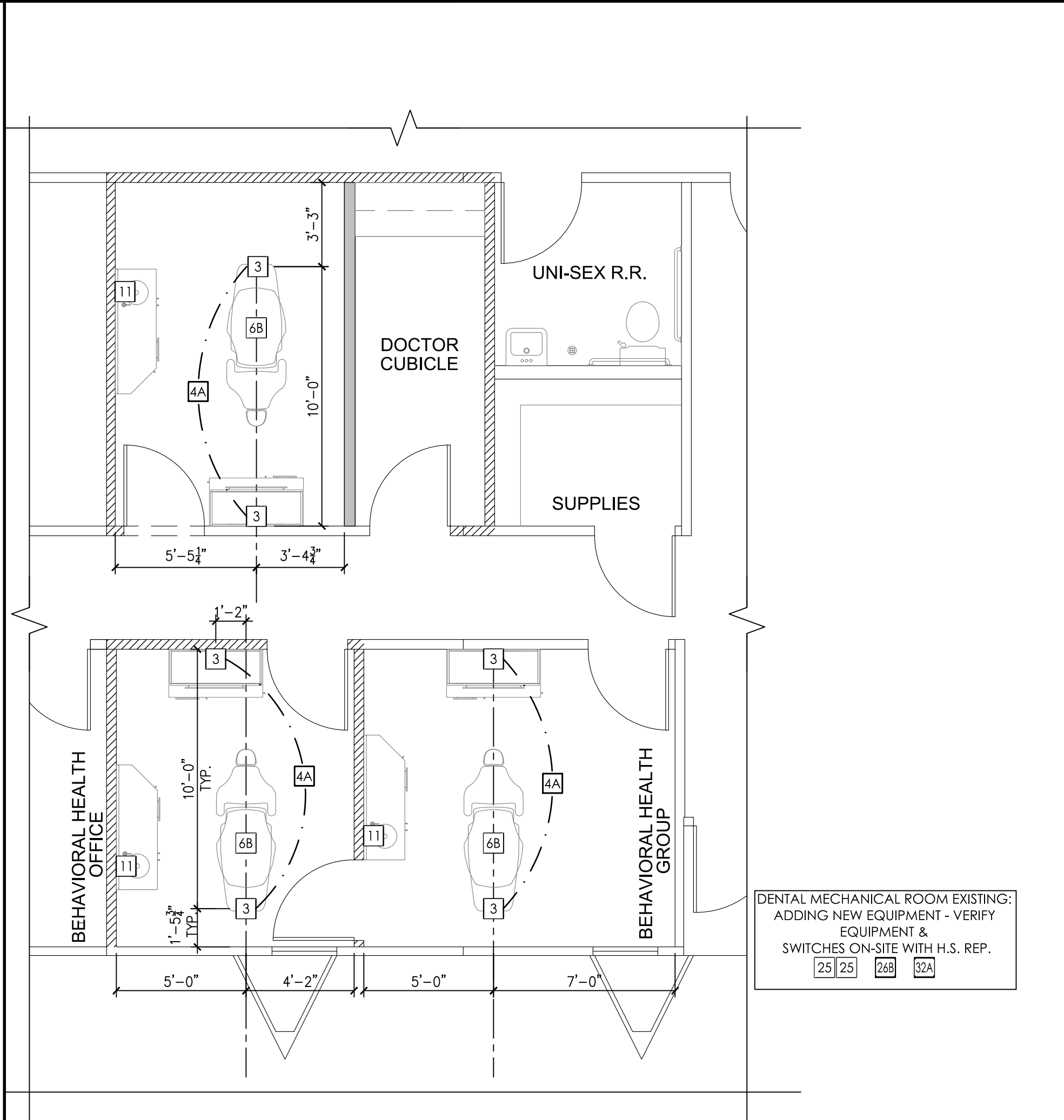


**PROPOSED FLOOR PLAN**  
SCALE: 1/4" = 1'-0"



**DENTAL SPECIFICATIONS**  
SCALE: 1/4" = 1'-0"

**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 DENTAL EQUIPMENT SPECIALIST FOR SPECIFIC SIZING OF STUB-UP, TRUNK, AND BRANCH LINES.

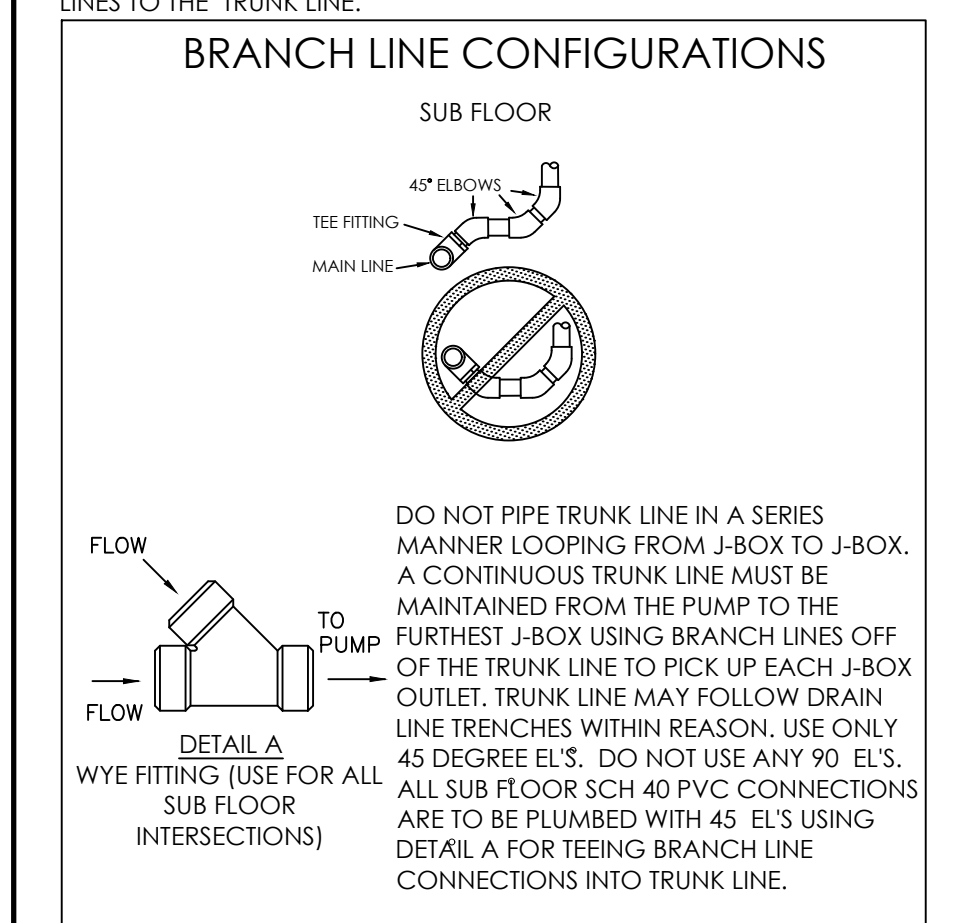
IT IS HIGHLY RECOMMENDED THAT VACUUM LINES RUN UNDERNEATH DENTAL EQUIPMENT BY MEANS OF TRENCHING/ CORING (CONCRETE SLAB) OR IN SUB FLOOR (BASEMENT/ CRAWL SPACE). ALL LINES ARE TO BE DESIGNED WITH PVC PIPING UNLESS DICTATED BY LOCAL CODES TO USE COPPER OR CAST IRON.

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. TERMINATION  
TERMINATE VACUUM TRUNK LINE IN MECHANICAL ROOM. PLUMBING CONTRACTOR TO PROVIDE FPT ADAPTOR ON END OF STUB-UP FROM FLOOR OR WALL. SIZE OF ADAPTOR TO BE DETERMINED BY TRUNK AND PUMP INTAKE PIPE SIZES. SEE DETAILS THIS SET & MANUFACTURER TEMPLATES PROVIDED BY HENRY SCHEIN EQUIPMENT REP. 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 4'-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 HAVE "SWEEPING" 90 DEGREE TURNS TO AVOID VACUUM LOSS. A "WYE" FITTING SHOULD BE USED TO JOIN BRANCH LINES TO THE TRUNK LINE.



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

SEE SHEETS SED.1 FOR DENTAL EQUIPMENT DETAILS

**VACUUM PLAN DISCLAIMER**

THIS VACUUM DIAGRAM HAS BEEN PROVIDED BY THE VACUUM MANUFACTURER AND REPRESENTS THEIR RECOMMENDATIONS. ALL QUESTIONS REGARDING THIS DIAGRAM SHOULD BE DIRECTED TO THE MANUFACTURER AND HENRY SCHEIN EQUIPMENT SPECIALIST. HENRY SCHEIN ASSUMES NO RESPONSIBILITY FOR THE INFORMATION PROVIDED.

**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 TEMPLATES 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 CATEGORY 3 DENTAL AIR SUPPLY SYSTEM. REFER THE LOCALLY ACCEPTED VERSION OF NFPA 99 FOR CODE 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 PS1 AT ALL DENTAL UNITS.

6. BACK-FLOW PREVENTION IS REQUIRED ON ALL LINES AS PER LOCAL CODE.

7. REFER TO ARCHITECT'S DRAWINGS FOR PLUMBING REQUIREMENTS IN ALL AREAS NOT INDICATED ON THIS PLAN.

ALL DIMENSIONS NOTED ON PLAN ARE TO THE CENTERLINE OF PLUMBING OR UTILITY CENTER (UNLESS SHOWN OTHERWISE)

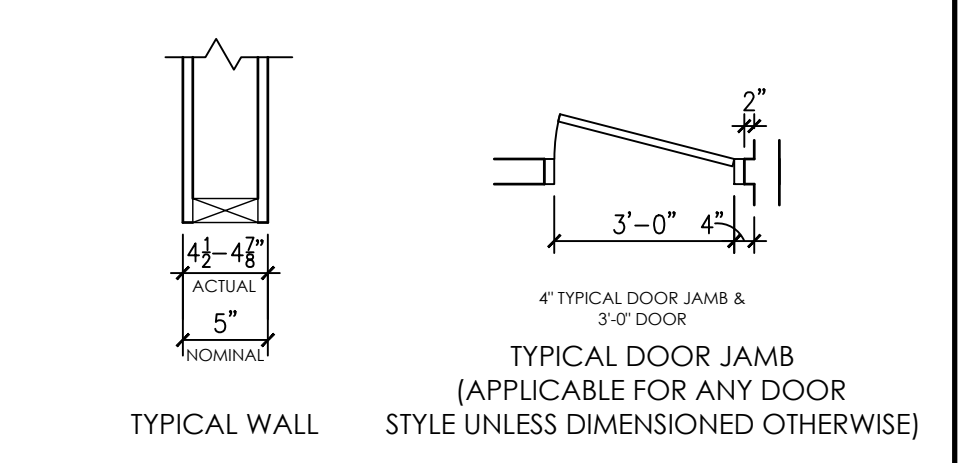
SEE SHEETS SED.1 FOR DENTAL EQUIPMENT DETAILS

**CONSTRUCTION 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. VERIFY ALL DIMENSIONS WITH HENRY SCHEIN DENTAL REP. ON JOBSITE. ON SITE MODIFICATIONS MAY NEED TO BE DONE BY CONTRACTOR, BUT SHOULD BE VERIFIED BY ALL PARTIES INVOLVED.

3. USE 5/8" GYPSUM WALLBOARD THROUGHOUT THE OFFICE TO PROVIDE EXTRA PROTECTION AGAINST X-RAY SCATTER RADIATION.



**WALL LEGEND**



**ELECTRICAL 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 TEMPLATES FOR EXACT REQUIREMENTS FOR ANY EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. CONSULT WITH HENRY SCHEIN DENTAL REP FOR ADDITIONAL INFORMATION.

4. GFCI PROTECTION OR REDUNDANT GROUND IN DENTAL CHAIR RECEPTACLES, DENTAL UTILITY CABINETS AND ANY OTHER AREAS REQUIRED BY LOCAL CODE IS THE RESPONSIBILITY OF THE ELECTRICAL CONTRACTOR.

5. ADDITIONAL CONVENIENCE OUTLETS REQUIRED ON JOBSITE ARE THE RESPONSIBILITY OF ELECTRICAL CONTRACTORS. FOLLOW LOCAL CODE RESTRICTIONS.

6. CONDUIT LOCATIONS (4, 4A, 4B, 4C) SHOULD BE VERIFIED WITH OWNER AND HENRY SCHEIN REP PRIOR TO ROUGH-IN.

7. ALL COMPUTER NETWORKING AND WORKSTATIONS MUST BE SPECIFIED BY CUSTOMER'S COMPUTER SUPPLIER. IF HENRY SCHEIN WILL BE SUPPLYING THE COMPUTERS & NETWORKING COMPONENTS, SEE SHEET SE.2 FOR THE OFFICE TECHNOLOGY PLAN.

8. CONTRACTOR TO PROVIDE AND INSTALL ALL EXIT SIGNS, EMERGENCY LIGHTING AND FIRE SUPPRESSION & DETECTION SYSTEMS AS PER ARCHITECT'S DRAWINGS AND LOCAL CODE.

9. REFER TO ARCHITECT'S DRAWINGS FOR ELECTRICAL REQUIREMENTS IN ALL AREAS NOT INDICATED ON THIS PLAN.

ALL DIMENSIONS NOTED ON PLAN ARE TO THE CENTERLINE OF RECEPTACLE OR UTILITY CENTER (UNLESS SHOWN OTHERWISE)

**GENERAL SPECIFICATIONS**

QUANTITY	SPEC. NUMBER	DESCRIPTION	UTILITIES										DETAIL				
			COLD WATER	HOT WATER	DRAIN	COMPRESSED AIR	NATURAL GAS	VACUUM	N2O	OXYGEN	VENT	POWER		DEDICATED CIRCUIT	LOW VOLTAGE CONTROL	DATA DROP	
3	3	REAR CABINET UTILITY CENTER - BACK FLOW PREVENTION REQUIRED AS PER LOCAL CODE.	•														3
3	3	MIDMARK ULTRATRIM CHAIR UTILITY CENTER - BACK FLOW PREVENTION REQUIRED AS PER LOCAL CODE.	•														3
3	4A	2" CONDUIT - SUB-FLOOR PIPE CHASE WITH PULL-STRING SUPPLIED & INSTALLED BY CONTRACTOR. SWEEPING 90 DEGREE BENDS ONLY. STUB-UP FLUSH WITH SUB-FLOOR, MARK LOCATION AT FINISH.															4A
3	6B	DENTAL LIGHT (CHAIR MOUNTED) - TIED IN AT POWER FOR CHAIR. SUPPLIED AND INSTALLED BY HENRY SCHEIN DENTAL.															
3	11	MODULAR SINKS & FAUCETS - SINK AND FAUCET SUPPLIED BY HENRY SCHEIN DENTAL, INSTALLED BY CONTRACTOR. FINAL CONNECTIONS BY CONTRACTOR.	•	•	•												
2	25	DENTAL AIR COMPRESSOR - SUPPLIED BY HENRY SCHEIN DENTAL, INSTALLED BY CONTRACTOR. FOR DENTAL AIR DRIVEN DEVICES. 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 CODES RELATING TO CATEGORY 3 DENTAL FACILITIES.				•											25
1	26B	VACUUM PUMP (WET) - SUPPLIED BY HENRY SCHEIN DENTAL, INSTALLED BY CONTRACTOR. 1.5"-2" MAIN TRUNK LINES. VERIFY TRUNK, REDUCTION AND BRANCH LINE SIZES WITH MFR RECOMMENDATIONS. USE SCH 40 PVC WHERE PERMITTED BY CODE. EXHAUST PUMP TO OUTSIDE. BACK FLOW PREVENTION REQ'D PER LOCAL CODE. HENRY SCHEIN TO SUPPLY AIR/WATER SEPARATOR IF REQ'D. BUCK BOOST TRANSFORMER SUPPLIED AND INSTALLED BY CONTRACTOR (IF REQ'D). FINAL CONNECTIONS BY CONTRACTOR.	•	•	•	•	•	•	•								26B
1	32A	REMOTE PANEL (AIR, WATER, & 2 VAC) - SUPPLIED BY HENRY SCHEIN DENTAL, INSTALLED BY CONTRACTOR 60" A.F.F. CONTRACTOR TO SUPPLY AND INSTALL 24V CONTROL WIRING PER MFR SPECS.														•	32A

THIS PLAN IS FOR THE SOLE PURPOSE OF SPECIFICATION AND INSTALLATION OF THE DENTAL EQUIPMENT SUPPLIED BY HENRY SCHEIN DENTAL. THE SPACE PLANNING AND CONCEPTUAL DESIGN HAS BEEN PROVIDED BY OTHERS. ALL NEW TREATMENT ROOM UTILITIES TO BE TIED INTO EXISTING DENTAL MECHANICAL SYSTEMS. SEE HENRY SCHEIN REP. DENTAL CHAIR AND CABINET UTILITIES TO BE LOCATED ON JOB-SITE PER MANUFACTURER'S TEMPLATES. LOCATIONS TO BE APPROVED BY DOCTOR AND HENRY SCHEIN EQUIPMENT SPECIALIST PRIOR TO ROUGH-IN.

**3 MIDMARK ULTRA SERIES CHAIR UTILITIES**  
NOT TO SCALE

COMPRESSED AIR: 1/2" SUPPLY LINE FROM COMPRESSOR BY PLUMBER. STUB-UP FROM FLOOR 1"-2". TERMINATE WITH 3/8" ANGLE VALVE. PRESSURE 100 PSI MAX.

WATER: 1/2" COLD WATER SUPPLY LINE BY PLUMBER. STUB-UP FROM FLOOR 1"-2". TERMINATE WITH 3/8" ANGLE VALVE. PRESSURE 40 PSI MAX.

CENTRAL VACUUM: 1/2" COPPER BRANCH LINE RISER BY PLUMBER. TERMINATE 2" A.F.F.

ELECTRICAL: TWO GANG BOX & 115V QUAD OUTLET BY ELECTRICIAN. CHAIR DRAW: 5A

CHASE: GRAY ELECTRICAL PVC PIPE CHASE WITH PULL-STRING BY ELECTRICIAN (SEE SHEET SE.1 FOR SIZE & LOCATIONS). 6" MIN. RADIUS FOR ALL BENDS. STUB-UP FLUSH WITH SUB-FLOOR. MARK LOCATION AT FINISH.

**NOTES:**  
1. DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION. HENRY SCHEIN DENTAL REP WILL PROVIDE INSTALLATION TEMPLATE UPON REQUEST.  
2. INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.  
3. ALL UTILITIES HEREIN TO BE SUPPLIED & INSTALLED BY LICENSED CONTRACTORS. FINAL CONNECTIONS TO EQUIPMENT BY HENRY SCHEIN DENTAL.  
4. ALL VALVES, BOXES AND PIPES FROM FLOOR MUST BE NO HIGHER THAN 5 1/4" A.F.F.  
5. ALL PLUMBED SYSTEMS MUST BE FLUSHED CLEAN OF ANY DEBRIS PRIOR TO EQUIPMENT INSTALLATION.

**3 MIDMARK ULTRA SERIES CHAIR UTILITIES**  
NOT TO SCALE

FOLLOW LOCAL CODES FOR ALL WORK.

TERMINATE CONDUIT IN BASE OF REAR CABINET OR IN WALL. SEE REAR CABINET DETAIL. COORDINATE WITH HENRY SCHEIN REP.

2" CONDUIT - PIPE CHASE WITH PULL-STRING SUPPLIED AND INSTALLED BY CONTRACTOR. 6" MIN. SWEEPING BENDS. STUB-UP FLUSH WITH SUB-FLOOR. MARK LOCATION OF PIPE AT FINISH.

SEE CHAIR/CART UTILITY CENTER DETAIL FOR CONDUIT TERMINATION LOCATION. COORDINATE WITH HENRY SCHEIN REP.

**3 MIDMARK ARTIZAN TS4370/TS4380 CABINET UTILITIES**  
NOT TO SCALE

COMPRESSED AIR: 1/2" SUPPLY LINE FROM COMPRESSOR BY PLUMBER. STUB-UP FROM FLOOR 1"-2". TERMINATE WITH 3/8" ANGLE VALVE. PRESSURE 100 PSI MAX.

WATER: 1/2" COLD WATER SUPPLY LINE BY PLUMBER. STUB-UP FROM FLOOR 1"-2". TERMINATE WITH 3/8" ANGLE VALVE. PRESSURE 40 PSI MAX.

CENTRAL VACUUM: 1/2" COPPER BRANCH LINE RISER BY PLUMBER. TERMINATE 2" A.F.F.

ELECTRICAL: 16" FLEX CONDUIT WITH TWO GANG BOX & 115V QUAD OUTLET BY ELECTRICIAN. MAX DRAW: 15A

CHASE: GRAY ELECTRICAL PVC PIPE CHASE WITH PULL-STRING BY ELECTRICIAN (SEE SHEET SE.1 FOR SIZE & LOCATIONS). 6" MIN. RADIUS FOR ALL BENDS. STUB-UP FLUSH WITH SUB-FLOOR. MARK LOCATION AT FINISH.

**NOTES:**  
1. DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION. HENRY SCHEIN DENTAL REP WILL PROVIDE INSTALLATION TEMPLATE UPON REQUEST.  
2. INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.  
3. ALL UTILITIES HEREIN TO BE SUPPLIED & INSTALLED BY LICENSED CONTRACTORS. FINAL CONNECTIONS TO EQUIPMENT BY HENRY SCHEIN DENTAL.  
4. ALL VALVES, BOXES AND PIPES FROM FLOOR MUST BE NO HIGHER THAN 5 1/4" A.F.F.  
5. ALL PLUMBED SYSTEMS MUST BE FLUSHED CLEAN OF ANY DEBRIS PRIOR TO EQUIPMENT INSTALLATION.

**4A SUB-FLOOR CHASE**  
NOT TO SCALE

RIGID CONDUIT TO 6" ABOVE CEILING (OR PER CODE) & 18/4 LOW VOLTAGE WIRE TO REMOTE SHUT-OFF BY ELECTRICIAN.

2" EXHAUST VENT BY PLUMBER. RUN TO EXTERIOR. PROTECT EXTERIOR PIPING FROM OUTDOOR ELEMENTS AS NEEDED.

TWO GANG BOX & (2) 230V, 20A DEDICATED CIRCUITS BY ELECTRICIAN. POWER IS HARDWIRED. ELECTRICIAN TO SUPPLY DISCONNECT BOX IF ELECTRICAL PANEL IS NOT IN MECHANICAL ROOM.

**NOTES:**  
1. DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.  
2. INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.  
3. FINAL CONNECTIONS TO BE MADE BY CONTRACTOR.  
4. MECHANICAL ROOM MUST BE KEPT BETWEEN 40°-104° F. A THERMOSTAT CONTROLLED EXHAUST FAN IS RECOMMENDED. SPECIFICATIONS PER MECHANICAL ENGINEER.  
5. PROVIDE A BUCK-BOOST TRANSFORMER IF FACILITY SERVICE DOES NOT FALL WITHIN THE RECOMMENDED SUPPLY VOLTAGE FLUCTUATION OF ± 10% OF NOMINAL VOLTAGE RATINGS LISTED. VERIFY SUPPLIER OF BUCK-BOOST TRANSFORMER WITH HENRY SCHEIN EQUIPMENT SPECIALIST.

**PRODUCT SPECIFICATIONS**

# OF MOTORS	2
NOMINAL VAC RATING	230
VOLTAGE MIN/MAX	208/230
FULL LOAD AMPS	13.1 (X 2)
MIN. CIRCUIT BREAKER RATING (AMPS)	20 (X 2)

1/2" WATER SUPPLY LINE WITH 1/2" FNPT x 3/8" SHUT-OFF VALVE BY CONTRACTOR.

1/2" CLOSED VENTED DRAIN LINE FROM WALL OR FLOOR BY PLUMBER. NO TRAP BEFORE VENT. OR DRAIN LINE WITH P-TRAP AND AIR GAP. OR FLOOR SINK. FOLLOW LOCAL CODES.

1/2" MAIN VACUUM LINE FROM TREATMENT ROOMS BY PLUMBER. TERMINATE WITH A 1" FNPT FITTING OR CONNECT DIRECTLY TO AMALGAM SEPARATOR (29A) WHEN CALLED FOR. SEE SHEET SP.1. MINIMUM SLOPE ON VACUUM LINE OF 1/4" PER 10' TOWARDS THE MECHANICAL ROOM.

**25 MIDMARK POWERAIR P32 COMPRESSOR**  
NOT TO SCALE

THIS COMPRESSOR IS DESIGNED AS A "CATEGORY 3 GAS POWERED DEVICE SUPPLY SYSTEM" AS DEFINED IN NFPA 99.

RIGID CONDUIT TO 6" ABOVE CEILING (OR PER CODE) & 18/4 LOW VOLTAGE WIRE TO REMOTE SHUT-OFF BY ELECTRICIAN.

2" REMOTE AIR INTAKE BY PLUMBER. RUN TO EXTERIOR. PROTECT EXTERIOR PIPING FROM OUTDOOR ELEMENTS AS NEEDED.

TWO GANG BOX & 230V POWER FEED ON DEDICATED 20A CIRCUIT BY ELECTRICIAN. POWER IS HARDWIRED. ELECTRICIAN TO SUPPLY DISCONNECT BOX IF ELECTRICAL PANEL IS NOT IN MECHANICAL ROOM.

**NOTES:**  
1. DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.  
2. INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.  
3. FINAL CONNECTIONS TO BE MADE BY CONTRACTOR.  
4. MECHANICAL ROOM MUST BE KEPT BETWEEN 40°-104° F. A THERMOSTAT CONTROLLED EXHAUST FAN IS RECOMMENDED. SPECIFICATIONS PER MECHANICAL ENGINEER.  
5. PROVIDE A BUCK-BOOST TRANSFORMER IF FACILITY SERVICE DOES NOT FALL WITHIN THE RECOMMENDED SUPPLY VOLTAGE FLUCTUATION OF ± 10% OF NOMINAL VOLTAGE RATINGS LISTED. VERIFY SUPPLIER OF BUCK-BOOST TRANSFORMER WITH HENRY SCHEIN EQUIPMENT SPECIALIST.

**PRODUCT SPECIFICATIONS**

NOMINAL VAC RATING	230
VOLTAGE MIN/MAX	208/230
FULL LOAD AMPS	11
MIN. CIRCUIT BREAKER RATING (AMPS)	20
MAX WATTS PER HOUR	2530
MAX BTU PER HOUR	2590

1/2" TYPE "K" OR "L" COPPER AIR LINE TO TREATMENT ROOMS AND 1/2" FNPT END FITTING BY PLUMBER.

**26B MIDMARK CV5 OR CV5R VACUUM**  
NOT TO SCALE

1/2" WATER SUPPLY LINE WITH 1/2" FNPT x 3/8" SHUT-OFF VALVE BY CONTRACTOR.

1/2" CLOSED VENTED DRAIN LINE FROM WALL OR FLOOR BY PLUMBER. NO TRAP BEFORE VENT. OR DRAIN LINE WITH P-TRAP AND AIR GAP. OR FLOOR SINK. FOLLOW LOCAL CODES.

1/2" MAIN VACUUM LINE FROM TREATMENT ROOMS BY PLUMBER. TERMINATE WITH A 1" FNPT FITTING OR CONNECT DIRECTLY TO AMALGAM SEPARATOR (29A) WHEN CALLED FOR. SEE SHEET SP.1. MINIMUM SLOPE ON VACUUM LINE OF 1/4" PER 10' TOWARDS THE MECHANICAL ROOM.

**NOTES:**  
1. DETAIL PROVIDED FOR UTILITY REQUIREMENTS. REFER TO MANUFACTURER'S INSTALLATION GUIDE FOR ADDITIONAL INFORMATION.  
2. INSTALLATION MUST CONFORM TO ALL LOCAL ELECTRICAL AND PLUMBING CODES.  
3. FINAL CONNECTIONS TO BE MADE BY CONTRACTOR.  
4. MECHANICAL ROOM MUST BE KEPT BETWEEN 40°-104° F. A THERMOSTAT CONTROLLED EXHAUST FAN IS RECOMMENDED. SPECIFICATIONS PER MECHANICAL ENGINEER.  
5. PROVIDE A BUCK-BOOST TRANSFORMER IF FACILITY SERVICE DOES NOT FALL WITHIN THE RECOMMENDED SUPPLY VOLTAGE FLUCTUATION OF ± 10% OF NOMINAL VOLTAGE RATINGS LISTED. VERIFY SUPPLIER OF BUCK-BOOST TRANSFORMER WITH HENRY SCHEIN EQUIPMENT SPECIALIST.

**PRODUCT SPECIFICATIONS**

# OF MOTORS	2
NOMINAL VAC RATING	230
VOLTAGE MIN/MAX	208/230
FULL LOAD AMPS	13.1 (X 2)
MIN. CIRCUIT BREAKER RATING (AMPS)	20 (X 2)

**INTEGRATED DESIGN STUDIO**  
**HENRY SCHEIN DENTAL**  
10920 W LINCOLN AVE. WEST ALLIS, WI 53227  
henryscheinintegratedesign.com

**JEFFERSON COMMUNITY HEALTH**

PROJECT: HENRY SCHEIN REP: JAMES KINNEY  
CENTER: NEW ORLEANS, LA  
PHONE #: 225-772-0548

**-IMPORTANT NOTE-**  
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PROJECT NUMBER: 19-1538  
PROJECT START DATE: 12/31/18  
FINALS START DATE: 04/29/19  
DRAWN BY: ARCH  
FINALS BY: CAM  
CHECKED BY: TJH

REVISIONS:

06/04/19	GCC
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INT.SQ.FT.= PER ARCH  
SCALE: SEE DETAIL  
SHT. SIZE: 24 x 36  
**DENTAL EQUIP. DETAILS**

**SED.1**