



RELOCATE SPRINKLER HEADS AS SHOWN

REMOVE EXISTING 1/2" BRANCH LINE (ON SHOP DRAWING) AND REPLACE. INSTALL EXTENDED COVERAGE SPRINKLERS AS SHOWN USING TYCO STYLE 85 ONE-PIECE ESCUTCHEON.

SPRINKLER CONTRACTOR TO SUBMIT REVISED SHOP DRAWING AND HYDRAULIC CALCULATION TO PROVE THE SIZE OF THE NEW BRANCH LINE WITH THE EXTENDED COVERAGE SPRINKLERS.

WALL HYDRANT (NO CLAPPER) FOR FULL FORWARD FLDV TEST FOR BACKFLOW ASSEMBLY

STROBE/HEARN COMBINATION ELKHART FDC FLUSH # 366 INSERT POINT ON FACE OF WALL 2.5" MAKE-IN IS 1" PAST WALL FACE

← AREA OF WORK

**I MAIN FLOOR WET SYSTEM**  
SCALE: 1/8" = 1 FT

Symbol	Count	Thread	K-Factor	Description	Note
●	146	1/2"	5.6	TY3231 1/2 QR 155 WP PDR	on Drop
○	7	1/2"	5.6	TY3131 1/2 QR 155 B UP	
○	18	1/2"	5.6	TY3131 1/2 QR 155 B UP	
○	3	1"	5.6	TY3235 1/2 Q-36.00 155 WP PR	
⊗	3	3/4"	11.2	TY5237 5/8 QR 155 WP PDR	on Drop

177 = Total Number of Heads This Floor

1	PR37 - REVISE SPRINKLER LAYOUT IN GYM AS SHOWN	10.8.15
No	REVISION	DATE

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I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a certified Level IV Senior Engineering Technician and Licensed Design Contractor in the State of Minnesota.

DATE: \_\_\_\_\_ APPROVED: INFECTION CONTROL NURSE DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ APPROVED: PATIENT SAFETY DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ APPROVED: CHIEF OF POLICE DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ APPROVED: SAFETY MANAGER DATE: \_\_\_\_\_

DATE: \_\_\_\_\_ APPROVED: MEDICAL CENTER DIRECTOR DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ APPROVED: CHIEF OF STAFF DATE: \_\_\_\_\_

DRAWING TITLE  
**FIRE PROTECTION SYSTEM MAIN FLOOR**

PROJECT TITLE  
REHABILITATION CENTER 656-332  
St. Cloud VA Health Care System

BUILDING No: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DRAWN: \_\_\_\_\_  
 PROJECT NO: S1430  
 DRAWING NO: FP101



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