

Addendum Number: 02

Addendum Issue Date: April 21, 2026

Owner: Crawford Memorial Hospital

Project Name: CMH – Consulting Clinic Expansion

Project Number: 02500690.001

Containing: 4 Pages; 8 Drawings; 2 Specifications

*This addendum amends the drawings and specifications of the above reference project and is hereby incorporated into the contract documents as part thereof. Bidders must acknowledge receipt of this Addendum in the space provided on the Bid Form. **FAILURE TO DO SO MAY SUBJECT BIDDER TO DISQUALIFICATION.***

General:

1. This Addendum hereby extends the Bid Date to 04/29/2026 at 2:00 PM.
2. Attached is the Pre-Bid Sign In sheet.
3. Attached for reference is the approved CSI Form 1.5C Product substitution for intumescent paint.
4. Attached for reference is the approved CSI Form 1.5C Product substitution for elevator.
5. Strike /delete Addendum 01 General Note 15 which indicated the 12% MBE/WBE/PBE goal is calculated based construction contract award. Below is excerpt from HCT003 Grant Agreement paragraph 23.14 where 12% of the Grant Funds Awarded indicated the requirement. Also excerpt from CDB Document 00 41 05.

23.14 Business Enterprise for Minorities, Women, and Persons with Disabilities Act. For this project, Grantee agrees to endeavor to meet a goal of at least 12% of grant funds being awarded to minority-owned businesses (MBE), woman-owned businesses (WBE) and businesses owned by persons with disabilities (PBE). Grantee must include participation from at least one MBE, one WBE and one PBE as part of the goal. Grantee agrees to coordinate the meeting of these goals with Grantor's Diversity Contracting Unit and, if goals may not be met, to provide documentation of its good faith efforts, as outlined in the Business Enterprise for Minorities, Women, and Persons with Disabilities Act (30 ILCS 575). Failure to meet the goals or to provide sufficient Good Faith Efforts, as determined by Grantor, is a breach of the Grant Agreement, which may result in withholding payments, termination, or other action under the Agreement.

Document 00 41 05

GRANT REQUIREMENTS
FOR
MINORITY/WOMEN/PERSONS WITH DISABILITIES BUSINESS PARTICIPATION

Grantee:	Crawford Hospital District
CDB Grant No.:	HTC003
Grant Amount:	\$6,737,400.00

SECTION I: BEP Goals, Utilization Plan, and Letters of Intent

A. **GOALS:** Goals for participation by minority-owned businesses (MBE), women-owned businesses (WBE), and businesses owned by persons with disabilities (PBE) as first and second tier (level) subcontractors or suppliers, and as the prime contractor, are set in accord with the Business Enterprise for Minorities, Women, and Persons with Disabilities Act (30 ILCS 575).

For this project, the Grantee agrees to endeavor to meet the following goals, as expressed as a percentage of the total grant amount:

- _____ percent to MBEs
- _____ percent to WBEs
- _____ percent combined WBE/PBEs
- 12 percent combined MBE/WBE/PBEs

6. Previously Issued in Addendum 01 Grant Requirement clarification for Section 00 4001 – State Grant Requirements. This clarification confirms that **Section 00 4001 – State Grant Requirements** is provided for informational purposes only at this Bidding Stage. The following key takeaways for bidders:
- a. No action needed now: You do not need to fill out or submit any forms from this section with your bid.
 - b. CDB Grant number HTC003 and the Grantee Crawford Memorial Hospital.
 - c. Future requirement: These forms and requirements will only apply to the successful bidder during the contract negotiation phase.
 - d. Purpose: The section is meant to give you a complete understanding on the State of Illinois Grant requirements, compliance standards and paperwork you'll be expected to handle if you win the contract.

Structural RFI / Clarification During Bidding:

- 1. Will the second-floor framing plan require any shoring for concrete finishing equipment?
 - a. For bidding purposes, the Response here is "Yes, the second-floor framing plan will require shoring to support the 1,000 lb. ride on concrete finishing equipment. This requirement is a **delegated design** item; the Contractor is responsible for engaging a licensed Structural Engineer to design, seal, and submit a comprehensive shoring and reshoring plan. This plan must ensure the new slab is supported until it reaches the necessary strength to handle the equipment's concentrated loads without exceeding deflection limits.
- 2. On drawing sheet S2.1 there is a note #9 that calls for a moisture vapor admixture similar to 'Barrier One' for the interior slabs on grade and the slabs on deck. Just confirming that this is a requirement for both the slab on grade and the slab on deck.
 - a. Response for bidding purposes Yes, a moisture vapor reduction admixture (MVRA) similar to [Barrier One](#) is highly appropriate and often specified for both interior slabs on grade and elevated slabs on deck so please provide.

Architectural RFI / Clarification During Bidding:

1. Signage (Cast Aluminum Backlight) shown on Exterior Elevations and Details 5 and 6 on Sheet A3.2 will be provided and installed by Owner's Signage Vendor. Contractor to coordinate with Signage Vendor for power and structural cold form metal framing blocking requirements for secure anchorage and electrical requirements. Electrical drawings have been updated via addenda 02 to include junction box.
2. No specimen pass-thru as specified in Section 10 2800 are required for this project.
3. Drawing Sheet A8.1 takes precedent over specification section 10 2800 for OFOI, OFCI, CFCI.

Plumbing RFI / Clarification During Bidding:

1. Viega Megapress G fittings are acceptable for use with the specified ASTM A53 schedule 40 black steel natural gas piping.

Mechanical RFI / Clarifications During Bidding:

1. Viega Propress fittings are acceptable for copper heating hot water and chilled water piping 2" and smaller.
2. AWWA C606 grooved pipe and Victaulic couplings are approved for steel hot water and chilled water piping 2-1/2" and above.
3. Kreuger is an acceptable manufacturer for VAV boxes.
4. Price is an acceptable manufacturer for fan coil units (FCUs).

Electrical RFI /Clarification During Bidding:

1. Manufacturers and Panel Types for the following panels.
 - a. MSBH – SQD QED-2
 - b. LSED – Eaton/CH PRL-1A
 - c. CCED-2 – Eaton/CH PRL-1A
 - d. GLPD2 - ???
 - e. EQDPL – Eaton/CH PRL-1A
 - f. 2NH - Eaton/CH PRL-1A
2. Please clarify what exam/ procedure rooms are on the Lighting Relay Panel. **ANY ROOM WITH "PROCEDURE" IN THE NAME**
3. On the exam/ procedure rooms controlled by the LRP are the override and dimmer two separate devices? **YES**

Drawings:

1. Sheet A7.3 – DOOR SCHEDULE
 - a. REVISE door width of SC112-2 to be 4'-0" in lieu of 3'-8" as shown.
2. Sheet M3.1 – ENLARGED PLANS
 - a. ADD motorized dampers serving louvers L-1 and L-2 in first and second floor mechanical rooms. See new keynotes 7 and 8 for clarification.
3. Sheet M3.2 – ENLARGED PLANS
 - a. REVISE keynotes 1, 4, 5, 6, and 8 as shown for clarification.
 - b. ADD keynote 9.
4. Sheet M5.3 – DIAGRAMS
 - a. REVISE Heating Water Flow Diagram – Primary/Secondary to ADD heat exchanger isolation valves as indicated on attached M5.3.
5. Sheet M5.4 – DIAGRAMS
 - a. REVISE Diagram as indicated on attached M5.3.

6. Sheet M6.1 – SCHEDULES
 - a. ADD louver schedule.
7. Sheet M7.4 – DIAGRAMS
 - a. REVISE as indicated on attached M7.4.
8. Sheet ES1.1-ELECTRICAL SITE PLAN
 - a. REVISED Enlarged View -Electrical Room background.
9. Sheet E1.1-FIRST FLOOR LIGHTING PLAN
 - a. REVISED Clinic rooms with dimmers Fixture type.
10. Sheet E1.2-SECOND FLOOR LIGHTING PLAN
 - a. REVISED Clinic rooms with dimmers Fixture type.
11. Sheet E2.2-SECOND FLOOR POWER PLAN
 - a. ADD Poke-Thru floor fitting manufacturer and model number.
 - b. ADD above ceiling boxes and conduit work for future installation of signage by others.

Specifications:

1. 00 4100 – Bid Form
 - a. Update Bid Form to include allowance reference to section 00 2100 – Allowance.
2. 00 2100 – Allowance
 - a. Issue new Section for Contingency Allowance.

END OF ADDENDUM

Issued By:

FARNSWORTH GROUP, INC.

Jason Skidmore

Sr. Project Architect

Attachments:

Drawings: A7.3, M3.1, M3.2, M6.1, ES1.1, E1.1, E1.2, E2.2

Specifications: 00 4100, 01 2100

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SECTION 00 4100 - BID FORM

THE PROJECT AND THE PARTIES

1.1. TO:

- A. Crawford Memorial Hospital (Owner)
 - 1. 1000 North Allen Street, Robinson, IL, 62454

1.2. FOR:

- A. Project: CMH Consulting Clinic Expansion
 - 1000 North. Allen Street
 - Robinson, Illinois 62454

1.3. DATE: _____ (BIDDER TO ENTER DATE)

1.4. SUBMITTED BY: (BIDDER TO ENTER NAME AND ADDRESS)

- A. Bidder's Full Name _____
 - 1. Address _____
 - 2. City, State, Zip _____

1.5. OFFER

- A. The Undersigned, having received and examined the Bidding Documents titled, "Consulting Clinic Expansion" dated 03-25-2026, and having visited the site and examined the conditions affecting the Work, we hereby proposes and agrees to furnish all labor, materials, equipment, appliances and services, and to perform operations necessary to complete the Work as required by said Bidding Documents, for the Work identified below.

- B. Base Bid: _____ dollars
(\$ _____), in lawful money of the United States of America.

- C. Alternate No. 1 Bid: _____ dollars
(\$ _____), in lawful money of the United States of America.

- D. *All Contingency Allowances described in Section 01 2100 - Allowances are included in the Bid Sum.***

1.6. ACKNOWLEDGEMENTS

- A. The Undersigned acknowledges the following:
 - 1. Receipt of complete set of bidding documents and understands the meaning of their content and shall willingly comply with the guidelines set forth in those documents.
 - 2. Receipt of Addenda numbers _____.
 - 3. Bid Guarantee/Bond executed by the Bidder, equal to five percent of bid amount, is attached to completed bid form.
 - 4. Non-Collusion Affidavit (attachment A) is completed and attached to completed bid form.
 - 5. Bidder's Qualifications (attachment B) is completed and attached to completed bid form.
 - 6. Certification of compliance with Sexual Harassment Policy (attachment C) is completed and attached to completed bid form.
 - 7. Drug Free Workplace Certification (attachment D) is completed and attached to completed bid form.

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8. Certification of compliance with Prevailing Wage Rates (attachment E) is completed and attached to completed bid form.
9. Costs and premiums for all associated bonds Performance Bond and Payment Bond, insurance, all permits and fees are included in the bid amount.
10. Bids for Base Bid will be held good for a period of sixty (60) calendar and Alternates will be held good for a period of sixty (60) days subsequent to the opening of Bids.
11. The undersigned agrees to comply with Owner's and building leaser's policies:
 - a. Comply with the Illinois Drug Free Workplace Act,
 - b. Comply with the Illinois Prevailing Wage Act, 820 IL CS 130/1 et seq. and use Wage Determination as determined by the Illinois Department of Labor, Conciliation, and Mediation Division,
 - c. Comply with Public Works Employment Discrimination Act (775 ILCS 10/001 and 775 ILCS 5/2-105(A), (1), (2), (3), (4)).

1.7. CONTRACT TIME

- A. If the Undersigned receives written notification of acceptance of this Proposal within fifteen (15) days after the Bid Opening Date he agrees to execute a Contract for the Work described in the Bidding Documents for the compensation identified in the Bidding Documents for the compensation identified in this proposal and to guarantee substantial completion of the Work no later than **May 21, 2027**.

1.8. BID FORM SIGNATURE(S)

- A. The Corporate Seal of
- B. _____
- C. was hereunto affixed in the presence of:
- D. _____
- E. (Authorized signing officer, Title)
- F. (Seal)
- G. _____
- H. (Authorized signing officer, Title)

END OF BID FORM

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SECTION 01 2100 - ALLOWANCES

PART 1 GENERAL

1.1. SECTION INCLUDES

- A. Contingency allowance.
- B. Payment and modification procedures relating to allowances.

1.2. RELATED REQUIREMENTS

- A. Section 01 2000 - Price and Payment Procedures: Additional payment and modification procedures.

1.3. CONTINGENCY ALLOWANCE

- A. Contractor's costs for delegated design-structural engineering fees, products, delivery, installation, labor, insurance, payroll, taxes, bonding, equipment rental, overhead and profit will be included in Change Orders authorizing expenditure of funds from this Contingency Allowance.
- B. Funds will be drawn from the Contingency Allowance only by Change Order.
- C. At closeout of Contract, funds remaining in Contingency Allowance will be credited to Owner by Change Order.

1.4. ADJUSTMENT OF ALLOWANCES

- A. Allowance Adjustment: To adjust allowance amounts, prepare a Change Order proposal based on the difference between purchase amount and the allowance, multiplied by final measurement of work-in-place where applicable. If applicable, include reasonable allowances for cutting losses, tolerances, mixing wastes, normal product imperfections, and similar margins.
 - 1. Include installation costs in purchase amount only where indicated as part of the allowance.
 - 2. If requested, prepare explanation and documentation to substantiate distribution of overhead costs and other markups.
 - 3. Submit substantiation of a change in scope of Work, if any, claimed in Change Orders related to unit-cost allowances.
 - 4. Owner reserves the right to establish the quantity of work-in-place by independent quantity survey, measure, or count.
- B. Submit claims for increased costs because of a change in scope or nature of the allowance described in the Contract Documents, whether for the purchase order amount or Contractor's handling, labor, installation, overhead, and profit.
 - 1. Do not include Contractor's or subcontractor's indirect expense in the Change Order cost amount unless it is clearly shown that the nature or extent of Work has changed from what could have been foreseen from information in the Contract Documents.
 - 2. No change to Contractor's indirect expense is permitted for selection of higher- or lower-priced materials or systems of the same scope and nature as originally indicated.

1.5. ALLOWANCES SCHEDULE

- A. Contingency Allowance for reinforcement of existing structural steel connections: Include the **stipulated sum/price of \$100,000** for use upon Owner's instructions.
 - 1. For additional existing structural steel design intent captured in Bid Documents Refer to Structural drawing S0.1 – CONTRACTOR EVALUATION OF EXISTING STEEL FRAMING

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PART 2 PRODUCTS - NOT USED

PART 3 EXECUTION - NOT USED

END OF SECTION 01 2100

AUTOMATIC SLIDERS AND DOOR HARDWARE SETS

AS1 - SLIDING AUTOMATIC DOOR, VESTIBULE V101-1 (EXTERIOR):

BASIS OF DESIGN IS HORTON PROFILER SERIES 2000B BELT DRIVE, TYPE 110 BI-PARTING SLIDE, O-SX, SX-O, 9' UNIT. DOOR TO HAVE 3'-6" SLIDER OPENING, FIXED SIDELIGHTS, BREAKAWAY OPERATION, FAIL SAFE AUTO LOCK TO BE ACTIVATED BY CARD READER FROM EXTERIOR AFTER HOURS AND BY HEADER MOUNTED SENSOR ON BUILDING INTERIOR SIDE. TRANSOM BY AUTO SLIDER MFR TO BE LOCATED ABOVE SLIDER.

SL1 - SLIDING MANUAL ICU DOOR

BASIS OF DESIGN - 8'-0" UNIT WIDTH HORTON PROFILER-ICU SMOKE RATED MANUAL SLIDING DOOR SYSTEM, 310 SERIES TRACKLESS WITH POSITIVE LATCH HANDLE. FINISH TO BE DARK BRONZE ANODIZED FINISH.

HARDWARE SET INT6 - SINGLE DOOR, TOILET ROOM, PRIVACY, SWING CLEAR

OPERATIONAL DESCRIPTION: PUSH-BUTTON LOCKING, CAN BE OPENED FROM OUTSIDE WITH SMALL EMERGENCY RELEASE TOOL. OUTSIDE LEVER UNLOCKED BY TURNING INSIDE LEVER OR CLOSING DOOR. INSIDE LEVER IS ALWAYS FREE FOR IMMEDIATE EGRESS.

EACH TO HAVE:
3 OFFSET HINGE
1 PRIVACY LOCKSET
1 WALL STOP
1 KICKPLATE
1 GASKETING

AS2 - SLIDING AUTOMATIC DOOR, VESTIBULE 101-2 (INTERIOR):

BASIS OF DESIGN IS HORTON PROFILER SERIES 2000B BELT DRIVE, TYPE 110 BI-PARTING, O-SX, SX-O, 9' UNIT. DOOR TO HAVE 3'-6" SLIDER OPENING, FIXED SIDELIGHTS, BREAKAWAY OPERATION, FAIL SAFE AUTO LOCK TO BE ACTIVATED BY CARD READER FROM VESTIBULE AFTER HOURS AND BY HEADER MOUNTED SENSOR ON BUILDING INTERIOR SIDE.

SL2 - SLIDING INTERIOR BARN DOOR

BASIS OF DESIGN - SERENITY SLIDING DOOR SYSTEM, WHITE BIRCH VENEER SOLID CORE WOOD DOORS WITH STAIN FINISH TO MATCH. SERENITY HARDWARE TO INCLUDE PRIVACY INDICATOR SD5340L, LADDER PULL BAR, GASKETING, AND ROLLERS WITH SOFT-CLOSE AND SOFT-OPEN SYSTEM.

HARDWARE SET INT7 - SINGLE ROOM DOOR, LOCKABLE, SELF CLOSING, SOUND RESISTANT

OPERATIONAL DESCRIPTION: OUTSIDE LEVER LOCKED AND UNLOCKED BY KEY. INSIDE LEVER ALWAYS UNLOCKED AND IS ALWAYS FREE FOR IMMEDIATE EGRESS.

EACH TO HAVE:
3 BUTT HINGE
1 PASSAGE LATCHSET
1 WALL STOP
1 KICKPLATE
1 GASKETING
1 AUTOMATIC DOOR BOTTOM

EXTERIOR DOORS

HARDWARE SET EXT1 - SINGLE EXIT DOOR (S02-2, C101-1, S01-2)

OPERATIONAL DESCRIPTION: SELF-CLOSING, EXIT ONLY. FREE EGRESS WITH OPERATION OF THE RIM EXIT DEVICE PUSH PAD IS ALWAYS PROVIDED FROM INTERIOR SIDE.

EACH TO HAVE:
1 CONTINUOUS HINGE
1 PANIC DEVICE, RIM, EXIT ONLY
1 RIM CYLINDER
1 CLOSER, HEAVY DUTY HOLD OPEN
1 THRESHOLD
1 RAIN DRIP
1 DOOR SWEEP
1 GASKETING

HARDWARE SET INT1 - SINGLE ROOM DOOR, NOT LOCKED

OPERATIONAL DESCRIPTION: BOTH LEVERS ALWAYS UNLOCKED AND FREE FOR IMMEDIATE EGRESS.

EACH TO HAVE:
3 BUTT HINGE
1 PASSAGE LATCHSET
1 WALL STOP
1 KICKPLATE
1 GASKETING
1 AUTOMATIC DOOR BOTTOM

HARDWARE SET INT1A - SINGLE ROOM DOOR, NOT LOCKED, SWING CLEAR

OPERATIONAL DESCRIPTION: BOTH LEVERS ALWAYS UNLOCKED AND FREE FOR IMMEDIATE EGRESS.

EACH TO HAVE:
3 OFFSET HINGE
1 PASSAGE LATCHSET
1 WALL STOP
1 KICKPLATE
1 GASKETING
1 AUTOMATIC DOOR BOTTOM

HARDWARE SET INT8 - PAIR OF DOORS (IT AND ELECTRICAL ROOMS)

OPERATIONAL DESCRIPTION: SELF-CLOSING, LOCKED, ONE ACTIVE LEAF, ONE INACTIVE LEAF. INACTIVE LEAF IS SECURED BY FLUSH BOLTS AT TOP AND BOTTOM. ACTIVE LEAF LATCHES INTO INACTIVE LEAF.

EACH TO HAVE:
6 BUTT HINGE
2 CLOSER, HEAVY DUTY HOLD OPEN
1 STOREROOM LOCKSET
2 FLUSH BOLT
1 COORDINATOR
1 THRESHOLD
1 DOOR SWEEP
1 GASKETING
1 ASTRAGAL

HARDWARE SET EXT2 - SINGLE EXTERIOR DOOR (SC112-2)

OPERATIONAL DESCRIPTION: SELF-CLOSING, KEY RETRACTS LATCHBOLT, OUTSIDE LEVER FIXED. INSIDE LEVER ALWAYS UNLOCKED AND IS ALWAYS FREE FOR IMMEDIATE EGRESS.

EACH TO HAVE:
1 CONTINUOUS HINGE
1 STOREROOM LOCKSET
1 CLOSER, HEAVY DUTY HOLD OPEN
1 THRESHOLD
1 RAIN DRIP
1 DOOR SWEEP
1 GASKETING

HARDWARE SET INT2 - SINGLE ROOM DOOR, LOCKABLE

OPERATIONAL DESCRIPTION: OUTSIDE LEVER LOCKED AND UNLOCKED BY KEY. INSIDE LEVER ALWAYS UNLOCKED AND IS ALWAYS FREE FOR IMMEDIATE EGRESS.

EACH TO HAVE:
3 BUTT HINGE
1 ENTRY LOCKSET
1 WALL STOP
1 KICKPLATE
1 GASKETING
1 AUTOMATIC DOOR BOTTOM

HARDWARE SET INT3 - SINGLE ROOM DOOR, LOCKABLE, SELF-CLOSING

OPERATIONAL DESCRIPTION: SELF-CLOSING, OUTSIDE LEVER LOCKED AND UNLOCKED BY KEY. INSIDE LEVER ALWAYS UNLOCKED AND IS ALWAYS FREE FOR IMMEDIATE EGRESS.

EACH TO HAVE:
3 BUTT HINGE
1 STOREROOM LOCKSET
1 CLOSER 1 WALL STOP
1 KICKPLATE
1 GASKETING

HARDWARE SET INT3A - SINGLE ROOM DOOR, ACCESS CONTROL

OPERATIONAL DESCRIPTION: SELF-CLOSING WITH ACCESS CONTROL. CORRIDOR SIDE LEVER IS FIXED, SO ENTRANCE TO THE ROOM IS NOT POSSIBLE UNLESS THE ELECTRIC STRIKE IS DE-ENERGIZED. CARD SWIPE ACTIVATION ON CORRIDOR SIDE DE-ENERGIZES ELECTRIC STRIKE, SO THE DOOR CAN BE OPENED. FREE EGRESS WITH OPERATION OF THE LEVER HANDLE IS ALWAYS PROVIDED FROM INTERIOR SIDE.

EACH TO HAVE:
3 BUTT HINGE
1 STOREROOM LOCKSET
1 CLOSER
1 ELECTRIC STRIKE (WIRE FOR THIS)
1 HID PROXIMITY THINLINE II 5395 READER
1 GASKETING
1 POWER SUPPLY

HARDWARE SET INT4 - SINGLE ROOM DOOR, PANIC DEVICE, ACCESS CONTROL

OPERATIONAL DESCRIPTION: SELF-CLOSING WITH ACCESS CONTROL VIA AN ELECTRIC STRIKE AND CARD READER. CORRIDOR SIDE LEVER IS FIXED, SO ENTRANCE IS NOT POSSIBLE UNLESS THE ELECTRIC STRIKE IS DE-ENERGIZED. CARD SWIPE ACTIVATION ON LOBBY SIDE DE-ENERGIZES ELECTRIC STRIKE, SO THE DOOR CAN BE OPENED. FREE EGRESS WITH OPERATION OF THE RIM EXIT DEVICE PUSH PAD IS ALWAYS PROVIDED FROM INTERIOR SIDE.

EACH TO HAVE:
3 BUTT HINGE
1 PANIC DEVICE, RIM - STOREROOM FUNCTION
1 CLOSER W/ HOLD OPEN FUNCTION
1 ELECTRIC LATCH RETRACTION
1 HID PROXIMITY THINLINE II 5395 READER
1 WALL STOP
1 KICKPLATE
1 GASKETING
1 POWER SUPPLY

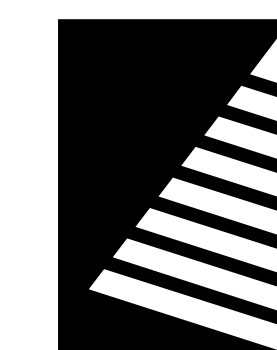
HARDWARE SET INT5 - SINGLE ROOM DOOR, PANIC DEVICE, SELF CLOSING

OPERATIONAL DESCRIPTION: FREE EGRESS AT ALL TIMES. PRESSING PUSH BAR ON RIM EXIT DEVICE RETRACTS LATCH BOLT. LEVER RETRACTS LATCH BOLT FROM PULL SIDE EXCEPT WHEN LOCKED. DOOR IS SELF-CLOSING.

EACH TO HAVE:
3 BUTT HINGE
1 PANIC DEVICE, RIM - STOREROOM FUNCTION
1 CLOSER
1 WALL STOP
1 KICKPLATE
1 GASKETING

DOOR SCHEDULE

NO.	ROOM	DOOR						DOOR FRAME			HEAD DETAIL NO.	JAMB DETAIL NO.	THRESH DETAIL NO.	LBL	HDWR SET	REMARKS
		WIDTH	HEIGHT	THICK	MAT'L	FINISH	ELEV	MAT'L	FINISH	ELEV						
FIRST FLOOR																
C100-1	CORRIDOR	3'-8"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	1	2/A7.3	1/A7.3		INT4	CR, ES	
C101-1	CORRIDOR	3'-0"	7'-0"	1 3/4"	HM	PNT	F	HM	PNT	1	10/A5.21	9/A5.21		INT4	CR, ES	
C102-1	CORRIDOR	3'-8"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	1	2/A7.3	1/A7.3		INT4	CR, ES	
C103-1	CORRIDOR	3'-0"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	1	2/A7.3	1/A7.3		INT4	CR, ES	
C103-2		3'-8"	7'-0"	1 3/4"	EXIST	EXIST	EXIST	EXIST	EXIST	EXIST	8/A7.3	7/A7.3		EXIST	CR, 2	
C104-1	CORRIDOR	4'-0"	7'-0"	1 3/4"	WD	PF	N	HM	TNP	1	2/A7.3	1/A7.3		INT4	CR, ES	
S01-1	STAIR	3'-6"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	2	4/A7.3	3/A7.3		45 MIN	INT5	
S01-2	STAIR	3'-0"	7'-0"	1 3/4"	HM	PNT	F	HM	PNT	2	6/A5.25	5/A5.25	4/A5.22	45 MIN	EXT1	
S02-1	STAIR	3'-6"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	2	4/A7.3	3/A7.3		45 MIN	INT4	
S02-2	STAIR	3'-0"	7'-0"	1 3/4"	HM	PNT	N	HM	PNT	2	6/A5.22	5/A5.22	4/A5.22	45 MIN	EXT1	
S02-3	STAIR	3'-0"	7'-0"	1 3/4"	HM	PNT	N	HM	PNT	1	2/A7.3	1/A7.3		45 MIN	INT4	
SC100-1	VESTIBULE	9'-0"	7'-6"	2"	AL	PF	ASL	AL	PF	ASL	9/A5.23	8/A5.23	7/A5.23	AS1	CR	
SC100-2	VESTIBULE	9'-0"	7'-6"	2"	AL	PF	ASL	AL	PF	ASL	8/A7.3	7/A7.3		AS2		
SC101-1	WAITING	3'-6"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	1	2/A7.3	1/A7.3		INT4	CR, PB, ES	
SC102-2	TOILET	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT6		
SC103-1	ENT PROCEDURE	4'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1		
SC104-1	ENT EXAM	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SC105-1	ENT EXAM	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SC106-1	ENT EXAM	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SC107-1	ENT PROVIDER	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT2		
SC108-1	CU	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		S	INT3A	
SC108-1	SU	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		S	INT3A	
SC110-1	STORAGE	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		S	INT3	
SC111-1	PODIATRY PROVIDER	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		S	INT2	
SC112-1	MECHANICAL	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		45 MIN	INT7	
SC112-2	MECHANICAL	2'-0"	7'-0"	1 3/4"	WD	PF	F	PNT	HM	2	10/A5.21	9/A5.21	4/A5.22	EXT2	CR	
SC113-1	PODIATRY EXAM	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SC114-1	PODIATRY EXAM	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SC115-1	DME STOR	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		S	INT3	
SC116-1	STOR.	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		S	INT3	
SC117-1	PODIATRY PROCEDURE	4'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1		
SC118-1	PODIATRY PROCEDURE	4'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1		
SC122-1	STAFF BREAK	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1		
SC122-2	STAFF BREAK	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1		
SC123-1	TOILET	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT6		
SC124-1	TOILET	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT6		
SC125-1	REGISTRATION	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT2		
SC126-1	OFFICE	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT2		
SC128-1	CU	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		S	INT3A	
SC129-1	SU	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		S	INT3A	
SC130-1	INFUSION	3'-6"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	1	2/A7.3	1/A7.3		INT4		
SC130-2	INFUSION	3'-8"	7'-0"	1 3/4"	WD	PF	B	HM	PNT	3	6/A7.3	5/A7.3	6/A7.3	SL2		
SC136-1	INF. 9	3' - 10 1/4"	7' - 0 1/2"	1 3/4"	AL	PF	SL1	AL	PF	SL1	8/A7.3	7/A7.3		SL1		
SC137-1	INF. 10	3' - 10 1/4"	7' - 0 1/2"	1 3/4"	AL	PF	SL1	AL	PF	SL1	8/A7.3	7/A7.3		SL1		
SC138-1	STORAGE	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		S	INT3A	
SC138-1	TOILET	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT6		
SC140-1	TOILET	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT6		
SC141-1	ONCOLOGY PROVIDER	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT2		
SC142-1	ONCOLOGY EXAM	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SC143-1	ONCOLOGY EXAM	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SC144-1	ONCOLOGY EXAM	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SC145-1	ONCOLOGY EXAM	3'-6"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SC146-1	NAV.	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		INT1A		
SECOND FLOOR																
C200-1	CORRIDOR	3'-6"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	1	2/A7.3	1/A7.3		INT4	CR, ES	
C202-1	CORRIDOR	3'-6"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	1	2/A7.3	1/A7.3		INT4	CR, ES	
C205-1	CORRIDOR	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		45 MIN	INT4	
C211-1	WAITING	3'-0"	7'-0"	1 3/4"	WD	PF	F	HM	PNT	1	2/A7.3	1/A7.3		45 MIN	INT4	
S01-3	STAIR	3'-6"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	2	4/A7.3	3/A7.3		45 MIN	INT5	
S02-4	STAIR	3'-6"	7'-0"	1 3/4"	WD	PF	N	HM	PNT	2	4/A7.3	3/A7.3		45 MIN	INT4	
SC202-1	TOILET	3'-6"	7'-0"</													



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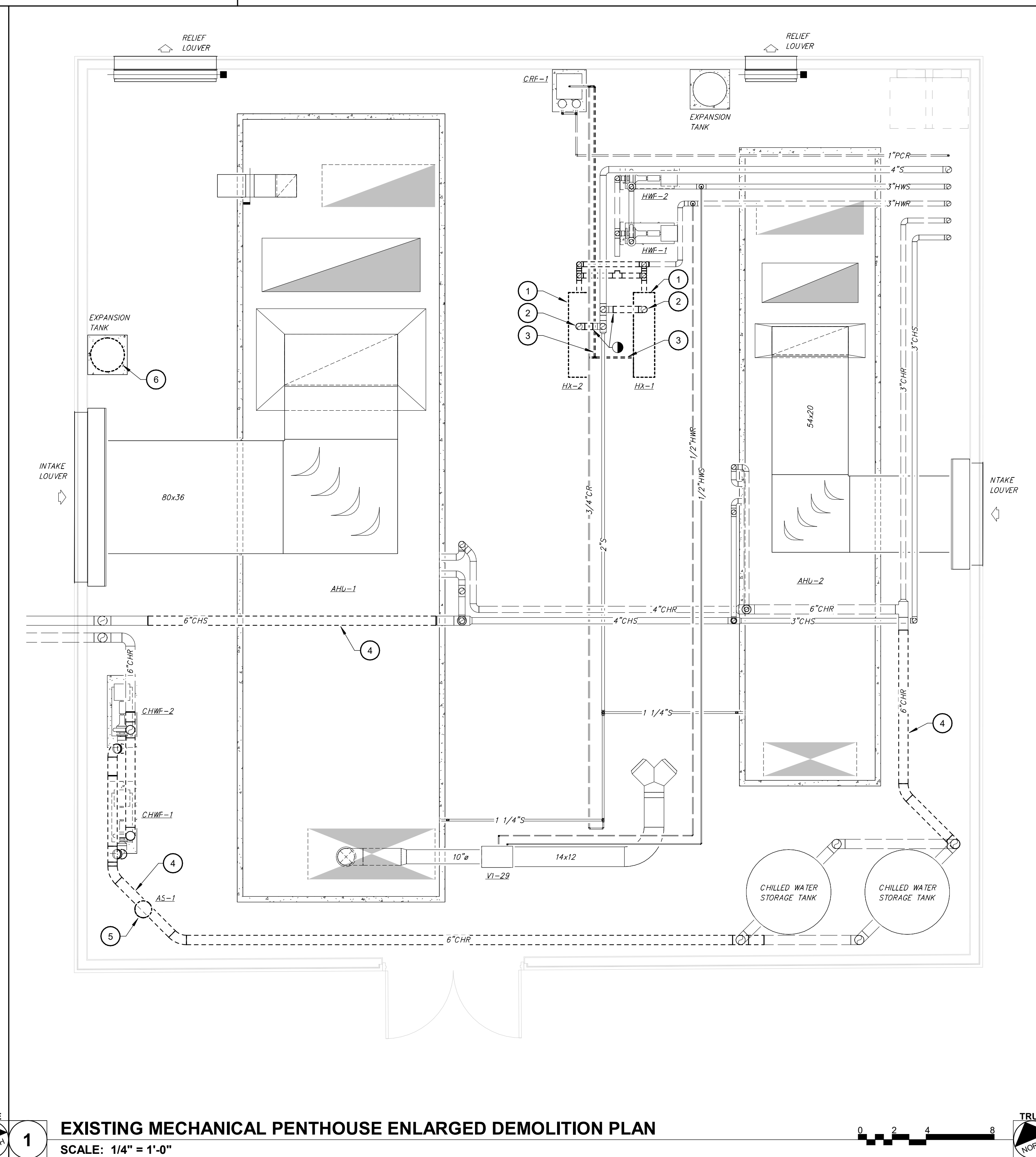
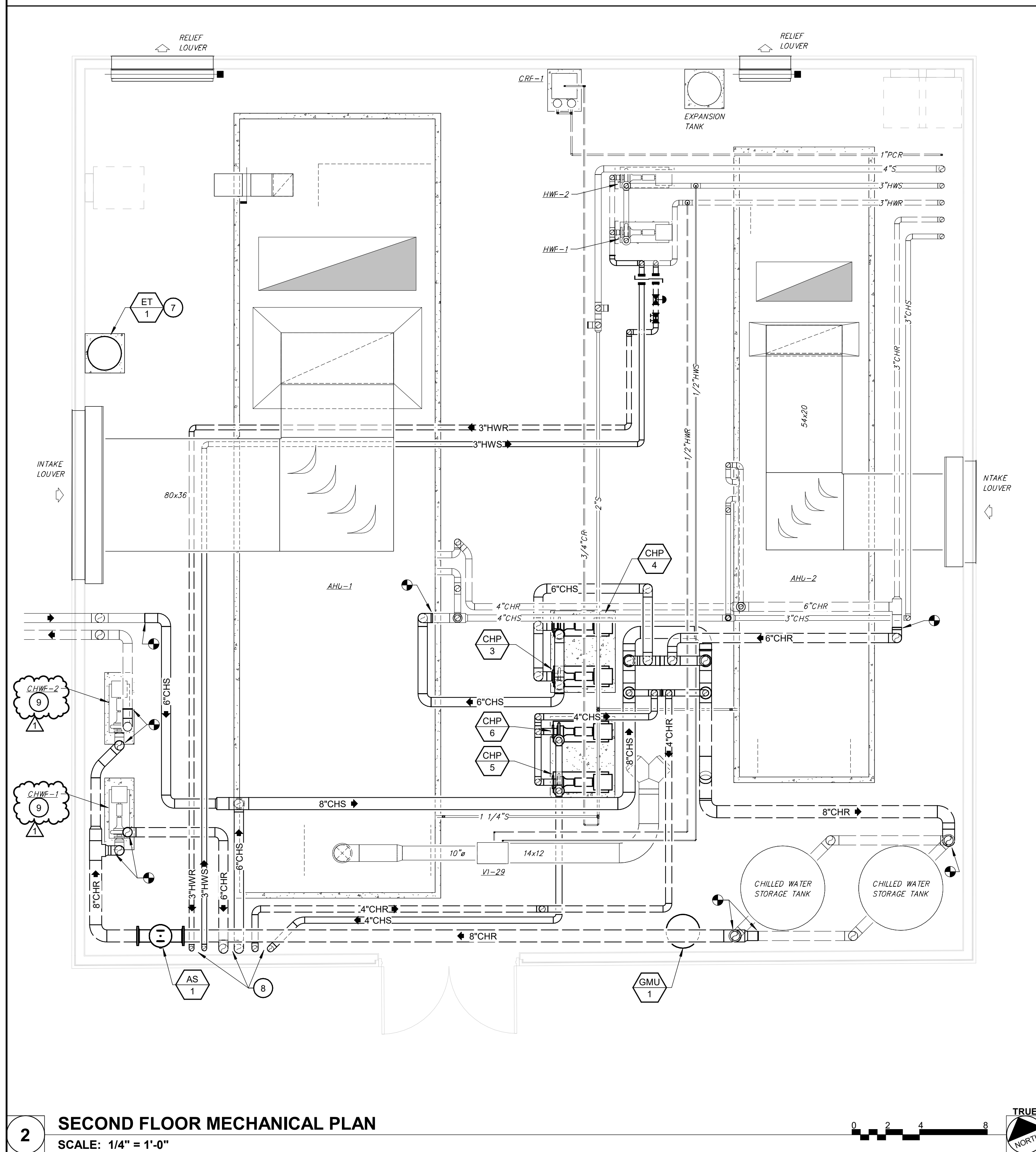
ISSUE: # DATE: DESCRIPTION:
1 04/20/2026 ADD 02

GENERAL NOTES

- A. SEE M5.1-M5.4 SHEETS FOR SYSTEM PIPING SCHEMATICS WITH ADDITIONAL SIZE AND CONFIGURATION INFORMATION.
- B. COORDINATE SYSTEM SHUT DOWNS IN EXISTING BUILDING REQUIRED FOR NEW/DEMOLITION WORK WITH OWNER PRIOR TO SHUT DOWN.
- C. EXISTING BUILDING IS OPERATIONAL CLINIC FACILITY. NOISY WORK SUCH AS CORE DRILLING, GRINDING, ETC. WITHIN EXISTING BUILDING MAY BE REQUIRED TO BE DONE OUTSIDE OF CLINIC OPERATING HOURS. SCHEDULE OF WORK SHALL BE COORDINATED WITH HOSPITAL.

KEYNOTES #

- 1 REMOVE STEAM TO HOT WATER HEAT EXCHANGER. REMOVE HOT WATER SUPPLY AND RETURN PIPING TO EXTENT REQUIRED TO CONNECT TO NEW HOT WATER PIPING FROM CONSULTING CLINIC. RETURN HEAT EXCHANGERS TO OWNER.
- 2 REMOVE STEAM SUPPLY PIPING BACK TO ACTIVE MAIN AND CAP. STEAM SUPPLY TO REMAIN ACTIVE TO PROVIDE STEAM TO AHU HEATING COILS.
- 3 REMOVE STEAM CONDENSATE PIPING FROM HEAT EXCHANGERS BACK TO CONDENSATE PUMP TANK OR LAST ACTIVE SERVICE.
- 4 REMOVE CHILLED WATER PIPING TO EXTENT INDICATED.
- 5 REMOVE AIR SEPARATOR AND ASSOCIATED SUPPORTS.
- 6 REMOVE EXPANSION TANK AND ASSOCIATED PIPING AS NECESSARY TO ALLOW FOR CONNECTIONS TO NEW EXPANSION TANK IN SAME LOCATION.
- 7 PIPE EXPANSION TANK INTO CHILLED WATER SYSTEM PER DIAGRAMS ON M5.2 AND M5.6 AND MANUFACTURERS INSTRUCTIONS.
- 8 6" CHS/CHR, 4" CHS/CHR, AND 3" HWS/HWR TO BELOW. SEE M2.1B FOR CONTINUATION. ROUTE INTO PENTHOUSE AS TIGHT TO WALL AS POSSIBLE.
- 9 BALANCE EXISTING PUMP TO 370 GPM.



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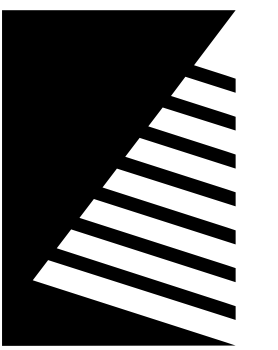
DATE: 03/20/2026
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DRAWN: KJJ/DRR
REVIEWED: AK

SHEET TITLE:
ENLARGED PLANS

SHEET NUMBER:

M3.2

PROJECT NO.: 02500690.001



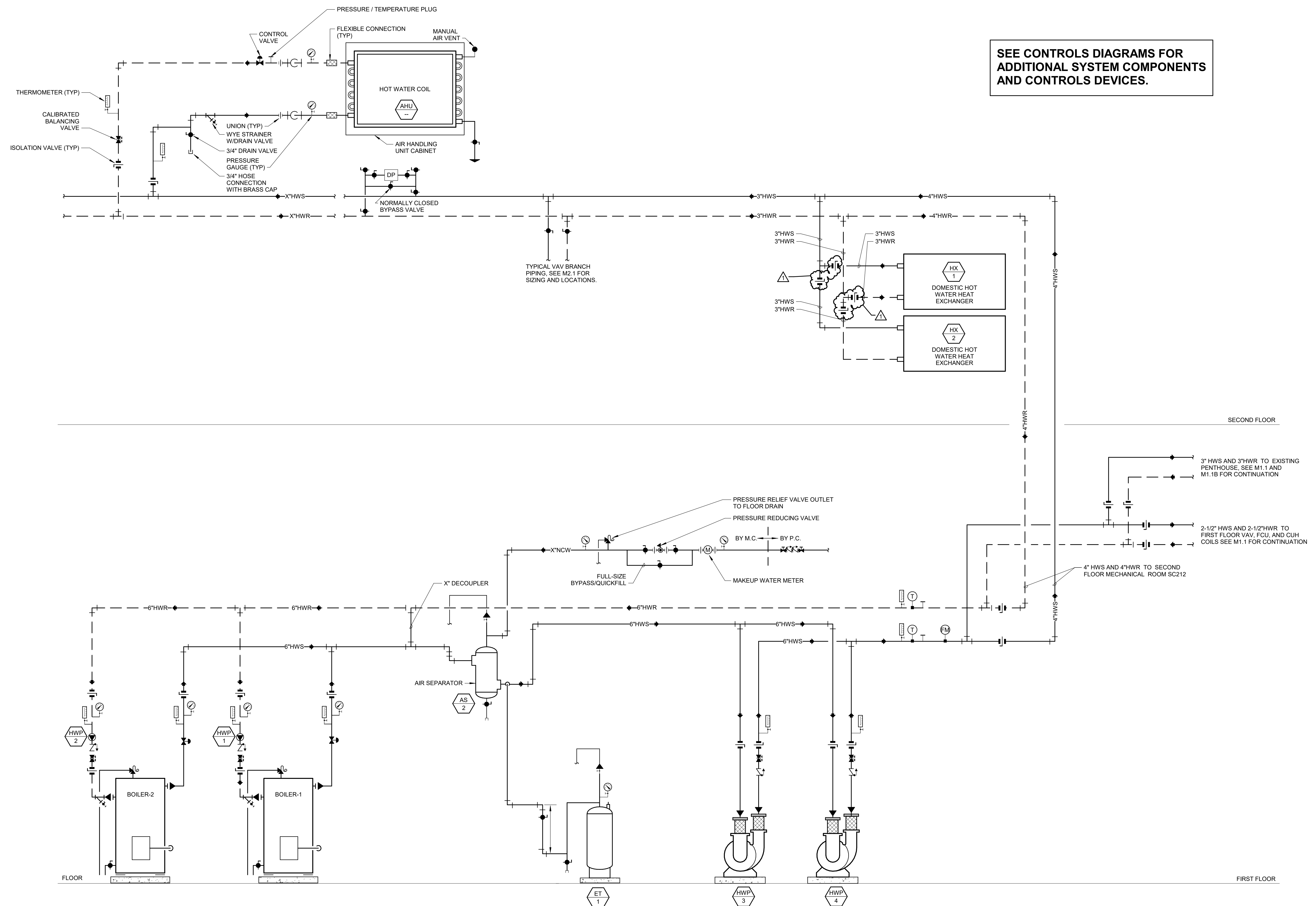
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SEE CONTROLS DIAGRAMS FOR
ADDITIONAL SYSTEM COMPONENTS
AND CONTROLS DEVICES.



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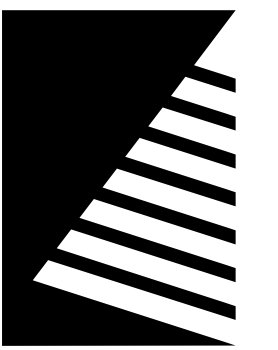
DIAGRAMS

SHEET NUMBER:

M5.3

PROJECT NO.: 02500690.001

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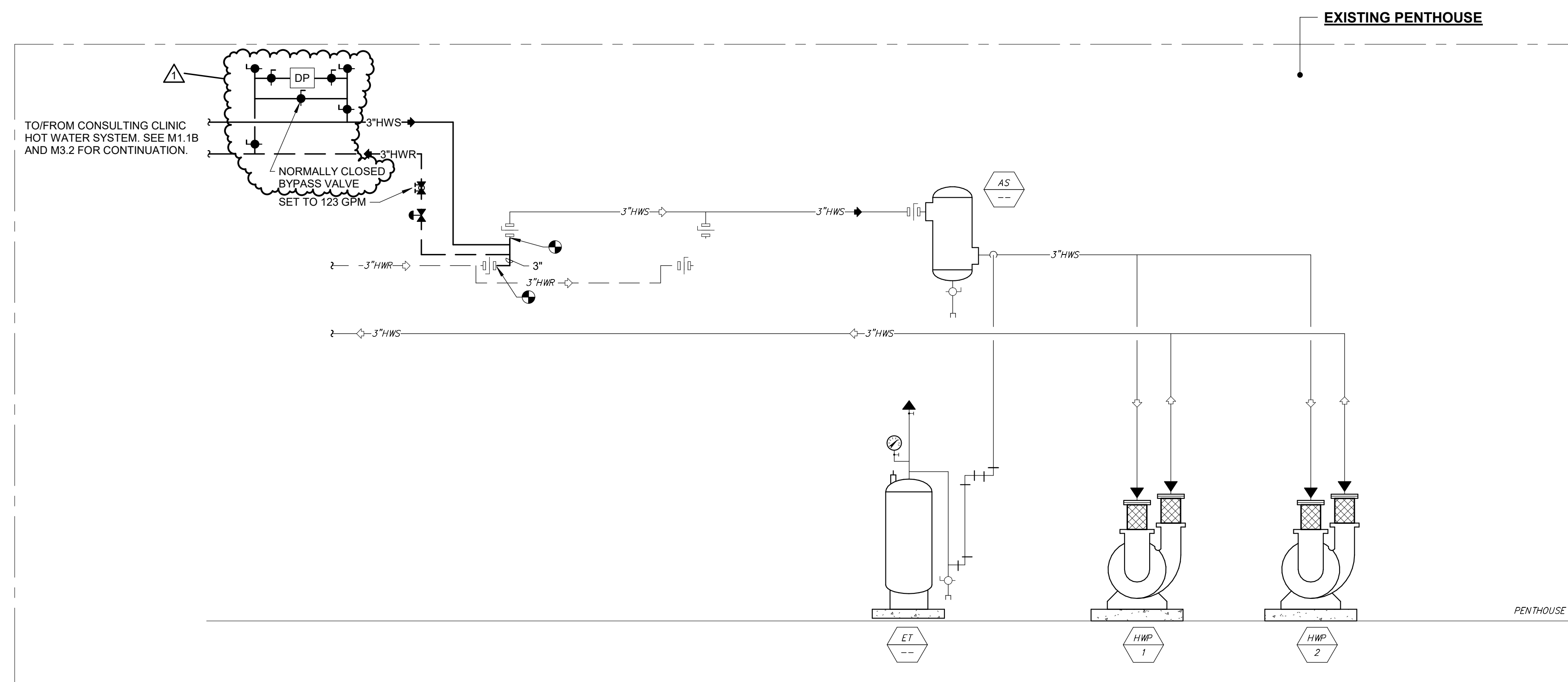
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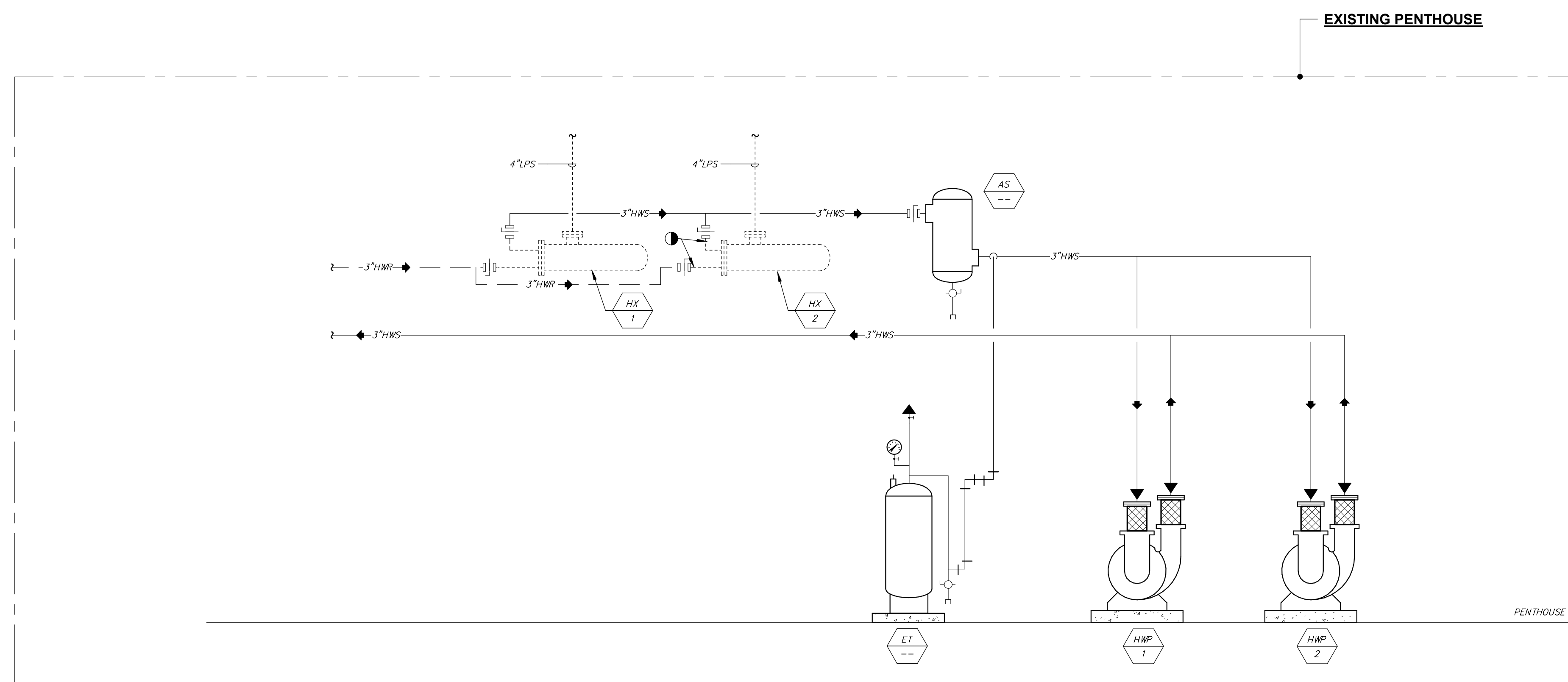
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SEE CONTROLS DIAGRAMS FOR
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EXISTING PENTHOUSE HOT WATER PIPING DIAGRAM - NEW



EXISTING PENTHOUSE HOT WATER PIPING DIAGRAM - DEMOLITION

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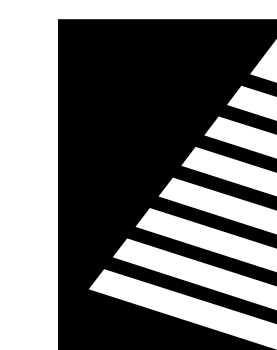
SHEET NUMBER:

M5.4

PROJECT NO.: 02500690.001

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1 EXISTING/DEMOLITION HOT WATER FLOW DIAGRAM
SCALE: NOT TO SCALE



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AIR HANDLING UNIT SCHEDULE

MARK	MANUFACTURER	MODEL	LOCATION	SERVICE	ARRANGEMENT	SUPPLY FAN						RETURN FAN				FILTER			ELECTRICAL DATA								PHYSICAL DATA				REMARKS		
						CFM	MIN. OA CFM	ESP (IN. W.C.)	QTY	BHP	HP (EACH)	CFM	ESP (IN. W.C.)	QTY	BHP	HP (EACH)	TYPE	MERV	THICK. (IN.)	MAX. FACE VEL. (FPM)	CIRCUIT 1				CIRCUIT 2				L (IN.)	W (IN.)		H (IN.)	WT. (LB.)
																					V/PH	FLA	MCA	MOCP	V/PH	FLA	MCA	MOCP					
AHU-1	TRANE	CSAA021	ROOF	1ST FLOOR	OUTDOOR	9,500	1,900	2.5	2	11.1	7.5	9,500	2.5	1	8.1	10.0	PLEATED	8 / 13	2 / 4	350	208/3	102.5	116.9	150	115/1	8.0	10.0	15	288.0	80.0	68.0	6,800	1
AHU-2	TRANE	CSAA021	ROOF	2ND FLOOR	OUTDOOR	10,500	2,100	2.5	2	11.4	7.5	10,500	2.5	1	8.1	10.0	PLEATED	8 / 13	2 / 4	350	208/3	102.5	116.9	150	115/1	8.0	10.0	15	288.0	80.0	68.0	6,800	1

NOTES: 1. OUTDOOR AIR-HANDLING UNIT WITH INSULATED PIPING VESTIBULE FOR CHILLED WATER AND HOT WATER COIL PIPING, CONFIGURED FOR VAV OPERATION, 18" INSULATED ROOF CURB.

AIR HANDLING UNIT COIL SCHEDULE

MARK	MANUFACTURER	MODEL	LOCATION	SERVICE	ARRANGEMENT	PREHEAT COIL										COOLING COIL										REMARKS			
						CFM	MAX. FACE VEL. (FPM)	MAX. AIR P.D. (IN. W.C.)	TOTAL CAP. (MBH)	FLOW (GPM)	MAX. FLUID P.D. (FT. W.C.)	EWT (°F)	LWT (°F)	EAT (°F)	LAT (°F)	CFM	MAX. FACE VEL. (FPM)	MAX. AIR P.D. (IN. W.C.)	TOTAL CAP. (MBH)	SENS. CAP. (MBH)	FLOW (GPM)	MAX. FLUID P.D. (FT. W.C.)	EWT (°F)	LWT (°F)	EDB (°F)		EWB (°F)	LDB (°F)	LWB (°F)
AHU-1	TRANE	CSAA025	ROOF	1ST FLOOR	OUTDOOR	6,000	243	0.1	239.5	23.9	3.1	180	160	54.0	90.8	9,500	489	0.74	414.7	286.8	73.6	15.3	42	56	79.0	66.4	54.0	53.5	1
AHU-2	TRANE	CSAA025	ROOF	2ND FLOOR	OUTDOOR	6,000	263	0.1	253.8	25.3	3.5	180	160	54.0	90.0	10,500	489	0.74	414.7	286.8	73.6	15.3	42	56	80.0	67.0	54.0	53.5	1

NOTES: 1. OUTDOOR AIR-HANDLING UNIT WITH INSULATED PIPING VESTIBULE FOR CHILLED WATER AND HOT WATER COIL PIPING, CONFIGURED FOR VAV OPERATION, 18" INSULATED ROOF CURB.

CHILLER SCHEDULE

MARK	MANUFACTURER	MODEL	LOCATION	SERVICE	NOM. CAP. (TONS)	IPLV/IP	REFRIG. TYPE	REFRIG. CHARGE (LB.)	EVAPORATOR						FAN			COMPRESSOR			ELECTRICAL DATA				PHYSICAL DATA				REMARKS
									FLUID TYPE	FLOW (GPM)	EWT (°F)	LWT (°F)	MAX. FLUID P.D. (FT. W.C.)	CKT QTY.	HP EACH	FLA EACH	TYPE	CKT. QTY.	RLA CKT1/CKT2	V/PH	MCA	MOCP	L (IN.)	W (IN.)	H (IN.)	WT. (LB.)			
																											QTY.	HP EACH	
CH-1	CARRIER	30XV200	ROOF	CHILLED WATER	200	19.6	R-513A	468	30% PROP. GLY.	370	54	42	25.6	2	10	-	-	SCREW	2	-	460/3	372	500	253.0	88.0	98.9	12,500	1	

NOTES: 1. SIZED FOR 30% GLYCOL MIXTURE

BOILER SCHEDULE

MARK	MANUFACTURER	MODEL	TYPE	LOCATION	SERVICE	INPUT (MBH)	OUTPUT (MBH)	TURNO W.N.	GAS PRESS. REQ. (IN. W.C.)	EWT (°F)	LWT (°F)	MIN. FLOW (GPM)	MAX. FLOW (GPM)	WATER CONTENT (GAL.)	MAX. FLUID P.D. (FT. W.C.)	ELECTRICAL DATA				PHYSICAL DATA				REMARKS			
																V/PH	FLA	MCA	MOCP	L (IN.)	W (IN.)	H (IN.)	WT. (LB.)				
B-1	LOCHINVAR	FB-3501	CONDENSING FIRETUBE	112 MECHANICAL	HEATING WATER	3,500	3,062	20:1	4 - 14	160	180	45	350	202	11.0	208/3	6.5	8.2					103.5	45.5	78.0	4,600	1
B-2	LOCHINVAR	FB-3501	CONDENSING FIRETUBE	112 MECHANICAL	HEATING WATER	3,500	3,062	20:1	4 - 14	160	180	45	350	201	11.0	208/3	6.5	8.2					103.5	45.5	78.0	4,600	1

NOTES: 1. CONDENSATE NEUTRALIZATION KIT, DDC CONTROLS COMPATIBLE WITH TRANE CONTROLS SYSTEM, EMERGENCY SHUTDOWN SWITCHES (X2), INTAKE AND VENT TERMINATION FITTINGS

LOUVER SCHEDULE

MARK	MANUFACTURER	MODEL	SERVICE	CFM	FREE AREA (SF)	MAX. AIR P.D. (IN. W.C.)	MATERIAL	FINISH	PHYSICAL DATA			REMARKS
									D (IN.)	W (IN.)	H (IN.)	
L-1	GREENHECK	ESD-635	MECHANICAL SC112	1050	2	0.04	ALUMINUM	CUSTOM	6	26	24	SEE NOTES
L-2	GREENHECK	ESD-635	MECHANICAL SC212	800	1.5	0.04	ALUMINUM	CUSTOM	6	26	20	SEE NOTES

NOTES: 1. COORDINATE CUSTOM FINISH AND FINAL COLOR WITH ARCHITECT
2. PROVIDE WITH BIRD SCREEN ACCESSORY

PUMP SCHEDULE

MARK	MANUFACTURER	MODEL	LOCATION	SERVICE	TYPE	IMPELLER DIA. (IN.)	FLOW (GPM)	PRESS. DIFF. (FT. W.C.)	NPSH (FT. W.C.)	EFF. %	FLUID OPER. TEMP. (°F)	MOTOR RPM	ELECTRICAL DATA				PHYSICAL DATA				REMARKS				
													HP	V/PH	MCA	MOCP	L (IN.)	W (IN.)	H (IN.)	WT. (LB.)					
CHP-3	BELL & GOSSETT	E-1510 3BD	EX. PENTHOUSE	CHILLED WATER	BASE-MOUNTED	8.63	400	60	6.4	81.7	42	1680	10	208/3							39	14.6	18.3	270	1,2
CHP-4	BELL & GOSSETT	E-1510 3BD	EX. PENTHOUSE	CHILLED WATER	BASE-MOUNTED	8.625	400	60	6.4	81.7	42	1680	10	208/3							36.5	14.6	17.8	235	1,2
CHP-5	BELL & GOSSETT	E-1510 2BD	EX. PENTHOUSE	CHILLED WATER	BASE-MOUNTED	9.375	200	60	6.6	70.3	42	1552	7.5	208/3							36.5	14.6	17.8	235	1,2
CHP-6	BELL & GOSSETT	E-1510 2BD	EX. PENTHOUSE	CHILLED WATER	BASE-MOUNTED	9.375	200	60	6.6	70.3	42	1552	7.5	208/3							36.5	14.6	17.8	235	1,2
HWP-1	BELL & GOSSETT	E-1510 3AD	1ST FLOOR MECH.	BOILER 1	BASE-MOUNTED	7.00	350	30	5.7	83.9	160	1590	5	208/3							34.1	14.6	15.8	160	1
HWP-2	BELL & GOSSETT	E-1510 3AD	1ST FLOOR MECH.	BOILER 2	BASE-MOUNTED	7.00	350	30	5.7	83.9	160	1590	5	208/3							34.1	14.6	15.8	160	1
HWP-3	BELL & GOSSETT	E-1510 3EB	2ND FLOOR MECH	HOT WATER	BASE-MOUNTED	8.625	400	60	6.4	81.7	160	1680	10	208/3							39	14.6	18.3	270	1
HWP-4	BELL & GOSSETT	E-1510 3EB	2ND FLOOR MECH	HOT WATER	BASE-MOUNTED	8.625	400	60	6.4	81.7	160	1680	10	208/3							39	14.6	18.3	270	1

NOTES: 1. VFD BY TEMP CONTROLS CONTRACTOR, VIBRATION ISOLATION BASE, SUCTION DIFFUSER
2. SELECTED WITH 30% PROPYLENE GLYCOL AS FLUID

HEAT EXCHANGER SCHEDULE

MARK	MANUFACTURER	MODEL	TYPE	LOCATION	SERVICE	DESIGN PRESS. (PSI)	HEAT LOAD (MBH)	SOURCE SIDE					LOAD SIDE					ELECTRICAL		PHYSICAL DATA				REMARKS		
								FLUID TYPE	EWT (°F)	LWT (°F)	FLOW (GPM)	MAX. FLUID P.D. (PSI)	FOULING FACTOR	FLUID TYPE	EWT (°F)	LWT (°F)	FLOW (GPM)	MAX. FLUID P.D. (PSI)	FOULING FACTOR	V/PH	AMP	L (IN.)	W (IN.)		H (IN.)	OPER. WT. (LBS.)
HX-1	LOCHINVAR	IPW050DW	PLATE & FRAME	SC212	DOMESTIC HW	125	1,620	WATER	180	137	75	6	0.0001	DOM. WATER	50	140	36	1	0.0002	120/1		43.5	15	56	1,075	1
HX-2	LOCHINVAR	IPW050DW	PLATE & FRAME	SC212	DOMESTIC HW	125	1,620	WATER	180	137	75	6	0.0001	DOM. WATER	50	140	36	1	0.0002	120/1		43.5	15	56	1,075	1

NOTES: 1. PROVIDE WITH INTERFACE TO INTEGRATE INTO BUILDING MANAGEMENT SYSTEM TO MONITOR ALARMS, TEMPERATURES, AND ADJUST SETPOINTS. INSTALL ON 4" CONCRETE HOUSEKEEPING PAD.

Bid Set

PROJECT:
Crawford Memorial Hospital

Consulting Clinic
Expansion

1000 North Allen Street
Robinson, IL 62454

DATE: 03/20/2026

DESIGNED: DRR

DRAWN: KJJ/DRR

REVIEWED: AK

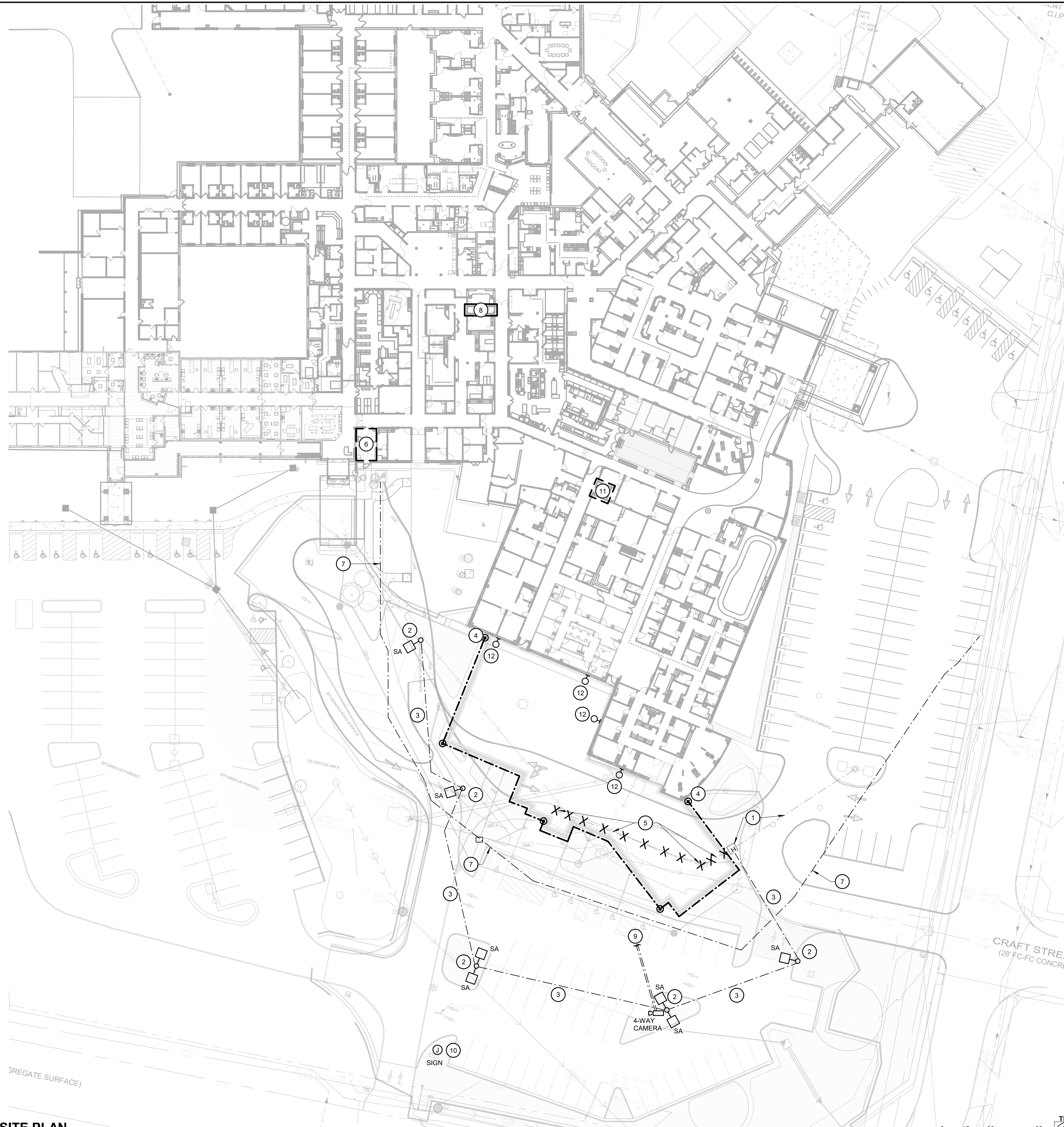
SHEET TITLE:

SCHEDULES

SHEET NUMBER:

M6.1

PROJECT NO.: 02500690.001



GENERAL NOTES

- A. NOT USED
- KEYNOTES #**
- 1 RE-PURPOSE EXISTING CONDUIT AND WIRE INTO NEW QUAZITE 12" x 12" x 12" HANDHOLE. ROUTE NEW CONDUIT AND WIRE TO POLE BASE LOCATIONS IDENTIFIED.
- 2 INSTALL NEW POLE AND LUMINAIRE AT NEW FOUNDATION LOCATION IDENTIFIED. SEE DETAIL 1, E6.2 FOR NEW POLE FOUNDATION CONSTRUCTION. COORDINATE ANCHOR BOLT PATTERN LAYOUT WITH POLE BASE FABRICATOR.
- 3 2#8, 1#8G, 1"C.
- 4 CONNECT NEW GROUND GRID INTO NEAREST EXISTING GROUND ROD OR EXISTING PERIMETER GROUND RING.
- 5 REMOVE LIGHT POLES, BASES AND INTERCONNECTING CONDUIT/WIRE FOR AREA LIGHTING.
- 6 EXISTING ELECTRICAL ROOMS FOR 300KVA TRANSFORMER AND PANEL GDPL2. SEE ENLARGED DETAIL THIS DWG.
- 7 EXISTING 5KV UNDERGROUND SERVICE TO EXISTING TRANSFORMER. FOR REFERENCE ONLY, VERIFY EXACT LOCATION IN FIELD.
- 8 LOCATION OF EXISTING FIRE ALARM AND MAIN ANNUNCIATOR.
- 9 INSTALL (2) 1" CONDUITS (POWER/SIGNAL) FROM 4-WAY CAMERA TO SECOND FLOOR ELECTRICAL ROOM.
- 10 OFVI MONUMENT SIGN, ROUTE (2) 2" CONDUITS WITH PULL STRINGS TO SECOND FLOOR ELECTRICAL ROOM FOR USE BY OTHERS.
- 11 ELECTRICAL ROOM 5 - FOR PANELS CCED-1, CCED-2 AND LSED.
- 12 REMOVE EXISTING WALL PACK LIGHT FIXTURE AND SAVE FOR REINSTALLATION ON NEW ADDITION. SEE SHEET E1.1 FOR LOCATIONS.
- 13 INSTALL NEW 600A, 3P, 600V CIRCUIT BREAKER FOR ATS-CLINIC.

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#	DATE:	DESCRIPTION:
1	04/21/2026	ADD 02

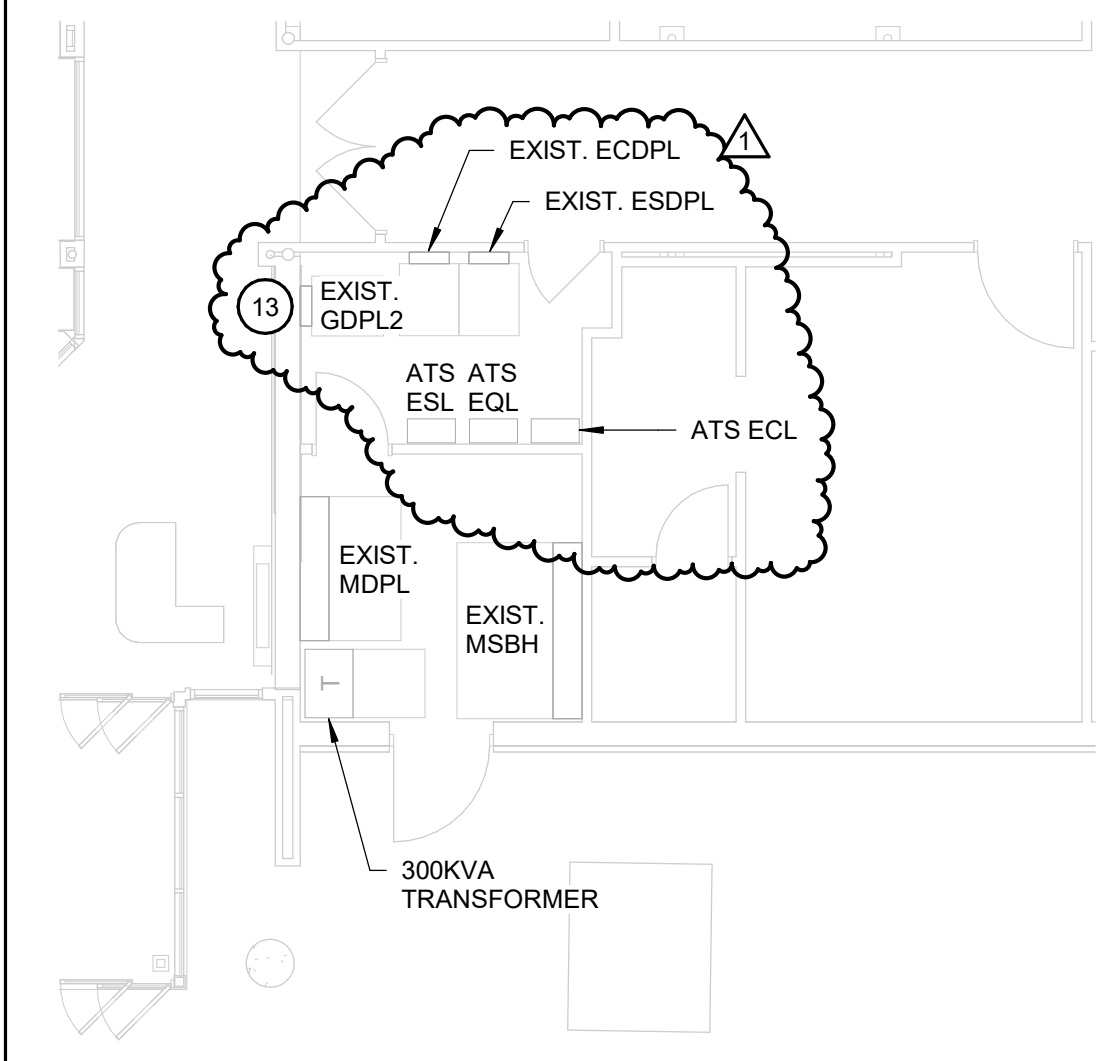
Bid Set

PROJECT:
Crawford Memorial Hospital

Consulting Clinic Expansion

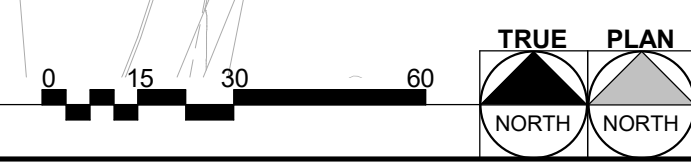
1000 North Allen Street
Robinson, IL 62454

DATE: 03/20/2026
 DESIGNED: GWG
 DRAWN: TMT
 REVIEWED: WRK



2 ENLARGED VIEW - ELECTRICAL ROOM
SCALE: 1/8" = 1'-0"

1 ELECTRICAL SITE PLAN
SCALE: 1" = 30'-0"



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SHEET NUMBER:
ES1.1
PROJECT NO.: 02500690.001



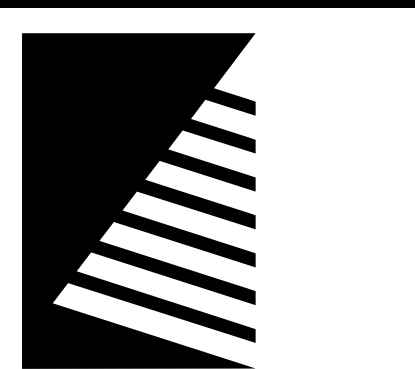
1 FIRST FLOOR LIGHTING PLAN
SCALE: 1/8" = 1'-0"

GENERAL NOTES

- A. ALL LIGHTING CIRCUITS ON THIS SHEET ORIGINATE FROM PANEL "CLINIC" UNLESS OTHERWISE NOTED.
- B. LIGHTING SYSTEM CONTROLS ARE DIAGRAMMATIC AND ARE GENERIC. SUCCESSFUL LIGHTING CONTROL SYSTEM VENDOR SHALL THOROUGHLY EXAMINE PLANS AND SHALL PROVIDE CONTRACTOR WITH DETAILED LAYOUT DRAWINGS AND BILL OF MATERIALS TO PROVIDE A COMPLETE AND OPERATIONAL SYSTEM WITHOUT REQUESTS FOR ADDITIONAL MONETARY COMPENSATION FOR "MISSING" COMPONENTS.

KEYNOTES #

- 1 POWER FOR EXAM LIGHT, COORDINATE INSTALLATION WITH ARCHITECTURAL DRAWING AND MEDICAL VENDOR EQUIPMENT SUPPLIER.
- 2 MOMENTARY SWITCH FOR AFTER HOURS CONTROL OF WEST SIDE OF CLINIC CORRIDOR LIGHTING (CIRCUIT 9).
- 3 MOMENTARY SWITCH FOR AFTER HOURS CONTROL OF EAST SIDE OF CLINIC CORRIDOR LIGHTING (CIRCUIT 5).
- 4 REINSTALL FOUR WALL PACK LIGHT FIXTURES. MATCH HEIGHT OF NEW TYPE "H" FIXTURES ABOVE DOORS OF ADDITION AND WIRE TO SAME CIRCUIT AND LIGHTING RELAY PANEL.
- 5 SUSPEND LUMINAIRES SO THAT BOTTOM OF FIXTURE IS LEVEL WITH BOTTOM OF PIPING OR AT LEAST 8'-0" AFF.



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ISSUE #	DATE	DESCRIPTION
1	04/21/2026	ADD 02

Bid Set

PROJECT:
Crawford Memorial Hospital

Consulting Clinic Expansion

1000 North Allen Street
Robinson, IL 62454

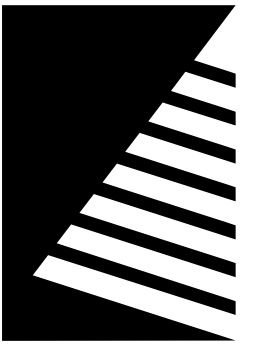
DATE:	03/20/2026
DESIGNED:	GWG
DRAWN:	TMT
REVIEWED:	WRK

FIRST FLOOR LIGHTING PLAN

SHEET NUMBER:

E1.1

PROJECT NO.: 02500690.001



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ISSUE: # DATE: DESCRIPTION:
1 04/21/2026 ADD 02

Bid Set

PROJECT:
Crawford Memorial Hospital

Consulting Clinic Expansion

1000 North Allen Street
Robinson, IL 62454

DATE: 03/20/2026

DESIGNED: GWG

DRAWN: TMT

REVIEWED: WRK

SHEET TITLE:

SECOND FLOOR LIGHTING PLAN

SHEET NUMBER:

E1.2

PROJECT NO.: 02500690.001

GENERAL NOTES

- A. ALL LIGHTING CIRCUITS ON THIS SHEET ORIGINATE FROM PANEL "CLINIC2" UNLESS OTHERWISE NOTED.
- B. LIGHTING SYSTEM CONTROLS ARE DIAGRAMMATIC AND ARE GENERIC. SUCCESSFUL LIGHTING CONTROL SYSTEM VENDOR SHALL THOROUGHLY EXAMINE PLANS AND SHALL PROVIDE CONTRACTOR WITH DETAILED LAYOUT DRAWINGS AND BILL OF MATERIALS TO PROVIDE A COMPLETE AND OPERATIONAL SYSTEM WITHOUT REQUESTS FOR ADDITIONAL MONETARY COMPENSATION FOR "MISSING" COMPONENTS.

KEYNOTES

- 1. MOMENTARY SWITCH FOR AFTER HOURS CONTROL OF WEST SIDE OF CLINIC CORRIDOR LIGHTING (CIRCUIT 9).
- 2. MOMENTARY SWITCH FOR AFTER HOURS CONTROL OF EAST SIDE OF CLINIC CORRIDOR LIGHTING (CIRCUIT 5).
- 3. SUSPEND LUMINAIRES SO THAT BOTTOM OF FIXTURE IS LEVEL WITH BOTTOM OF PIPING OR AT LEAST 8'-0" AFF.
- 4. EXTERIOR WALL FIXTURE LOCATED APPROXIMATELY 8'-0" ABOVE PLATFORM, CONTROLLED BY EAST FACING PHOTOCELL.
- 5. ROUTE 1" C WITH PULL STRING BACK TO PANEL CLINIC2 FOR SIGN POWER BY OTHERS.
- 6. JB LOCATED ABOVE DROP CEILING. ROUTE 1" C WITH PULL STRING BACK TO PANEL CLINIC2 FOR SIGN POWER BY OTHERS.



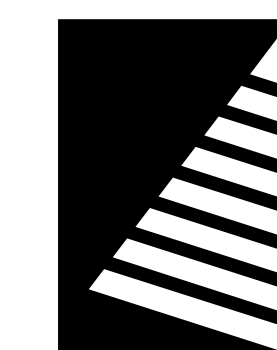
UNDER BASE BID:
 1. UNDER BASE BID THIS AREA IS UNFINISHED SPACE. PROVIDE GENERAL ILLUMINATION USING 4" INDUSTRIAL LED LIGHT FIXTURES SPACED APPROXIMATELY 10' ON CENTER AND SUSPENDED FROM STRUCTURE ABOVE.
 2. PROVIDE CODE-REQUIRED LIFE SAFETY LIGHTING, INCLUDING EXIT SIGNS AT EXIT DOORS AND EMERGENCY EGRESS LIGHTING.
 3. PROVIDE FIRE ALARM DEVICES PER CODE, INCLUDING SMOKE DETECTORS WHERE REQUIRED, MANUAL PULL STATIONS AT EXIT DOORS, AND HORN/STROBE NOTIFICATION APPLIANCES.
 4. PROVIDE ELECTRICAL POWER FOR BASE BUILDING SYSTEMS, INCLUDING HVAC EQUIPMENT, EXHAUST FANS, AND OTHER MECHANICAL UNITS SERVING THE SHELL SPACE.
 5. PROVIDE ELECTRICAL DISTRIBUTION FOR SHELL CONDITION, INCLUDING PANELBOARDS, FEEDERS, GROUNDING, AND SPACE FOR FUTURE TENANT EQUIPMENT.
 6. PROVIDE EMPTY CONDUITS AND PATHWAYS FOR FUTURE LOW-VOLTAGE SYSTEMS (DATA, SECURITY, AND NURSE CALL) FROM THE ELECTRICAL/IT ROOM TO ACCESSIBLE CEILING SPACE.

ALTERNATE NO. 1: ELECTRICAL INTERIOR FIT-OUT CONSTRUCTION WITHIN THE DASHED BOUNDARY IS PART OF ALTERNATE NO. NO. 1.

1 SECOND FLOOR LIGHTING PLAN
 SCALE: 1/8" = 1'-0"



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1 04/21/2026 ADD 02

Bid Set

PROJECT:
Crawford Memorial Hospital

Consulting Clinic Expansion

1000 North Allen Street
Robinson, IL 62454

DATE: 03/20/2026

DESIGNED: GWG

DRAWN: TMT

REVIEWED: WRK

SHEET TITLE:

SECOND FLOOR POWER PLAN

SHEET NUMBER:

E2.2

PROJECT NO.: 02500690.001

GENERAL NOTES

- A. ALL POWER CIRCUITS ON THIS SHEET ORIGINATE FROM PANEL "CLINIC2" UNLESS OTHERWISE NOTED.
- B. ALL RECEPTACLES SHALL BE HOSPITAL GRADE TAMPER RESISTANT TYPE.

KEYNOTES

- 1 POWER CONNECTION FOR RECESSED INSTALLATION OF FLOOR SCALE. VERIFY EXACT LOCATION PRIOR TO INSTALLATION.
- 2 COORDINATE OUTLET HEIGHT ON WALL WITH BOTTLE FILLER INSTALLATION. SEE DRAWING E6.2, DETAIL 4.
- 3 100A NF DISCONNECT SWITCH FOR ELEVATOR AT TOP OF HOIST WAY. COORDINATE FINAL LOCATION WITH ELEVATOR SUPPLIER.
- 4 100A FUSED DISCONNECT SWITCH FOR ELEVATOR POWER IN ELECTRICAL ROOM. COORDINATE POWER CONNECTIONS WITH HOIST WAY NF DISCONNECT SWITCH AND EMERGENCY POWER WITH ELEVATOR VENDOR.
- 5 ISLAND RECEPTACLE - CONDUIT ROUTED BELOW FLOOR. LEGRAND WIREMOLD EVOLUTION SERIES 6-INCH POKE-THRU DEVICE (MODEL GATC2PBK3H)
- 6 INSTALL 6x6x8 JUNCTION BOX WITH 1" C TO PANEL CLINIC2 FOR FUTURE OWNER INSTALLED WALL SIGNAGE. INSTALL PULL CORD AND PULL DRY CONTACT FROM THE SITE LIGHTING PANEL FOR ON/OFF CONTROL AND LEAVE IN SECOND FLOOR ELECTRICAL ROOM JUNCTION BOX FOR USE BY OTHERS.



UNDER BASE BID:
 1. UNDER BASE BID THIS AREA IS UNFINISHED SPACE. PROVIDE GENERAL ILLUMINATION USING 4' INDUSTRIAL LED LIGHT FIXTURES SPACED APPROXIMATELY 10' ON CENTER AND SUSPENDED FROM STRUCTURE ABOVE.
 2. PROVIDE CODE-REQUIRED LIFE SAFETY LIGHTING, INCLUDING EXIT SIGNS AT EXIT DOORS AND EMERGENCY EGRESS LIGHTING.
 3. PROVIDE FIRE ALARM DEVICES PER CODE, INCLUDING SMOKE DETECTORS WHERE REQUIRED, MANUAL PULL STATIONS AT EXIT DOORS, AND HORN/STROBE NOTIFICATION APPLIANCES.
 4. PROVIDE ELECTRICAL POWER FOR BASE BUILDING SYSTEMS, INCLUDING HVAC EQUIPMENT, EXHAUST FANS, AND OTHER MECHANICAL UNITS SERVING THE SHELL SPACE.
 5. PROVIDE ELECTRICAL DISTRIBUTION FOR SHELL CONDITION, INCLUDING PANELBOARDS, FEEDERS, GROUNDING, AND SPACE FOR FUTURE TENANT EQUIPMENT.
 6. PROVIDE EMPTY CONDUITS AND PATHWAYS FOR FUTURE LOW-VOLTAGE SYSTEMS (DATA, SECURITY, AND NURSE CALL) FROM THE ELECTRICAL ROOM TO ACCESSIBLE CEILING SPACE.

ALTERNATE NO. 1: ELECTRICAL INTERIOR FIT-OUT CONSTRUCTION WITHIN THE DASHED BOUNDARY IS PART OF ALTERNATE NO. 1.

1 SECOND FLOOR POWER PLAN

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



Meeting Title: CMH Consulting Clinic Expansion – Pre-Bid Meeting

Date: April 7, 2026

Time: 9:00 AM

Location: CMH Conference Room, followed by tour of Project Site

Name	Initial if Present	Organization	Email
Mitch Hevring	MH	Grunloh Construction	MHevring@grunloh.com
Jeff Strode	JS	Strode Construction	jeff@strode-construction.com
Derek Bridge	DB	Strode Construction	derek@strode-construction.com
Jason Jones	JJ	Strode Construction	jason@strode-construction.com
Kody Key	KK	FEUTZ CONTRACTORS	Kody@FEUTZCONTRACTORS.COM
Jarrod Barrett	JB	Freitag - Weinhardt	jarrodbarrett@freitaginc.com
Robert Shock	RS	Freitag - Weinhardt	Robert.Shock@FreitagInc.com
Tim Nauenfeldt	TN	KOBERSTEIN	TALNAUFELDT@KOBERTSTEIN.COM
CHAD HARMINSOFT	CH	Pals Electric, Inc.	Chad@pals-electric-inc.com
Jake Uselton	JU	Carbon Bios, Inc.	bid@cbinc.net
Jake Fenster	JF	S.M. Wilson & Co.	bid5@smwilson.com
Wes Reudinger	WR	Hannig Construction	wreudinger@hannigconstruction.com
Austin Jones	AJ	Klenck Company	austina@klenckcompany.com
BRANT FLORES	BF	TRIAD DEMOLITION	BFLORES@TRIADDEMOL.COM
Dylan Ohnesorge	DO	Commercial Electric - WBE	dylan@cei1967.com
Evelyn McInerney	EM	Sycamore Engineering	evelyn@sycamoreengineering.com
ROBERT GARDNER	RG	GARMONG CONSTRUCTION	rgardner@garmong.net
Denrick Davidson	DD	Central State Construction	ddavidson@centralstateco.com
Nick Long	NL	Sycamore engineering INC	NLong@Syceng.com
ANDREW AHLERS	AA	S.M. WILSON	ANDREW.AHLERS@SMWILSON.COM
Kerry Lorts	KL	S.M. Wilson	Kerry.Lorts@smwilson.com
Mark Cochran	MC	S.M. Wilson	mark.cochran@smwilson.com

SUBSTITUTION REQUEST

(During the Bidding/Negotiating Phase)



PROJECT: <u>Crawford Memorial Hospital Consult Clinic Expn</u> <u>Robinson, IL</u> TO: <u>Farnsworth Group</u> <u>Normal, IL</u> RE: <u>Product Substitution Request</u>	SUBSTITUTION REQUEST NUMBER: _____ FROM: <u>Otis Elevator Company</u> DATE: <u>04/15/2026</u> A/E PROJECT NUMBER: <u>02500690.001</u> CONTRACT FOR: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SPECIFICATION TITLE: <u>14 2100</u>	DESCRIPTION: <u>Electric Traction Elevators</u>
SECTION: <u>14 2100</u> PAGE: <u>416</u>	ARTICLE/PARAGRAPH: <u>2.1.B</u>

PROPOSED SUBSTITUTION: Otis Elevator GEN3 Core Traction Elevator - MRL

MANUFACTURER: <u>Otis Elevator</u>	ADDRESS: <u>949 Oak Creek Dr, Lombard, IL 60148</u>	PHONE: <u>812-470-4895</u>
TRADE NAME: <u>GEN3 Core</u>	MODEL NO.: <u>GEN3 Core</u>	

Attached data includes product description, specifications, drawings, photographs, and performance and test data adequate for evaluation of the request; applicable portions of the data are clearly identified.
 Attached data also includes a description of changes to the Contract Documents that the proposed substitution will require for its proper installation.

The Undersigned certifies:

- Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified product.
- Same warranty will be furnished for proposed substitution as for specified product.
- Same maintenance service and source of replacement parts, as applicable, is available.
- Proposed substitution will have no adverse effect on other trades and will not affect or delay progress schedule.
- Proposed substitution does not affect dimensions and functional clearances.
- Payment will be made for changes to building design, including A/E design, detailing, and construction costs caused by the substitution.

SUBMITTED BY: Katina Hall

SIGNED BY: _____

FIRM: Otis Elevator

ADDRESS: 949 Oak Creek Dr, Lombard, IL 60148

TELEPHONE: 812-470-4895

A/E's REVIEW AND RECOMMENDATION:

- Approve Substitution—Make submittals in accordance with Specification Section 01 33 00 Submittal Procedures.
- Approve Substitution as noted—Make submittals in accordance with Specification Section 01 33 00 Submittal Procedures. **Shaft size and power requirements shall be as called for in the bid documents.**
- Reject Substitution—Use specified materials.
- Substitution Request received too late—Use specified materials.

SIGNED BY: _____ **DATE:** _____

SUPPORTING DATA ATTACHED: Drawings Product Data Samples Tests Reports _____

SUBSTITUTION REQUEST

(During the Bidding/Negotiating Phase)



PROJECT: Crawford Memorial **SUBSTITUTION REQUEST NUMBER:** _____ [A/E Use]

FROM: Consulting Clinic (FireProofing) SDR Coating Company, Inc.

TO: Farnsworth Group/Hannig **DATE:** 4/16/26

A/E PROJECT NUMBER: _____

RE: Product Substitution Request **CONTRACT FOR:** Intumescent Fire Protection

SPECIFICATION TITLE: Intumescent Fire Protection **DESCRIPTION:** _____

SECTION: 07 8123 **PAGE:** _____ **ARTICLE/PARAGRAPH:** _____

PROPOSED SUBSTITUTION: Firetex 5120

MANUFACTURER: Sherwin Williams **ADDRESS:** 1911 Wabash Ave. **PHONE:** _____

TRADE NAME: _____ **MODEL NO.:** _____

Attached data includes product description, specifications, drawings, photographs, and performance and test data adequate for evaluation of the request; applicable portions of the data are clearly identified.
 Attached data also includes a description of changes to the Contract Documents that the proposed substitution will require for its proper installation.

The Undersigned certifies:

- Proposed substitution has been fully investigated and determined to be equal or superior in all respects to specified product.
- Same warranty will be furnished for proposed substitution as for specified product.
- Same maintenance service and source of replacement parts, as applicable, is available.
- Proposed substitution will have no adverse effect on other trades and will not affect or delay progress schedule.
- Proposed substitution does not affect dimensions and functional clearances.
- Payment will be made for changes to building design, including A/E design, detailing, and construction costs caused by the substitution.

SUBMITTED BY: Alex Steele

SIGNED BY: asteele@sdrcoating.com (Email Address Represents Digital Signature)

FIRM: SDR Coating Company, Inc.

ADDRESS: P.O. Box 571 Clinton, In 47842

TELEPHONE: 765 832 7721

A/E's REVIEW AND RECOMMENDATION:

Approve Substitution—Make submittals in accordance with Specification Section 01 33 00 Submittal Procedures.

Approve Substitution as noted—Make submittals in accordance with Specification Section 01 33 00 Submittal Procedures.

Reject Substitution—Use specified materials.

Substitution Request received too late—Use specified materials.

SIGNED BY *Dwight M. Buesing* **DATE:** 04/17/2026

SUPPORT: Product Data Samples Tests Reports