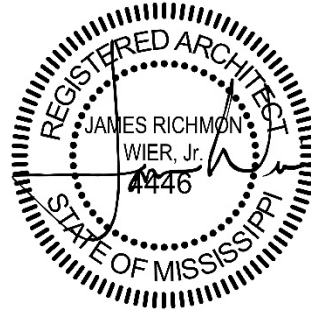


FEBRUARY 08, 2018

## BULLETIN NO. 03

### POSITIVE STEPS FERTILITY

149 Fountains Blvd.  
Madison, MS  
WBA Project No. 2217



#### NOTICE TO ALL DOCUMENT HOLDERS:

The following additions, deletions, changes and clarifications to the drawings and specifications are to be included as part of the Contract Documents.

The following revisions have been requested by the user. See enclosed revised drawings.

#### ARCHITECTURAL

**ITEM NO. 1      A6.0 Enlarged Plans**  
Revise per the enclosed sheets.

#### MECHANICAL

**ITEM NO. 2      P1.1 First Level Water, Gas, and Laboratory Gas Plan**  
**P3.0 Plumbing Details**  
Revise per the enclosed sheets.

#### ELECTRICAL

**ITEM NO. 3      E0.2 Electrical Details**  
**E2.0 Power Plan**  
Revise per the enclosed sheets.

#### NO MORE ITEMS

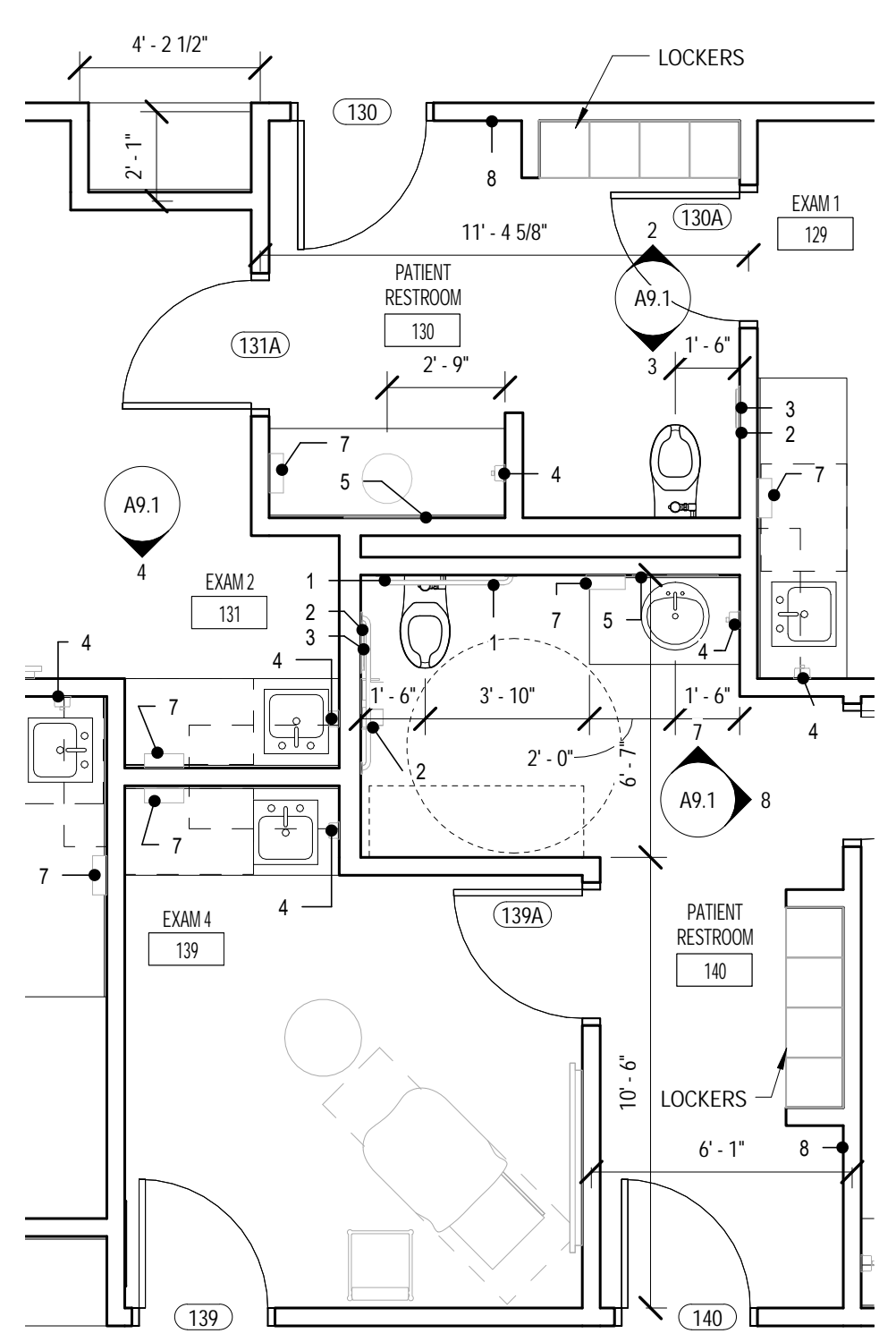
**Please provide a detailed proposal if this work requires an adjustment in the Contract Sum or Contract Time. Design services for this work constitute additional services and shall be invoiced to the owner.**

Encl: Revised Construction Documents Sheet A6.0, P1.1, P3.0, E0.2, & E2.0

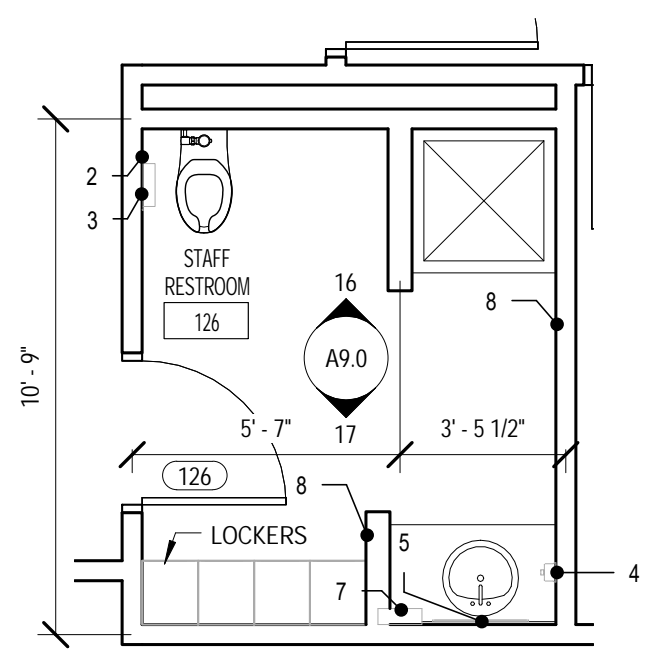
cc: Paula DeYoung  
Bobby Edens  
Jamie Wier  
Sully Clemmer  
Wade Thompson  
File 2217.D6/Bulletins

**POSITIVE STEPS  
FERTILITY, DR. J.  
PRESTON PARRY**

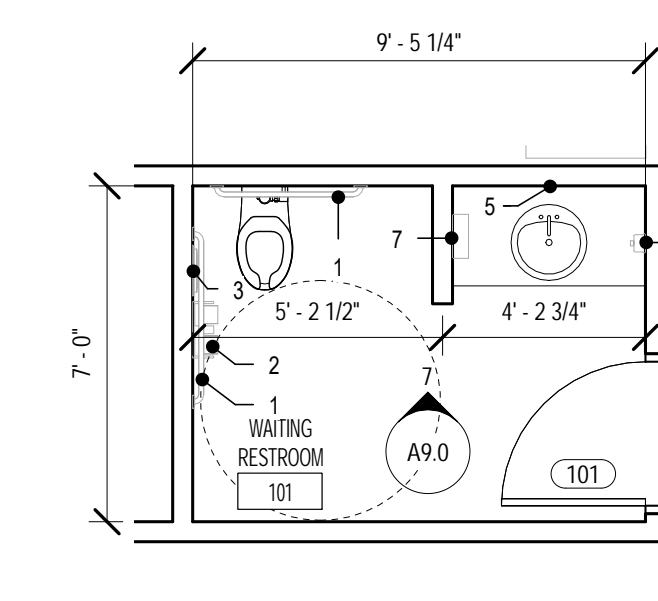
OWNER/DEVELOPER: DIANA  
FOUNTAINS, LLC  
OWNER CONSULTANT:  
EVERETT CONSULTING GROUP,  
LLC  
GENERAL CONTRACTOR:  
PROBITY CONTRACTING  
GROUP, LLC



1 PATIENT RESTROOM  
1/4" = 1'-0"



2 STAFF RESTROOM 126  
1/4" = 1'-0"



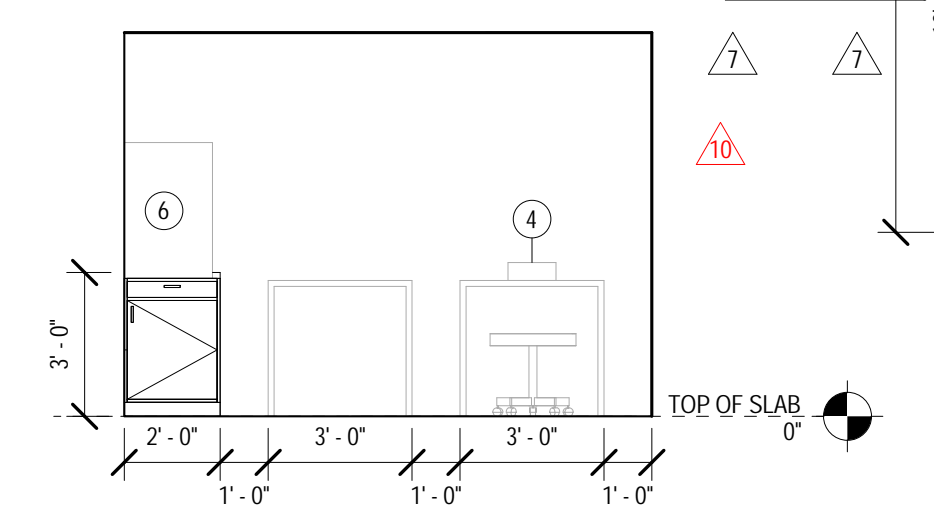
3 WAITING RESTROOM 101  
1/4" = 1'-0"

**TOILET ACCESSORY LEGEND**

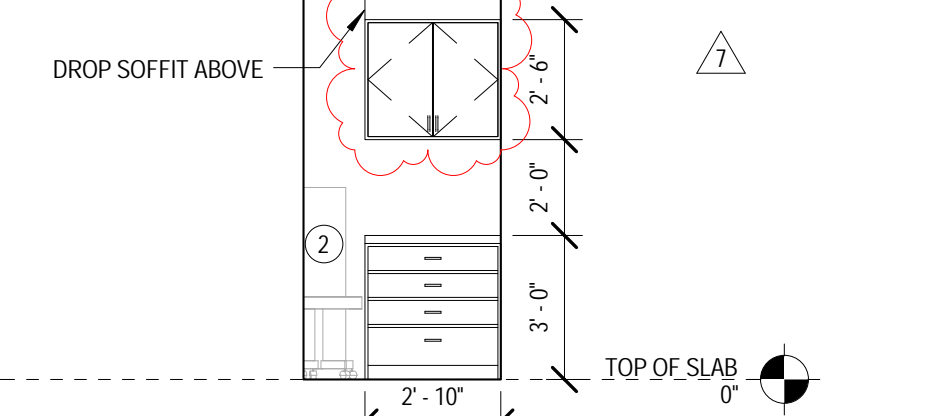
1. ADA GRAB BAR
2. TOILET TISSUE DISPENSER
3. SANITARY NAPKIN DISPOSAL
4. WALL-MOUNTED SOAP DISPENSER
5. MIRROR (VANITY)
6. FULL HEIGHT MIRROR
7. WALL-MOUNTED PAPER TOWEL DISPENSER
8. COAT HOOK

**GENERAL NOTES**

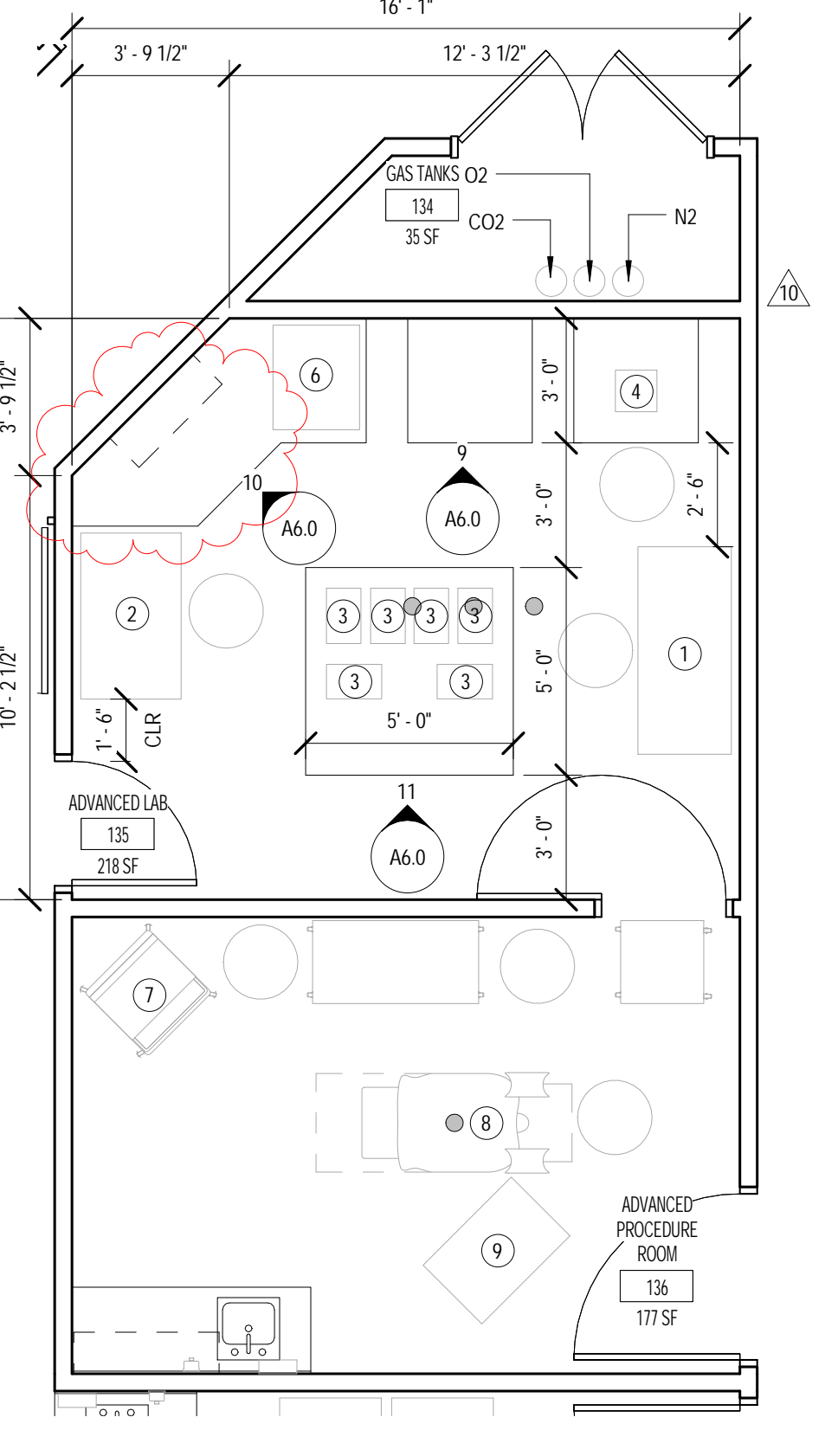
1. ALL KITCHEN & BREAKROOM EQUIPMENT & APPLIANCES ARE NOT IN CONTRACT, UNLESS NOTED OTHERWISE.



9 135 NORTH  
1/4" = 1'-0"



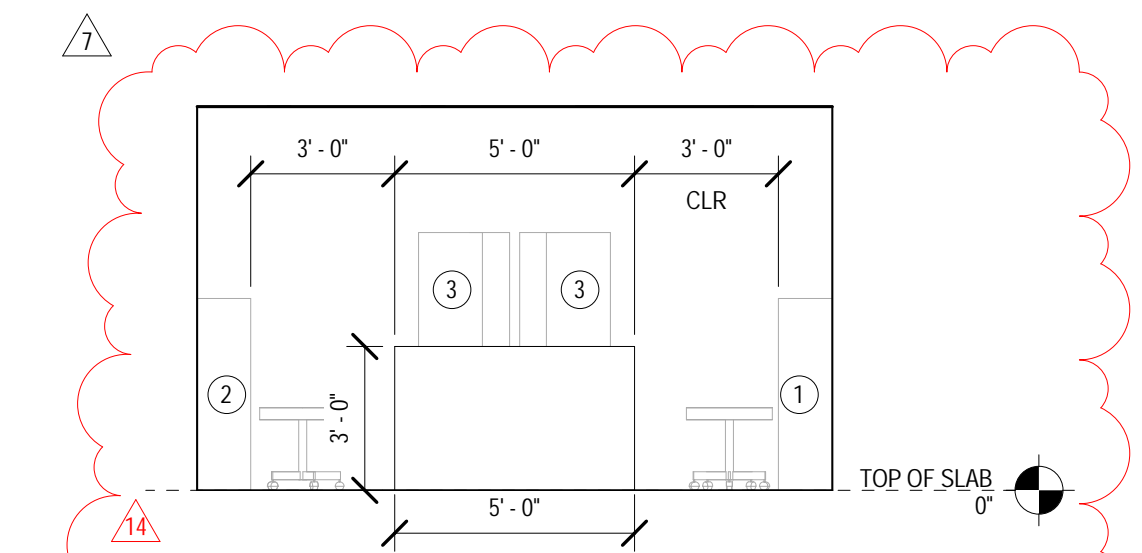
10 135 NORTHWEST  
1/4" = 1'-0"



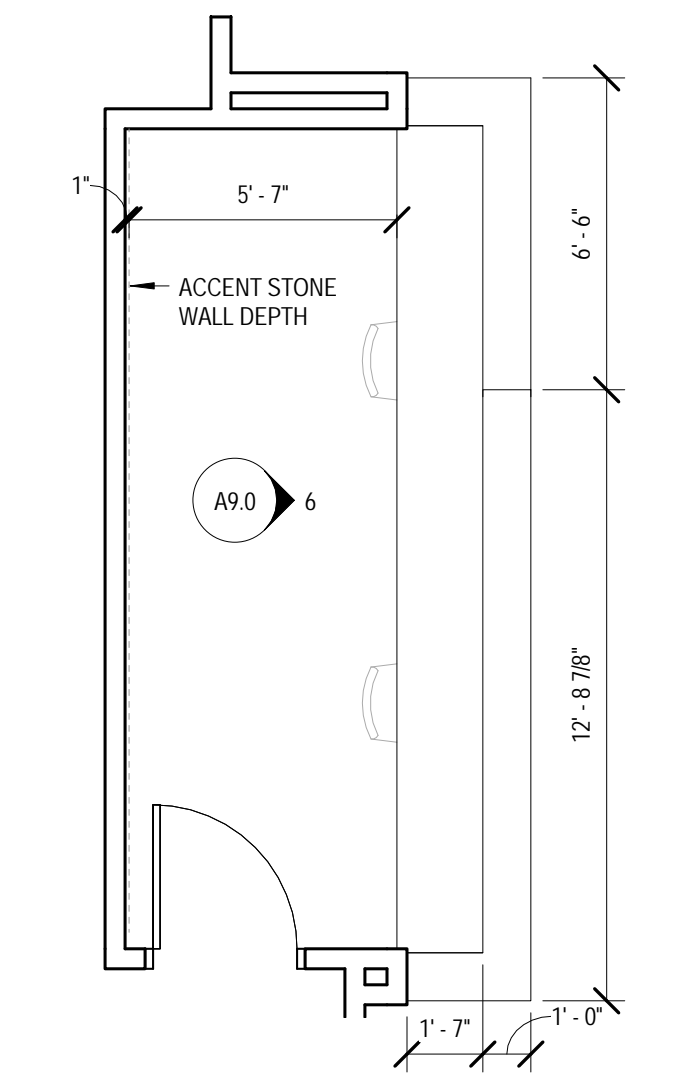
4 ENLARGED EQUIPMENT COORDINATION PLAN (N.I.C. FOR REFERENCE ONLY)  
1/4" = 1'-0"

**EQUIPMENT LEGEND**

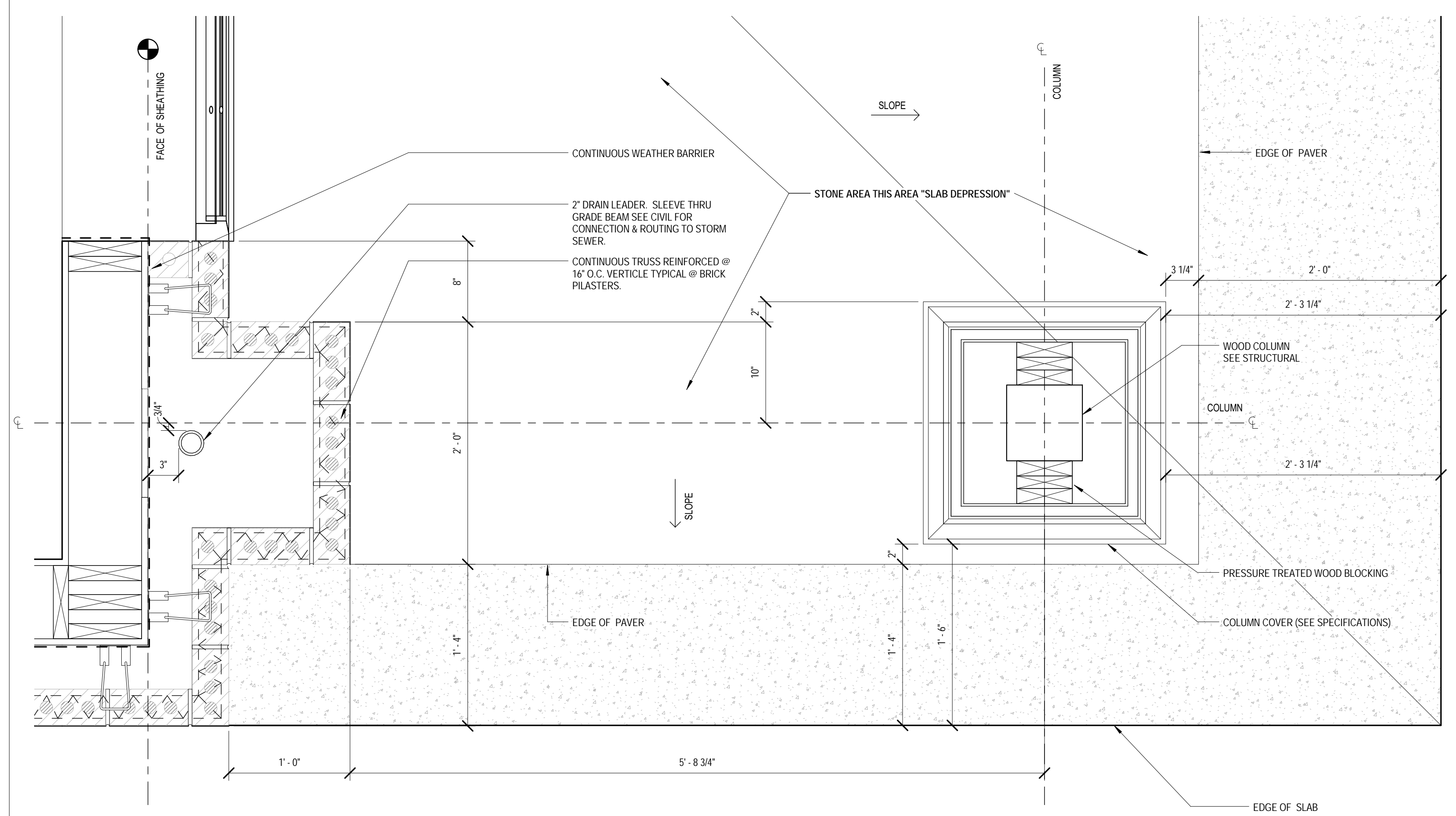
1. 5' IVF HOOD WORKSTATION
2. 4' IVF HOOD WORKSTATION
3. MISC BENCHTOP INCUBATOR
4. NIKON TABLETOP MICROSCOPE
5. OLYMPUS TABLETOP MICROSCOPE
6. FULL-SIZE INCUBATOR
7. ANESTHESIA MACHINE
8. PATIENT TABLE
9. ULTRASOUND



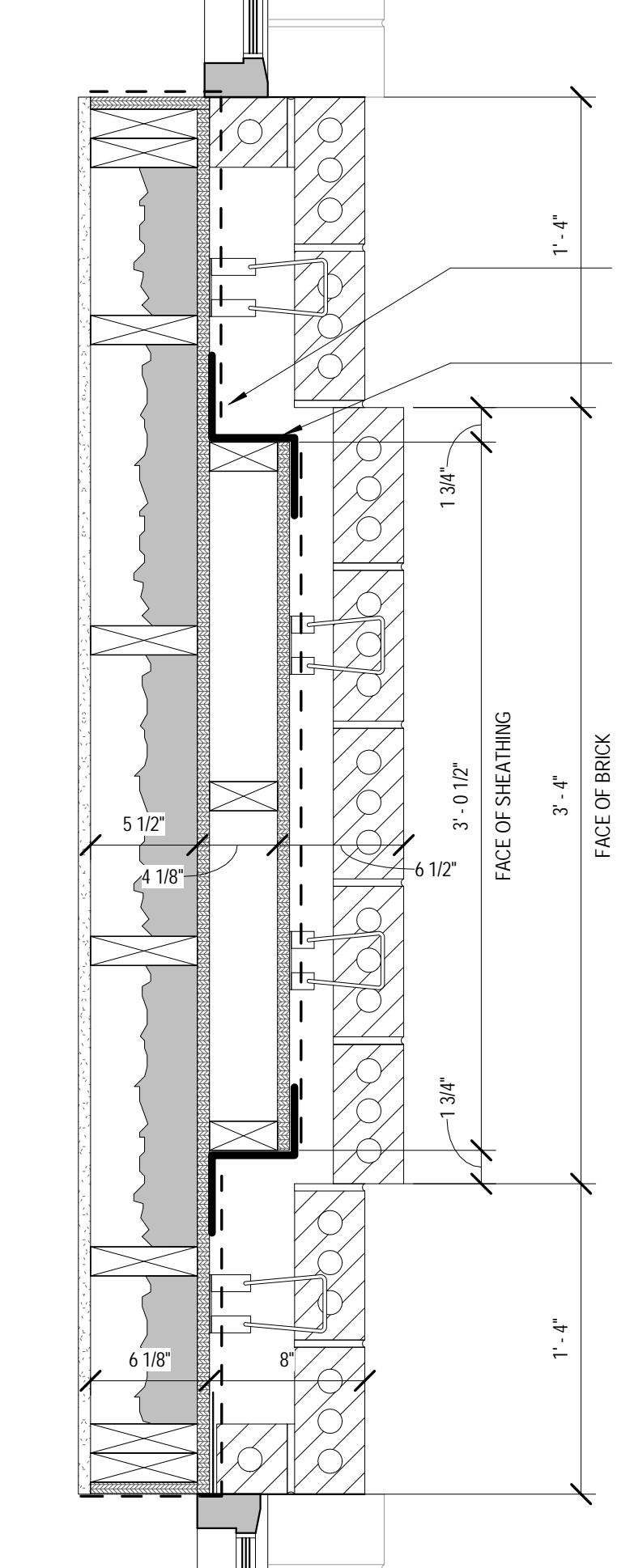
11 135 NORTH CENTER ISLAND (OWNER PROVIDED)  
1/4" = 1'-0"



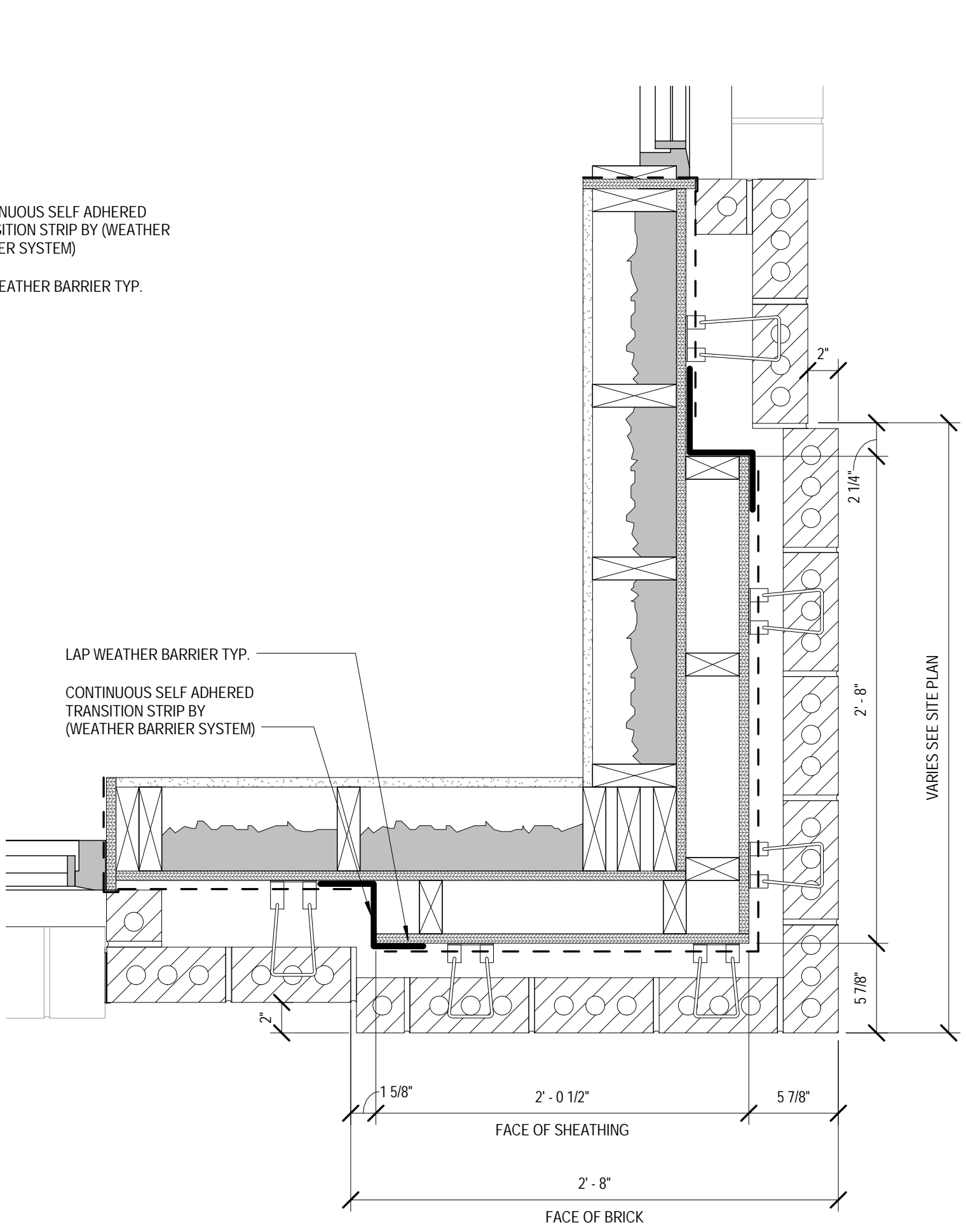
8 ENLARGED PLAN - RECEPTION DESK  
1/4" = 1'-0"



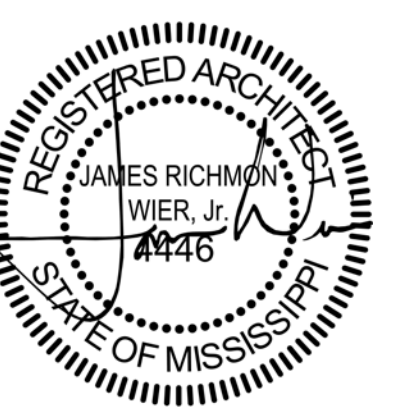
5 ENLARGED FRONT PORCH PILASTER  
1 1/2" = 1'-0"



6 TYPICAL EAST ELEVATION PILASTER  
1 1/2" = 1'-0"



7 TYPICAL CORNER PILASTER  
1 1/2" = 1'-0"



JANUARY 25, 2018  
CONSTRUCTION DOCUMENTS  
WBA #: 2217

**REVISIONS**

NO.	DESCRIPTION	DATE
6	PILASTER DETAILS	12.19.17
7	BULLETIN 02	1.02.18
10	BULLETIN 02 REV. 1	1.17.18
14	BULLETIN 3	02.01.18

**A6.0**  
ENLARGED PLANS

**FOUNTAINS  
DOCTOR'S OFFICE**

9.29.17  
FOUNTAINS BLVD.  
MADISON, MS 39110

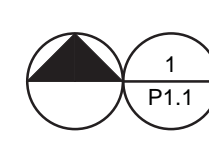
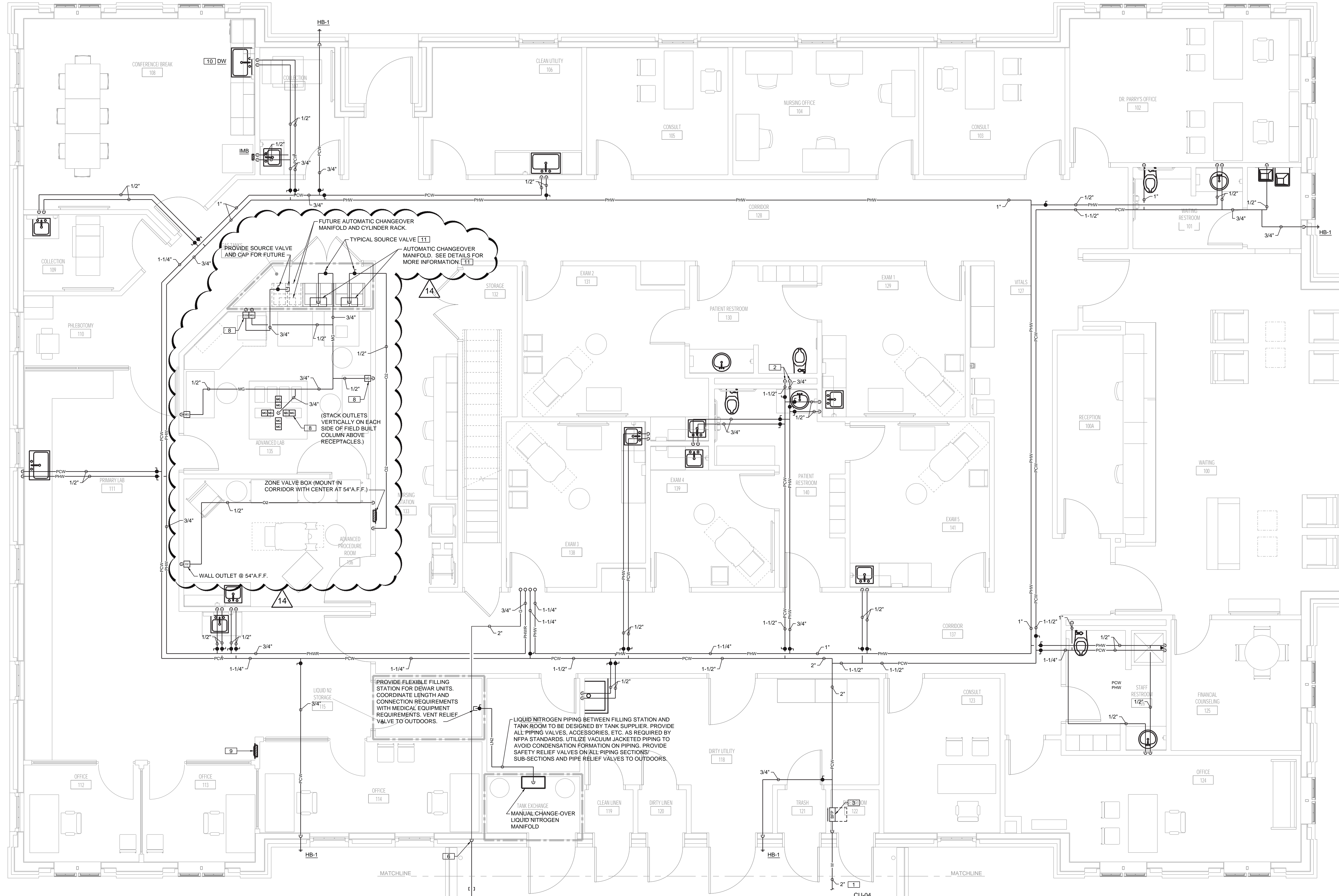
**SPECIFIC WATER, GAS AND LABORATORY GAS NOTES**

(SEE GENERAL PLUMBING NOTES FOR MORE INFORMATION)

1. TYPICAL SERVICE PIPING BELOW GRADE AT APPROXIMATELY THIS LOCATION. SEE CIVIL PLAN FOR CONTINUATION.
2. EXTEND NEW FULL SIZE WATER HEADER PIPING HORIZONTALLY IN PLUMBING CHASES WITH BRANCH PIPING TO SERVE INDIVIDUAL FIXTURES SIZED PER PLUMBING FIXTURE ROUGH-IN SCHEDULE AND INCLUDING WATER HAMMER ARRESTERS.
3. REDUCED PRESSURE BACKFLOW PREVENTER MOUNTED AT ±60" A.F.F. WITH DRAIN TO OUTDOORS TO SPLASH BLOCK. SEE DETAIL.
4. TYPICAL NEW GAS SERVICE PIPING ROUTED BELOW GRADE. VERIFY/COORDINATE WITH LOCAL SERVING UTILITY COMPANY. ALL COST AND COORDINATION SHALL BE BY THIS CONTRACTOR.
5. GAS METER/REGULATOR PROVIDED BY SERVING UTILITY COMPANY. COST AND

COORDINATION SHALL BE BY THIS CONTRACTOR. REGULATE 1700 CFH TO 2 PSI.

6. LOW PRESSURE GAS PIPING (SIZE AS INDICATED) ROUTED UP IN EXTERIOR WALL AT APPROXIMATELY THIS LOCATION.
7. GAS REGULATOR, CAPACITY AND PRESSURES AS INDICATED. SEE DETAIL FOR PIPING REQUIREMENTS.
8. TYPICAL MEDICAL GAS WALL OUTLET. SEE PLAN FOR TYPE. COORDINATE ROUGH-IN LOCATION AND CONNECTION TYPE REQUIREMENT WITH LABORATORY EQUIPMENT SUPPLIER.
9. LABORATORY GAS ALARM PANEL MOUNTED ON WALL AT ±54" A.F.F. VERIFY MOUNTING LOCATION WITH ARCHITECT.
10. CONNECT 1/2" HW FOR DISHWASHER TO SINK.
11. FINAL CONNECTIONS TO MANIFOLD PIPING SHALL BE VIA LOK-RING STYLE. THERE SHALL BE NOT BE ANY JOINTS MADE WITHOUT NITROGEN PURGE.



**FIRST LEVEL WATER, GAS AND LABORATORY GAS PLAN**

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



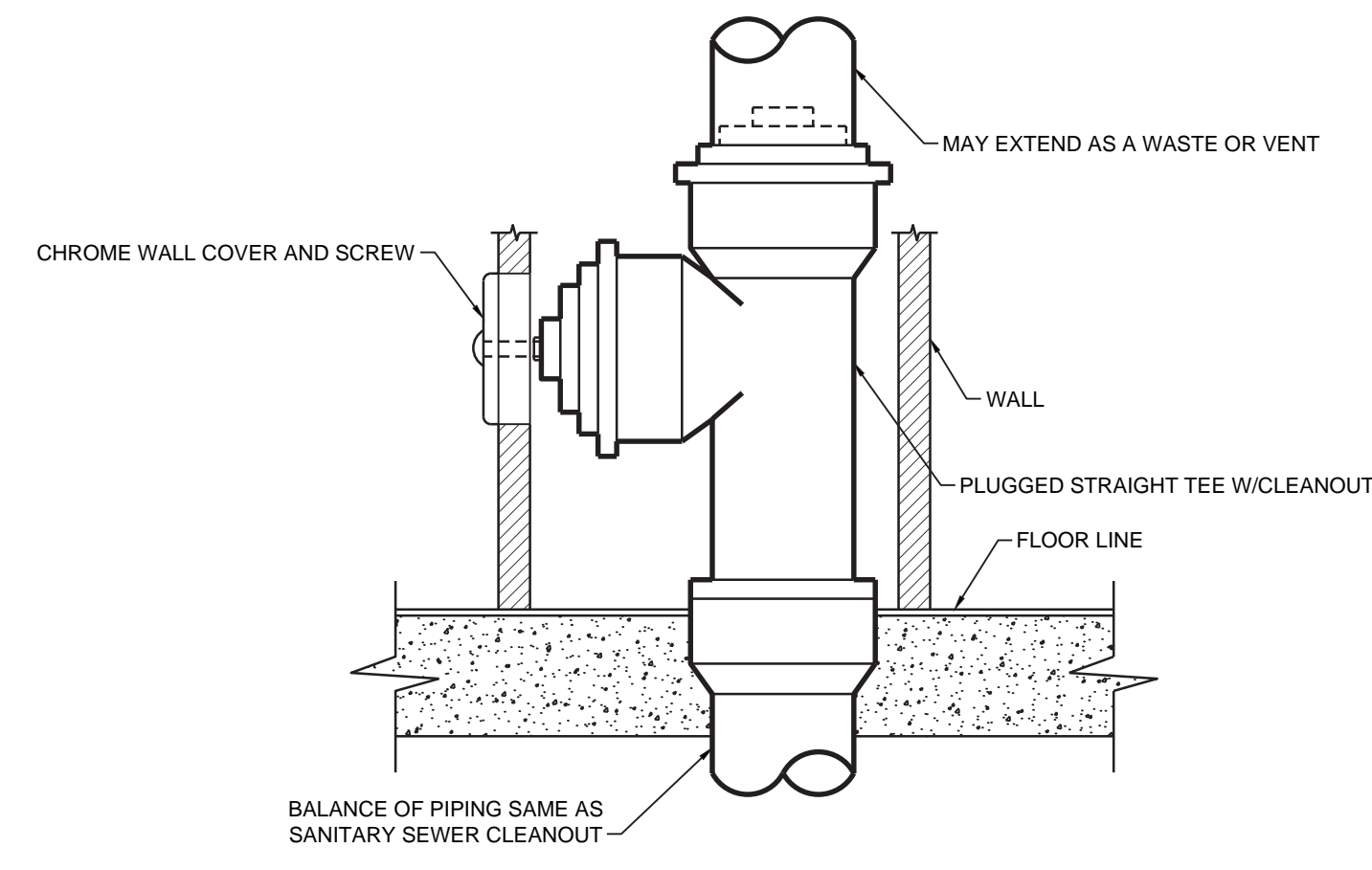
SEPTEMBER 29, 2017  
CONSTRUCTION DOCUMENTS  
WBA #: 2217

REVISIONS		
NO.	DESCRIPTION	DATE
7	BULLETIN 02	1.02.18
14	BULLETIN 03	2.01.18

**GSK**  
MECHANICAL  
201 PARK COURT - SUITE A  
RIDGELAND, MS 39157  
PHONE: 601-695-2930  
FAX: 1-844-493-3111  
www.gskmech.com  
GSK#: 116-002

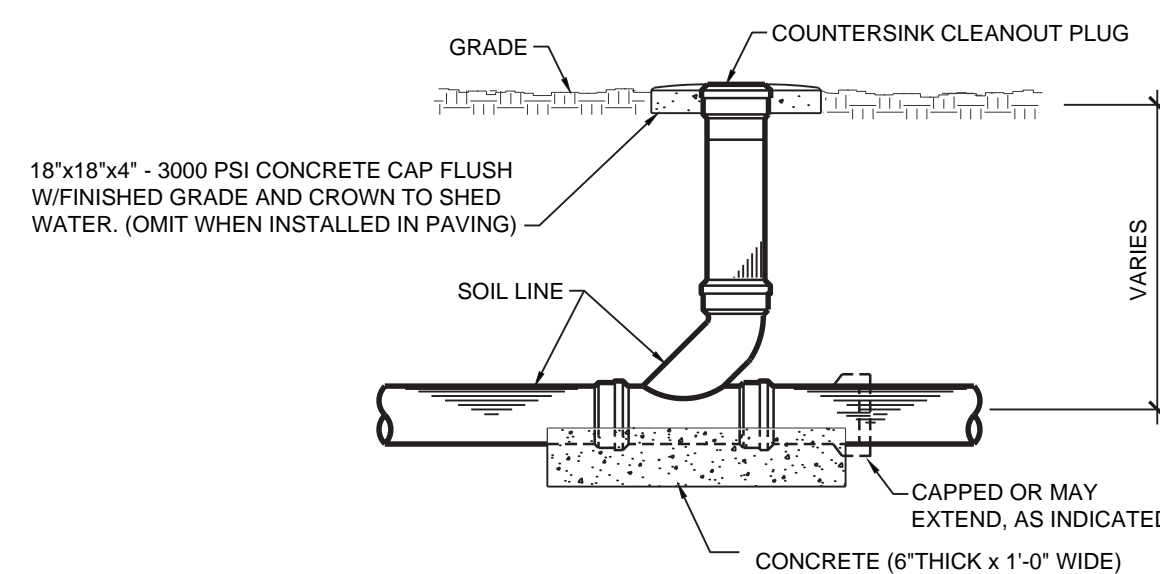
**P1.1**

FIRST LEVEL WATER, GAS AND  
LABORATORY GAS PLAN

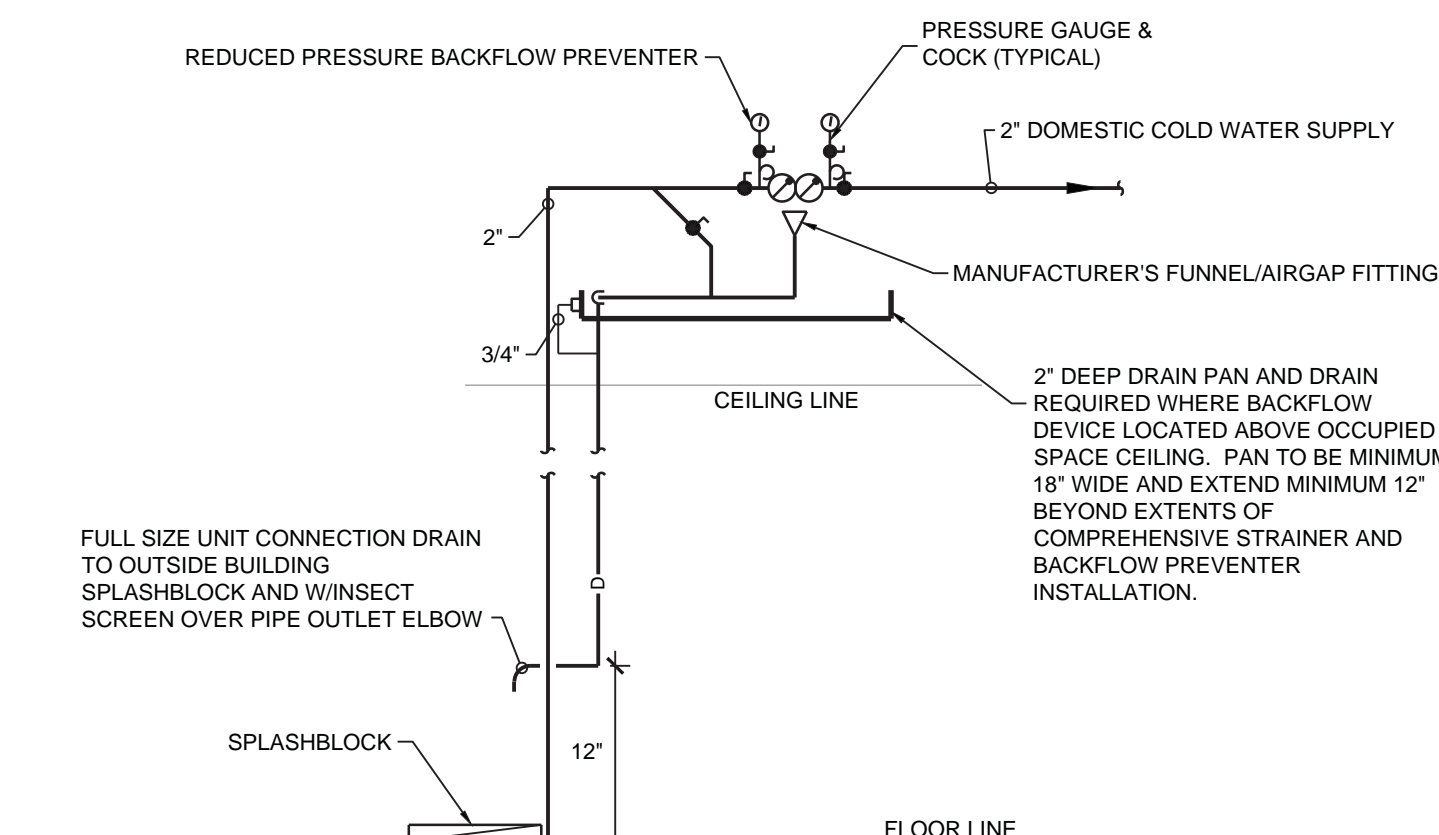


**WALL CLEANOUT DETAIL**  
N.T.S.

NOTE:  
EXAMPLE SHOWN IS CAST IRON; PVC/DWV EXAMPLE SIMILAR.

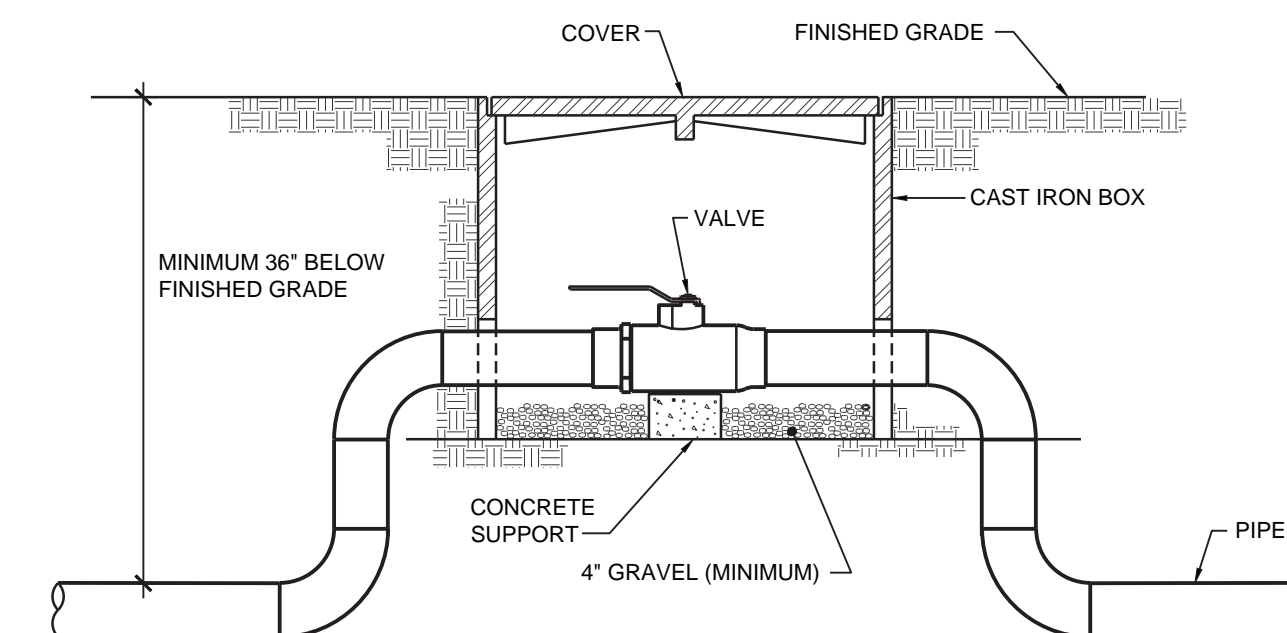


**ONE-WAY FLUSH GRADE CLEANOUT DETAIL**  
N.T.S.



**REDUCED PRESSURE BACKFLOW PREVENTER**  
N.T.S.

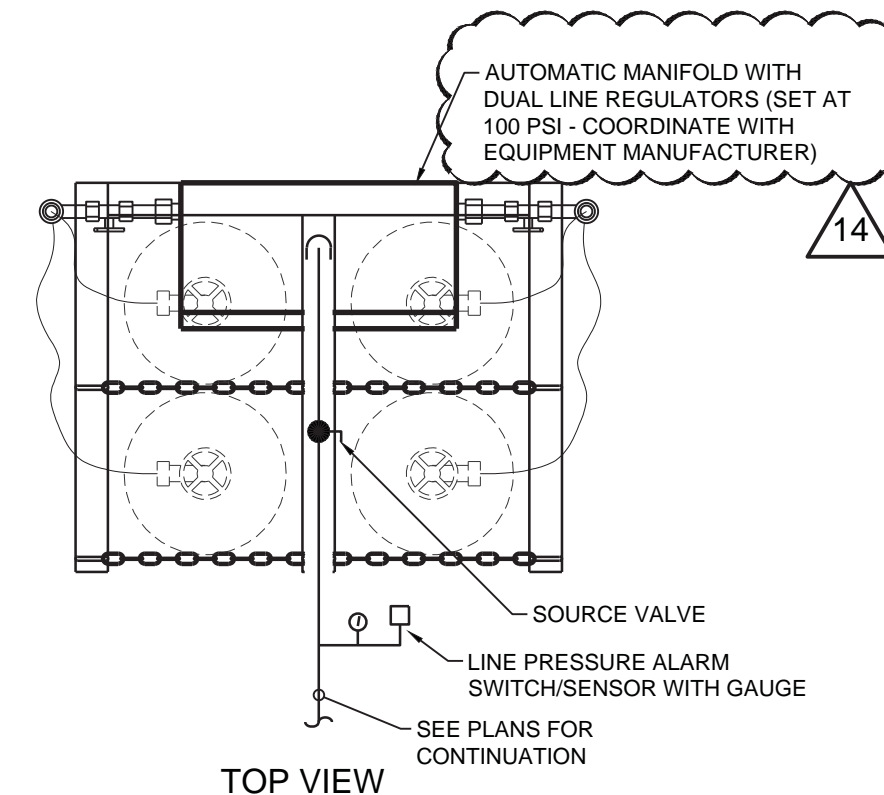
NOTE:  
INSULATED WATER PIPING AND DRAIN PIPING CONCEALED IN WALL.



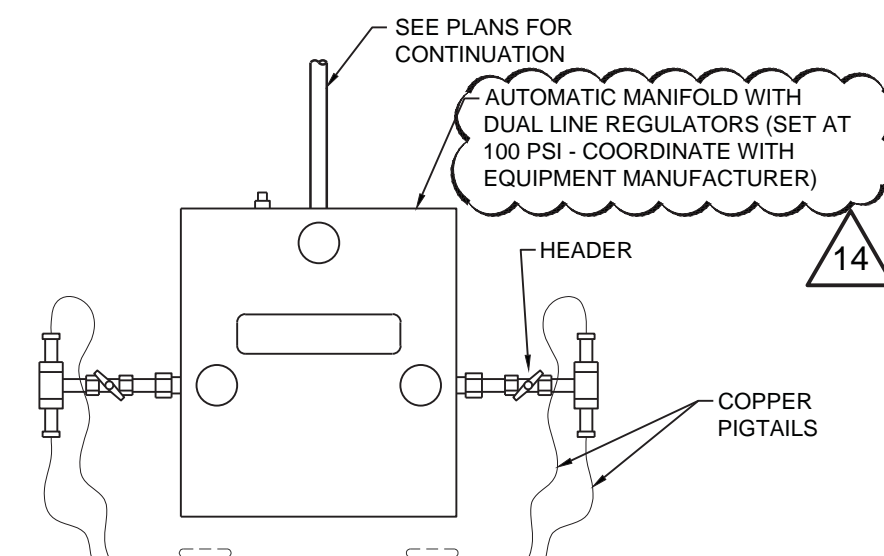
**TYPICAL VALVE BOX DETAIL**  
N.T.S.

TO BE PROVIDED IN FUTURE

**CARBON DIOXIDE MANIFOLD DETAIL**  
N.T.S.

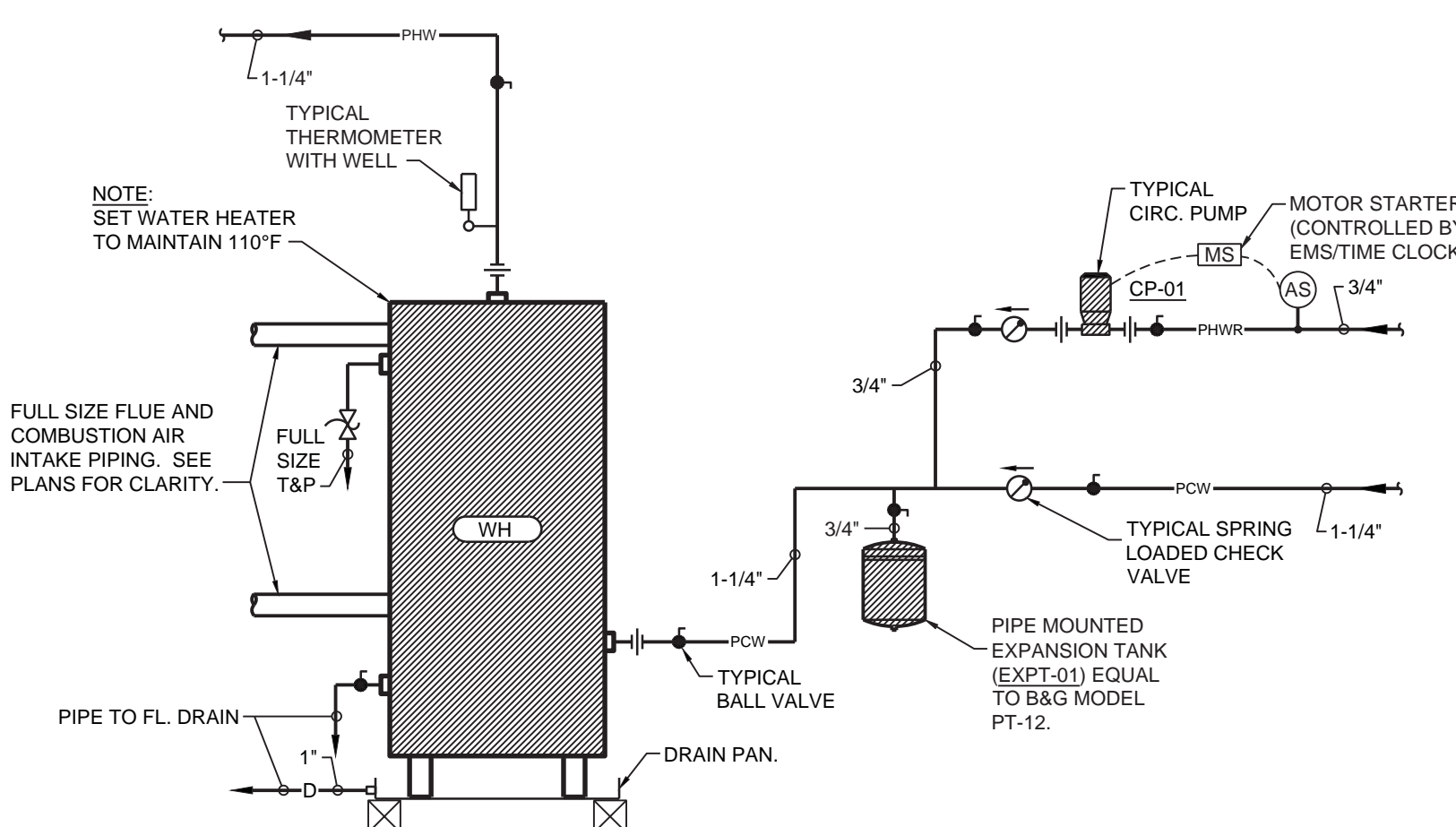


**TOP VIEW**

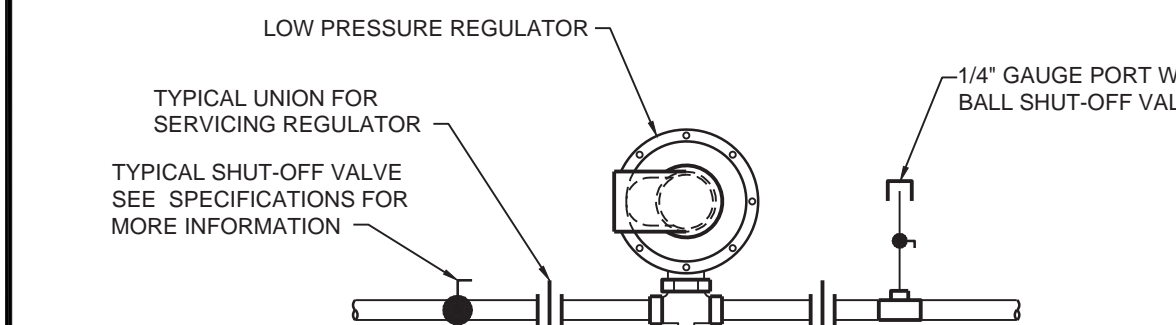


**FRONT VIEW**

**MIXED GAS MANIFOLD DETAIL (89%NIT, 6%CO2, 5% OXY)**  
N.T.S.

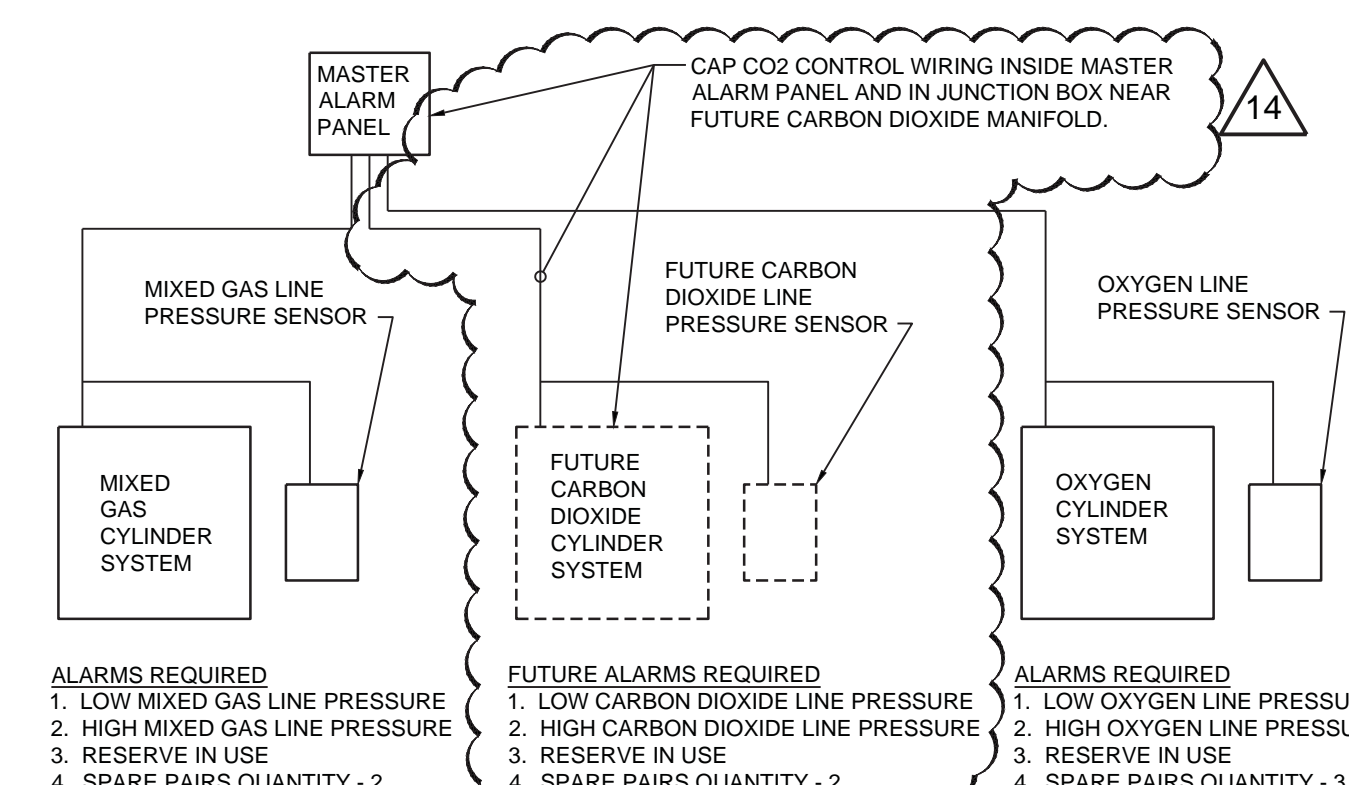


**WATER HEATER (WH-01) DETAIL**  
N.T.S.



**GAS REGULATOR DETAIL**  
N.T.S.

NOTES:  
1. PROVIDE VENT TO OUTDOORS FOR ALL REGULATORS LOCATED INSIDE BUILDING.  
2. SEE PLANS FOR PIPE SIZES.  
3. SEE REGULATOR SCHEDULE FOR INLET PRESSURE, OUTLET PRESSURE AND MBH (CFH) REQUIREMENTS.

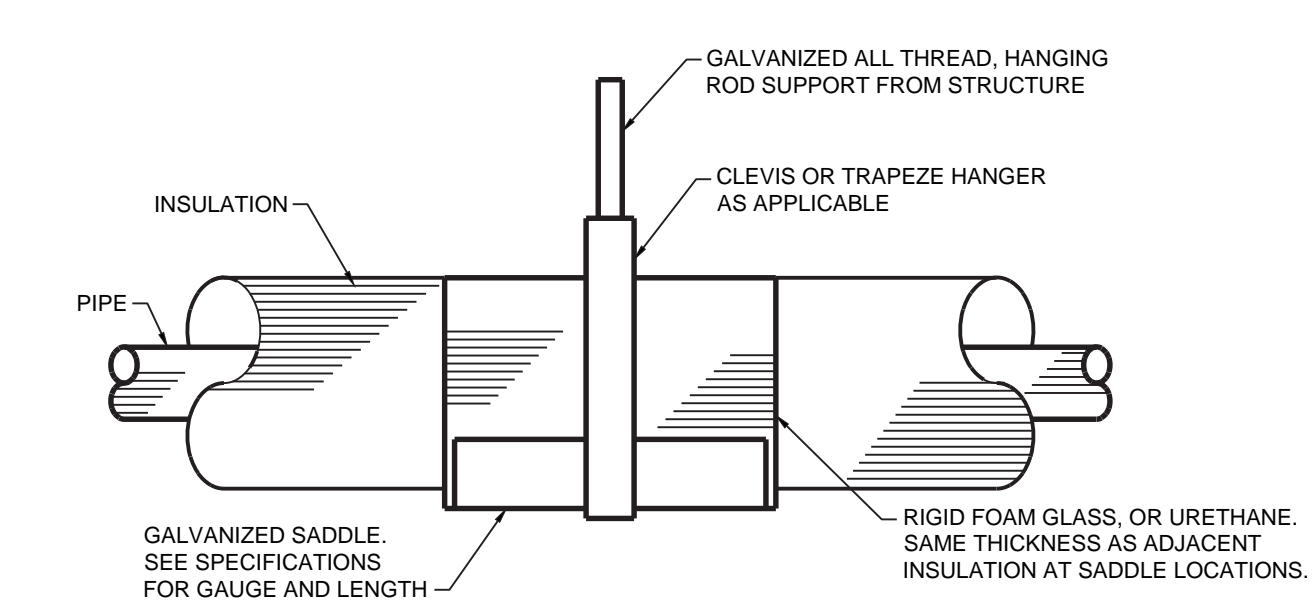


**LABORATORY GAS ALARM WIRING SCHEMATIC**  
N.T.S.

ALARMS REQUIRED  
1. LOW MIXED GAS LINE PRESSURE  
2. HIGH MIXED GAS LINE PRESSURE  
3. RESERVE IN USE  
4. SPARE PAIRS QUANTITY - 2

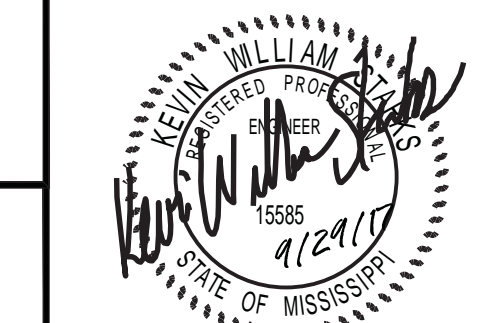
FUTURE ALARMS REQUIRED  
1. LOW CARBON DIOXIDE LINE PRESSURE  
2. HIGH CARBON DIOXIDE LINE PRESSURE  
3. RESERVE IN USE  
4. SPARE PAIRS QUANTITY - 2

ALARMS REQUIRED  
1. LOW OXYGEN LINE PRESSURE  
2. HIGH OXYGEN LINE PRESSURE  
3. RESERVE IN USE  
4. SPARE PAIRS QUANTITY - 3



**HORIZONTAL PIPE INSULATION AND HANGING DETAIL**  
N.T.S.

NOTE: UNINSULATED GAS PIPING SIMILAR



SEPTEMBER 29, 2017  
CONSTRUCTION DOCUMENTS  
WBA #: 2217

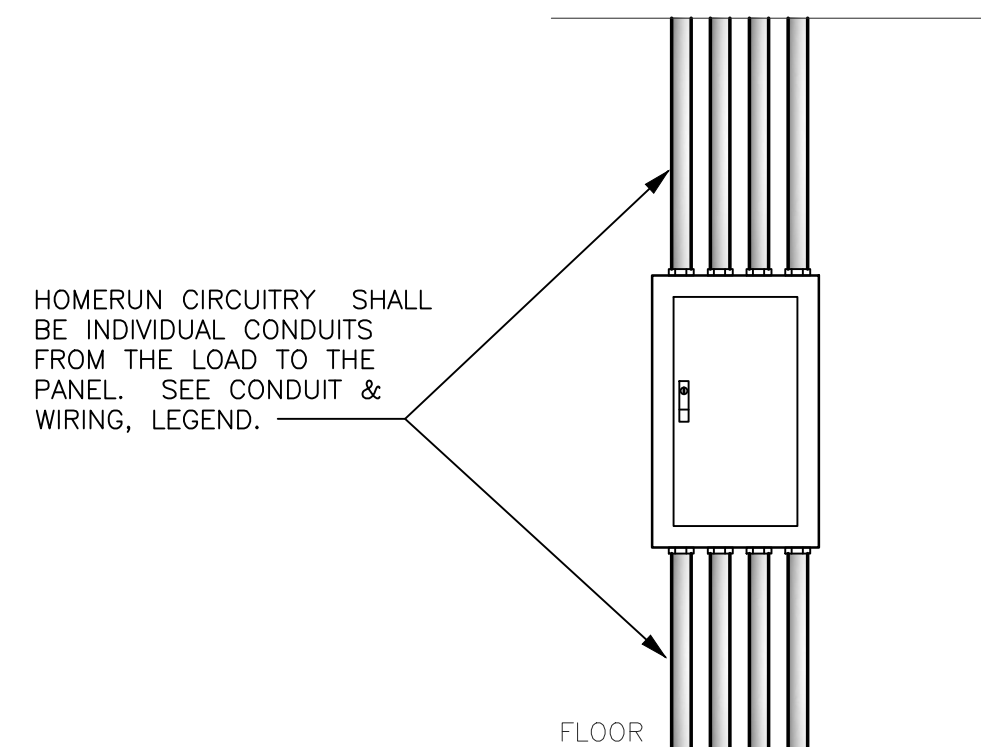
REVISIONS		
NO.	DESCRIPTION	DATE
7	BULLETIN 02	1.02.18
14	BULLETIN 03	2.01.18

**GSK MECHANICAL**  
201 PARK COURT - SUITE A  
RIDGELAND, MS 39157  
PHONE: 601-695-2930  
FAX: 1-844-493-3111  
www.gskmech.com  
GSK#: 116-002

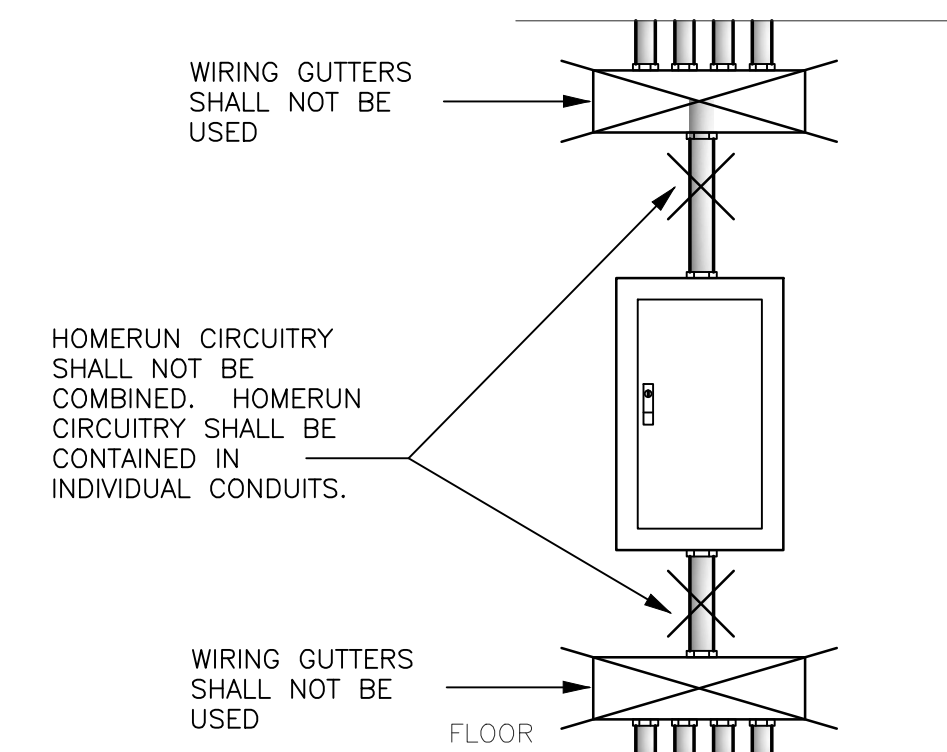
PANEL		LOCATION: ELECTRICAL ROOM 116		LUG LOCATION: MAIN BUS MOUNTING:		BOTTOM FEED MAIN LUGS ONLY SURFACE		UL LISTED FOR SERVICE ENTRANCE			
MDP		VOLT: 208Y/120V, 3Ø, 4W BUS: 400A						PANELBOARD AIC RATING (A): 22,000			
CIRCUIT NO.	BREAKER	AMPS	POLES	DESCRIPTION	PHASE LOAD (KVA)			DESCRIPTION	BREAKER		CIRCUIT NO.
					A	B	C		AMPS	POLES	
1	125	3		PANEL "MA"	9.7	13.1		PANEL "LA"	225	3	2
3	-	-		-			9.5	15.7	-	-	4
5	-	-		-			8.5	15.6	-	-	6
7	200	3		PANEL "EP"	17.8	9.9			225	3	8
9	-	-		-			17.3	9.7	-	-	10
11	-	-		-					-	-	12
13	200	3		SPARE	0.0	0.0		13.5	10.6	-	14
15	-	-		-			0.0	0.0	-	-	16
17	-	-		-			0.0	0.0	-	-	18
<b>TOTAL</b>					50.5	52.2		48.1			

PANEL		LOCATION: ELECTRICAL ROOM 116		LUG LOCATION: MAIN BUS MOUNTING:		BOTTOM FEED MAIN LUGS ONLY RECESSED		NEMA 3R ENCLOSURE			
MA		VOLT: 208Y/120V, 3Ø, 4W BUS: 125A						PANELBOARD AIC RATING (A): 10,000			
CIRCUIT NO.	BREAKER	AMPS	POLES	DESCRIPTION	PHASE LOAD (KVA)			DESCRIPTION	BREAKER		CIRCUIT NO.
					A	B	C		AMPS	POLES	
1	50	2		CU-1	2.7	2.7		CU-5	50	2	2
3	-	-		-			2.7	2.7	-	-	4
5	40	2		CU-2					40	2	6
7	-	-		-	2.2	2.2		2.2	2.2	-	8
9	50	2		CU-3				2.7	1.5	-	10
11	-	-		-				2.7	1.5	-	12
13	40	2		SPARE	0.0	0.0				-	14
15	-	-		-			0.0	0.0	-	-	16
17	50	2		SPARE					40	2	18
19	-	-		-	0.0	0.0			-	-	20
21	30	2		SPARE					30	2	22
23	-	-		-			0.0	0.0	-	-	24
<b>TOTAL</b>					9.7	9.5		8.5			

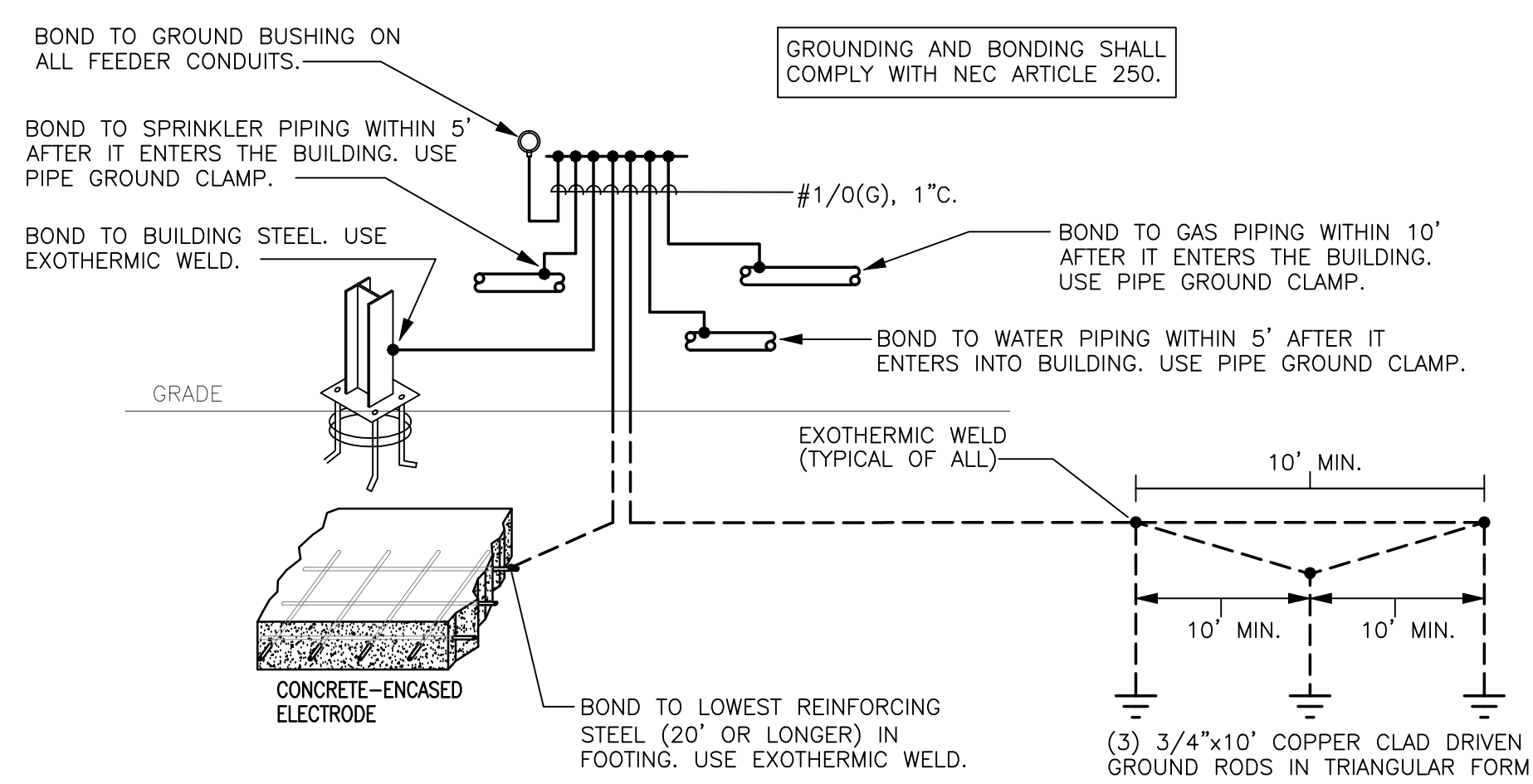
PANEL		LOCATION: ELECTRICAL ROOM 116		LUG LOCATION: MAIN BUS MOUNTING:		BOTTOM FEED MAIN LUGS ONLY SURFACE		PANELBOARD AIC RATING (A): 10,000				
LA		VOLT: 208Y/120V, 3Ø, 4W BUS: 225A										
CIRCUIT NO.	BREAKER	AMPS	POLES	DESCRIPTION	PHASE LOAD (KVA)			DESCRIPTION	BREAKER		CIRCUIT NO.	
					A	B	C		AMPS	POLES		
1	20	1		LTS. (ELEC. OFFICE, STD. DIRTY UTILITY, CONSULT)	1.1	0.2		REC. (CONFERENCE/BREAK)	20	1	2	
3	20	1		LTS. (CORR. VITALS, PHLEBOTOMY)			1.1	0.8	20	1	4	
5	20	1		LTS. (WAITING, RECP. RR. OFFICE, CONSULT)			0.8	0.7	20	1	6	
7	20	1		LTS. (OFFICE, CONSULT)	0.7	0.4			20	1	8	
9	20	1		LTS. (EXAM RMS, RR.)			1.4	0.4	20	1	10	
11	20	1		REC. (WAITING - COFFEE MAKER)				1.0	0.4	20	1	12
13	20	1		REC. (ELEC. DIRTY UTILITY, CORR)	1.4	0.2			20	1	14	
15	20	1		REC. (OFFICE)			1.1	0.2	20	1	16	
17	20	1		REC. (OFFICE)				1.4	1.1	20	1	18
19	20	1		REC. (DIRTY UTILITY)	0.5	0.7			20	1	20	
21	20	1		REC. (CONSULT)			0.7	0.7	20	1	22	
23	20	1		REC. (STAFF RR. FINANCIAL COUNSELING)			1.1	0.9	20	1	24	
25	20	1		REC. (RECEPTION)	1.1	0.2			20	1	26	
27	20	1		REC. (WAITING)			0.9	0.2	20	1	28	
29	20	1		REC.				0.2	0.2	20	1	30
31	20	1		REC.	0.2	0.2			20	1	32	
33	20	1		REC. (DR. PERRY'S OFFICE)			1.3	0.9	20	1	34	
35	20	1		REC. (DR. PERRY'S OFFICE)				1.4	0.9	20	1	36
37	20	1		REC. (NURSING OFFICE)	1.0	0.4			20	1	38	
39	20	1		REC. (NURSING OFFICE)			0.7	0.4	20	1	40	
41	20	1		REC. (NURSING OFFICE)			0.7	0.9	20	1	42	
43	20	1		REC. (CONSULT)	1.4	2.5			20	1	44	
45	20	1		REC. (OFFICE, CORR)			1.1	2.5	20	1	46	
47	20	1		REC. (CLEAN UTILITY)			1.1	0.8	20	1	48	
49	20	1		REC. (COLLECTION CONF./BREAK, CORR.)	0.7	0.2			20	1	50	
51	20	1		REC. (CONFERENCE/BREAK - DISHWASHER)			1.4	0.2	20	1	52	
53	20	1		REC. (CONFERENCE/BREAK)			0.4	1.7	25	1	54	
<b>TOTAL</b>					13.1	15.7		15.6				



- NOTES:
- HOMERUN CONDUITS SHALL BE SIZE 3/4" OR LARGER.
  - CONDUITS SHALL BE LIMITED TO THREE CURRENT CARRYING CONDUCTORS



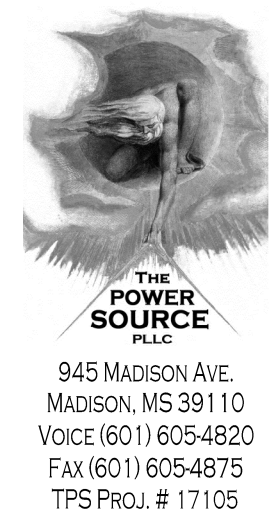
**1 HOMERUN DETAIL**  
Scale: NONE



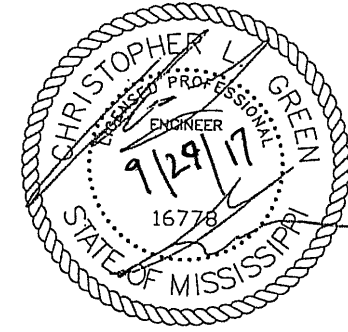
**2 GROUNDING DETAIL**  
Scale: NONE

PANEL		LOCATION: ELECTRICAL ROOM 116		LUG LOCATION: MAIN BUS MOUNTING:		BOTTOM FEED MAIN LUGS ONLY SURFACE		PANELBOARD AIC RATING (A): 10,000					
LB		VOLT: 208Y/120V, 3Ø, 4W BUS: 225A											
CIRCUIT NO.	BREAKER	AMPS	POLES	DESCRIPTION	PHASE LOAD (KVA)			DESCRIPTION	BREAKER		CIRCUIT NO.		
					A	B	C		AMPS	POLES			
1	20	1		MECHANICAL MEZZANINE - WH-01	1.0	0.8		LTS. (PARKING LOT)	20	1	2		
3	15	1		MECHANICAL MEZZANINE - CP-01		0.5	0.1	LTS. (EXTERIOR)	20	1	4		
5	20	1		DISPOSAL (BREAK ROOM)			1.7	0.4	REC. (ADVANCED LAB)	20	1	6	
7	15	1		EF-07	0.7	0.4			REC. (ADVANCED LAB)	20	1	8	
9	20	2		EW-01		1.5	1.1		REC. (WAITING, EXTERIOR)	20	1	10	
11	-	-		-			1.4	1.4	REC. (OFFICE)	20	1	12	
13	20	2		DCU-01 & DSS-01	1.0	1.4			REC. (OFFICE)	20	1	14	
15	-	-		-			1.0	0.0	SPARE	20	1	16	
17	20	1		PROVISIONS FOR UV LIGHT ON AHU-01				0.1	0.0	SPARE	20	1	18
19	30	1		F/E-01	1.9	0.0			SPARE	20	1	20	
21	25	1		F/E-02			1.7	0.0	SPARE	20	1	22	
23	30	1		F/E-03				1.9	0.0	SPARE	20	1	24
25	20	1		F/E-04	1.2	0.0			SPARE	20	1	26	
27	30	1		F/E-05				1.9	0.0	SPARE	20	1	28
29	25	1		F/E-06				1.7	0.0	SPARE	20	1	30
31	20	1		DH-01	1.0	0.0			SPARE	20	1	32	
33	20	1		DH-02			1.0	0.0	SPARE	20	1	34	
35	20	1		DH-03				1.0	0.0	SPARE	20	1	36
37	20	1		DH-04	0.6	0.0			SPARE	20	1	38	
39	20	1		DH-05			1.0	0.0	SPARE	20	1	40	
41	20	1		DH-06				1.0	0.0	SPARE	20	1	42
43	20	1		SPARE	0.0	0.0			SPARE	20	1	44	
45	20	1		SPARE			0.0	0.0	SPARE	20	1	46	
47	20	1		SPARE				0.0	0.0	SPARE	20	1	48
49	20	1		SPARE	0.0	0.0			SPARE	20	1	50	
51	20	1		SPARE			0.0	0.0	SPARE	20	1	52	
53	20	1		SPARE				0.0	0.0	SPARE	20	1	54
<b>TOTAL</b>					9.9	9.7		10.6					

PANEL		LOCATION: ELECTRICAL ROOM 116		LUG LOCATION: MAIN BUS MOUNTING:		BOTTOM FEED MAIN LUGS ONLY W/FEE THRU LUGS		PANELBOARD AIC RATING (A): 10,000					
EP - SEC. 1		VOLT: 208Y/120V, 3Ø, 4W BUS: 200A											
CIRCUIT NO.	BREAKER	AMPS	POLES	DESCRIPTION	PHASE LOAD (KVA)			DESCRIPTION	BREAKER		CIRCUIT NO.		
					A	B	C		AMPS	POLES			
1	20	1		MEDICAL GAS ALARM PANEL	0.3	0.3		FACTP	20	1	2		
3	20	3		AHU-1			1.9	0.3	CONTACTOR "C1"	20	1	4	
5	-	-		-				1.9	1.7	LTS. (PRIMARY LAB)	20	1	6
7	-	-		-			1.9	1.2	LTS. (ADVANCED LAB)	20	1	8	
9	20	2		FH-01			1.5	0.1	EF-05	15	1	10	
11	-	-		-				1.5	0.7	EF-06	15	1	12
13	20	1		MEDICAL GAS ALARM PANEL	0.5	0.8			REC. (PRIMARY LAB - REF)	20	1	14	
15	20	1		REC. (GAS TANKS)			0.2	0.9	LTS. (ADVANCED PROCEDURE)	20	1	16	
17	25	2		CU-07b				1.4	0.4	REC. (LIQUID N2 STOR.)	20	1	18
19	-	-		-			1.4	0.5	PATIENT TABLE (PROCEDURE)	20	1	20	
21	20	1		REC. (LIQUID N2 STOR.)			0.4	0.5	NIKON MICROSCOPE (ADVANCED LAB)	20	1	22	
23	20	1		PROVISIONS FOR UV LIGHT ON AHU-01				0.5	0.5	OLYMPUS MICROSCOPE (ADVANCED LAB)	20	1	24
25	20	1		REC. (PRIMARY LAB)	0.4	0.5			FULL SIZE INCUBATOR (ADVANCED LAB)	20	1	26	
27	20	1		REC. (PRIMARY LAB)			0.4	0.5	6" WORK STATION (ADVANCED LAB)	20	1	28	
29	20	1		REC. (PRIMARY LAB)				0.4	0.5	4" WORK STATION (ADVANCED LAB)	20	1	30
31	20	1		REC. (PRIMARY LAB)	0.4	0.5			4" WORK STATION (ADVANCED LAB)	20	1	32	
33	20	1		REC. (PRIMARY LAB)			0.4	0.5	MINC BENCHTOP INCUBATOR (ADVANCED LAB)	20	1	34	
35	20	1		REC. FLOOR BOX (PRIMARY LAB)				0.7	0.5	MINC BENCHTOP INCUBATOR (ADVANCED LAB)	20	1	36
37	20	1		REC. (PRIMARY LAB)	0.5	0.5			MINC BENCHTOP INCUBATOR (ADVANCED LAB)	20	1	38	
39	20	1		REC. (PROCEDURE)			0.5	1.4					



945 MADISON AVE.  
MADISON, MS 39110  
VOICE (601) 605-4820  
FAX (601) 605-4875  
TPS PROJ. # 17105



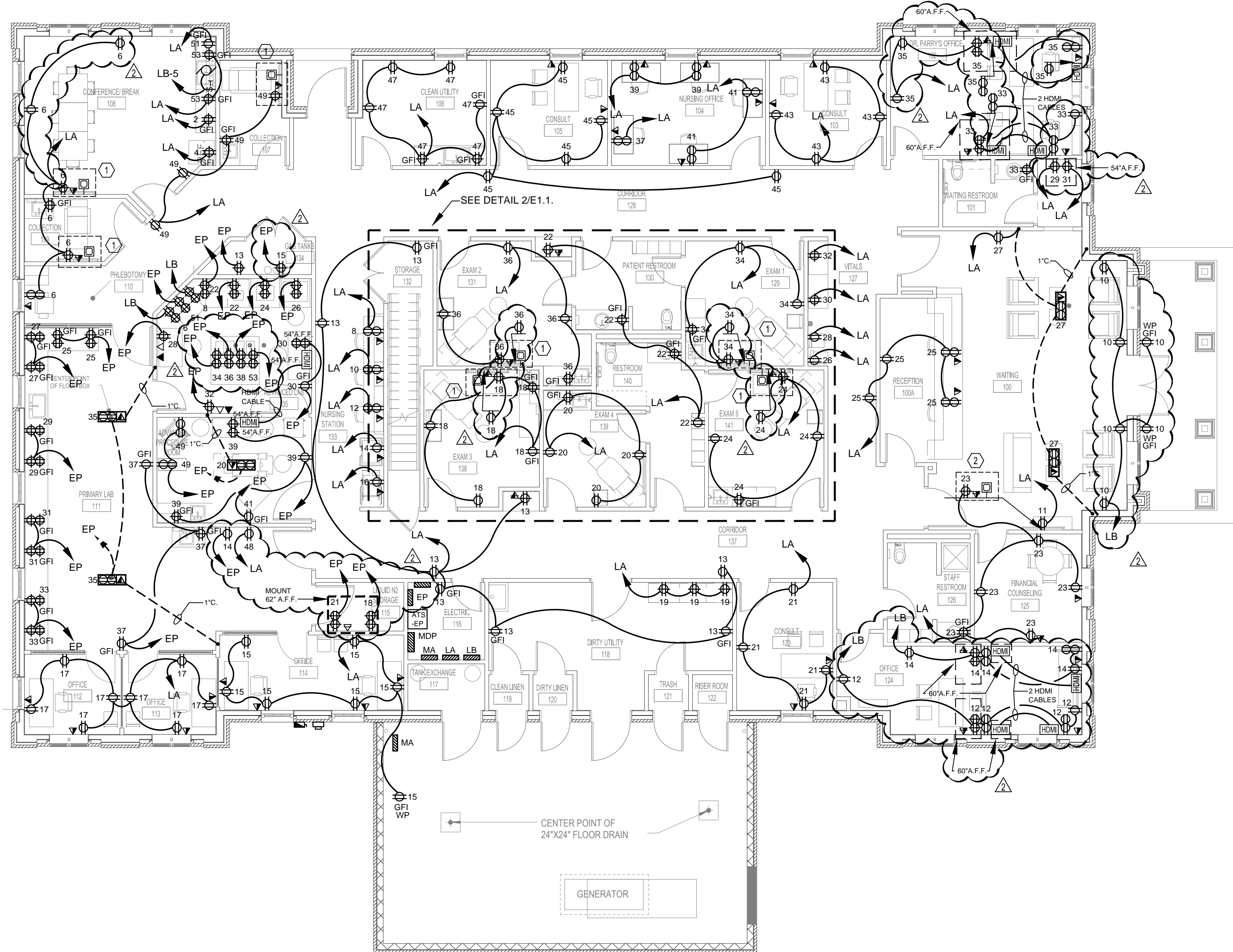
**FOUNTAINS**  
**DOCTOR'S OFFICE**

**GENERAL CONTRACTOR:**  
**PROBITY**

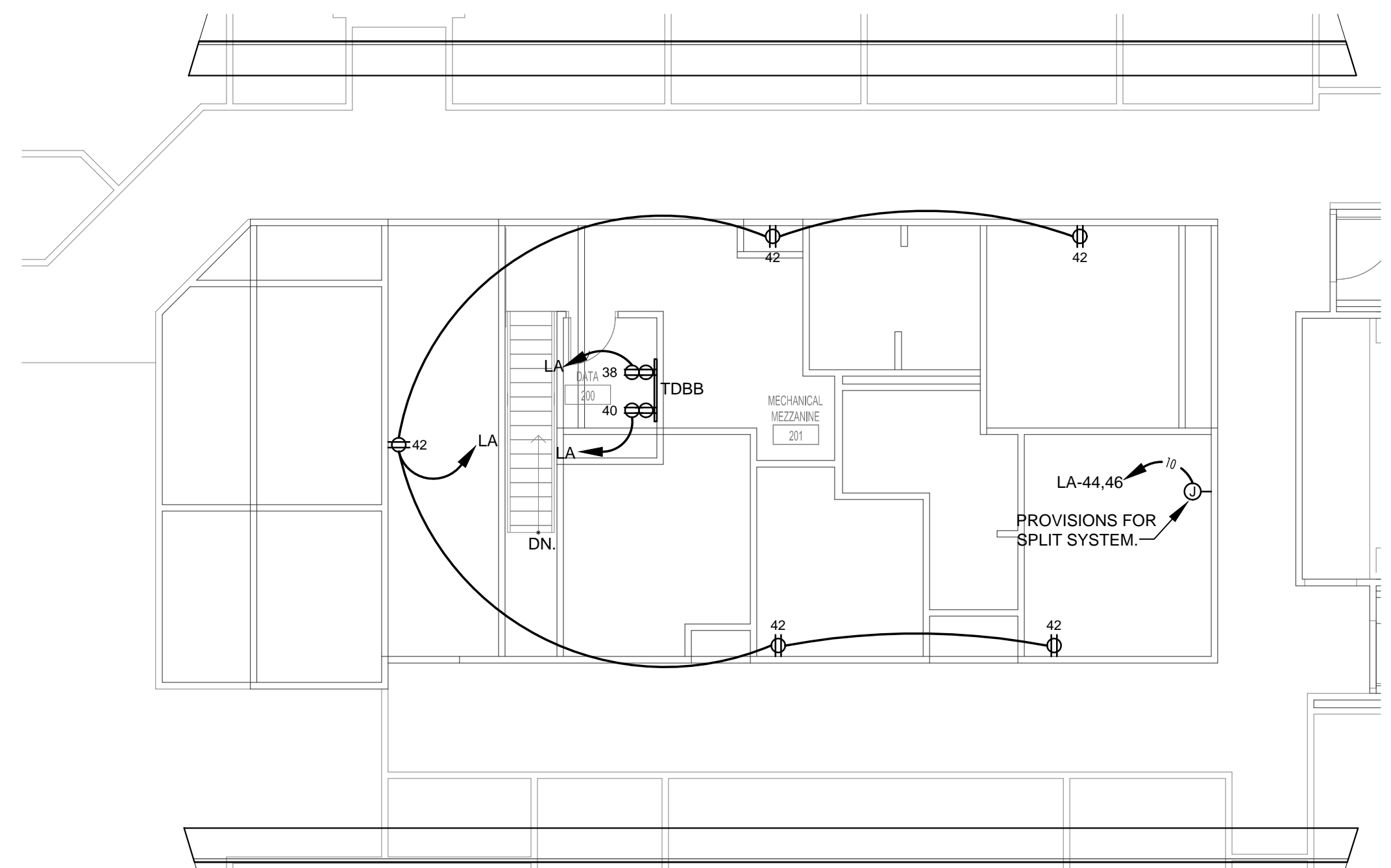
FOUNTAINS BLVD.  
MADISON, MS 39110

GENERAL NOTES	
Mark	Description
A.	INDIVIDUAL UPS FOR LAB EQUIPMENT PROVIDED BY OTHERS.

KEYED NOTES	
Mark	Description
①	VERIFY MOUNTING WITH ARCHITECT PRIOR TO ROUGH-IN.
②	MOUNT 60" A.F.F.



① **POWER PLAN**  
E2.0 Scale: 1/8" = 1'-0"



② **POWER PLAN - MEZZANINE**  
E2.0 Scale: 1/8" = 1'-0"

SEPTEMBER 29, 2017  
CONSTRUCTION DOCUMENTS  
WBA #: 2217

REVISIONS		
NO.	DESCRIPTION	DATE
△	BULLETIN #2	01-02-18
△	BULLETIN #3	02-02-18