

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2



DRAWN BY: [Signature] / DATE: 02-20-2023
 CEC: [Signature]

PROJECT NUMBER: 120-12-17
 HCA # : S22114336-00

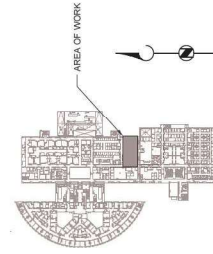
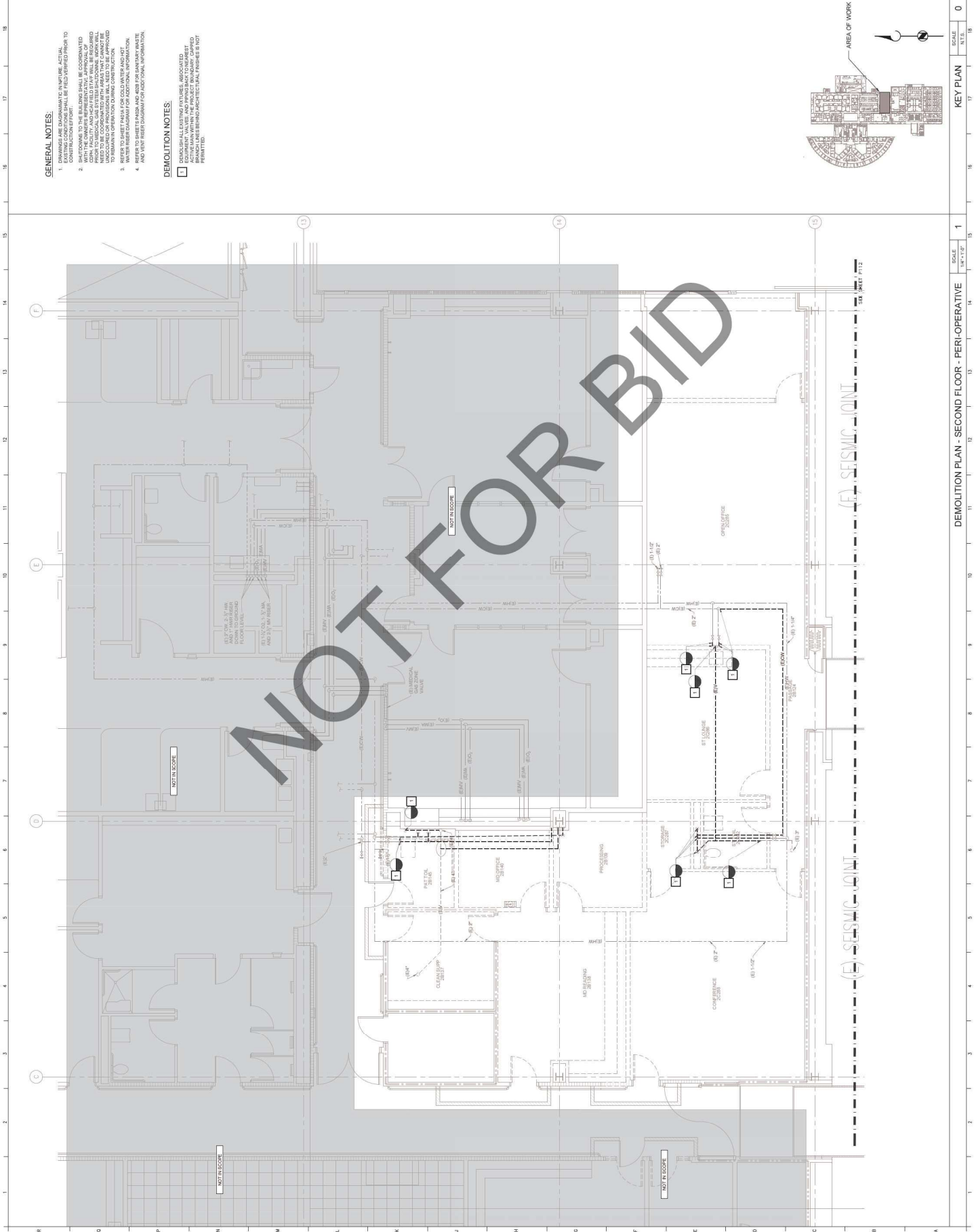
SHEET TITLE: DEMOLITION PLAN - SECOND FLOOR - PERI-OPERATIVE
 SHEET NUMBER: P111

GENERAL NOTES:

1. DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONDITIONS SHALL BE FIELD VERIFIED PRIOR TO CONSTRUCTION.
2. SHIFTS DOWN TO THE BUILDING SHALL BE COORDINATED WITH THE GENERAL CONTRACTOR. ALL FIELD STAFF WILL BE REQUIRED TO WEAR HARD HATS AT ALL TIMES. ALL FIELD STAFF NEED TO BE COORDINATED WITH AHEAD THAT CANNOT BE COORDINATED WITH AHEAD. ALL FIELD STAFF TO REMAIN IN OPERATIONAL DURING CONSTRUCTION.
3. WATER TO SHEET FROM A FOOD WASTE AND POTENTIAL CONTAMINANTS SHALL BE FIELD VERIFIED PRIOR TO CONSTRUCTION.
4. REFER TO SHEETS P102B AND A021 FOR SANITARY WASTE AND VENT RISER DIAGRAM FOR ADDITIONAL INFORMATION.

DEMOLITION NOTES:

- 1. DEMOLITION SHALL BE IN ACCORDANCE WITH THE REQUIREMENTS OF THE CALIFORNIA DEMOLITION ACT AND ALL APPLICABLE REGULATIONS. ALL REMAINING PERMITS SHALL BE OBTAINED PRIOR TO DEMOLITION.



KEY PLAN	SCALE	SHEET	0
1	1/4" = 1'-0"	P111	0

ARCHITECT

Savely Healthcare Architects
ARCHITECTURE + PLANNING + DESIGN
505 Technology Drive, Suite 175
Menlo Park, CA 94025
(650) 321-1116
(650) 321-1117
(650) 321-1118
(650) 321-1119
(650) 321-1120
(650) 321-1121
(650) 321-1122
(650) 321-1123
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(650) 321-1145
(650) 321-1146
(650) 321-1147
(650) 321-1148
(650) 321-1149
(650) 321-1150

PROJECT

ARROWHEAD REGIONAL MEDICAL CENTER
400 N. PEPPER AVE.
COLTON, CALIFORNIA 92324

HYBRID OPERATING ROOMS



255 E. Rincon St., Suite 301
Corona, CA 92719
(951) 261-1000
www.gossengineering.com

Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: [Signature]
CHECKED BY: [Signature]
DATE: 12.20.2023

PROJECT NUMBER: 120-12-17
HCA # : S222149336-00

SHEET TITLE: DEMOLITION PLAN - SECOND FLOOR - HYBRID/IOOR
SHEET NUMBER: [Blank]

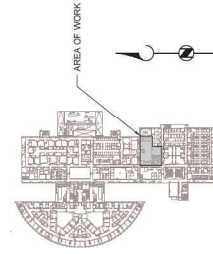
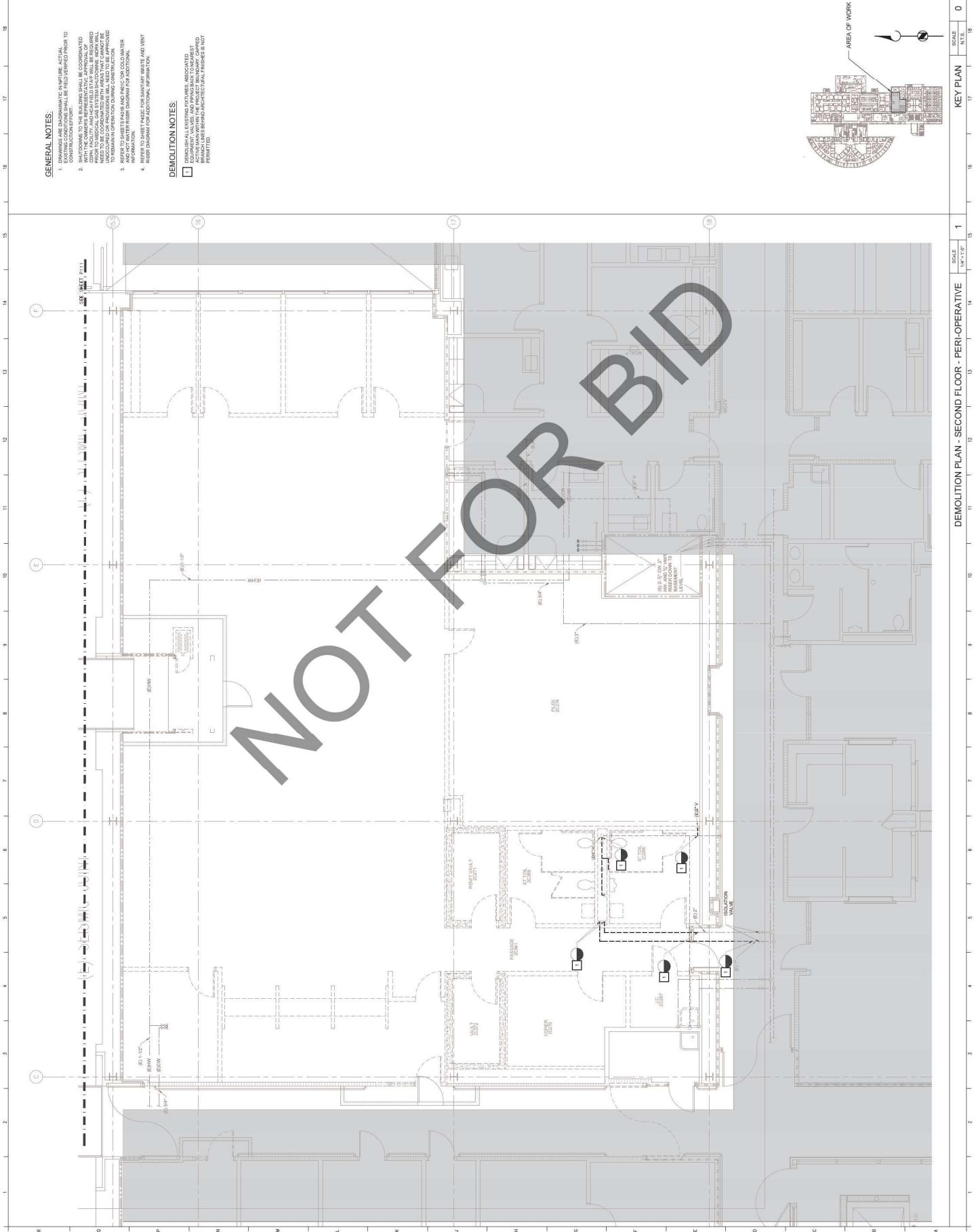
P112

GENERAL NOTES:

- DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONDITIONS SHALL BE FIELD VERIFIED PRIOR TO COMMENCEMENT OF WORK.
- SHIFTS DOWN TO THE BUILDING SHALL BE COORDINATED WITH THE GENERAL CONTRACTOR. ALL FIELD STAFF SHALL BE REQUIRED TO WEAR SAFETY HELMETS AND SAFETY VESTS AT ALL TIMES. ALL WORK SHALL BE COORDINATED WITH THE GENERAL CONTRACTOR TO REMAIN IN OPERATION DURING CONSTRUCTION.
- REMOVE TO STREET OR TO DRAINAGE OR TO COLD WATER MAINS. REMOVE TO STREET OR TO DRAINAGE OR TO COLD WATER MAINS. REMOVE TO STREET OR TO DRAINAGE OR TO COLD WATER MAINS.
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KEY PLAN	SCALE	N.T.S.
1	1/4" = 1'-0"	0

DEMOLITION PLAN - SECOND FLOOR - PERI-OPERATIVE

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2



DRAWN BY: [Signature] CHECKED BY: [Signature] DATE: 12.20.2023

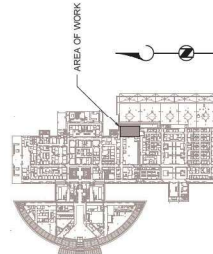
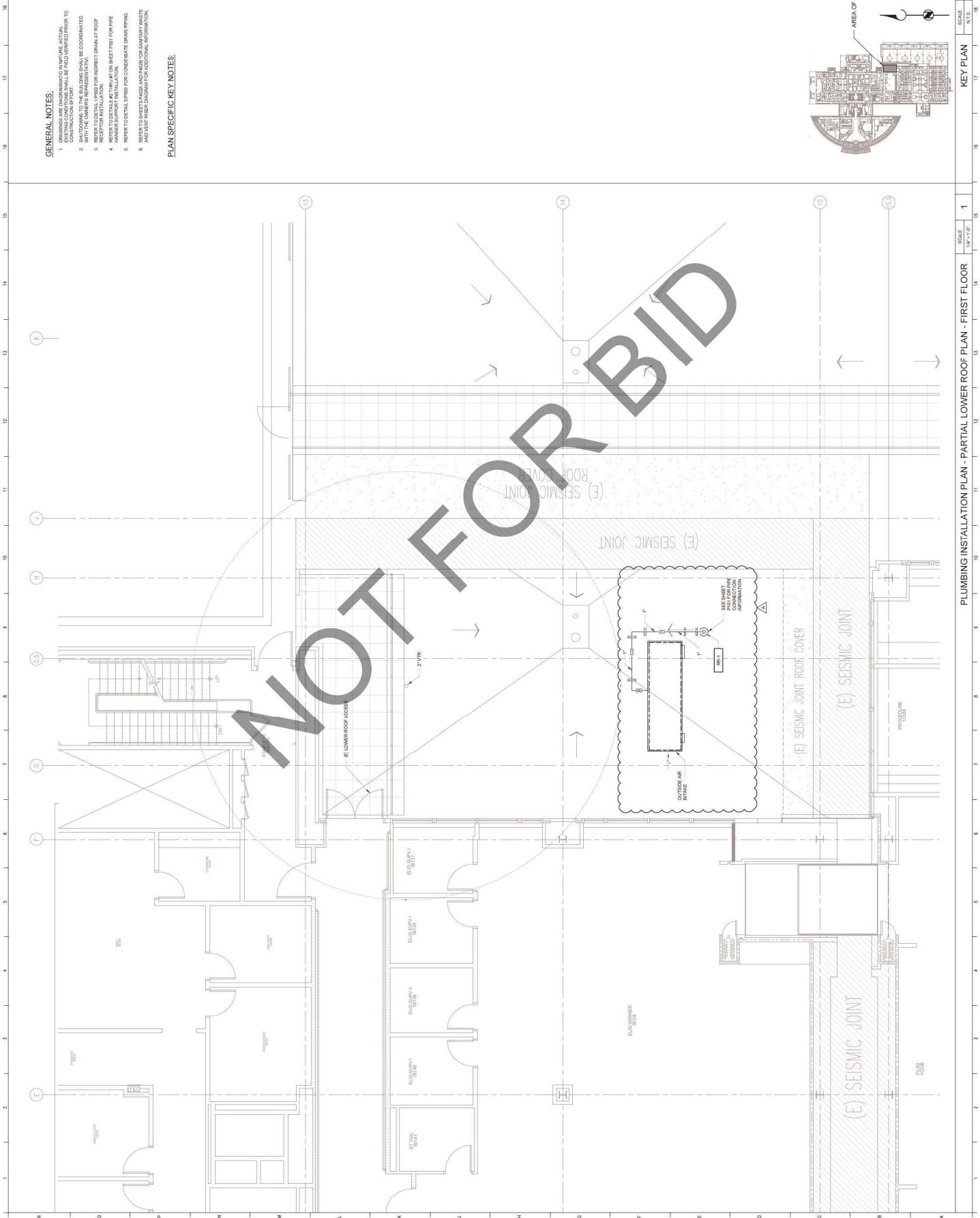
PROJECT NUMBER: 120-12-17
 HCA # : S22T149336-00

SHEET TITLE
PLUMBING INSTALLATION PLAN - PARTIAL LOWER ROOF PLAN - FIRST FLOOR
 SHEET NUMBER

GENERAL NOTES:

1. DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONSTRUCTION SHALL BE COORDINATED WITH THE CONTRACTOR BY FIELD VERIFICATION PRIOR TO START OF CONSTRUCTION.
2. SHUTTINGS TO THE BUILDING SHALL BE COORDINATED WITH THE CONTRACTOR BY FIELD VERIFICATION PRIOR TO START OF CONSTRUCTION.
3. REFER TO DETAIL 5000 FOR INDIRECT DRAIN AT ROOF HATCH FOR INSTALLATION.
4. REFER TO DETAIL 5000 FOR INDIRECT DRAIN AT ROOF HATCH FOR INSTALLATION.
5. REFER TO DETAIL 5000 FOR CONDENSATE DRAIN PIPING AND VENT RISER DIAGRAM FOR ADDITIONAL INFORMATION.
6. REFER TO SHEETS 5000 AND 5001 FOR SANITARY WASTE AND VENT RISER DIAGRAM FOR ADDITIONAL INFORMATION.

PLAN SPECIFIC KEY NOTES:



KEY PLAN	SCALE	N.T.S.
0	1	0

PLUMBING INSTALLATION PLAN - PARTIAL LOWER ROOF PLAN - FIRST FLOOR

SCALE 1/4" = 1'-0"

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: [Signature] / CHECKED BY: [Signature] / DATE: 12.20.2023

PROJECT NUMBER: 120-12-17
SHEET NUMBER: 01
HCA # : S22141636-00

SHEET TITLE
**PLUMBING WASTE AND VENT
INSTALLATION PLAN - SECOND
FLOOR - PERI-OPERATIVE**
SHEET NUMBER

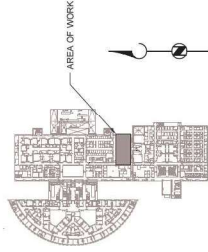
GENERAL NOTES:

1. DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONSTRUCTION BY OTHERS SHALL BE FIELD VERIFIED PRIOR TO START OF WORK.
2. SHUT-DOWNS TO THE BUILDING SHALL BE COORDINATED WITH THE OPERATING ROOMS.
3. REFER TO DETAIL 120901 FOR FLOOR DRAIN INSTALLATION.
4. REFER TO DETAIL 120901 FOR FLOOR DRAIN INSTALLATION.
5. REFER TO DETAIL 120901 FOR FLOOR DRAIN INSTALLATION.
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20. REFER TO DETAIL 120901 FOR FLOOR DRAIN INSTALLATION.

PLAN SPECIFIC KEY NOTES:

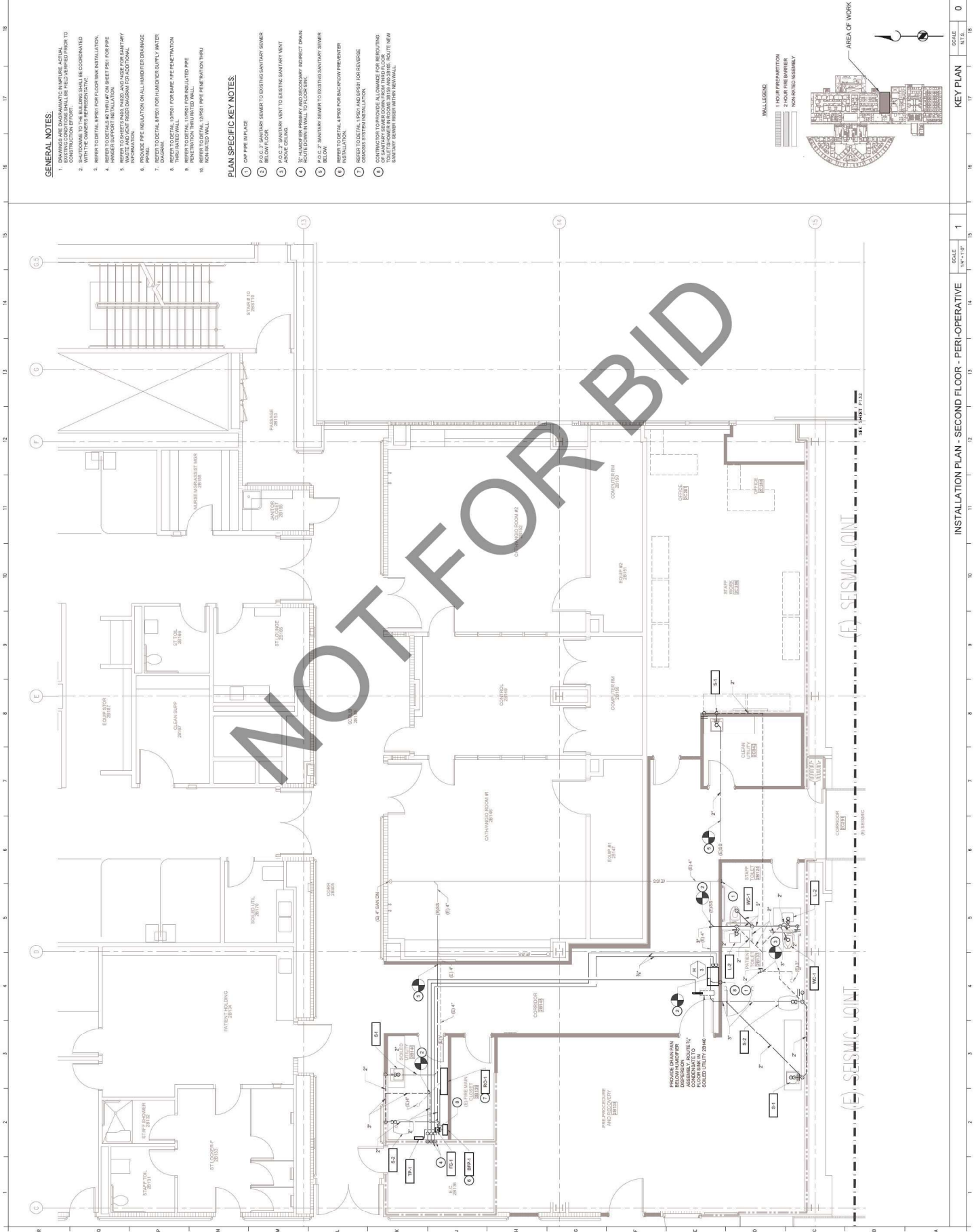
1. CAP PIPE IN PLACE
2. 1" DIA. 2" SANITARY SEWER TO EXISTING SANITARY SEWER BELOW FLOOR
3. 1" DIA. 2" SANITARY VENT TO EXISTING SANITARY VENT ABOVE CEILING
4. 1" DIA. 2" SANITARY SEWER TO EXISTING SANITARY SEWER ROUTE DOWN WALL TO FLOOR SINK
5. 1" DIA. 2" SANITARY SEWER TO EXISTING SANITARY SEWER BELOW FLOOR
6. 1" DIA. 2" SANITARY SEWER TO EXISTING SANITARY SEWER BELOW FLOOR
7. REFER TO DETAIL 120901 FOR FLOOR DRAIN INSTALLATION
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20. REFER TO DETAIL 120901 FOR FLOOR DRAIN INSTALLATION

- 1 HOUR PRESENTATION WALL/SEAL
- 2 HOUR FIRE BARRIER
- NON-INTERRUPTIBLE



KEY PLAN	SCALE	N.T.S.
1	1/4" = 1'-0"	0

NOT FOR BID



INSTALLATION PLAN - SECOND FLOOR - PERI-OPERATIVE	SCALE	N.T.S.
1	1/4" = 1'-0"	0

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2



DRAWN BY: [Signature] / DATE: 12.20.2023

PROJECT NUMBER: 120-12-17
 HCA # : S22114338-00

SHEET TITLE
PLUMBING COLD AND HOT WATER AND MEDICAL GAS INSTALLATION PLAN - SECOND FLOOR - PERI-OPERATIVE
 SHEET NUMBER

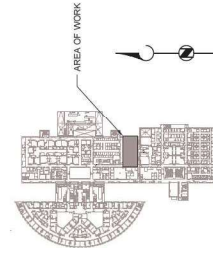
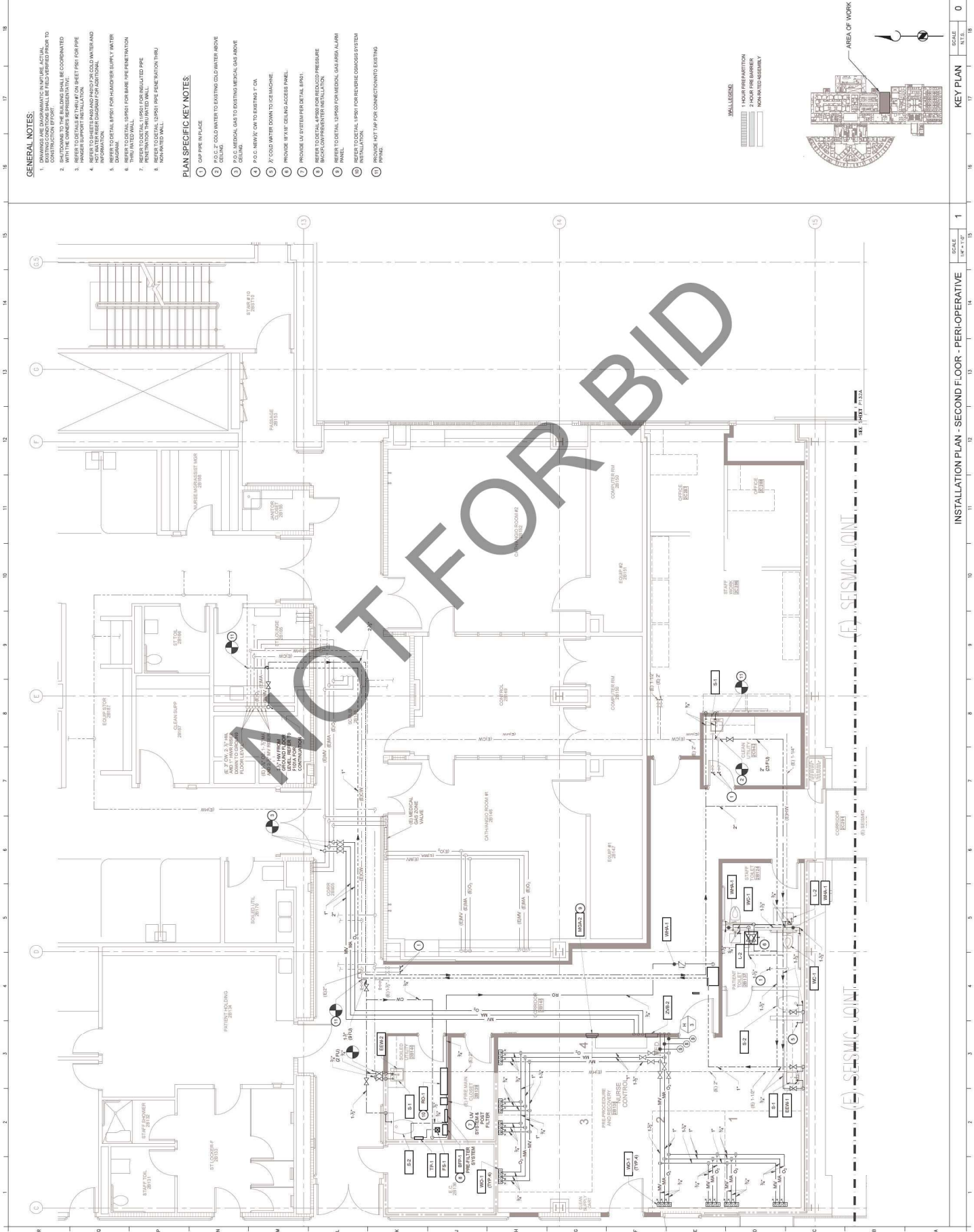
P131A

GENERAL NOTES:

1. DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL EXISTING CONDITIONS SHALL BE FIELD VERIFIED PRIOR TO STARTWORK. TO THE BUILDING SHALL BE COORDINATED WITH THE OWNER'S REPRESENTATIVE.
2. SHUTDOWS TO THE BUILDING SHALL BE COORDINATED WITH THE OWNER'S REPRESENTATIVE.
3. PROVIDE SUFFICIENT INSTALLATION. SHEET P131 FOR PIPE HANGER SUPPORT INSTALLATION.
4. REFER TO SHEETS 200 AND 201 FOR COLD WATER AND MEDICAL GAS INFORMATION.
5. REFER TO METAL UPON FOR HANGERS SUPPLY WATER THROUGH WALL.
6. REFER TO DETAIL 02031 FOR BARE PIPE PENETRATION THROUGH WALL.
7. PENETRATION THROUGH WALL.
8. REFER TO DETAIL 02031 FOR PIPE PENETRATION THROUGH WALL.

PLAN SPECIFIC KEY NOTES:

1. UP PIPE W/ PLUMB
2. 1/2" C.C. COLD WATER TO EXISTING GOLF WATER ABOVE CEILING.
3. 1/2" C.C. MEDICAL GAS TO EXISTING MEDICAL GAS ABOVE CEILING.
4. P.O.C. NEW 1/2" CW TO EXISTING 1" CW.
5. P.O.C. NEW 1/2" CW TO EXISTING 1" CW.
6. PROVIDE 1/2" X 1/2" CEILING ACCESS PANEL.
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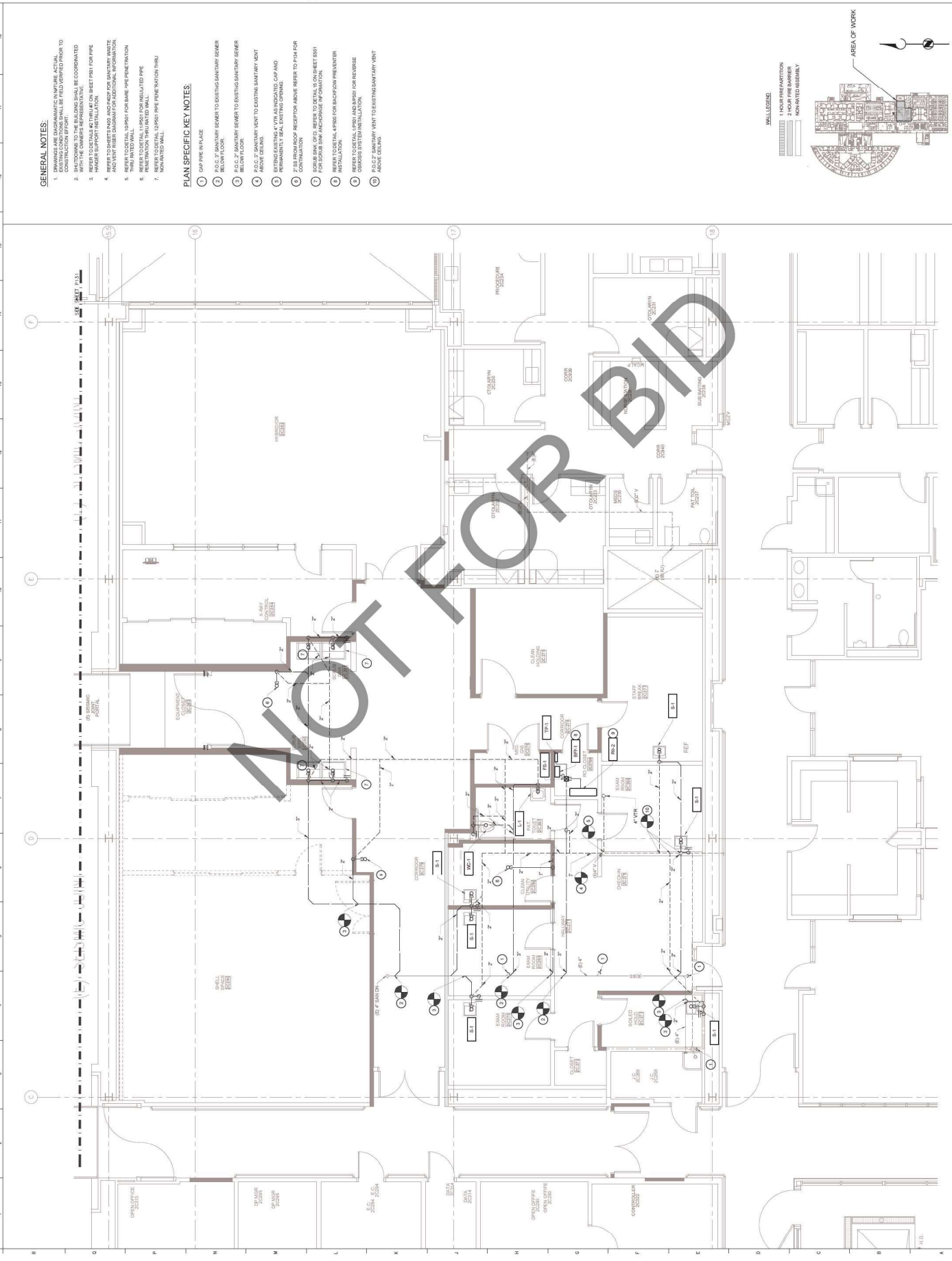
INSTALLATION PLAN - SECOND FLOOR - PERI-OPERATIVE

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

KEY PLAN

SCALE: N.T.S.

0



GENERAL NOTES:

1. DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONSTRUCTION BY FORT SHALL BE FIELD VERIFIED PRIOR TO START OF CONSTRUCTION.
2. SHUT-DOWNS TO THE BUILDING SHALL BE COORDINATED BY FORT AND THE CONTRACTOR.
3. REFER TO DETAIL 11.0901 FOR INSULATED PIPE AND DETAIL 12.0903 FOR PIPE PENETRATION THRU HOISTWAYS.
4. REFER TO DETAIL 12.0901 FOR SANITARY WASTE AND VENT THROUGH PENETRATION INFORMATION.
5. REFER TO DETAIL 12.0902 FOR BASE PIPE PENETRATION THROUGH FINISHED WALL.
6. REFER TO DETAIL 11.0901 FOR INSULATED PIPE.
7. REFER TO DETAIL 12.0903 FOR PIPE PENETRATION THRU HOISTWAYS.

PLAN SPECIFIC KEY NOTES:

- ① 2" DIA. PVC SANITARY VENT TO EXISTING SANITARY SEWER BELOW FLOOR.
- ② 2" DIA. PVC SANITARY VENT TO EXISTING SANITARY SEWER BELOW FLOOR.
- ③ 2" DIA. PVC SANITARY VENT TO EXISTING SANITARY VENT ABOVE CEILING.
- ④ EXISTING EXHAUST VENT AS INDICATED. CAP AND REMAIN IN PLACE. SEE DETAIL 12.0903 FOR INFORMATION.
- ⑤ 2" DIA. PROTRUSING RECEPTOR ABOVE REFER TO FPM FOR INFORMATION. SEE DETAIL 12.0903 FOR INFORMATION.
- ⑥ REFER TO DETAIL 12.0901 FOR BACKFLOW PREVENTER INSTALLATION.
- ⑦ 2" DIA. PVC SANITARY VENT TO EXISTING SANITARY VENT ABOVE CEILING.
- ⑧ 2" DIA. PVC SANITARY VENT TO EXISTING SANITARY VENT ABOVE CEILING.

PROJECT:
ARROWHEAD REGIONAL MEDICAL CENTER
 400 N. PEPPER AVE.
 COLTON, CALIFORNIA 92324

ARCHITECT:
Savely Healthcare Architects
 ARCHITECTURE + PLANNING + DESIGN
 505 T. Technology Drive, Suite 175
 Colton, CA 92311
 (949) 431-4071

ENGINEER:
GOSS ENGINEERING
 255 E. RICHSON ST., SUITE 301
 COLTON, CA 92324
 (949) 431-4071
 WWW.GOSSENGINEERING.COM

PROJECT NUMBER: 120-12-17
 REVISIONS
 1. 08-11-23 BACK CHECK #1
 2. 09-11-23 BACK CHECK #2

AGENCY APPROVAL
 APPROVED
 THE REQUIREMENTS OF THE CODE
 DEPARTMENT OF HEALTH CARE SERVICES & PROFESSIONS
 OFFICE OF STATEWIDE HEALTH CARE LICENSING & REGULATION
 15000-06-06
 ADMIN CHENG

PROFESSIONAL SEALS
 DRAWN BY: [Signature]
 CHECKED BY: [Signature]
 DATE: 12.20.2023
 PROJECT NUMBER: 120-12-17
 SHEET NUMBER: 010
 HCA # S22143.35-00

SHEET TITLE
**PLUMBING WASTE AND VENT
 INSTALLATION PLAN - SECOND
 FLOOR - HYBRID/ICU**
 SHEET NUMBER
P132



1 HOUR FIRE PRESENTATION
 2 HOUR FIRE BARRIER
 NON FINISHED ASSEMBLY



INSTALLATION PLAN - SECOND FLOOR - PERI-OPERATIVE
 SCALE: 1/4" = 1'-0"

KEY PLAN
 SCALE: 1/8" = 1'-0"

SHEET NUMBER: 010

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2



Alan Cheng



DRAWN BY: [Name] / DATE: 02.20.2023

PROJECT NUMBER: [Number]
 HCA # : S222143336-00

SHEET TITLE
PLUMBING COLD AND HOT WATER AND MEDICAL GAS INSTALLATION PLAN - SECOND FLOOR - HYBRIDIOR

P132A

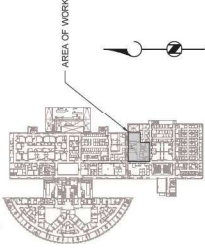
GENERAL NOTES:

- DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONSTRUCTION BY OTHERS SHALL BE COORDINATED WITH THE ARCHITECT.
- SHUT-DOWNS TO THE BUILDING SHALL BE COORDINATED WITH THE ARCHITECT.
- REFER TO THE HAZARDOUS WASTE REGULATIONS FOR ADDITIONAL INFORMATION.
- INSTALLATION SHALL BE IN ACCORDANCE WITH THE HAZARDOUS WASTE REGULATIONS FOR ADDITIONAL INFORMATION.
- REFER TO SHEETS HWS-01 AND HWS-02 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-03 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-04 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-05 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-06 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-07 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-08 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-09 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-10 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-11 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-12 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-13 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-14 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-15 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-16 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-17 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-18 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-19 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-20 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-21 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-22 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-23 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-24 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-25 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-26 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-27 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-28 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-29 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-30 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-31 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-32 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-33 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-34 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-35 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-36 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-37 FOR ADDITIONAL INFORMATION.
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- REFER TO SHEET HWS-41 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-42 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-43 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-44 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-45 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-46 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-47 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-48 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-49 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-50 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-51 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-52 FOR ADDITIONAL INFORMATION.
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- REFER TO SHEET HWS-62 FOR ADDITIONAL INFORMATION.
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- REFER TO SHEET HWS-70 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-71 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-72 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-73 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-74 FOR ADDITIONAL INFORMATION.
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- REFER TO SHEET HWS-83 FOR ADDITIONAL INFORMATION.
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- REFER TO SHEET HWS-89 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-90 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-91 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-92 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-93 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-94 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-95 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-96 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-97 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-98 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-99 FOR ADDITIONAL INFORMATION.
- REFER TO SHEET HWS-100 FOR ADDITIONAL INFORMATION.

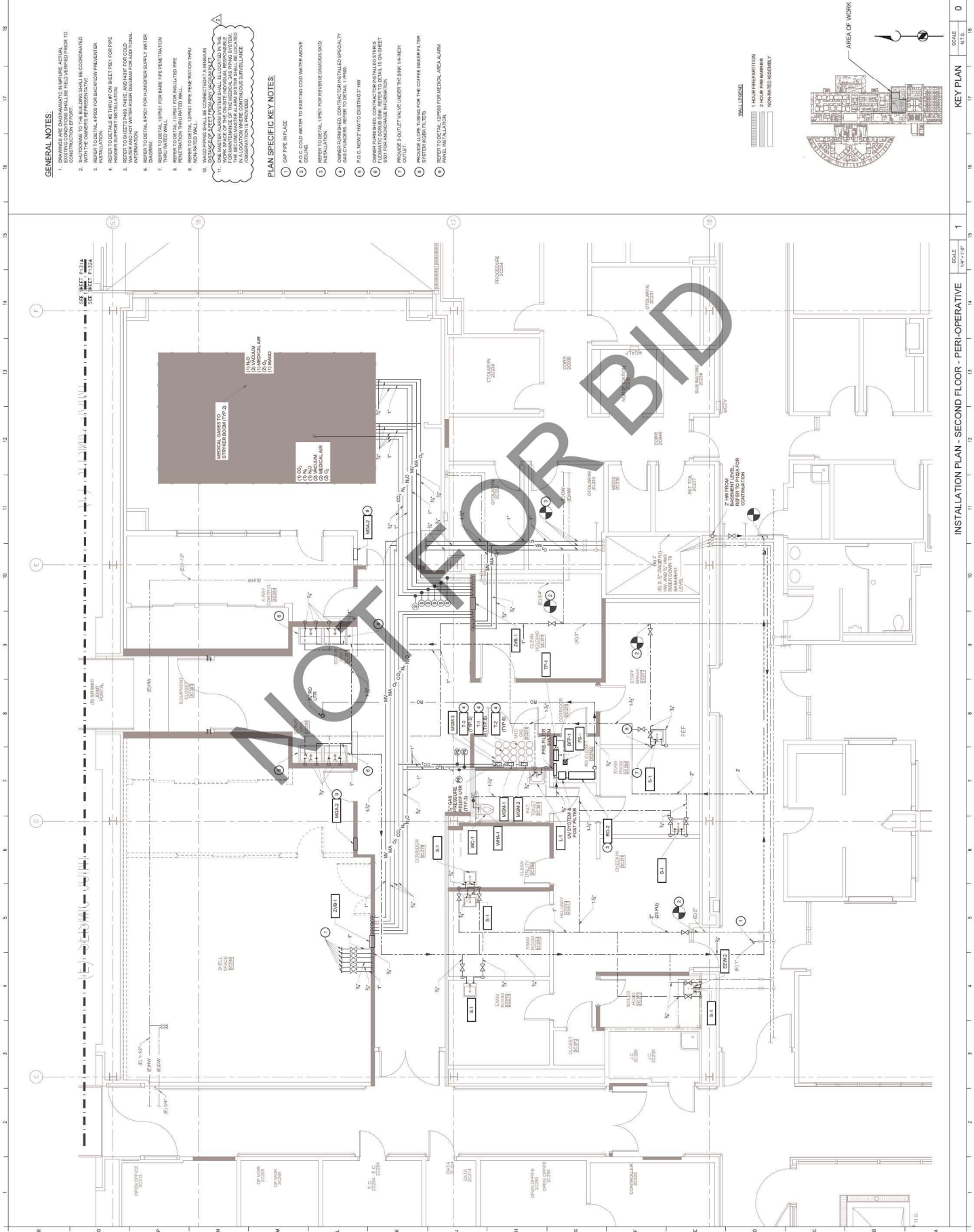
PLAN SPECIFIC KEY NOTES:

- CMP PIPE IN PLACE
- P.O.C. COLD WATER TO EXISTING COLD WATER ABOVE
- CEILING
- REFER TO DETAIL HWS-01 FOR REVERSE COMPOSED SKID INSTALLATION
- OWNER FURNISHED CONTROLS SHALL BE INSTALLED SPECIALLY BY THE CONTRACTOR AND SHALL BE IN ACCORDANCE WITH THE FOLLOWING:
- P.O.C. HEAVY TWIN TO EXISTING 7" HW
- OWNER FURNISHED CONTROLS SHALL BE INSTALLED SPECIALLY BY THE CONTRACTOR AND SHALL BE IN ACCORDANCE WITH THE FOLLOWING:
- PROVIDE 5" OUTLET VALVE UNDER THE SINK 18 INCH OUTLET
- PROVIDE 1/2" TUBING FOR THE COFFEE MAKER FILTER SYSTEM (SINK FILTER)
- REFER TO DETAIL HWS-02 FOR MEDICAL AREA ALARM PANEL INSTALLATION

- 1 HOUR FIRE PARTITION
- 2 HOUR FIRE BARRIER
- NON-FIRED CABINET



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



INSTALLATION PLAN - SECOND FLOOR - PERI-OPERATIVE
 SCALE: 1/4" = 1'-0"

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

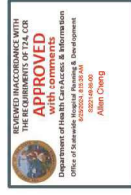
NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



Alan Cheng

AGENCY APPROVAL



DRAWN BY: JEP
 CHECKED BY: JEP
 DATE: 02/28/2023

PROJECT NUMBER: 120-12-17
 HCA # : S22114335-00

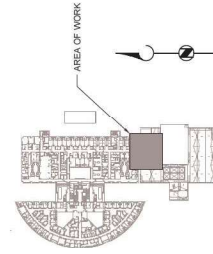
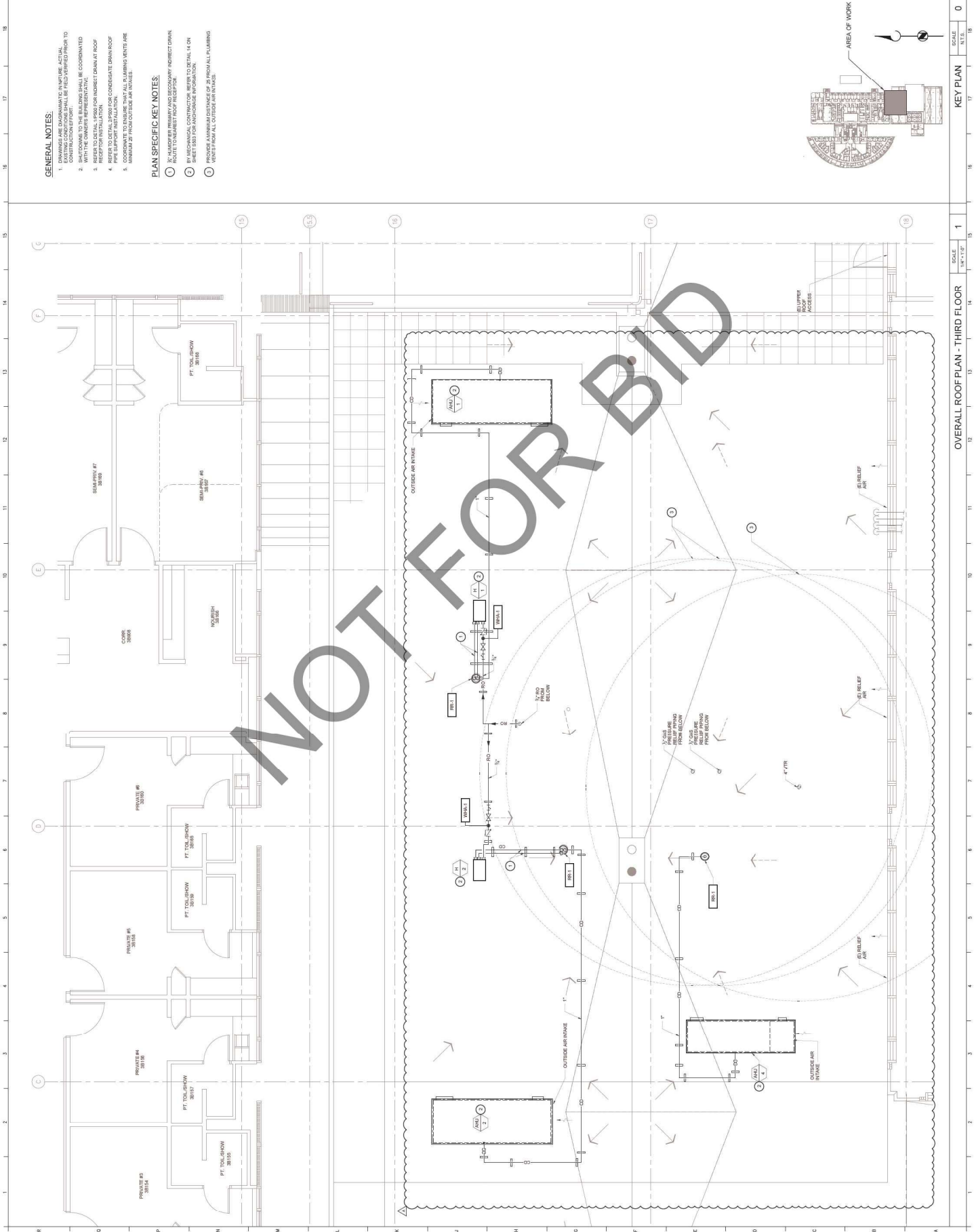
SHEET TITLE: OVERALL ROOF PLAN - THIRD FLOOR
 SHEET NUMBER: 0

GENERAL NOTES:

1. DRAWINGS ARE DIAGNOSTIC IN NATURE. ACTUAL CONSULTING ACTION IS REQUIRED PRIOR TO CONSTRUCTION.
2. SHIFTS DOWN TO THE BUILDING SHALL BE COORDINATED WITH THE MECHANICAL CONTRACTOR.
3. REFER TO DETAIL 1000 FOR INDIRECT DRAIN AT ROOF RECEIPT FOR INSTALLATION.
4. REFER TO DETAIL 1000 FOR CONDENSATE DRAIN ROOF PIPE RECEIPT FOR INSTALLATION.
5. COORDINATE TO ENSURE THAT ALL PLUMBING VENTS ARE MINIMUM 2' FROM OUTSIDE AIR INTAKE.

PLAN SPECIFIC KEY NOTES:

1. HATCHER PRIMARY AND SECONDARY INDIRECT DRAIN TO INDENT NUMBER ROOF RECEPT.
2. IN MECHANICAL CONTRACTOR, REFER TO DETAIL 14 ON SHEET 1000 FOR CONDENSATE VENT POSITION.
3. VENTS FROM ALL CONDENSATE ARE NOT ALLOWED TO DRAIN FROM ALL PLUMBING.



KEY PLAN	SCALE	1	0
OVERALL ROOF PLAN - THIRD FLOOR	1/4" = 1'-0"	1	0

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



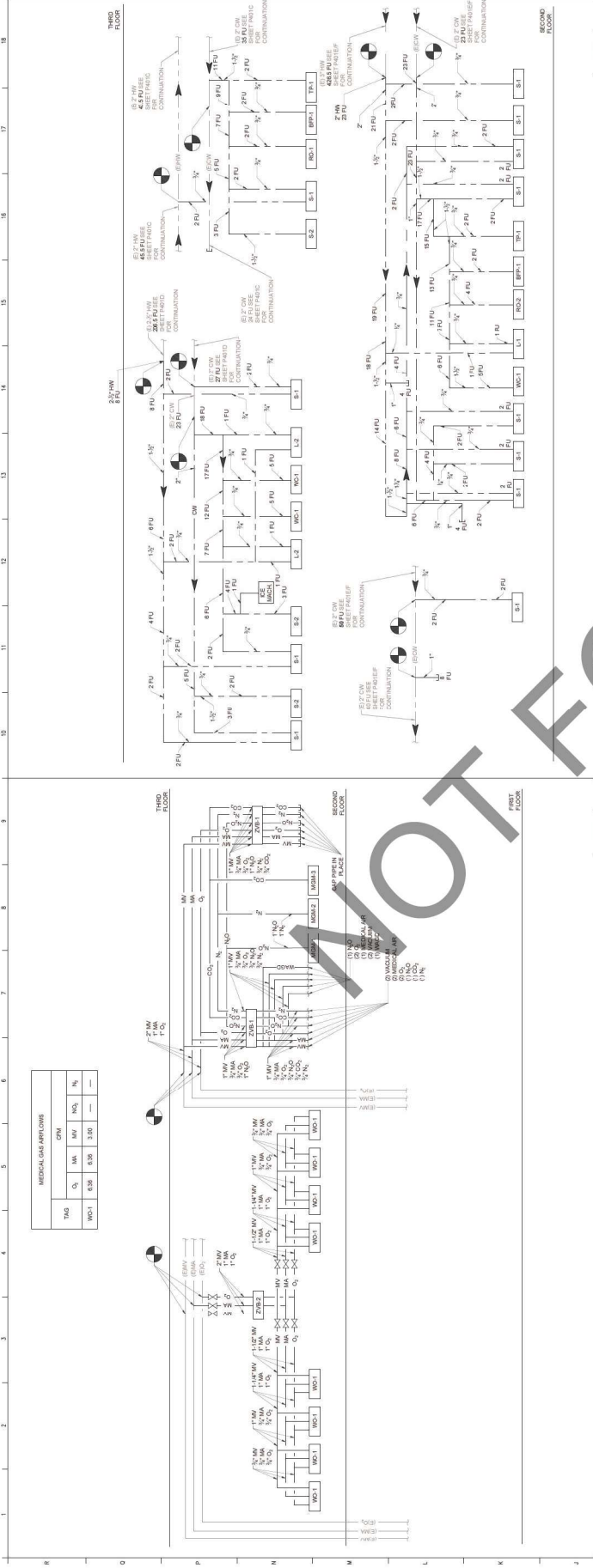
AGENCY APPROVAL



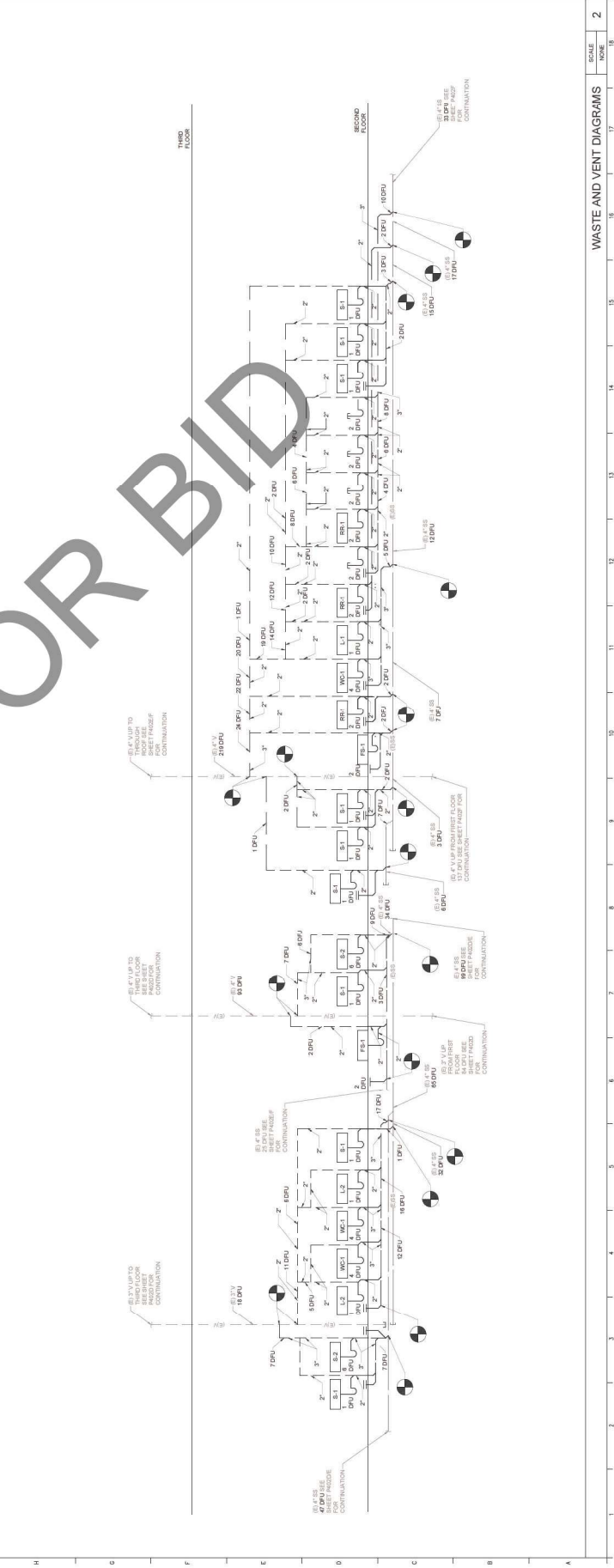
DRAWN BY: [Signature] | CHECKED BY: DATE: 12.20.2023

PROJECT NUMBER: 120-12-17
 HCA # : S22114335-00

SHEET TITLE: PLUMBING RISER DIAGRAMS
 SHEET NUMBER: [Blank]



MEDICAL GAS RISER DIAGRAM | SCALE: NONE | SHEET: 3



COLD WATER / HOT WATER RISER DIAGRAMS | SCALE: NONE | SHEET: 1

WASTE AND VENT DIAGRAM | SCALE: NONE | SHEET: 2

Table with 2 columns: NO., DATE, REVISIONS. Includes entries for BACK CHECK #1 and BACK CHECK #2.

PROFESSIONAL SEALS



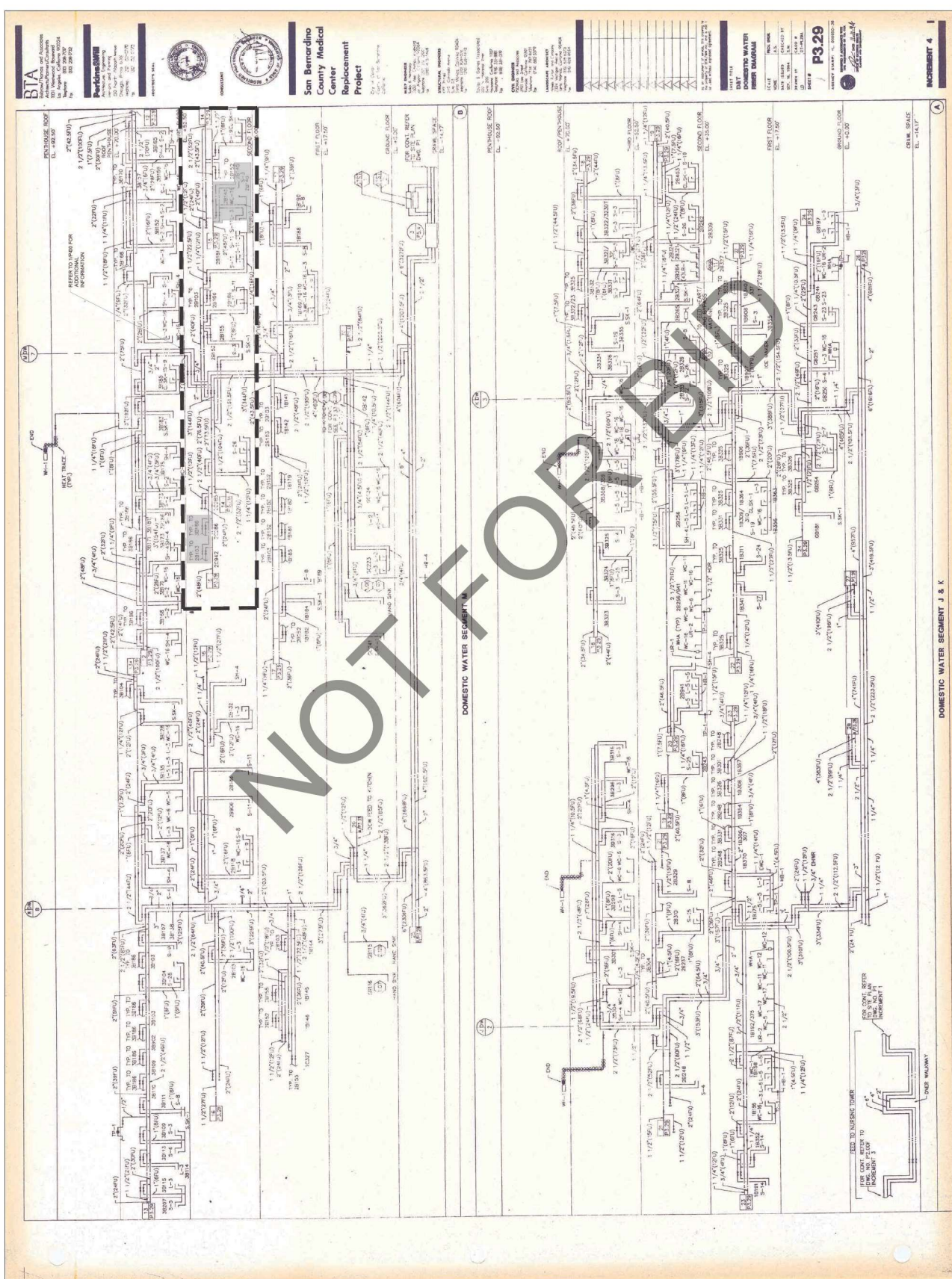
AGENCY APPROVAL



DRAWN BY: [Name] CHECKED BY: [Name] DATE: 12.20.2023

PROJECT NUMBER: [Number] SHEET NUMBER: [Number] HCA # 522214535-00

SHEET TITLE: COLD AND HOT WATER RISER DIAGRAM-PERI-OPERATIVE DEMOLITION



NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL

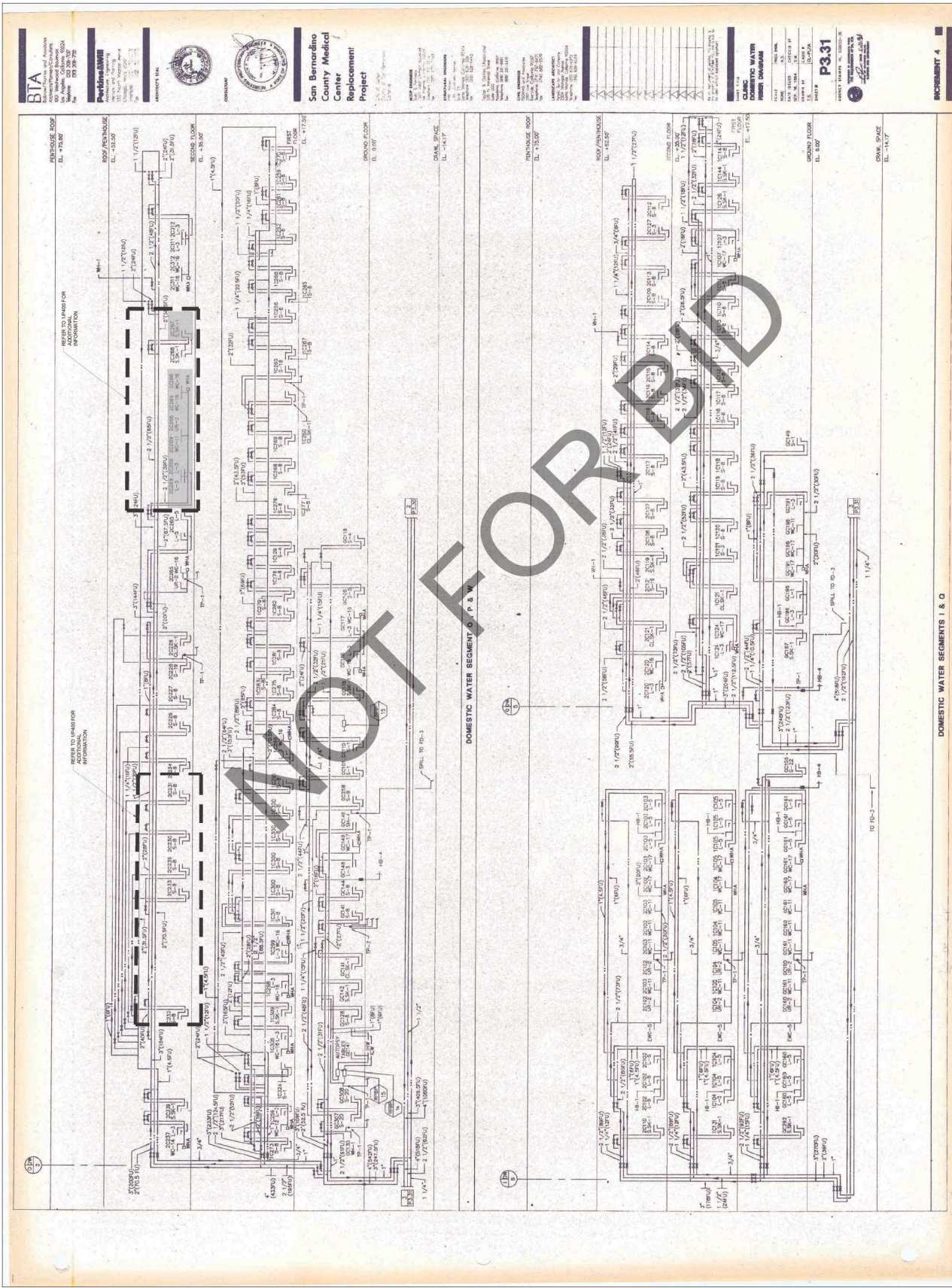


DRAWN BY: [Signature]
CHECKED BY: [Signature] DATE: 12.20.2023

PROJECT NUMBER: 120-12-17
HCA # : S2214535-00

SHEET TITLE
**COLD AND HOT WATER RISER
DIAGRAM-HYBRID/DIOL DEMOLITION**
SHEET NUMBER

P401B



FOR REFERENCE ONLY

COLD AND HOT WATER RISER DIAGRAM-HYBRID/DIOL DEMOLITION

SCALE: AS SHOWN

NO. 1

ARCHITECT

Savely Healthcare Architects
ARCHITECTURE + PLANNING + DESIGN
505 Technology Drive, Suite 175
San Jose, California 95128
(408) 431-8071

PROJECT

ARROWHEAD REGIONAL MEDICAL CENTER
400 N. PEPPER AVE.
COLTON, CALIFORNIA 92324

HYBRID OPERATING ROOMS



255 E. Rincon St., Suite 301
Colton, CA 92379 | 951.940.1090
www.gossengineering.com

Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



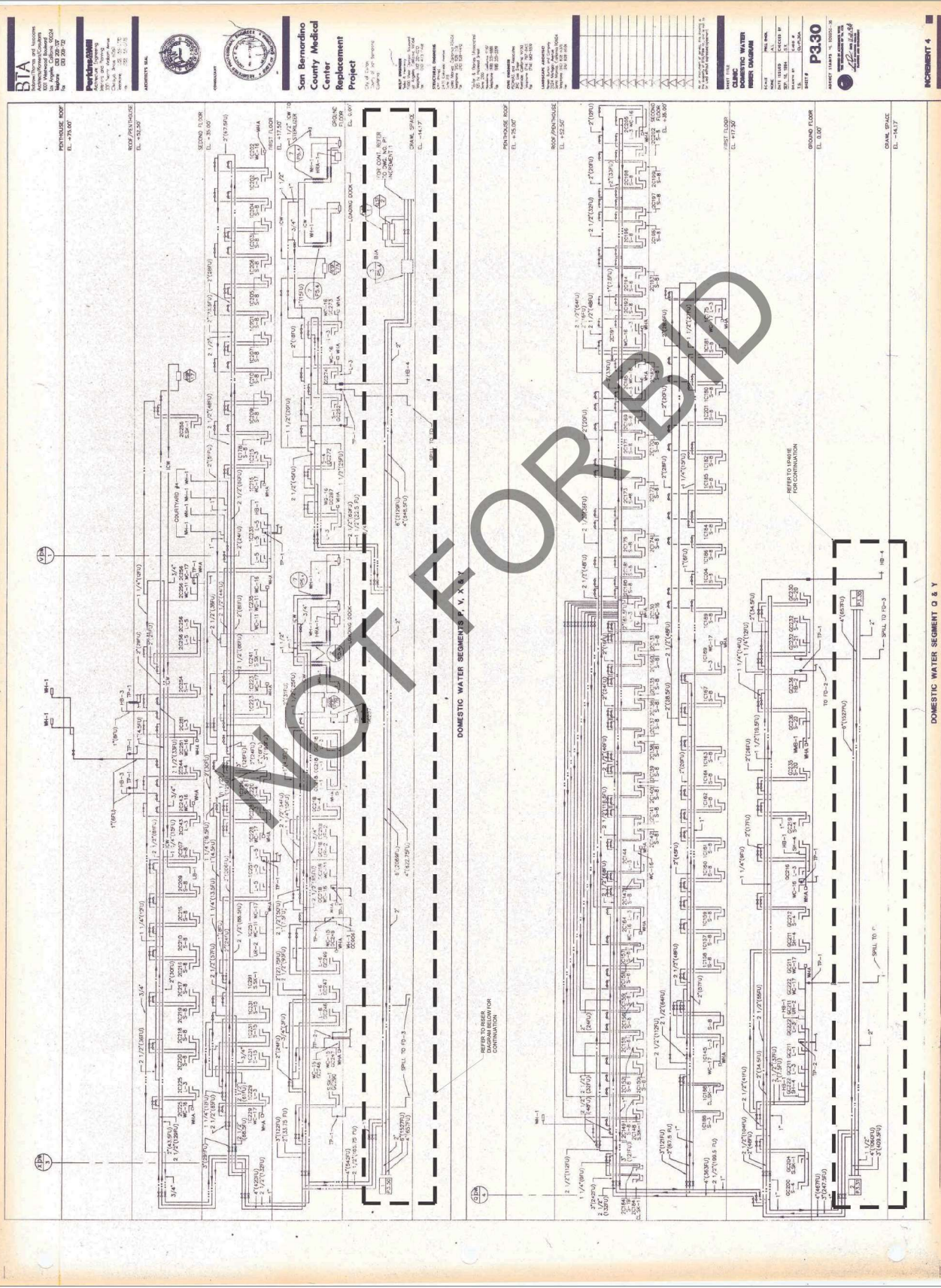
AGENCY APPROVAL



DRAWN BY: [Name] | CHECKED BY: [Name] | DATE: 12.20.2023

PROJECT NUMBER: [Number]
SHEET NUMBER: [Number]
HCA # : S22143.16.10.00

SHEET TITLE
COLD AND HOT WATER RISER DIAGRAM-HYBRID/DEMOLITION
SHEET NUMBER



NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



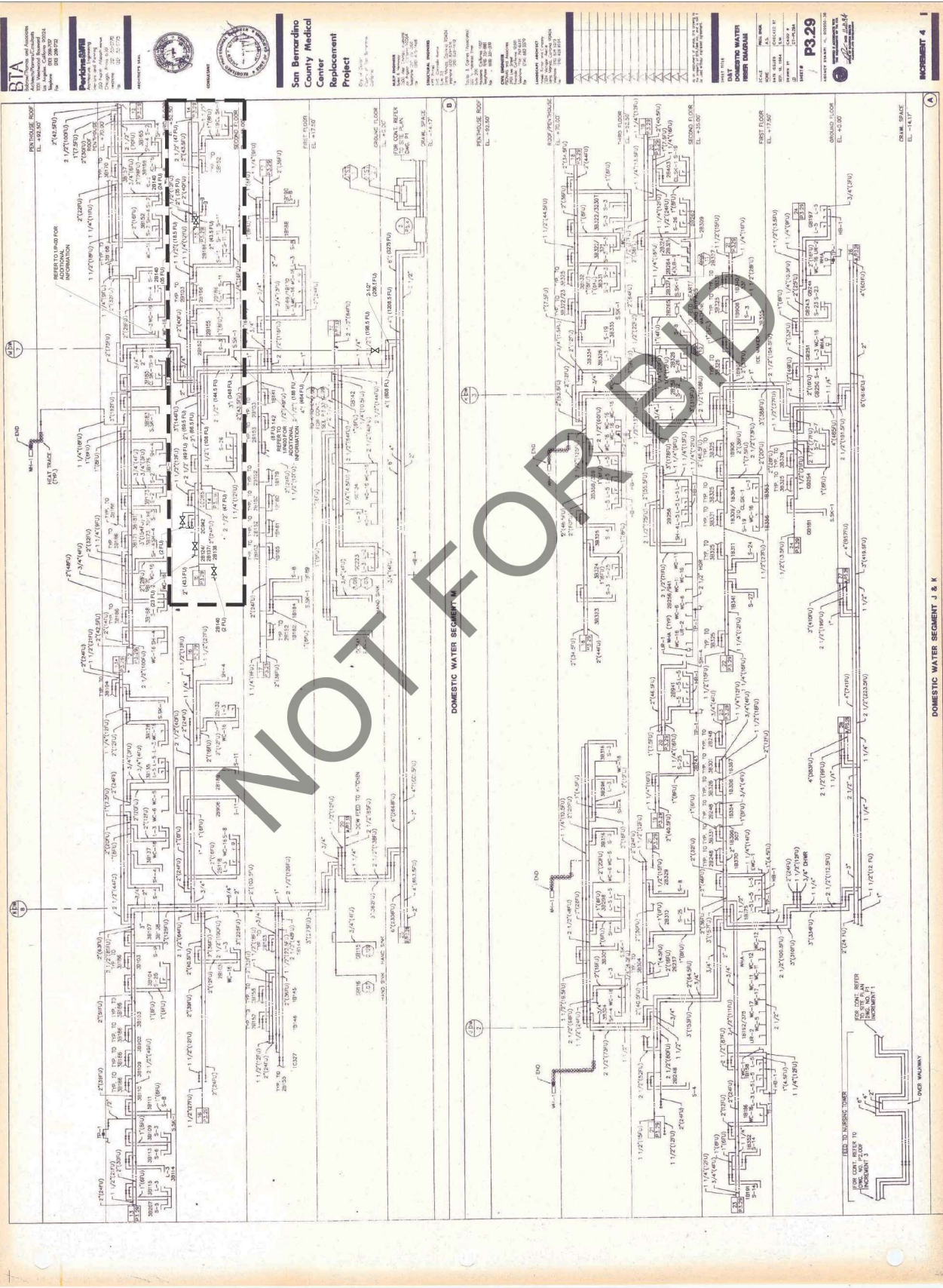
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PROJECT NUMBER: 120-12-17
 HCA # 52214535-00

SHEET TITLE: COLD AND HOT WATER RISER DIAGRAM-PERI-OPERATIVE INSTALLATION
 SHEET NUMBER: P401D



FOR REFERENCE ONLY

COLD AND HOT WATER RISER DIAGRAM-PERI-OPERATIVE INSTALLATION

SCALE: NONE

1

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: [Signature] | CHECKED BY: [Signature] | DATE: 12.20.2023

PROJECT NUMBER: 120-12-17
 HCAI #: S2214535-00

SHEET TITLE
**COLD AND HOT WATER RISER
 DIAGRAM-HYBRID/OR INSTALLATION**
 SHEET NUMBER

BTA
 Building Technology Associates
 100 Westwood Boulevard, Suite 201
 Westwood, CA 91361
 (818) 335-2707

Architect/Engineer
 100 Westwood Boulevard, Suite 201
 Westwood, CA 91361
 (818) 335-2707



San Bernardino County Medical Center Replacement Project

San Bernardino County Medical Center Replacement Project

PROJECT NUMBER: 120-12-17

DATE: 12/20/2023

SCALE: AS SHOWN

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

LOCATION: 400 N. PEPPER AVE., COLTON, CA 92324

CLIENT: SAN BERNARDINO COUNTY HEALTH SERVICES

DESIGNER: BTA

DATE: 12/20/2023

SCALE: AS SHOWN

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

LOCATION: 400 N. PEPPER AVE., COLTON, CA 92324

CLIENT: SAN BERNARDINO COUNTY HEALTH SERVICES

DESIGNER: BTA

DATE: 12/20/2023

SCALE: AS SHOWN

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

LOCATION: 400 N. PEPPER AVE., COLTON, CA 92324

CLIENT: SAN BERNARDINO COUNTY HEALTH SERVICES

DESIGNER: BTA

DATE: 12/20/2023

SCALE: AS SHOWN

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

LOCATION: 400 N. PEPPER AVE., COLTON, CA 92324

CLIENT: SAN BERNARDINO COUNTY HEALTH SERVICES

DESIGNER: BTA

DATE: 12/20/2023

SCALE: AS SHOWN

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

LOCATION: 400 N. PEPPER AVE., COLTON, CA 92324

CLIENT: SAN BERNARDINO COUNTY HEALTH SERVICES

DESIGNER: BTA

DATE: 12/20/2023

SCALE: AS SHOWN

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

LOCATION: 400 N. PEPPER AVE., COLTON, CA 92324

CLIENT: SAN BERNARDINO COUNTY HEALTH SERVICES

DESIGNER: BTA

DATE: 12/20/2023

SCALE: AS SHOWN

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

LOCATION: 400 N. PEPPER AVE., COLTON, CA 92324

CLIENT: SAN BERNARDINO COUNTY HEALTH SERVICES

DESIGNER: BTA

DATE: 12/20/2023

SCALE: AS SHOWN

PROJECT: ARROWHEAD REGIONAL MEDICAL CENTER

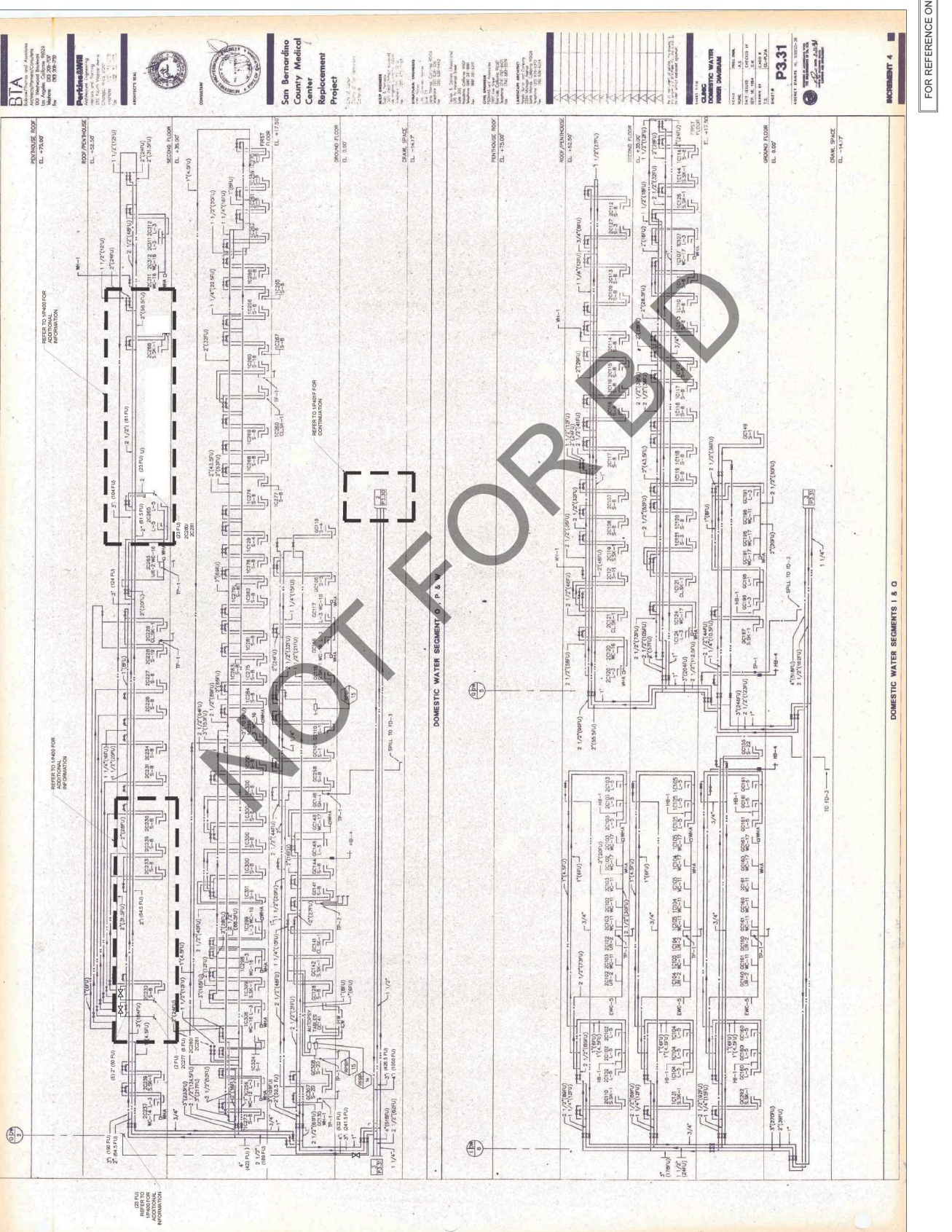
LOCATION: 400 N. PEPPER AVE., COLTON, CA 92324

CLIENT: SAN BERNARDINO COUNTY HEALTH SERVICES

DESIGNER: BTA

DATE: 12/20/2023

SCALE: AS SHOWN



DOMESTIC WATER SEGMENTS 1 & 0

FOR REFERENCE ONLY

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



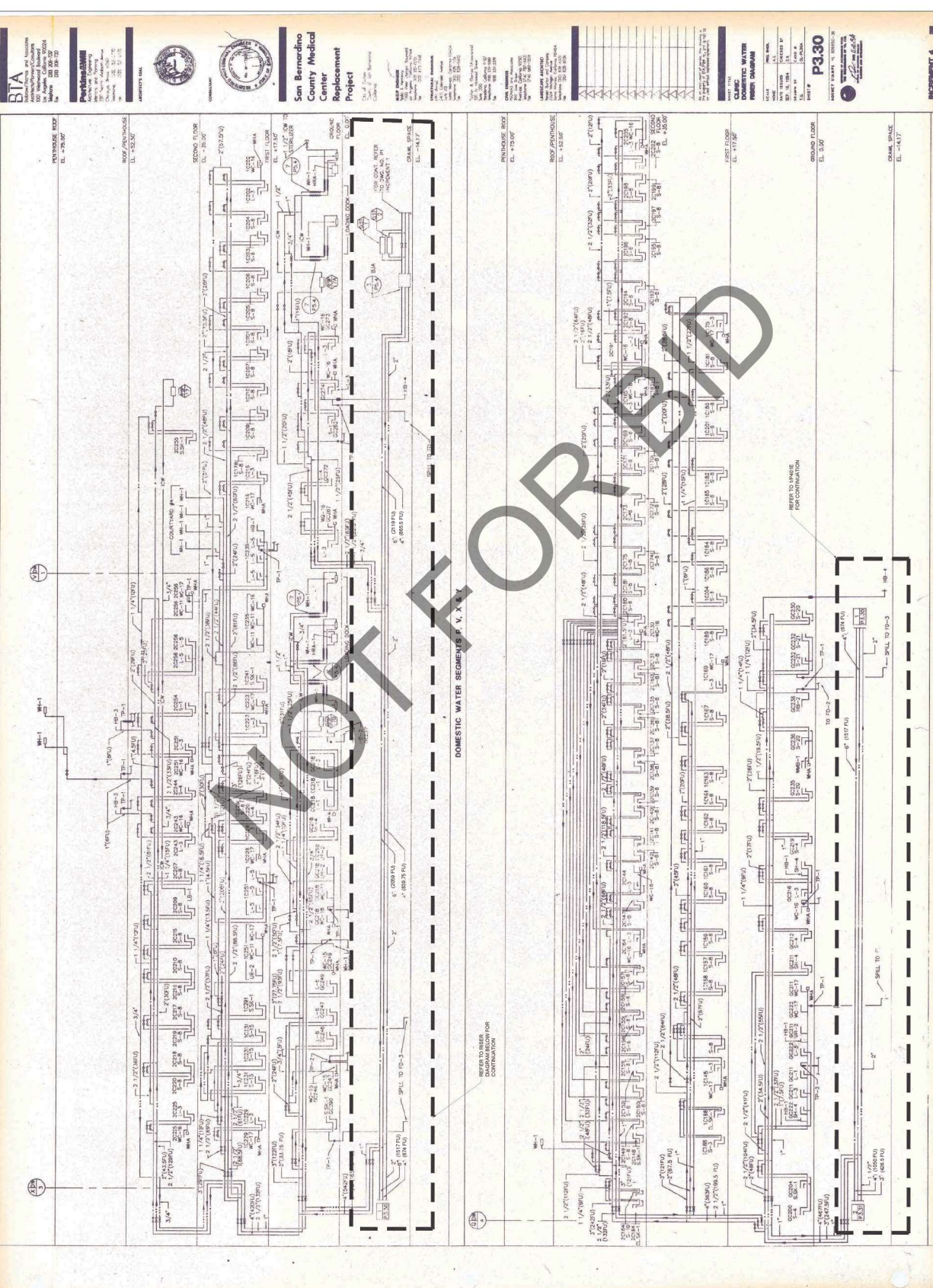
AGENCY APPROVAL



DRAWN BY: [Signature] / DATE: 12.20.2023

PROJECT NUMBER: 120-12-17
HCAI #: S2214336-00

SHEET TITLE
**COLD AND HOT WATER RISER
DIAGRAM-HYBRID/R INSTALLATION**
SHEET NUMBER



FOR REFERENCE ONLY

COLD AND HOT WATER RISER DIAGRAM-HYBRID/R INSTALLATION

SCALE: NONE

1

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: [Name] / DATE: 12.20.2023

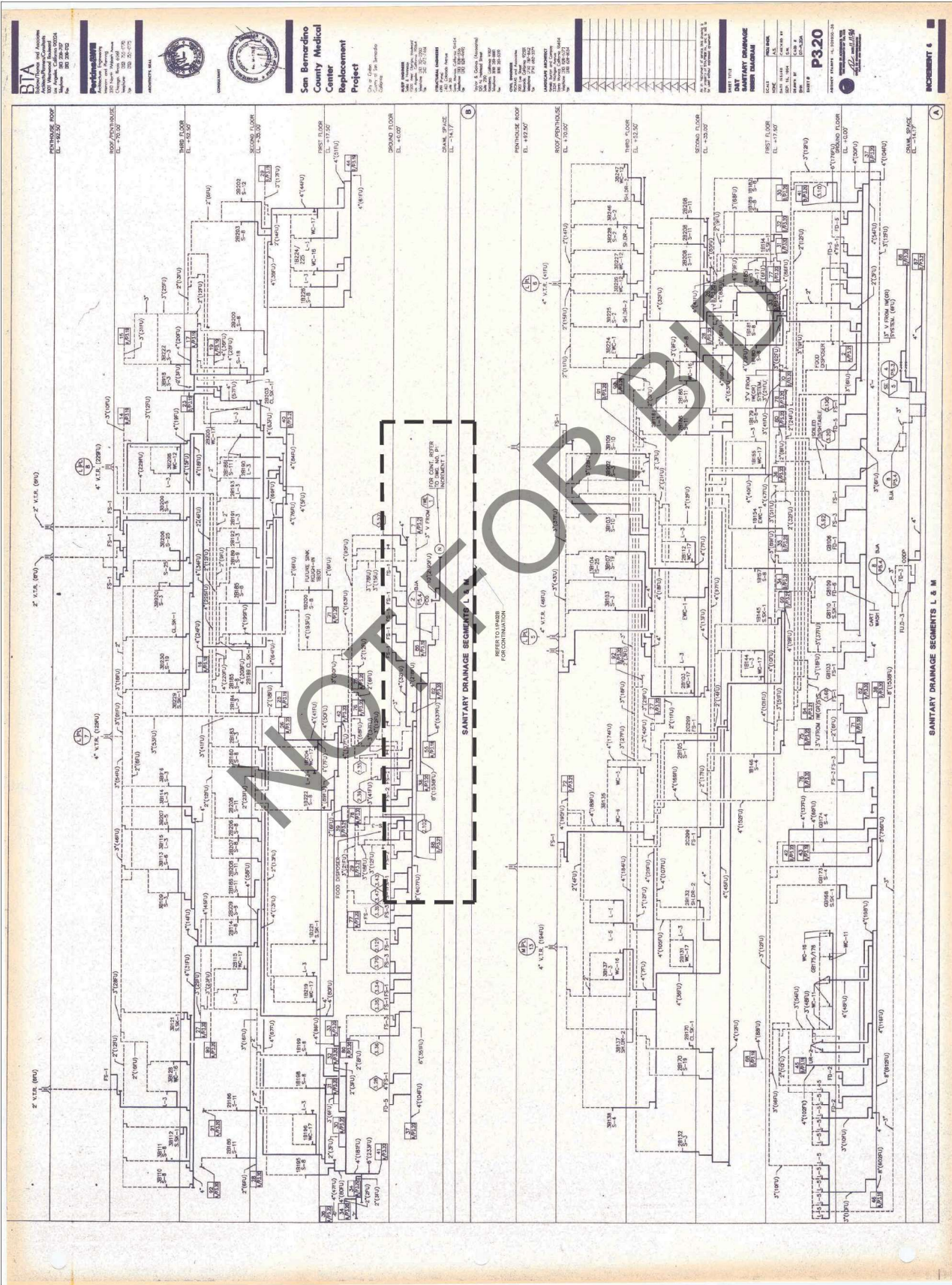
PROJECT NUMBER: [Number]
 SHEET NUMBER: [Number]
 HCA # : S221143-30-00

SHEET TITLE: WASTE AND VENT RISER DIAGRAM-PERI-OPERATIVE DEMOLITION
 SHEET NUMBER: [Number]

FOR REFERENCE ONLY

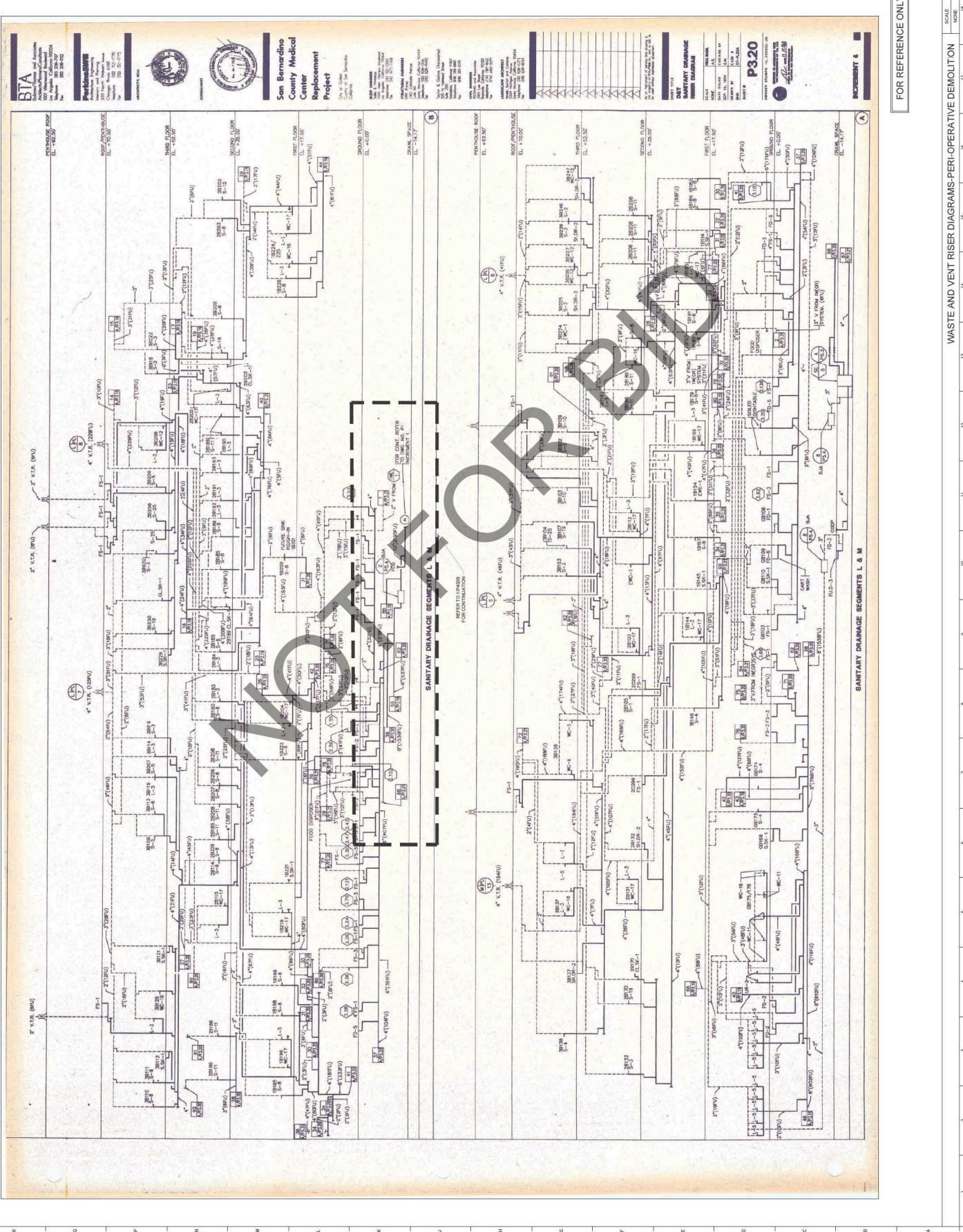
WASTE AND VENT RISER DIAGRAMS-PERI-OPERATIVE DEMOLITION

SCALE: NONE



SANITARY DRAINAGE SEGMENTS L & M

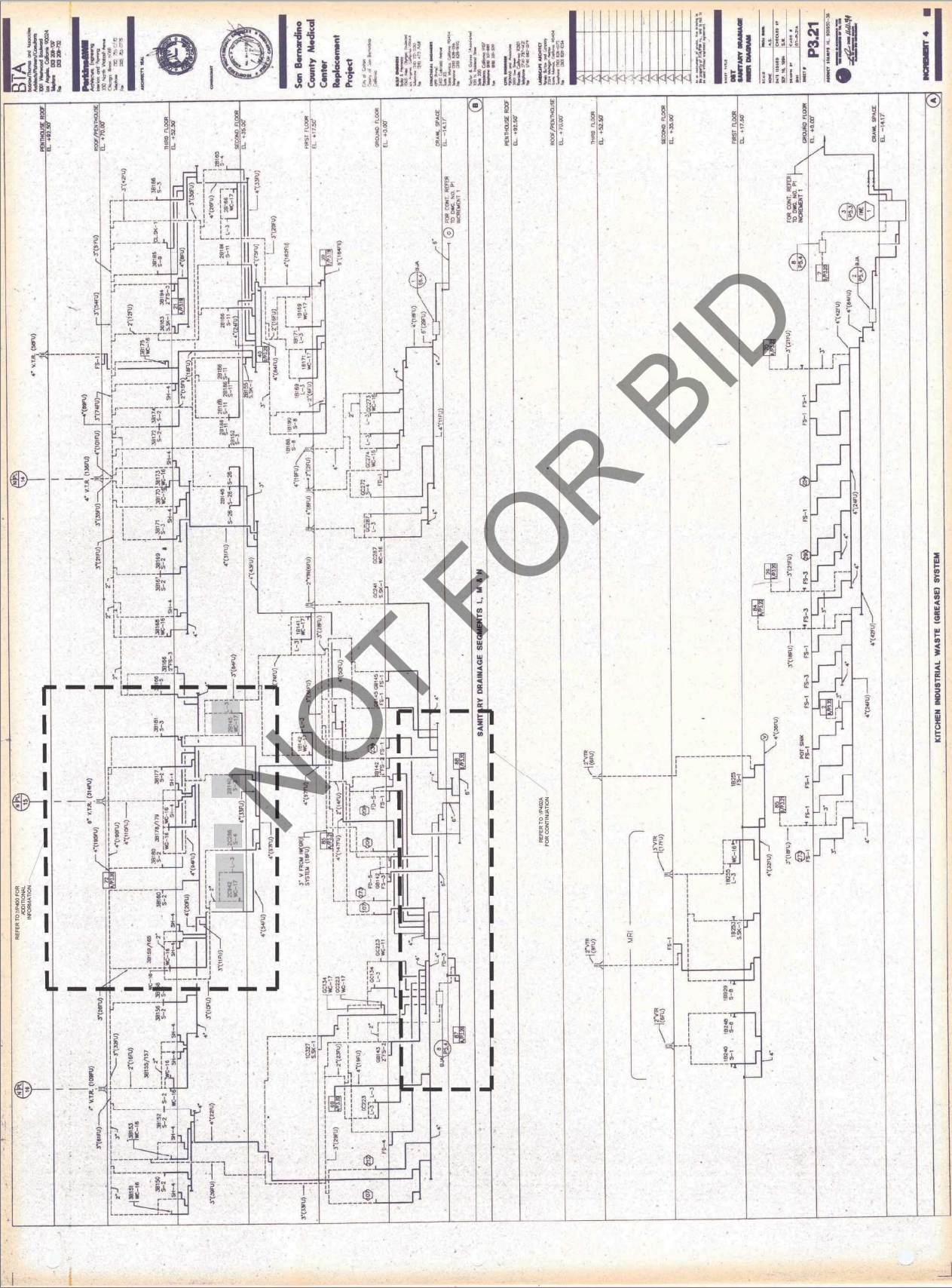
INCREMENT 6





FOR REFERENCE ONLY

WASTE AND VENT RISER DIAGRAMS-PERI-OPERATIVE DEMOLITION SCALE: NONE 1



KITCHEN INDUSTRIAL WASTE (GREASE) SYSTEM

INCREMENT 4

ARCHITECT

Savely Healthcare Architects
ARCHITECTURE + PLANNING + DESIGN
505 Technology Drive, Suite 175
Folsom, CA 95630
(949) 431-8071

PROJECT

ARROWHEAD REGIONAL MEDICAL CENTER
400 N. PEPPER AVE.
COLTON, CALIFORNIA 92324

HYBRID OPERATING ROOMS



255 E. Rincon St., Suite 301
Corona, CA 92579 951-540-1090
www.gossengineering.com

Project Number: 120-12-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



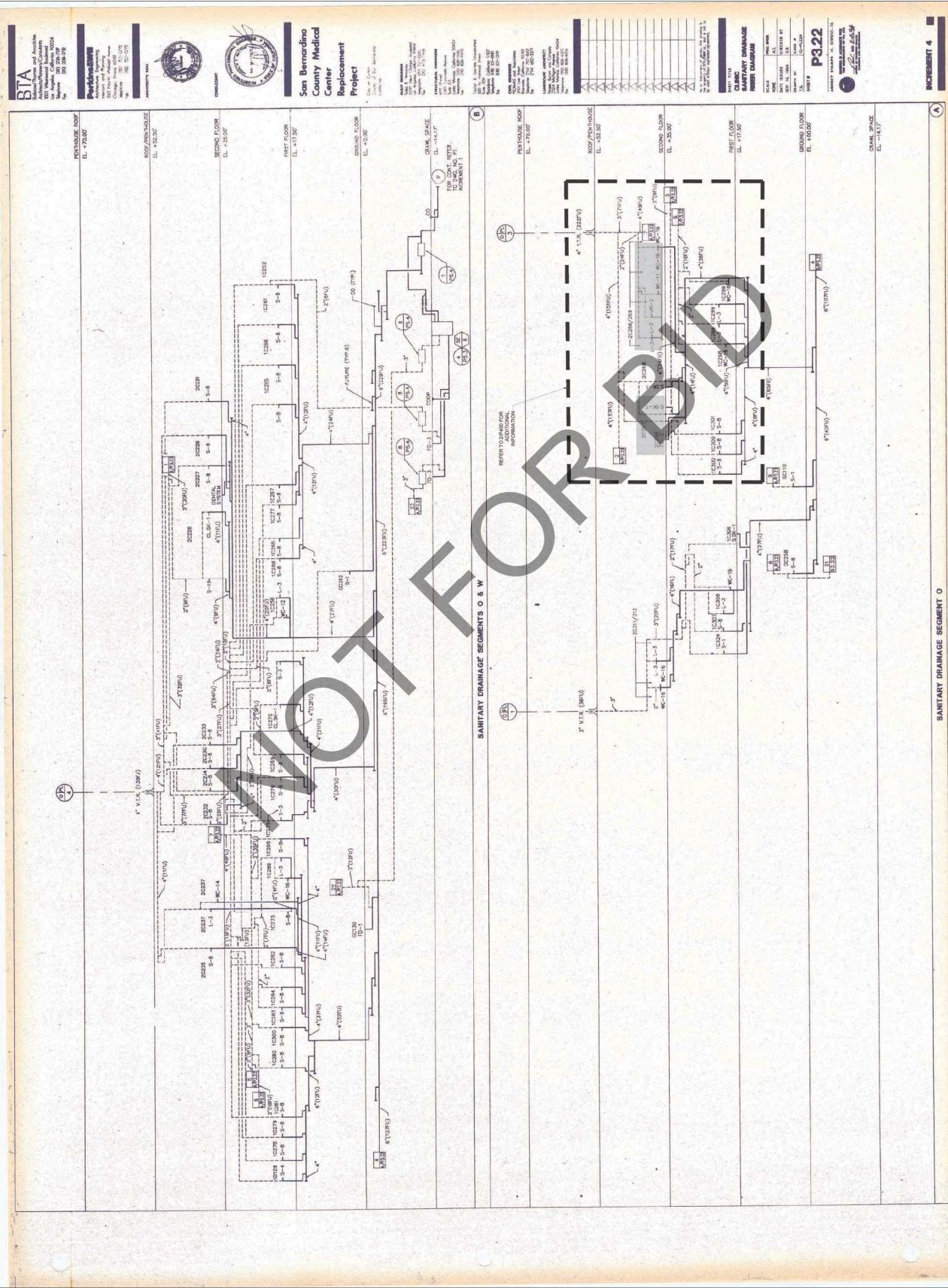
AGENCY APPROVAL



DRAWN BY: [Name] CHECKED BY: [Name] DATE: 02.20.2023

PROJECT NUMBER: [Number]
SHEET NUMBER: [Number]
HCA # S22149316-00

SHEET TITLE
WASTE AND VENT RISER DIAGRAM-HYBRID/OR DEMOLITION
SHEET NUMBER



FOR REFERENCE ONLY

WASTE AND VENT RISER DIAGRAMS-HYBRID/OR DEMOLITION

SCALE: AS SHOWN

1

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY: [Signature] / CHECKED BY: [Signature] / DATE: 08/28/2023

PROJECT NUMBER: 120-12-17
HCA # S2214535-00

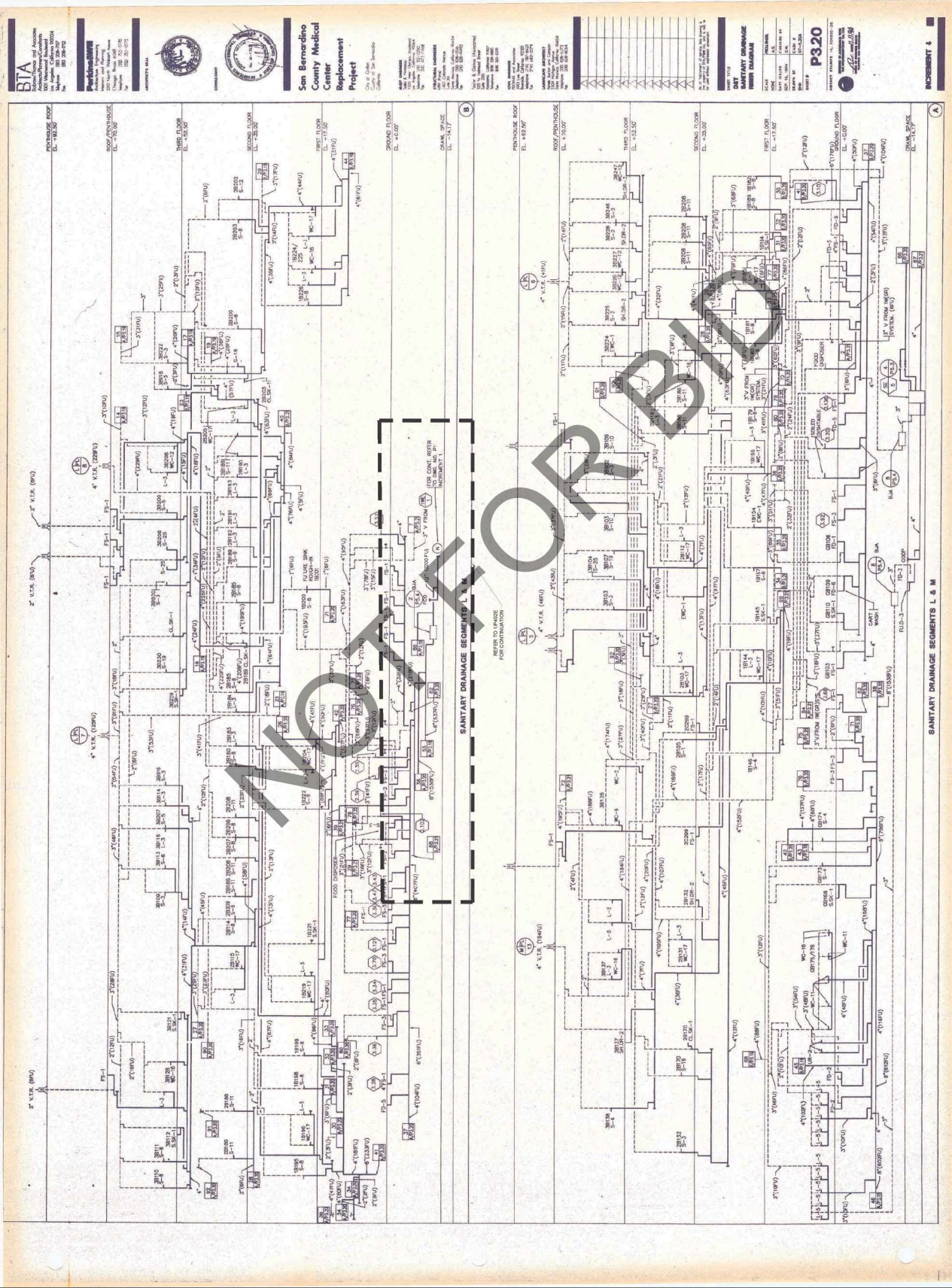
SHEET TITLE: WASTE AND VENT RISER DIAGRAM-PERI-OPERATIVE INSTALLATION
SHEET NUMBER: 1

FOR REFERENCE ONLY

WASTE AND VENT RISER DIAGRAMS-PERI-OPERATIVE INSTALLATION

SCALE: NONE

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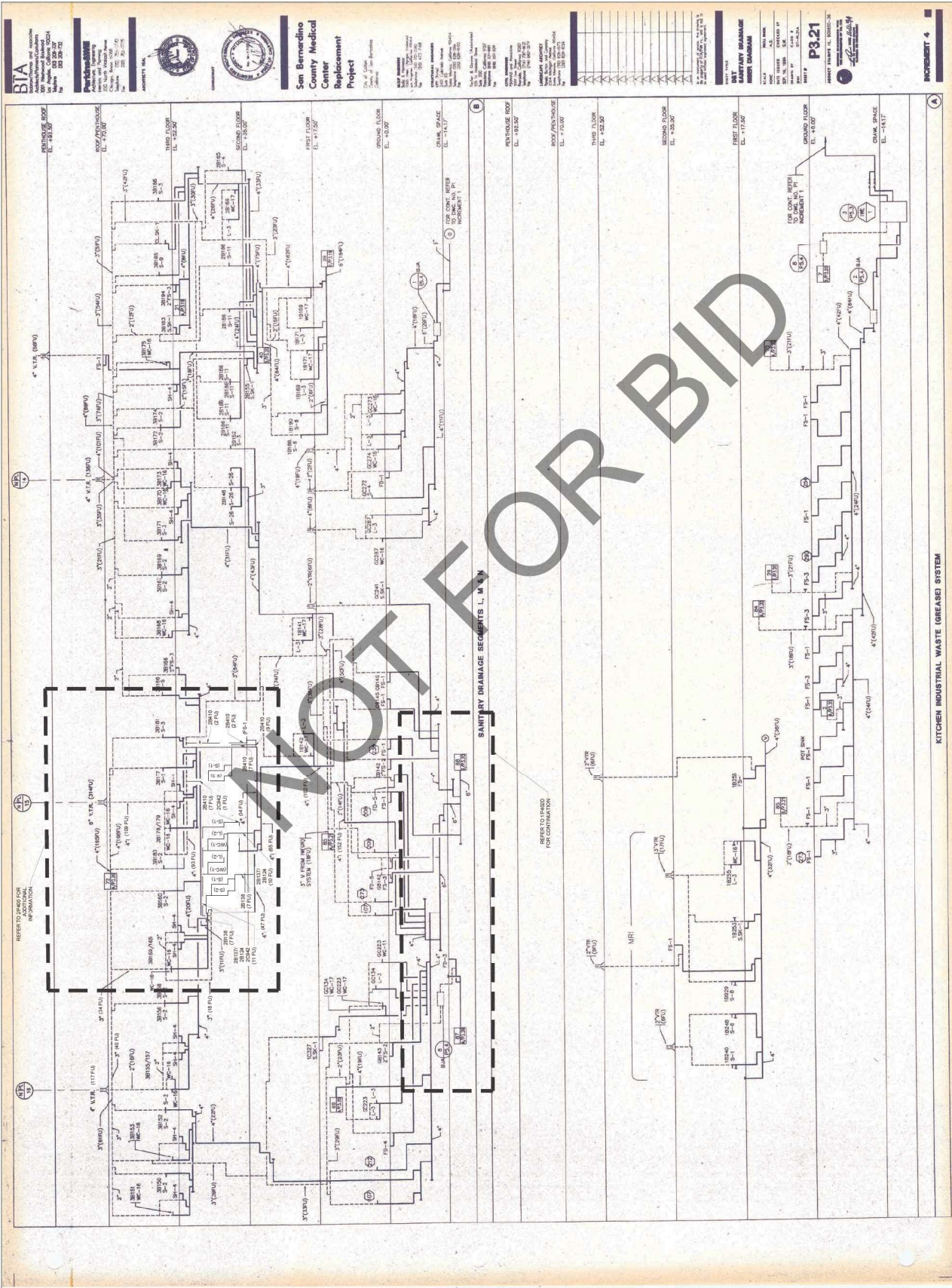
SANITARY DRAINAGE SEGMENTS L & M

INCREMENT 4

WASTE AND VENT RISER DIAGRAM-PERI-OPERATIVE INSTALLATION

SCALE: NONE

1



FOR REFERENCE ONLY

KITCHEN INDUSTRIAL WASTE (GREASE) SYSTEM

WASTE AND VENT RISER DIAGRAMS-PERI-OPERATIVE INSTALLATION

SCALE: NONE

1

ARCHITECT

Savely Healthcare Architects
ARCHITECTURE + PLANNING + DESIGN
505 Technology Drive, Suite 175
Costa Mesa, CA 92626
(949) 431-8071

PROJECT

ARROWHEAD REGIONAL MEDICAL CENTER
400 N. PEPPER AVE.
COLTON, CALIFORNIA 92324

HYBRID OPERATING ROOMS

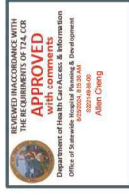
GOSS ENGINEERING
255 E. RICHSON ST., SUITE 301
CORONA, CA 92719 (951) 540-1090
WWW.GOSSENGINEERING.COM
Project Number: 120-121-17

NO.	DATE	REVISIONS
1	08-11-23	BACK CHECK #1
2	09-11-23	BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL

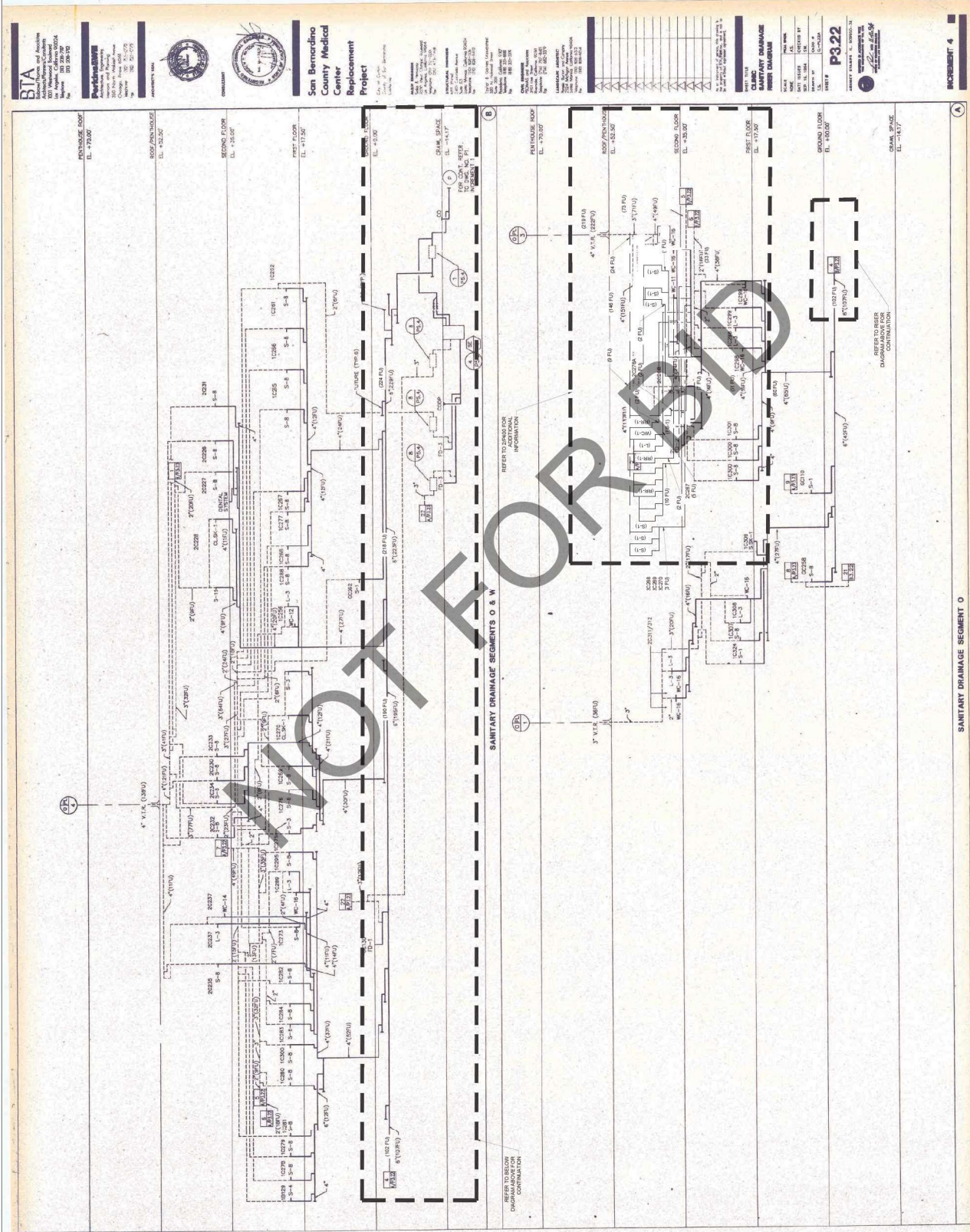


DRAWN BY: [Name] / CHECKED BY: [Name] / DATE: 12.20.2023

PROJECT NUMBER: 120-121-17
SHEET NUMBER: P402F
HCA # S2214536-00

SHEET TITLE: WASTE AND VENT RISER DIAGRAM-HYBRID/OR INSTALLATION
SHEET NUMBER: [Blank]

WASTE AND VENT RISER DIAGRAMS-HYBRID/OR INSTALLATION



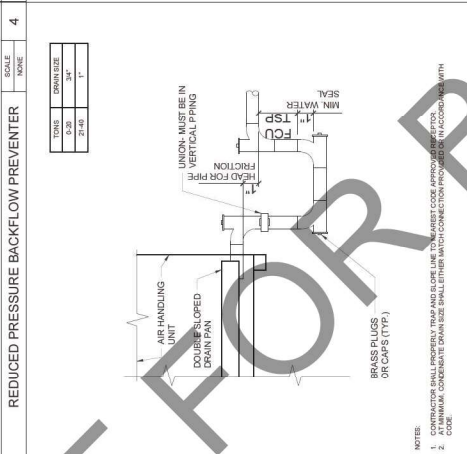
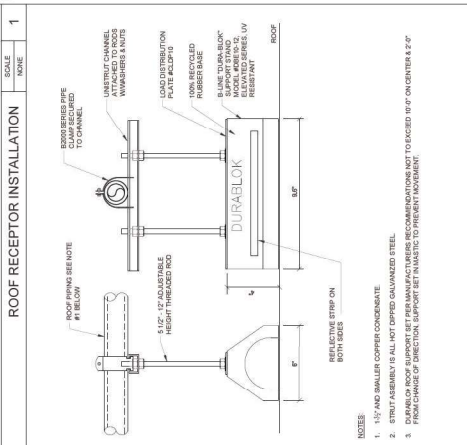
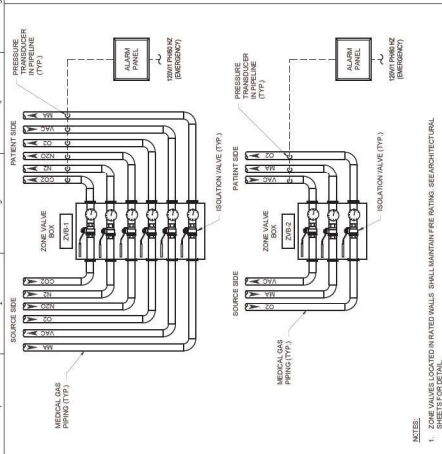
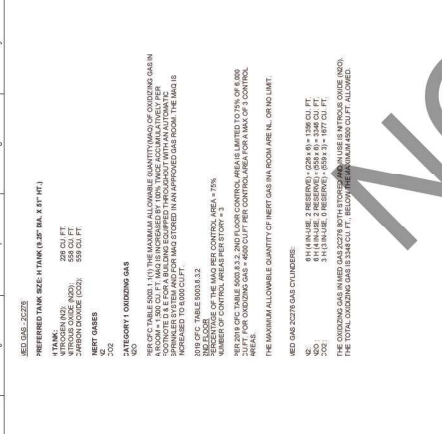
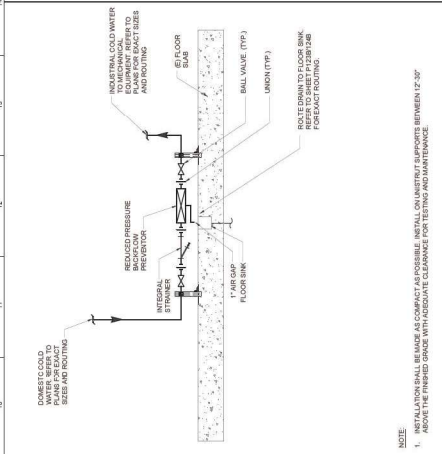
SANITARY DRAINAGE SEGMENT 0

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ARCHITECT
Savely Healthcare Architects
 ARCHITECTURE + PLANNING + DESIGN
 505 Technology Drive, Suite 175
 Colton, CA 92316
 (949) 431-8071

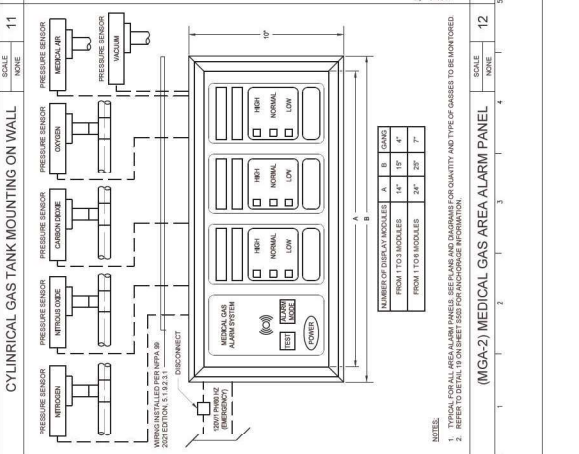
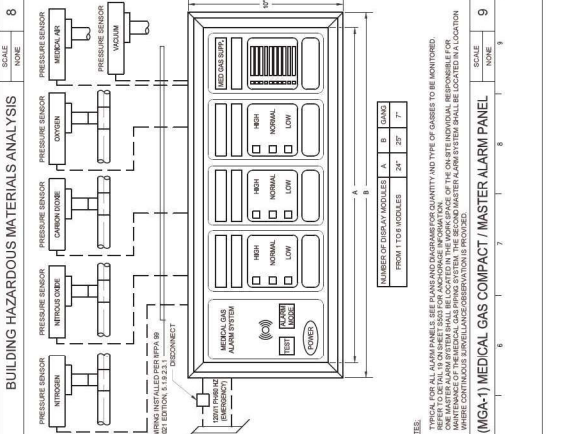
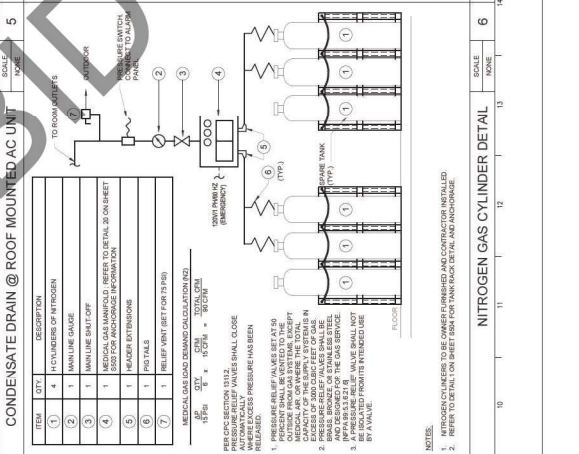
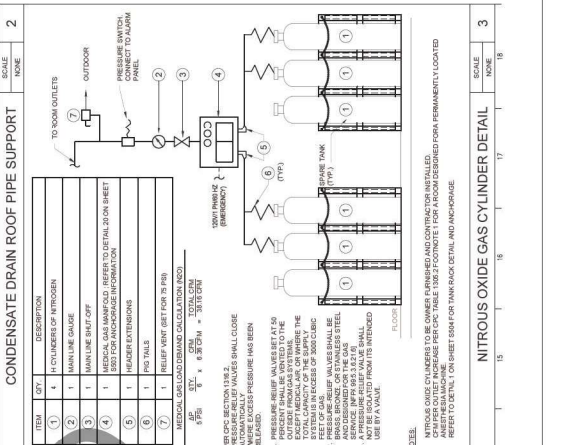
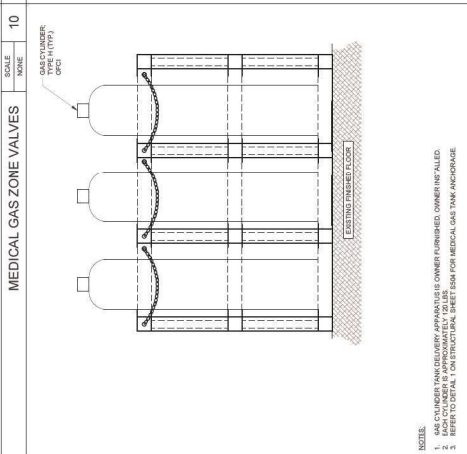
PROJECT
ARROWHEAD REGIONAL MEDICAL CENTER
 400 N. PEPPER AVE.
 COLTON, CALIFORNIA 92324

HYBRID OPERATING ROOMS



TANK ROOM GAS SUMMARY

CONTROL AREA LOCATION	HAZARDOUS MATERIAL TYPE	MAXIMUM ALLOWABLE QUANTITY (MAG) (LBS)	MAXIMUM ALLOWABLE QUANTITY (MAG) (CU FT)	CONTROL TYPE	NOTES
1	FLUORINE	1000	1000	CONTROL	FLUORINE GAS
2	HYDROGEN	1000	1000	CONTROL	HYDROGEN GAS
3	ACETYLENE	1000	1000	CONTROL	ACETYLENE GAS
4	ETHYLENE	1000	1000	CONTROL	ETHYLENE GAS
5	ETHANE	1000	1000	CONTROL	ETHANE GAS
6	PROPANE	1000	1000	CONTROL	PROPANE GAS
7	BUTANE	1000	1000	CONTROL	BUTANE GAS
8	PENTANE	1000	1000	CONTROL	PENTANE GAS
9	HEXANE	1000	1000	CONTROL	HEXANE GAS
10	HEPTANE	1000	1000	CONTROL	HEPTANE GAS
11	OCTANE	1000	1000	CONTROL	OCTANE GAS
12	NONANE	1000	1000	CONTROL	NONANE GAS
13	DECANE	1000	1000	CONTROL	DECANE GAS
14	UNDECANE	1000	1000	CONTROL	UNDECANE GAS
15	DODECANE	1000	1000	CONTROL	DODECANE GAS
16	TRIDECANE	1000	1000	CONTROL	TRIDECANE GAS
17	TETRADECANE	1000	1000	CONTROL	TETRADECANE GAS
18	PENTADECANE	1000	1000	CONTROL	PENTADECANE GAS
19	HEXADECANE	1000	1000	CONTROL	HEXADECANE GAS
20	HEPTADECANE	1000	1000	CONTROL	HEPTADECANE GAS
21	OCTADECANE	1000	1000	CONTROL	OCTADECANE GAS
22	NONADECANE	1000	1000	CONTROL	NONADECANE GAS
23	EICOSANE	1000	1000	CONTROL	EICOSANE GAS
24	HENICANE	1000	1000	CONTROL	HENICANE GAS
25	DODECANE	1000	1000	CONTROL	DODECANE GAS
26	TRIDECANE	1000	1000	CONTROL	TRIDECANE GAS
27	TETRADECANE	1000	1000	CONTROL	TETRADECANE GAS
28	PENTADECANE	1000	1000	CONTROL	PENTADECANE GAS
29	HEXADECANE	1000	1000	CONTROL	HEXADECANE GAS
30	HEPTADECANE	1000	1000	CONTROL	HEPTADECANE GAS
31	OCTADECANE	1000	1000	CONTROL	OCTADECANE GAS
32	NONADECANE	1000	1000	CONTROL	NONADECANE GAS
33	EICOSANE	1000	1000	CONTROL	EICOSANE GAS
34	HENICANE	1000	1000	CONTROL	HENICANE GAS
35	DODECANE	1000	1000	CONTROL	DODECANE GAS
36	TRIDECANE	1000	1000	CONTROL	TRIDECANE GAS
37	TETRADECANE	1000	1000	CONTROL	TETRADECANE GAS
38	PENTADECANE	1000	1000	CONTROL	PENTADECANE GAS
39	HEXADECANE	1000	1000	CONTROL	HEXADECANE GAS
40	HEPTADECANE	1000	1000	CONTROL	HEPTADECANE GAS
41	OCTADECANE	1000	1000	CONTROL	OCTADECANE GAS
42	NONADECANE	1000	1000	CONTROL	NONADECANE GAS
43	EICOSANE	1000	1000	CONTROL	EICOSANE GAS
44	HENICANE	1000	1000	CONTROL	HENICANE GAS
45	DODECANE	1000	1000	CONTROL	DODECANE GAS
46	TRIDECANE	1000	1000	CONTROL	TRIDECANE GAS
47	TETRADECANE	1000	1000	CONTROL	TETRADECANE GAS
48	PENTADECANE	1000	1000	CONTROL	PENTADECANE GAS
49	HEXADECANE	1000	1000	CONTROL	HEXADECANE GAS
50	HEPTADECANE	1000	1000	CONTROL	HEPTADECANE GAS
51	OCTADECANE	1000	1000	CONTROL	OCTADECANE GAS
52	NONADECANE	1000	1000	CONTROL	NONADECANE GAS
53	EICOSANE	1000	1000	CONTROL	EICOSANE GAS
54	HENICANE	1000	1000	CONTROL	HENICANE GAS
55	DODECANE	1000	1000	CONTROL	DODECANE GAS
56	TRIDECANE	1000	1000	CONTROL	TRIDECANE GAS
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63	EICOSANE	1000	1000	CONTROL	EICOSANE GAS
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72	NONADECANE	1000	1000	CONTROL	NONADECANE GAS
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74	HENICANE	1000	1000	CONTROL	HENICANE GAS
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78	PENTADECANE	1000	1000	CONTROL	PENTADECANE GAS
79	HEXADECANE	1000	1000	CONTROL	HEXADECANE GAS
80	HEPTADECANE	1000	1000	CONTROL	HEPTADECANE GAS
81	OCTADECANE	1000	1000	CONTROL	OCTADECANE GAS
82	NONADECANE	1000	1000	CONTROL	NONADECANE GAS
83	EICOSANE	1000	1000	CONTROL	EICOSANE GAS
84	HENICANE	1000	1000	CONTROL	HENICANE GAS
85	DODECANE	1000	1000	CONTROL	DODECANE GAS
86	TRIDECANE	1000	1000	CONTROL	TRIDECANE GAS
87	TETRADECANE	1000	1000	CONTROL	TETRADECANE GAS
88	PENTADECANE	1000	1000	CONTROL	PENTADECANE GAS
89	HEXADECANE	1000	1000	CONTROL	HEXADECANE GAS
90	HEPTADECANE	1000	1000	CONTROL	HEPTADECANE GAS
91	OCTADECANE	1000	1000	CONTROL	OCTADECANE GAS
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98	PENTADECANE	1000	1000	CONTROL	PENTADECANE GAS
99	HEXADECANE	1000	1000	CONTROL	HEXADECANE GAS
100	HEPTADECANE	1000	1000	CONTROL	HEPTADECANE GAS



ARCHITECT

Savely Healthcare Architects
ARCHITECTURE + PLANNING + DESIGN
505 Technology Drive, Suite 175
Folsom, CA 95630
(916) 431-8071

PROJECT

ARROWHEAD REGIONAL MEDICAL CENTER
400 N. PEPPER AVE.
COLTON, CALIFORNIA 92324

GE GOSS ENGINEERING
255 E. Rhinco St., Suite 301
Corona, CA 92529
(951) 461-9400
www.gossengineering.com


Project Number: 120-12-17

NO. DATE REVISIONS

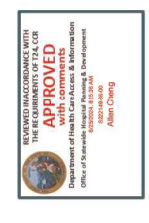
1 08-11-23 BACK CHECK #1

2 09-11-23 BACK CHECK #2

PROFESSIONAL SEALS



AGENCY APPROVAL



DRAWN BY [] **CHECKED BY** [] **DATE** 12.20.2023

PROJECT NUMBER 120-12-17
HCA # S221143-00

SHEET TITLE PLUMBING DETAILS

SHEET NUMBER P501

