



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

February 1, 2018

Catharine W. Cummer
3100 Tower Blvd, Suite 1300
Durham, NC 27707

Exempt from Review – Replacement Equipment

Record #: 2483
Facility Name: Duke Regional Hospital
FID #: 923142
Business Name: Duke University Health System
Business #: 640
Project Description: Replace existing CT scanner
County: Durham

Dear Ms. Cummer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letters of January 25, 2018, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(f). Therefore, you may proceed to acquire without a certificate of need the Somatom Force scanner to replace the existing Somatom Definition AS scanner. The replacement CT scanner will be located in CT room # 3 instead of CT room #2 which housed the current CT scanner. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

Moreover, you need to contact the Agency's Radiation Protection Section and the Acute and Home Care Licensure and Certification Section to determine if they have any requirements for development of the proposed project.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

If you have any questions concerning this matter, please feel free to contact this office.

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



Sincerely,



Bernetta Thorne-Williams
Project Analyst



Martha J. Frisone
Chief, Healthcare Planning and
Certificate of Need Section

cc: Acute and Home Care Licensure and Certification Section, DHSR
Sharetta Blackwell, Program Assistant Healthcare Planning, DHSR
Radiation Protection Section, DHSR

Record# 2483
FID# 923142

Duke University Health System

Catharine W. Cummer
Regulatory Counsel, Strategic Planning

January 24, 2018

Via Electronic Mail

Martha Frisone
Chief, Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704



Re: Equipment Replacement Project at Duke Regional Hospital

Dear Ms. Frisone:

On behalf of the Duke University Health System, I am writing to provide prior written notice of an equipment replacement project for a CT scanner at Duke Regional Hospital and to request the Section's written confirmation that the project is exempt from certificate of need review.

This project satisfies the requirements under N.C.G.S. 131E-184(f) for "replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22) if all of the following conditions are met:

- (1) The equipment being replaced is located on the main campus.
- (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection."

Main campus

The existing and replacement CT scanner (currently designated as CT 2) are/will be located in the main Duke Regional Hospital building. This is on the "main campus" of the facility, as defined in 131E-176(14n), as "[t]he site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main

Martha Frisone
January 24, 2018

building” and “[o]ther areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.” Duke Regional Hospital is a licensed health service facility, and the main hospital building from which Duke Regional Hospital provides its inpatient clinical services and exercises financial and administrative control over all hospital is located at 3643 North Roxboro Road in Durham. Floor plans for the replacement project and the hospital’s license are enclosed.

Previous Certificate of Need

The existing CT scanner was acquired pursuant to a replacement exemption issued in September 2009. I would note that at the time, there were two CT replacements approved and it is impossible to determine which exemption notice applied to the specific equipment that is being replaced now, and therefore we are enclosing both exemptions for purposes of this request.

Replacement Equipment

The equipment qualifies as replacement equipment pursuant to the existing statutory and regulatory definition. A completed Equipment Comparison form is enclosed. Both the existing equipment and the replacement equipment are CT scanners used for diagnostic imaging procedures. The existing machine is currently in service and will remain so until the replacement equipment is operational, at which time it will be removed from service within the state, unless the Certificate of Need Section otherwise approves its continued use in the state. A copy of the equipment quotation for the proposed new scanner is available upon request. Duke will not acquire any other major medical equipment or develop any other new institutional health services other than those described in Section 131E-176(16)(b).

We would appreciate your confirmation that this project is exempt from CON review. Thank you for your attention to this request. If you have questions, please let me know.

Very truly yours,



Catharine W. Cummer

Enclosures

State of North Carolina

Department of Health and Human Services Division of Health Service Regulation

*Effective January 01, 2017, this license is issued to
Duke University Health System, Inc.*

*to operate a hospital known as
Duke Regional Hospital
located in Durham, North Carolina, Durham County.*

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall remain
in effect until amended by the issuing agency.*

*Facility ID: 923142
License Number: H0233*

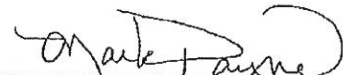
Bed Capacity: 369
General Acute 316, Rehabilitation 30, Psych 23,

Dedicated Inpatient Surgical Operating Rooms: 2
Dedicated Ambulatory Surgical Operating Rooms: 0
Shared Surgical Operating Rooms: 13
Dedicated Endoscopy Rooms: 4

Authorized by:



Secretary, N.C. Department of Health and
Human Services



Director, Division of Health Service Regulation



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
2704 Mail Service Center v Raleigh, North Carolina 27699-2704

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

www.ncdhhs.gov/dhsr

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

September 16, 2009

Duncan Yaggy, Chief Planning Officer
Duke University Health System
3100 Tower Boulevard, Suite 600, Box 80
Durham, NC 27707

RE: Exempt from Review - Replacement Equipment/Duke University Health System d/b/a Durham Regional Hospital/Replacement of GE QX/1 Lightspeed computed tomography (CT) scanner with a GE Definition AS64 CT scanner/Durham County

Dear Dr. Yaggy:

In response to your correspondence of July 28, 2009 and August 21, 2009, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, you may proceed to acquire, without a certificate of need, the GE Definition AS64 CT scanner to replace the existing GE QX/1 Lightspeed CT scanner [Serial # 262247CN0]. This determination is based on your representations that the existing unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need. Further please be advised that as soon as the replacement equipment is acquired, you must provide the CON Section and the Medical Facilities Planning Section with the serial number of the new equipment to update the inventory, if not already provided.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. Feel free to contact this office if you have any questions concerning this matter.

Sincerely,

Michael J. McKillip, Project Analyst

Lee B. Hoffman, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR





North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
2704 Mail Service Center v Raleigh, North Carolina 27699-2704

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

www.ncdhs.gov/dhsr

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

September 16, 2009

Duncan Yaggy, Chief Planning Officer
Duke University Health System
3100 Tower Boulevard, Suite 600, Box 80
Durham, NC 27707

RE: Exempt from Review - Replacement Equipment/Duke University Health System d/b/a
Durham Regional Hospital/Replacement of GE QX/1 Lightspeed computed tomography (CT)
scanner with a GE Definition AS64 CT scanner/Durham County

Dear Dr. Yaggy:

In response to your correspondence of July 28, 2009 and August 21, 2009, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(7). Therefore, you may proceed to acquire, without a certificate of need, the GE Definition AS64 CT scanner to replace the existing GE QX/1 Lightspeed CT scanner [Serial # 257739CN3]. This determination is based on your representations that the existing unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need. Further please be advised that as soon as the replacement equipment is acquired, you must provide the CON Section and the Medical Facilities Planning Section with the serial number of the new equipment to update the inventory, if not already provided.

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. Feel free to contact this office if you have any questions concerning this matter.

Sincerely,

Michael J. McKillip, Project Analyst

Lee B. Hoffman, Chief
Certificate of Need Section

cc: Medical Facilities Planning Section, DHSR



EQUIPMENT COMPARISON – CT2 Replacement

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	CT Scanner	CT Scanner
Manufacturer of Equipment	Siemens	Siemens
Tesla Rating for MRIs	NA	NA
Model Number	Somatom Definition AS	Somatom Force
Serial Number	64707	TBD
Provider's Method of Identifying Equipment	CT2	CT 2 (moving into CT#3 Suite; CT #2 Suite vacated)
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN #	NA	NA
Mobile Tractor Serial Number/VIN #	NA	NA
Date of Acquisition of Each Component	March 2010	TBD
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title to Equipment	Title to Equipment
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form>		4,291,000
Total Cost of Equipment		1,964,269
Fair Market Value of Equipment		
Net Purchase Price of Equipment		
Locations Where Operated	Duke Regional CT	Duke Regional CT
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	NA	0
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	0
Type of Procedures Currently Performed on Existing Equipment	Non interventional CT	NA
Type of Procedures New Equipment is Capable of Performing	NA	Non interventional CT



**TO BE PROVIDED AT CONSTRUCTION DOCUMENTS
SUBMITTAL**



Duke Health
 DRH CT #3 Suite
 Expansion
 (Move-and-Replace)

340 North Astor Road, Durham,
 North Carolina



DRH Level 2

3017 University City
 Durham, NC 27705
 Project No. 20170012
 Date: 09/20/2017
 Scale: 1/4" = 1'-0"
 PHASE 1 - DEMOLITION PLAN - LEVEL 2

A101

DEMOLITION LEGEND

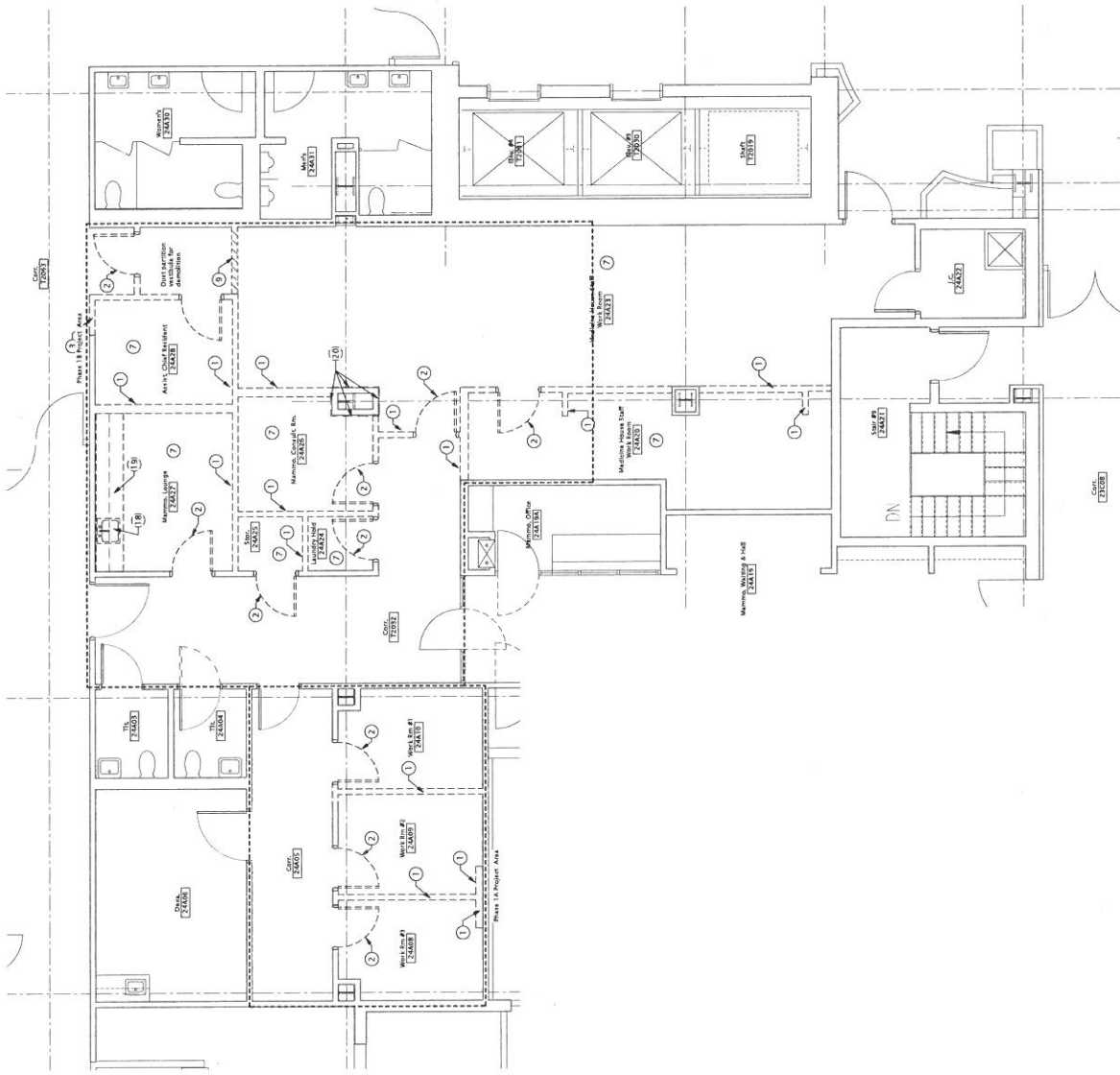
- EXISTING WALL TO REMAIN
 DASHED LINE INDICATE EXISTING WALLS TO BE DEMOLISHED
 DASHED LINE WITH DIAGONAL HATCHING INDICATE EXISTING WALLS TO BE DEMOLISHED AND RECONSTRUCTED
 NOTE: NOT ALL ITEMS KEYNOTED IN DEMOLITION NOTE - KEYED TO PLAN

GENERAL DEMOLITION NOTES

1. ALL EXISTING MATERIALS SHALL BE REMOVED AND DISPOSED IN THE MANNER TO BE DETERMINED BY THE CONTRACTOR. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE TO BE OBTAINED FOR THE DEMOLITION WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE TO BE OBTAINED FOR THE DEMOLITION WORK.
2. SEE PLUMBING, MECHANICAL, ELECTRICAL, AND FIRE PROTECTION DRAWINGS FOR FURTHER DEMOLITION INFORMATION.
3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE TO BE OBTAINED FOR THE DEMOLITION WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE TO BE OBTAINED FOR THE DEMOLITION WORK.
4. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE TO BE OBTAINED FOR THE DEMOLITION WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE TO BE OBTAINED FOR THE DEMOLITION WORK.
5. WHERE APPLICABLE, WELDS, ACCESSORIES, ETC. ARE SPECIFIED TO BE REMOVED EXPOSED TO STEEL.
6. THE GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR PATCHING AND FINISHING ALL DEMOLISHED AREAS TO MATCH EXISTING CONDITIONS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE TO BE OBTAINED FOR THE DEMOLITION WORK.
7. REMOVE DISH ON ALL DOORS INTO PROJECT AREA TO MATCH EXISTING CONDITIONS AND RE-INSTALL. REMOVE DISH ON ALL DOORS INTO PROJECT AREA TO MATCH EXISTING CONDITIONS AND RE-INSTALL.
8. THE CONTRACTOR SHALL REMOVE WALL COAT PAINTS AS NOTED AT EACH DOOR AND WINDOW. REMOVE WALL COAT PAINTS AS NOTED AT EACH DOOR AND WINDOW.
9. NOTIFY ARCHITECT OF BEARING DIMENSIONS, JOINT LOCATIONS, JOINTS, ETC.
10. WHERE EXISTING SETTING BEARS AT CEILING AREAS ARE REMOVED, PROVIDE A SCHEDULE FOR NEW FINISHES, IF APPLICABLE, TO RECEIVE NEW TILE, GROUT, AND STAR BED FINISHES.
11. WHERE EXISTING WALLS ARE REMOVED, BEAM FLOOR SUBSTRATE TO RECEIVE NEW FINISHES.
12. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE TO BE OBTAINED FOR THE DEMOLITION WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE TO BE OBTAINED FOR THE DEMOLITION WORK.

KEYED DEMOLITION NOTES

No.	TO BE REMOVED, BUT NOT LIMITED TO:	Note
1	Partitions	
2	Door and Frames	
3	Windows and Sills	
4	Chairs, WFL for new openings, A&E (incl. 2nd floor) for new openings	
5	Windows and Sills	
6	Windows and Sills	
7	Remove existing floor in entire room, 2nd floor for new flooring, see Finish Schedule	
8	Remove wall in office during initial construction, end floor	
9	Remove wall in office during initial construction, end floor	
10	Remove wall in office during initial construction, end floor	
11	Remove wall in office during initial construction, end floor	
12	Remove wall in office during initial construction, end floor	
13	Remove wall in office during initial construction, end floor	
14	Remove wall in office during initial construction, end floor	
15	Remove wall in office during initial construction, end floor	
16	Remove wall in office during initial construction, end floor	
17	Remove wall in office during initial construction, end floor	
18	Remove wall in office during initial construction, end floor	
19	Remove wall in office during initial construction, end floor	
20	Remove wall in office during initial construction, end floor	



Project North

1 Phase 1 - Demolition Plan Level 2
 A.01 / 1/4" = 1'-0"



DEMOLITION LEGEND

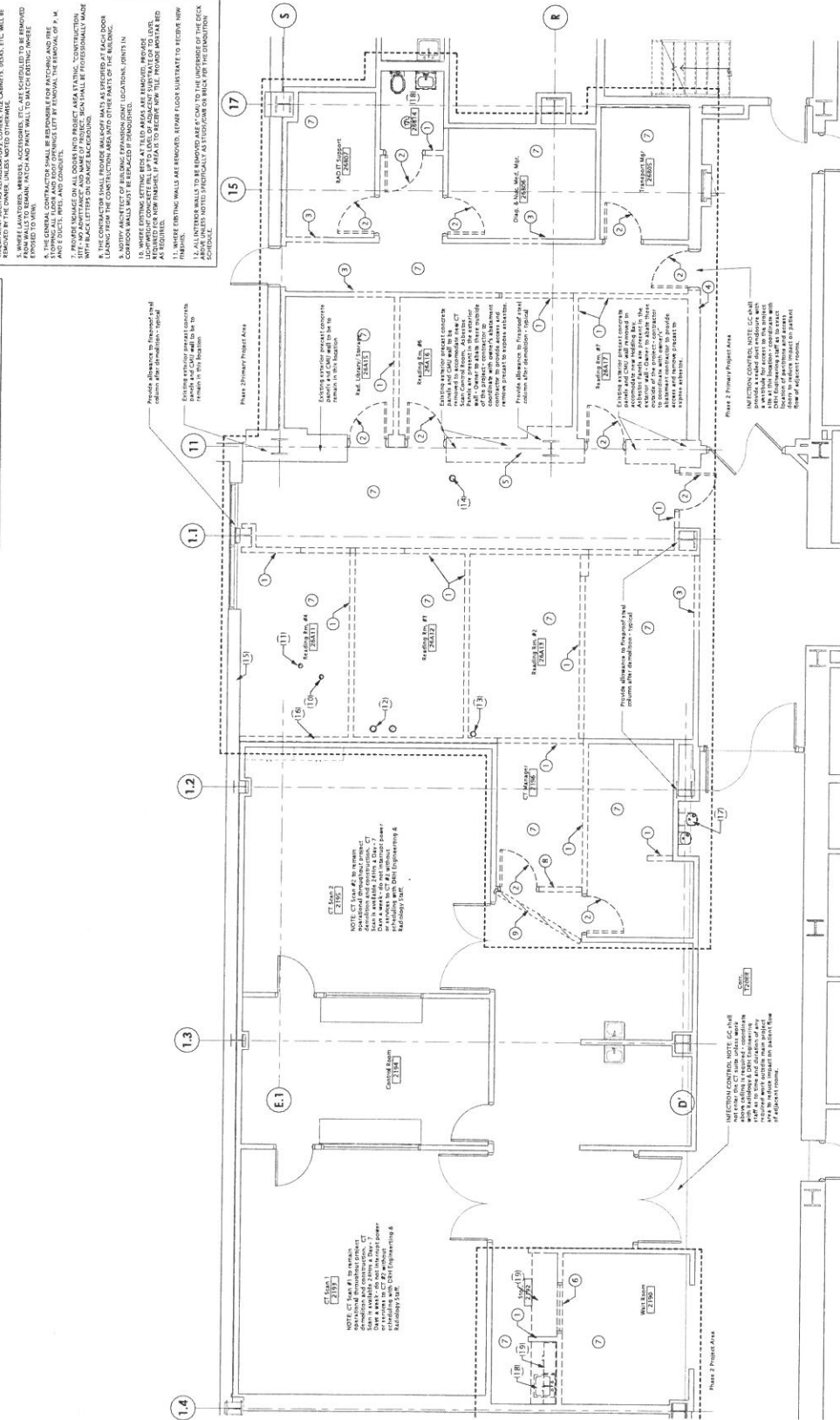
EXISTING WALL TO REMAIN
 WALLS TO BE DEMOLISHED
 WALLS TO BE DEMOLISHED EXCEPT FOR THE PORTION SHOWN WITH DASHED LINES
 PLAN
 SECTION NOTE - KEYED TO PLAN

GENERAL DEMOLITION NOTES

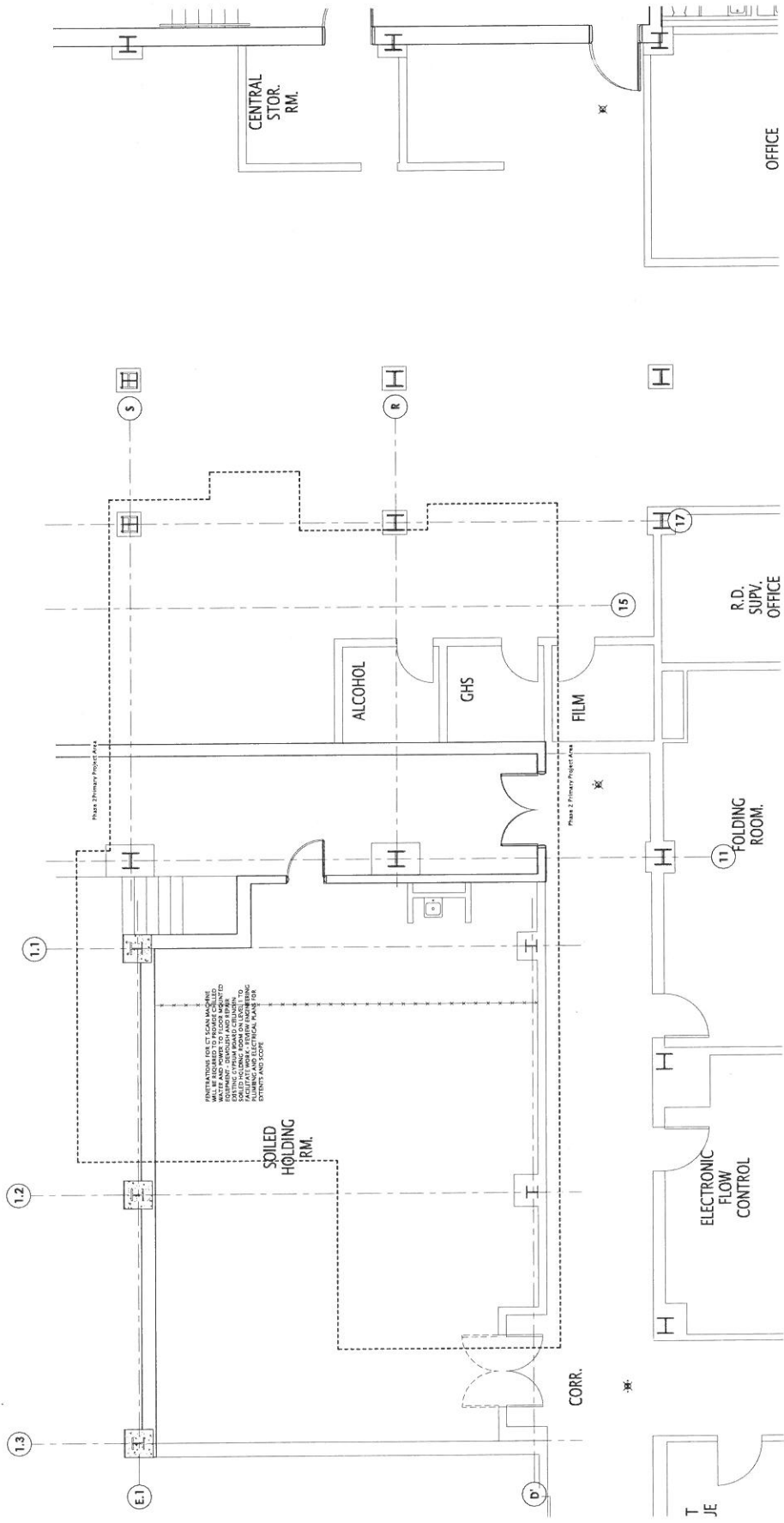
1. ALL ITEMS CONTAINING MATERIALS SUCH AS FIBROUS INSULATION IN THE SPACE TO BE DEMOLISHED SHALL BE REMOVED AND DISPOSED OF AS REQUIRED BY THE LOCAL, STATE AND FEDERAL REGULATIONS. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE LOCATION OF ALL SUCH ITEMS SHOULD NOT DISTURB IT AND NOTIFY THE OWNER IMMEDIATELY.
2. ALL ITEMS SCHEDULED TO BE REMOVED SHALL BE PROPERLY DIVIDED BY THE CONTRACTOR INTO PORTIONS THAT CAN BE HANDLED AND TRANSPORTED TO THE APPROPRIATE DISPOSAL SITE.
3. ALL ITEMS SCHEDULED TO BE REMOVED SHALL BE PROPERLY DIVIDED BY THE CONTRACTOR INTO PORTIONS THAT CAN BE HANDLED AND TRANSPORTED TO THE APPROPRIATE DISPOSAL SITE.
4. EQUIPMENT SUCH AS REFRIGERATORS, COINTEGRATED FILE CABINETS, DESKS, ETC. WILL BE REMOVED BY THE CONTRACTOR. ALL SUCH ITEMS SHALL BE PROPERLY DISPOSED OF AS REQUIRED BY THE LOCAL, STATE AND FEDERAL REGULATIONS.
5. ALL ITEMS TO BE REMOVED SHALL BE PROPERLY DIVIDED BY THE CONTRACTOR INTO PORTIONS THAT CAN BE HANDLED AND TRANSPORTED TO THE APPROPRIATE DISPOSAL SITE.
6. ALL ITEMS TO BE REMOVED SHALL BE PROPERLY DIVIDED BY THE CONTRACTOR INTO PORTIONS THAT CAN BE HANDLED AND TRANSPORTED TO THE APPROPRIATE DISPOSAL SITE.
7. PROVIDE PROTECTION FOR ALL ITEMS TO REMAIN.
8. ALL ITEMS TO BE REMOVED SHALL BE PROPERLY DIVIDED BY THE CONTRACTOR INTO PORTIONS THAT CAN BE HANDLED AND TRANSPORTED TO THE APPROPRIATE DISPOSAL SITE.
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20. ALL ITEMS TO BE REMOVED SHALL BE PROPERLY DIVIDED BY THE CONTRACTOR INTO PORTIONS THAT CAN BE HANDLED AND TRANSPORTED TO THE APPROPRIATE DISPOSAL SITE.

KEYED DEMOLITION NOTES

No.	To Be Demolished, But Not Limited To:	Note
1	Partitions	
2	Doors and Frames	
3	Windows and Frames	
4	Walls and Ceilings	
5	Structural members	
6	Partitions	
7	Partitions	
8	Partitions	
9	Partitions	
10	Partitions	
11	Partitions	
12	Partitions	
13	Partitions	
14	Partitions	
15	Partitions	
16	Partitions	
17	Partitions	
18	Partitions	
19	Partitions	
20	Partitions	



1 Phase 2 - Demolition Plan Level 2
 A102 (1 of 4)



1 Level 1 Work Area Plan
A102-1 (1/4" = 1'-0")



DEMOLITION LEGEND

EXISTING WALL TO REMAIN

WALLS TO BE DEMOLISHED
AS SHOWN IN THIS PLAN
PLANNED DEMOLITION - KEYED TO
PLAN

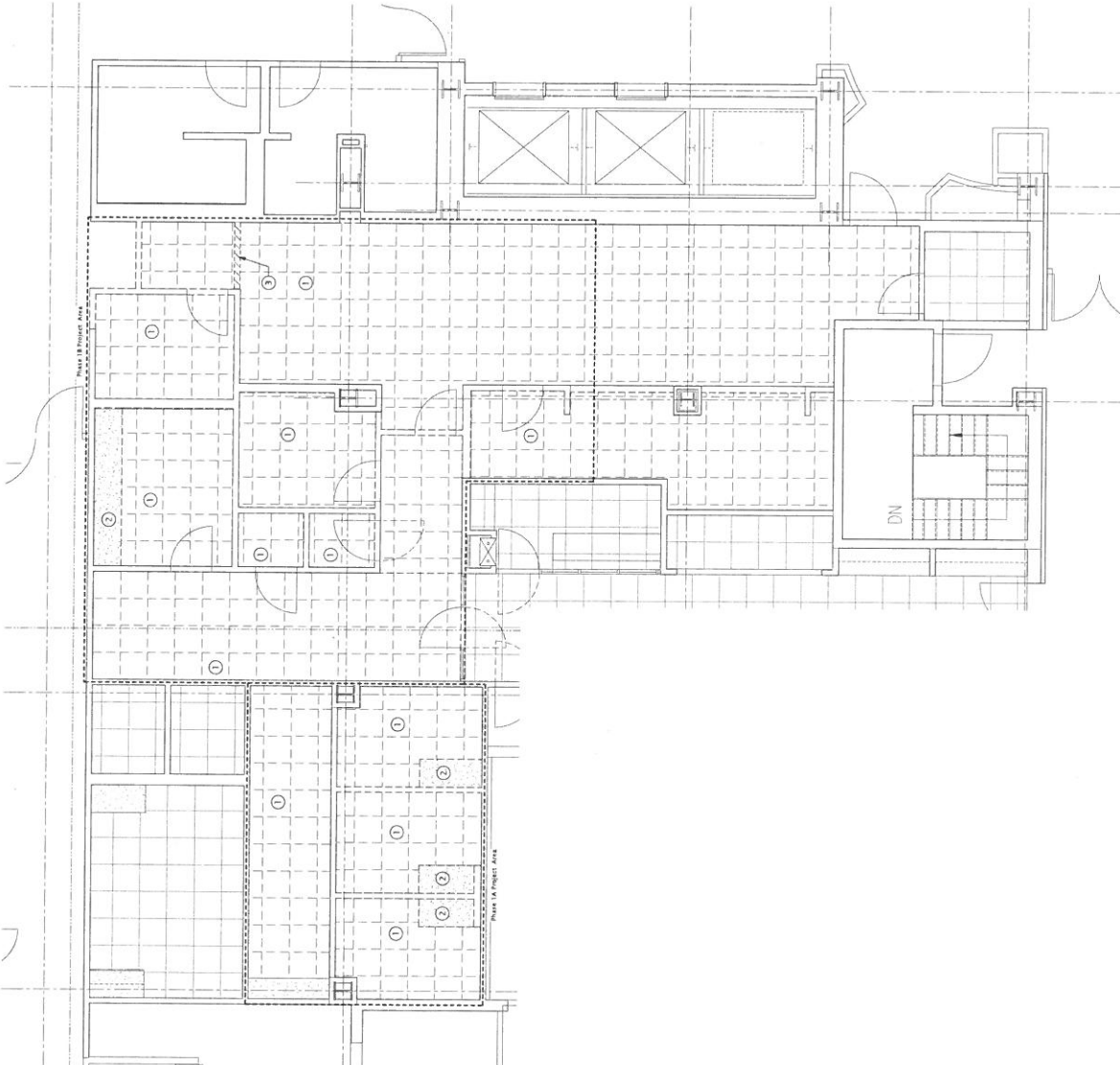


GENERAL DEMOLITION NOTES

1. ALL ITEMS SCHEDULED TO BE REMOVED SHALL BE PROPERLY DIVULGED BY THE OWNER TO THE CONTRACTOR AND THE PROJECT DRAWINGS FOR THE WORK TO BE DEMOLISHED. THE CONTRACTOR SHALL BE RESPONSIBLE FOR REMOVING FROM THE PROJECT SITE ALL ITEMS SCHEDULED TO BE DEMOLISHED AND NOTIFY THE OWNER IMMEDIATELY SHOULD NOT EXIST BY AND NOTIFY THE OWNER IMMEDIATELY.
2. ALL ITEMS SCHEDULED TO BE REMOVED SHALL BE PROPERLY DIVULGED BY THE OWNER TO THE CONTRACTOR AND THE PROJECT DRAWINGS FOR THE WORK TO BE DEMOLISHED. THE CONTRACTOR SHALL BE RESPONSIBLE FOR REMOVING FROM THE PROJECT SITE ALL ITEMS SCHEDULED TO BE DEMOLISHED AND NOTIFY THE OWNER IMMEDIATELY SHOULD NOT EXIST BY AND NOTIFY THE OWNER IMMEDIATELY.
3. ALL ITEMS SCHEDULED TO BE REMOVED SHALL BE PROPERLY DIVULGED BY THE OWNER TO THE CONTRACTOR AND THE PROJECT DRAWINGS FOR THE WORK TO BE DEMOLISHED. THE CONTRACTOR SHALL BE RESPONSIBLE FOR REMOVING FROM THE PROJECT SITE ALL ITEMS SCHEDULED TO BE DEMOLISHED AND NOTIFY THE OWNER IMMEDIATELY SHOULD NOT EXIST BY AND NOTIFY THE OWNER IMMEDIATELY.
4. EQUIPMENT SUCH AS REGENERATORS, COILS, FILE CABINETS, DESKS, ETC. WILL BE REMOVED BY THE OWNER, UNLESS NOTED OTHERWISE.
5. ALL ITEMS SCHEDULED TO BE REMOVED SHALL BE PROPERLY DIVULGED BY THE OWNER TO THE CONTRACTOR AND THE PROJECT DRAWINGS FOR THE WORK TO BE DEMOLISHED. THE CONTRACTOR SHALL BE RESPONSIBLE FOR REMOVING FROM THE PROJECT SITE ALL ITEMS SCHEDULED TO BE DEMOLISHED AND NOTIFY THE OWNER IMMEDIATELY SHOULD NOT EXIST BY AND NOTIFY THE OWNER IMMEDIATELY.
6. STOPPING ALL FLOOR AND ROOF DRAININGS LEFT IN REMOVAL, THE REMOVAL OF F.M. AND EJECTS, PIPES AND CONDUITS.
7. ALL ITEMS SCHEDULED TO BE REMOVED SHALL BE PROPERLY DIVULGED BY THE OWNER TO THE CONTRACTOR AND THE PROJECT DRAWINGS FOR THE WORK TO BE DEMOLISHED. THE CONTRACTOR SHALL BE RESPONSIBLE FOR REMOVING FROM THE PROJECT SITE ALL ITEMS SCHEDULED TO BE DEMOLISHED AND NOTIFY THE OWNER IMMEDIATELY SHOULD NOT EXIST BY AND NOTIFY THE OWNER IMMEDIATELY.
8. THE CONTRACTOR SHALL BE RESPONSIBLE FOR REMOVING FROM THE PROJECT SITE ALL ITEMS SCHEDULED TO BE DEMOLISHED AND NOTIFY THE OWNER IMMEDIATELY SHOULD NOT EXIST BY AND NOTIFY THE OWNER IMMEDIATELY.
9. NOTIFY ARCHITECT OF REMOVED EMISSION POINT LOCATIONS, JOINTS IN LEADING FROM THE CONSTRUCTION AREA INTO OTHER PARTS OF THE BUILDING.
10. WHERE EXISTING LITING IS TO BE REMOVED, THE CONTRACTOR SHALL PROVIDE LIGHTING CONCRETE FILL UP TO LEVEL OF ADJACENT SUBSTRATE ON TO LEVEL OF EXISTING LITING. PROVIDE LIGHTING CONCRETE FILL UP TO LEVEL OF ADJACENT SUBSTRATE ON TO LEVEL OF EXISTING LITING. PROVIDE LIGHTING CONCRETE FILL UP TO LEVEL OF ADJACENT SUBSTRATE ON TO LEVEL OF EXISTING LITING.
11. WHERE EXISTING WALLS ARE REMOVED, FRAME FLOOR SUBSTRATE TO RECEIVE NEW WALLS. PROVIDE LIGHTING CONCRETE FILL UP TO LEVEL OF ADJACENT SUBSTRATE ON TO LEVEL OF EXISTING LITING. PROVIDE LIGHTING CONCRETE FILL UP TO LEVEL OF ADJACENT SUBSTRATE ON TO LEVEL OF EXISTING LITING.
12. ALL INTERIOR WALLS TO BE REMOVED ARE 4" CMU TO THE INSIDE OF THE DECK. PROVIDE LIGHTING CONCRETE FILL UP TO LEVEL OF ADJACENT SUBSTRATE ON TO LEVEL OF EXISTING LITING. PROVIDE LIGHTING CONCRETE FILL UP TO LEVEL OF ADJACENT SUBSTRATE ON TO LEVEL OF EXISTING LITING.

CEILING DEMOLITION KEYED NOTES

No.	Location	Note
1	Gridline 1-10	Demolition of ceiling ceiling for addition of system 1000000 114
2	Gridline 1-10	Demolition of ceiling ceiling for addition of system 1000000 114
3	Gridline 1-10	Demolition of ceiling ceiling for addition of system 1000000 114



Project North

1 Phase 1 - Demolition RCP Level 12
A103 / 1/A = 1/4"



3600 North Roberts Road, Durham, NC 27709
 Project Number: 1411
 Date: 07/11/2017
 Checked: [Signature]
 Scale: 1/4" = 1'-0"



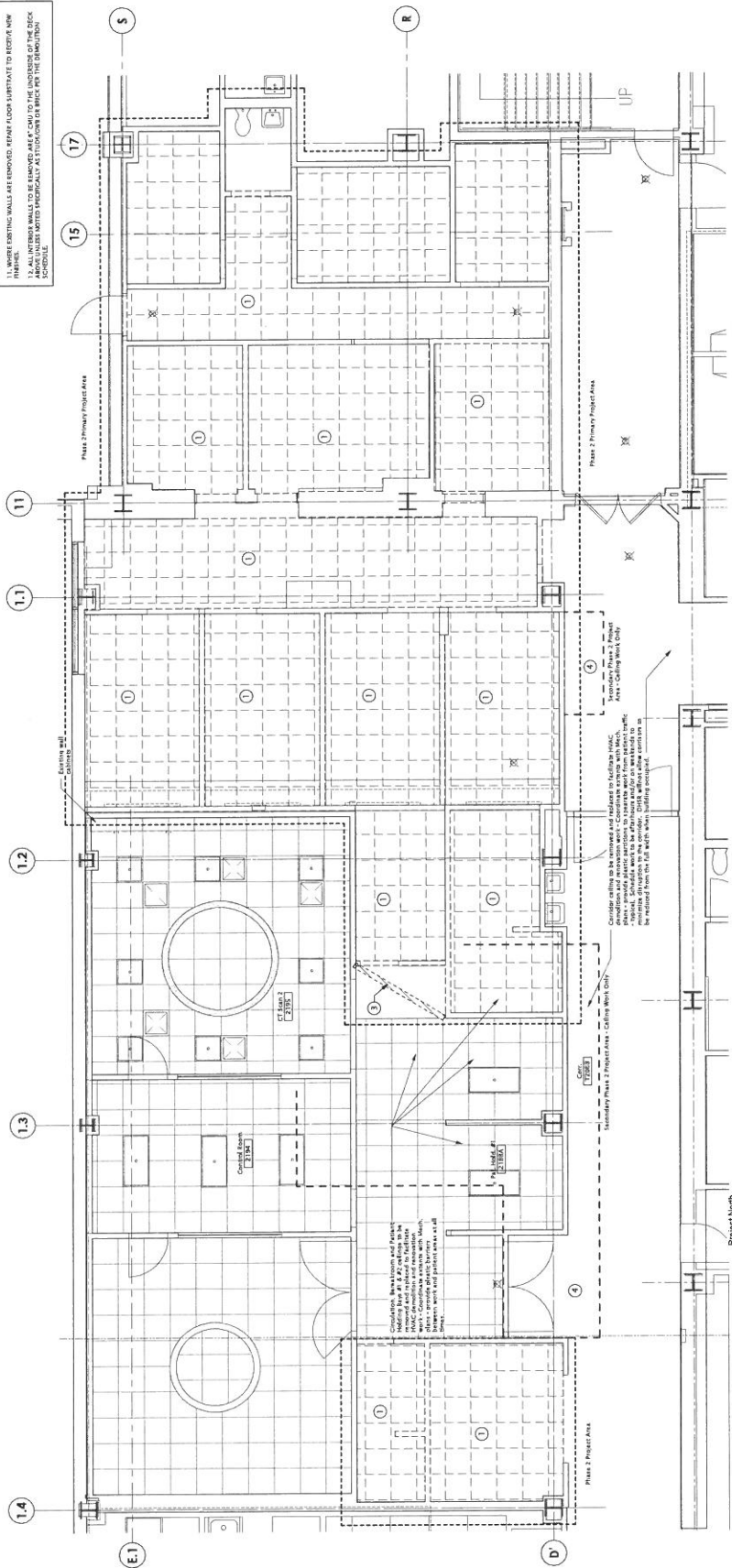
DRH Level 2

CEILING DEMOLITION KEYED NOTES

No.	Note
1	EXISTING WALL TO REMAIN
2	DASHED LINES INDICATE EXISTING CEILING TO BE DEMOLISHED
3	ALL INTERIOR WALLS TO BE DEMOLISHED UNLESS NOTED OTHERWISE
4	ALL INTERIOR WALLS TO BE DEMOLISHED UNLESS NOTED OTHERWISE

GENERAL DEMOLITION NOTES

1. ALL DEMOLITION MATERIALS SHALL BE REMOVED FROM THE SPACE TO BE DEMOLISHED. THE OWNER SHALL BE RESPONSIBLE FOR REMOVAL FROM THE SITE. ALL DEMOLITION MATERIALS SHALL BE REMOVED FROM THE SITE. THE OWNER SHALL BE RESPONSIBLE FOR REMOVAL FROM THE SITE.
2. ALL DEMOLITION MATERIALS SHALL BE REMOVED FROM THE SPACE TO BE DEMOLISHED. THE OWNER SHALL BE RESPONSIBLE FOR REMOVAL FROM THE SITE. ALL DEMOLITION MATERIALS SHALL BE REMOVED FROM THE SITE.
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6. ALL DEMOLITION MATERIALS SHALL BE REMOVED FROM THE SPACE TO BE DEMOLISHED. THE OWNER SHALL BE RESPONSIBLE FOR REMOVAL FROM THE SITE. ALL DEMOLITION MATERIALS SHALL BE REMOVED FROM THE SITE.
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1 Phase 2 - Demolition RCF Level 2
 A104 / A105



LEGEND

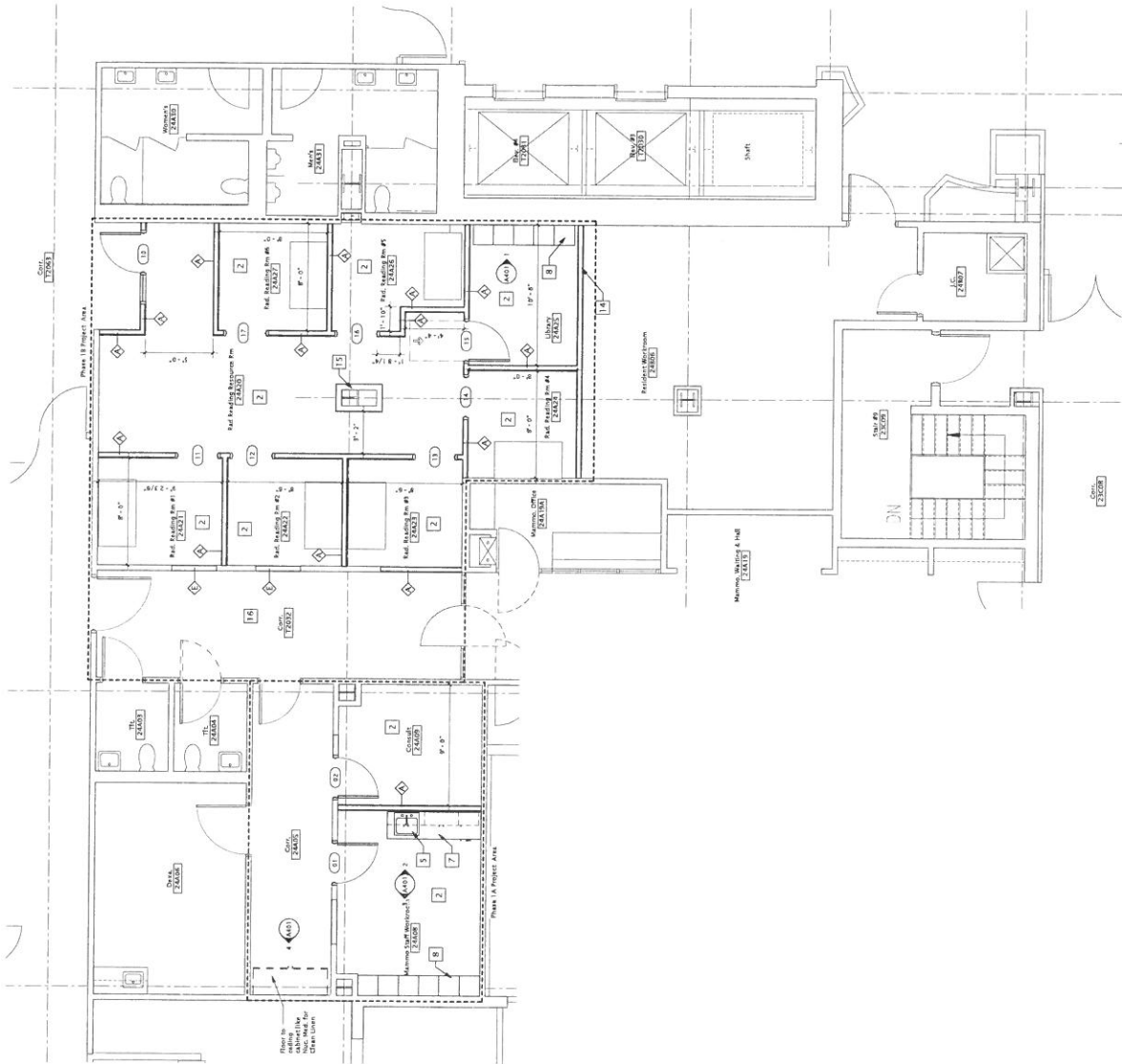
	BATED WALL - 1 HOUR
	LITING PARTITION
	METAL STUD PARTITION
	GYM INSULATION
	NOTE REFER TO PLAN
	SECTION MARK
	INTERIOR ELEVATION
	ROOM TAG
	WALL TAG - SEE WALL TYPES ON SCHEDULE
	DOOR TAG - SEE DOOR/FRAME SCHEDULE
	WINDOW TAG - SEE WINDOW SCHEDULE

GENERAL NOTES

- VERIFY ALL DIMENSIONS, NOTATION, ARCHITECT REFERENCE AND TO THE LOCATION OF ALL PARTS, MATERIALS AND FINISHES. VERIFY ALL DIMENSIONS, NOTATION, ARCHITECT REFERENCE AND TO THE LOCATION OF ALL PARTS, MATERIALS AND FINISHES. VERIFY ALL DIMENSIONS, NOTATION, ARCHITECT REFERENCE AND TO THE LOCATION OF ALL PARTS, MATERIALS AND FINISHES. VERIFY ALL DIMENSIONS, NOTATION, ARCHITECT REFERENCE AND TO THE LOCATION OF ALL PARTS, MATERIALS AND FINISHES.
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KEYED RENOVATION NOTES

No.	Note
1	Remove existing partition of office cubicle including...
2	Remove existing partition of office cubicle including...
3	Remove existing partition of office cubicle including...
4	Remove existing partition of office cubicle including...
5	Remove existing partition of office cubicle including...
6	Remove existing partition of office cubicle including...
7	Remove existing partition of office cubicle including...
8	Remove existing partition of office cubicle including...
9	Remove existing partition of office cubicle including...
10	Remove existing partition of office cubicle including...
11	Remove existing partition of office cubicle including...
12	Remove existing partition of office cubicle including...
13	Remove existing partition of office cubicle including...
14	Remove existing partition of office cubicle including...
15	Remove existing partition of office cubicle including...
16	Remove existing partition of office cubicle including...
17	Remove existing partition of office cubicle including...
18	Remove existing partition of office cubicle including...



Project North
 Phase 1 - Renovation Plan Level 2
 1/4" = 1'-0"



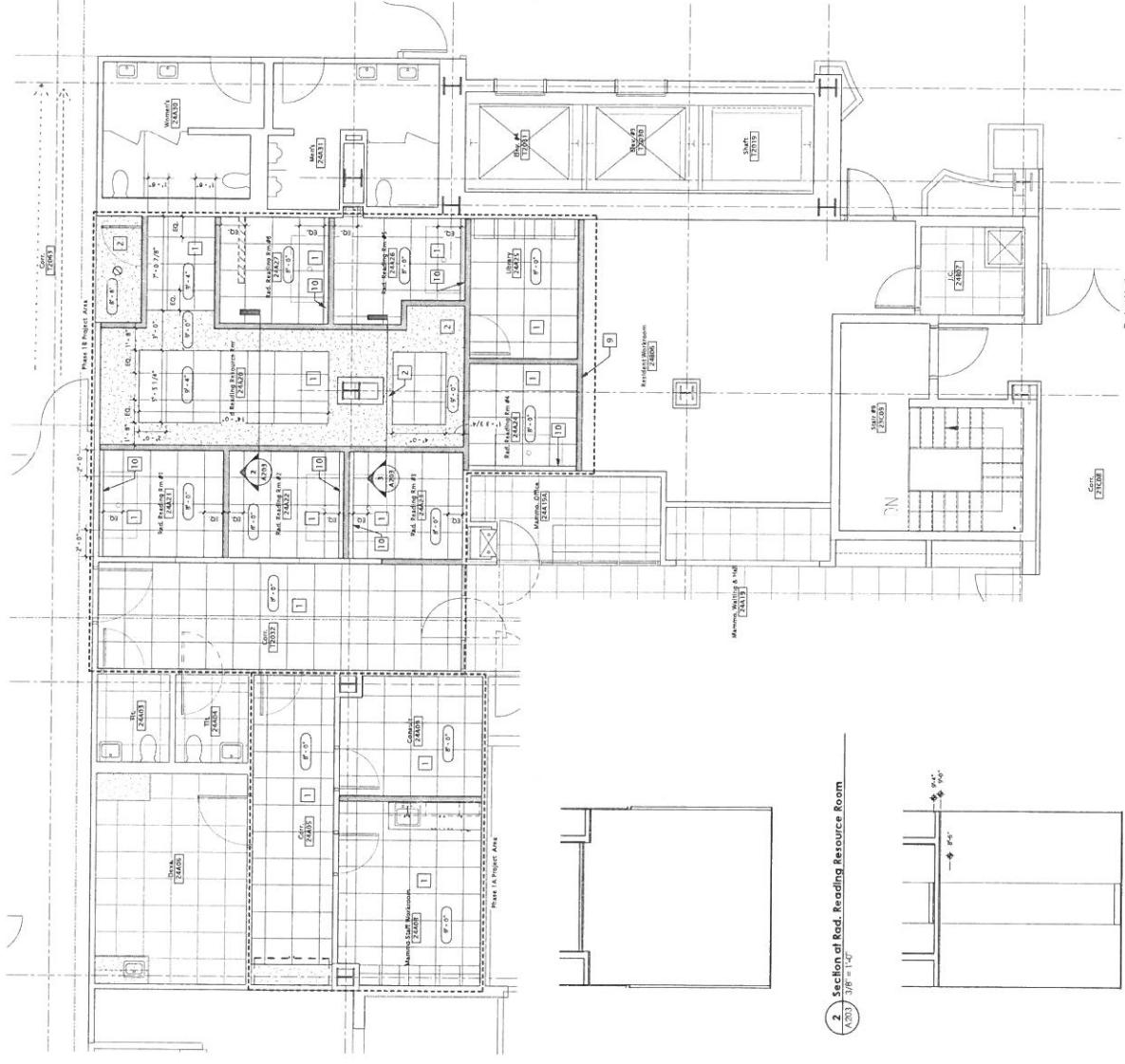
CEILING LEGEND

ROOM NUMBER	CEILING HEIGHT - A-F, F-F	RECESSED LIGHT FIXTURE	STUD OR PENDANT FIXTURE	2 X 2 JOY IN LIGHT FIXTURE	2 X 4 JOY IN LIGHT FIXTURE	SIMPLY AIR DIFFUSER	RETURN AIR DIFFUSER	EXIT LIGHT	EMERGENCY LIGHT	SMOKE DETECTOR	CYPRESS WALKBOARD	REFLECTOR LIGHTING FIXTURE
101	10'-0"	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]	[Symbol]

NOTE: COORDINATE WITH ALL P.E. & ENGINEERING, MECHANICAL, ELECTRICAL, PLUMBING, AND TYPED ARCHITECTURAL PLANS SHOWING FIXTURE LOCATION ONLY. TYPICAL.

CEILING RENOVATION...

No.	DESC.	NOTE
1	Original base ceiling	
2	10' Acoustic ceiling	
3	10' Acoustic ceiling	
4	10' Acoustic ceiling	
5	10' Acoustic ceiling	
6	10' Acoustic ceiling	
7	10' Acoustic ceiling	
8	10' Acoustic ceiling	
9	10' Acoustic ceiling	
10	10' Acoustic ceiling	
11	10' Acoustic ceiling	
12	10' Acoustic ceiling	
13	10' Acoustic ceiling	
14	10' Acoustic ceiling	
15	10' Acoustic ceiling	



1 Section of Rad. Reading Resource Room
 A-203 3/8" = 1'-0"

2 Section of Rad. Reading Resource Room Column
 A-203 3/8" = 1'-0"

ROOM NUMBER	CEILING LIGHT - A.S.F.	RECESSED LIGHT FEATURE	STEP OR PENDANT FEATURE	2 X 2 LAMIN LIGHT FEATURE	SUPPLY AIR DIFFUSER	RETURN AIR DIFFUSER	LEFT LIGHT	EMERGENCY LIGHT	SMOKE DETECTOR	CYCLAM WALL/HEAD BELL/HEAD
101	101	101	101	101	101	101	101	101	101	101

No.	Desc.	Note
1	101	101
2	101	101
3	101	101
4	101	101
5	101	101
6	101	101
7	101	101
8	101	101
9	101	101
10	101	101

CEILING RENOVATION...

NOTES - UNLESS OTHERWISE SPECIFIED:
 1. TYPICAL CEILING LASER SUPPORT FOR CONCRETE CEILING TO FALSE CEILING IN PLACE OF MISC. THAN 26" (WITH 1/8" CLEARANCE) TO BE RECESSED INTO CEILING. DIMENSIONS MUST BE RECHECKED FOR PRE-INSTALLATION PREPARATIONS. DIMENSIONS OF SUSPENDED CEILING OPENING MUST BE ADOPTED IN ADVANCE.
 2. THIS EXAMPLE NOT RECOMMENDED FOR CONCRETE CEILING TO FALSE CEILING IN PLACE OF MISC. THAN 26" (WITH 1/8" CLEARANCE) TO BE RECESSED INTO CEILING. DIMENSIONS MUST BE RECHECKED FOR PRE-INSTALLATION PREPARATIONS. DIMENSIONS OF SUSPENDED CEILING OPENING MUST BE ADOPTED IN ADVANCE.
 3. ALL LIGHT (8) PADS MUST BE SECURED TO SOLID STRUCTURE ABOVE OR STRUCTURAL STEEL SUPPORT.

