

BM 360 / 209-Majestic Dental-752026-209-Majestic Dental-752026.rvt

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Sheet Number	Sheet Name
DA001	GENERAL NOTES
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DB110	LVL 1 DENTAL UTILITIES IN FLOOR
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DX110	DETAILS
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ABBREVIATION LEGEND

AFF	ABOVE FINISHED FLOOR
DR	SUPPLIED BY DOCTOR
EC	ELECTRICAL CONTRACTOR
ER	EXISTING RELOCATED
EX	EXISTING
FT	FUTURE
GC	GENERAL CONTRACTOR
MTD	MOUNTED
NC	NO CHANGE
NIC	NOT INCLUDED
NIS	NOT IN SCOPE
NW	NEW
PC	PLUMBING CONTRACTOR
PD	PATTERSON DENTAL
TYP	TYPICAL
VFY	VERIFY
VIF	VERIFY IN FIELD

PATTERSON DENTAL:

PATTERSON DENTAL'S RESPONSIBILITIES WILL INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

- PATTERSON DENTAL WILL PROVIDE A SET OF DENTAL SPECIFIC SHOP DRAWINGS TO AID THE CONTRACTOR AND/OR ARCHITECT OF THE OWNER'S CHOOSING IN THE CONSTRUCTION OF THE OWNER'S DENTAL OFFICE. THESE DRAWINGS WILL PROVIDE CRITICAL DENTAL LOCATIONS OF ALL DENTAL EQUIPMENT. WRITTEN DIMENSIONS WILL TAKE PRECEDENCE OVER SCALED DIMENSIONS.
- PATTERSON DENTAL WILL ASSUME NO RESPONSIBILITY FOR DEVIATIONS FROM THE DENTAL DRAWINGS AND SPECIFICATIONS WITHOUT PRIOR WRITTEN ENDORSEMENT.
- PATTERSON DENTAL'S REPRESENTATIVES WILL PROVIDE ASSISTANCE AS NEEDED TO THE CONTRACTOR AND/OR ARCHITECT WITH PROPER ADVANCE NOTICE.
- A PRE-CONSTRUCTION MEETING BETWEEN PATTERSON DENTAL'S REPRESENTATIVES AND THE CONTRACTOR, ARCHITECT, AND SUB-CONTRACTORS TO INCLUDE MECHANICAL, PLUMBING, AND ELECTRICAL IS REQUIRED. DENTAL SPECIFIC TEMPLATES AND SPECIFIC CONSTRUCTION REQUIREMENTS WILL BE PROVIDED DURING THIS MEETING.
- PATTERSON DENTAL'S REPRESENTATIVES WILL MAKE PERIODIC VISITS TO THE JOB SITE AT CRITICAL POINTS IN THE CONSTRUCTION PROCESS. **THE CONTRACTOR IS REQUIRED TO INFORM PATTERSON WHEN INSPECTIONS OF PLUMBING, WIRING, AND BACKING IN THE WALLS CAN BE PERFORMED PRIOR TO BACKFILLING TRENCHES, POURING OF THE SLAB, SEALING PARTITIONS AND INSTALLING CEILINGS.**
- PATTERSON DENTAL'S REPRESENTATIVES WILL COORDINATE WITH THE CONTRACTOR TO INSTALL THE DENTAL EQUIPMENT AS LAID OUT IN THE INSTALLATION GUIDELINES AT A DATE AGREED UPON BY THE CONTRACTOR AND PATTERSON. A FINAL INSPECTION PRIOR TO THE INSTALLATION OF THE DENTAL EQUIPMENT WILL BE PERFORMED TO ENSURE THAT ALL PLUMBING, ELECTRICAL AND MECHANICAL CONSTRUCTION IS COMPLETE. ALL FLOORING, PAINTING AND CEILING WORK MUST BE COMPLETED PRIOR TO EQUIPMENT INSTALLATION.
- THE CONTRACTOR AND SUB-CONTRACTORS ARE TO PROVIDE FINAL HOOK UP TO ALL DENTAL EQUIPMENT AS SET FORTH THE INSTALLATION GUIDELINES.

BUILDING CONTRACTOR:

- THE BUILDING CONTRACTOR WHO HAS ENTERED INTO A CONSTRUCTION CONTRACT WITH THE OWNER IS RESPONSIBLE FOR ALL WORK DEFINED BY THAT CONTRACT. IF THE PROJECT IS LET UNDER SEPARATE CONTRACTS TO MORE THAN ONE CONTRACTOR, THE RESPONSIBILITIES LISTED BELOW APPLY TO EACH CONTRACTOR.
- THE CONTRACTOR IS RESPONSIBLE FOR THE COMPLETION OF THE PROJECT IN THE TRUE INTENT OF THE DRAWINGS AND SPECIFICATIONS. THE CONTRACTOR IS TO FURNISH ALL MATERIALS AND LABOR REQUIRED TO COMPLETE THE PROJECT, THAT IS NOT SPECIFICALLY PROVIDED BY PATTERSON DENTAL, WHETHER OR NOT EACH AND EVERY ITEM IS SPECIFICALLY MENTIONED.
- THE CONTRACTOR SHALL ADVISE THE OWNER OF ANY CONFLICT BETWEEN THESE DRAWINGS AND THE FIELD CONDITIONS BEFORE PROCEEDING WITH THE JOB. THE CONTRACTOR SHALL ASSUME ALL RESPONSIBILITY FOR THE ACCURACY OF FIELD MEASUREMENTS AND CONDITIONS AND SHALL BE RESPONSIBLE FOR THE PROPER MODIFICATIONS TO ANY EXISTING WORK, PREVIOUSLY INSTALLED WORK, AND/OR OTHER TRADES. WRITTEN APPROVAL MUST BE OBTAINED FROM THE PATTERSON EQUIPMENT SPECIALIST ASSIGNED TO THE PROJECT BEFORE ANY CHANGES AND/OR DEVIATIONS FROM THE DRAWINGS AND SPECIFICATIONS ARE MADE. THE CONTRACTOR SHALL ASSUME FULL RESPONSIBILITY FOR THE EXECUTION OF HIS/HER WORK AND FOR ANY CHANGES AND/OR DEVIATIONS FROM THE DRAWINGS OR SPECIFICATIONS MADE WITHOUT PRIOR WRITTEN APPROVAL FROM THE OWNER AND/OR THE PATTERSON EQUIPMENT SPECIALIST. ANY COSTS RESULTING FROM CHANGES AND/OR DEVIATIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR.
- A COMPLETE SET OF DRAWINGS MUST BE KEPT AT THE JOB SITE AT ALL TIMES AND ANY CHANGES MUST BE NOTED THEREON AND INITIALED AT THE TIME THE CHANGE OR DEVIATION IS PERFORMED.
- THE GENERAL CONTRACTOR SHALL DO ALL PATCHING TO CONFORM TO MATERIAL, TEXTURE AND SURFACE ALIGNMENT WITH THE ADJOINING SURFACE AND FINAL TOUCH UP/APPEARANCE OF ALL FINISHED SURFACES. THE CONTRACTOR SHALL ENSURE THE PROTECTION OF ALL EQUIPMENT FURNISHED UNDER HIS/HER CONTRACT AND BY OTHERS PRESENT AT THE JOB SITE.
- THE CONTRACTOR SHALL REMOVE DEBRIS AND MAINTAIN THE PREMISES BROOM CLEAN AT ALL TIMES. DEBRIS IS TO INCLUDE, BUT NOT LIMITED TO SHIPPING CARTONS, BOXES, ETC., RESULTING FROM THE INSTALLATION OF DENTAL AND OTHER EQUIPMENT BY CONTRACTORS CONCURRENTLY ENGAGED.
- THE CONTRACTOR SHALL PARTICIPATE AT ALL JOB COORDINATION MEETINGS WITH PATTERSON DENTAL AND ENSURE THE ATTENDANCE OF APPLICABLE TRADES.
- THE CONTRACTOR IS REQUIRED TO INFORM PATTERSON DENTAL REPRESENTATIVES OF KEY EVENTS IN THE CONSTRUCTION PROCESS WITH REASONABLE ADVANCE NOTICE, TO FACILITATE THE INSPECTION OF SAID EVENTS, I.E. BACKFILLING TRENCHES, CLOSING WALLS, POURING CONCRETE TO BURY PLUMBING AND ELECTRICAL WORK IN FLOORS AND INSTALLING CEILING TILES.
- THE CONTRACTOR SHALL AFFORD THE OWNER AND SEPARATE CONTRACTORS REASONABLE OPPORTUNITY FOR THE INTRODUCTION AND/OR STORAGE OF THEIR MATERIALS AND EQUIPMENT AND EXECUTION OF THEIR WORK.

GENERAL NOTES:

- THE ITEMS LISTED HERE IN THE GENERAL NOTES ARE INTENDED TO CLARIFY OVERALL GENERAL CONDITIONS FOR A SMOOTH TRANSITION BETWEEN ALL SUB-CONTRACTORS, THE GENERAL CONTRACTOR, EQUIPMENT INSTALLERS, PATTERSON DENTAL AND THE OWNER FOR FINAL APPROVAL OF ALL WORK PERFORMED BY THE RESPECTIVE TRADES. THROUGHOUT THESE PLANS ARE VARIOUS DETAILS, REQUIREMENTS AND SPECIFICATIONS TO AID IN THIS PROCESS. IT IS THE RESPONSIBILITY OF EACH TRADE, CONTRACTOR AND THE OWNER TO READ ALL NOTES AND ILLUSTRATIONS THAT PERTAIN TO THEIR SPECIFIC TASK IN THE PROCESS.
- MOST OF THE DENTAL UTILITY AND SPECIFICATION REQUIREMENTS ARE OUTLINED IN THE TEMPLATES AND DOCUMENTATION THAT PATTERSON WILL PROVIDE TO THE CONTRACTOR. QUESTIONS WILL ARISE ON THE JOB SITE AND MOST CAN BE ANSWERED BY TELEPHONE. THE CONTRACTOR WILL BE PROVIDED CONTACT NUMBERS FOR PATTERSON DENTAL REPRESENTATIVES TO FACILITATE TIMELY ANSWERS TO THOSE QUESTIONS. IN SOME CASES IT WILL BE NECESSARY FOR THE PATTERSON REPRESENTATIVE TO BE PRESENT AT THE JOB SITE TO ANSWER QUESTIONS OR SPOT LOCATIONS FOR DENTAL SPECIFIC ITEMS. IN THESE CASES AN APPOINTMENT WILL BE REQUIRED WITH REASONABLE ADEQUATE NOTIFICATION.
- IF A JOB SITE APPOINTMENT IS REQUIRED, ALL TRADES SHOULD BE NOTIFIED OF THE APPOINTMENT SO THE OPTION OF BEING PRESENT WITH ANY QUESTIONS CONCERNING THEIR PORTION OF THE JOB CAN BE ADMINISTERED AT THAT APPOINTMENT. THE PATTERSON DENTAL REPRESENTATIVE SHOULD BE INFORMED AS TO THE MAGNITUDE OF THE APPOINTMENT PRIOR TO ARRIVAL ON THE JOB SITE IN ORDER TO ALLOW ENOUGH TIME IN THE APPOINTMENT.
- THE GENERAL CONTRACTOR MUST SIGN THIS SHEET STIPULATING THAT THEY UNDERSTAND AND WILL COMPLY WITH ALL SPECIFICATIONS BEFORE ANY WORK WILL COMMENCE. A SIGNED COPY OF THE PLANS ARE TO BE RETURNED TO PATTERSON DENTAL AND A SECOND SIGNED COPY KEPT ON THE JOB SITE AT ALL TIMES.
- THE PATTERSON DENTAL REPRESENTATIVE SHALL GIVE INSTRUCTIONS TO THE GENERAL CONTRACTOR ONLY. ALL COMMUNICATIONS AND COORDINATION WITH TRADESMEN SHALL BE THE RESPONSIBILITY OF THE GENERAL CONTRACTOR UNLESS PREDETERMINED TO BE OTHERWISE.
- ALL ELECTRICAL, MECHANICAL AND PLUMBING CONNECTIONS TO DENTAL EQUIPMENT WILL BE PERFORMED BY THE APPLICABLE TRADE RESPONSIBLE. INSTALLATION PERMITS, IF REQUIRED, WILL BE OBTAINED BY THE TRADES THAT PROVIDE THAT SERVICE.
- IF NECESSARY, THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROCURING A MED GAS CERTIFIED PLUMBING SUB-CONTRACTOR FOR ANY LEVEL 3 NITROUS-OXYGEN CONSCIOUS SEDATION SYSTEM DETAILED IN THESE PLANS. ANY NITROUS OXIDE SYSTEM DESIGN SHOWN ON THESE PLANS IS TO BE USED AS AN ILLUSTRATION ONLY FOR THE PURPOSE OF LOCATING END USER OUTLET STATIONS, CYLINDER ROOM MANIFOLD AND ALARM PANEL. THE FINAL TRUNK SYSTEM INSTALLATION SHALL STRICTLY ADHERE TO ONLY MECHANICALLY ENGINEERED DRAWINGS, IF SUPPLIED.
- THE PLUMBING SUB-CONTRACTOR SHALL PROVIDE MED GAS CERTIFICATION IN ACCORDANCE WITH ANY REQUESTS BY THE OWNER, CONTRACTOR, BUILDING DEPARTMENT OR PATTERSON DENTAL PRIOR TO COMMENCING WORK ON ANY TYPE OF CUSTOMER INSTALLED NITROUS OXIDE SYSTEM BEING USED IN THE CONSTRUCTION PROJECT.
- ALL PLUMBING AND ELECTRICAL LINES TO BE CONCEALED UNLESS OTHERWISE SPECIFIED.
- ALL LABOR AND MATERIALS NECESSARY FOR CHANGES IN EXISTING PLUMBING, CARPENTRY, AND ELECTRICAL WORK MUST BE DONE AND SUPPLIED BY THE CONTRACTOR AND IS NOT INCLUDED IN THE COST OF THE DENTAL EQUIPMENT.
- THE CONTRACTOR SHALL REMOVE ALL RUBBISH AND DO ALL PATCHING AFTER ROUGHING IN IS COMPLETED.
- ALL ROUGH IN AND FINISH WORK FOR DENTAL EQUIPMENT IS TO BE ACCORDING TO TEMPLATES FURNISHED BY THE MANUFACTURERS OF THE EQUIPMENT BEING INSTALLED. A REPRESENTATIVE OF PATTERSON DENTAL WILL POSITION THE TEMPLATES IN THEIR PROPER LOCATIONS, AT WHICH TIME ALL SPECIFICATIONS ON THE PLANS WILL BE EXPLAINED TO THE CONTRACTOR OR SUB-CONTRACTOR(S). ALL SPECIFIED SIZES OF PIPES, TUBING, AND/OR FITTINGS, ETC., MUST BE RIGIDLY FOLLOWED AS WELL AS PROPER HEIGHTS MARKED. ANY INFRACTIONS ON SIZES OR HEIGHTS OF PIPES, TUBING AND/OR FITTINGS WILL HAVE TO BE CORRECTED BEFORE THE EQUIPMENT CAN BE INSTALLED AND SUCH EXTRA EXPENSE WILL BE THE RESPONSIBILITY OF THE CONTRACTOR AND/OR SUB-CONTRACTOR.
- THE DOCTOR/OWNER SHALL DESIGNATE RESPONSIBILITY FOR PROVIDING AND INSTALLING CABINETS AND COUNTERTOPS (OTHER THAN THOSE SPECIFIED AND/OR CONTRACTED BY PATTERSON DENTAL).
- THE DOCTOR SHALL MAKE ARRANGEMENTS FOR INSTALLATION OF NON-DENTAL SYSTEMS BEFORE WALLS ARE CLOSED.
- PATTERSON DENTAL SHALL NOT BE HELD RESPONSIBLE FOR MULTIMEDIA SYSTEMS SUCH AS ENTERTAINMENT TVS, MONITORS, NETWORK COMPUTER SYSTEMS OR ANY ITEMS NOT SHOWN ON THESE PLANS.
- GC MUST CONFIRM ALL MEASUREMENTS OF SPACE CONDITIONS PRIOR TO STARTING DEMOLITION
- GC SHOULD NOTIFY PATTERSON EQUIPMENT SPECIALIST 1(ONE GC MUST CONFIRM ALL MEASUREMENTS OF SPACE CONDITIONS PRIOR TO STARTING DEMOLITION) WEEK PRIOR TO CLOSING OF ALL WALLS, CEILINGS, FLOORS TO ALLOW FINAL INSPECTION OF INSTALLATION.
- GC IS RESPONSIBLE FOR CONFIRMING ALL UTILITIES FOR EXISTING EQ BEING MOVED FROM EXISTING LOCATION OR EQUIPMENT NOT SUPPLIED BY PATTERSON
- GC IS RESPONSIBLE FOR CONFIRMING ALL UTILITIES FOR EXISTING EQ BEING MOVED FROM EXISTING LOCATION OR EQUIPMENT NOT SUPPLIED BY PATTERSON
- RADIATION PROTECTION: THE DOCTOR'S ARCHITECT/GC ARE REQUIRED TO REVIEW ALL LOCAL AND NATIONAL RADIATION AND XRAY SHIELDING REQUIREMENTS AND SUBMIT AN APPLICATION FOR REGISTRATION OF IONIZING RADIATION SOURCES. PLANS MUST BE SUBMITTED TO RADIATION CONTROL PROGRAM, IF APPLICABLE, ALONG WITH OTHER INFORMATION THEY WILL PROVIDE A LETTER OF ACCEPTABLE X-RAY PROTECTION OR ADVISE OTHERWISE. THIS APPLICATION AND PLAN SHOULD BE SUBMITTED PRIOR TO WALLS GOING UP. COPY OF APPROVAL LETTER FROM LOCAL GOVERNING BODY MUST BE PROVIDED TO PATTERSON EQUIPMENT SPECIALIST AND SERVICE TECHNICIAN. NOTE: IF EXISTING X-RAYS TO BE REPLACED WITH NEW AND EXISTING SHIELDING IS TO BE REUSED ARCHITECT/GC MUST VERIFY NEEDS WITH LOCAL CODE OFFICER.**



1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

NOTE:
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THESE DRAWINGS AND SPECIFICATIONS ARE THE PROPERTY OF PATTERSON DENTAL SUPPLY AND THE USE LIMITED TO A SPECIFIED PROJECT FOR THE PERSON OR PERSONS NAMED HEREON FOR THE CONSTRUCTION OF ONE BUILDING ONLY. ANY USE OR REPRODUCTIONS OF THESE DRAWINGS ARE STRICTLY PROHIBITED WITHOUT THE WRITTEN PERMISSION OF PATTERSON DENTAL SUPPLY, INC.

WRITTEN DIMENSIONS SHALL TAKE PREFERENCE OVER SCALE DIMENSIONS AND SHALL BE VERIFIED ON THE JOB SITE.

ANY DISCREPANCIES OR CHANGES SHALL BE BROUGHT TO THE ATTENTION OF PATTERSON DENTAL SUPPLY PRIOR TO THE COMMENCEMENT OF ANY WORK.

THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL CURRENT AMERICAN DISABILITIES ACT, (ADA) ACCESSABILITY GUIDELINES. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR ALL REQUIRED BACKFLOW PREVENTERS. THE CONTRACTOR SHALL COMPLY WITH ALL STATE, CITY AND LOCAL CODES, PERTAINING TO THE CONSTRUCTION OF THIS PROJECT.

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OWNER:

MAJESTIC DENTAL

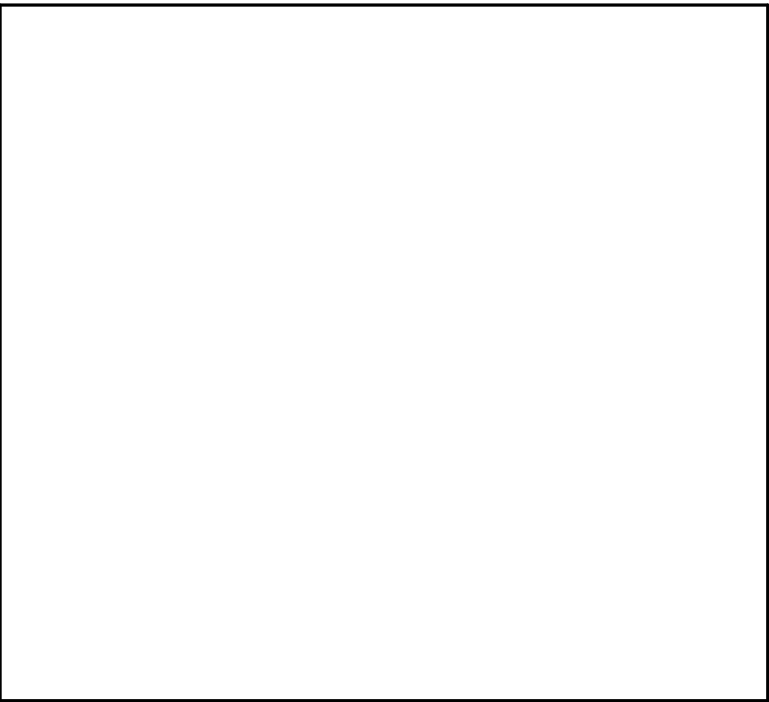
LOCATION:

Lot 5
COTTLEVILLE, MO.

DRAWN BY	EQUIPMENT REP:	EQUIPMENT REP #:
PGW	RYAN SWIFT	(314) 583-1892
PROJECT #:	ISSUE DATE:	
209-752026	09/22/2022	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE

6	Revision 6	MB	11/29/2022
7	Revision 7	PGW	12/01/2022
8	Revision 8	KMR	12/9/2022
9	Revision 9	LMK	12/12/2022
10	Revision 10	MJR	01/11/2023
11	Revision 11	LMK	01/24/2023
12	Req Set	KWK	02/03/2023
13	Req Set Rev	KWK	02/17/2023



SHEET NO.
DA001

NOT FOR CONSTRUCTION

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EQUIPMENT SCHEDULE							
EQUIPMENT INFO							
QTY	ITEM #	DESCRIPTION	STATUS	MANUFACTURER	MODEL	SUPPLIED BY	INSTALLED BY
EQUIPMENT REMARKS							
HYGIENE							
3	1A	DENTAL CHAIR	ER	A-DEC	A-DEC 411	DR	PD
3	12	DENTAL WALL LIGHT	NW	A-DEC	A-DEC Light Wall Mount	PD	PD
3	16	DENTAL WALL MONITOR	NW	A-DEC	585	PD	PD
3	19B	REAR CABINET	NW	A-DEC	591	PD	PD
3	20	SIDE CABINET	NW	BY OTHERS	CUSTOM	PD	PD
3	23	DISPENSING WALL CABINET	NW	BY OTHERS	CUSTOM	PD	PD
3	30	INTRAORAL X-RAY	NW	SIRONA	HELIODENT PLUS	PD	PD
3	95	TRIPLE VALVE OUTLET	NW	VFY	VFY	PD	PC
LAB							
1	31	LAB CABINETS	NW	BY OTHERS	CUSTOM	GC	GC
1	40	PLASTER TRAP	NW	VFY	VFY	PD	PD
1	41	MODEL TRIMMER	NW	PATTERSON	043-4415	PD	PD
1	42	LATHE	NW	VFY	VFY	PD	PD
2	98	MILLING CENTER	ER	SIRONA DENTAL INC.	MC (6418060), MC X(6428481), MC XL(6510338)	DR	PD
MECH							
1	60	COMPRESSOR	ER	AIR TECHNIQUES	AS50	DR	PD
1	61	VACUUM	NW	DEAN	DV5	PD	PD
1	63	AMALGAM SEPARATOR	NW	SOLMETEX	HG5	PD	PC
ORAL PROCEDURE ROOM							
1	1	DENTAL CHAIR	NW	A-DEC	511	PD	PD
1	13	DENTAL CEILING LIGHT (LED)	NW	MIDMARK	255	PD	PD
1	18A	REAR CABINET	NW	BY OTHERS	CUSTOM	PD	PD
1	20A	SIDE CABINET	NW	BY OTHERS	CUSTOM	PD	PD
1	23	DISPENSING WALL CABINET	NW	BY OTHERS	CUSTOM	PD	PD
1	95	TRIPLE VALVE OUTLET	NW	VFY	VFY	PD	PC
PAN							
1	36	DIGITAL PAN	NW	KAVO	OP3D	PD	PD
STERILIZATION							
1	22	STERILIZATION CABINET	NW	A-DEC	594	PD	PD
1	50	ASSISTINA	NW	A-DEC	A-DEC 301 PLUS ASSISTINA	PD	PD
1	51	STERILIZER	ER	MIDMARK	M11-020	DR	PD
1	52	ULTRASONIC CLEANER	NW	MIDMARK	M150-001	PD	PD
1	54	STATIM	ER	SCICAN	STATIM G4	DR	PD
1	57	VISTACOO	NW	SCICAN	V7501	PD	PD
TREATMENT							
2	1B	DENTAL CHAIR	ER	A-DEC	511	DR	PD
1	1C	DENTAL CHAIR	FT	A-DEC	511	PD	PD
1	12	DENTAL WALL LIGHT	NW	A-DEC	A-DEC Light Wall Mount	PD	PD
2	12A	DENTAL WALL LIGHT	FT	A-DEC	A-DEC Light Wall Mount	PD	PD
2	16	DENTAL WALL MONITOR	NW	A-DEC	585	PD	PD
2	16A	DENTAL WALL MONITOR	FT	A-DEC	585	PD	PD
1	19	REAR CABINET	FY	A-DEC	591	PD	PD
2	19	REAR CABINET	NW	A-DEC	591	PD	PD
2	20	SIDE CABINET	NW	BY OTHERS	CUSTOM	PD	PD
2	20A	SIDE CABINET	NW	BY OTHERS	CUSTOM	PD	PD
1	20B	SIDE CABINET	FT	BY OTHERS	CUSTOM	PD	PD
1	20C	SIDE CABINET	FT	BY OTHERS	CUSTOM	PD	PD
4	23	DISPENSING WALL CABINET	NW	BY OTHERS	CUSTOM	PD	PD
2	23A	DISPENSING WALL CABINET	FT	BY OTHERS	CUSTOM	PD	PD
3	30	INTRAORAL X-RAY	NW	SIRONA	HELIODENT PLUS	PD	PD
3	95	TRIPLE VALVE OUTLET	NW	VFY	VFY	PD	PC

PLAN LEGEND	
	DENTAL FURNITURE & EQUIPMENT
	DENTAL FURNITURE & EQUIPMENT EXISTING RELOCATED
	DENTAL FURNITURE & EQUIPMENT FUTURE
	EQUIPMENT NUMBER TAG (NUMBERS ARE RANDOM)

WALL LEGEND	
	EXISTING WALL
	DEMO WALL
	NEW WALL
	SOUND PROOFING IN WALL
	LEAD LINED WALL



① LVL 1 FLOOR PLAN
1/4" = 1'-0"

PATTERSON DENTAL
1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

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OWNER:
MAJESTIC DENTAL

LOCATION:
**Lot 5
COTTLEVILLE, MO.**

DRAWN BY	EQUIPMENT REP.	EQUIPMENT REP #
PGW	RYAN SWIFT	(314) 583-1892
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12	Req Set	KWK	02/03/2023
13	Req Set Rev	KWK	02/17/2023

DA111

SHEET NO.
DA111

NOT FOR CONSTRUCTION

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**PATTERSON
DENTAL**

1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

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ACCESSIBILITY GUIDELINES.
THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR
ALL REQUIRED BACKFLOW PREVENTERS.
THE CONTRACTOR SHALL COMPLY WITH ALL STATE,
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CONSTRUCTION OF THIS PROJECT.

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MAJESTIC DENTAL

LOCATION:
Lot 5
COTTLEVILLE, MO.

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12	Req Set	KWK	02/03/2023
13	Req Set Rev	KWK	02/17/2023



SHEET NO.

DA113

NOTE:
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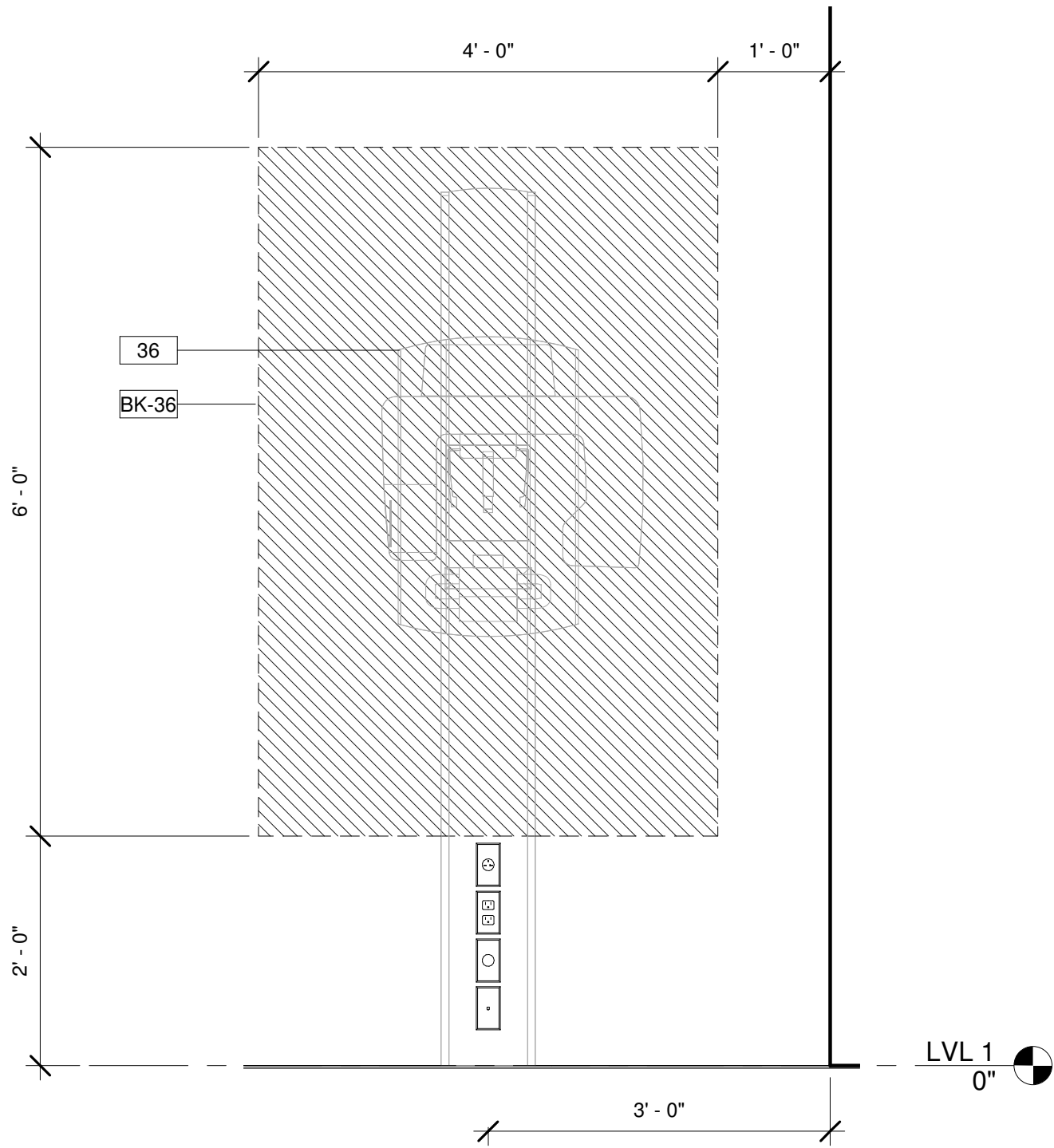
OWNER:
MAJESTIC DENTAL

LOCATION:
**Lot 5
COTTLEVILLE, MO.**

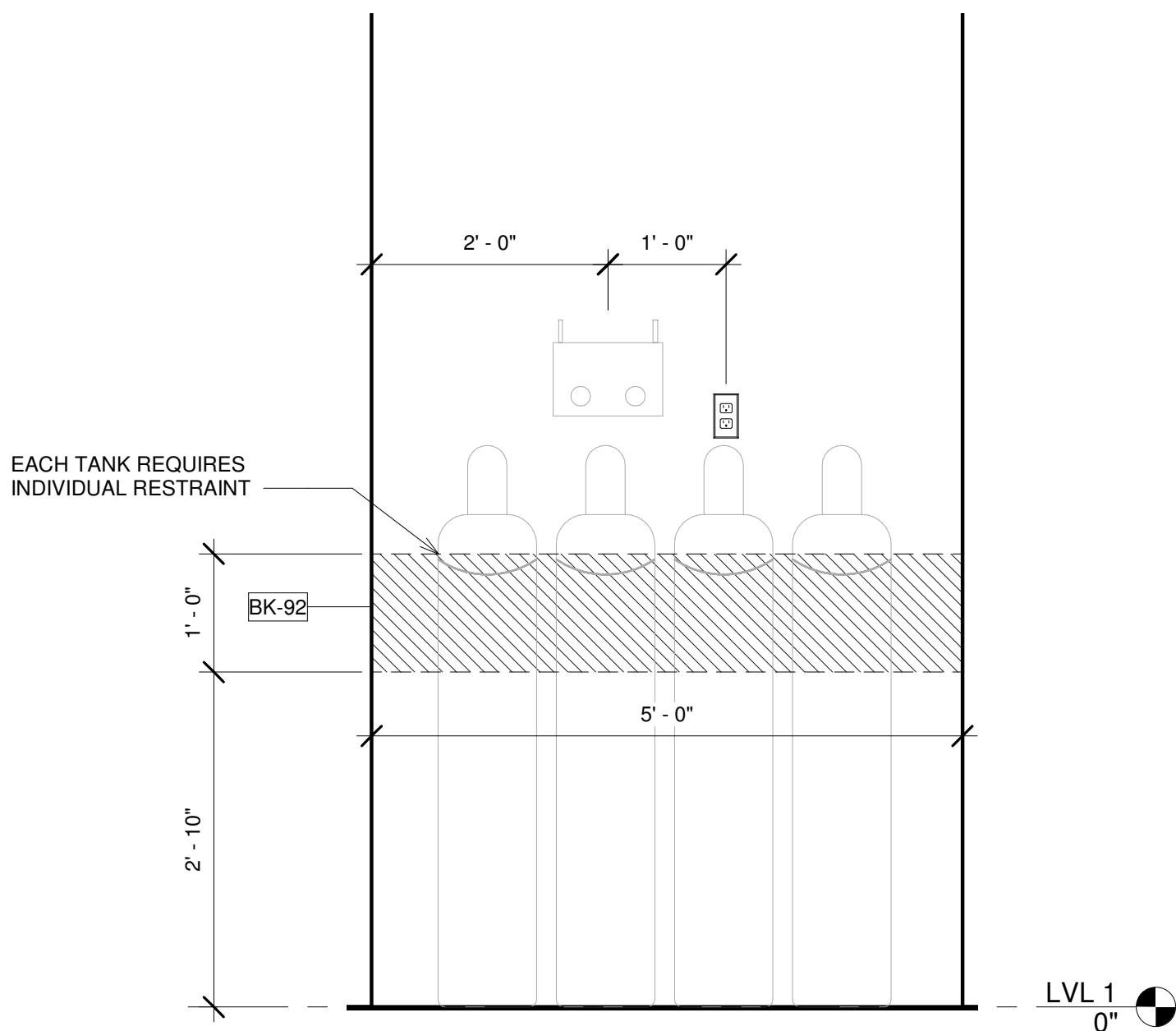
DRAWN BY PGW	EQUIPMENT REP: RYAN SWIFT	EQUIPMENT REP #: (314) 583-1892
PROJECT #: 209-752026	ISSUE DATE: 09/22/2022	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE

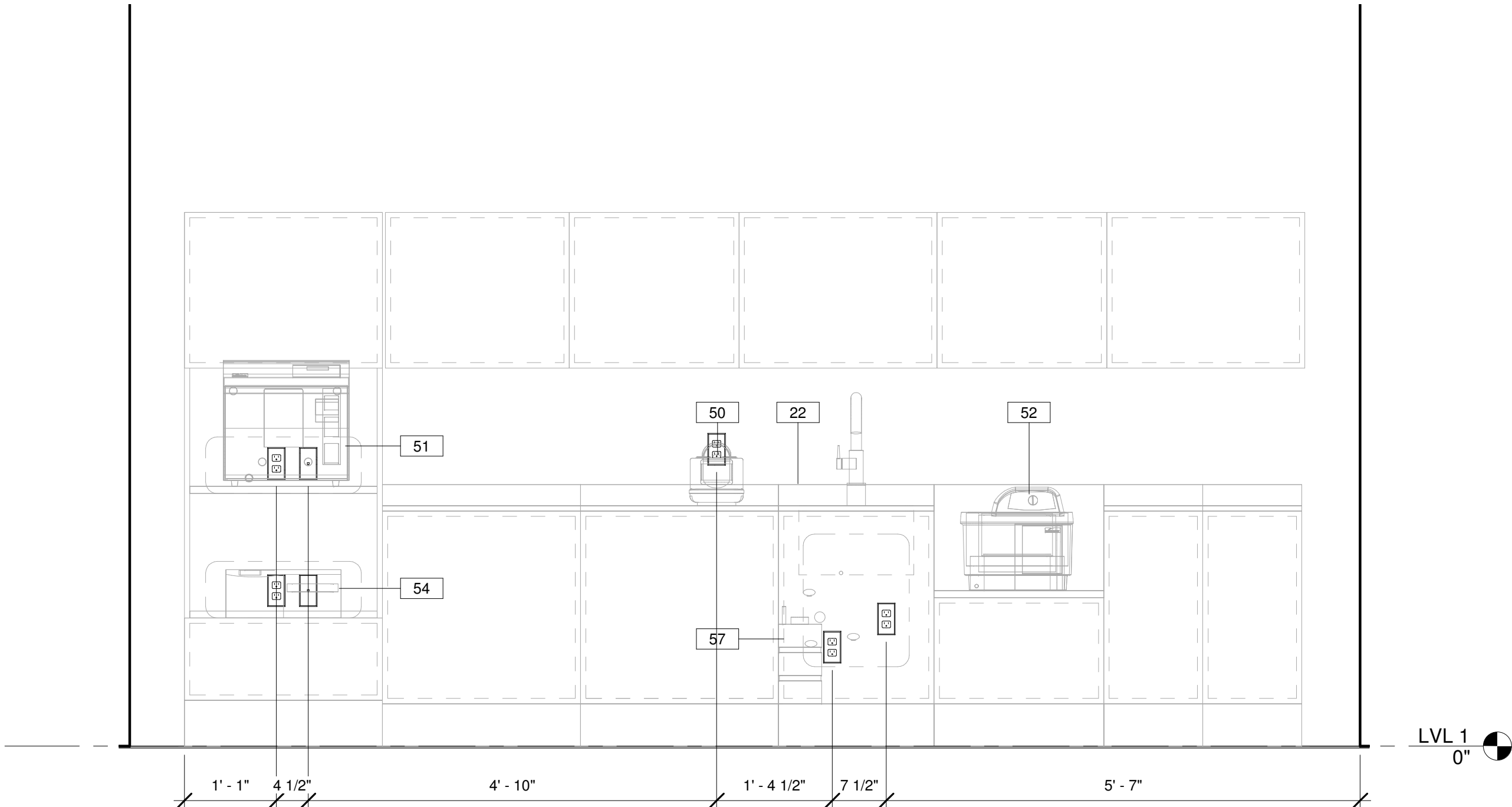
6	Revision 6	MB	11/29/2022
7	Revision 7	PGW	12/01/2022
8	Revision 8	KMR	12/9/2022
9	Revision 9	LMK	12/12/2022
10	Revision 10	MJR	01/11/2023
11	Revision 11	LMK	01/24/2023
12	Req Set	KWK	02/03/2023
13	Req Set Rev	KWK	02/17/2023



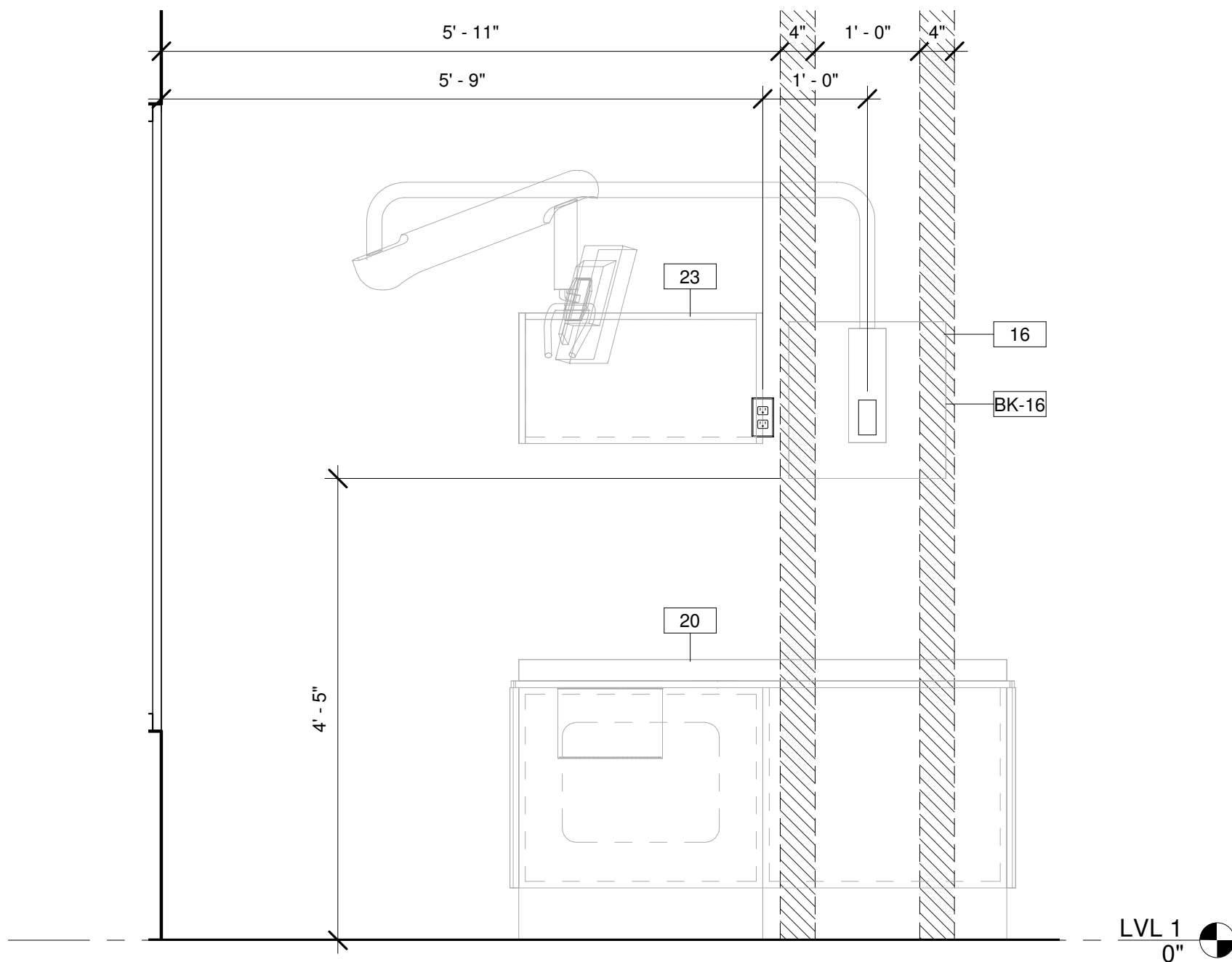
3 ELEVATION PANORAMIC WALL
3/4" = 1'-0"



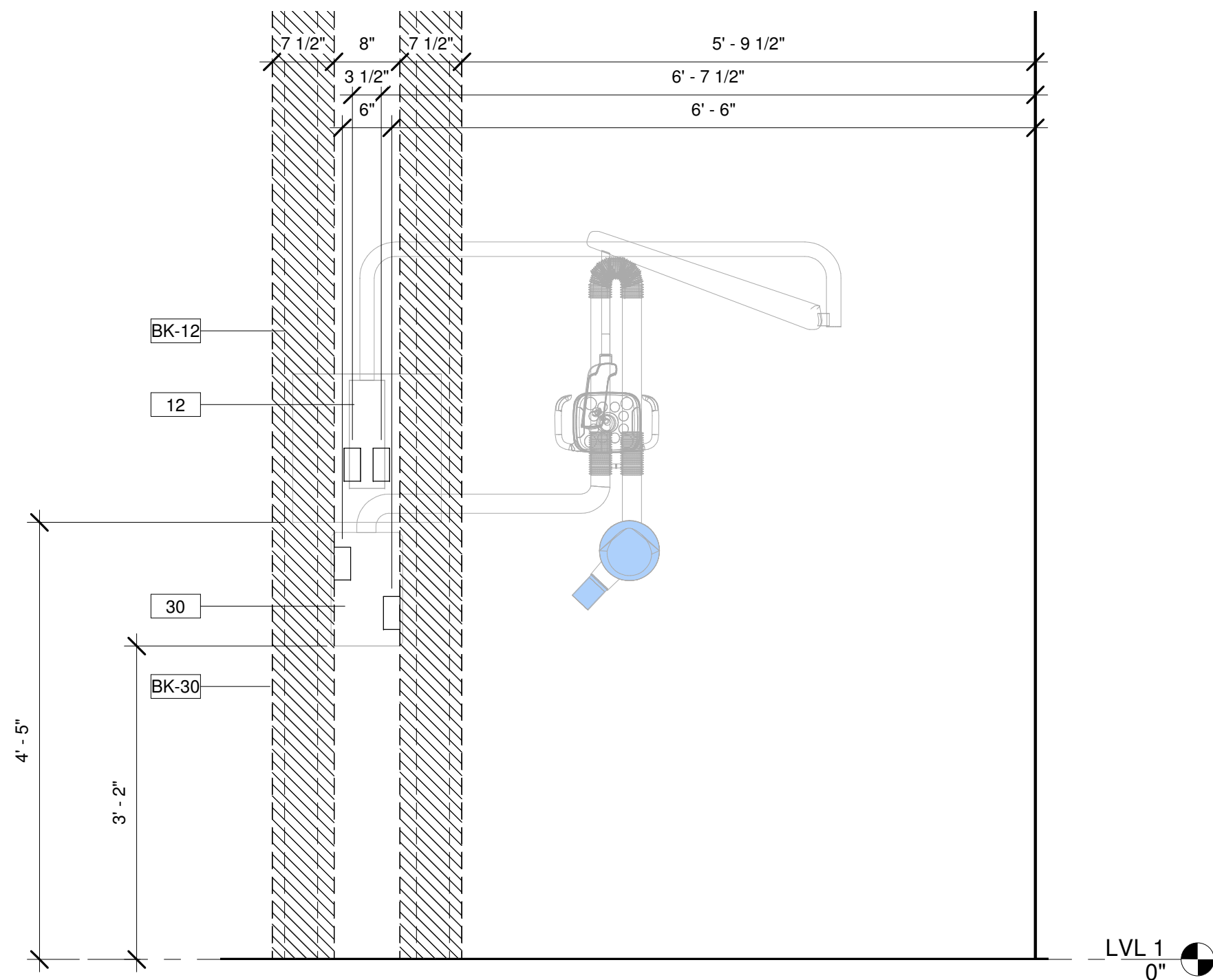
2 ELEVATION N2O/O2 WALL
3/4" = 1'-0"



1 ELEVATION STERILIZATION WALL
3/4" = 1'-0"



5 ELEVATION DOCTOR WALL (TYP.)
3/4" = 1'-0"



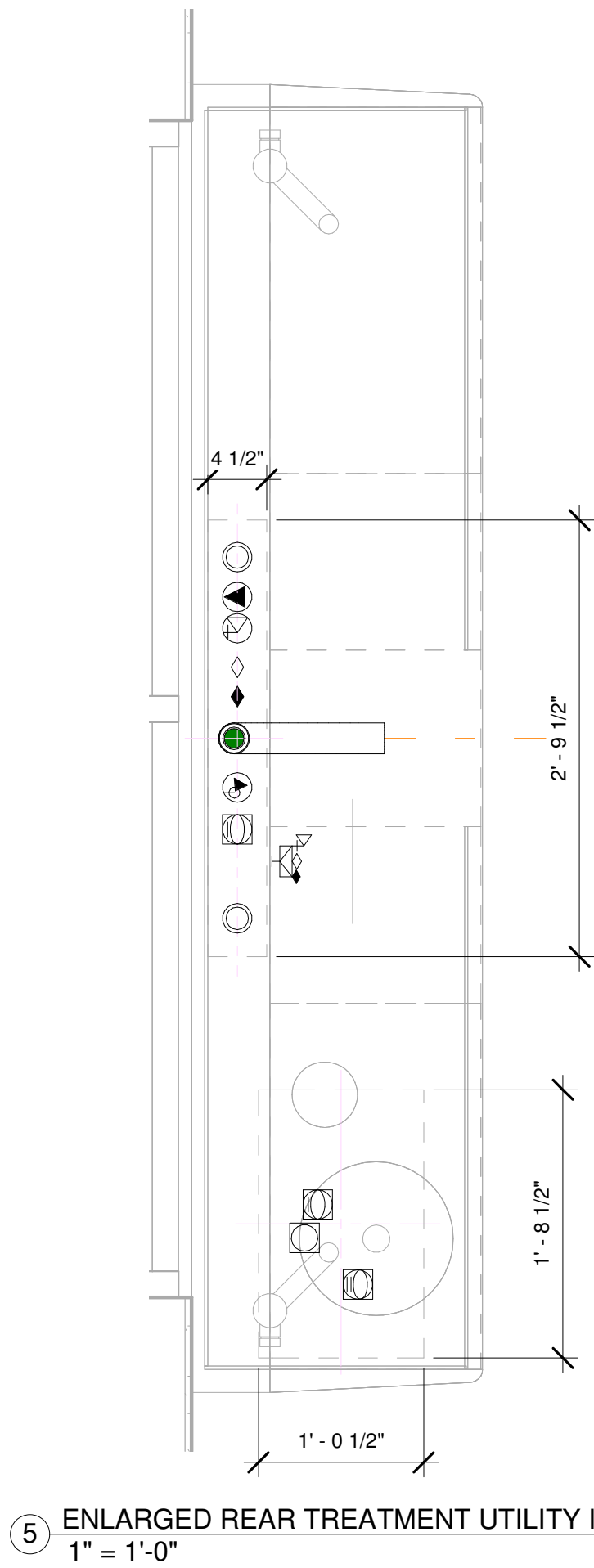
4 ELEVATION ASSISTANT WALL (TYP.)
3/4" = 1'-0"

ELECTRICAL SYMBOLS IN FLOOR		
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODE. ALL LOCATIONS SHOULD BE VERIFIED WITH PATTERSON REP OR OWNER PRIOR TO PLACEMENT.		
+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
13		120v QUAD OUTLET FLOOR, MOUNTED ON FLOOR

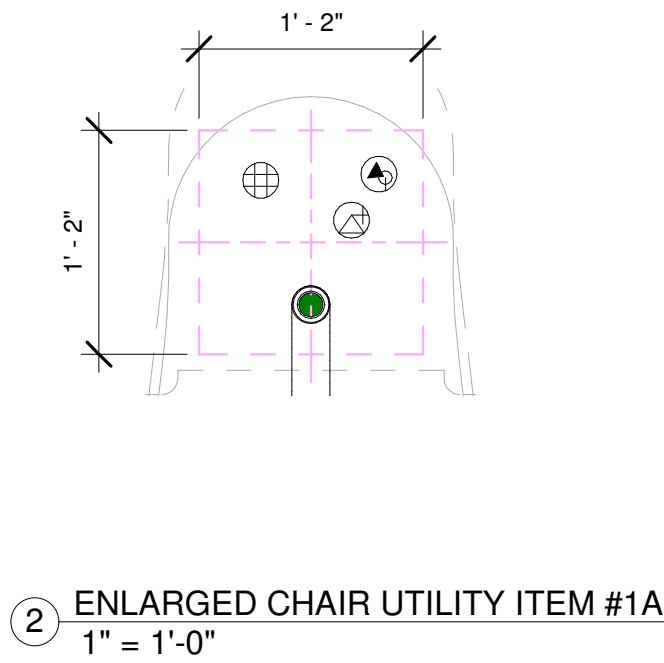
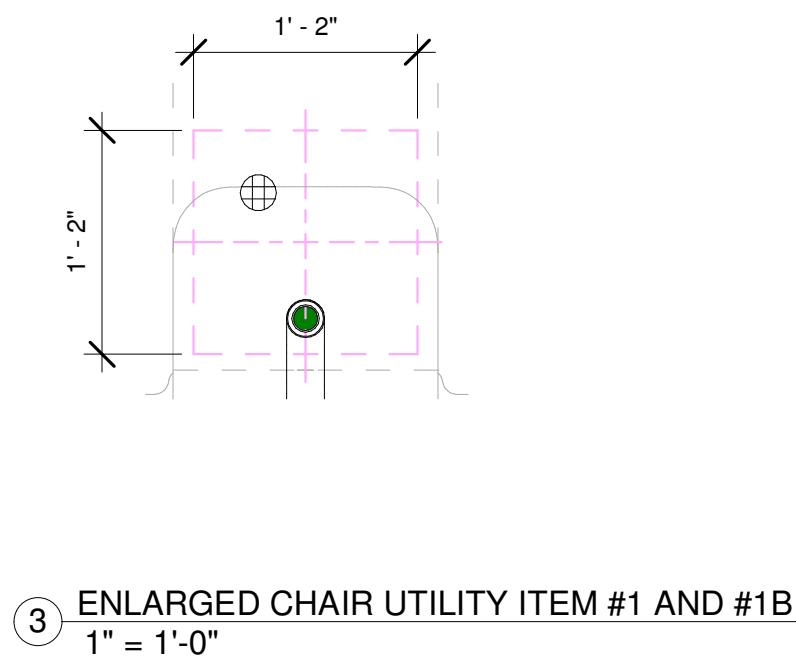
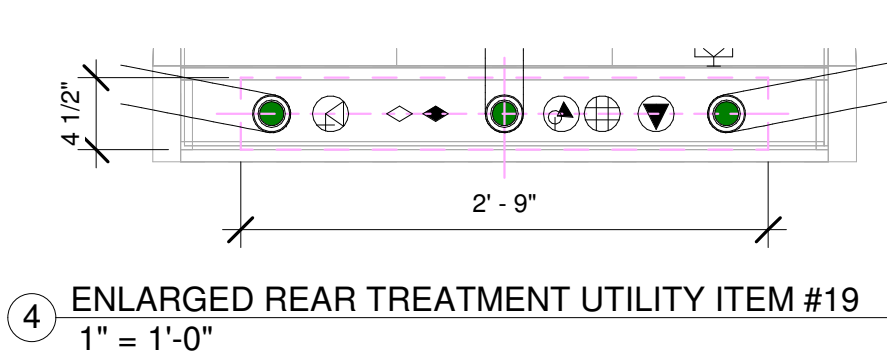
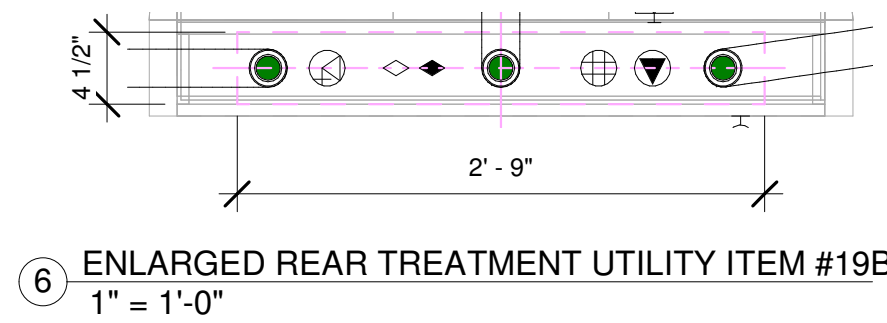
LOW VOLTAGE SYMBOLS		
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+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
40		CONDUIT FLOOR STUB OUT, IF TAG NOT PRESENT HEIGHT IS 1" A.F.F.
1		DATA DEVICE FLOOR, IF TAG IS NOT PRESENT HEIGHT IS 1" A.F.F.


PLUMBING SYMBOLS IN FLOOR		
ALL DEVICES SHALL BE INSTALLED PER STATE AND LOCAL CODES. ALL LOCATIONS SHOULD BE VERIFIED WITH PATTERSON REP OR OWNER PRIOR TO PLACEMENT.		
+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
8		1/2" OD. TO 3/8" OD. SHUT OFF AIR CONNECTION FLOOR HEIGHT 3" A.F.F. TO CENTER UNLESS OTHERWISE NOTED
1		DIRECT DRAIN FLOOR
2		SHUT OFF VALVE COLD WATER FLOOR
1		SHUT OFF VALVE HOT WATER FLOOR
10		VACUUM PIPE CONNECTION FLOOR
1		VACUUM RISER FLOOR

ELECTRICAL LEGEND	
	18/3 WIRE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	18/4 WIRE, WIRES RUN IN WALLS OR ABOVE FINISHED CEILING
	CAT5e OR BETTER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	MANUFACTURER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	ELECTRICAL CONDUIT UNDER FLOOR, SIZE AS INDICATED ON PLAN
	ELECTRICAL CONDUIT ABOVE CEILING, SIZE AS INDICATED ON PLAN



1 LVL 1 UNDER FLOOR UTILITY PLAN
1/4" = 1'-0"





**PATTERSON
DENTAL**

1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

NOTE:
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OWNER:

MAJESTIC DENTAL

LOCATION:

**Lot 5
COTTLEVILLE, MO.**

DRAWN BY	EQUIPMENT REP:	EQUIPMENT REP #:
PGW	RYAN SWIFT	(314) 583-1892
PROJECT #:	ISSUE DATE:	
209-752026	09/22/2022	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE
6	Revision 6	MB	11/29/2022
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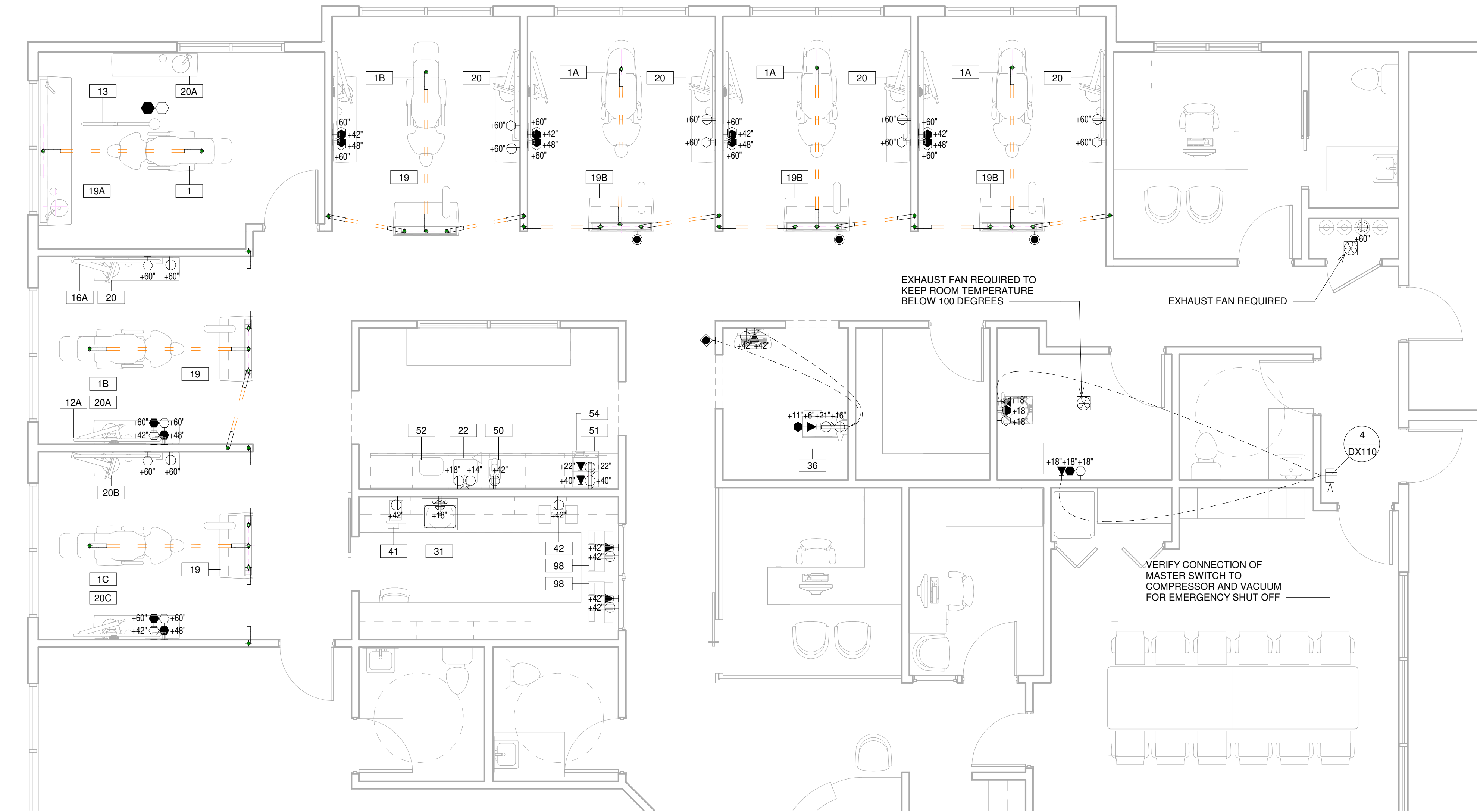
SHEET NO.

DB110

ELECTRICAL SYMBOLS		
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+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
5		120v DUPLEX DEDICATED OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
13		120v FLUSH DUPLEX OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
1		120v QUAD OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
1		220v SINGLE OUTLET WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F. TO CENTER OF DEVICE
2		EXHAUST FAN
1		J-BOX CLG, IF TAG NOT PRESENT HEIGHT IS 6" ABOVE FINISHED CEILING
20		J-BOX WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.

LOW VOLTAGE SYMBOLS		
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QTY.	SYM.	DESCRIPTION
6		DATA DEVICE WALL, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
1		J-BOX CLG LV, IF TAG NOT PRESENT HEIGHT IS 6" ABOVE FINISHED CEILING
15		J-BOX WALL, LOW VOLTAGE, IF TAG NOT PRESENT HEIGHT IS 18" A.F.F.
1		MASTER SWITCH WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F. TO CENTER
1		REMOTE PAN SWITCH IN WALL, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.
3		REMOTE X-RAY SWITCH IN CABINET, IF TAG NOT PRESENT HEIGHT IS 60" A.F.F.

ELECTRICAL LEGEND	
	18/3 WIRE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	18/4 WIRE, WIRES RUN IN WALLS OR ABOVE FINISHED CEILING
	CAT5e OR BETTER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	MANUFACTURER CABLE, CABLE RUN IN WALLS OR ABOVE FINISHED CEILING
	ELECTRICAL CONDUIT UNDER FLOOR, SIZE AS INDICATED ON PLAN
	ELECTRICAL CONDUIT ABOVE CEILING, SIZE AS INDICATED ON PLAN



1 LVL 1 POWER & LOW VOLTAGE PLAN
1/4" = 1'-0"

EQUIPMENT POWER & LOW VOLTAGE SCHEDULE

GENERAL NOTES

ALL DEVICES ARE TO BE INSTALLED PER STATE AND LOCAL CODES.

EQUIPMENT INFO				ELECTRICAL INFO										LOW VOLTAGE INFO																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
QTY	ITEM #	DESCRIPTION	STATUS	EC CONNECTION BY	POWER		CONNECTION TYPE					ELECTRICAL REMARKS	LV CONNECTION BY	LV REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
					VOLTS	AMPS	SINGLE OUTLET	DUPLEX OUTLET	QUAD OUTLET	DIRECT WIRE	DEDICATED POWER			JBOX	2" EMPTY CONDUIT	3/4" EMPTY CONDUIT	1" EMPTY CONDUIT	18/3 WIRE	18/4 WIRE	JBOX LV	CAT56 OR BETTER MFG CABLE	MONITOR CABLE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
1	1	DENTAL CHAIR	NW	EC	120v	7.0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					



1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

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OWNER:

MAJESTIC DENTAL

LOCATION:

Lot 5
COTTLEVILLE, MO.

DRAWN BY	EQUIPMENT REP:	EQUIPMENT REP #:
PGW	RYAN SWIFT	(314) 583-1892
PROJECT #:	ISSUE DATE:	
209-752026	09/22/2022	

REVISIONS			
REV #	SCOPE	DRAWN BY	DATE

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11	Revision 11	LMK	01/24/2023
12	Req Set	KWK	02/03/2023
13	Req Set Rev	KWK	02/17/2023

SHEET NO.

DE110

NOT FOR CONSTRUCTION

NOT FOR CONSTRUCTION

BMJ 260/209-Majestic Dental-752026-209-Majestic Dental-752026.rvt

PLUMBING SYMBOLS		
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+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW, IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
2		1/2" OD. TO 3/8" OD.SHUT OFF AIR CONNECTION WALL, HEIGHT 3' A.F.F. TO CENTER IF TAG NOT PRESENT
2		DIRECT DRAIN WALL
1		FRESH AIR IN MANIFOLD WALL
2		SHUT OFF VALVE COLD WATER WALL
2		SHUT OFF VALVE HOT WATER WALL
1		VACUUM PIPE CONNECTION WALL

EQUIPMENT EXHAUST SCHEDULE				
GENERAL NOTES::				
ALL ITEMS IDENTIFIED AS "FT" WILL BE INSTALLED AT A FUTURE DATE. ALL UTILITIES NEED TO BE CAP AND CONCEALED FOR FUTURE USE..				
ALL ITEMS WILL BE INSTALLED PER STATE AND LOCAL CODES..				
EQUIPMENT INFO				VENT EXHAUST REMARKS
QTY	ITEM #	DESCRIPTION	STATUS	
1	60	COMPRESSOR	ER	REQUIRES 425CFM EXHAUST FAN. AMBIENT TEMPERATURE RANGE IS 40-104 DEGREES FAHRENHEIT
1	61	VACUUM	NW	

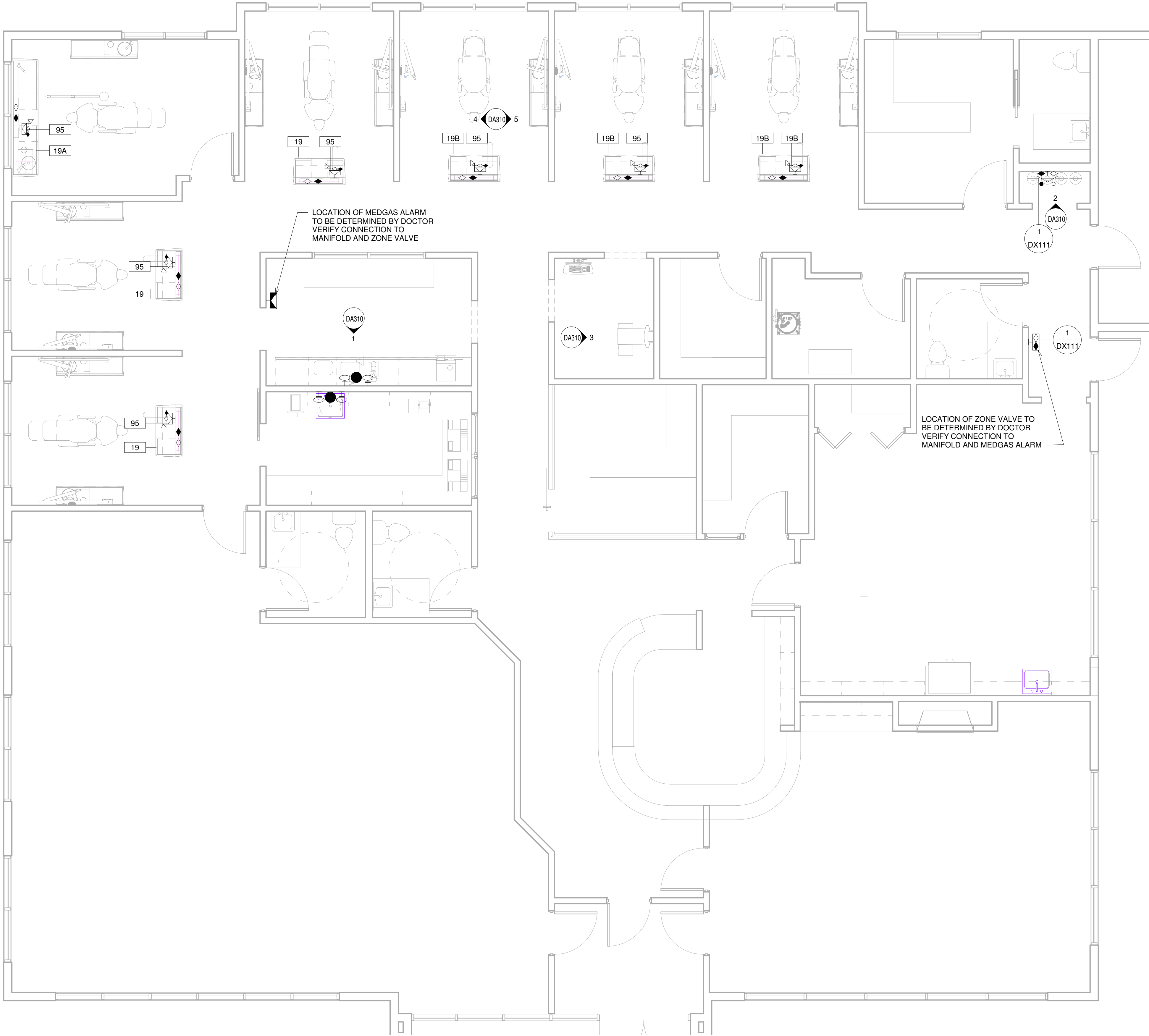


1 LVL 1 PLUMBING PLAN
1/4" = 1'-0"


EQUIPMENT PLUMBING-DENTAL COMPRESSED AIR-VAC SCHEDULE																								
GENERAL NOTES:																								
ALL ITEMS TO BE INSTALLED PER STATE AND LOCAL CODES..																								
QTY	PLUMBING			PLUMBING INFO											VAC INFO				DENTAL COMPRESSED AIR					
	ITEM #	DESCRIPTION	STATUS	PLUMBING CONNECTION BY	SUPPLY				SANITARY			PLUMBING REMARKS	RISERS		MAIN & BRANCHES		VAC REMARKS	1/2" COPPER TYPE L OR K	5/8" COPPER TYPE M	COMPRESSED AIR REMARKS				
					1/4" COLD WATER FLEX TUBING	1/2" COLD WATER COPPER	1/2" HOT WATER COPPER	3/4" COLD WATER COPPER	3/4" HOT WATER COPPER	1" COLD WATER COPPER	3/4" COPPER TYPE M		1-1/2" PVC WASTE SCHEDULE 40	DRAIN DIRECT	DRAIN INDIRECT	DRAIN STAND PIPE					1/2" PVC SCHEDULE 40	5/8" PVC SCHEDULE 40	3/4" PVC SCHEDULE 40	1-1/2" PVC SCHEDULE 40
3	1A	DENTAL CHAIR	ER	PC																				
3	19	REAR CABINET		PC																				
1	19A	REAR CABINET	NW	PC																				
3	19B	REAR CABINET	NW	PC																				
5	20	SIDE CABINET	NW	PC																				
3	20A	SIDE CABINET	NW	PC																				
1	20B	SIDE CABINET	FT	PC																				
1	20C	SIDE CABINET	FT	PC																				
1	22	STERILIZATION CABINET	NW	PC																				
1	31	LAB CABINETS	NW	PC																				
1	40	PLASTER TRAP	NW	PC																				
1	41	MODEL TRIMMER	NW																					
1	50	ASSISTINA	NW																					
1	57	VISTACOO	NW	PC																				
1	60	COMPRESSOR	ER	PC																				
1	61	VACUUM	NW	PC																				
1	63	AMALGAM SEPARATOR	NW	PC																				
7	95	TRIPLE VALVE OUTLET	NW	PC																				
EQUIPMENT TO BE INSTALLED BY LICENSED CERTIFIED PC ACCORDING TO NFPA 99 AND ALL LOCAL CODES																								

EQUIPMENT N2O-O2 SCHEDULE				
GENERAL NOTES:				
ALL ITEMS IDENTIFIED AS "FT" WILL BE INSTALLED AT A FUTURE DATE. ALL UTILITIES NEED TO BE CAP AND CONCEALED FOR FUTURE USE.				
ALL ITEMS ARE REQUIRED TO BE INSTALLED PER NFPA-99, STATE AND LOCAL CODES..				
EQUIPMENT INFO				MED GAS INFO
QTY	ITEM #	DESCRIPTION	STATUS	
3	19	REAR CABINET		•
1	19A	REAR CABINET	NW	•
7	95	TRIPLE VALVE OUTLET	NW	•

N2O-O2 SYMBOLS		
THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROCURING A MED GAS CERTIFIED PLUMBING SUB-CONTRACTOR FOR ANY LEVEL 3 NITROUS-OXYGEN CONSCIOUS SEDATION SYSTEM DETAILED IN THESE PLANS. ANY NITROUS OXIDE SYSTEM DESIGN SHOWN ON THESE PLANS IS TO BE USED AS AN ILLUSTRATION ONLY FOR THE PURPOSE OF LOCATING END USER OUTLET STATIONS, CYLINDER ROOM MANIFOLD AND ALARM PANEL. THE FINAL TRUNK SYSTEM INSTALLATION SHALL STRICTLY ADHERE TO ONLY MECHANICALLY ENGINEERED DRAWINGS.		
THE PLUMBING SUB-CONTRACTOR SHALL PROVIDE MED GAS CERTIFICATION IN ACCORDANCE WITH ANY REQUESTS BY THE OWNER, CONTRACTOR, BUILDING DEPARTMENT OR PATTERSON DENTAL PRIOR TO COMMENCING WORK ON ANY TYPE OF CUSTOMER INSTALLED NITROUS OXIDE SYSTEM BEING USED IN THE CONSTRUCTION PROJECT.		
+XX" - INDICATES HEIGHT FROM FINISHED FLOOR TO CENTER OF DEVICE UNLESS OTHERWISE NOTED BELOW. IF ITEM NOT TAGGED HEIGHT IS 18" A.F.F.		
QTY.	SYM.	DESCRIPTION
6		
1		N2O-O2 ALARM ON WALL, IF TAG NOT PRESENT HEIGHT IS 60" TO CENTER OF DEVICE A.F.F.
1		N2O-O2 DISS FITTINGS, IN FLOOR, HEIGHT IS NOT TO EXCEED 3" A.F.F TO TOP OF DEVICE
1		N2O-O2 MANIFOLD ON WALL, UNLESS OTHERWISE NOTED HEIGHT IS 60" TO BOTTOM OF DEVICE A.F.F.
7		N2O-O2 TRIPLE OUTLET IN CABINET, UNLESS NOTED OTHERWISE, HEIGHT IS 60" A.F.F TO CENTER OF DEVICE
1		N2O-O2 ZONE VALVE IN WALL, UNLESS NOTED OTHERWISE, HEIGHT IS 60" A.F.F TO BOTTOM OF DEVICE



1 LVL 1 MEDGAS PLAN
1/4" = 1'-0"


**PATTERSON
DENTAL**
1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

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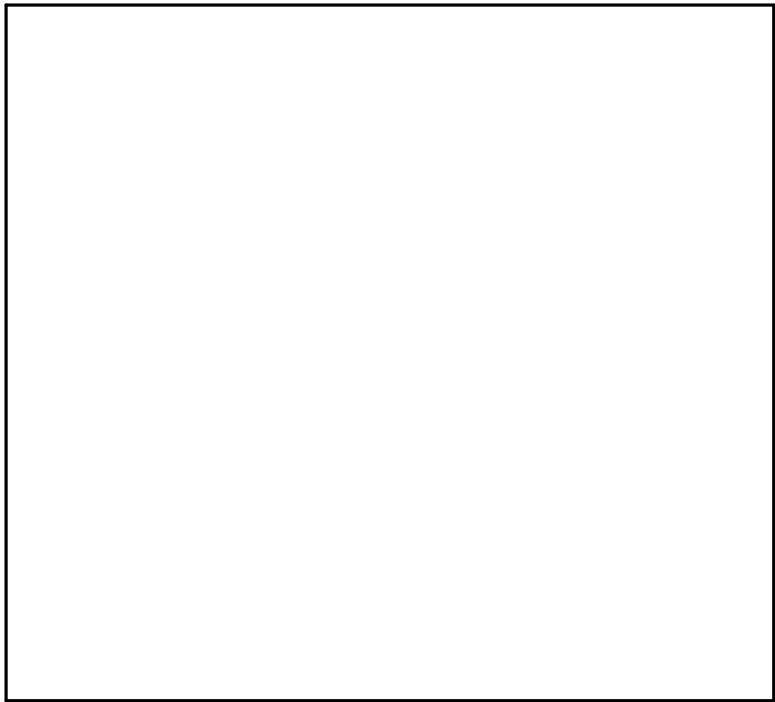
OWNER:
MAJESTIC DENTAL

LOCATION:
**Lot 5
COTTLEVILLE, MO.**

DRAWN BY	EQUIPMENT REP:	EQUIPMENT REP #:
PGW	RYAN SWIFT	(314) 583-1892
PROJECT #:	ISSUE DATE:	
209-752026	09/22/2022	

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6	Revision 6	MB	11/29/2022
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12	Req Set	KWK	02/03/2023
13	Req Set Rev	KWK	02/17/2023



SHEET NO.
DP111

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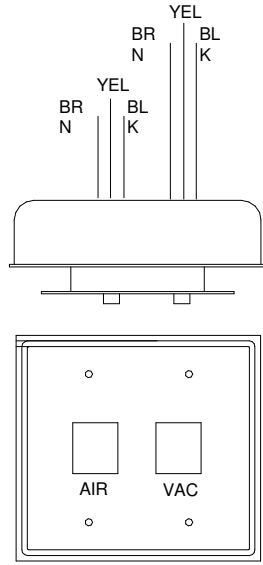
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NOTE:

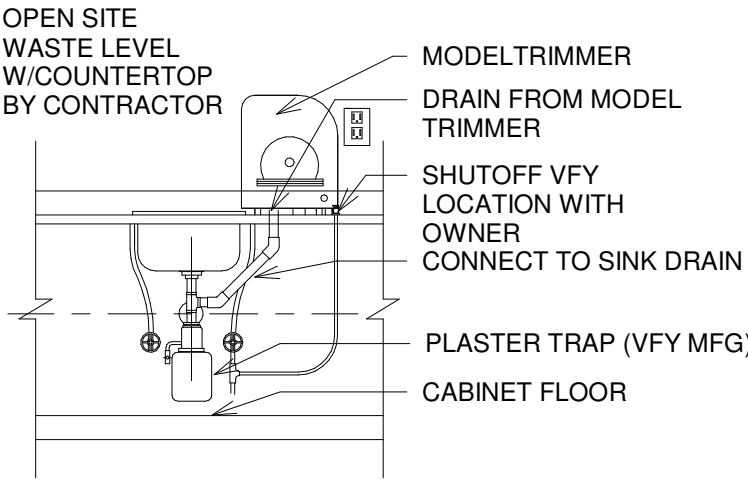
All wires to be class B low voltage. For "runs" under 150', wire to be 18 gage. For "runs" over 150', wires should be 16 gage.

Caution! Local codes may dictate changes to the above specifications.

Contractor to provide wire from mechanical room to remote control panel.

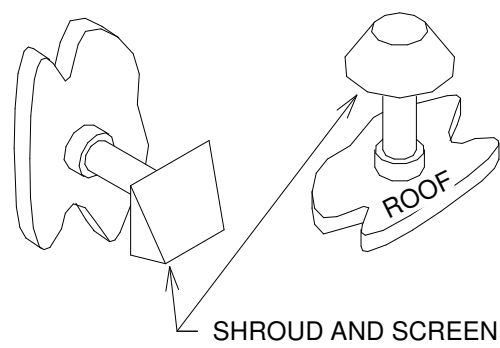


④ REMOTE CONTROL PANEL
3" = 1'-0"



③ MODEL TRIMMER W/ PLASTER TRAP
1" = 1'-0"

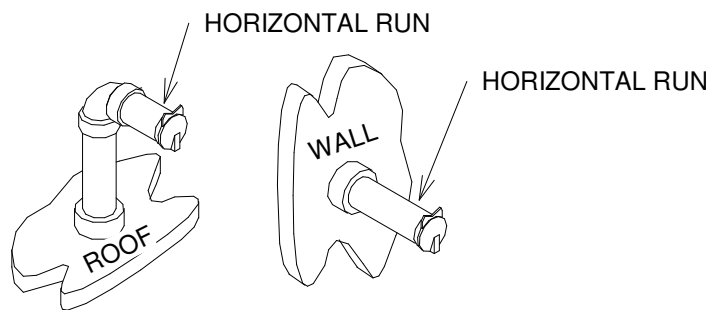
OUTSIDE END FOR BULLDOG AND OTHER MODELS WITH IN-LINE EXHAUST CHECK VALVES



- PROTECT OUTSIDE END OF EXHAUST FROM ENTRY OF WATER, DEBRIS, AND CREATURES.
- POINT AWAY FROM PREVAILING WINDS, CLEAR OF SNOW OR OTHER OBSTRUCTIONS.
- CLEAR ROOF TOPS OR OUTSIDE WALLS BY A MINIMUM OF 6 INCHES.
- LOCATE IN AN INCONSPICUOUS SITE AWAY FROM DOORS, WINDOWS OR VENTILATION INTAKES.
- ALL WORK MUST COMPLY WITH 1996 NFPA 99c.

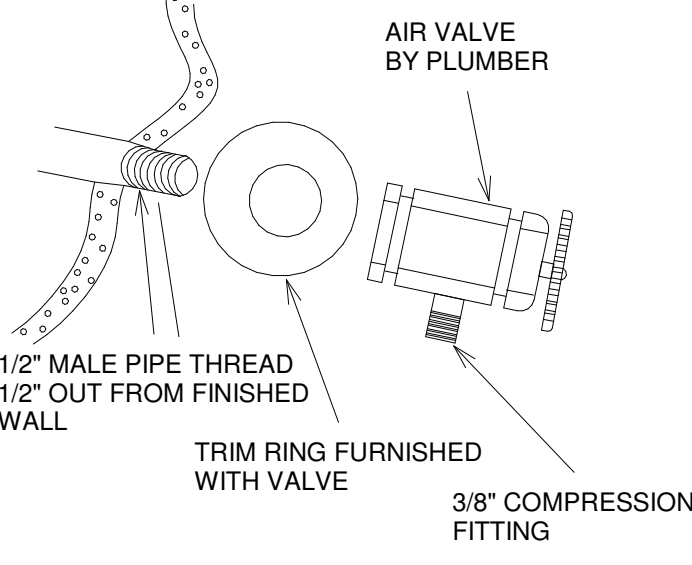
② EXHAUST PIPING - OUTSIDE END
1 1/2" = 1'-0"

OUTSIDE END FOR MODELS WITH RAMVAC SUPPLIED FLAPPER VALVE

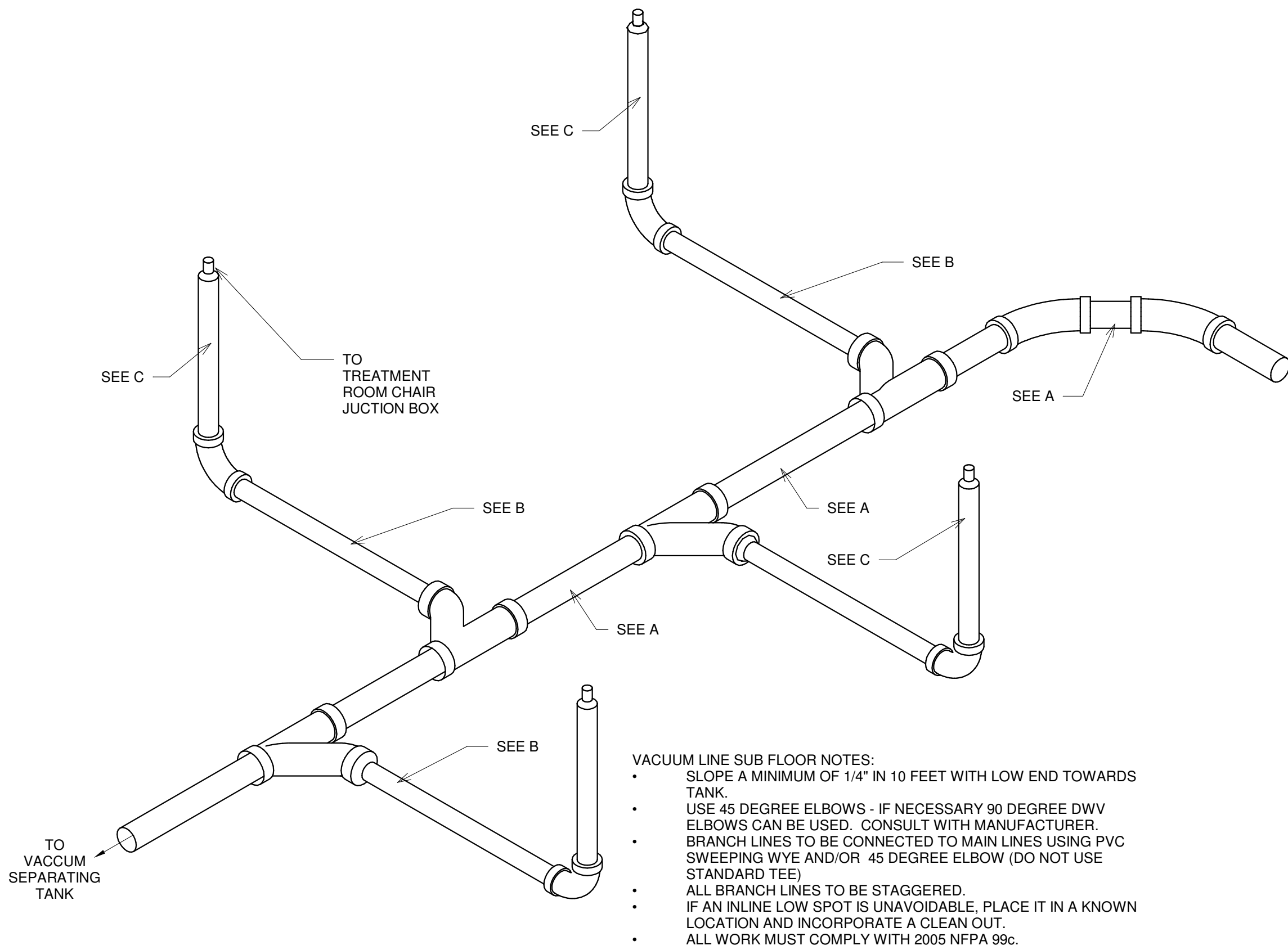


AIR OUTLET PLUMBING:

A. PROVIDE SHORT STUBBED OUT LINE FROM WALL - TERMINATE WITH RIGHT ANGLE STOP VALVE THAT AS A 3/8" O.D. GDCOMPRESSION OUTLET FITTING. ELEVATION ON PRINT.



① AIR OUTLET
3" = 1'-0"



- VACUUM LINE SUB FLOOR NOTES:
- SLOPE A MINIMUM OF 1/4" IN 10 FEET WITH LOW END TOWARDS TANK.
 - USE 45 DEGREE ELBOWS - IF NECESSARY 90 DEGREE DWV ELBOWS CAN BE USED. CONSULT WITH MANUFACTURER.
 - BRANCH LINES TO BE CONNECTED TO MAIN LINES USING PVC SWEEPING WYE AND/OR 45 DEGREE ELBOW (DO NOT USE STANDARD TEE)
 - ALL BRANCH LINES TO BE STAGGERED.
 - IF AN INLINE LOW SPOT IS UNAVOIDABLE, PLACE IT IN A KNOWN LOCATION AND INCORPORATE A CLEAN OUT.
 - ALL WORK MUST COMPLY WITH 2005 NFPA 99c.

A-DEC DEAN						
IF A PIPING DIAGRAM IS PROVIDED BY THE MANUFACTURER, IT SUPERCEDES THIS CHART. IF NOT, USE THIS CHART IN CONFERENCE WITH PATTERSON DENTAL REP.						
		DV5	DV5T	DV7	DV7T	DV10
A	MAIN LINE DIAMETER MINIMUM-MAXIMUM	2" PVC SCH. 40				
B	BRANCH LINE DIAMETER MINIMUM-MAXIMUM	3/4"-1-1/2"PVC SCH. 40				
C	RISE R LINE DIAMETER	1" PVC SCH. 40				

⑤ VACUUM LINE - SUB FLOOR (A-DEC DEAN)
1 1/2" = 1'-0"

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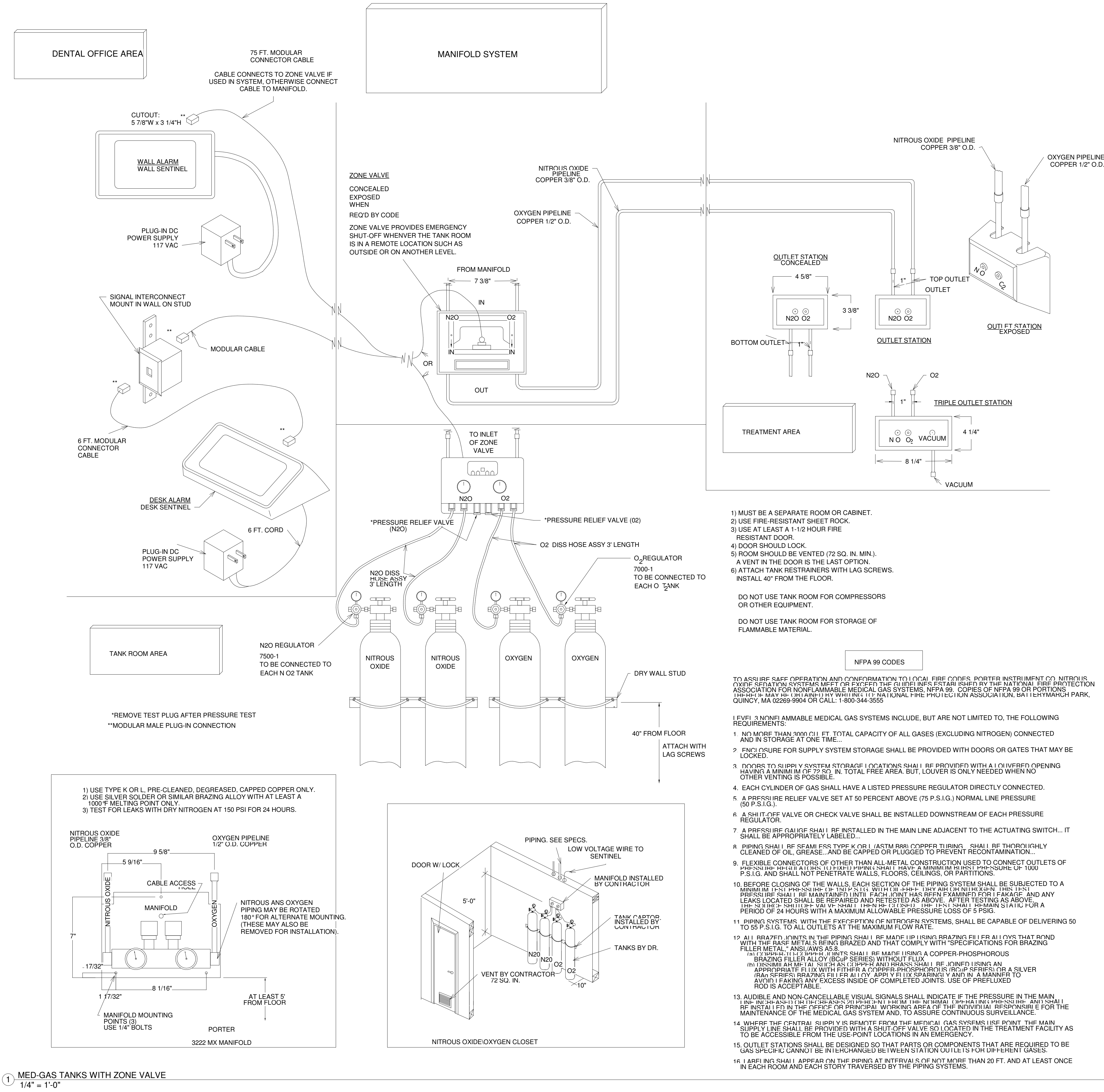
SHEET NO.


DX110

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BM 360 / 200 / Patterson Dental 752026 200 / Majestic Dental 752026 r4





**PATTERSON
DENTAL**

1031 MENDOTA HEIGHTS ROAD
MENDOTA HEIGHTS, MN

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