MULTICARE GOOD SAMARITAN HOSPITAL VACUUM PUMP REPLACEMENT

APPROVED

EMENT

MultiCare 🙃

PROJECT INFORMATION

codes and regulations of the local government.

Approval of submitted plans is not an approval of omissions or oversight by this office or noncompliance with any applicable regulations of local government. The contractor is responsible for making sure that the building complies with all applicable building

GOOD SAMARITAN HOSPITAL PO BOX 1247 PUYALLUP, WA 98371

PROJECT MANAGER

PROJECT LOCATION

401 15TH AVE SE

GOOD SAMARITAN HOSPITAL

PROJECT MANAGER: STEVE PRIDEAUX

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DESIGN TEAM

ENGINEER

HULTZ BHU ENGINEERS, INC. 1111 FAWCETT AVENUE, SUITE 100 TACOMA, WASHINGTON 98402

MECHANICAL: MICHAEL TAGLES, PE

ELECTRICAL: NEIL MORSE, PE

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DRAWING INDEX

COVER SHEET

MECHANICAL LEGEND & NOTES MECHANICAL SCHEDULES

PARTIAL 1ST FLOOR PLAN - MECHANICAL

ENLARGED PLAN - MECHANICAL ROOM DEMO PARTIAL 1ST FLOOR PLAN - MECHANICAL ENLARGED PLAN - MECHANICAL ROOM

MECHANICAL DETAILS

PROJECT DESCRIPTION

BASE BID:

REMOVE THE EXISTING MEDICAL VACUUM PLANT EQUIPMENT SERVING THE EXISTING FOREST TOWER AND REPLACE WITH NEW MEDICAL VACUUM PLANT EQUIPMENT.

WORK RESTRICTIONS

- WORK HOURS SHALL BE 7:00 AM TO 4:30 PM, MONDAY THRU FRIDAY ONLY.
- 2. ELECTRICITY AND MEDICAL GAS SYSTEM INTERRUPTIONS REQUIRE 72 HOUR ADVANCE NOTICE AND AGREEMENT BY THE OWNER AS TO THE TIME, AND MAY ONLY OCCUR WITH THE OWNER'S PERMISSION SUCH INTERRUPTIONS MAY ALSO OCCUR ONLY TWICE DURING THE PROJECT, AND MAY HAVE A MAXIMUM INTERRUPTION OF 2 HOURS PER OCCURRENCE.

THE APPROVED CONSTRUCTION PLANS AND ALL ENGINEERING MUST BE POSTED ON THE JOB AT ALL INSPECTIONS IN A VISIBLE AND READILY ACCESSIBLE LOCATION.FULL SIZED LEDGIBLE COLOR PLANS ARE REQUIRED TO BE PROVIDED BY THE PERMITTEE ON SITE FOR ALL INSPECTIONS (MIN. PLAN SIZE 24" X 36")

PUYALLUP, WA 98372 AREA OF WORK

(1) central utility plant (2) PARKING STRUCTURE 2

(3a) MEADOW (WEST 1) 3b) **MEADOW (WEST 2)**

BC) FOREST (NORTH)

3d) RIVER (SUPPORT SERVICES)

3e) RIVER (EAST) (3f) RIVER (CENTRAL)

3g) RIVER (SOUTH)

(5a) **GENERATOR**

(5b) **FACILITIES**

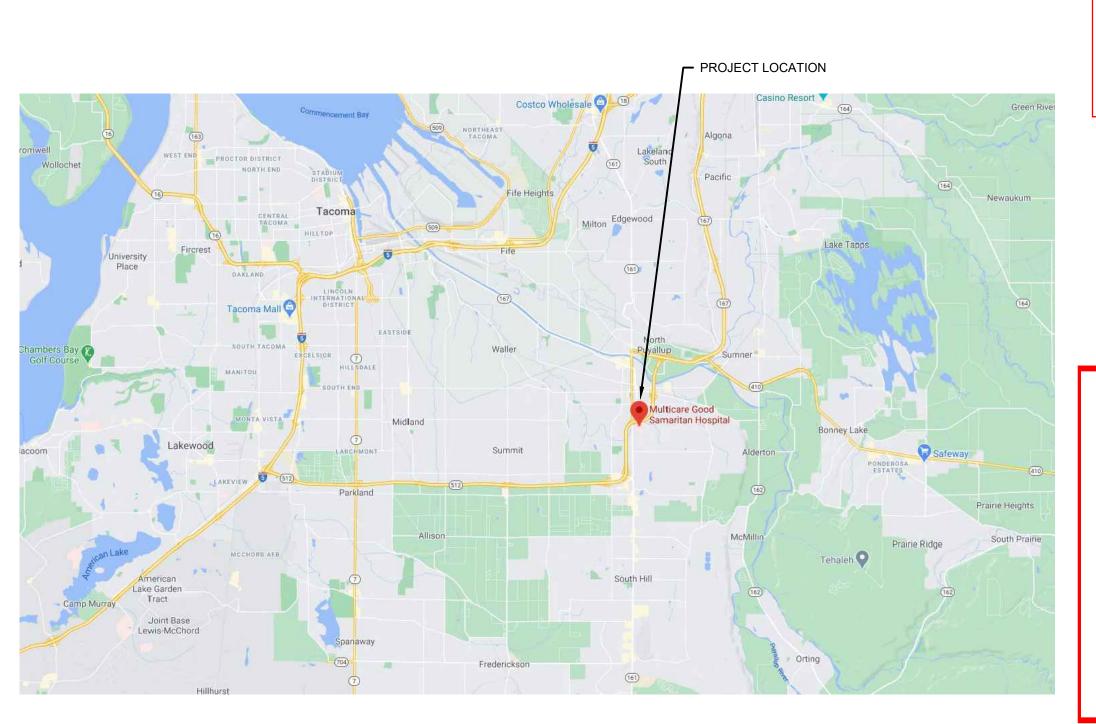
6) DALLY TOWER PARKING STRUCTURE 1

8) CANCER CENTER: (9) CHILDREN'S THERAPY UNIT

10) <u>not shown</u>

(12) RIEDER BUILDING

(13) MEDICAL OFFICE BUILDING



Authorized to Begin Construction

Construction Review Services has authorized this project to begin construction.

- See accompanying project comment form for review status and corrections.
- This is not a building permit, check with your local building department.

12/29/2021 7:26:51 AM

VICINITY MAP

PERMIT RESUBMITTAL SET 10-14-21

G1.0

SHEET SIZE IS TRUE SCALE WHEN ABOVE LINE MEASURES AS NOTED

SITE MAP

PERMIT RESUBMITTAL SET 10-14-21

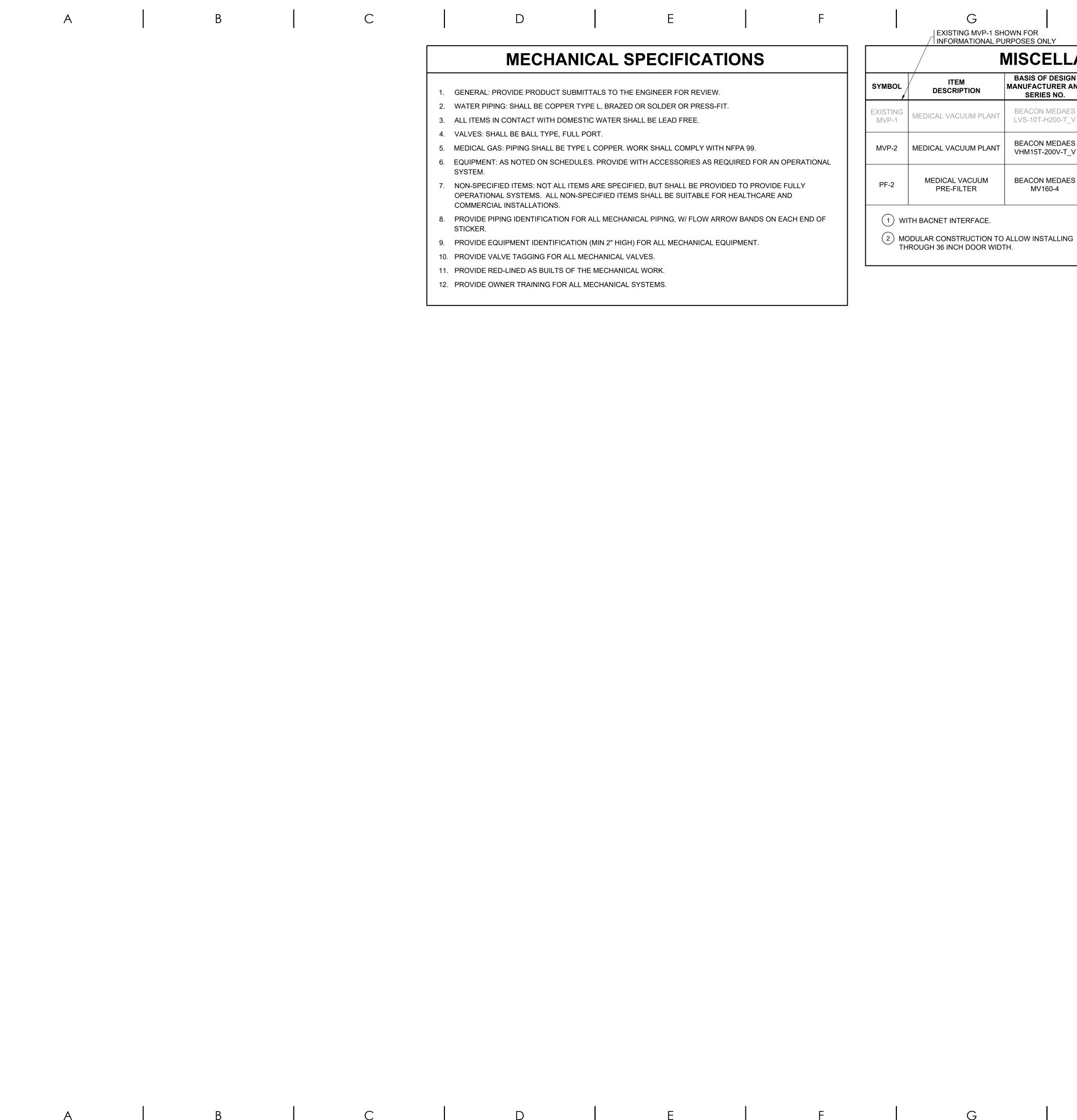
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06-09-2021

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ABOVE LINE MEASURES AS NOTED

SHEET SIZE IS TRUE SCALE WHEN



EXISTING MVP-1 SHOWN FOR

MISCELLANEOUS EQUIPMENT SCHEDULE BASIS OF DESIGN MANUFACTURER AND **ELECTRICAL EQUIPMENT AREA SERVED** REMARKS CAPACITY POWER | VOLTS / PH SERIES NO. **BEACON MEDAES** DALLY TOWER 38 FLA @ 460/3, TRIPLEX, W/ 200 GALLON 178 SCFM @ 10 HP 460/3 LVS-10T-H200-T_V MED GAS SYSTEM 19" HG RECEIVER 10 HP 460/3 15 HP 15 HP 112 FLA @ 208/3, TRIPLEX, W/ 200 GALLON BEACON MEDAES N, W, CENTER WING 256 SCFM @ RECEIVER 1 2 3 4 5 208/3 VHM15T-200V-T_V MED GAS SYSTEM 19" HG 15 HP 208/3 4-FILTER CONFIGURATION WITH HEADER, **BEACON MEDAES** PRESSURE GAUGES, AND VALVES, 4-INCH MVP-2 260 SCFM MV160-4 CONNECTIONS. FILTERS SHALL BE 0.3 MICRON AND 99.7% HEPA OR BETTER

WITH ACCESSORIES.

(3) OHSPD PRE-APPROVED SEISMIC CERTIFICATION.

4) W/ VACUUM ISOLATION KIT AND VACUUM SWITCH

	Vacuu	m Outlets P	iping		
TT 9					
Hultz 3	BHU				
enginee	rs inc				
	H - (N, W, Center Wing)				
HBHU Job: 21-050					
Date: 5-25-21					
Bldg Zone	Area	QTY	SCFM EA	Usage Factor	Total SCFM
North Wing - Baseme		18	1	10	1.8
North Wing - Level 1		18	1	10	1.8
North Wing - Level 2	Patient Rooms				0
	CCU	8	3	50	12
North Wing - Level 3	Patient Rooms	20	1	10	2
North Wing - Level 4	Patient Rooms	9	1	10	<u>0.9</u>
					18.5
N.I 7	A	OT:	00=1:=:	11	T
Bldg Zone	Area	QTY 1	SCFM EA	Usage Factor	Total SCFM
Center Wing - Level 2 Center Wing - Level 3	Special Procedure	1 5	3	10 50	0.1 7.5
		12	1	10	1.2
	Special Procedure	1	3	50	1.5
	OR	6	5	100	30
	Recovery Bed	9	3	50	13.5
Center Wing - Level 4		25	1	10	2.5
					56.3
			Santa Marine de Company		-2 (-2 22
Bldg Zone	Area	QTY	SCFM EA	Usage Factor	Total SCFM
West Wing -1st Fl	Patient Room	6	1	10	0.6
	Special Procedure OR	2	3 5	50 100	4.5 10
	Nursery	6	1	100	0.6
	Recovery	1	3	50	1.5
	Birthing / LDR	10	1	50	5
	Postpartum	25	1	50	12.5
	Neonatal	1	3	50	1.5
West Wing -2nd Fl	Patient Room	1	1	10	0.1
	Special Procedure	1	3	50	1.5
	OR	4	5	100	20
	ICU	14	3	50	21
	Recovery	12	3	50	18
West Wing -Ground Fl	Patient Room	15	1	10	1.5
west wing -ground Fi	Special Procedure	7	3	50	10.5
	Exam Treatment Rm	1	1	10	0.1
		-	-		108.9
					5 E
Total load to vacuum p	plant:				183.7
/acuum pressure at re	mote outlet:				
Pressure loss of 4" mail					
	;; 650' horizontal + 75' v	ertical = 725	LF		
0.44 inch HG/100 LF X 7					
-, , , ,					
Pressure loss of 1.5" to	4th floor:				
0.05 inch HG per 100 LF	; 150' horizontal + 75' v	ertical = 225	F		
0.05 inch HG / 100 LF X	225 LF = 0.11 inch HG				
·	nch HG, furthest outlet	is 19-3.19-0.1	.1 = 15.7 inch F	IG	
which is above the req	uired 13-15 inch HG.				ОК

5 O2 ASSURED FOR WAGD DUTY

PERMIT RESUBMITTAL SET 10-14-21

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ACEMENT 98372

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SHEET SIZE IS TRUE SCALE WHEN ABOVE LINE MEASURES AS NOTED

