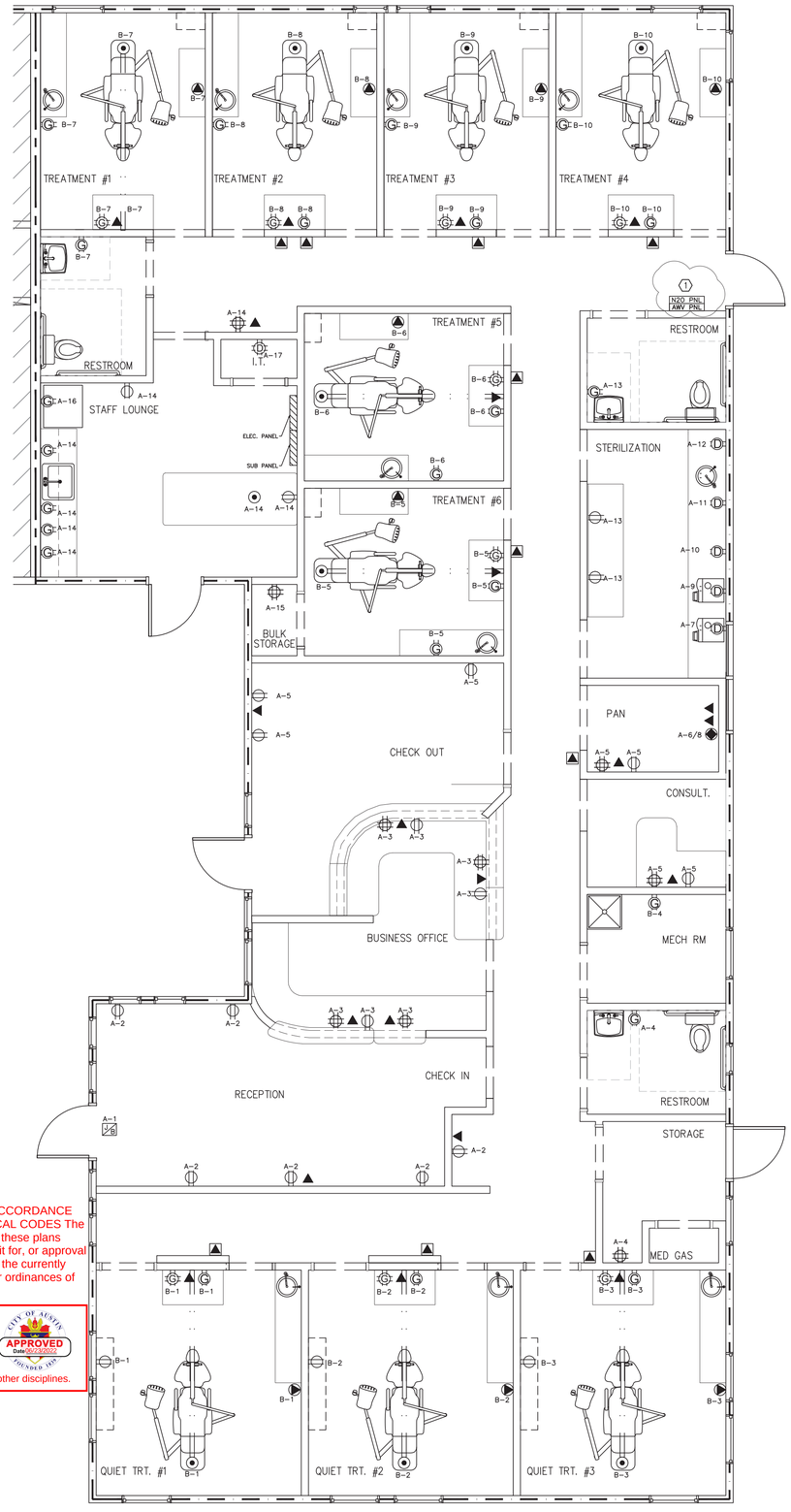
1. ELECTRICAL SERVICE IS EXISTING.
2. ALL WIRING SHALL BE COPPER.
3. COMPLY WITH 2020 NATIONAL ELECTRIC CODE 110.
4. COMPLY WITH NATIONAL ELECTRIC CODE SECTION 517 FOR HEALTH CARE FACILITIES.
5. VERIFY ALL REQUIREMENTS FOR EQUIPMENT WITH MANUFACTURER'S SPECS. ELECTRICAL SUB. SHALL PROVIDE ALL REQUIRED POWER, WIRING, ETC.
6. RE: ALSO LIGHTING PLAN FOR SWITCHES, ETC.
7. RE: HVAC PLAN FOR A/C EQUIPMENT, ETC.
8. OUTLETS IN EACH EXAM ROOM SHALL HAVE FULL SIZE GROUNDING CONDUCTORS PER NATIONAL ELECTRIC CODE, ARTICLE 517-13.
9. RECEPTACLES IN PATIENT CARE AREAS: IN AREA USED FOR PATIENT CARE, THE GROUNDING TERMINALS OF ALL RECEPTACLES AND ALL NON-CURRENT CARRYING CONDUCTIVE SURFACE OPERATING AT OVER 100 VOLTS SHALL BE GROUNDED BY AN INSULATED COPPER CONDUCTOR. RE: PATIENT CARE AREA ARTICLE 517.3 (A) & (B) N.E.C. AND DEFINITION OF HEALTH CARE ARTICLE 517.3 N.E.C.
10. GROUNDING ELECTRODE SYSTEMS: ALL GROUNDING ELECTRODES AS DESCRIBED IN 250.52 (A)(6) THAT ARE PRESENT AT EACH BUILDING OR STRUCTURE SERVED SHALL BE BONDED TOGETHER TO FORM THE GROUNDING ELECTRODE SYSTEM. WHERE NONE OF THESE GROUNDING ELECTRODES EXIST, ONE OR MORE OF THE GROUNDING ELECTRODES SPECIFIED IN 250.52 (A)(4) THROUGH (A)(7) SHALL BE INSTALLED AND USED.
11. OUTLET REQUIRED AT A/C HEATING UNIT: ARTICLE 210.63 OF THE N.E.C. REQUIRES A 125-VOLT, SINGLE PHASE, 15 OR 20 AMPERE-RATED RECEPTACLE OUTLET. OUTLET SHALL BE INSTALLED AT AN ACCESSIBLE LOCATION FOR THE SERVICING OF HEATING, AIR CONDITIONG AND REFRIGERATION EQUIPMENT. THE RECEPTACLE SHALL BE LOCATED ON THE SAME LEVEL AND WITHIN 25 FEET OF THE HEATING, AIR CONDITION AND REFRIGERATION EQUIPMENT. THE RECEPTACLE SHALL NOT BE CONNECTED TO THE LOAD SIDE OF EQUIPMENT DISCONNECTING MEANS. A DISCONNECTION MEANS IS ALSO REQUIRED PER ARTICLE 440.11 & 440.14 N.E.C.
12. ALL APPLIANCES INCLUDING WATER HEATER TO HAVE DISCONNECTING MEANS PER ARTICLE 422, SECTION III. THE LOCKOUT DEVICE MUST BE PART OF THE DISCONNECT ASSEMBLY AND MUST REMAIN IN PLACE AFTER THE PADLOCK IS REMOVED, WHETHER IT IS A FUSED DISCONNECT SWITCH, A SINGLE CIRCUIT BREAKER, OR A CIRCUIT BREAKER IN A PANELBOARD.
13. COMPLY WITH SECTION 220.87(2) & 220.87(3) OF THE NATIONAL ELECTRIC CODE.
14. ALL NONLOCKING-TYPE, 125 VOLT, 20-AMPERE RECEPTACLES LOCATED WITHIN THE WAITING ROOMS, BATHROOMS AND EXAM ROOMS, SHALL BE TAMPER RESISTANT.

1

These MEP plan sheets were electronically signed and sealed.

STATE OF TEXAS
STEPHEN P. BLAKE
76335
LICENSED
PROFESSIONAL ENGINEER

8/26/2022



ALL ELECTRICAL SHALL BE IN ACCORDANCE WITH CITY OF AUSTIN ELECTRICAL CODES The granting of a permit for, approval of these plans shall not be construed to be a permit for, or approval of, any violation of the previsions of the currently adopted electrical code or any other ordinances of the City of Austin.

ELECTRICAL APPROVAL

CITY OF AUSTIN APPROVED Date: 08/26/2022 FOUNDED 1839

This stamp serves as a means of electrical approval and does not include other disciplines.

ELECTRICAL PLAN

SCALE: ¼" = 1'-0"

NO	DATE	DESCRIPTION	BY
	07.06.22	PERMIT SET	JM
	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

BLAKE ENGINEERING, LLC
22014 PELICAN EDGE
SAN ANTONIO, TX 78258
FIRM REGISTRATION NO: F-5276

P.E. STAMP

SHEET TITLE: ELECTRICAL PLAN

SHEET NO: E1

PANELBOARD SCHEDULE "A"

Panel Rated @	Voltage: 120/208	3PH/4W	AIC 10,000	42 Ckts						
400A	MCB: 400A	Flush Mount		Nema 1	Copper Buss 400A Amp Rated					

DESIGNATION	WIRE SIZE	AMPS & POLES	KVA	SPACE	PHASE	SPACE	KVA	AMPS & POLE	WIRE SIZE	DESIGNATION
PLUS SIGNAGE	#12	20/1p	0.18	1	A	2	0.43	20/1p	#12	PLUGS - WAITING/COMPUTER
PLUGS - BUSINESS OFFICE	#12	20/1p	1.26	3	B	4	0.36	20/1p	#12	PLUGS R.R./ STORAGE
PLUGS - CONSULT/PAN/CHECK OU	#12	20/1p	0.72	5	C	6	0.85	30/2p	#8	PAN X
DEDICATED	#12	20/1p	0.18	7	A	8	0.85	""	""	" "
DEDICATED	#12	20/1p	0.18	9	B	10	0.18	20/1p	#12	DEDICATED
DEDICATED	#12	20/1p	0.18	11	C	12	0.18	20/1p	#12	DEDICATED
PLUGS STERI	#12	20/1p	0.54	13	A	14	1.44	20/1p	#12	PLUGS STAFF
DEDICATED BULK	#12	20/1p	0.18	15	B	16	1.08	20/1p	#12	DEDICATED FRIDGE
DEDICATED I.T.	#12	20/1p	0.18	17	C	18	2.40	20/1p	#12	WATER HEATER
LIGHTS	#12	20/1p	3.07	19	A	20	3.07	20/1p	#12	LIGHTS
LIGHTS	#12	20/1p	3.07	21	B	22	3.07	20/1p	#12	LIGHTS
SPARE				23	C	24				SPARE
AHU #3	#12	20/1p	4.16	25	A	26				SPARE
" "	#12	20/1p	4.16	27	B	28				SPARE
" "	#12	20/1p	4.16	29	C	30				SPARE
CU # 3	#12	20/1p	2.08	31	A	32	4.16	20/1p	#12	AHU #2
" "	#12	20/1p	2.08	33	B	34	4.16	20/1p	#12	" "
" "	#12	20/1p	2.08	35	C	36	4.16	20/1p	#12	" "
SUB PANEL	#2	125/3p	12.80	37	A	38	2.08	20/1p	#12	CU # 2
" "	***	***	12.80	39	B	40	2.08	20/1p	#12	" "
" "	***	***	12.80	41	C	42	2.08	20/1p	#12	" "

Total Connected Load in KVA	A:	35.04	KVA
	B:	34.66	KVA
	C:	29.79	KVA
	N:	35.04	KVA
	Total:	99.49	KVA

Total Connected Load in AMPS	276	Amps

LOAD ANALYSIS DENTAL OFFICE

Based on: 2987 SQ.FT.

Type of Load	Demand	Totals (In VA)
Lighting @ 1.6 VA per/ft2	125%	5,974
General Purpose Recept. @ 180VA Each	100%	14,040
Equipment Recept. (Total) See below for breakdown	100%	7,788
Equipement Breakdown: (In VA)		
Description	**Quantity**	**Totals (In VA)**
X-RAY	1	70
PAN X	1	850
	0	
	0	
	0	
EXHAUST FAN	5	600
AIR COMPRESSOR	1	1,848
VACUUM PUMP	1	3,520
	0	
	0	
COMPUTERS	5	900
REFRIDGERATOR	1	18
Water Heater	125%	3,000
Sign - 1200w	125%	1,500
RTU 1&2 Elec. Heat (Ommit ACCU Smaller)	100%	31,200
25% of Largest Motor	25%	5,200
Total VA		68,102
Max Load In Amps @	208	189.2
Service Capacity		400
Spare Capacity		210.8

Constant
360

SUB PANELBOARD SCHEDULE "B"

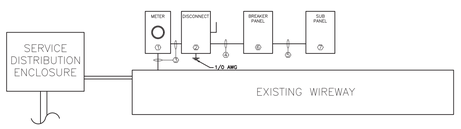
Panel Rated @	Voltage: 120/208	3PH/4W	AIC 10,000	42 Ckts						
125A	MCB: 125A	Flush Mount		Nema 1	Copper Buss 125A Amp Rated					

DESIGNATION	WIRE SIZE	AMPS & POLES	KVA	SPACE	PHASE	SPACE	KVA	AMPS & POLE	WIRE SIZE	DESIGNATION
PLUGS QUIET 1	#12	20/1p	0.90	1	A	2	0.90	20/1p	#12	PLUGS QUIET 2
PLUGS QUIET 3	#12	20/1p	0.90	3	B	4	0.90	20/1p	#12	PLUGS MECH
PLUGS TRT. 6	#12	20/1p	0.90	5	C	6	0.90	20/1p	#12	PLUGS TRT. 5
PLUGS TRT. 1	#12	20/1p	0.90	7	A	8	0.90	20/1p	#12	PLUGS TRT. 2
PLUGS TRT. 3	#12	20/1p	0.90	9	B	10	0.90	20/1p	#12	PLUGS TRT. 4
SPARE			0.00	11	C	12	0.00			SPARE
SPARE			0.00	13	A	14	0.00			SPARE
SPARE			0.00	15	B	16	0.00			SPARE
SPARE			0.00	17	C	18	0.00			SPARE
AIR COMPRESSOR	#10	30/2p	0.92	19	A	20	0.00			SPARE
""	""	""	0.92	21	B	22	0.00			SPARE
AIR COMPRESSOR	#10	30/2p	0.92	23	C	24	1.76	30/2p	#12	VACUUM PUMP
""	""	""	0.92	25	A	26	1.76	""	""	""
NITROUS ALARM	#12	20/1p	0.18	27	B	28	1.76	30/2p	#12	VACUUM PUMP
SPARE				29	C	30	1.76	""	""	""
SPARE				31	A	32	4.16	20/1p	#12	AHU #1
SPARE				33	B	34	4.16	20/1p	#12	" "
SPARE				35	C	36	4.16	20/1p	#12	" "
SPARE				37	A	38	2.08	20/1p	#12	CU # 1
SPARE				39	B	40	2.08	20/1p	#12	" "
SPARE				41	C	42	2.08	20/1p	#12	" "

Total Connected Load in KVA	A:	13.44	KVA
	B:	12.70	KVA
	C:	12.48	KVA
	N:	13.44	KVA
	Total:	38.62	KVA

Total Connected Load in AMPS	107	Amps

ELECTRICAL RISER DIAGRAM



ELECTRICAL RISER DIAGRAM NOTES

1. NEW 400A/120/208V/3ø METER BASE.
2. NEW 400A/120/208V/3ø FUSED DISCONNECT. FUSED RATED FOR 400 AMP.
3. (4) 500 KCMIL IN A 3" CONDUIT
4. (4) 500 KCMIL, (1) #3 CU GROUND IN A 3" CONDUIT
5. (4) 3/0 CU HOT, (1) #6 CU GROUND IN A 3" CONDUIT
6. 42 SPACE 400A/120/208V/3ø MCB SUB PANEL.
7. 42 SPACE 125A/120/208V/3ø MCB SUB PANEL.

EXISTING ELECTRIC SERVICE FOR SUITE TO BE DEMOLISHED AND REPLACED WITH SUFFICIENT AMPACITY & CAPACITY

1

1

1

STATE OF TEXAS
STEPHEN P. BLAKE
76335
LICENSED
PROFESSIONAL ENGINEER

8/26/2022

NO	DATE	DESCRIPTION	BY
	07.06.22	PERMIT SET	JM
	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.497.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

BLAKE ENGINEERING, LLC
22014 PELICAN EDGE
SAN ANTONIO, TX 78258
FIRM REGISTRATION NO: F-5276

P.E. STAMP

ALL ELECTRICAL SHALL BE IN ACCORDANCE WITH CITY OF AUSTIN ELECTRICAL CODES The granting of a permit for, approval of these plans shall not be construed to be a permit for, or approval of, any violation of the previsions of the currently adopted electrical code or any other ordinances of the City of Austin.

ELECTRICAL APPROVAL
This stamp serves as a means of electrical approval and does not include other disciplines.

CITY OF AUSTIN APPROVED Date 08/29/2022 See Conditions Attached

SHEET TITLE:
ELECTRICAL PLAN

SHEET NO:
E1.1

ELECTRICAL PLAN CONT.
SCALE: ¼" = 1'-0"

LIGHTING SYMBOL LEGEND/SCHEDULE

SYMBOL	DESCRIPTION	MANUFACTURER	CAT. NUMBER	LAMP NO.
	24x48 LED FLAT PANEL LAY-IN LIGHT	LITHONIA OR APPROVE EQ.	CPX 2X4 4000LM 80CRI 35K SWL MVOLT	FLAT PANEL LED
	RECESSED CAN LIGHT (LED) - 6" (STANDARD)	LITHONIA OR APPROVE EQ.	CF18DD/E/827	QUAD 4-PIN 18W
	PENDANT LIGHT LED	LITHONIA OR APPROVE EQ.	CF18DD/E/827	QUAD 4-PIN 18W
	EMERGENCY EXIT SIGN WITH LIGHTS	–	–	–
	VANITY LIGHT	LITHONIA OR APPROVE EQ.	CF18DD/E/827	QUAD 4-PIN 18W
	80 CFM EXHAUST FAN	–	–	–
	150 CFM EXHAUST FAN WITH T-STAT CONTROL	–	–	–
	80 CFM EXHAUST FAN WITH T-STAT CONTROL	–	–	–
$	SINGLE POLE LIGHT SWITCH	–	–	–
$A	SINGLE POLE LIGHT SWITCH WITH LOCATION DESIGNATOR	–	–	–
$3	THREE WAY LIGHT SWITCH WITH LOCATION DESIGNATOR	–	–	–
$MS	SINGLE POLE MOTION SENSOR LIGHT SWITCH	–	–	–
	ELECTRICAL WIRING	–	–	–

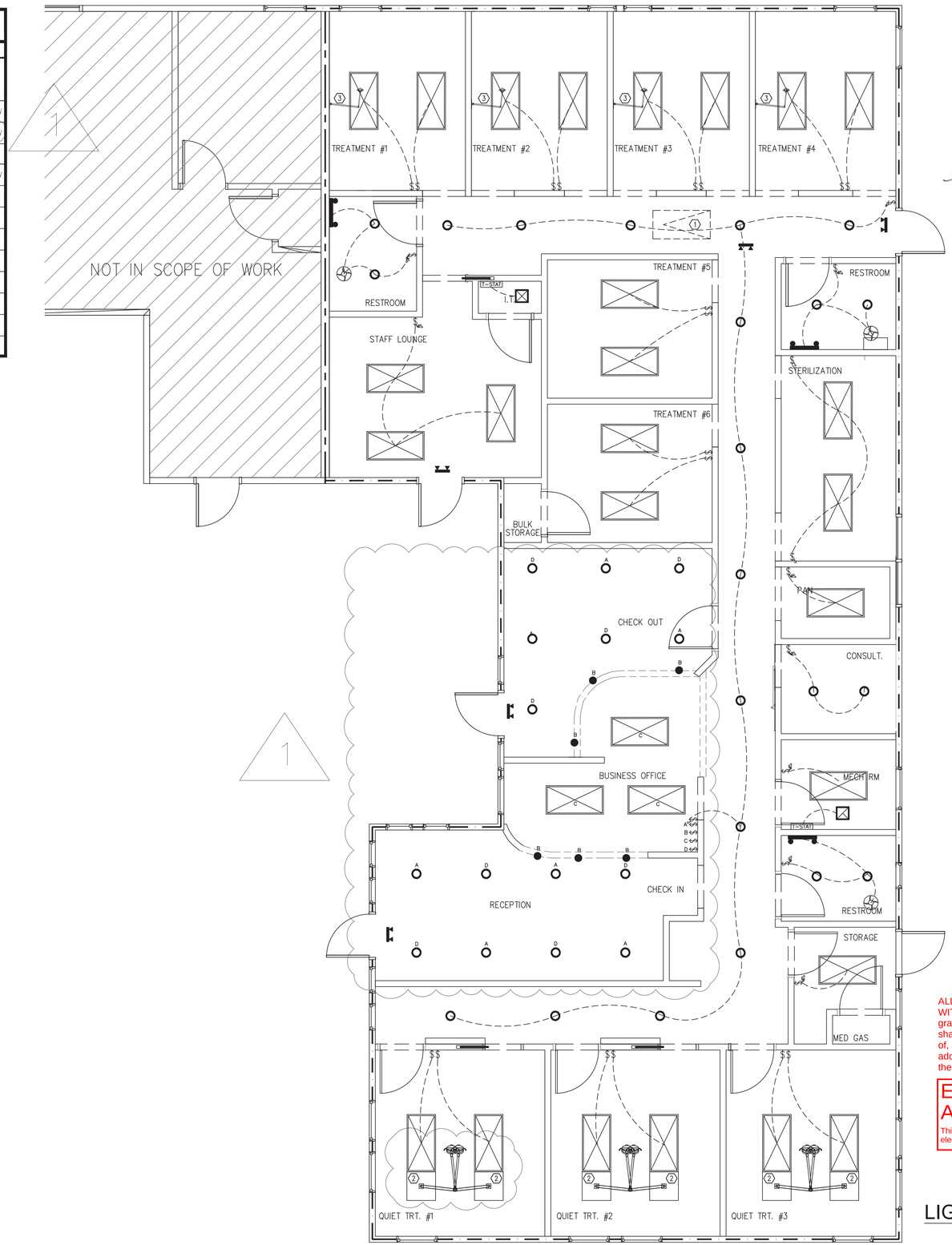
LIGHTING PLAN KEYED NOTES

1. ATTIC STAIR WITH FRAMING.
2. CEILING MOUNTED DENTAL LIGHT INSTALLED BY EQUIPMENT SUPPLIER. FINAL CONNECT BY ELECTRICIAN. MOUNT TO BLOCKING ABOVE CEILING.
3. WALL MOUNTED DENTAL LIGHT INSTALLED BY EQUIPMENT SUPPLIER. FINAL CONNECT BY ELECTRICIAN. MOUNT TO BLOCKING BEHIND SHEETROCK.

ELEC. COMMISIONING REPORT

– THE CONTRACTOR SHALL COMPLETE THE TASKS BELOW TO COMMISION THE LIGHTING CONTROL SYSTEM AND SUBMIT WRITTEN DOCUMENTATION DETAILING THE TASKS BELOW. SUBMIT DOCUMENTATION AT OR BEFORE TIME OF COMPLETION.

1. MAKE SURE ALL LIGHTING FIXTURES HAVE LAMPS INSTALLED AND ARE FUNCTIONAL.
2. TEST ALL EXIT SIGNS AND EMERGENCY LIGHTING.
3. MAKE SURE ALL OCCUPANCY SENSORS ARE INSTALLED AND WORKING.
4. MAKE SURE WALLBOX AND SCENE CONTROLLERS ARE INSTALLED AND WORKING.
5. TEST 10% OF DEVICES FOR OCCUPANCY SENSOR TYPES: WALLBOX TYPE WSD-PDT.
6. VERIFY THE FOLLOWING:
   – SENSORS HAVE BEEN LOCATED AND AIMED PER MANUFACTURER'S REQUIREMENTS.
   – STATUS INDICATORS ON DEVICES ARE OPERATIONAL AND CORRECT.
   – MOVEMENT IN ADJACENT AREA AND/OR CYCLING OF HVAC SYSTEMS DOES NOT FALSE TRIGGER SENSORS.



STATE OF TEXAS
STEPHEN P. BLAKE
76335
LICENSED PROFESSIONAL ENGINEER

8/26/2022

NO	DATE	DESCRIPTION	BY
1	07.06.22	PERMIT SET	JM
2	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

BLAKE ENGINEERING, LLC
22014 PELICAN EDGE
SAN ANTONIO, TX 78258
TBPE REGISTRATION NO: F-5276

PE STAMP

ALL ELECTRICAL SHALL BE IN ACCORDANCE WITH CITY OF AUSTIN ELECTRICAL CODES. The granting of a permit for, approval of these drawings shall not be construed to be a permit for, or approval of, any violation of the previsions of the currently adopted electrical code or any other ordinances of the City of Austin.

ELECTRICAL APPROVAL
This stamp serves as a means of electrical approval and does not include other disciplines.

CITY OF AUSTIN APPROVED Date: 09/29/2022 EXPIRES 2026

SHEET TITLE:
LIGHTING PLAN

SHEET NO:
E2

LIGHTING PLAN
SCALE: 1/4" = 1'-0"

PLUMBING SYMBOL LEGEND

SYMBOL	DESCRIPTION
	COLD WATER PIPING
	HOT WATER PIPING
POC	POINT OF CONNECTION (EXISTING)
EWH	ELECTRIC WATER HEATER

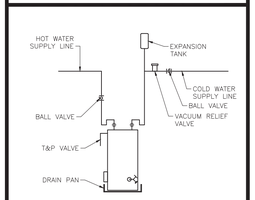
PLUMBING GENERAL NOTES

- DENTAL CHAIRS DO NOT REQUIRE WATER.
- INSTALL TRAP PRIMERS ON ALL FLOOR DRAINS AND FLOOR SINKS.
- WATER LINES TO BE PEX.
- SANITARY WASTE LINES TO BE PVC (SCHED. 40)
- INSTALL WATER HEATER ON SHELF IN MECHANICAL ROOM.
- TENANT IS REQUIRED TO USE LANDLORD SPECIFIED WATER METER.
- VERIFY EXACT EQUIPMENT LOCATIONS AT THE SITE.
- HOT WATER TEMPERATURE EXPOSED TO THE PUBLIC SHALL BE LIMITED TO BELOW 110 DEG. F. VIA AN APPROPRIATE THERMOSTATICALLY CONTROLLED MIXING VALVE.
- ALL X-RAY EQUIPMENT TO BE DIGITAL.

PLUMBING FIXTURE SCHEDULE

TAG	DESCRIPTION: TOILET	LAVATORY	SINK	SERVICE SINK	WATER HEATER	DRINKING FOUNTAIN	DISHWASHER	ICE MAKER IN FRIDGE	ICES	ADA	FINISH: STAINLESS STEEL	WHITE	MOUNT: FLOOR MOUNT	COUNTERTOP	WALL	SIZE	NOTES
WC	●								●			●			●	STANDARD	STANDARD
LAV1		●							●			●			●	WALL HUNG	
LAV2		●													●	DROP IN	
SK1			●						●		●				●	T.B.D.	ROUGH IN ONLY
KS			●						●		●				●	22x25x6	
MS				●					●		●				●	18x18x12	
IM								●			●		●			12x12x9	
EWH					●											20 GALLON	
DW							●						●			T.B.D.	

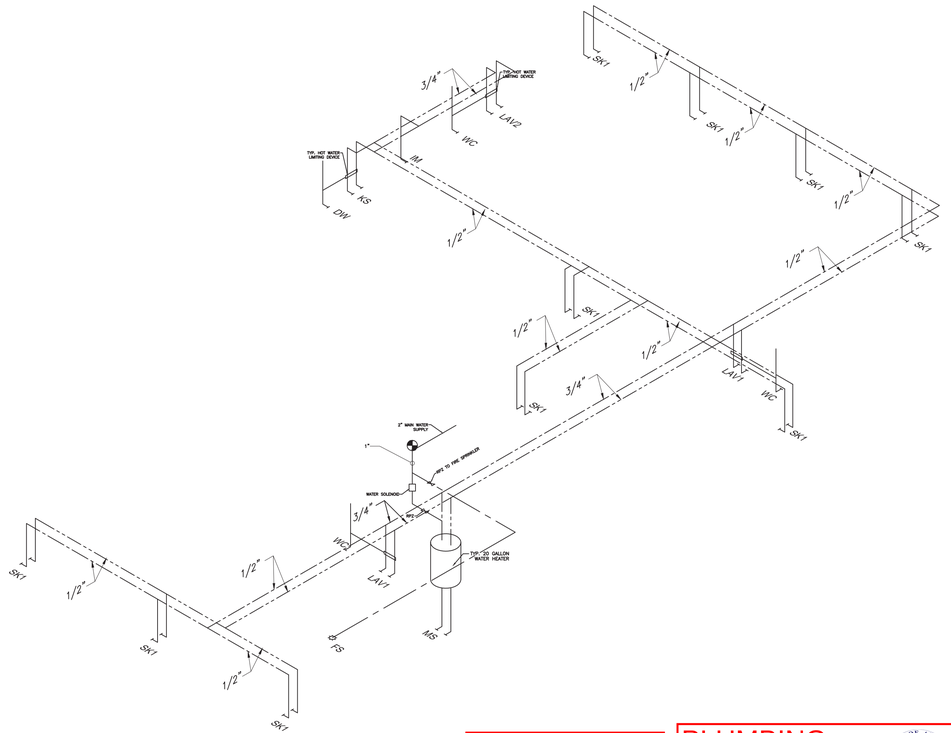
HOT WATER HEATER



NOTES:
1. T&P VALVE SHALL EXTEND FROM THE VALVE TO THE OUTSIDE OF THE BUILDING WITH THE END OF THE PIPE NOT MORE THAN TWO FEET NOR LESS THAN SIX INCHES ABOVE THE GROUND OR THE FLOOD LEVEL OF THE AREA RECEIVING THE DISCHARGE AND POINT DOWNWARDS. PER 2015 IPC 608.5

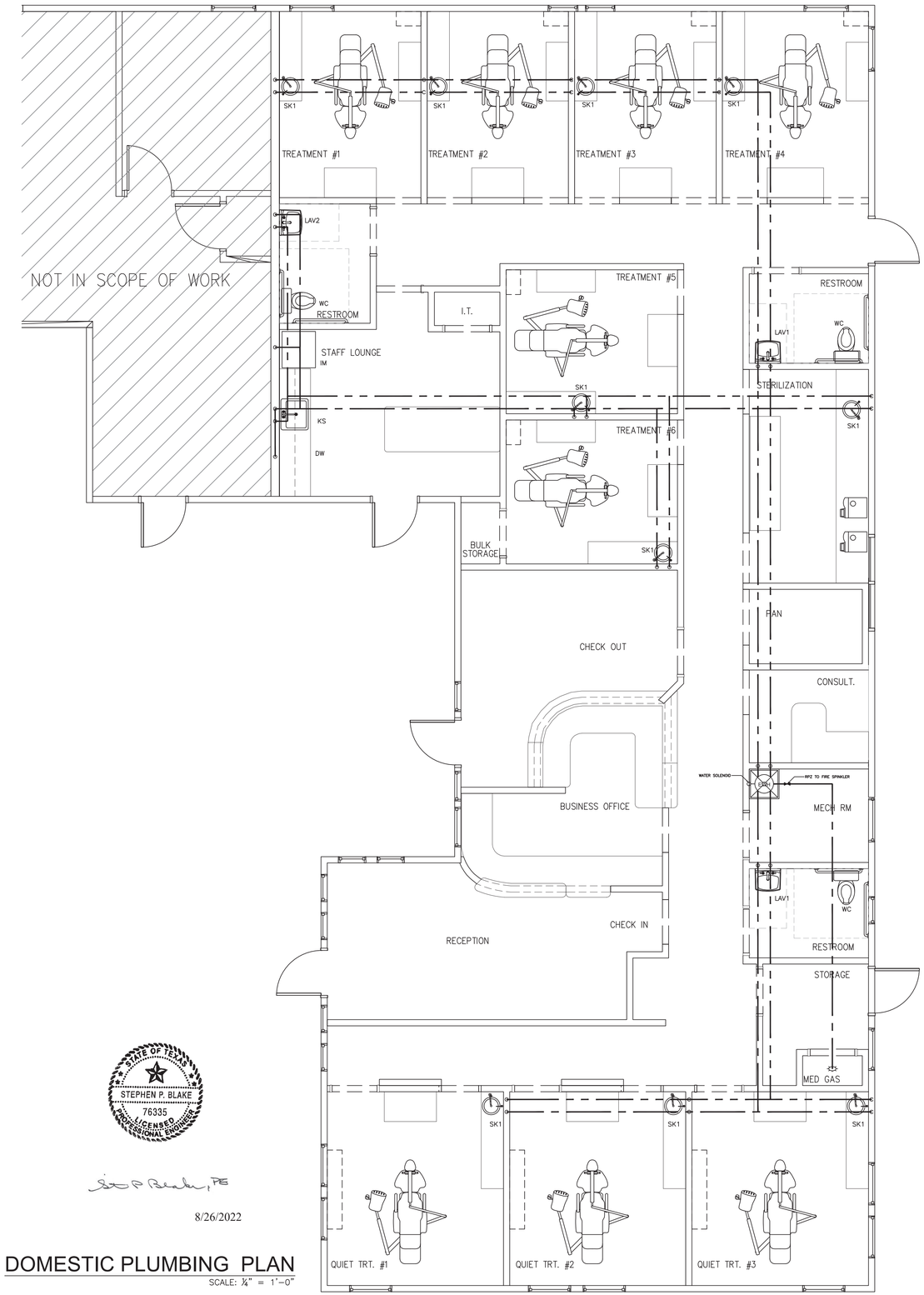
MAXIMUM FLUSH AND FLOW RATES FOR BUILDING PLUMBING FIXTURES

FIXTURE:	FLUSH/FLOW RATE:
WATER CLOSET	1.28 GPF
PUBLIC LAVATORY FAUCET	0.5 GPM
KITCHEN FAUCET	1.5 GPM



DOMESTIC PLUMBING RISER

SCALE: N.T.S.



DOMESTIC PLUMBING PLAN

SCALE: ¼" = 1'-0"

STATE OF TEXAS
STEPHEN P. BLAKE
76335
LICENSED PROFESSIONAL ENGINEER

8/26/2022

ALL PLUMBING SHALL BE IN ACCORDANCE WITH CITY OF AUSTIN ADOPTED PLUMBING CODES
THE GRANTING OF A PERMIT FOR, OR APPROVAL OF THESE PLANS AND SPECIFICATIONS SHALL NOT BE CONSTRUED TO BE A PERMIT FOR, OR APPROVAL OF ANY VIOLATION OF ANY OF THE PROVISIONS OF THE CURRENTLY ADOPTED PLUMBING CODE OR ANY OTHER ORDINANCES OF THE CITY OF AUSTIN

PLUMBING APPROVAL
This stamp serves as a means of plumbing approval and does not include other disciplines.
CITY OF AUSTIN APPROVED Date: 09/01/2022 FOUNDED 1839

NO	DATE	DESCRIPTION	BY
1	07.06.22	PERMIT SET	JM
2	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

BLAKE ENGINEERING, LLC
22014 PELICAN EDGE
SAN ANTONIO, TX 78258
FIRM REGISTRATION NO: F-5276

P.E. STAMP

SHEET TITLE: DOMESTIC PLUMBING PLAN

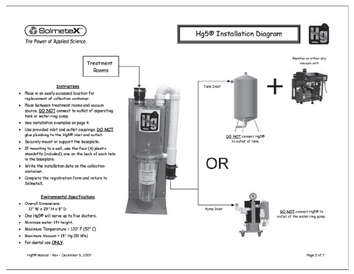
SHEET NO: P1

PLUMBING SYMBOL LEGEND

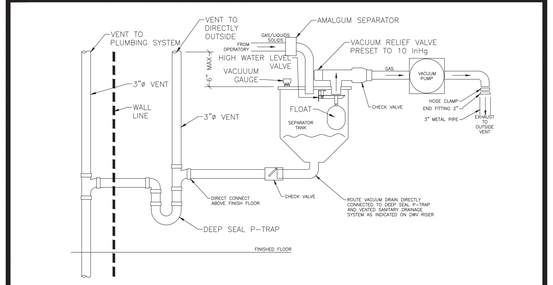
SYMBOL	DESCRIPTION
SAN	SANITARY WASTE PIPING
	SANITARY VENT PIPING
EWH	ELECTRIC WATER HEATER
POC	POINT OF CONNECTION (EXISTING)
VTR	VENT THROUGH ROOF

PLUMBING GENERAL NOTES

- DENTAL CHAIRS DO NOT REQUIRE WATER.
- INSTALL TRAP PRIMERS ON ALL FLOOR DRAINS AND FLOOR SINKS.
- WATER LINES TO BE PEX.
- SANITARY WASTE LINES TO BE PVC (SCHED. 40)
- INSTALL WATER HEATER ON SHELF IN MECHANICAL ROOM.
- TENANT IS REQUIRED TO USE LANDLORD SPECIFIED WATER METER.
- ALL XRAY EQUIPMENT TO BE DIGITAL.



VACUUM SYSTEM DETAIL



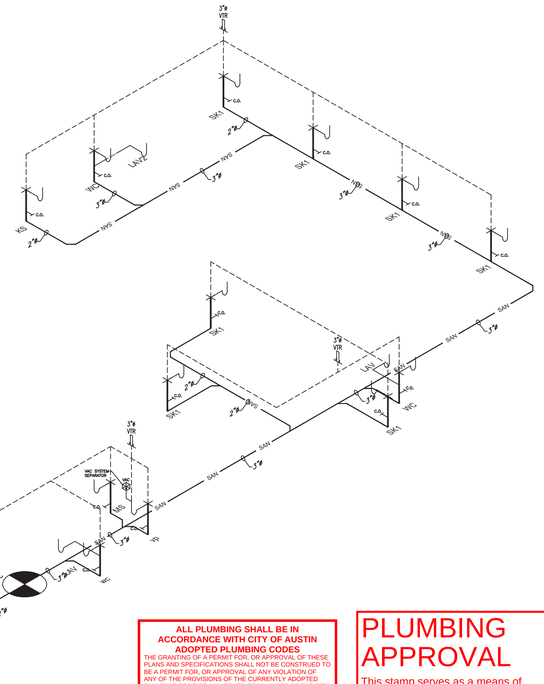
NFPA

5.3.3.6.3.1 Liquids drained from a Level 3 vacuum source shall be directly connected to a sanitary drainage system through a trapped and vented drain.

5.3.3.6.3.2 Where the drainage is from a waste holding tank on the suction side of the vacuum source the following requirements shall be met:

1. A check valve shall be installed in the drain line from the holding tank.
2. The trap in the building drainage system shall be the deep-seal type that is conventionally vented within the plumbing system.
3. An additional vent shall be installed between the holding tank drain check and the drain trap, on the inlet side of the trap, to close and seal the check valve while the holding tank is operating under vacuum and collecting waste.
4. The additional vent described in (3) shall not be permitted to be connected to the venting system, but shall be terminated through the roof as an individual vent.
5. Both of the vents described in (3) and (4) shall extend to not less than 6 inches above the holding tank before any horizontal change of direction is allowed in the vent systems.
6. The trap and drain branch shall be not less than two pipe sizes larger than the waste pipe from the separator, but not less than 2" NPS.
7. The trap seal shall not be less than four-inches in depth.
8. The vent for the vacuum check valve shall not be less than the size of the check valve.
9. The vent size shall not be less than one-half the size of the trap and drain branch.

1



SANITARY PLUMBING RISER

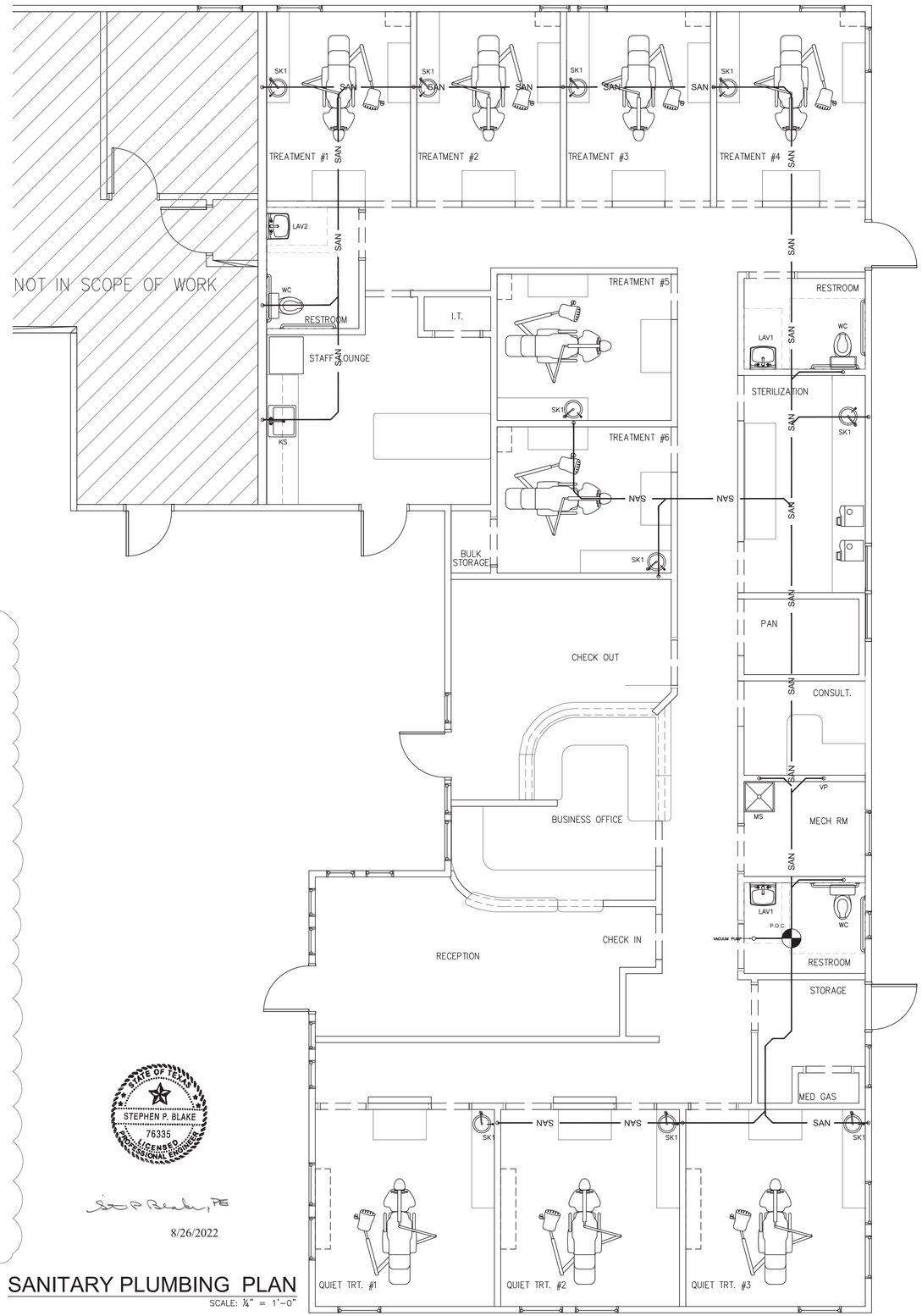
SCALE: N.T.S.

ALL PLUMBING SHALL BE IN ACCORDANCE WITH CITY OF AUSTIN ADOPTED PLUMBING CODES
THE GRANTING OF A PERMIT FOR, OR APPROVAL OF THESE PLANS AND SPECIFICATIONS SHALL NOT BE CONSTRUED TO BE A PERMIT FOR, OR APPROVAL OF ANY VIOLATION OF ANY OF THE PROVISIONS OF THE CURRENTLY ADOPTED PLUMBING CODE OR ANY OTHER ORDINANCES OF THE CITY OF AUSTIN

PLUMBING APPROVAL
This stamp serves as a means of plumbing approval and does not include other disciplines.
CITY OF AUSTIN APPROVED Date 08/31/2022 FOUNDED 1839

STATE OF TEXAS
STEPHEN P. BLAKE
76335
LICENSED
PROFESSIONAL ENGINEER

8/26/2022



SANITARY PLUMBING PLAN

SCALE: ¼" = 1'-0"

NO	DATE	DESCRIPTION	BY
	07.06.22	PERMIT SET	JM
	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

BLAKE ENGINEERING, LLC
22014 PELICAN EDGE
SAN ANTONIO, TX 78258
FIRM REGISTRATION NO: F-5276

P.E. STAMP

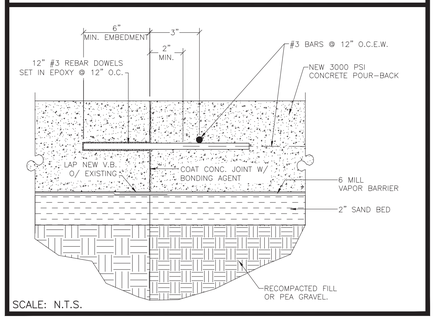
SHEET TITLE:
SANITARY PLUMBING PLAN

SHEET NO:
P2

TRENCH LEGEND

SYMBOL	DESCRIPTION
	TRENCH (TO BE REMOVED & POURED BACK)

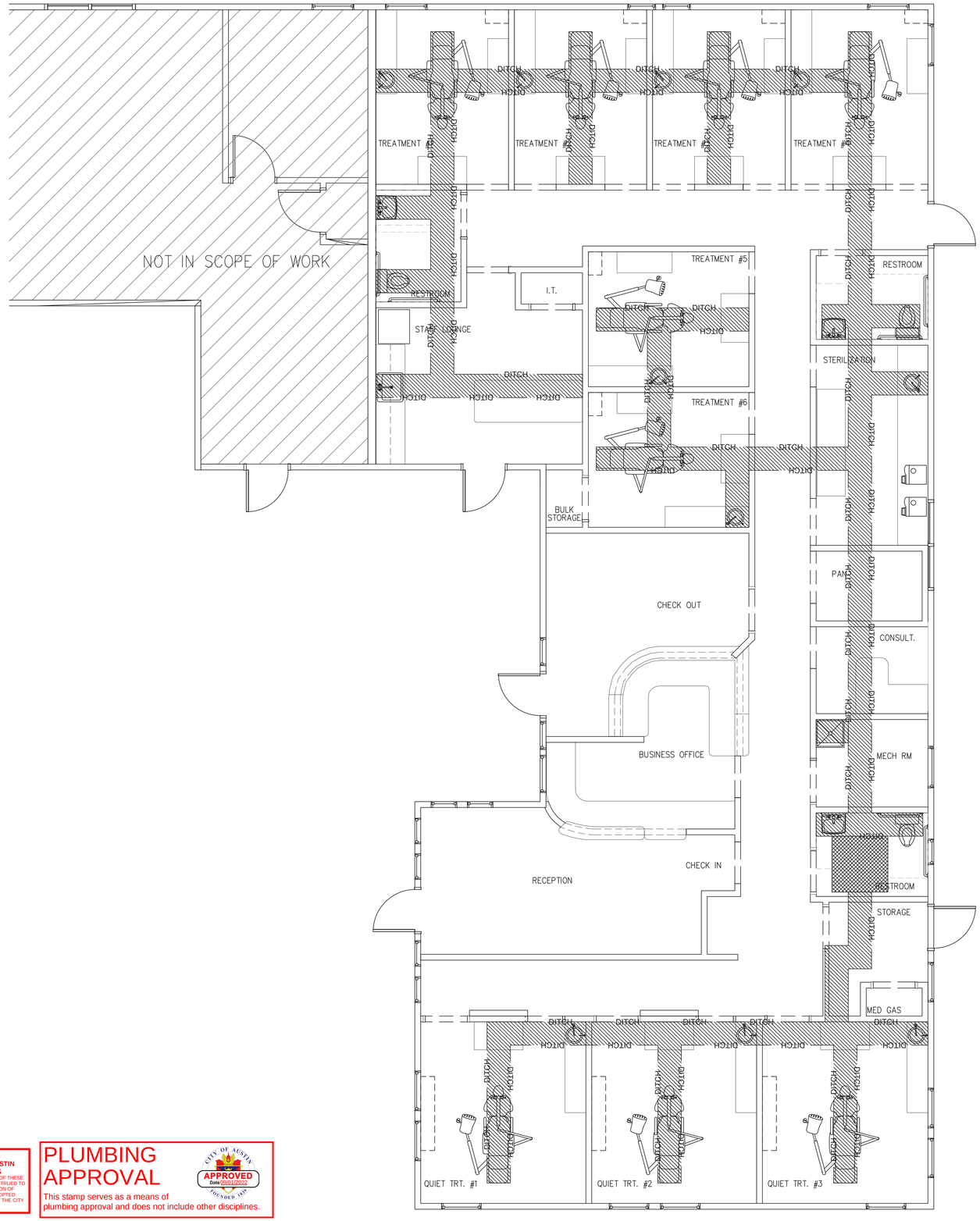
TRENCH/SLAB POURBACK DETAIL



SCALE: N.T.S.

CONCRETE/TRENCH GENERAL NOTES

- TRENCH WIDTH SHALL ACCOMMODATE MIN. 40 X MAT-REBAR SIZE SPLICE LENGTH, THAT IS 15" WIDTH FOR 3/8 INCH REBAR, 20" WIDTH FOR 1/2 INCH REBAR & 25" WIDTH FOR 5/8 INCH REBAR.
- CAR SHOULD BE TAKEN WHEN SAW CUTTING POST-TENSION SLABS. IF POST-TENSION SLAB IS DISCOVERED WHILE CUTTING, CUTTING MUST STOP IMMEDIATELY AND BE BROUGHT TO THE ATTENTION OF SITE SUPERINTENDENT.
- NOTIFY ENGINEER IF POST-TENSION CABLE IS DAMAGED.
- TRENCH-LENGTH REBAR SHALL BE EVENLY SPACED AT 12" O.C. AND SHALL INCLUDE NOT LESS THAN TWO (2) EACH IN TRENCH.
- IF RE-COMPACTED FILL USED; LOCAL, COMMONLY USED, SELECT FILL MATERIAL CAN BE USED AND THE COMPACTION METHOD DOCUMENTED.
- TRENCH REBAR SHALL BE INSTALLED AT APPROXIMATE MIDDLE OF SLAB THICKNESS.
- ALL REBAR INTERSECTIONS AND REBAR SPLICES SHALL BE WIRE TIED.
- CUT AROUND EXISTING PLUMBING FIXTURES NO LONGER BEING USED AND POUR BACK AFTER PLUMBING WAS CAPPED BELOW SLAB.



TRENCH PLAN

SCALE: ¼" = 1'-0"

STATE OF TEXAS
STEPHEN P. BLAKE
76335
LICENSED PROFESSIONAL ENGINEER

8/26/2022

NO	DATE	DESCRIPTION	BY
1	07.06.22	PERMIT SET	JM
2	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

ALL PLUMBING SHALL BE IN ACCORDANCE WITH CITY OF AUSTIN ADOPTED PLUMBING CODES

THE GRANTING OF A PERMIT FOR, OR APPROVAL OF THESE PLANS AND SPECIFICATIONS SHALL NOT BE CONSTRUED TO BE A PERMIT FOR, OR APPROVAL OF ANY VIOLATION OF ANY OF THE PROVISIONS OF THE CURRENTLY ADOPTED PLUMBING CODE OR ANY OTHER ORDINANCES OF THE CITY OF AUSTIN

PLUMBING APPROVAL

This stamp serves as a means of plumbing approval and does not include other disciplines.

CITY OF AUSTIN APPROVED Date 09/01/2022 FOUNDED 1839

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.457.0871

DR. GOEHRING
4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

BLAKE ENGINEERING, LLC
22014 PELICAN EDGE
SAN ANTONIO, TX 78258
FIRM REGISTRATION NO: F-5276

P.E. STAMP

SHEET TITLE: TRENCH PLAN

SHEET NO: P2.1

MEDICAL GAS SYMBOL LEGEND

SYMBOL	DESCRIPTION
A	½" AIR OUTLET PORTS
AIR	½" COPPER AIR LINES
N	⅜" NITROUS OXIDE OUTLET PORTS
N2O	⅜" NITROUS OXIDE COPPER LINES
O	½" OXYGEN OUTLET PORTS
OXY	½" OXYGEN COPPER LINES
V	½" VACUUM CONNECTION PORTS
VAC	PVC VACUUM LINES
SV	SCAVANGE VACUUM CONNECTION PORTS

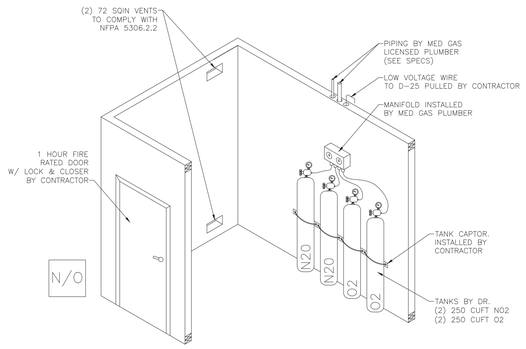
MEDICAL GAS NOTES

- NITROUS OXIDE AND OXYGEN LINES TO BE RUN OVERHEAD.
- THIS LEVEL III MED GAS SYSTEM IS TO BE INSTALLED PER NFPA 99C.
- VACUUM AND AIR LINES TO BE RUN UNDER SLAB.
- NITROUS OXIDE, AIR AND OXYGEN LINES TO BE COPPER.
- VACUUM LINES TO BE PVC (SCHED. 40).

MEDICAL GAS STORAGE CAPACITY

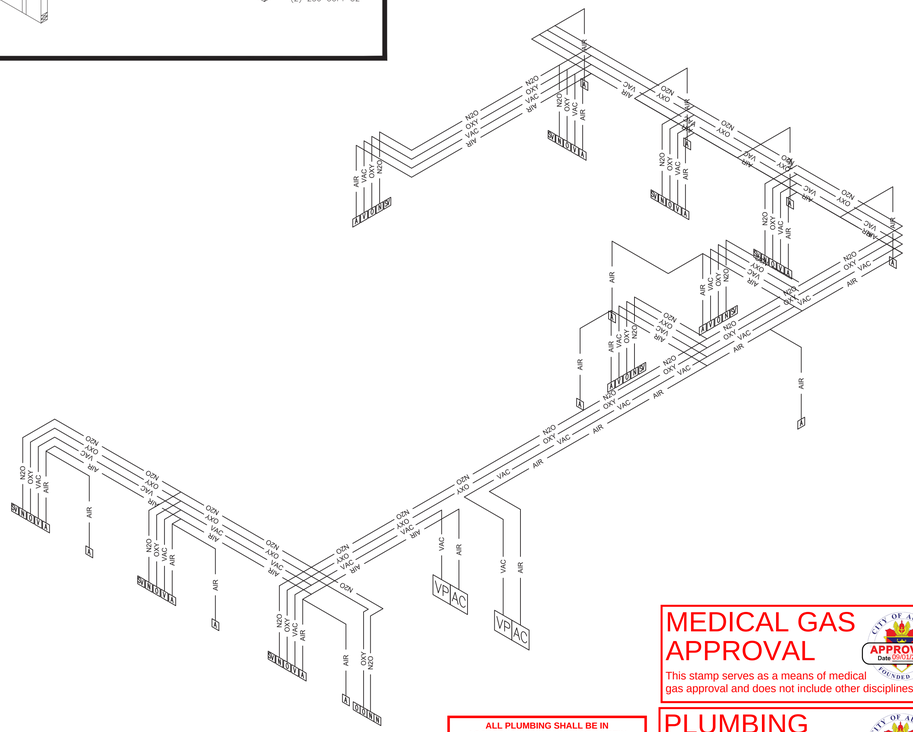
1. A MAXIMUM OF TWO BOTTLES OF NITROUS OXIDE (N2O) WILL BE STORED IN THE MED GAS CLOSET. EACH BOTTLE, WHEN FILLED, HAS A CAPACITY OF 250 CUBIC FEET OF N2O, FOR A TOTAL OF 500 CUBIC FEET OF N2O.
2. A MAXIMUM OF TWO BOTTLES OF OXYGEN (O2) WILL BE STORED IN THE MED GAS CLOSET. EACH BOTTLE, WHEN FILLED, HAS A CAPACITY OF 250 CUBIC FEET OF O2, FOR A TOTAL OF 500 CUBIC FEET OF O2.
3. TOTAL VOLUME OF MEDICAL GASES TO BE STORED WILL NOT BE MORE THAN 1000 CUBIC FEET.

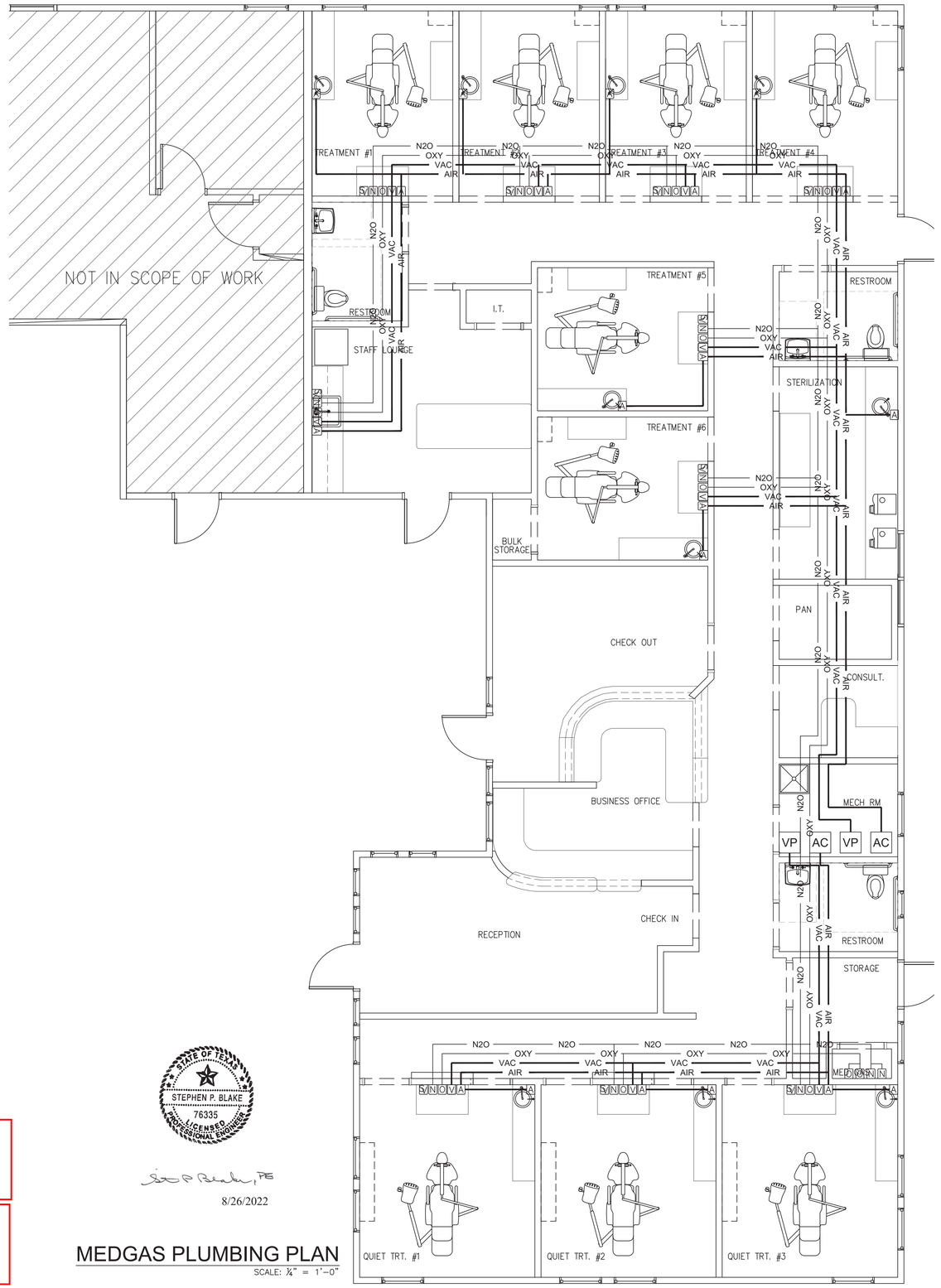
1 HOUR RATED MEDGAS CLOSET DETAIL



MEDGAS PLUMBING RISER

SCALE: N.T.S.





MEDGAS PLUMBING PLAN

SCALE: ¼" = 1'-0"

ALL PLUMBING SHALL BE IN ACCORDANCE WITH CITY OF AUSTIN ADOPTED PLUMBING CODES
THE GRANTING OF A PERMIT FOR, OR APPROVAL OF THESE PLANS AND SPECIFICATIONS SHALL NOT BE CONSTRUED TO BE A PERMIT FOR, OR APPROVAL OF ANY VIOLATION OF ANY OF THE PROVISIONS OF THE CURRENTLY ADOPTED PLUMBING CODE OR ANY OTHER ORDINANCES OF THE CITY OF AUSTIN

MEDICAL GAS APPROVAL
CITY OF AUSTIN APPROVED Date 09/01/2022 FOUNDED 1839
This stamp serves as a means of medical gas approval and does not include other disciplines.

PLUMBING APPROVAL
CITY OF AUSTIN APPROVED Date 09/01/2022 FOUNDED 1839
This stamp serves as a means of plumbing approval and does not include other disciplines.

STATE OF TEXAS
STEPHEN P. BLAKE
76335
LICENSED PROFESSIONAL ENGINEER

8/26/2022

NO	DATE	DESCRIPTION	BY
	07.06.22	PERMIT SET	JM
	08.24.22	CITY COMMENTS R1	JM

REVISION HISTORY

Med Tech®
www.medtechconstruction.com
P.O. BOX 6537
SAN ANTONIO, TX 78209
OFFICE: 210.821.1717
FAX: 210.497.0871

DR. GOEHRING

4403 MENCHACA RD, SUITE A,B,C
AUSTIN, TEXAS 78745

BLAKE ENGINEERING, LLC
22014 PELICAN EDGE
SAN ANTONIO, TX 78258
FIRM REGISTRATION NO: F-5276

P.E. STAMP

SHEET TITLE: MEDGAS PLAN

SHEET NO: P3