

Mother Baby Unit (MBU)
Addendum No. 1
June 20, 2025

Project: Mother Baby Unit
South Dakota Women's Prison
Rapid City, South Dakota
OSE Project #C2023—04X/MBU
Architecture Incorporated Project #3004

Architect: Architecture Incorporated

Letting: Tuesday, July 1, 2025
3:30 PM Mountain Time
Office of the State Engineer – Electronic Bidding Platform
Office of the State Engineer, Joe Foss Building, 523 East Capitol, Pierre, South Dakota

Scope of this Addendum:

To all bidders and all others to whom drawings and specifications have been issued by Architecture Incorporated, this Addendum forms a part of the Contract Documents. Acknowledge receipt of this addendum by listing its number and date in the bidder's Form of Proposal. Failure to do so may subject the bidder to disqualification. This addendum modifies the drawings and specifications as follows:

GENERAL ITEMS:

- 1) Clarification: This project is intended for General Contracting bid submissions only. Subcontractors shall coordinate and submit bids to General Contractors.
- 2) The Owner has implemented an Owner Controlled Insurance Program (OCIP) for Enrolled Contractors providing direct labor at the Mother Baby Unit Project. Attached to the end of this addendum is a copy of the Owner Controlled Insurance Program (OCIP) Contractor Manual.
 - a) Contact information regarding OCIP is below:
Ben Cooper, CIC
Colliers Insurance
CA Insurance License# 0L74249
ben.cooper@colliers.com
Direct: +1 612 317 2093
- 3) An on-site pre-bid meeting was held on June 17, 2025, at 10:00 AM Mountain Time. Minutes of the pre-bid meeting are attached at the end of this addendum.
- 4) The current Plan Holders list is attached at the end of this addendum.

SPECIFICATION ITEMS:

- 1) TABLE OF CONTENTS:
 - a. Delete SECTION 074214 – INSULATED METAL WALL PANELS. This Section is not used in this project.
- 2) SECTION 013300 – SUBMITTAL PROCEDURES
 - a. Paragraph 1.5 Submittal Formats
 - i. Delete Paragraph 1.5.D Paper Submittals. Project will require electronic submittals.

- b. Add the following items to Paragraph 1.5 –

G. The Contractor shall remain responsible for providing and electronic submittal service under the Base Bid.

H. Basis-of-Design Products: Acceptable electronic submittal services include Submittal Exchange and ProCore.

1. The intent of electronic submittals is to expedite the construction process by reducing paperwork, improving information flow, and decreasing turnaround time.
2. Electronic Submittals: Internet Service and Equipment Requirements:
 - a. Email address and Internet access at Contractor's main office.
 - b. Bluebeam PDF Revu (www.bluebeam.com), or other similar PDF review software for applying electronic stamps and comments.

3) SECTION 096519 – RESILIENT TILE FLOORING

- a. Paragraph 2.2.C Approved Products – Add the following for approved equals to the Basis of Design for LVT-1

- i. Manufacturer: Shaw Contract
Collection: Terrain II
Style No: 0892V
Color: To Be Selected
- ii. Manufacturer: J+J
Collection: Into the Woods
Style: Retreat
Color: To Be Selected

4) SECTION 096813 – TILE CARPETING

- a. Paragraph 2.1.B.3 Basis of Design Product CPT-3 – Add the following for approved equals to the Basis of Design for CPT-3.

- i. Manufacturer: Shaw Contract
Collection: Cultura
Style Number: 5T526
Color: To Be Selected
- ii. Manufacturer: J+J
Collection: Rhythm
Style Number 7502
Color: To Be Selected

DRAWING ITEMS: None

GENERAL APPROVALS:

The following material or equipment furnished by the manufacturers listed may be substituted as equivalent providing that each item, material, and piece of equipment conforms to the design and requirement of the specifications.

<u>SECTION</u>	<u>ITEM</u>	<u>MANUFACTURER</u>
074113	Standing Seam Metal Roof Panels	ACME Sheet Metals
096519	Resilient Tile Flooring	Shaw Contract
096519	Resilient Tile Flooring	J+J Flooring
096813	Tile Carpeting	Shaw Contract
096813	Tile Carpeting	J+J Flooring

CIVIL ITEMS: See attached Addendum #1 from FMG Engineering, dated June 20, 2025

STRUCTURAL ITEMS: None

MECHANICAL ITEMS: See attached Addendum #1 from West Plains Engineering, dated June 20, 2025.

ELECTRICAL ITEMS: See attached Addendum #1 from West Plains Engineering, dated June 20, 2025.

SECURITY ELECTRONICS: See attached Addendum #1 from PCI Consulting, dated June 20, 2025.

END OF ADDENDUM

Mother Baby Unit - Rapid City Correctional Facility
Rapid City, South Dakota
Architecture Incorporated Project Number: 3004
BID DATE: 3:30 p.m. MT on Tuesday, July 1, 2025

CATEGORY	NAME	ADDRESS1	ADDRESS2	CITY	STATE	ZIP	PHONE	FAX	E-MAIL
<u>A/E Consultant</u>									
	Albertson Engineering, Inc	315 N. Main Ave, Suite 200		Rapid City	SD	57702	605-343-9606	605-341-7395	admin@albertsonengineering.com
	Architecture Incorporated -RC	508 7th Steet	Suite 200	Rapid City	SD	57701	605-721-1158		mail@architectureinc.com
	FMG Engineering	3700 Sturgis Road		Rapid City	SD	57702-0	605-342-4105	605-342-4222	info@fmgengineering.com
	PCI	400 South Jefferson		Spokane	WA	99204	509-747-1888		
	West Plains Engineering- Rapid City	1750 Rand Road		Rapid City	SD	57702	605-348-7455	605-348-9445	John.Huntley@WestPlainsEngineering.com
<u>Exchange</u>									
	Aberdeen Builders Exchange	302 North Jackson Street		Aberdeen	SD	57401	605-225-4733		dakotabuild@midconetwork.com
	Construction Industry Center	2771 Plant Street	PO Box 1227	Rapid City	SD	57702	605-343-5252	605-343-4591	constructionindustrycenter@gmail.com
	DBE- Disadvantage Business Enterprise	Becker Hansen Building	700 E Broadway Ave	Pierre	SD	57501	605-773-3265	605-773-3921	Lande.Demers@state.sd.us
	Fargo-Moorhead Builders	1010 Page Drive		Fargo	ND	58106	701-237-6772	701-232-1653	info@fmbx.org
	Lincoln Builders Bureau	5910 South 58th Street	Suite C	Lincoln	NE	68516	402-421-8332	402-421-8334	info@buildersbureau.com

CATEGORY	NAME	ADDRESS1	ADDRESS2	CITY	STATE	ZIP	PHONE	FAX	E-MAIL
	Master Builders of Iowa	221 Park Street		Des Moines	IA	50309	515-288-8904		cuhelp@mbi.build
	Omaha Builders Exchange	4159 South 94th Street		Omaha	NE	68127	402-991-6906	402-884-7055	lisa.shockey@omahaplanroom.com
	Plains Builders Exchange	220 North Kiwanis Avenue		Sioux Falls	SD	57104	605-334-8886	605-334-0112	info@plainsbuilders.com
	Sioux Falls Builders Exchange	1418 C Avenue		Sioux Falls	SD	57104	605-357-8687	605-357-8655	info@sfbx.com
	South Dakota Assoc. Plumbing-Heating-Cooling Contr	707 East 41st Street	#220	Sioux Falls	SD	57105	605-271-7255	605-271-7580	phcc@midco.net
	Watertown Builders Exchange	27 West Kemp		Watertown	SD	57201	605-886-3777	605-882-3195	duanesfloorcovering@iw.net
<u>General Contractor</u>									
	Ainsworth-Benning Construction	345 Industrial Drive	Jdevan Thompson	Spearfish	SD	57783	605-642-4716	605-642-7887	devanthompson@ainsworthbenning.com
	C. Eagle Construction, LLC	2136 Marlin Drive	Suite #3	Rapid City	SD	57701	605-646-8553		adamw@ceagleconstruction.com
	Lloyd Companies - RC			Rapid City	SD		605-631-9112		donnie.hambeck@lloydcompanies.com
	MAC Construction Company Inc	4440 Universal Drive		Rapid City	SD	57702	605-787-4685	605-787-6785	brett@macconstructionco.com
	Rangel Construction Company	1520 Haines Avenue	Suite 8	Rapid City	SD	57701	605-716-0547		mario@rangelconstructioncompany.com
	RCS Construction	1314 Fountain Plaza Road		Rapid City	SD	57702	605-342-3787	605-348-4041	bobc@rcsconst.com
	Scull Construction Service Inc	803 Industrial Avenue	PO Box 7636	Rapid City	SD	57709	605-342-2379	605-342-8568	scull@scullconst.com
	SECO Construction, Inc	3305 Craig Street	PO Box 2921	Rapid City	SD	57709	605-348-7085	605-348-8287	ethanh@secoconstruction.com

CATEGORY	NAME	ADDRESS1	ADDRESS2	CITY	STATE	ZIP	PHONE	FAX	E-MAIL
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Owner

Office of the State Engineer (SM)	2500 Minnekahta Avenue	Rapid City	SD	57747	605-745-4618	steve.mezger@stat e.sd.us
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PRE-BID MEETING MINUTES

DATE/TIME: June 17, 2025 10:00 AM Mountain

LOCATION: 1020 N Creek Dr (Site of New SDWCF)

Owner: South Dakota Department of Corrections

OSE Project #: C2023—04X/MBU

Architect Project #: 3004

Bidding Procedures and Instructions

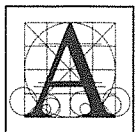
1. Bid Date: Tuesday, **JULY 1st**, 2025 – 3:30 MDT
2. Bid Location: Electronic bids on State Bid Platform
3. Bid Security: Bid Bond (10%) or Cashier's Check (5%)
4. Liquidated Damages are \$1500/day
5. OCIP / Insurance requirements
 - a. All contractors on site will need to be enrolled in OCIP
 - b. More information on OCIP will be issued in the upcoming addenda. OCIP Manual will be provided as well as contact information for Ben Cooper (POC for any OCIP related questions)
 - c. Goal will be to have all contractors complete OCIP enrollment by August 1st

Overview of the project and approach

1. Review of Project Scope
2. General Architectural
 - a. Steel stud construction
 - b. Thickened edge slab with frost protection
 - c. No detention items
3. Civil
 - a. A temp fence area is located on the plans. Temp fence is to be provided by the bidding contractor (t-stand fence).
 - b. Sheet 2.00 provides a logistics plan – contractors shall review
 - c. Two substantial completions – first is on October 15th- will include rough grading, slab on grade, and other site items as outlined in the construction documents
 - d. Contractor shall be responsible for any repairs/reseeding to laydown area – existing damage to area from current construction activities will be the responsibility of the CMAr.
 - e. After CMAr completes the asphalt/paving in the currently outlined access route- the general contractor will take on responsibility for any damages that occur from remaining construction activities. See item 4 on site notes sheet 2.00.
4. Electrical
 - a. All buildings on campus tie into the administration building
 - i. Extension of emergency power, fire alarm and data from the Admin building
 - ii. Conduit will be stubbed out for connection
 - b. The state owns the primary loop- will stub out of transformer that is already set
 - i. Secondary conduit from the transformer is in the general contractors scope
 - c. BAS, Fire alarm, and detention security electronics (SEC) will all be sole sourced
5. Mechanical
 - a. Light commercial HVAC
 - b. Will all tie in with main campus BAS system
6. Substitution/Prior Approval Request Procedure
 - a. Clarification on procedures to be addressed in upcoming addendum
7. Review of Project Schedule
 - a. Opening of Bids & Award – Award and NTP timeframe
 - i. P&P Bond will require time/effort to complete. This will determine the notice to proceed.
 - b. Date site is available
 - i. Site availability is dependent on NTP and OCIP Enrollment.

- c. Completion date
 - i. Phase 1 – October 15, 2025
 - 1. Includes site related items: rough grading, slab on grade
 - ii. Phase 2 – June 26, 2026
- 8. Use of Site and Facility / General Items
 - a. Review project access Drawing Sheet MB 2.00
 - b. Multiple Contractors on same site
 - i. Site access will pass through Scull/Flintco's site- PPE is required on site
 - c. Project Boundaries
 - i. Outlined on sheet MB 2.00
 - d. Working hours
 - i. 7am – 5pm - site access closes promptly at 6pm.
 - ii. General contractor to coordinate any site access outside of specified time with the Owner. Contact Steve Mezger or Darwin Weeldreyer
 - e. Storage and staging areas; Office space
 - i. Laydown area in plans/specs – see sheet 2.00 (this is considered an off site area)
 - f. Parking
 - i. In proposed laydown area
 - g. Temporary Heat, Water, Electrical is to be by GC
 - i. May need to haul in water to site
 - h. Safety procedures
 - i. Adverse Weather Days – Review OSE conditions/spec information regarding weather days.
 - j. SWPPP
 - i. There is an existing permit for storm water run-off. Reference Civil drawings for additional information/requirements.
 - k. Remediation of parking/staging area
 - i. Clarification will be added to addenda to specify any "used" areas to be remediated
- 9. Addendum No. 1 to be issued on **Friday, June 20**, to answer any new questions from bidders.
- 10. Walk-through of site
- 11. Questions/concerns from bidders

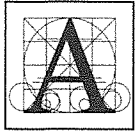
Administrative Questions, direct to Steve Mezger; Steve.Mezger@state.sd.us
Technical Questions, direct to Jordan Burbach; JordanBurbach@architectureinc.com



Architecture Incorporated

PROJECT: SDWCF
MEETING: MOTHER BABY UNIT PREBID
DATE: _____
ATTENDEES: _____

NAME	COMPANY	CONTACT EMAIL / PHONE
Derek Suhr	Quinn Const	derekequinnconstruction.org 605-387-1646
Ryan Wagner	MAC CONST. CO.	RYAN@MACCONSTRUCTIONCO.COM 605-381-9524
SHANE DEYO	VETERAN ROOFING	shane@veteranroofingco.org 605-431-7158
Corey Hege	Ainsworth Banning	Corey hege @ ainsworth Banning Con 605-641-4379
Kyle Hansen	FMG Engineering	khansen@fmgeengineering.com
Frank Salwei	Lien Transportation	frank.s@lientransportation.com
William Dyer	SECO Construction	will@secoconstruction.com will@secoconstruction.com
Ethan Hudson	SECO	ethan@secoconstruction.com
Scott Edwards	Seck/Flintco	SEWARD@SECKCONST.COM
James Williamson	FLCO	
Bryan Hamilton	FLINTCO	
Carlos Flores	FLCO	
BOB SCULL	RCS CONST	
Michael Heinrich	WPE	
Mike Sigmen	"	
David Wolf	Western States Fire	David.wolf@wstfire.us
Steve Metzger	USE	Steve.Metzger@state.sl.us
Damon Weeldreyer	DOC	
Shane Creech	Scull	bids@scullconst.com



Architecture Incorporated

PROJECT: _____

MEETING: _____

DATE: _____

ATTENDEES: _____

Adam Wegner

C. Eagle

Adam W@ceagleconstruction.com

Grant Siskwa

Lloyd Carson

grant.siskwa@lloyd
carson.com

State of South Dakota Department of Corrections

New Women's Correctional Facility OCIP Construction Project

Owner Controlled Insurance Program (OCIP) Contractor Manual

Project Start: April 2024

Date: May 2024

Willis Towers Watson
7733 Forsyth Boulevard
St. Louis, MO 63105

Justin Plante

IMPORTANT: This document has been prepared to provide general information about the Owner Controlled Insurance Program and procedures to be followed as an Enrolled Party. This manual is NOT to be a substitute for policies issued, nor is it to be interpreted as altering or changing any of the general or special conditions or other terms of the insurance contract as it pertains to insurance coverages or other duties or responsibilities of any contractor or subcontractor enrolled into this program.

Exhibit I

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Exhibit I

Section 1: Overview

The Owner, the State of South Dakota acting through the Department of Corrections and its representatives, The Office of State Engineer, has elected to implement an Owner Controlled Insurance Program (OCIP) for Enrolled Contractors providing direct labor at the following **New Women's Correctional Facility Project**.

The Owner is committed to optimizing the balance between cost, design, quality, marketability, and operational efficiency for this project. In doing so, the Owner combines the risk management and insurance resources of a substantial organization with the personal services of a professional manager. The safety and health of every employee, subcontractor, visitor, and member of the public is a vital aspect of our operations. We are committed to excellence in safety, health, and environmental matters with an emphasis on the prevention of incidents, accidents, and injuries.

The insurance coverage provided by the OCIP, as well as your rights and responsibilities under the program, are outlined in this OCIP Manual (the "Manual") and are as much a part of your Contract as the actual work specifications. All terms and conditions of this Manual are incorporated by reference into your Contract and you are required to bind all your lower-tiered Subcontractors to the terms, conditions and requirements of this Manual.

What is an OCIP?

An Owner Controlled Insurance Program (OCIP) is a coordinated insurance and claims management program that provides specific coverages for the Owner and all Enrolled Parties while performing work at the Project site.

The features of an Owner Controlled Insurance Program include:

- ❖ Uniform insurance protection and dedicated limits;
- ❖ Extended completed operations coverage;
- ❖ Centralized claims management; and
- ❖ Reduction of potential litigation between Contractors.

PARTICIPATION IS MANDATORY, except for Excluded Parties, as defined herein, BUT ACCEPTANCE AND ENROLLMENT ARE NOT AUTOMATIC. Each Eligible Party must follow enrollment procedures as described in Section 6 of this Manual.

How to Bid?

In consideration of the insurance coverage provided by the Owner, each Contractor and Subcontractors will submit their bid price for the original scope of work and all subsequent change orders **Excluding** insurance costs provided by the OCIP. The Owner reserves the right to "Add Alternate" to each Contractors insurance cost should this OCIP be altered from Bid Net to Bid With insurance costs. Each Contractor and Subcontractor warrants that all insurance premium calculations, for work performed at the Project Site, have been correctly identified via the "Insurance Cost Worksheet" within this manual and removed from their bids. Copies of Contractors and Subcontractors Declaration and Rating pages from their master practice insurance policies are required with enrollments. The OCIP administrator will use this information to verify the insurance cost that would have been within the Contractors bid and hold that information as an Add Alternate option for the Owner.

In order to calculate a cost for the Excess Liability coverage provided by the Owner, please add 30% of the General Liability premium cost that was calculated on the Insurance Cost Worksheet. The Owner is providing this coverage; therefore there will be a cost savings to the Contractor or Subcontractor. In addition, 15% for Overhead & Profit will be applied to the total insurance costs.

Exhibit I

What is Required to Start Work?

Contractors shall NOT commence work on the Project Site until:

a.) If Eligible Party:

- ❖ Having complied with enrollment requirements and received an OCIP Certificate of Insurance issued by the OCIP Program Administrator confirming they are Enrolled and;
- ❖ Having provided a Certificate of Insurance to the Owner which evidence all other required insurance coverages.

b.) If Excluded Party:

- ❖ Having provided a Certificate of Insurance to the Owner which evidence all other required insurance coverages.

NOTE: Contractors must enroll for each Contract Awarded.

What is the purpose of this manual?

This manual, which is part of your contract documents and details OCIP procedures, provides an overview of OCIP coverages and Contractor insurance requirements.

NOTE: This Manual does not, and is not intended to, provide coverage interpretations or complete information about coverages. The terms and conditions of the insurance policies will govern how coverage is applied. The information herein is not intended to alter any provisions of the actual contract documents of the Contractors, and if any such conflict occurs, the contract documents will govern.

The OCIP Manual may only be updated during the course of the Project by the Owner and distributed by the OCIP Program Administrator and is subject to review and final approval by the Owner. Any revised version shall replace and supersede any previous versions.

Exhibit I

Section 2: Program Directory

Owner	
State of South Dakota Department of Corrections Office of the State Engineer 3200 East Highway 34 C/O 500 East Capital Avenue Pierre, SD 57501	
General Contractor	
Flintco, LLC 323 E Reconciliation Way Tulsa, OK 74120	Project Manager Name: Bryan Hamilton Email: Bryan.Hamilton@FlintCo.com Cell: 720-376-4080 Safety Contact Name: Cam Cale Email: Cam.Cale@FlintCo.com Cell: 720-818-1044
OCIP Program Administration	
Willis Towers Watson Midwest, Inc. (WTW) 7733 Forsyth Boulevard, Suite 1350 St. Louis, MO 63105	Program Executive Name: Justin Plante E-mail: Justin.Plante@WTWco.com Phone: 314-719-5895 Program Manager & Administration Chelsea Scaturro -- Main Day to Day Contact Email: Chelsea.Scaturro@WTWco.com Phone: 314-719-5918 Debra Osborn – Project Support Email: Debra.Osborn@WTWco.com Phone: 314-719-5906
Claims Reporting Contact	
Willis Towers Watson	Claims Reporting: Phone: 877-725-9678 Email: claimcentral@willistowerswatson.com Primary – Claim Advocate Name: Jackie Morris, AIC, CCLA Phone: +1 (615) 872-6452 Email: Jackie.Morris@WTWco.com

Exhibit I

Section 3: Definitions

Bid Method	<p>Bid Net - Each Contractor will submit their bid price for the original scope of work and all subsequent change orders EXCLUDING all insurance costs. Each Contractor shall complete the Enrollment Forms in Section 8 and return to the OCIP Administrator with copies of Declaration and Rating pages. These pages will be used to verify the insurance cost that would have been calculated with each Contractors/Subcontractors Bid. <u>This is identified as an “Add Alternate” insurance cost.</u></p> <p>Please reference Section 6 of this Manual for more detailed direction.</p>
Contract	With respect to the OCIP, the Contract or Agreement by and between the Owner and the Contractor (the Contract); or between the Contractor and its Subcontractors; or between the Subcontractors and their lower tiered Subcontractors.
Contractor	With respect to the OCIP, “Contractor” includes: Construction Manager, Project Manager At Risk (PMAR), Prime General Contractor, and General Contractor.
Owner Controlled Insurance Program (OCIP)	A coordinated insurance and claim management program, under which Commercial General Liability and Excess Liability are procured or provided on a project basis for all Enrolled Parties while performing operations at the Project Site. The OCIP is also referred to as a Wrap Program.
OCIP Program Administrator	Willis Towers Watson Midwest, Inc.
Eligible Parties	Contractors and Subcontractors of all tiers performing labor or services at the Project Sites are eligible to be enrolled in the OCIP. Suppliers that perform or subcontract installation, temporary labor services, employee leasing companies providing direct labor, joint ventures and all joint ventures partners are considered Eligible Parties. The Owner may, at its discretion, include a Contractor who otherwise, by definition, would be an Excluded Party.
Enrolled Parties	Eligible Contractor(s) and Subcontractor(s) of any tier who have been awarded work, who have submitted all necessary enrollment forms, have met all enrollment requirements and have been issued a Certificate of Insurance by the OCIP Program Administrator.
Excluded Parties	<p>Contractors or companies excluded from the OCIP – Unless added by a separate endorsement, the following are not an insured under the OCIP policy:</p> <ul style="list-style-type: none"> a) Vendors, suppliers, truck carriers or haulers, material dealers, and delivery persons; b) Manufacturers, fabricators or any other organization performing activities outside of the OCIP Projects who do not have on-site dedicated payroll associated with installation activities; c) Any contractor/subcontractor engaged in blasting, hauling, delivery, or environmental work including evaluation, mitigation, hazardous waste removal, and clean-up work; and d) Any professionals, including but not limited to, architects, engineers, geologists, and soils professionals including soil engineers or surveyors.
Owner	The entity that determines which insurance coverages will be included, procures the policies, and controls the OCIP.
Project or Project Site	<p>Project Name: New Women’s Correctional Facility Construction Project Project Location: 1056 North Creek Drive Rapid City, SD 57701</p> <p>The designated project shall include the work site(s) associated with such designated project and all construction operations taking place within 2000 feet of the project location that are directly related to the designated project, including staging areas within 2000 feet.</p>
Subcontractor	Entity having a contract with the Contractor or other Subcontractors or Suppliers for performance of a part of the work on the Project Sites.

Exhibit I

Section 4: Owner Provided Coverages

OCIP Insurance Coverage

This section provides a brief description of the coverages provided under the OCIP. The Contractor and Subcontractors shall refer to the actual policies for details concerning coverages, exclusions and limitations.

The Owner has procured and will maintain the insurance coverages described below for the Enrolled Contractor/ Subcontractors. The Owner intends to maintain coverages and coverage shall terminate upon expiration of the OCIP Policies (as set forth in the OCIP Policies), notification by the OCIP Administrator, or the Enrolled Party's substantial completion of its Work, whichever is earlier. Coverage is primary and non-contributory with respect to any other insurance carried by the Enrolled Contractor and Subcontractors.

While the OCIP provides uniform coverages and reasonable limits for work performed at the Project Site, the OCIP is not intended to meet all the insurance needs of the Enrolled Parties. Subcontractors shall discuss the OCIP with their insurance agent, broker or consultant to assure that proper coverages are maintained. Subcontractors shall notify their insurance representative that the work performed on-site will be insured under the OCIP. This notification is to inform the Enrolled Subcontractors' standard insurance company(ies) that the insurance coverages provided under the OCIP are primary and non-contributory.

Copies of OCIP policies will be made available to any Enrolled Party upon written request to the OCIP Administrator. As a condition of any Enrolled Party receiving copies of the OCIP policies, parties shall not disclose the policies to third parties other than to the Enrolled Party's insurance broker or attorney unless required to do so by law; and the Enrolled Party's insurance broker or attorney shall not disclose the policies to any third party unless required to do so by law. The OCIP shall provide only the following insurance to Enrolled Parties (this is a summary only):

Commercial General Liability: (Coverage for off-site operations is excluded unless locations are scheduled and approved by the Owner and OCIP insurance carriers).

Limits of Liability **Shared by All Insureds**

Each Occurrence Limit	\$ 2,000,000
General Aggregate Limit	\$ 4,000,000
Products/Completed Operations Aggregate (Term Limit)	\$ 4,000,000
Personal and Advertising Injury Limit – any one person or organization	\$ 1,000,000
Damage to Premises Rented to You Limit	\$ 50,000
Medical Expense Limit	Excluded

- ❖ Insurer: StarStone National Insurance Company
- ❖ **Policy Term: 05/29/2024 to 07/26/2026**
- ❖ Policy Form ISO Commercial General Liability Coverage Form (GC 00 01 04 13)
- ❖ A Single Commercial General Liability policy will be used and will include all Enrolled Parties as Named Insureds
- ❖ The General Aggregate will reinstate once during the Policy Term
- ❖ The Completed Operations Extension Term is ten (10) years or through the applicable Statute of Repose

OCIP Obligation – In the event of a covered General Liability incident/claim, and at the Owner's sole discretion, Subcontractor(s) shall be responsible for contribution toward the General Liability deductible proportionate to their respective not to exceed \$25,000 for each occurrence.

Exhibit I

Excess Liability: (Coverage for off-site operations is excluded unless locations are scheduled and approved by the Owner and OCIP insurance carriers.)

Limits of Liability **Shared by All Insureds**

Each Occurrence Limit	\$30,000,000
Aggregate Limits, where applicable	\$30,000,000
Products & Completed Operations Aggregate	\$30,000,000

- ❖ Excess of primary OCIP Commercial General Liability policy subject to policy terms and conditions.
- ❖ **Policy Term: 05/29/2024 to 07/26/2026**
- ❖ A single lead excess and layered Excess Liability policies will be issued and will include all Enrolled Parties as Named Insureds
- ❖ Policies provide Completed Operations coverage through the applicable Statute of Repose or ten (10) years whichever is less per policies' terms and conditions ("Extension Period")
- ❖ Products/Completed Operations Aggregate is a single limit for the construction term and Completed Operations period
- ❖ Limits shared by all insureds
- ❖ Insurer: StarStone Specialty Insurance Company

Coverages Not Part of OCIP

Contractor and Subcontractors acknowledge and agree that any loss not covered by the Commercial General Liability and Excess Liability policies shown above is their responsibility including but not limited to the following:

- ❖ Workers' Compensation/Employer's Liability
- ❖ Automobile Liability
- ❖ Automobile Physical Damage
- ❖ Contractors Pollution Liability (CPL)
- ❖ Property coverage, including but not limited to Contractors' Equipment, owned, rented, leased, or borrowed Equipment, Tools, or Personal Property
- ❖ General Liability/Excess Liability for Off-Site Activities
- ❖ Employment Practices Liability
- ❖ Professional Liability/Errors and Omissions
- ❖ Marine Liability if applicable
- ❖ Surety Bonds

Exhibit I

Evidence of Coverage

Certificates of Insurance will be issued to each Enrolled Party by the OCIP Program Administrator evidencing the OCIP coverage described above. Enrolled Parties agree to be bound by the terms and conditions of the OCIP policies.

OCIP Termination/Modification

The Owner reserves the right to terminate or modify the OCIP or any portion thereof. The Owner will endeavor to provide thirty (30) days advance written notice of termination or material modification to the Enrolled Parties covered by the OCIP. In such event, the Enrolled Parties will be required to immediately acquire replacement insurance coverage, equivalent to what is currently required for Offsite and Excluded Parties. Written evidence of such insurance shall be provided to the Owner prior to the effective date of the termination or modification of the OCIP coverages. The direct actual cost of such replacement insurance, as approved by the Owner, shall be reimbursed by the Owner to the Enrolled Party by issuing additive change orders.

Waiver of Subrogation and Rights of Recovery:

Except for the amount of the OCIP "Self-Insured Retention" or deductibles as described elsewhere, the Enrolled Parties, each on their own behalf, whether by way of subrogation or otherwise, hereby waive any and all subrogation or other rights of recovery of any kind which they may now, or hereafter have, against the Owner, each other and their parent, related and affiliated companies, and the successors and assigns of each other, in connection with the performance of the work and to the extent claims, loss, or damages are covered under the OCIP. Contractor and its Subcontractors shall require all lower-tiered Subcontractor(s) to similarly waive their rights of subrogation and recovery in each of their respective construction contracts with respect to their work.

Exhibit I

Section 5: Contractor and Subcontractor Required Coverage

Contractors and Subcontractors, whether Enrolled or Excluded, are required to maintain insurance coverages required by your contract. Prior to coming on the Project Site, Subcontractors must provide a certificate of insurance evidencing required coverages. The limits shown in the Subcontractors' contracts are minimum limits and are not intended to limit the Subcontractors' liability.

Survival

The insurance requirements described in the Subcontractors' contracts are not intended to, and shall not in any way, limit or quantify the liabilities and obligations each Subcontractor assumes pursuant to its contract. The insurance requirements are an independent contract provision and shall survive the termination or expiration of any contract or any subcontract.

No Release

The Owner's procurement and provision of the OCIP shall in no way relieve the Subcontractor of any responsibility or liability under its contract, any applicable law, statute, regulation, or order, except the responsibility of securing the OCIP coverages if, and commencing when, the Subcontractor becomes an Enrolled Party.

Exhibit I

Section 6: OCIP Requirements

Throughout the course of the Project, Contractor and Subcontractors will be responsible for reporting and maintaining certain records as outlined in this section.

Contractor and Subcontractors are required to cooperate with the Sponsor and its OCIP Administrator in all aspects of OCIP implementation and administration.

Responsibilities of the Contractor and Subcontractors of all tiers include all Contract responsibilities, including but not limited to the following:

- **EXCLUDE the cost of OCIP insurance from their bids, if eligible for the OCIP**
- Provide each Subcontractor with a copy of the OCIP Manual
- Enroll in the OCIP, if eligible, within ten (10) working days of Notice of Intent to Award of Contract
- Include OCIP provisions in all contracts with Subcontractors
- Provide timely evidence of other insurance or contractor required insurance within ten (10) working days of notice of intent to award of contract
- Notify the OCIP Administrator of all subcontracts awarded by creating a Notice of Award (NOA) in ComPAS
- Cooperate with the OCIP Administrator's and/or the OCIP Administrator's requests for information
- Comply with insurance, claim and safety procedures
- Notify the OCIP Administrator immediately of any insurance cancellation, modification, material change, or non-renewal of Contractor required insurance
- **Ensure that their own eligible and enrolled subcontractors EXCLUDE the cost of OCIP insurance from their bids.**
- Failure to provide the required enrollment documents and/or other reporting forms may cause delayed progress payments or a 1.5% withhold of the full contract value.

Contractor Bids

State of South Dakota provides General Liability and Excess Liability insurance for all Enrolled Contractors and Enrolled Subcontractors under the OCIP for Work performed at the Project Site.

Adjustments for OCIP Insurance Costs

Each Contractor and Subcontractor eligible for coverage is required to **EXCLUDE** the Costs of OCIP coverages from your bid price for the proposed scope of work (including subcontracted work whether the Subcontractor is identified at the time of the bid). Change orders must also be priced by Enrolled Parties to **EXCLUDE** the cost of insurance.

Each Contractor and Subcontractor must identify their cost of OCIP-provided coverages as part of the information gathering process. The Contractor's and Subcontractor's cost of insurance would include the reduction in insurance premiums, related taxes and assessments, markup on the insurance premiums and if applicable, losses retained using a self-funded program, self-insured retention, or deductible program. The total cost of insurance must include expected losses within any retained risk.

Enrolled Contractor and Enrolled Subcontractor are required to submit insurance documentation that supports the cost of OCIP-provided coverage removed from their bid. Documentation will be uploaded into ComPAS and must include the following pages from the General Liability and Excess Liability policies:

Exhibit I

- Declarations or information page
- Rate page(s)
- Deductible/Self-Insured Retention endorsement(s) if applicable, including 3 years of loss history and 3 years of exposure information

Contractors are solely responsible for ensuring that their Subcontractors of all tiers also remove the cost of OCIP-provided insurance from their bid.

Notice of Award

Each Enrolled Party shall provide details about themselves and their Subcontractors to the OCIP Administrator to enroll them in the OCIP. The Contractor and Subcontractors must each provide information via WTW ComPAS. Instructions for online access are included in this Manual.

Change Order Procedures

Change orders must also be priced by Enrolled Parties to **EXCLUDE** the cost of OCIP insurance.

Contractors are solely responsible for ensuring that their Subcontractors of all tiers also remove the cost of OCIP-provided insurance from their change orders.

Warranties

All Enrolled Parties authorize the release of claim and audit information for all policies covered under State of South Dakota OCIP to the Sponsor and the OCIP Administrator. Insurance costs covered by the State of South Dakota Owner Controlled Insurance Program have been removed from the Contract, Subcontracts, and any Change Orders. The cost of premiums for non-OCIP coverage specified in the contract are the responsibility of Contractor and Subcontractors of all tiers.

Close Out Procedures

Enrolled Parties must submit the Notice of Work Completion when they have completed their Work at the New Women's Correctional Facility Project Site.

Exhibit I

Subcontractor's Responsibilities

All Subcontractors are required to reasonably cooperate with the Owner, the OCIP Administrator, and the OCIP insurance carrier(s) in all aspects of the OCIP operation and administration. Subcontractor responsibilities include but are not limited to:

- ❖ Providing the necessary contract, operations, and insurance information.
- ❖ Including the OCIP provisions and OCIP Manual in all subcontracts.
- ❖ Notifying Owner/OCIP Administrator of all subcontracts awarded by Contractor/Subcontractor. Said Subcontractors will enroll in the OCIP, unless they do not qualify, or Owner chooses not to include them in the OCIP program.
- ❖ Enforcing enrollment of all Contractors, except for those identified as Excluded Contractors, as participation by Eligible Contractors is mandatory.
- ❖ Retaining all construction costs and records necessary for the OCIP premium computation and presenting them to Owner upon request. Agreeing that the OCIP Owner or the OCIP insurer has the right to audit Contractor and Enrolled Subcontractor's payroll and receipt records at any time.
- ❖ Complying with applicable loss control, safety, and claims reporting procedures.
- ❖ Cooperating fully with Owner's OCIP Administrator in providing necessary insurance data and information as required in the bid specifications and associated documents furnished by Owner.
- ❖ Promptly paying OCIP "deductible" amounts.
- ❖ Attending all meetings regarding OCIP administration, claims, or safety issues as required.
- ❖ Assignment of Return Premiums: The Owner shall be responsible for payment of all premiums associated with the OCIP and will be the sole recipient of any dividend(s), rebate(s), and/or return premium(s) generated by the OCIP.
- ❖ In consideration of Owner's provision of OCIP coverage, each Enrolled Subcontractor agrees to:
 - 📌 Identify all applicable insurance costs associated with their work at the Project Site for coverages provided under the OCIP and cooperate with the OCIP Administrator to verify and audit the insurance cost;
 - 📌 Irrevocably assign to, and for the benefit of, the Owner, all return premiums, premium refunds, premium discounts, dividends, retentions, credits and any other funds in connection with the OCIP. Contractor/Subcontractors agree to evidence such assignment by executing and delivering the Enrollment Forms. Subcontractors further agree to require each lower tier subcontractor to execute the assignment on the Enrollment Form, for the benefit of the Owner.

Exhibit I

Section 7: Claim Procedures

This section explains the processes to be followed in the event of accidents or incidents that may result in claims covered by the OCIP insurance policies.

Claims Reporting

All General Liability claims, including incidents, accidents and unusual circumstances which may reasonably be expected to develop into claims against OCIP policies, must be reported by Contractors and/or Subcontractors as soon as possible. All accidents and incidents must be reported no later than the close of business on the date of the occurrence. Reports may be made by telephone, in person, or email to the contacts listed below.

As soon as an Enrolled Parties' Onsite personnel become aware of an accident involving non-workers or property damage, they must:

- ❖ Determine what happened and write it down;
- ❖ Take photographs and/or measurements, as applicable;
- ❖ Identify all involved parties, including witnesses, and obtain contact information;
- ❖ Record date(s), time(s), and weather conditions;
- ❖ Preserve and protect physical evidence;
- ❖ Take appropriate emergency measures to prevent additional injury or damage, including contracting police and fire authorities as required by law;
- ❖ Complete and submit an Accident Investigation Report and General Liability Loss Notice to the Safety Director and the OCIP Administrator's claim consultant within 24 hours of the incident;
- ❖ Immediately send all subsequent inquiries or correspondence about an insured loss or claim, including a summons or other legal documents, to the OCIP Administrator's Claim Advocate;
- ❖ Cooperate fully with the Owner, the OCIP Administrator, and the OCIP Insurer representatives in the accident investigation; and
- ❖ Maintain complete confidentiality. Make no statement to the media or any voluntary admission of liability. Refer all questions from the media to the Owner.

Litigation

Enrolled Parties shall immediately forward all summons, subpoenas, demand letters, notice of hearings, and complaints related to Work performed on the Project to the relevant Insurer. Copies of such materials should also be emailed to the OCIP Administrator's Claims Advocate identified in Section 2 – Program Directory.

Following any accident or incident, basic scene investigation should be undertaken by any involved Contractor's safety representative to establish the facts of the accident and to assist in the OCIP insurance carrier's claims adjudication process.

Report General Liability claims to:

Willis Towers Watson Contacts		
Primary: Claims Advocate Name: Jackie Morris, AIC, CCLA Phone: 615-872-6452 Email: Jackie.Morris@WTWco.com	Complex/Oversight GL/Excess Name: Tom Schultze Phone: 763-302-7233 E-mail: Thomas.Schultze@WTWco.com	Complex/Oversight Property/Builders Risk Name: Henry Daar Phone: 312-509-3386 E-mail: Henry.Daar@WTWco.com

Include OCIP Program Manager: Chelsea Scaturro Chelsea.Scaturro@WTWco.com on any incident reports.

Loss Runs

An Enrolled Party may obtain loss runs for their own Onsite experience by submitting a written request on their company letterhead to the OCIP Administrator.

Exhibit I

Section 8: OCIP Forms

- ❖ ACORD – Certificate of Insurance
- ❖ Affirmation Of Receipt
- ❖ Notice of Contract/Subcontract Award
- ❖ OCIP Enrollment
- ❖ Notice of Completion
- ❖ OCIP General Liability Accident/Incident Report Form

Program Manager & OCIP Administrator:

Willis Towers Watson
Chelsea Scaturro
Ph: 314-719-5918
Email: Chelsea.Scaturro@WTWco.com

Exhibit I

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)								
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p>										
<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>										
PRODUCER Agent Company Name Address City, State ZIP Attn:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No. Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC#</td> </tr> </table>		CONTACT NAME:		PHONE (A/C, No. Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE	NAIC#
CONTACT NAME:										
PHONE (A/C, No. Ext):	FAX (A/C, No):									
E-MAIL ADDRESS:										
INSURER(S) AFFORDING COVERAGE	NAIC#									
INSURED OCIP Enrolled Contractor/Subcontractors	INSURER A : AM BEST Rating A- VII or better									
	INSURER B :									
	INSURER C :									
	INSURER D :									
	INSURER E :									
	INSURER F :									

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YY)	LIMITS												
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	x	x				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$2,000,000</td></tr> <tr><td>DAMAGES TO RENTED PREMISES(Each occurrence)</td><td></td></tr> <tr><td>MED EXP (Any one person)</td><td></td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$4,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td>\$4,000,000</td></tr> </table>	EACH OCCURRENCE	\$2,000,000	DAMAGES TO RENTED PREMISES(Each occurrence)		MED EXP (Any one person)		PERSONAL & ADV INJURY	\$2,000,000	GENERAL AGGREGATE	\$4,000,000	PRODUCTS-COMP/OP AGG	\$4,000,000
EACH OCCURRENCE	\$2,000,000																		
DAMAGES TO RENTED PREMISES(Each occurrence)																			
MED EXP (Any one person)																			
PERSONAL & ADV INJURY	\$2,000,000																		
GENERAL AGGREGATE	\$4,000,000																		
PRODUCTS-COMP/OP AGG	\$4,000,000																		
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	x	x				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY(Per person)</td><td></td></tr> <tr><td>BODILY INJURY(Per accident)</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY(Per person)		BODILY INJURY(Per accident)		PROPERTY DAMAGE (Per accident)					
COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000																		
BODILY INJURY(Per person)																			
BODILY INJURY(Per accident)																			
PROPERTY DAMAGE (Per accident)																			
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>	x	x				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$10,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$10,000,000</td></tr> </table>	EACH OCCURRENCE	\$10,000,000	AGGREGATE	\$10,000,000								
EACH OCCURRENCE	\$10,000,000																		
AGGREGATE	\$10,000,000																		
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <div style="float: right;">Y/N <input type="checkbox"/></div>	N/A	x				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE – EA EMPLOYEE</td><td></td><td>\$1,000,000</td></tr> <tr><td>E.L. DISEASE – POLICY LIMIT</td><td></td><td>\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$1,000,000	E.L. DISEASE – EA EMPLOYEE		\$1,000,000	E.L. DISEASE – POLICY LIMIT		\$1,000,000
<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTH-ER																		
E.L. EACH ACCIDENT		\$1,000,000																	
E.L. DISEASE – EA EMPLOYEE		\$1,000,000																	
E.L. DISEASE – POLICY LIMIT		\$1,000,000																	
	OTHER																		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Exhibit I

AFFIRMATION OF RECEIPT

New Women's Correctional Facility Project

This acknowledges your company is in receipt of this Contractors Manual for the above named Project and has reviewed the manual and understands the contractual insurance obligations of your company as outlined in this Manual.

Your Printed Name

Date

Your Signature

Your Company Name

Please return this signed form to:

Willis Towers Watson
Attn: Chelsea Scaturro
7733 Forsyth Boulevard, Suite 1350
St. Louis, MO 63105
Email: Chelsea.Scaturro@WTWco.com

Exhibit I

NOTICE OF SUBCONTRACT AWARD

DO NOT complete this form for your company but only to notify the OCIP Administrator of your lower tier subs.

Project Name: **New Women's Correctional Facility**

This is to inform you that we have awarded the following subcontract to the following Subcontractor:

Name of Subcontractor: _____

Federal Identification Number (FEIN): _____

Address: _____

City, State, Zip: _____

Office Contact: _____

Phone: () _____ Cell: () _____

Email: _____

Scope of Work: _____

Award Date: _____

Est. Start Date: _____

Contract Value: \$ _____ Material Cost: \$ _____

Awarding Contractor: _____

Contact Email: _____ Phone: () _____

Signed By: _____

Title: _____ Date: _____

Does this contract require Professional Liability Yes ☐ No ☐

Does this contract require Pollution Liability Yes ☐ No ☐

Will this contract have *Airside Auto Exposure Yes ☐ No ☐

**(If there is Airside exposure, the required Auto Liability Limit will be \$10,000,000; If there will not be any exposure the required Auto Liability Limit will be \$1,000,000)*

Award Date – date Notice to proceed was given (Verbally or in Writing)

You must complete a Notice of Subcontract Award on each of your Subcontractors and for each individual contract.

Return this form to: Chelsea Scaturro

Chelsea.Scaturro@WTWCo.com

314-719-5918

Exhibit I

PROJECT NAME:

- ☐ Initial Enrollment
☐ Additional Contract
☐ Change Order

New Women's Correctional Facility ENROLLMENT FORM AND REQUEST FOR INSURANCE

About This Form:

- ❖ This form must be completed by each Contractor/Subcontractor as soon as a contract is awarded. No certificates of insurance or policies will be provided under this Controlled Insurance Program until this form is received.
- ❖ Information disclosed on this form is subject to audit throughout the term of the construction project

A. Contractor Information

Contractor: _____		Check one: <input type="checkbox"/> Indv <input type="checkbox"/> Ptshp <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> JV	
Minority Participation: <input type="checkbox"/> Minority Bus. Enter. <input type="checkbox"/> Women Bus. Enter. <input type="checkbox"/> Disadvantaged Bus. Enter. <input type="checkbox"/> Small Bus. Enter.			
Address: _____			
P.O. Box is not acceptable			
City: _____		State: _____	Zip: _____
Federal ID # (FEIN): _____		Contract # _____	
Contacts:			
Office: _____		Phone: _____	Email: _____
In-house insurance: _____		Phone: _____	Email: _____
Payroll: _____		Phone: _____	Email: _____

B. Contract Information

Contract Value: \$ _____		Material Cost: \$ _____	
Start Date: _____		Estimated Completion Date: _____	
Awarding Contractor: _____		General Contractor: _____	
Work Type: _____		Percent Subcontracted: _____ Est # of Subs: _____	
CLASSIFICATION	CLASS CODE	EST # OF HRS	EST ON-SITE PAYROLL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Insurance Carrier Information

Contractors Broker/Agent:	
Agency: _____	Contact: _____
Address: _____ City: _____ State: _____ Zip: _____	
Workers Compensation:	Current Experience Modifier: _____ Rate Date: _____
Current WC Insurance Co: _____	Policy Period: _____ Policy #: _____
Current GL Insurance Co: _____	Policy Period: _____ Policy #: _____
Current GL Rate is based on: <input type="checkbox"/> Payroll OR <input type="checkbox"/> Receipts (check one) per \$ _____ (<input type="checkbox"/> 100 / <input type="checkbox"/> 1000)	

Return this form to: Chelsea Scaturro

Chelsea.Scaturro@WTWCo.com

314-719-5918

Exhibit I

Insurance Cost Worksheet

New Women's Correctional Facility Project

NOTE: It is extremely important to accurately estimate payrolls anticipated for THIS CONTRACT ONLY. Payroll should be raw wage without burden, fringes, or overtime premium. However, it should include sick, vacation and holiday pay and imputed income.

GL Costs (Project Site Payroll Only) Attach additional pages if required				
GL Classification	GL Code	Rate of Payroll / Receipts \$100 or \$1,000	Estimated Payroll/Receipts	Premium
1.				
2.				
3.				
4.				
			(A) Total GL Premium	\$

Total Cost Verification	
In lieu of evidence showing the Excess/Umbrella Rate, 30% of the General Liability Rate will apply unless your Umbrella/Excess Liability is auditable, then applicable rates will apply.	(B) \$
Subcontractor Premiums (Attach Notice of Contract Award for each Subcontractor) 1.5% may be withheld from the contract value of each Sub-tier until such time an insurance cost can be calculated	(C) \$
Total of A + B + C (from GL Cost Chart on this Form)	\$
Profit & Overhead 15% of Premium (of total from A + B + C multiplied by 15%)	(D) \$
Total Premiums (E)	\$

Agreement: The Owner of the State College Micro-Hospital OCIP Project Owner Controlled Insurance Program, or *Owner's Representative", is granted permission by Contractor/Subcontractor to inspect the insurance and payroll records of Contractor/Subcontractor used in determining the above credit. Owner and Owner's Representative shall be given access to audit the project payroll records of Contractor/Subcontractor in accordance with the insurance premium audit provisions of the insurance policy. Any and all return premiums, dividends, discounts or other adjustments to any Controlled Insurance Policy for this Project is hereby assigned and/or transferred absolutely to the Owner. This assignment is valid for insurance policies whose premiums have been paid by the Owner on behalf of such Contractor/Subcontractor. It is each Contractor's responsibility to notify its own insurance carrier to exclude all work to be done under this contract from your current insurance program.

SEND FORM via E-mail to: Chelsea.Scaturro@WTWCo.com

* Owner's Representative(s) could mean but not limited to: Owner's Agent, Wrap-up Administrator, and any other such Representative the Owner deems necessary for this project.

Exhibit I

NOTICE OF CONTRACT COMPLETION FORM

NEW WOMEN'S CORRECTIONAL FACILITY NOTICE OF CONTRACT COMPLETION FORM

(to be submitted with final pay request)

Project Name:	New Women's Correctional Facility		
Company Name:		Phone:	
Attention:		Fax:	
Address:		Email:	
City, State Zip:			

Please be advised, we, _____ are scheduled to complete our work for:

(Subcontractor name)

Awarding Contractor: _____ Prime Contractor: _____

Project Description: _____ Actual Start Date: _____ Completion Date: _____

Reported Contract Value: _____ **Final Contract Value:** _____

Final Payroll Value: _____ Subcontracted Work: _____

All Contract Values should include all insurance cost.

We used the following enrolled subcontractors who will also complete their work on the date shown above:

<u>Subcontractors</u>	<u>Reported Contract Value</u>	<u>Contract Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This is our only contract ☐ YES ☐ NO

We are still working on the following contracts:

<u>Location Code</u>	<u>Awarding Contractor</u>	<u>Prime Contractor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Company Name: _____ Date: _____

By: _____ Title: _____

Final insurance audits may be made under the applicable policies. Please show who in your office (or another location if applicable) is responsible for this information:

Name: _____	Phone: _____
Address: _____	Fax: _____
City, State Zip: _____	Email: _____

Return this form to: Chelsea Scaturro Chelsea.Scaturro@WTWco.com 314-719-5918

Exhibit I

INCIDENT REPORTING FORM

NEW WOMEN'S CORRECTIONAL FACILITY

ACCIDENT / INCIDENT REPORT

DESCRIPTION: _____ PROJECT/CONTRACT #: _____

CONTRACTORS NAME: _____

NAME OF PERSON REPORTING

PHONE#

FAX#

EMAIL

ACCIDENT / INCIDENT INFORMATION

DATE OF ACCIDENT / INCIDENT: _____ TIME OF ACCIDENT / INCIDENT: _____ ☐ AM ☐ PM DATE NOTIFIED: _____

ADDRESS OR LOCATION WHERE ACCIDENT / INCIDENT OCCURRED (BE SPECIFIC): _____

WERE THE POLICE CONTACTED? ☐ YES ☐ NO REPORT NUMBER _____

BRIEF DESCRIPTION OF ACCIDENT / INCIDENT (Use a separate sheet and diagram if necessary): _____

CLAIMANT INFORMATION

CLAIMANT NAME

HOME PHONE#

WORK PHONE#

EMAIL

ADDRESS: _____ INJURED PARTY IS: ☐ MALE ☐ FEMALE

INJURY INFORMATION

WERE ANY INJURIES INCURRED? ☐ YES ☐ NO IF INJURY OCCURRED, GIVE BRIEF DESCRIPTION: _____

WHAT INITIAL TREATMENT DID THE CLAIMANT RECEIVE? (FIRST AID, EMERGENCY, ETC) _____

WITNESS INFORMATION

WITNESS NAME

HOME PHONE#

WORK PHONE#

EMAIL

ADDRESS _____

WITNESS NAME

HOME PHONE#

WORK PHONE#

EMAIL

ADDRESS _____

WITNESS NAME

HOME PHONE#

WORK PHONE#

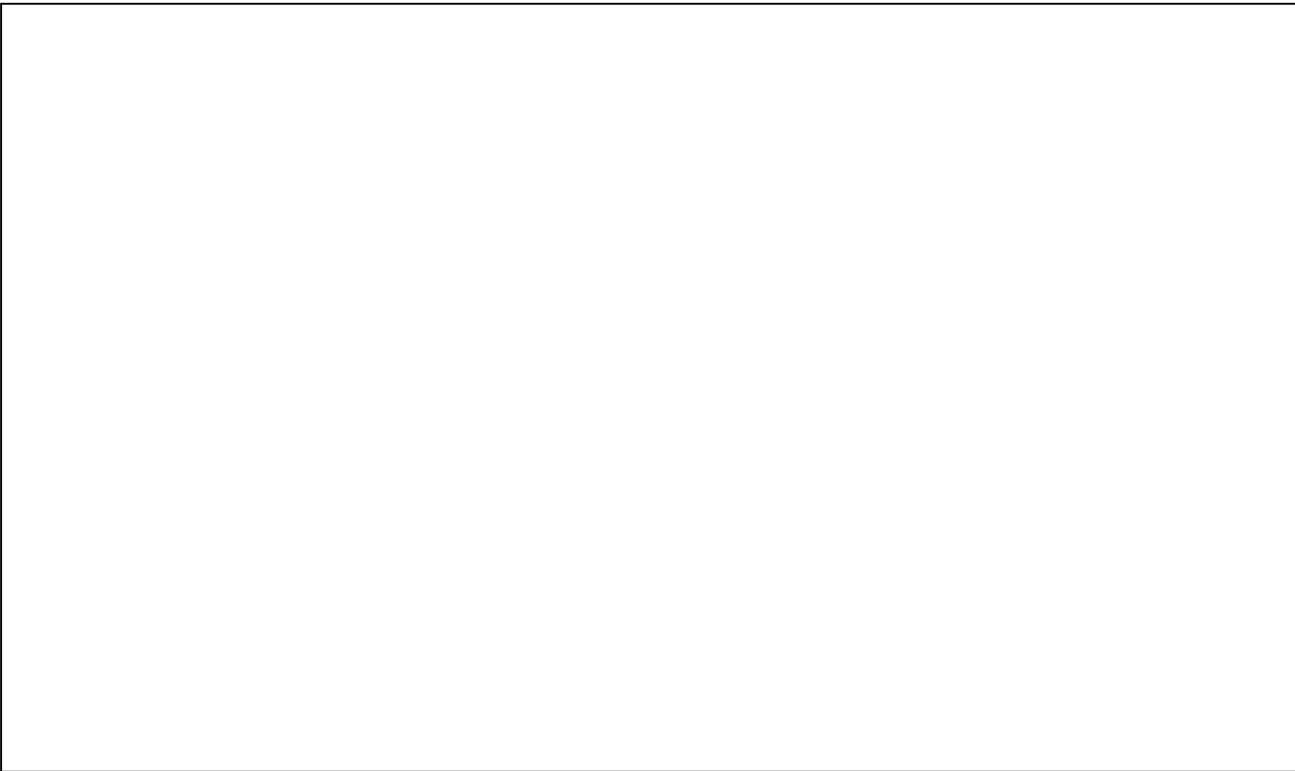
EMAIL

ADDRESS _____

Exhibit I

ADDITIONAL COMMENTS

DIAGRAM (SHOW NORTH/SOUTH):



PERSON COMPLETING REPORT

NAME: _____ TITLE: _____ DATE: _____

SIGNATURE: _____

RESIDENT ENGINEER

NAME: _____ TITLE: _____ DATE: _____

ADDRESS

PHONE#

FAX#

EMAIL

SIGNATURE: _____

Exhibit I

WTW ComPAS Online Portal Instructions

WTW Comprehensive Project Administration System (ComPAS) is the Administration Portal for the online OCIP Administration managed by WTW. The web address is <https://cp.wtwcompas.com>. The recommended browser is Chrome.

This section contains instructions for WTW ComPAS Contractor Portal that allows your company to enroll in the CCIP, notify WTW of subcontract awards, and run various reports.

WTW ComPAS – WTW Project Administration System

- Online Portal Instructions
- How to Add Notice of Award
- Processing an Enrollment

WTW COMPAS – ONLINE PORTAL INSTRUCTIONS

1. Online Enrollment is recommended
2. If unable to complete the enrollment online paper forms can be completed and sent to the administrator
3. Completion of online Notice of Award triggers the system to send the subcontractor's primary contact the request to enroll email. The email will include the following:
 - a. Brief description of program
 - b. URL
 - c. Username
 - d. Password
 - e. Insurance Manual

Minimum Enrollment Information

- **Company Name**
- **Company Address**
- **Company FEIN**
- **Primary Enrollment Contact Information**
- **Name**
- **Phone Number**
- **Email Address**
- **Estimated Contract Value**
- **Estimated Start Date**
- **Scope of Work**

Users need to enter data in all fields with red asterisks to submit enrollment request

Certificate of Insurance will be issued once the Client Service Specialist confirms compliance.

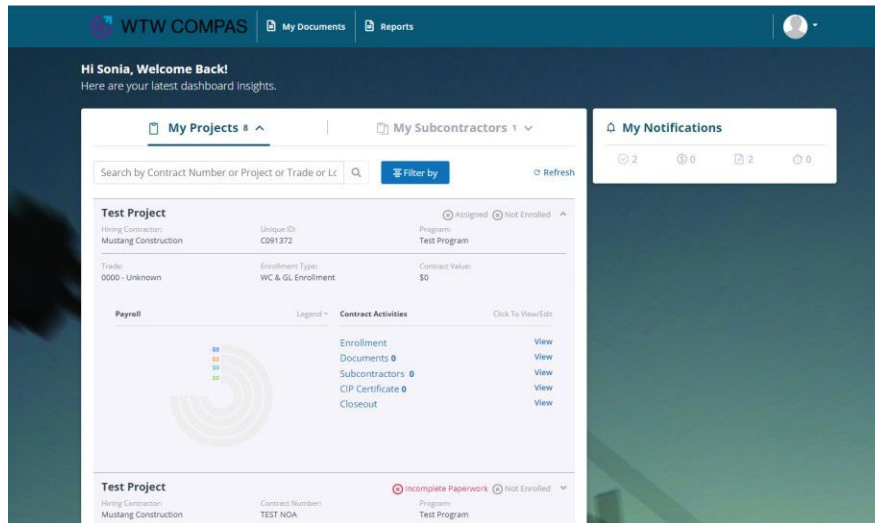
The CIP certificate will be issued and available to download from WTW ComPAS. It will also be sent via email to the Subcontractor and Awarding Contractor for their records.

Contractors will receive separate system notifications for Payroll Reporting, Renewal Certificates of Insurance, and contract close-out.

Exhibit I

How to add a Notice of Subcontract Award

When an Enrolled Contractor awards a subcontract, the awarding Contractor shall begin the enrollment process by completing Notice of Award for each Contract award via Add Subcontractor Icon via the Contractor Portal – Contract Activities to open the Add Sub Contractor screen. Select Subcontractors in the Contract Activities section of the Awarding Contractor Portal.



Select + Add Subcontractor from the upper right hand of the Subcontractors screen.

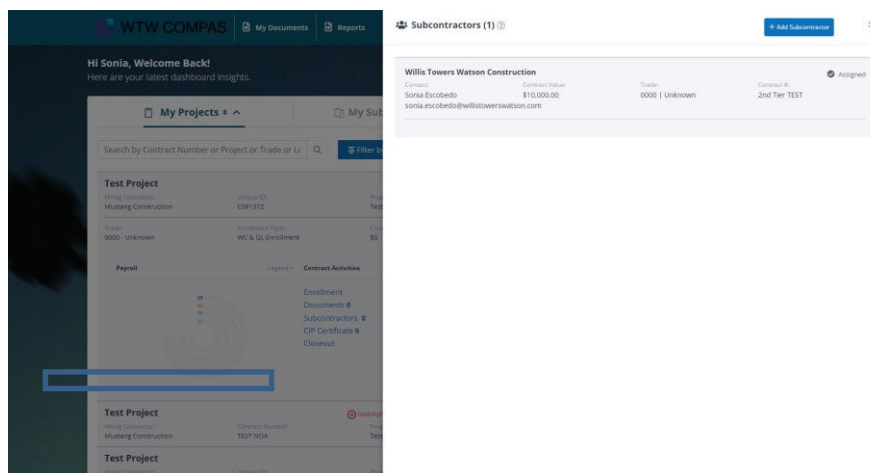


Exhibit I

Enter your subcontractor information. The required fields for Notice of Award are as follows:

The screenshot shows the 'Add a Subcontractor' form in the WTW COMPAS system. The form is titled 'Let's get your Subcontractor info.' and includes the following fields and options:

- Contractor Name ***: A text input field with a search icon.
- Contract Number**: A text input field.
- Select Trade**: A dropdown menu with a search icon.
- Contract Value ***: A text input field.
- Estimated Start Date**: A date input field in MM/DD/YYYY format.
- Checkboxes**: Four checkboxes with corresponding labels:
 - ☐ Click here if a crane will be used on-site for this contract
 - ☐ Click here if this contract requires Professional Liability
 - ☐ Click here if this contract requires Pollution Liability
 - ☐ Click here if you believe this contract's scope of work qualifies for exclusion
- Buttons**: A 'Click here to add new Contractor' link and a 'Save a Subcontractor' button.

1. Contract Value – Enter Estimated Contract Value
2. Select Contractor – User can begin to enter the company name and if the company is already in the system select from the drop-down list. If the company is not included in the list, select “Click here to add a new contractor”.
3. The following fields are optional but if the information is available, please populate.
4. Trade – Select SIC Code from drop down list. If SIC code is not available, select “Click here to add a your SIC Code”
5. Contract Number – Provide Contract Number for contract award.

The awarding Contractor shall ensure that their subcontractors complete the remaining sections of the Contractor Package Enrollment and immediately submit.

Processing an Enrollment

Once the Notice of Award is completed the Contractor will receive a Request for enrollment e-mail. The email will include a brief description of the Program and the program requirements. They will also receive the URL, username, and password to login to the system. If this is the first-time logging into the system, the user will login in using the system generated password and proceed to Account Setup.

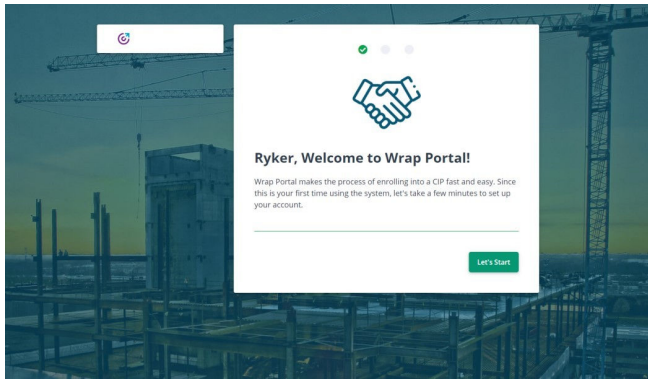
The screenshot shows the 'Sign In to Contractor Portal' page in the WTW COMPAS system. The page features a background image of a construction site and a sign-in form with the following elements:

- Header**: WTW COMPAS logo and the text 'Introducing your new Wrap Portal'.
- Text**: A paragraph explaining the new Wrap Portal and its benefits.
- Form**: A sign-in form with the following fields:
 - User Name**: A text input field with the value 'SoniaEscobedo'.
 - Password**: A text input field with masked characters (*****).
 - Forgot Password?**: A link.
 - Authorized Personnel Only**: A label.
- Buttons**: A 'SIGN IN' button.

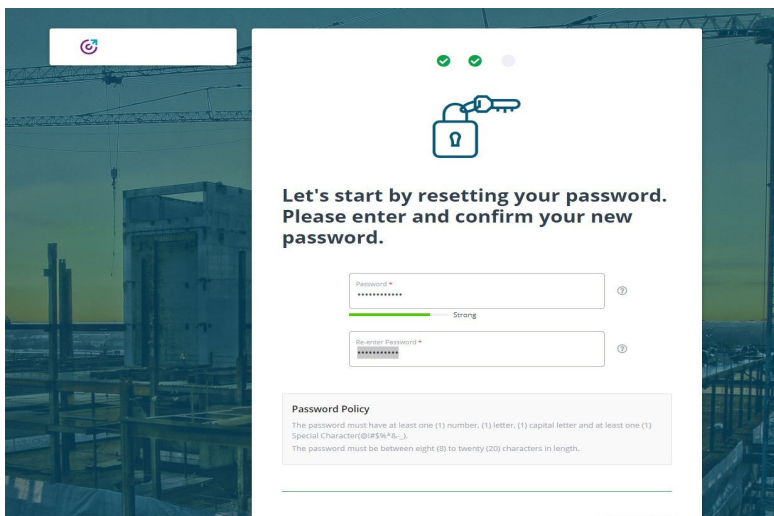
Enter system generated Username and Password select Logon.

Exhibit I

Welcome screen will open select Sign In. The Welcome screen will launch, select Let's Start



Re-set the system generated password. The password policy for the contractor portal is included at the bottom of the screen. Select Continue.



If this is your first-time logging in the wizard will launch to begin the enrollment process. Select Next until you reach the screen with the Let's Go icon.

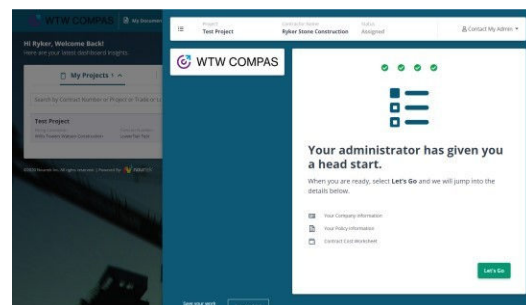
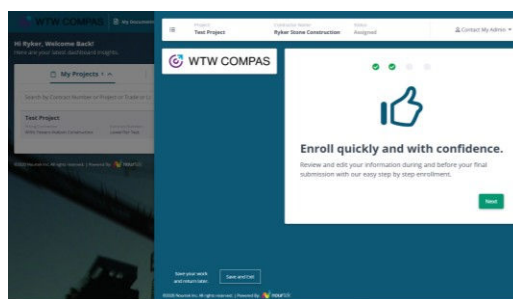
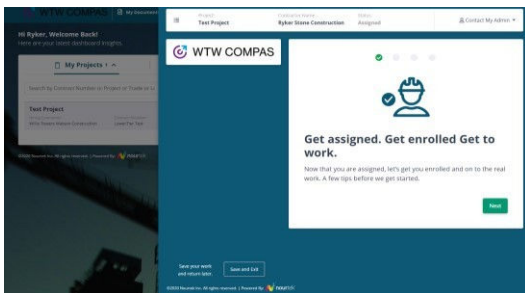
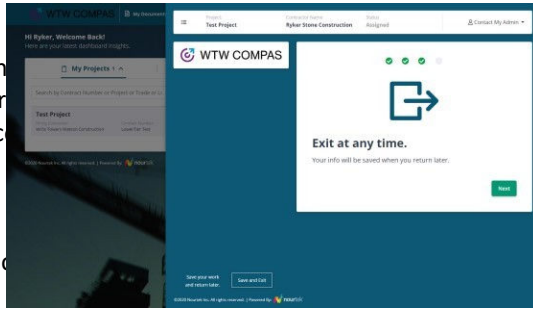


Exhibit I

To continue with the Activities select Enroll in the lower right-hand side of each section to complete the enrollment.

If a user is unable to complete the enrollment.

If a user has questions, select the Notes for my Admin icon to send a question your Client Service Specialist.



At the contractor package with Assigned status. Under the Contract Company information select Continue in the lower right-hand side of the page. Fields marked with a red asterisk are required to populate all fields with red asterisks.

Select the Exit icon to save data to return at a later point to complete the enrollment.

Select the Notes for my Admin icon to send a question your Client Service Specialist.

A screenshot of the WTW COMPAS web application showing the 'Let's get your latest Company information' form. The form is titled 'Let's get your latest Company information.' and includes a sub-header 'Please confirm and add any additional information for the following:'. The form is divided into two columns. The left column contains a 'My Company Information' sidebar with links for 'Company Information', 'Contract Information', 'Contract Details', 'Subcontractors', 'Required Documents', and 'Review Enrollment'. Below this sidebar is a 'Create notes during your enrollment.' section with a 'Leave Notes for my Admin' button. The right column contains the main form fields: 'Contractor Name' (Ryker Stone Construction), 'Contractor DBA', 'Contractor License', 'Contractor Address' (525 Market Street, San Francisco, CA, US, 94105), 'Contractor Phone' ((214) 683-4768), 'Federal ID Number' (0603051995), 'Legal Status' (Corporation), and 'Unemployment Insurance Registration Number'. At the bottom of the form are 'Back' and 'Continue' buttons. The top of the page shows the 'Project: GLBN Project' and 'Contractor Name: Ryker Stone Construction' with a status of 'Assigned'.

Sections that are complete will have a green checkmark to indicate that the section has been completed. At the completion of the My Company Information users will have the opportunity to review information submitted before moving on to add Subcontractor information. If any changes are required select the Edit icon next to the section that needs updates.

Exhibit I

User will be able to enter their subcontractor information if Subcontractors have been identified Select Yes in the subcontractor section

The screenshot shows the 'Supporting Subcontractors' screen in the WTW COMPAS system. The top navigation bar includes the project name 'GLBN Project', contractor name 'Ryker Stone Construction', and status 'Incomplete Paperwork'. A sidebar on the left lists the enrollment steps: 'My Company Information' (checked), 'Subcontractors' (active), 'Required Documents' (checked), and 'Review Enrollment'. The main content area has the heading 'Let's get your Subcontractor information.' and a subheading 'Supporting Subcontractors'. It asks 'Do you have any Subcontractors performing work on this contract?' with 'YES' and 'NO' buttons. A 'Continue' button is at the bottom right. The footer includes copyright information for Nourtek Inc. and the Nourtek logo.

and enter subcontractor information. If Subcontractors have not been identified select No and select Continue to continue to the next section.

Once all enrollment and subcontractor information has been entered select Review Enrollment. User will have an opportunity to review all information entered and confirm nothing has been missed by selecting Check My Info. When the user selects Let Me Out the terms and conditions screen will display.

The screenshot shows the 'Review Enrollment' screen in the WTW COMPAS system. The top navigation bar is identical to the previous screen. The sidebar on the left shows the enrollment steps, with 'Review Enrollment' now selected and highlighted. The main content area has the heading 'That's all we need. Let's look over your enrollment one last time before submitting.' and a subheading 'We will do a quick review of your enrollment information from beginning to end so you can enrollment with confidence.' It features 'Check My Info' and 'Let Me Out' buttons. A 'Back' link is at the bottom left. The footer includes copyright information for Nourtek Inc. and the Nourtek logo.

Exhibit I

Review and agree to the terms and conditions by selecting the box agreeing to the terms and conditions. Then select Submit Enrollment. User will receive a confirmation screen that the enrollment has been submitted and will be able to download a pdf version of the

Project: GLBN Project Contractor Name: Ryker Stone Construction Status: Incomplete Paperwork

WTW COMPAS

My Company Information ✓

- Company Information ✓
- Contact Information ✓
- Contract Details ✓

Subcontractors ✓

Required Documents ✓

Review Enrollment ✓

Create notes during your enrollment.

Leave Notes for my Admin

Save your work and return later. Save and Exit

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Agreement & Confirmation

Please read the following Digital Signature is required to submit enrollment

It is each Enrolled Subcontractor's responsibility to notify its own insurance carrier that work to be performed at the Project Site, under this contract will be covered by the CIP subject to policy terms and conditions, on a primary basis.

Eligible Subcontractor warrants that any insurance costs for work performed at the Project Site have been EXCLUDED from their original bid and agree to exclude cost of insurance provided by the CIP on a future Change Order/Amendments. This assignment is valid for insurance policies whose premiums have been paid by the CONTRACTOR on behalf of such Subcontractors.

This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

☒ By selecting this box you are agreeing to the terms and conditions.

< Back Submit Enrollment

enrollment submitted for their records. Select Complete to return to the dashboard. Once the enrollment is reviewed and confirmed your Certificate will be available in the Documents Section.

Project: GLBN Project Contractor Name: Ryker Stone Construction Status: Assigned

WTW COMPAS

My Company Information ✓

- Company Information ✓
- Contact Information ✓
- Contract Details ✓

Subcontractors

Required Documents ✓

Review Enrollment

Create notes during your enrollment.

Leave Notes for my Admin

©2020 Nourtek Inc.

Here's your Company information summary.

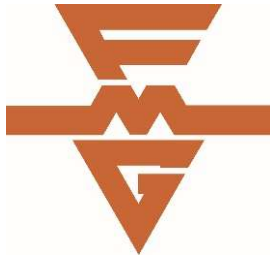
Please confirm and edit any additional information for the following:

Company Information [Edit]

Contractor Name	Contractor DBA
Ryker Stone Construction	
Contractor License	Contractor Address
	525 Market Street, San Francisco, CA, US, 94105
Contractor Phone	Federal ID Number
(214) 683-4768	0603051995
Legal Status	Unemployment Insurance Registration Number
Corporation	

Primary Contact [Edit]

First Name	Last Name	Email
Ryker	Stone	sonia.escobedo@willistowerswatson.co
Phone	Fax	m



CIVIL ITEMS

for

ADDENDUM NO. 1

MOTHER BABY UNIT RAPID CITY WOMEN'S CORRECTIONAL FACILITY RAPID CITY, SOUTH DAKOTA

This Addendum Dated June 20, 2025 is for all persons preparing bids for the above referenced project and as such, shall be made a part of the Contract Documents.

All changes, corrections, deletions and/or additions to the initial bidding documents enumerated herein shall be included in the Bidder's Proposal. In case of any conflict between the drawings, specifications, and this Addendum, this Addendum shall govern.

Item
C1-1

Description
Add/Replace

Replace Sheet MB2.00 – SITE NOTES - #1

The General Contractor is allowed to use this area, as shown on this sheet, for staging and employee parking to construct the Mother Baby Unit. The General Contractor shall share access to North Creek Drive with the CMAR Contractor (Flintco/Scull).

If the General Contractor determines that the staging area is not required for his or her operations, then the General Contractor shall notify the Owner in writing that they will not be utilizing the designated staging area for the duration of the project. If the staging area is not used during construction, then the General Contractor will not be responsible for establishing vegetation.

At the end of the project the General Contractor shall establish vegetation to all areas disturbed by the General Contractor. This shall include Fine Grading, Seeding, Fertilizing, and Mulching. The Contractor is responsible for smoothing dirt ridges, which result from his/her operations or from traffic. Such ridges shall be smoothed so they will not interfere with future mowing. The seed shall be drilled directly into existing cover if possible or mowing and disking shall be provided to permit penetration of drill openers and placement of seed to the specified depth. Refer to the Erosion and Sediment Control Plan for additional information.

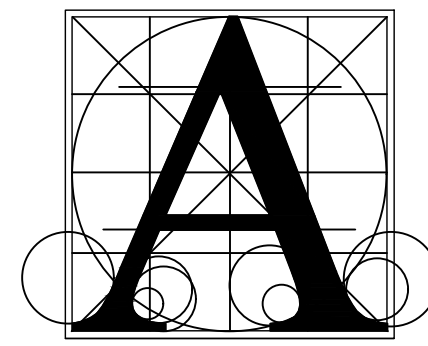
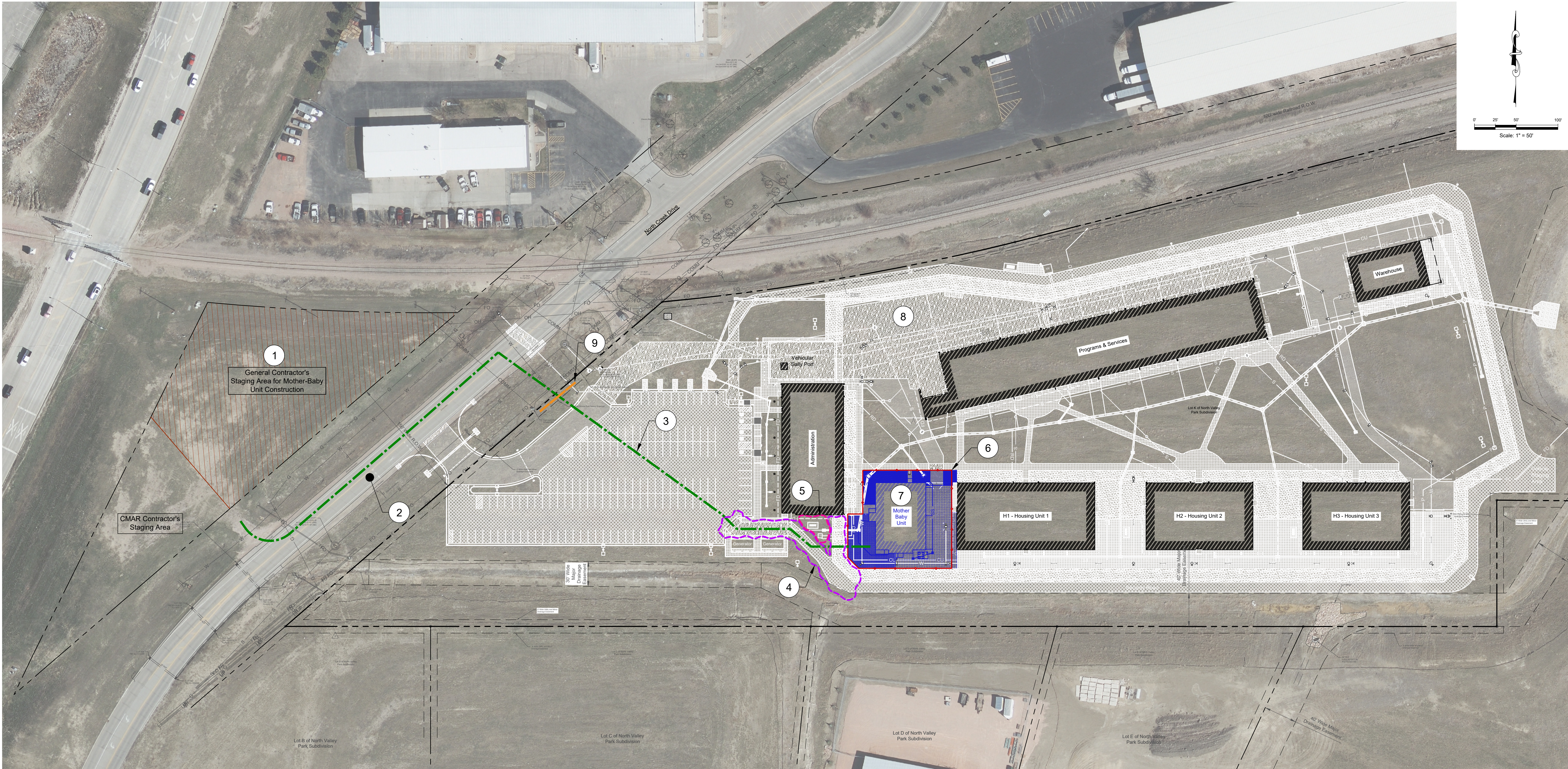
Item
C1-2

Description
Add/Replace

Replace Sheet MB2.02 – Grading Plan

The proposed finish grade contours where not displayed on the sheet. See revised sheet MB2.02 attached to this addendum.

END OF ADDENDUM NO. 1 CIVIL ITEMS



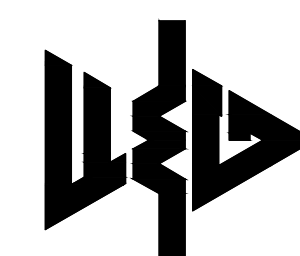
Architecture
Incorporated

415 South Main Avenue
P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St Joseph Street, Suite 203
P.O. Box 847
Rapid City, South Dakota 57701
Phone: (605) 721-1158



FMG ENGINEERING
3700 Sturgis Road
Rapid City, SD 57702
605.342.4106 - fmgengineering.com



FMG# 21235.01

Project: **RAPID CITY WOMEN'S CORRECTIONAL FACILITY MOTHER BABY UNIT**
Sheet contents: **OVERALL SITE CONDITIONS, REQUIREMENTS, AND CIVIL NOTES**

number: FMG# 221235.01
date: 06/06/2025
revision: _____
drawn: JK checked: KEH/JDF
NO. DATE DESCRIPTION
1 6-20-25 Revision 1 - Addendum 1

MB-2.00

SITE NOTES

- The General Contractor is allowed to use this area, as shown on this sheet, for staging and employee parking to construct the Mother Baby Unit. The General Contractor shall share access to North Creek Drive with the CMAR Contractor (Flintco/Scull).
- If the General Contractor determines that the staging area is not required for his or her operations, then the General Contractor shall notify the Owner in writing that they will not be utilizing the designated staging area for the duration of the project. If the staging area is not used during construction, then the General Contractor will not be responsible for establishing vegetation.
- At the end of the project the General Contractor shall establish vegetation to all areas disturbed by the General Contractor. This shall include Fine Grading, Seeding, Fertilizing, and Mulching. The Contractor is responsible for smoothing dirt ridges, which result from hauler operations or from traffic. Such ridges shall be smoothed so they will not interfere with future mowing. The seed shall be drilled directly into existing cover if possible or moving and disking shall be provided to permit penetration of drill operators and placement of seed to the specified depth. Refer to the Erosion and Sediment Control Plan for additional information.
- Temporary Traffic Control for North Creek Drive is the responsibility of the General Contractor. This includes Temporary Traffic Control as necessary for construction traffic between the Staging Area and Mother Baby Unit Construction Site.
- 20' Wide Access Route: The General Contractor will have an approximately 20' wide access route to the Mother Baby Unit site. This route will be adjusted during the duration of the project. The General Contractor shall coordinate with Owner and CMAR Contractor.
- The CMAR Contractor will construct this portion of their contracted work (Asphalt and Concrete Pavement) during the duration of the Mother Baby Unit construction. This will tentatively start on October 15, 2025. Therefore, construction of the foundation slab for the Mother Baby Unit and any other construction activities that requires heavy equipment to construct the Mother Baby Unit will need to be completed by October 15, 2025. During the CMAR's construction time in this area the General Contractor's Access Route to the Mother Baby Unit will be on the north side of the Administration Building. The General Contractor shall coordinate with Owner and CMAR Contractor. After completion of Asphalt and Concrete Pavement in this area, the General Contractor will be responsible for protecting pavements from damage due to construction activities for the remainder of the project.
- Mechanical and Electrical Equipment in the area will prohibit a straight alignment into the Mother Baby Unit Construction Site. The General Contractor shall fence off the area with construction fencing. Coordinate with CMAR Contractor for access as necessary.
- The General Contractor shall provide a temporary panel fence around the Mother Baby Unit Site. This fence shall be adjusted as necessary to allow construction adjacent to the fence for both the General Contractor and the CMAR Contractor. Fencing shall be on panel stands so that the fence can be adjusted with ease and not anchored in the ground.
- Mother Baby Unit construction items are shown in blue.
- All construction items shown in white on this sheet are CMAR Contractor items. The CMAR Contractor has a SWD General Permit for Stormwater Discharges associated with construction activities. The General Contractor for the construction of the Mother Baby Unit will be required to submit a South Dakota Department of Agriculture and Natural Resources Contractor Authorization form for coverage under the SWD General Permit for Stormwater Discharges associated with construction activities.
- The CMAR Contractor has a security fence around the project. The security gate located approximately at this location will be control by the CMAR and site access for the construction of the Mother Baby Unit will only be accessible from 7AM to 5PM (MT). Access outside of these hours will need to be coordinated with the Owner.

GENERAL CIVIL NOTES

1. SPECIFICATIONS TO BE USED

Unless otherwise noted on the drawings, in the contract documents, or in the detailed specifications all work on the civil engineering drawings shall be in accordance with the 2022 Edition of the City of Rapid City Standard Specifications for Public Works Construction (Standard Specifications) including all current updates, except as modified in these plans and the bidding documents.

In the event of a conflict between the standard specifications, the contract documents, and plan notes, the more stringent requirement, as determined by the Engineer, shall prevail.

Work on the civil engineering drawings shall also comply with the recommendations in the August 25, 2023, Geotechnical Evaluation for New Female Correctional Facility Rapid City, South Dakota OSE# C2023-04X prepared by FMG Engineering. In the event of conflict between the standard specifications, contract documents, and the geotechnical evaluation, the more stringent requirement, as determined by the geotechnical engineer, shall prevail.

These civil engineering drawings and specifications are not applicable to the building design and structural design. See architectural and structural plans for building related design and specifications.

2. GEOTECHNICAL INVESTIGATION

Geotechnical Report referenced herein refers to the report titled "Geotechnical Evaluation for New Female Correctional Facility Rapid City, South Dakota OSE# C2023-04X" published on August 25, 2023, completed for this project by FMG Engineering. This document is included for Bidder's information at the rear of the Project Manual. The report and log of borings are not a warranty of the subsurface conditions. The Contractor may use the report at his or her own risk.

3. SUBGRADE SCARIFICATION

In cut and fill areas under pavements and sidewalks, after subgrade elevations is reached and immediately prior to placing base course, the contractor shall scarify the subgrade to the depth indicated on the drawings, adjust the moisture content, and compact the materials per the specifications. Subgrade scarification shall result in full processing of the soil using disks, rippers, blades, or other suitable equipment such that the soil is fully mixed prior to compaction.

4. SUBGRADE AND BASE COURSE PROTECTION AND MAINTENANCE

The Contractor shall protect and maintain the completed compacted subgrade and aggregate base course. Where completed subgrade or base course areas are affected by subsequent construction operations or adverse weather, the Contractor shall scarify the surface, reshape, and compact the material to required moisture and density prior to further construction.

THE TESTING AGENCY SHALL BE NOTIFIED TO TEST THE SUBGRADE BELOW ALL PAVEMENTS AND SIDEWALKS IMMEDIATELY BEFORE THE PLACEMENT OF MATERIALS ABOVE THE SUBGRADE TO VERIFY THE SUBGRADE MEETS SPECIFICATIONS.

No extra payment will be made for subgrade and base course protection and maintenance.

5. SUBGRADE AND AGGREGATE BASE COURSE PROOFROLLING

Before placement of the aggregate base course the prepared subgrade shall be proof rolled by the Contractor. Before placement of asphalt or concrete pavements the prepared aggregate base course shall be proof rolled by the Contractor. Proof rolling of these areas is required to check for unstable or soft areas and is required regardless of passing compaction tests. The Contractor shall furnish required heavy equipment to proof roll the areas. A materials technician from FMG Engineering must be present during proof rolling operations.

Soft areas or unstable areas discovered during proof rolling shall be stabilized to the satisfaction of the Engineer. No extra payment will be made for proof rolling or required stabilization.

6. A PRE-PAVING MEETING

The Contractor shall schedule and coordinate a pre-paving meeting with the paving Contractor's Superintendent, Job Foreman, Contractor's Superintendent, Engineer, and Owner's Testing Agency's personnel prior to initiating paving activities. It's the Paving Superintendent's responsibility to review paving requirements including but not limited to anticipated weather conditions, truck schedules, delivery schedules, paver speed set for deliveries, actions to be taken in the event of paving interruptions, maximum paver stoppage permitted, joint requirements, subcontractor scheduling, traffic control, asphalt surface raking requirements, etc.

Image Provided by Flintco/Scull Team Dated May 23, 2025

Administration

FFE=3220.00

Mother
Baby
Unit

FFE = 3219.75

H1 - Housin

FFE=3219.75

Chiller

Grading Callout Legend

- 3300 — Existing Major Contour
- - - 3301 - - Existing Minor Contour
— 3300 — Finish Grade Major Contour (5')
— 3301 — Finish Grade Minor Contour (1')

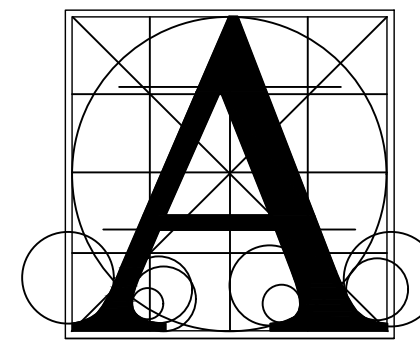
FFE = Finish Floor Elevation
TP = Top of Pavement
TSW = Top of Sidewalk
FL = Flow Line
FG = Finish Grade
EG = Existing Grade
BP#1 = CMAR Contractor's Elevation

Drainage Direction Arrow

Sidewalk Slope in All Directions
Shall Not Exceed 2.0%

Grading Note:

The Current Existing Conditions of the Site is Approximately
One Foot (1') Below the Existing Contours Shown on This
Sheet. No Extra Payment will be Made for Imported Fill or
Haul Off to Achieve Finish Grade



Architecture
Incorporated

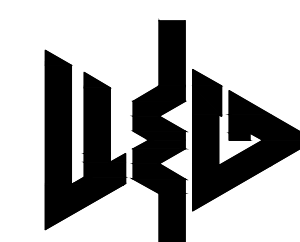
415 South Main Avenue
P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St Joseph Street, Suite 203
P.O. Box 8847
Rapid City, South Dakota 57701
Phone: (605) 721-1158



FMG ENGINEERING

3700 Sturgis Road
Rapid City, SD 57702
605.342.4105 - fmgengineering.com



FMG# 221235.01

Project: RAPID CITY WOMEN'S CORRECTIONAL FACILITY MOTHER

BABY UNIT

Sheet Contents

GRADING PLAN

number: FMG# 221235.01
date: 06/06/2025
revision:
drawn: JK checked: KEH/JDF

NO.	DATE	DESCRIPTION
1	6-29-25	Revision 1 - Addendum 1

MB-2.02

Date: June 20, 2025**Project:** Rapid City Women's Correctional
Facility Mother Baby Unit**To:** All Plan Holders**Project #:** OSE# C2023—04X/MBU
WPE# BR23020**From:** Michael Heinrich, PE/Mike Sigman, PE**Project Location:** Rapid City, South Dakota**Addendum Number:** 1

To: All prime contract bidders and all others to whom Drawings and Specifications have been issued by the Engineer. Acknowledge receipt of the Addendum by inserting its number and date on the Bid Form. Failure to do so may subject bidder to disqualification. This Addendum forms a part of the Contract Documents. It modifies them as follows:

Product Approvals

The manufacturers and products, which are listed in the following texts, are approved for bidding. Final acceptance is contingent upon receipt and approval of final shop drawings. Manufacturer shall conform to all warranties, performances, size, etc., as the item specified. The burden of proof of the merit of the proposed substitution is upon the proposer. Those items not specifically listed by addendum shall not be approved for bidding.

Section	Description	Manufacturer
223000	Water Heaters	State Industries
223000	Water Softeners	Water Control Corporation
224000	Sink Faucets	American Standard
224000	Mixing Valves	Watts Regulator
224000	Carriers	Watts Drainage Products
230000	Residential Kitchen Hoods	Denlar
233423	HVAC Power Ventilators	Aerovent
233700	Louvers	Arrow United
233700	Gravity Roof Ventilator	PennBarry
233700	Registers, Grilles, and Diffusers	Shoemaker
233813	Kitchen Hoods	CaptiveAire
238126.13	Small Capacity Split System Air Conditioners	Samsung
		Mitsubishi
238200	Electric Unit Heater/Radiant Panels	Ouellet
238216	Electric Coils	Tutco
		Warren
Division 26	Interior Lighting Type B	Ledalux
	Interior Lighting Type D15, D20, D20E D30, D30E	Liton Lighting
	Interior Lighting Type S50, S50E	Metalux
	Interior Lighting Type V4, V4E	Fail-Safe
	Lighting Type W1, W7	McGraw-ED
	Lighting Type WE, X	Mule Lighting, Inc.

Section 233300 Air Duct Accessories

1. Add 2.5 Fire Dampers as per below:

2.5 FIRE DAMPERS

A. Manufacturers:

1. Louvers & Dampers, Inc: www.louvers-dampers.com.
2. Nailor Industries Inc: www.nailor.com.
3. Ruskin Company: www.ruskin.com.
4. PCI Industries, Inc; Pottorff Brand : www.portorff.com.
5. Cesco
6. Greenheck
7. Air Balance
8. Arrow United

B. All dampers shall be of Type B construction with the dampers out of the airstream.

C. Fabricate in accordance with NFPA 90A and UL 555, and as indicated.

D. Ceiling (Radiation) Dampers: Galvanized steel, 22-gauge, 0.0299-inch frame and 16-gauge, 0.0598-inch flap, two layers of 0.125-inch thick ceramic fiber on top side and one layer on bottom side for round flaps, with locking clip.

1. Rated for three hour service in compliance with UL 555C.

E. Horizontal Dampers: Galvanized steel, 22-gauge, 0.0299-inch frame, stainless steel closure spring, and lightweight, heat-retardant, non-asbestos fabric blanket.

F. Curtain Type Dampers: Galvanized steel with interlocking blades. Provide stainless steel closure springs and latches for horizontal installations. Configure with blades out of air stream except for 1-inch pressure-class ducts up to 12 inches in height.

G. Fusible Links: UL 33, separate at 160 degrees F with adjustable link straps for combination fire/balancing dampers.

Drawings

Sheet MB-8.00

1. Add the general fire protection notes and modify the general mechanical notes and mechanical specific notes as per the attached sheet MB-8.00

Sheet MB-8.01

1. Revise sanitary piping as per the attached sheet MB-8.01.

Sheet MB-8.10

1. Revise sanitary and vent piping as per the attached sheet MB-8.10.

Sheet MB-8.20

1. Revise piping as per the attached sheet MB-8.20.

Sheet MB-8.40

1. Revise ductwork as per the attached sheet MB-8.40.

Sheet MB-8.61

1. Revise control diagrams and sequence of operation as per the attached sheet MB-8.61.

Sheet MB-9.00

1. Transformer location serving Mother Baby Unit has been relocated as shown on attached revised sheet MB-9.00-R1.

Sheet MB-9.10

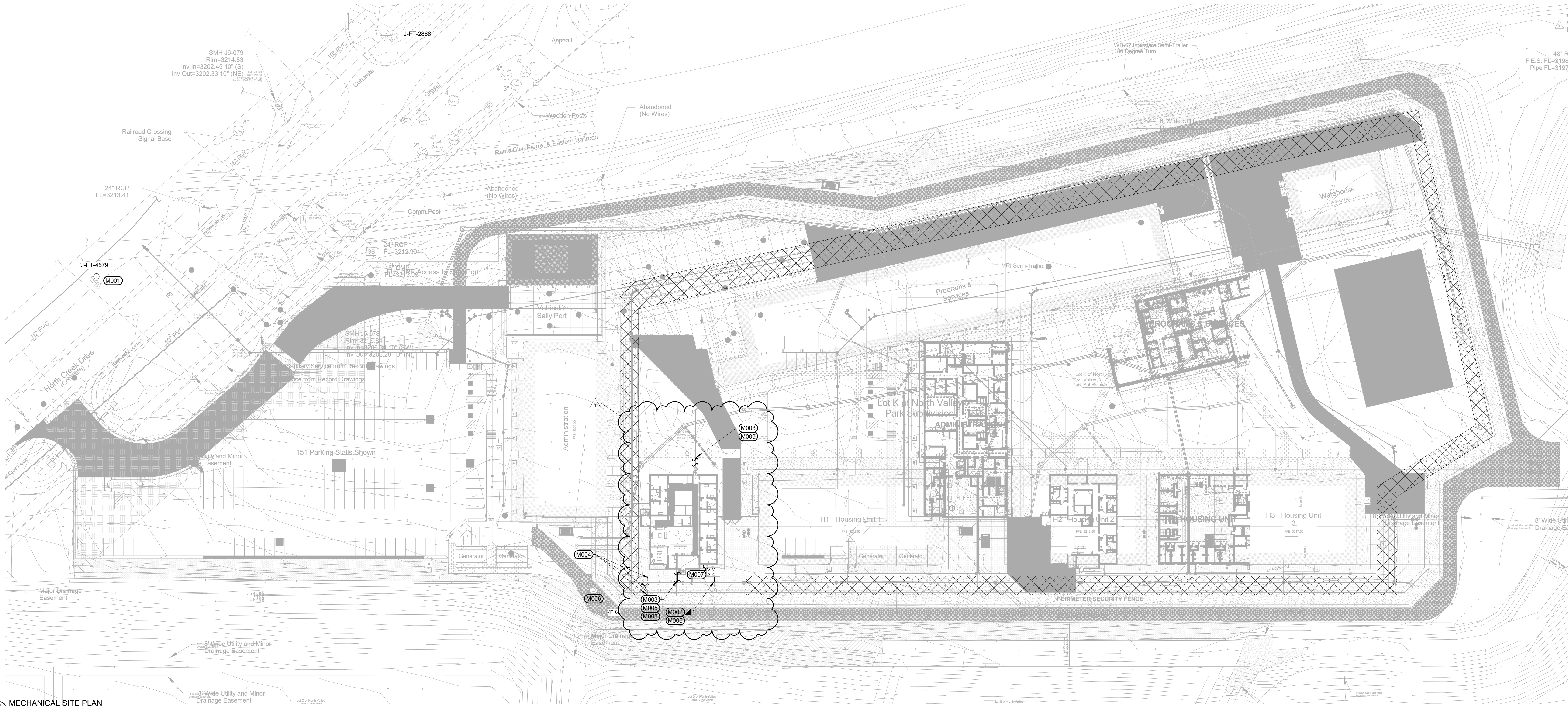
1. Revised lighting and added additional lighting fixtures in Dining Room MB128 and Living Room MB127 as shown on attached revised sheet MB-9.10-R1.

Sheet MB-9.41

1. Revised lighting fixture schedule. Removed types P12, P14, P15, and P24 from this schedule, there is no site lighting on the project. See revised sheet MB-9.41-R1.

END OF DOCUMENT – MSH:MRS/msh:mrs

Attachments: MB-8.00, MB-8.01, MB-8.20, MB-8.40, MB-8.61, MB-9.00-R1, MB-9.10-R1, MB-9.41-R1



1 MECHANICAL SITE PLAN
1" = 40'-0"

- GENERAL FIRE PROTECTION NOTES**

A ENTIRE BUILDING SHALL BE PROTECTED BY A FIRE SPRINKLER SYSTEM (DRY SYSTEM TO SERVE THE ATTIC, VESTIBULE MB-01, STORAGE MB114, STORAGE MB115, AND MECHANICAL MB124, AND WET SYSTEM TO SERVE THE REST OF THE BUILDING) IN ACCORDANCE WITH THE REQUIREMENTS OF NFPA 13 AND THE AUTHORITY HAVING JURISDICTION.

B BUILDING OCCUPANCY/COMMODITY CLASSIFICATION IS ORDINARY HAZARD FOR MECHANICAL MB124, STORAGE MB114, STORAGE MB115, LAUNDRY MB125, AND LIGHT HAZARD FOR THE REST OF THE BUILDING. ALL FIRE SPRINKLER PROTECTION OF BUILDING SHALL BE CONSIDERED AS SUCH. REFER TO ARCHITECTURAL AND STRUCTURAL PLANS FOR BUILDING CONSTRUCTION TYPE, OCCUPANCY, BUILDING CROSS SECTIONS, AND CEILING LAYOUT.

C FOLLOWING COMPLETION OF CONSTRUCTION, THE FIRE SPRINKLER CONTRACTOR SHALL PROVIDE A WRITTEN LETTER INDICATING SYSTEM HAS BEEN INSTALLED AND TESTED IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS AND THE APPROPRIATE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) REQUIREMENTS. ALSO INCLUDE A COPY OF THE INSPECTION REPORT FROM THE AUTHORITY HAVING JURISDICTION.

D COORDINATE LOCATION OF ALL SPRINKLER HEADS AND PIPING WITH ALL OTHER TRADES. IF CONFLICTS DO OCCUR SUCH THAT LIGHTS, DUCTWORK OR CEILING SYSTEMS CANNOT BE INSTALLED DUE TO SPRINKLER PIPING INTERFERENCE, THE PIPING SHALL BE RELOCATED AT NO ADDITIONAL EXPENSE TO THE PROJECT.

E SIZE FIRE SPRINKLER PIPING TO PROVIDE A MINIMUM OF 10% FACTOR OF SAFETY FOR SYSTEM PRESSURE. PROVIDE INDICATION IN WRITING TO A/E NO LATER THAN SEVEN DAYS PRIOR TO BID IF WATER PRESSURE/FLOW IS NOT SUFFICIENT FOR SYSTEM REQUIREMENTS. CONTRACTOR TO CONFIRM ACTUAL SYSTEM FLOW/PRESSURE PRIOR TO HYDRAULIC CALCULATIONS.
- GENERAL MECHANICAL NOTES**

A CONTRACTOR SHALL COORDINATE ALL PIPE ROUTING WITH OTHER TRADES. PROVIDE ALL ADDITIONAL OFFSETS AS REQUIRED TO COMPLETE INSTALLATION.

B COORDINATE LOCATION OF ALL UNDERGROUND PIPING WITH EXISTING UTILITIES.

MECHANICAL SPECIFIC NOTES

M001 STATIC PRESSURE AT THIS HYDRANT WHICH IS SERVED BY A 16 INCH WATER MAIN IS ESTIMATED TO BE 81 PSI WITH A RESIDUAL PRESSURE/FLOW ESTIMATED AT 77.33 PSI/2000 GPM.

M002 EXTEND 1" NATURAL GAS SERVICE FROM EXISTING 2" STUB OUT WITHIN COMMON UTILITY TRENCH FOR CONNECTION TO MOTHER BABY.

M003 REFER TO SITE/CIVIL PLANS FOR CONTINUATION.

M004 APPROXIMATE LOCATION OF COMMON UTILITY TRENCH. COORDINATE EXACT LOCATIONS WITH SITE/CIVIL AND GENERAL CONTRACTOR.

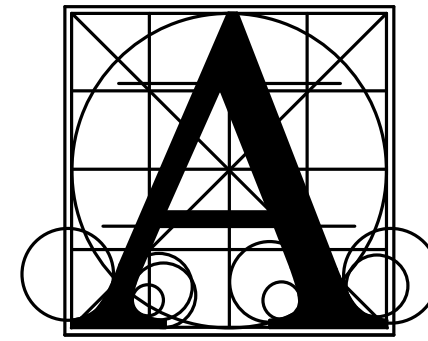
M005 INSTALL NEW PIPING WITHIN COMMON UTILITY TRENCH. COORDINATE EXACT LOCATIONS WITH SITE/CIVIL AND GENERAL CONTRACTOR.

M006 NEW MAIN NATURAL GAS METER FOR CAMPUS -- 17300 CFH. PROVIDE 20LB GAS TO CAMPUS. PIPING SHALL BE AS PER SPECIFICATIONS AND UTILITY REQUIREMENTS. COORDINATE LOCATION WITH SITE/CIVIL, GENERAL CONTRACTOR, AND UTILITY.

M007 NATURAL GAS SERVICE TO MOTHER BABY BUILDING. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN, FOR CONTINUATION.

M008 NEW 4" WATER MAIN WITH TEE TO 4" FIRE AND 2" CW TO MOTHER BABY BUILDING. REFER TO SHEET MB-8.01, BELOW GRADE PIPING, FOR CONTINUATION.

M009 4" SAN FROM MOTHER BABY UNIT. REFER TO SHEET MB-8.01, BELOW GRADE PIPING, FOR CONTINUATION.



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415 South Main Avenue
P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St Joseph Street, Suite 203
Rapid City, South Dakota 57701
Phone: (605) 721-1158

Project
**RAPID CITY WOMEN'S CORRECTIONAL FACILITY MOTHER
BABY UNIT**

Sheet Contents
SITE PLAN

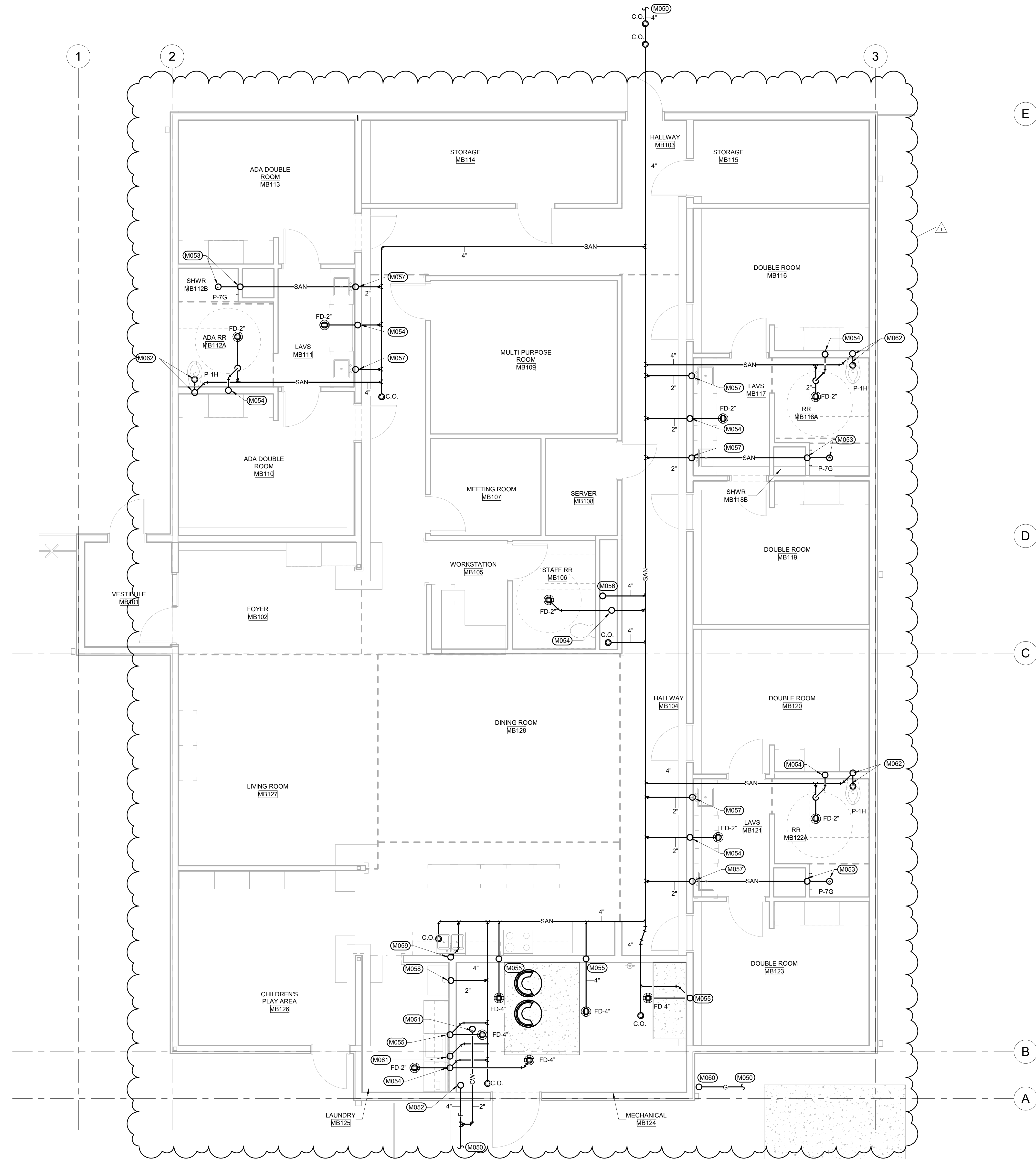
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date 06/06/2025
revision
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DATE	DESCRIPTION
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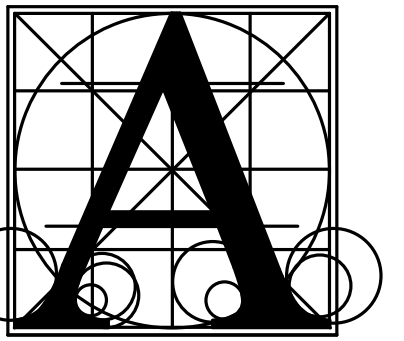
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1 BELOW GRADE PIPING
1/4" = 1'-0"

- GENERAL MECHANICAL NOTES**
- A CONTRACTOR SHALL COORDINATE ALL PIPE ROUTING WITH OTHER TRADES. PROVIDE ALL ADDITIONAL OFFSETS AS REQUIRED TO COMPLETE INSTALLATION.
 - B COORDINATE LOCATION OF ALL UNDERGROUND PIPING WITH FOOTINGS AND FOUNDATIONS. SLEEVE AS REQUIRED.
 - C COORDINATE LOCATION OF ALL CLEANOUTS FOR ACCESSIBILITY.
- MECHANICAL SPECIFIC NOTES**
- M050 REFER TO SITE/CIVIL PLANS FOR CONTINUATION.
 - M051 2" CW SERVICE PIPE UP TO FIRST FLOOR. REFER TO SHEET MB-8.20, FIRST FLOOR DOMESTIC PLUMBING PLAN, FOR CONTINUATION.
 - M052 4" FIRE SERVICE LINE UP THROUGH GRADE. REFER TO SHEET MB-8.20, FIRST FLOOR DOMESTIC PLUMBING PLAN, FOR CONTINUATION.
 - M053 2" SAN DOWN AND 1-1/2" VENT UP FROM FIRST FLOOR BATHTUB/SHOWER. REFER TO SHEET MB-8.10, FIRST FLOOR WASTE AND VENT PLAN, FOR CONTINUATION.
 - M054 1-1/2" VENT UP TO FIRST FLOOR FROM FLOOR DRAIN. REFER TO SHEET MB-8.10, FIRST FLOOR WASTE AND VENT PLAN, FOR CONTINUATION.
 - M055 2" VENT UP TO FIRST FLOOR FROM FLOOR DRAIN. REFER TO SHEET MB-8.10, FIRST FLOOR WASTE AND VENT PLAN, FOR CONTINUATION.
 - M056 4" SAN DOWN FROM FIRST FLOOR FROM WATER CLOSET AND LAVATORY. REFER TO SHEET MB-8.10, FIRST FLOOR WASTE AND VENT PLAN, FOR CONTINUATION.
 - M057 2" SAN DOWN FROM FIRST FLOOR FROM LAV. REFER TO SHEET MB-8.10, FIRST FLOOR WASTE AND VENT PLAN, FOR CONTINUATION.
 - M058 2" SAN DOWN FROM FIRST FLOOR LAUNDRY SINK. REFER TO SHEET MB-8.10, FIRST FLOOR WASTE AND VENT PLAN, FOR CONTINUATION.
 - M059 2" SAN DOWN FROM FIRST FLOOR FROM SINK. REFER TO SHEET MB-8.10, FIRST FLOOR WASTE AND VENT PLAN, FOR CONTINUATION.
 - M060 NATURAL GAS PIPE UP TO GAS METER. REFER TO SHEET MB-8.20, FIRST FLOOR DOMESTIC PLUMBING PLAN, FOR CONTINUATION.
 - M061 2" SAN DOWN FROM FIRST FLOOR WASHER. REFER TO SHEET MB-8.10, FIRST FLOOR WASTE AND VENT PLAN, FOR CONTINUATION.
 - M062 4" SAN DOWN AND 2" VENT UP FROM WATER CLOSET. REFER TO SHEET MB-8.10, FIRST FLOOR WASTE AND VENT PLAN, FOR CONTINUATION.



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P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St Joseph Street, Suite 203
Rapid City, South Dakota 57701
Phone: (605) 721-1158

Project **RAPID CITY WOMEN'S CORRECTIONAL FACILITY MOTHER BABY UNIT**
sheet contents
BELOW GRADE PIPING

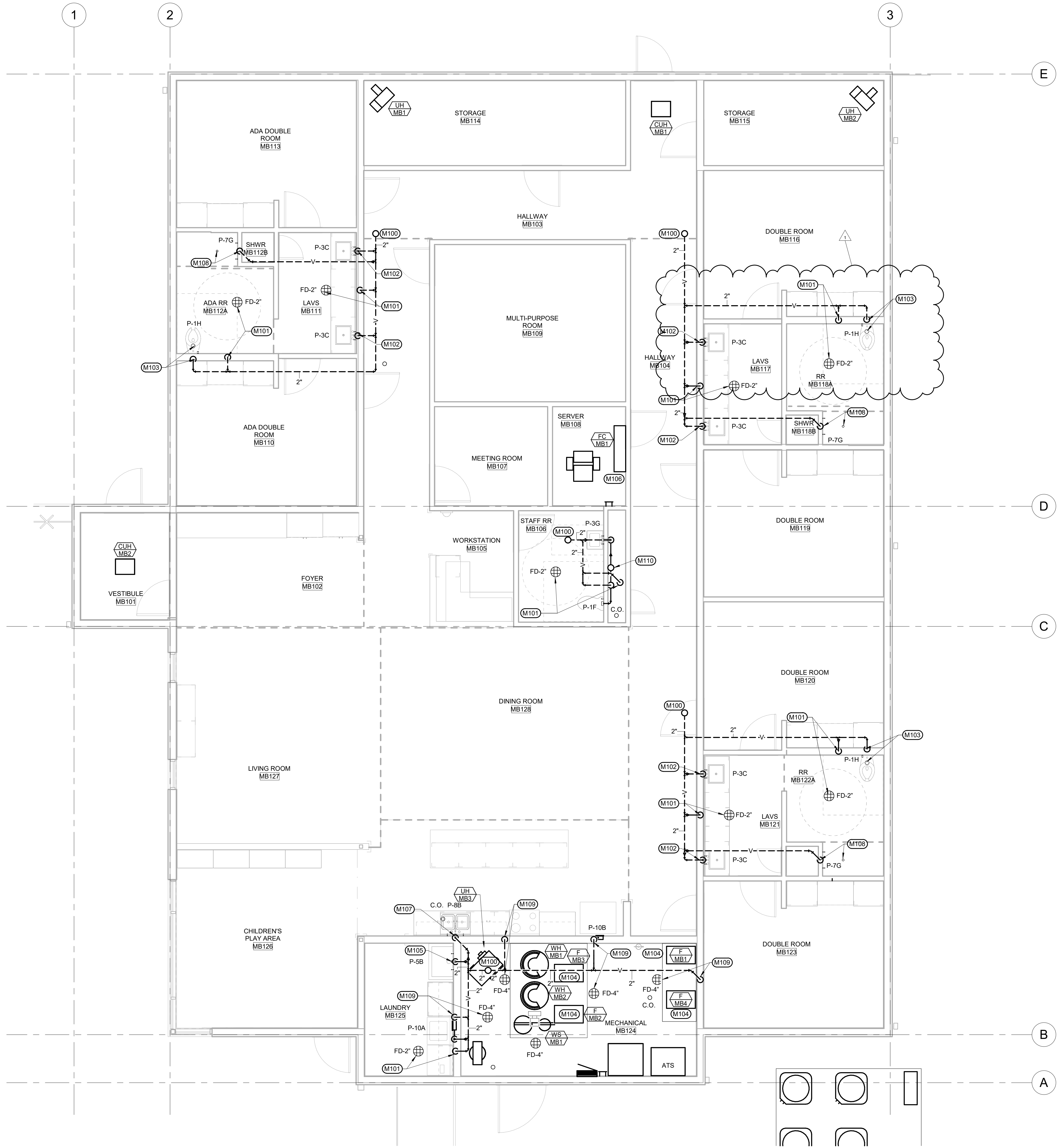
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date 06/06/2025
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WPE WEST PLAINS ENGINEERING, INC.
1750 RAND ROAD • RAPID CITY SD, 57702
PHONE: (605) 346-7655 • FAX: (605) 346-5445
WWW.WESTPLAINSENGINEERING.COM
RAPID CITY, SD • SIOUX FALLS, SD • SIOUX FALLS, SD • SIOUX FALLS, SD

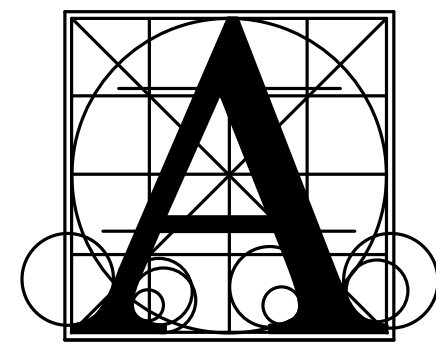
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1 FIRST FLOOR WASTE AND VENT
1/4" = 1'-0"

- GENERAL NOTE**
- A. CONTRACTOR SHALL COORDINATE ALL PIPE ROUTING WITH OTHER TRADES. PROVIDE ALL ADDITIONAL OFFSETS AS REQUIRED TO COMPLETE INSTALLATION.
- B. PIPING SHOWN FOR CLARITY. ROUTE ALL PIPING ABOVE CEILING, IN CHASES, AND IN WALLS AS REQUIRED.
- C. COORDINATE LOCATION OF ALL CLEANOUTS FOR ACCESSIBILITY.
- MECHANICAL SPECIFIC NOTES**
- M100 2" VENT UP AND 3" VTR.
- M101 2" SAN DOWN 1-1/2" VENT UP FROM FLOOR DRAIN. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN, FOR CONTINUATION.
- M102 2" SAN DOWN FROM LAV. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN, FOR CONTINUATION.
- M103 4" SAN DOWN AND 2" VENT UP FROM WATER CLOSET. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN FOR CONTINUATION.
- M104 PROVIDE 3/4" CONDENSATE DRAIN FROM FURNACE TO FLOOR DRAIN.
- M105 3" SAN DOWN 1-1/2" VENT UP FROM LAUNDRY TUB. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN, FOR CONTINUATION.
- M106 PROVIDE 3/4" CONDENSATE DRAIN FROM FAN COIL TO BRANCH WYE ABOVE P-TRAP OF LAV IN MB108.
- M107 2" SAN DOWN FROM SINK. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN, FOR CONTINUATION.
- M108 2" SAN DOWN, 1-1/2" VENT UP FROM SHOWER. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN, FOR CONTINUATION.
- M109 4" SAN DOWN, 2" VENT UP FROM FLOOR DRAIN. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN FOR CONTINUATION.
- M110 4" SAN DOWN FROM WATER CLOSET AND LAV. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN FOR CONTINUATION.



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P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St. Joseph Street, Suite 203
Rapid City, South Dakota 57701
Phone: (605) 721-1158

Project
**RAPID CITY WOMEN'S CORRECTIONAL FACILITY MOTHER
BABY UNIT**
sheet contents
FIRST FLOOR WASTE AND VENT

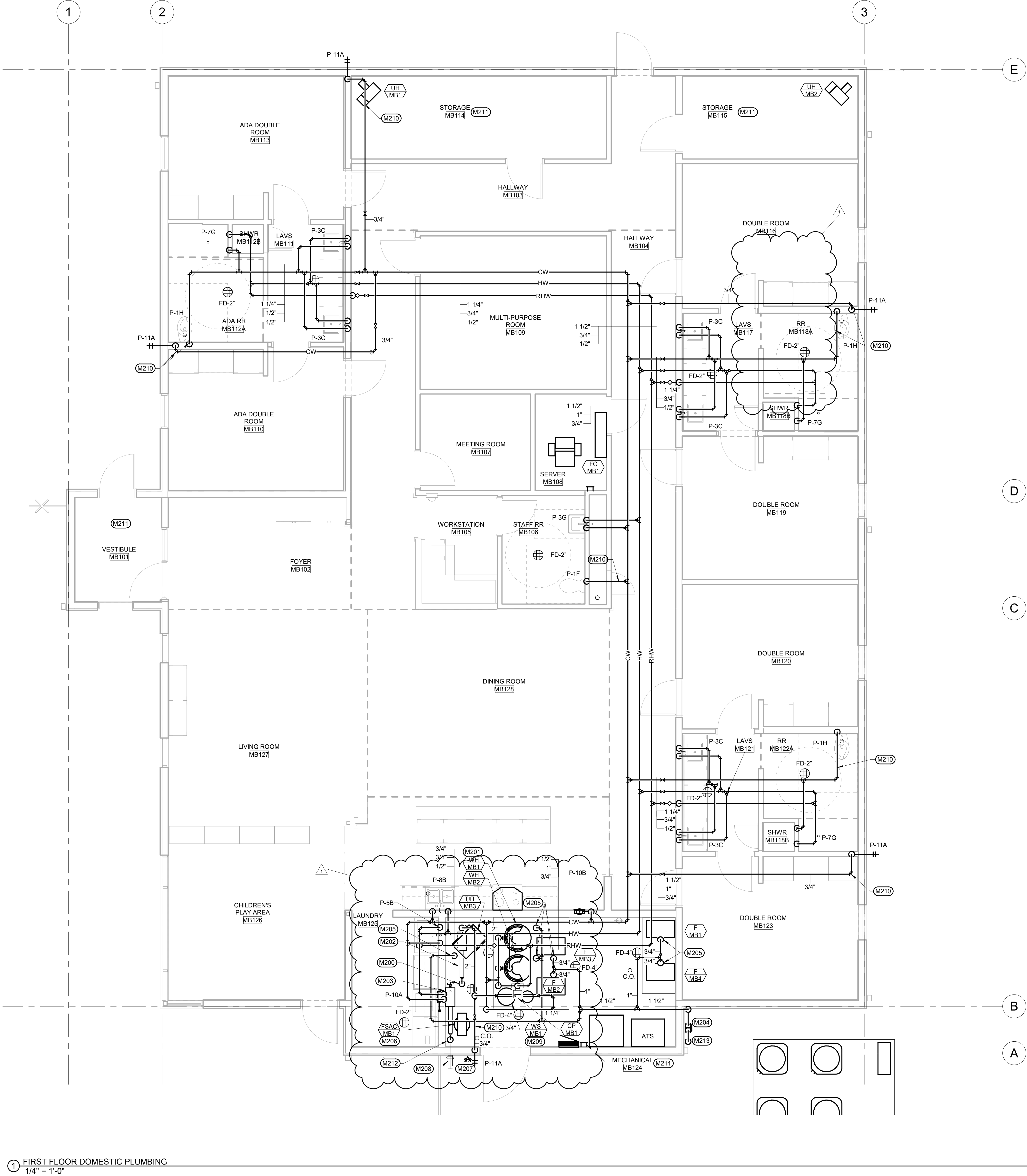
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1750 RAND ROAD • RAPID CITY SD, 57702
PHONE: (605) 346-7155 • FAX: (605) 346-5445
WWW.WESTPLAINSENGINEERING.COM
RAPID CITY, SD • SIOUX FALLS, SD • SIOUX FALLS, SD • SIOUX FALLS, SD

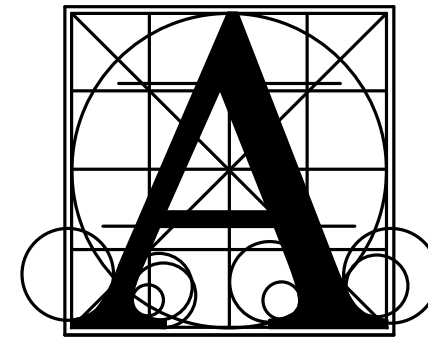
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① FIRST FLOOR DOMESTIC PLUMBING
1/4" = 1'-0"

- GENERAL MECHANICAL NOTES**
- A CONTRACTOR SHALL COORDINATE ALL PIPE ROUTING WITH OTHER TRADES. PROVIDE ALL ADDITIONAL OFFSETS AS REQUIRED TO COMPLETE INSTALLATION.
- B ALL PIPING INSULATION SERVING DOMESTIC COLD WATER PIPING SHALL BE INSTALLED WITH UNBROKEN VAPOR BARRIERS AS PER SPECIFICATIONS. CONTRACTOR TO USE METAL SADDLES AND STRAPS ON EXTERIOR OF INSULATION FOR SUPPORT OF PIPING AT HANGERS, UNISTRUT, ETC.
- C ISOLATE ALL COPPER PIPE FROM BEARING ON FERROUS HANGERS, ETC. WITH ELECTRICALLY INSULATING MATERIALS AS SPECIFIED. USE DIELECTRIC UNIONS IN CONNECTION OF ALL COPPER PIPING TO FERROUS PIPING AS SPECIFIED.
- D DOMESTIC WATER RECIRCULATION BALANCING VALVES SHALL BE AN AUTOLOW STYLE VALVE, 0.33 GPM. REFER TO SPECIFICATION SECTION 221006.
- E CONNECT RECIRC PIPING TO HW PIPING WITHIN 1' OF LAVATORIES.
- MECHANICAL SPECIFIC NOTES**
- M200 2" CW SERVICE PIPE UP FROM BELOW GRADE. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN, FOR CONTINUATION.
- M201 REFER TO WATER HEATER PIPING DETAIL ON SHEET MB-8.60.
- M202 REFER TO WATER METER PIPING DETAIL ON SHEET MB-8.60.
- M203 REFER TO FIRE PROTECTION SERVICE DETAIL ON SHEET MB-8.60.
- M204 PROVIDE WITH NEW 20LB TO OZ GAS REGULATOR -- 500 CFH. PROVIDE PULSE METER FOR NATURAL GAS TO BUILDING AS PER SEQUENCE OF OPERATION.
- M205 PROVIDE ISOLATION VALVE AND INSTALL GAS TRAP PER MANUFACTURER'S RECOMMENDATIONS.
- M206 FIRE SPRINKLER NITROGEN GENERATION SYSTEM WITH INTEGRAL AIR COMPRESSOR TO PROVIDED BY FIRE PROTECTION CONTRACTOR. COORDINATE D/NITROGEN GENERATION SYSTEM ELECTRICAL REQUIREMENTS WITH THE DIVISION 26 CONTRACTOR.
- M207 FIRE DEPARTMENT STORZ CONNECTION
- M208 WALL MOUNTED PIV.
- M209 REFER TO WATER SOFTENER PIPING CONNECTIONS DETAIL ON SHEET MB-8.61.
- M210 PROVIDE AND INSTALL JOSAM MODEL NUMBER 75002B STAINLESS STEEL BELLOWS STYLE WATER HAMMER ARRESTOR ON INDICATED DOMESTIC WATER PIPE.
- M211 PROVIDE DRY SPRINKLER HEAD(S) FOR COVERAGE OF THIS ROOM. THIS MAY BE CONNECTED TO THE ATTIC ZONE AS APPLICABLE.
- M212 4" FS PIPING UP FROM BELOW GRADE. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN, FOR CONTINUATION. PROVIDE 4" FS CONNECTION TO WALL MOUNTED PIV AND 4" FS PIPING FROM PIV TO FIRE SERVICE ENTRANCE.
- M213 1" NG PIPING UP FROM BELOW GRADE. REFER TO SHEET MB-8.01, BELOW GRADE PIPING PLAN, FOR CONTINUATION.



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415 South Main Avenue
P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St Joseph Street, Suite 203
Rapid City, South Dakota 57701
Phone: (605) 721-1158

Project **RAPID CITY WOMEN'S CORRECTIONAL FACILITY MOTHER**

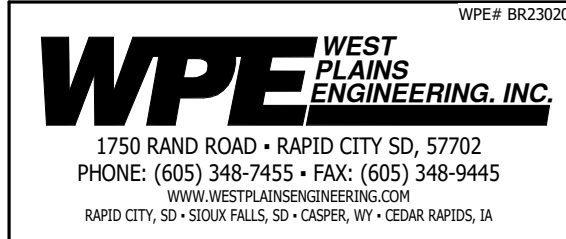
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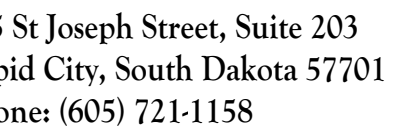
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date 06/06/2025
revision
drawn TAJ checked MSH

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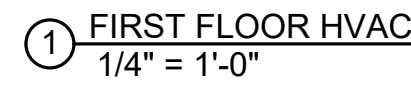


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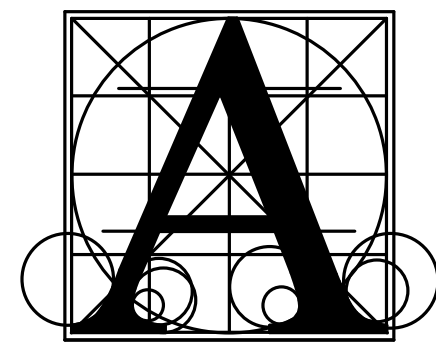


FIRST FLOOR HVAC

MB-8.40



- | GENERAL MECHANICAL NOTES | |
|---------------------------|---|
| A | COORDINATE LOCATION OF DUCTWORK WITH STRUCTURE OF OTHER TRADES. INSTALL DUCTWORK AS HIGH AS POSSIBLE. |
| B | SPACE ABOVE CEILING IS LIMITED. CONTRACTOR SHALL COORDINATE ALL DUCT ROUTING WITH ALL OTHER TRADES. PROVIDE ACCESS TO INSULATE PIPES AND TRANSITIONS AS REQUIRED TO COMPLETE INSTALLATION. |
| MECHANICAL SPECIFIC NOTES | |
| M400 | REFER TO LOUVER INTAKE EXHAUST AIR DETAIL ON SHEET MB-8.60, MECHANICAL SYMBOLS AND DETAIL. |
| M401 | PROVIDE UNIT HEATER EXHAUST AND COMBUSTION AIR VENTING UP THROUGH ROOF AND INSTALL IN ACCORDANCE TO MANUFACTURER'S RECOMMENDATIONS. INSULATE PIPING WITH ATTIC SPACE. MAINTAIN A MINIMUM OF 3 FT CLEARANCE FROM STRUCTURE FOR EXHAUST AIR INTAKE TERMINATION. PROVIDE WITH HIGH WIND CAPS. |
| M402 | 141/4 EXHAUST DUCT UP TO RH-MB1 ON ROOF. REFER TO SHEET MB-8.41, MECHANICAL ROOF PLAN, FOR CONNECTION. |
| M403 | 12" DIAMETER EXHAUST DUCT UP TO RH-MB2 ON ROOF. REFER TO SHEET MB-8.41, MECHANICAL ROOF PLAN FOR CONNECTION. |
| M404 | PROVIDE SINGLE 4" CONCRETE HOUSEKEEPING PAD UNDER NEW MECHANICAL CONDENSING UNITS (APPROXIMATE SIZE 96" X 144"). COORDINATE INSTALLATION WITH GENERAL CONTRACTOR. |
| M405 | PROVIDE SINGLE 4" CONCRETE HOUSEKEEPING PAD UNDER NEW FURNACES, WATER HEATERS, AND AIR SOFTENERS (APPROXIMATE SIZE 60" X 80"). COORDINATE INSTALLATION WITH GENERAL CONTRACTOR. |
| M406 | PROVIDE SINGLE 4" CONCRETE HOUSEKEEPING PAD UNDER NEW FURNACES (APPROXIMATE SIZE 36" X 80"). COORDINATE INSTALLATION WITH GENERAL CONTRACTOR. |
| M407 | 4" DIAMETER DRYER DUCT THROUGH WALL. TERMINATE WITH WALL CAP. INSTALL PER MANUFACTURER'S RECOMMENDATIONS. |
| M408 | PROVIDE WATER HEATER EXHAUST AND COMBUSTION AIR VENTING UP THROUGH ROOF AND INSTALL IN ACCORDANCE TO MANUFACTURER'S RECOMMENDATIONS. INSULATE PIPING WITH ATTIC SPACE. MAINTAIN A MINIMUM OF 3 FT CLEARANCE FROM STRUCTURE FOR EXHAUST AIR INTAKE TERMINATION. PROVIDE WITH HIGH WIND CAPS. |
| M409 | UNDER FURNACE EXHAUST AND COMBUSTION AIR VENTING UP THROUGH ROOF AND INSTALL IN ACCORDANCE TO MANUFACTURER'S RECOMMENDATIONS. INSULATE PIPING WITH ATTIC SPACE. MAINTAIN A MINIMUM OF 3 FT CLEARANCE FROM STRUCTURE FOR EXHAUST AIR INTAKE TERMINATION. PROVIDE WITH HIGH WIND CAPS. |
| M410 | RS AND RND PIPING FOR CONDENSING UNITS TO (4) FURNACES AND (1) FAN COIL UNIT. |
| M411 | |
| M412 | INSTALL FIRE DAMPER TO ALLOW ACCESS FOR SERVICE TO EXHAUST AND COMBUSTION THROUGH REGISTER, GRILLE, OR DIFFUSER. |



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415 South Main Avenue
P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St Joseph Street, Suite 203
Rapid City, South Dakota 57701
Phone: (605) 721-1158

RAPID CITY WOMEN'S CORRECTIONAL FACILITY MOTHER
BABY UNIT

MECHANICAL CONTROL DIAGRAMS

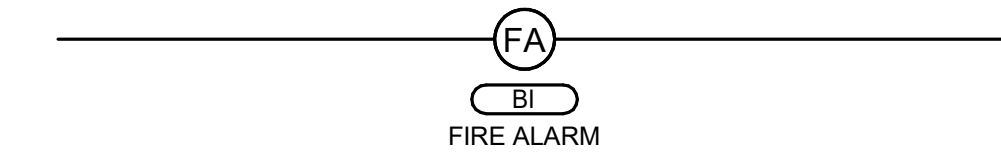
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revision
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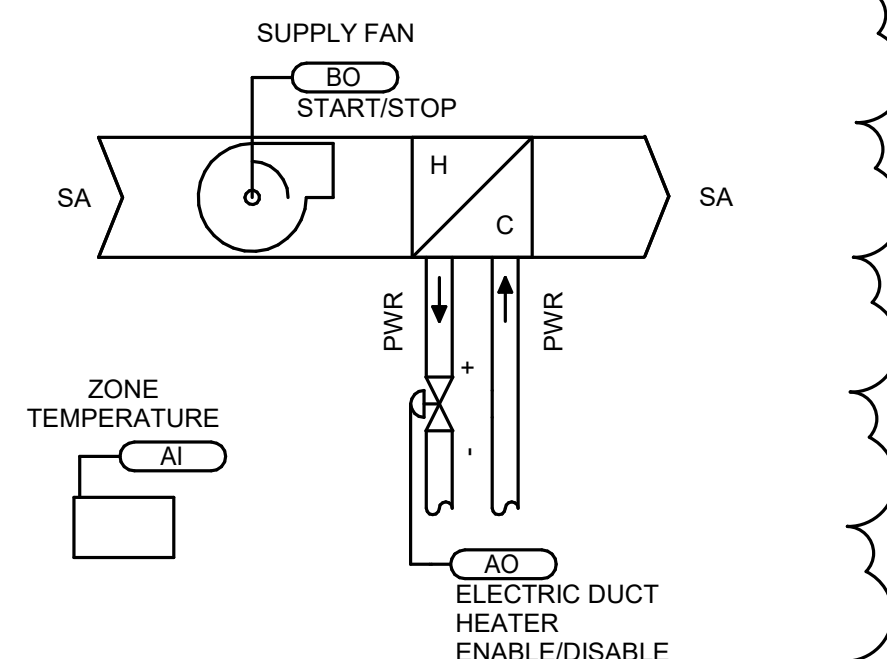
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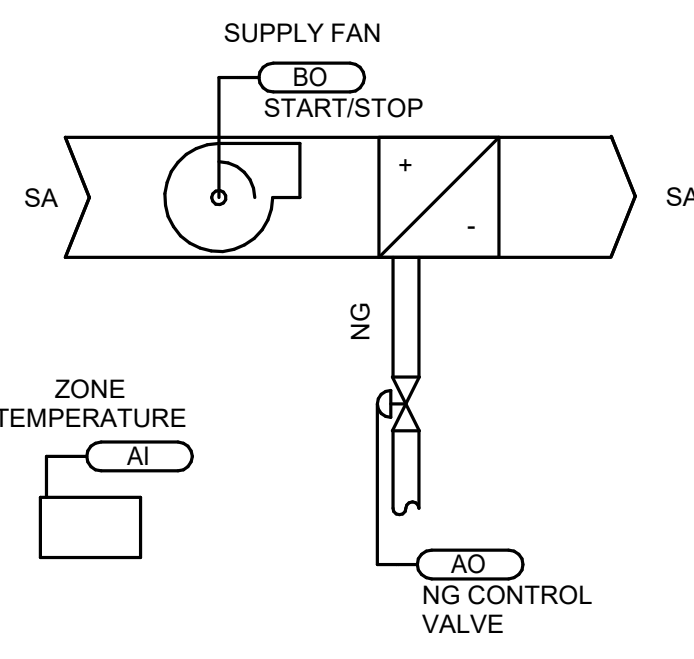
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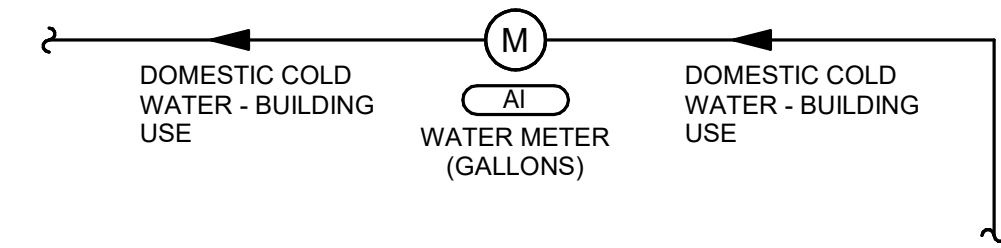
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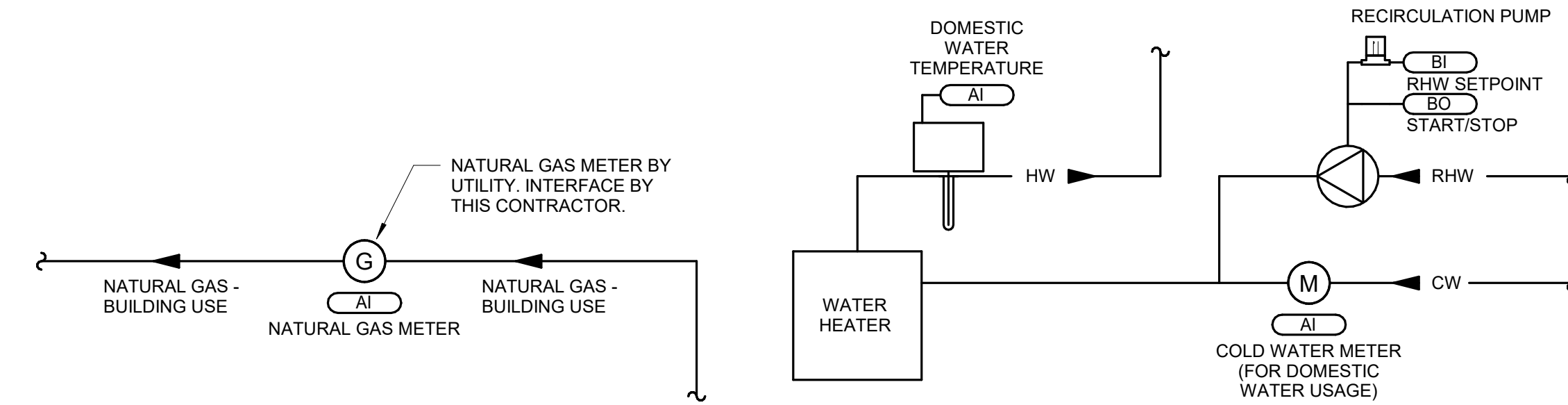
2 CABINET UNIT HEATER DIAGRAM
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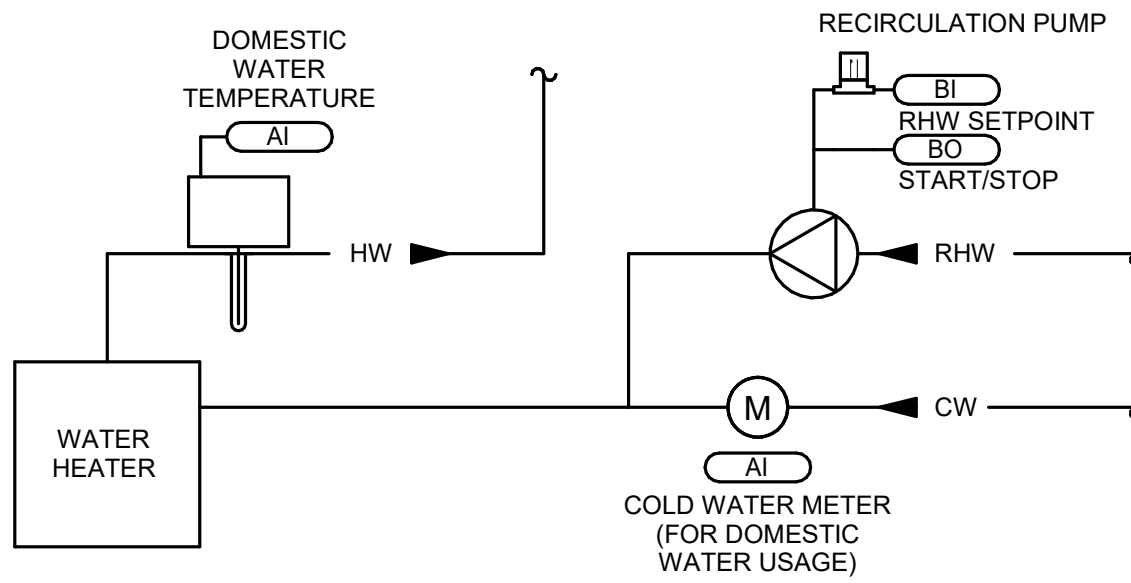
3 GAS FIRED UNIT HEATER DIAGRAM
NO SCALE



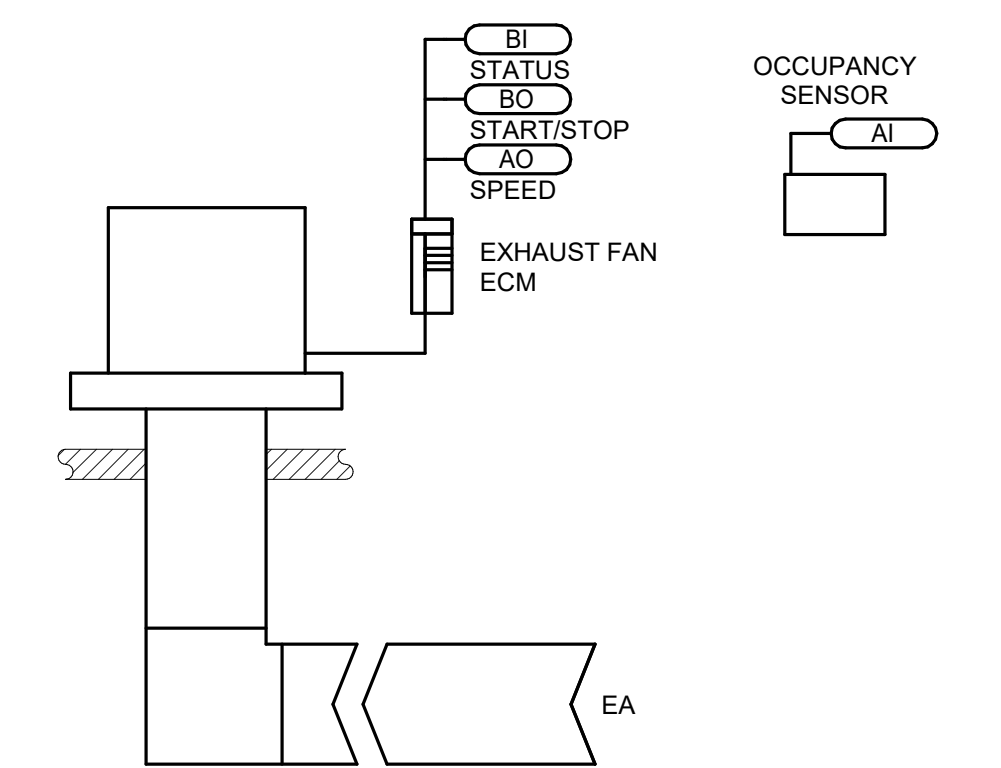
4 DOMESTIC WATER SYSTEM DIAGRAM
NO SCALE



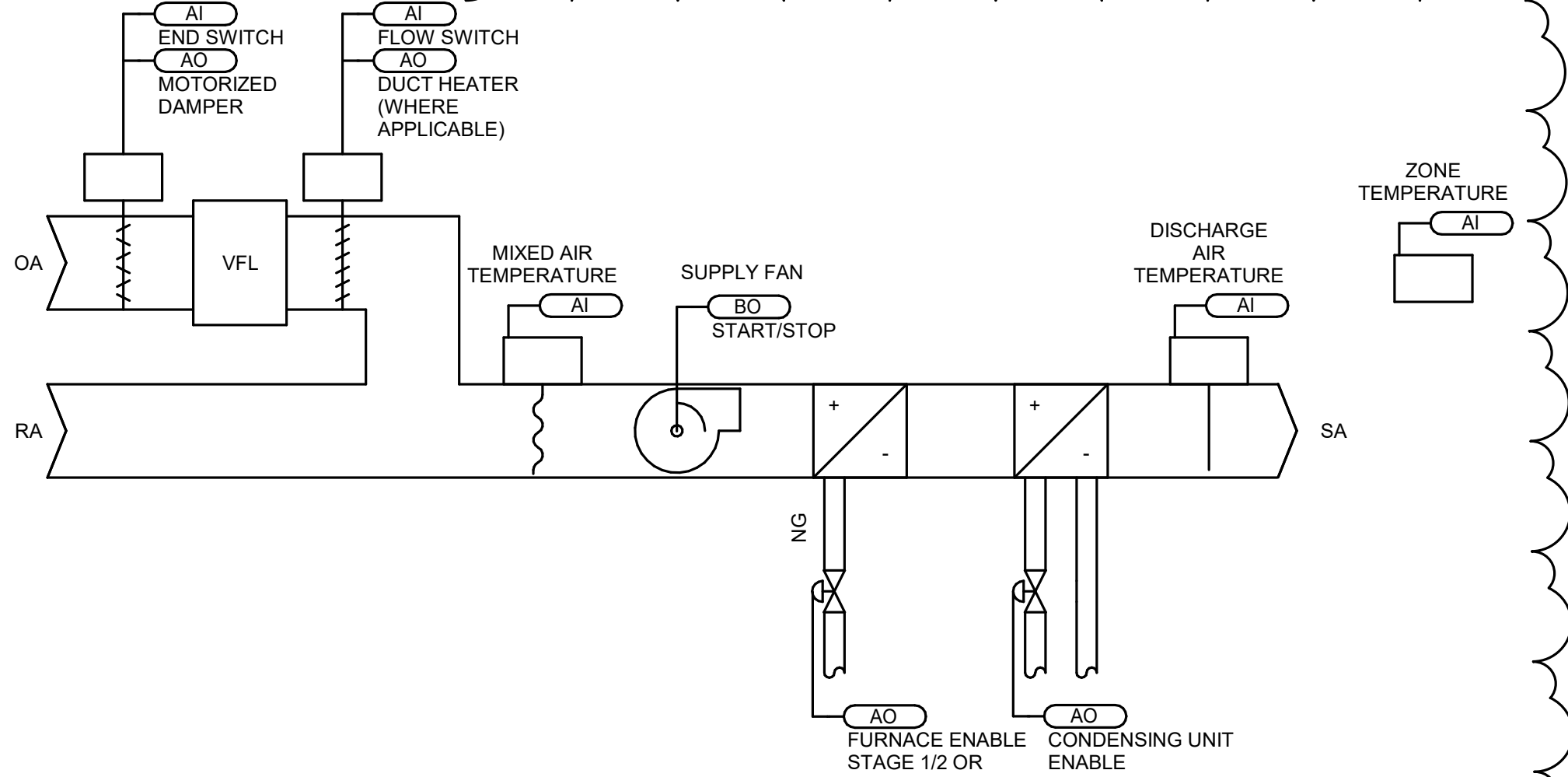
5 NATURAL GAS SYSTEM DIAGRAM
NO SCALE



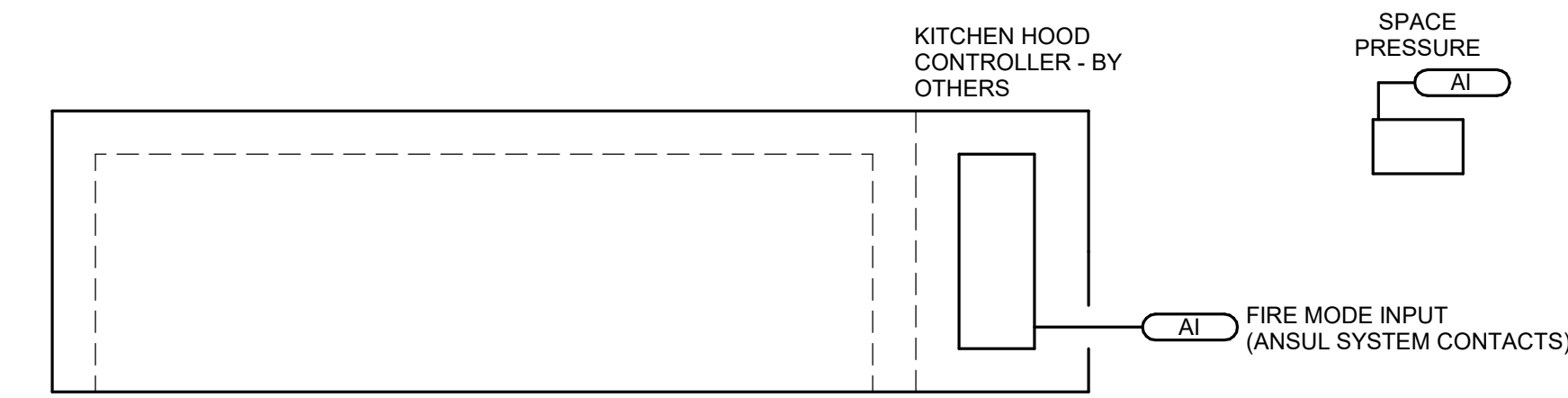
6 DOMESTIC HOT WATER SYSTEM DIAGRAM
NO SCALE



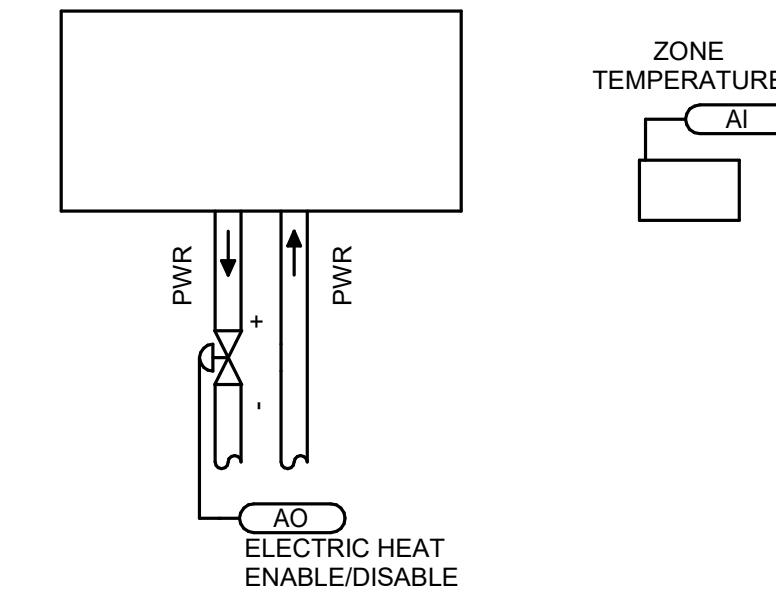
7 EXHAUST FAN SYSTEM DIAGRAM (ECM)
NO SCALE



8 FURNACE SYSTEM DIAGRAM
NOSCALE



9 KITCHEN HOOD SYSTEM DIAGRAM
NO SCALE



10 RADIANT CEILING PANEL DIAGRAM
NO SCALE

SEQUENCE OF OPERATION:

POWER METER:

- A. Controller shall be provided with a communication module that will enable the Building Management System to monitor the power meter by way of Mod-bus protocol. The following items are to be monitored:
1. AC Voltages (3-phase) (VAB, VBC, VCA & VAN, VBN, VCN & VAverage)
 2. AC Current (3-phase) (IA, IB, IC, & IAverage)
 3. Frequency
 4. Unbalance %: Voltage & Amps
 5. Real Power: KVA, KWB, KWC, KWHNet
 6. Reactive Power: KVARA, KVARB, KVARC, KVARNet
 7. Apparent Power: KVAA, KVAB, KVAC, KVANet
 8. Real Energy: KWHImport, KWHExport, KWHNet
 9. Reactive Energy: KVARHImport, KVARHExport, KVARHNet
 10. Power Factor: PFA, PFB, PFC, PFNet

GENERATOR TRANSFER SWITCH

- A. Controller shall be provided with a communication module that will enable the Building Management System to monitor the transfer switch by way of Mod-bus protocol. The following items are to be monitored for emergency source of power:
1. AC Voltages (3-phase) (VAB, VBC, VCA & VAN, VBN, VCN & VAverage)
 2. AC Current (3-phase) (IA, IB, IC, & IAverage)
 3. Frequency
 4. Unbalance %: Voltage & Amps
 5. Real Power: KVA, KWB, KWC, KWHNet
 6. Reactive Power: KVARA, KVARB, KVARC, KVARNet
 7. Apparent Power: KVAA, KVAB, KVAC, KVANet
 8. Real Energy: KWHImport, KWHExport, KWHNet
 9. Reactive Energy: KVARHImport, KVARHExport, KVARHNet
 10. Power Factor: PFA, PFB, PFC, PFNet
 11. Transfer Switch Position
 12. Source Availability
 13. Monitor up to four Relay Outputs

UNIT HEATERS (GAS AND ELECTRIC)

- A. Single temperature room thermostat set at 68 degrees F (adj) maintains constant space temperature by cycling unit fan motor and engaging either the electric heat or the gas heat.
1. Alarms:
 - a. High/Low temperature.
 - b. Status not matching command.

CABINET HEATERS

- A. Single temperature room thermostat set at 68 degrees F (adj) maintains constant space temperature by cycling unit fan motor and engaging the electric heat.
- B. The cabinet unit heaters shall be disabled upon indication from the generator transfer switch that the building is utilizing emergency power.
1. Alarms:
 - a. High/Low temperature.
 - b. Status not matching command.

RADIANT CEILING PANELS

- A. Single temperature room thermostat set at 74 degrees F (adj) maintains constant space temperature by engaging the electric heat.
- B. The radiant ceiling panels shall be disabled upon indication from the generator transfer switch that the building is utilizing emergency power.
1. Alarms:
 - a. High/Low temperature.
 - b. Electric heat status not matching command.
 2. Display:
 - a. Radiant Panel on/off indication.
 - b. Space temperature indication.
 - c. Space temperature control point adjustment.

FANS

- A. Bathroom exhaust fans (EF-MB1) shall be on in the occupied mode.
- B. Kitchen exhaust fans (EF-MB2) shall provide an on/off indication via a current sensor.
1. Alarms:
 - a. Fan/damper status not matching command.

FURNACE/CONDENSING UNIT

- A. A normally closed motorized damper serving the fresh air duct shall be open in the occupied mode. Unit fans shall run continuously during the occupied mode, cycle during unoccupied.
- B. The electric duct heater for furnaces F-1, F-2, and F-4 shall modulate to maintain a minimum discharge air temperature of 65°F (adj). For F-3, the electric duct heater shall modulate to maintain a mixed air temperature of 50°F. On a further call for heating, the gas heat section shall be enabled and shall be modulated/staged to maintain space setpoint (adj). The electric duct heaters for F-1, F-2, and F-3 shall modulate to maintain a mixed air temperature of 50°F when the gas heating section is enabled.
- C. The refrigeration system shall cycle to maintain the cooling space setpoint (adjustable).
- D. In the unoccupied mode, the space sensor shall cycle the compressors/burners to maintain a reduced setting space temperature (adjustable). The motorized damper serving the fresh air duct shall be closed in the unoccupied mode.
- E. The motorized damper serving the fresh air shall be closed and the electric duct heater disabled upon indication from the generator transfer switch that the building is utilizing emergency power. The condensing unit shall also be disabled when in generator mode.
1. Alarms:
 - a. High/Low temperature.
 - b. Supply fan/damper status not matching command.
 - c. Compressor status not matching command.
 - d. Electric heat status not matching command.
 2. Display:
 - a. Supply fan on/off indication.
 - b. Auxiliary heat on/off indication.
 - c. Outside air temperature indication.
 - d. Mixed air temperature indication.
 - e. Unit discharge air temperature indication.
 - f. Unit discharge temperature control point adjustment.
 - g. Supply fan on/off switch.
 - h. Heating on/off indication.
 - i. Heating on/off/auto switch.
 - j. Cooling on/off indication.
 - k. Cooling on/off/auto switch.
 - l. Auxiliary heat on/off/auto switch.

BACKFLOW PREVENTER:

- A. The system shall monitor the backflow preventer flood sensor and alarm if sensor status changes.

FIRE ALARM SYSTEM:

- A. On a signal from the fire alarm system (coordinate connection with fire alarm contractor), the DDC system shall shut down all air moving equipment and send an alarm.

DOMESTIC WATER MONITORING:

- A. The system shall monitor the domestic water meter. Pulse meter (provided by the mechanical contractor) shall be capable of trending, monitoring, and analyze on a real time basis.
- B. The system shall monitor a water meter on the inlet side of the water heaters. Pulse meter (provided by the mechanical contractor) shall be capable of trending, monitoring, and analyze on a real time basis.

KITCHEN HOOD/FAN:

- A. A current sensor on the exhaust fan shall provide an on/off indication. An alarm in the temperature control system shall occur on a closure of dry contacts on the kitchen hood for activation of the fire suppression system.

SERVER MB108:

- A. Provide a thermostat within this space to alarm if space temperature is above 90°F (adj).

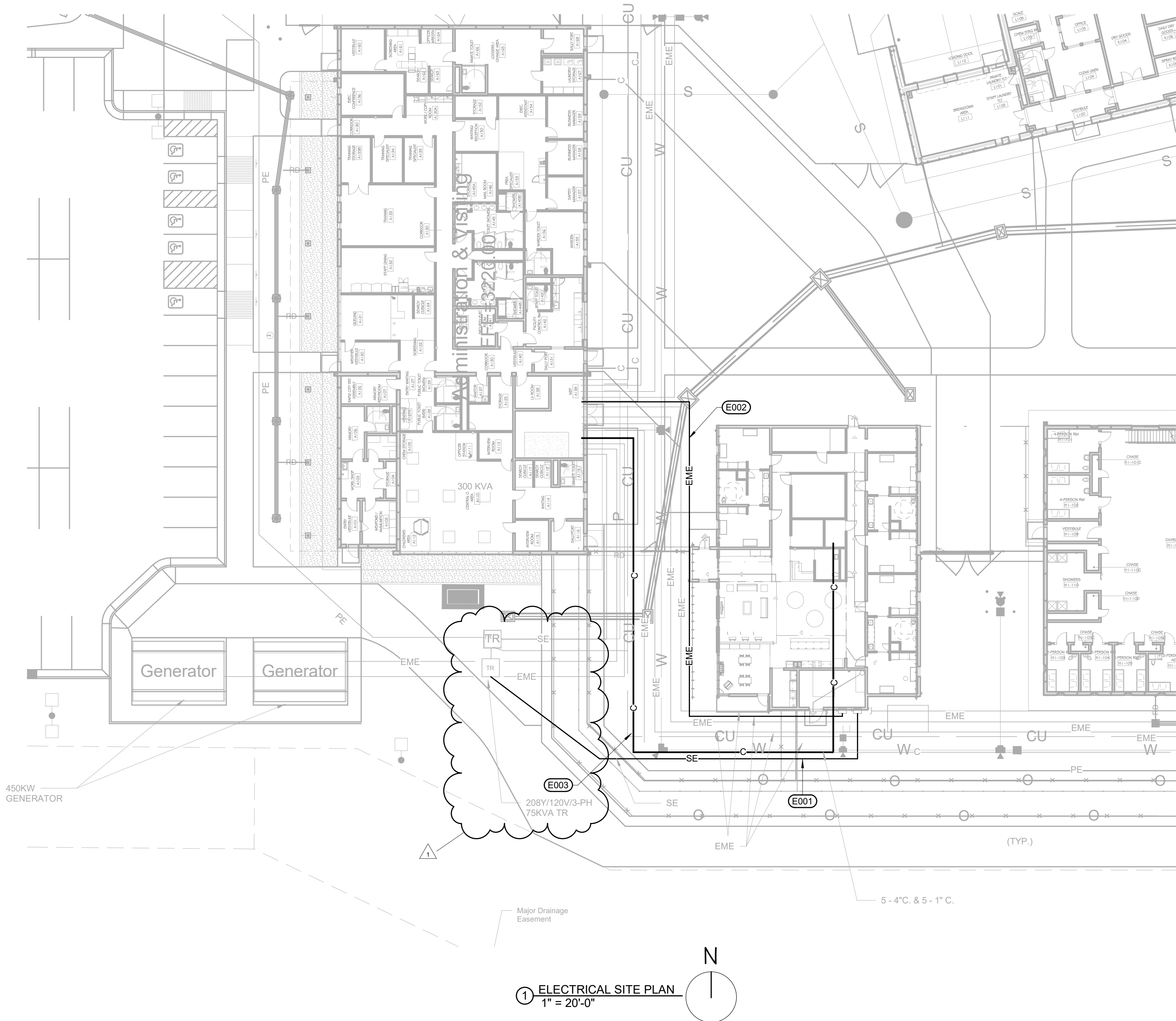
EXTERIOR LIGHTING:

- A. Provide on/off control based on an astrological clock to control the exterior lighting connected to the exterior lighting control contractors (MB124, coordinate exact location with Div 26). Lighting shall turn on 15 minutes before dusk and turn off 15 minutes after dawn (adj).

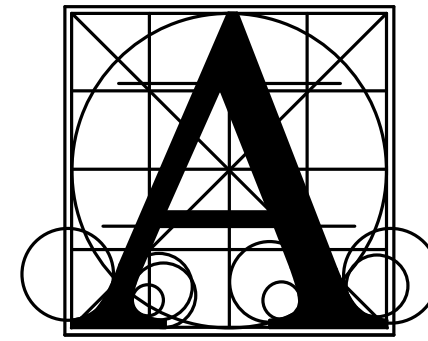
DISPLAYS:

- A. In addition to all items listed under each corresponding sequence, the following shall be included in all displays:
1. System graphic
 2. System on/off indication
 3. System occupied/unoccupied mode indication.
 4. System on/off/auto switch.
 5. System occupied/unoccupied/auto switch.

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- ELECTRICAL MISCELLANEOUS NOTES**
- A PLANS SHOW APPROXIMATE ROUTING OF UTILITIES. THIS CONTRACTOR TO COORDINATE NEW TRENCHING WITH EXISTING ON SITE GENERAL CONTRACTOR TO AVOID DAMAGE AND CONFLICTS.
- B ALL UNDERGROUND CONDUIT IS TO HAVE EXACT ROUTING SHOWN ON AS-BUILT DRAWINGS.
- ELECTRICAL SPECIFIC NOTES**
- E001 SECONDARY 3" FEEDER CONDUIT WILL INTERCEPT APPROXIMATELY 20' OF NEW SERVICE ENTRANCE INTO THE MOTHER BABY UNIT. CONTRACTOR TO COORDINATE WITH THE EXISTING ON SITE CONTRACTOR FOR INTERCEPTION POINT. CONTRACTOR TO EXTEND CONDUIT TO NEW SERVICE DISCONNECT AT MOTHER BABY UNIT. CONTRACTOR TO PROVIDE SECONDARY CONDUCTORS FROM THE MEDIUM VOLTAGE TRANSFORMER TO THE NEW SERVICE DISCONNECT AS WELL.
- E002 THERE ARE TWO CONDUITS STUBED OUT OF ADMINISTRATION BUILDING RELATED TO EMERGENCY POWER FOR THE MOTHER BABY UNIT. ONE 2" CONDUIT AND ONE 1" CONDUIT ARE EXTENDED APPROXIMATELY 5' OUT OF ADMINISTRATION. THE 2" CONDUIT WILL NEED TO BE EXTENDED TO THE NEW DISCONNECT SWITCH. CONTRACTOR TO PROVIDE NEW CONDUCTORS FOR EMERGENCY POWER FROM EXISTING 100A/3P BREAKER IN PANEL G02 IN THE ADMINISTRATION BUILDING TO THE NEW EMERGENCY DISCONNECT AT THE MOTHER BABY UNIT. THE 1" CONDUIT WILL NEED TO BE EXTENDED TO THE NEW ATS IN THE MOTHER BABY UNIT. CONTRACTOR TO PROVIDE START/STOP SIGNAL WIRES FROM THE ATS TO THE GENERATOR SYSTEM AT THE ADMINISTRATION BUILDING.
- E003 THERE IS A 4" CONDUIT STUBED OUT OF ADMINISTRATION BUILDING RELATED TO COMMUNICATIONS FOR THE MOTHER BABY UNIT. THE CONDUIT IS EXTENDED APPROXIMATELY 5' OUT OF ADMINISTRATION. THE CONDUIT WILL NEED TO BE EXTENDED TO THE SERVER ROOM OF THE MOTHER BABY UNIT. CONTRACTOR TO PROVIDE CONDUIT BY MAXCELL EDGE DETECTABLE 3" MODEL MDE6428 WITHIN THIS CONDUIT FROM THE LV ROOM IN THE ADMINISTRATION BUILDING TO THE SERVER ROOM AT THE MOTHER BABY UNIT.



Architecture
Incorporated

415 South Main Avenue
P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St Joseph Street, Suite 203
Rapid City, South Dakota 57701
Phone: (605) 721-1158

Project
**RAPID CITY WOMEN'S CORRECTIONAL FACILITY MOTHER
BABY UNIT**

Sheet Contents

ELECTRICAL SITE PLAN

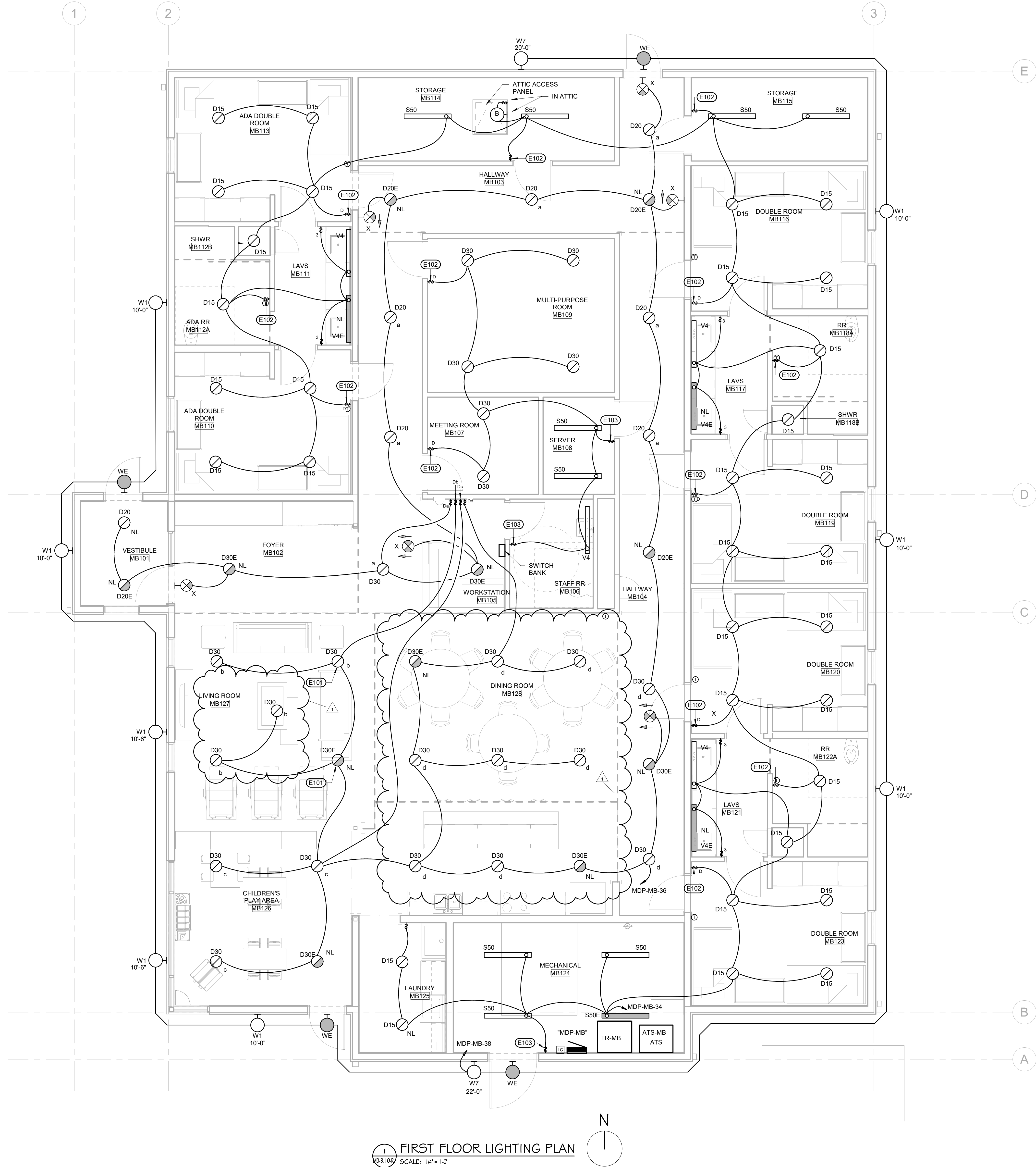
number BR23020
date 06/06/2025
revision
drawn VL5 checked MRS

DATE	DESCRIPTION
06-20-25	ADD#1

WPE# BR23020
**WEST PLAINS
ENGINEERING, INC.**
1750 RAND ROAD • RAPID CITY SD, 57702
PHONE: (605) 348-7455 • FAX: (605) 348-5445
WWW.WESTPLAINSENGINEERING.COM
RAPID CITY, SD • SIOUX FALLS, SD • SIOUX CITY, IA

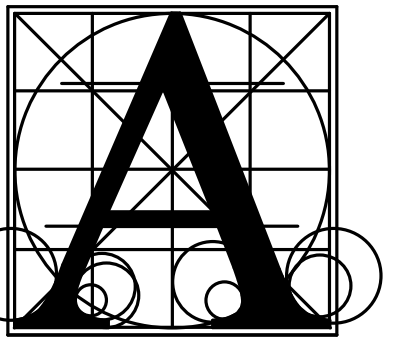
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1 FIRST FLOOR LIGHTING PLAN
SCALE: 1/8" = 1'-0"

- ELECTRICAL MISCELLANEOUS NOTES**
- A THE ELECTRICAL CONTRACTOR SHALL COORDINATE INSTALLATION OF ALL WIRING DEVICES WITH ARCHITECTURAL CASEWORK, EQUIPMENT, AND ACCESSORIES.
 - B THE ELECTRICAL CONTRACTOR SHALL COORDINATE MOUNTING HEIGHTS WITH INTERIOR ELEVATIONS AS SHOWN ON THE ARCHITECTURAL DRAWINGS AND THE OWNER PRIOR TO ROUGH-IN.
 - C THE MECHANICAL ROOM AND THE SERVER ROOM ARE THE ONLY ROOMS THAT WILL HAVE LIGHTS CONTROLLED FOR ON/OFF OPERATION. ALL OTHER AREAS IN THIS BUILDING WILL REQUIRE A MINIMUM LIGHT LEVEL AT ALL TIMES.
 - D ALL DEVICES WILL REQUIRE SECURITY/TAMPER RESISTANT WALLPLATES AND COVERS. PROVIDE WITH BACK SUBPLATE AND TAMPER RESISTANT TORX HEAD SCREWS WITH CENTER PIN REJECT.
 - E SLEEPING UNITS HAVE FIRE PARTITIONS BETWEEN UNITS AND CORRIDORS. CONTRACTOR TO OFFSET DEVICES IN BACK TO BACK WALLS BY ONE STUD SPACING AND PROVIDE RATED BOXES AS NEEDED.
- ELECTRICAL SPECIFIC NOTES**
- E101 COORDINATE FIXTURE WITH CONTROL JOINT. REFER TO REFLECTED CEILING PLAN.
 - E102 PROVIDE VISA LIGHTING SW7070 1G1S SINGLE GANG SWITCH. PROVIDE NLIGHT NIO RLX INTERFACE AND POWER PACK FOR THIS ROOM, LOCATED IN ACCESSIBLE CEILING IN THE HALLWAY. LIGHTING IN THIS SPACE WILL TOGGLE BETWEEN LOW LEVEL DIM SETTING AND HIGHER SETTING, ALWAYS MAINTAINING AT LEAST A MINIMUM LEVEL.
 - E103 THIS SPACE WILL HAVE STANDARD SWITCHING.



Architecture
Incorporated

415 South Main Avenue
P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St Joseph Street, Suite 203
Rapid City, South Dakota 57701
Phone: (605) 721-1158

Project
**RAPID CITY WOMEN'S CORRECTIONAL FACILITY MOTHER
BABY UNIT**

sheet contents

FIRST FLOOR LIGHTING PLAN

number BR23020
date 06/06/2025
revision
drawn VL5 checked MRS

DATE	DESCRIPTION
06-20-25	ADD#1

WPE WEST PLAINS ENGINEERING, INC.
1750 RAND ROAD • RAPID CITY SD, 57702
PHONE: (605) 346-7155 • FAX: (605) 346-9445
WWW.WESTPLAINSENGINEERING.COM
RAPID CITY, SD • SIOUX FALLS, SD • DAPES, WY • CEDAR RAPIDS, IA

MB-9.10-R1

[illegible]

<p>THESE SYMBOLS COMPRISE A STANDARD LIST. NOT ALL SYMBOLS MAY APPEAR ON THIS PROJECT.</p> <p>ALL MOUNTING HEIGHTS ARE TO CENTER OF DEVICE UNLESS OTHERWISE NOTED. MOUNTING HEIGHTS ON ARCH, WALL, CEILING, GAS NOTED SPECIFICALLY ON THE DRAWINGS OR IN THE SPECIFICATIONS SHALL TAKE PRECEDENCE OVER MOUNTING HEIGHTS LISTED ABOVE.</p>		<p>LIGHTING</p>			
	CEILING SURFACE MOUNT FIXTURE (Capitol letter indicates down flow type Small letter indicates swaying)		RECESSED FIXTURE		OCCUPANCY SENSOR
	EMERGENCY RECESSED LIGHTING SURFACE MOUNT FIXTURE		WALL FIXTURE		SINGLE POLE SWITCH (40° M.H.)
	WALL FIXTURE		FLOOD LIGHT		DOUBLE POLE SWITCH (40° M.H.)
	EMERGENCY WALL FIXTURE		TRACK LIGHT		THREE-WAY SWITCH (40° M.H.)
	RECESSED FIXTURE		PHOTO ELECTRIC CELL		FOUR-WAY SWITCH (40° M.H.)
	EMERGENCY RECESSED FIXTURE		LIGHTING CONTACTOR (540° M.H.)		SWITCH WITH PILOT (40° M.H.)
	EXTERIOR POLE LIGHT		TIME CLOCK (60° M.H.)		KEY OPERATED SWITCH (40° M.H.)
	BOLLARD LIGHT		EMERGENCY LIGHTING W/BATTERY PACK CEILING EXIT LIGHT (PANELS PHASED, ARROW INDICATES CHEVRON) DOWN EXIT LIGHT (PHASED, ARROW INDICATES CHEVRON)		MOMENTARY CONTACT SWITCH (60° M.H.)
	SURFACE MOUNT FIXTURE		DIMMER SWITCH (40° M.H.)		TIEZER SWITCH (60° M.H.)
	EMERGENCY SURFACE MOUNT FIXTURE		VARIABLE SPEED SWITCH		FUSED SWITCH
<p>POWER</p>					
	PUSH BUTTON STATION (60° M.H.)		BLANK OUTLET		REMOTE HVAC SENSOR
	DOUBLE PUSH BUTTON STATION		JUNCTION BOX		RADIANT HEAT PANEL
	EMERGENCY SHUTDOWN PUSHBUTTON		PULL BOX		BASEBOARD OR CONV. ELEC. HEAT
	ISOLATED GROUND RECEPTACLE (10° M.H.)		MOTOR		ELECTRIC UNIT HEATER
	DUPLEX CONVENIENCE RECEPTACLE (10° M.H.)		DISCONNECT SWITCH		ELECTRIC CABINET UNIT HEATER
	SINGLE RECEPTACLE (10° M.H.)		GENERATOR ANNUNCIATOR PANEL		MOTORIZED DAMPER
	DUPLEX DUPLEX CONVENIENCE RECEPTACLE (10° M.H.)		AUTOMATIC TRANSFER SWITCH		RUS DUCT
	DUPLEX DUPLEX CONVENIENCE RECEPTACLE (10° M.H.)		VARIABLE FREQUENCY DRIVE		SURFACE MOUNT RADWAY
	SPLIT WIRED DUPLEX RECEPTACLE (10° M.H.)		COMBINATION VHF		CEILING PADDLE FAN
	SAFETY CONVENIENCE RECEPTACLE		COMBINATION STARTER/DISCONNECT		TYPE OF EQUIPMENT
	POWER RECEPTACLE		MOTOR THERMAL SWITCH		EQUIPMENT NUMBER
	EMERGENCY DUPLEX RECEPTACLE		TRANSFORMER		ROOF TOP EQUIPMENT
	TWIST LOCK RECEPTACLE		ELECTRIC METER		EXISTING EQUIPMENT/CIRCUITING
	GF DUPLEX CONVENIENCE RECEPTACLE		SWITCHBOARD DISTRIBUTION PANEL SECTION		GROUND
	GF DUPLEX DUPLEX CONVENIENCE RECEPTACLE		PANEL BOARD OR LOAD CENTER		CONDUIT IN FLOOR OR UNDERGROUND
	SPECIAL PURPOSE CONVENIENCE OUTLET OR CONNECTION		PANEL BOARD OR LOAD CENTER		CONDUIT IN WALL OR CEILING SPACE
	CORDULUG		PANEL BOARD OR LOAD CENTER		ARROWS INDICATE HOSE RUNS TO PANEL NUMBERS INDICATE PANEL AND CIRCUIT IN PANEL
	CORD REEL		TRANSFER VOLTAGE SURGE PROTECTION		
	CEILING DUPLEX RECEPTACLE		CIRCUIT BREAKER		
	FLUSH DUPLEX DUPLEX RECEPTACLE		FUSE		
	FLUSH FLUSH DUPLEX DUPLEX RECEPTACLE		HANDISTAT		
	FLUSH FLUSH DUPLEX DUPLEX RECEPTACLE (WITH DEVICES INDICATED)		THERMOSTAT		
	MULTI-SERVICE POLE (WITH DEVICES INDICATED)				
<p>TELECOM</p>					
	SPECIAL EQUIPMENT CABINET AS NOTED		INTERCOM		CEILING MOUNT DATA OUTLET
	TERMINATION BOARD AS NOTED		TELEPHONE/VOC DATA OUTLET (10° M.H.)		COMBINATION VOC/DATA OUTLET (10° M.H.)
	CABLE TRAY		WALL OUTLET (40° M.H.)		TELEVISION OUTLET (10° M.H.)
			DATA OUTLET (10° M.H.)		CEILING MOUNT TELEVISION OUTLET
<p>FIRE ALARM</p>					
	FIRE ALARM MANUAL STATION (40° M.H.)		PRESSURE SWITCH		CEILING MOUNT FIRE ALARM VOC/STRBO
	HEAT DETECTOR (RATE OF RISE)		TAMPER SWITCH		MINI FIRE ALARM HORN
	HEAT DETECTOR (FIXED TEMP. ONLY)		FIRE ALARM CUT-OFF RELAY		MINI FIRE ALARM HORN/STRBO
	UNITARY TYPE SMOKE DETECTOR		REMOTE ANNUNCIATOR		PROJECTION HORN
	SMOKE DETECTOR				

FIXTURE MARK	MANUFACTURER	MODEL	MOUNTING	TYPE	INPUT WATTS	LUMENS	LUMEN PER WATT	VOLTAGE	COMMENTS	ADDITIONAL MANUFACTURERS
D	CANLIT	68-02-20W LED W-F09-01	SURFACE / WALL	LED	20	1831	92	120 V		
D15	LITE LINE	GEN08-IC-35-W-HW-S-N-X-N	RECESSED / CEILING	LED	19	1500	79	120 V	NOTE 1	SUBMIT FOR APPROVAL
D20	LITE LINE	GEN08-IC-35-W-HW-S-N-X-N	RECESSED / CEILING	LED	22	2000	91	120 V	NOTE 1	SUBMIT FOR APPROVAL
D30E	LITE LINE	GEN08-IS-35-W-HW-S-N-X-E	RECESSED / CEILING	LED	22	2000	91	120 V	NOTE 1	SUBMIT FOR APPROVAL
D30	LITE LINE	GEN08-IM-35-W-HW-S-N-X-N	RECESSED / CEILING	LED	32	3000	94	120 V	NOTE 1	SUBMIT FOR APPROVAL
D30E	LITE LINE	GEN08-IM-35-W-HW-S-N-X-E	RECESSED / CEILING	LED	32	3000	94	120 V	NOTE 1	SUBMIT FOR APPROVAL
S50	LITHONIA	ZL1D-L48-500LM-FST-MVOLT-40K-80CRI-HW	SURFACE	LED	41	5541	135	120 V	NOTE 1	SUBMIT FOR APPROVAL
S50	LITHONIA	ZL1D-L48-500LM-FST-MVOLT-40K-80CRI-HW-E7W	SURFACE	LED	41	5541	135	120 V	NOTE 1	SUBMIT FOR APPROVAL
KEN4	KENALL	MLR5SV-L-PMW-P1-145-35K-DCC-120	SURFACE / CEILING	LED	50	4246	85	120 V	NOTE 1	SUBMIT FOR APPROVAL
V4E	KENALL	MLR5SV-R-MW-P1-145-35K-DCC-120-PEL	SURFACE / CEILING	LED	50	4246	85	120 V	NOTE 1	SUBMIT FOR APPROVAL
W1	LITHONIA	DSXW1LED-P4-40K-80CRI-T4M-MVOLT-SF-DBXD	SURFACE / WALL	LED	29	4227	147	120 V	NOTE 1	SUBMIT FOR APPROVAL
W7	LITHONIA	DSXW1LED-P4-40K-80CRI-T4M-MVOLT-SF-DBXD	SURFACE / WALL	LED	73	10385	143	120 V	NOTE 1	SUBMIT FOR APPROVAL
W1E	LITHONIA	AFT-OLEL-D70-TO-UVOL-T4-T5-TRSDT-FDCT-OW	SURFACE / WALL	LED	25	635	25	120 V		
X	KENALL	MMEX-X-0-R-0-T-1	UNIVERSAL	LED	2.5			120 V	NOTE 2	-

UNIT	UNIT NUMBER	KW	MOTOR			PHASES	STARTER TYPE	STARTER NEMA TYPE	STARTER ENCLOSURE TYPE	CONTROL	DISCONNECT SWITCH SIZE	DISCONNECT FUSE SIZE	COMMENTS	
			HP	MCA	VOLTAGE									
CP	MB1		0.083 hp		120 V	1	N/A	N/A	N/A	TC	N/A	N/A	NOTE 4	
CU	MB1		14.00 A		208 V	1	N/A	N/A	N/A	TC	30A2P NEMA 3R/F	PER NAMEPLATE	NOTE 1	
CU	MB2		11.00 A		208 V	1	N/A	N/A	N/A	TC	30A2P NEMA 3R/F	PER NAMEPLATE	NOTE 1	
CU	MB3		21.00 A		208 V	1	N/A	N/A	N/A	TC	30A2P NEMA 3R/F	PER NAMEPLATE	NOTE 1	
CU	MB4		14.00 A		208 V	1	N/A	N/A	N/A	TC	30A2P NEMA 3R/F	PER NAMEPLATE	NOTE 1	
CU	MB5		24.90 A		208 V	1	N/A	N/A	N/A	TC	30A2P NEMA 3R/F	PER NAMEPLATE	NOTE 1	
CUH	MB1		0 hp		12.50 A	120 V	1	N/A	N/A	N/A	TC	N/A	N/A	NOTE 3
CUH	MB2		0 hp		12.50 A	120 V	1	N/A	N/A	N/A	TC	N/A	N/A	NOTE 3
DB1	MB1	5 KW			208 V	1	N/A	N/A	N/A	TC	N/A	N/A	N/A	NOTE 3
DB1	MB2	2.5 KW			208 V	1	N/A	N/A	N/A	TC	N/A	N/A	N/A	NOTE 3
DB1	MB3	2.5 KW			208 V	1	N/A	N/A	N/A	TC	N/A	N/A	N/A	NOTE 3
DB1	MB4				208 V	1	N/A	N/A	N/A	TC	N/A	N/A	N/A	NOTE 3
EF	MB1	5 KW	0.17 hp	6.20 A	120 V	1	N/A	N/A	N/A	N/A	TC	N/A	N/A	NOTE 5
EF	MB2		0.5 hp	7.00 A	120 V	1	N/A	N/A	N/A	N/A	TC	N/A	N/A	NOTE 5
F	MB1		0.5 hp	12.00 A	120 V	1	N/A	N/A	N/A	N/A	NOTE 2	PER NEC	-	-
F	MB2		0.5 hp	12.00 A	120 V	1	N/A	N/A	N/A	N/A	NOTE 2	PER NEC	-	-
F	MB3		0.5 hp	12.00 A	120 V	1	N/A	N/A	N/A	N/A	NOTE 2	PER NEC	-	-
F	MB4		0.5 hp	12.00 A	120 V	1	N/A	N/A	N/A	N/A	NOTE 2	PER NEC	-	-
FC	MB1		1.00 A		120 V	1	N/A	N/A	N/A	N/A	TC	MMS	N/A	NOTE 7
FSAC	MB1		0 hp		6.00 A	120 V	1	N/A	N/A	N/A	PRESS. SW.	N/A	N/A	NOTE 4
RP	1	25 KW			208 V	1	N/A	N/A	N/A	TC	MMS	N/A	N/A	NOTE 6
RP	2	25 KW			208 V	1	N/A	N/A	N/A	TC	MMS	N/A	N/A	NOTE 6
RP	3	25 KW			208 V	1	N/A	N/A	N/A	TC	MMS	N/A	N/A	NOTE 6
RP	4	25 KW			208 V	1	N/A	N/A	N/A	TC	MMS	N/A	N/A	NOTE 6
RP	5	25 KW			208 V	1	N/A	N/A	N/A	TC	MMS	N/A	N/A	NOTE 6
RP	6	25 KW			208 V	1	N/A	N/A	N/A	TC	MMS	N/A	N/A	NOTE 6
UH	MB1		0 hp		12.00 A	208 V	1	N/A	N/A	N/A	TC	N/A	N/A	NOTE 5
UH	MB2		0 hp		12.00 A	208 V	1	N/A	N/A	N/A	TC	N/A	N/A	NOTE 5
UH	MB3		0 hp		4.20 A	120 V	1	N/A	N/A	N/A	TC	N/A	N/A	NOTE 4
WH	MB1		0.00 A		120 V	1	N/A	N/A	N/A	INTEGRAL	N/A	N/A	N/A	NOTE 4
WH	MB2		0.00 A		120 V	1	N/A	N/A	N/A	INTEGRAL	N/A	N/A	N/A	NOTE 4

1 FUSE PER MANUFACTURER'S RECOMMENDATIONS.
2 PROVIDE SINGLE POLE FUSED SWITCH EQUAL TO BUSSMAN #SSW W/FUSE
3 PROVIDED W/ DISCONNECT INTEGRAL.
4 EQUIPMENT IS IN LINE OF SIGHT WITH PANELBOARD. NO ADDITIONAL DISCONNECTING MEANS REQUIRED
5 UNIT IS PROVIDED WITH INTEGRAL THERMOSTAT THERMAL PROTECTION AND DISCONNECT.
6 PROVIDE MOTOR THERMAL SWITCH.
7 DEVIRES POWER FROM CU.

MDP-MB			VOLTS:		120/208 Wye		PHASES:		3		WIRE:		4		MAIN CAPACITY:				
			AIC RATING:	22000		LOCATION:		MECHANICAL MB124						250 A					
			MOUNTING:	SURFACE		FEEDER SIZE:		SEE POWER ONE-LINE						MAIN CONNECTION:		250A MCB			
															MAIN TYPE:		TYPE I		
CKT	ITEM FED		WIRE SIZE	AMPS	POLES	A (WATTS)		B (WATTS)		C (WATTS)		POLES	AMPS	WIRE SIZE	ITEM FED		CKT		
1	RM.	MB110 REC'S. (NOTE 2)	12	20	A	1	1440	1200				1	20	A	12	LAUNDRYMB125WSHASHER(NOTE 2)	2	2	
3	LAVS	MB111 REC'S. (NOTE 2)	12	20	A	1			720	2500					10	LAUNDRYMB125 DRYER	4	6	
5	RM.	MB113 REC'S. (NOTE 2)	12	20	A	1				1440	2500		2	30	A				
7	STORAGE	MB114 REC'S. (NOTE 2)	12	20	A	1	1440	1080					1	20	A	12	RMS.MB125AMB126 REC'S.(NOTE2)	10	
9	STORAGE	MB115 REC'S. (NOTE 2)	12	20	A	1			1080	1260				1	20	A	12	RMS.MB126AMB127REC'S.(NOTE2)	10
11	RM.	MB116 REC'S. (NOE 2)	12	20	A	1				1440	720		1	20	A	12	LIVING RM.BM127REC'S.(NOTE2)	12	
13	RM.	MB109 REC'S. (NOTE 2)	12	20	A	1	720	1200					1	20	A	12	DINING RM.MB128REF.(NOTE 1&2)	14	
15	RM.	MB109 REC'S. (NOTE 2)	12	20	A	1			1080	4000									
17	LAVS	MB117 REC'S. (NOTE 2)	12	20	A	1				720	4000		2	50	A	6	DINING RM. MB128 RANGE	16	
19	RM.	MB107 REC'S. (NOTE 2)	12	20	A	1	1440	684				1	15	A	12	HOOD (EF-MB2) (NOTE1&2)	20	20	
21	RM.	MB109 REC'S. (NOTE 2)	12	20	A	1			900	360			1	20	A	12	DINING RM. MB128 REC'S.(NOTE 2)	22	
23	RM.	MB105 FACI(NOTE2)	12	20	A	1				500	1200		1	20	A	12	DINING RM.MB128 DISP.(NOTE1&2)	24	
25	RM.	MB105 REC'S.(NOTE2)	12	20	A	1	900	1200					1	20	A	12	DINING RM. MB128 DW.(NOTE1&2)	26	
27	RM.	MB105 REC'S.(NOTE2)	12	20	A	1			720	180			1	20	A	12	DINING RM. MB128 REC.(NOTE2)	28	
29	MB104,106, 108 REC'S.(NOTE 2)	12	20	A	1					1080	360		1	20	A	12	DINING RM. MB128 REC'S.(NOTE2)	30	
31	RM.	MB120 REC'S. (NOTE 2)	12	20	A	1	1440	1500				1	20	A	12	RM. MB128 MICRO.(NOTE1&2)	32	32	
33	LAVS	MB121 REC'S.(NOTE 3)	12	20	A	1			900	1256			1	20	A	12	INTERIOR LIGHTING (NOTE 2)	34	
35	RM.	MB123 REC'S.(NOTE 2)	12	20	A	1				1440	993		1	20	A	12	INTERIOR LIGHTING (NOTE 2)	36	
37	MECHANICAL, MB124 REC'S.	12	20	A	1	540	378						1	20	A	12	EXTERIOR LIGHTING (NOTE 2)	38	
39	RM. MB124 & 125 REC'S.(NOTE2)	12	20	A	1			540	1500				1	30	A	10	SERVER MB108 DATA RACK	40	
41	CU-MB2	12	20	A	2			1144	1000		1144	1000	1	20	A	12	F-MB1	42	
43	CU-MB3	10	30	A	2			2184	1000				1	20	A	12	F-MB4	44	
45	CU-MB3	10	30	A	2					2184	1000		1	20	A	12	F-MB2	46	
47	CU-MB3	12	20	A	2		1456	600	1456	200			1	15	A	12	F-MB3	48	
49	CU-MB1	12	20	A	2					1456	200		1	20	A	12	WH-MB1	50	
51	CU-MB4	12	20	A	2								1	20	A	12	WH-MB2	52	
53	CU-MB4	12	20	A	2		1456	900					1	20	A	12	RMS.MB101&MB102REC'S.(NOTE2)	54	
55	CU-MB5 & FC-MB1	10	30	A	2				2500	504			1	15	A	12	UH-MB3	56	
57	UH-MB1	10	20	A	2		1250	1250			2500	1250	2	20	A	12	DH-MB3	60	
59	UH-MB1	10	20	A	2				1250	1250								62	
61	UH-MB2	10	20	A	2					1250	1250		2	20	A	12	DH-MB2	64	
63	UH-MB2	10	20	A	2		1250	2500										66	
65	CUH-MB1 (NOTE 2)	12	15	A	1				1500	2500								68	
67	CUH-MB2 (NOTE 2)	12	15	A	1					1500	2500		2	30	A	10	DH-MB1	70	
69	WS-MB1 & CP-MB1	12	20	A	1	305	2500											72	
71	RP1 TRU RP6	12	20	A	2			750	720				1	20	A	12	FSAC-MB1	74	
73	SPACE	--	1	--	--	--	--	--	--	750	200	1	20	A	12	MAGNETIC LOCK	76		
75	SPACE	--	1	--	--	--	--	--	--			1	--			SPACE	80		
77	SPACE	--	1	--	--	--	--	--	--			1	--			SPACE	82		
79	SPACE	--	1	--	--	--	--	--	--			1	--			SPACE	84		
TOTAL CONNECTED LOAD:			3077.3 W		32810 W		34577 W		AMPS: 272 A		LOAD: 98160 W								

ELECTRICAL ADDENDUM

June 20, 2025

Project: 23.19 SD Women's / Rapid City Correctional Facility, Mother-Baby Unit
Addendum No.1

The additions, clarifications and corrections below shall be made to the Project Manual, Drawings and Schedules for the above referenced project, and shall be included in the scope of work.

Drawings:

1. Sheet MB-9.51, Security Electronics Schedules, Commercial Door Equipment Schedule:
 - a. Change Device Tag-IDs for Door MB-103 to match architectural door numbering (previously Door MB-104).
 - b. Add new Door Position Switch CD-DP-MB108.
2. Sheet MB-9.70, Floor Plan Level 1, Security Electronics:
 - a. Change device tags at Door MB103 to match architectural door numbering.
 - b. Add new Door Position Switch CD-DP-MB108.

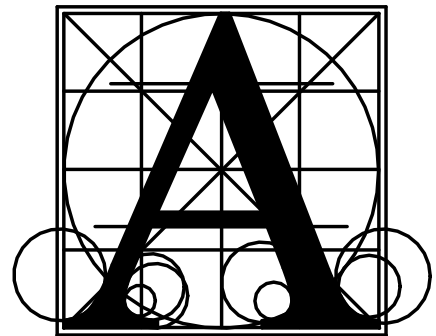
END OF ELECTRICAL ADDENDUM

CCTV EQUIPMENT SCHEDULE																					
CAMERA ID	AXIS Model	CAMERA SPECIFICATIONS						CONTROL POSITIONS			CCTV SYSTEM NARRATIVE	RECORDING				TERMINATION POINT	CONDUIT/ WIRE	INSTALLATION DETAIL REFERENCE	NOTES		
		RESOLUTION	PANORAMIC	PAN-TILT-ZOOM CAPABLE	MOUNTING HEIGHT	LEVEL	ENCLOSURE TYPE	VOLTAGE	POWER INJECTOR	PRIMARY		SECONDARY	TERTIARY	RECORDING (Y/N)	RECORDING RESOLUTION					FPS (NO MOTION)	FPS (MOTION)
CCTV-MB103-2	AXIS M3215-LVE	2MP	90 DEG	-	8' - 6"	FLOOR PLAN	SURFACE WALL/CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB-EXT-2	AXIS M3215-LVE	2MP	90 DEG	-	9' - 0"	FLOOR PLAN	SURFACE WALL/CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB103-3	AXIS M3215-LVE	2MP	90 DEG	-	8' - 6"	FLOOR PLAN	SURFACE WALL/CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB-EXT-1	AXIS M3215-LVE	2MP	90 DEG	-	9' - 0"	FLOOR PLAN	SURFACE WALL/CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB125	AXIS M4327-P	6MP FISHEYE	FISHEYE	-	12' - 0"	FLOOR PLAN	SURFACE CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB101	AXIS M4327-P	6MP FISHEYE	FISHEYE	-	9' - 0"	FLOOR PLAN	SURFACE CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB126	AXIS P3267-LV	5MP	90 DEG	-	8' - 6"	FLOOR PLAN	SURFACE WALL/CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB127	AXIS P3267-LV	5MP	90 DEG	-	8' - 6"	FLOOR PLAN	SURFACE WALL/CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB128-2	AXIS P3267-LV	5MP	90 DEG	-	0' - 0"	FLOOR PLAN	SURFACE WALL/CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB128-1	AXIS P3267-LV	5MP	90 DEG	-	8' - 6"	FLOOR PLAN	SURFACE WALL/CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB104	AXIS P4705-PLVE	2X2MP	180 DEG	-	9' - 0"	FLOOR PLAN	SURFACE CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	
CCTV-MB103-1	AXIS P4705-PLVE	2X2MP	180 DEG	-	9' - 0"	FLOOR PLAN	SURFACE CEILING	POE	-	CP-MCR-01	CP-MCR-02	-	H1	Y	FULL	1 (MIN)	10 (MAX)	MB108	CC11	3/MB-9.80	

UPS EQUIPMENT SCHEDULE																	
DESIGNATION	MANUFACTURER		VOLTAGE	PHASE	SIZE (kVA)	POWER FACTOR	RUNTIME (Min)	MAINTENANCE BYPASS SWITCH				SYSTEM NARRATIVE	INPUT CONNECTION	OUTPUT CONNECTION	COMMUNICATION	DETAIL REFERENCE	NOTE
	BASIS OF DESIGN	MODEL NO.						REQUIRED YES/NO	UIB	UOB	MBB						
MB-R1-UPS	APC	SRT-96V	120 V	1	3 kVA	90.00%	5	NO	-	-	-	U1	L5-30	NEMA 5-15/ 5-20	ETHERNET, RS-485		

COMMERCIAL DOOR EQUIPMENT SCHEDULE									
<div><div></div><div>DOOR POSITION SWITCH #</div></div>	CONTROL POINT			TERMINATION POINT	CIRCUIT	CONDUIT/WIRE	INSTALLATION DETAIL REFERENCE	NOTES	
	PRIMARY CONTROL	SECONDARY CONTROL	SYSTEM NARRATIVE						
CD-DP-MB103	CP-MCR-01	CP-MCR-02	C28F	MB108	MB-PLC-2	DP1	3/MB-9.90		
CD-DP-MB108	CP-MCR-01	CP-MCR-02	B3	MB108	MB-PLC-5	DP1	3/MB-9.90		
CD-DP-MB124	CP-MCR-01	CP-MCR-02	B3	MB108	MB-PLC-1	DP1	4/MB-9.90		
CD-ES-MB103	CP-MCR-01	CP-MCR-02	C28F	MB108	MB-PLC-4	ES1	3/MB-9.90		
CD-PB-MB103	CP-MCR-01	CP-MCR-02	C28F	MB108	MB-PLC-3	PBDR1	3/MB-9.90		

DEVICE, RACEWAY AND WIRE SCHEDULE										
DEVICE DESCRIPTION	CONDUIT/ CABLE IDENTIFIER	MOUNTIN G HEIGHT	BACKBOX MOUNTING PER DEVICE		CONDUIT SIZE (IN)	CABLE CONNECTION	DESCRIPTION PER DEVICE		HOMERUN NOTES	NOTES
			BACKBOX	MUD RING			# CBLs	CABLE TYPE		
DOOR POSITION INDICATION SWITCH	DP1	AR			3/4		1	1C-3#16	1 DEVICE IN HOMERUN	
24V ELECTRIC STRIKE/ELECTRIC LOCK (COMMERCIAL)	ES1	AR			3/4		2	#16	1 DEVICE IN HOMERUN	
PUSHBAR, DOOR RELEASE	PBDR1	AR			3/4		1	1C-2#18	1 DEVICE IN HOMERUN	
INTERIOR CCTV CAMERA, <27SII, PoE AND BUILDING MOUNT	CC11	AR	4" SQ		3/4	RJ-45	1	CAT 6	1 DEVICE IN HOMERUN	1
NOTES:										
1. CABLING INDICATED SHALL BE FURNISHED, INSTALLED, AND TERMINATED BY THE STATE BIT SCS CONTRACTOR.										
SCHEDULE GENERAL NOTES:										
A. WHERE CONDUIT AND CABLES ARE ROUTED IN EXTERIOR LOCATIONS, THE CONTRACTOR SHALL USE CABLING RATED FOR EXTERIOR USE.										
B. CONDUIT SIZES ARE BASED ON USING THE MANUFACTURERS INDICATED IN THE SPECIFICATIONS. WHERE OTHER APPROVED MANUFACTURERS ARE USED, CONDUIT SIZES SHALL BE INCREASED AS REQUIRED TO ENSURE A MAXIMUM OF 40% CONDUIT FILL IS MAINTAINED.										
C. THIS PROJECT DOES NOT NECESSARILY UTILIZE ALL CABLE/DEVICE TYPES LISTED IN THIS SCHEDULE.										
D. ALL CABLING INSTALLED BELOW SLAB SHALL BE WET RATED.										
E. PROVIDE PLENUM RATED CABLING WHERE REQUIRED.										
F. WHERE CABLING IS INSTALLED BY THE BIT SCS CONTRACTOR, THE SEC CONTRACTOR SHALL COORDINATE ALL INSTALLATION REQUIREMENTS WITH THE BIT SCS CONTRACTOR.										



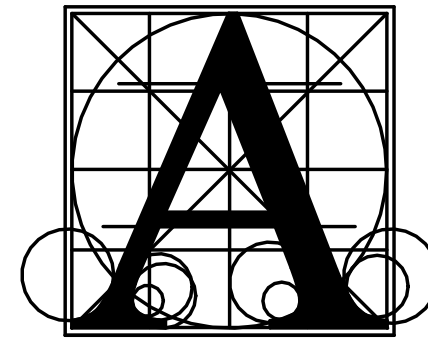
Architecture Incorporated

415 South Main Avenue
P.O. Box 2140
Sioux Falls, South Dakota 57101
Phone: (605) 339-1711

815 St Joseph Street, Suite 203
Rapid City, South Dakota 57701
Phone: (605) 721-1158



PCI Percept Consulting Inc.
Electrical and Electronics
System Design
400 S. Jefferson, Suite 301
Sioux Falls, SD 57104
(7) 509.747.1888 (F) 509.747.1872



Architecture
Incorporated

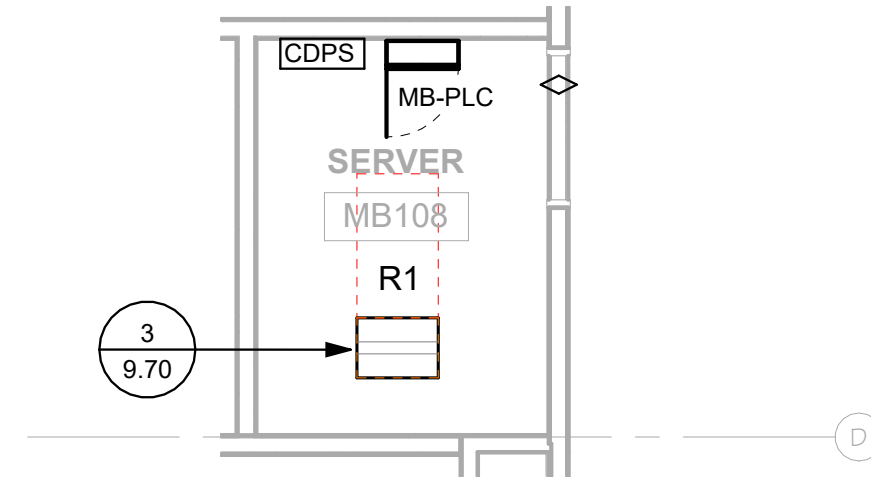
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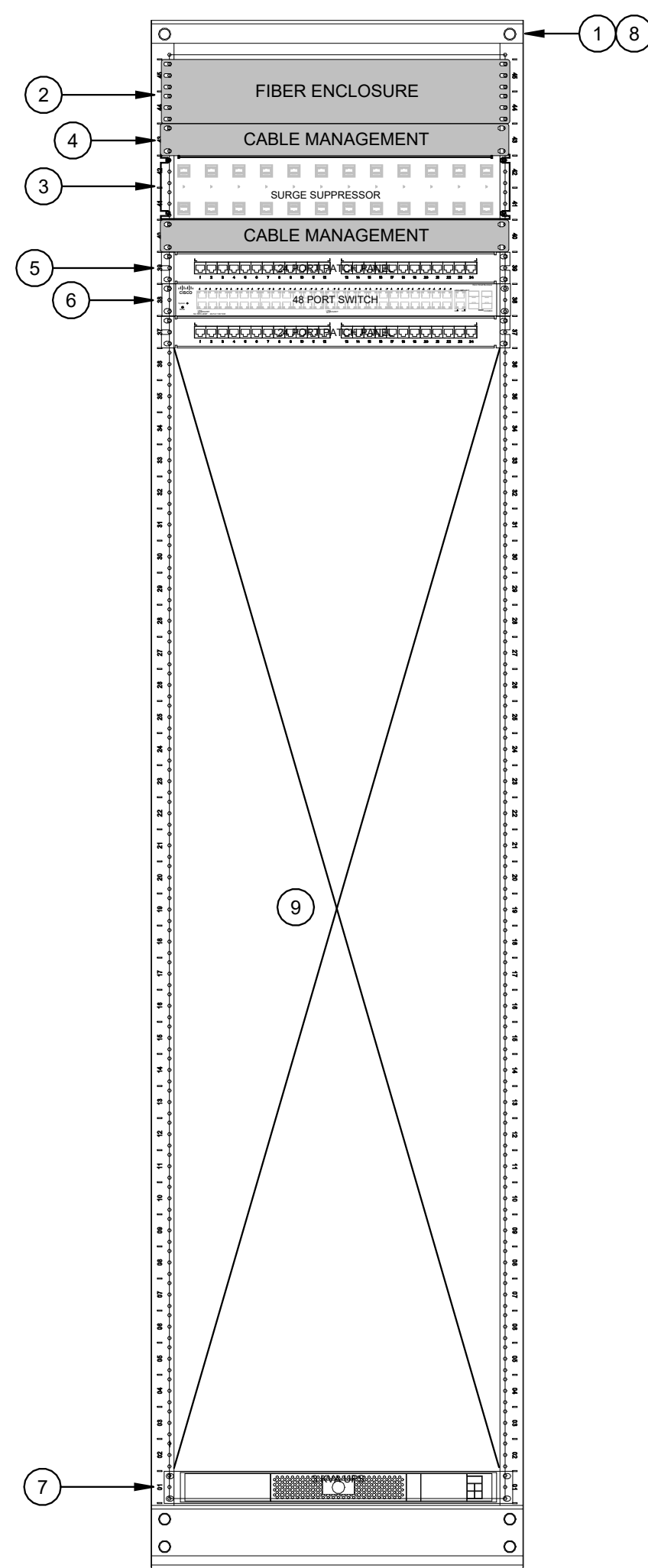
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date	06/06/2025
revision	
drawn	HNM
checked	RCP
DATE	DESCRIPTION
06.20.2025	ADD# 1

MB-9.70



FLOOR PLAN - SECURITY ELECTRONICS
SERVER ROOM MB108

NOT TO SCALE



KEYNOTES FOR DETAIL 2:

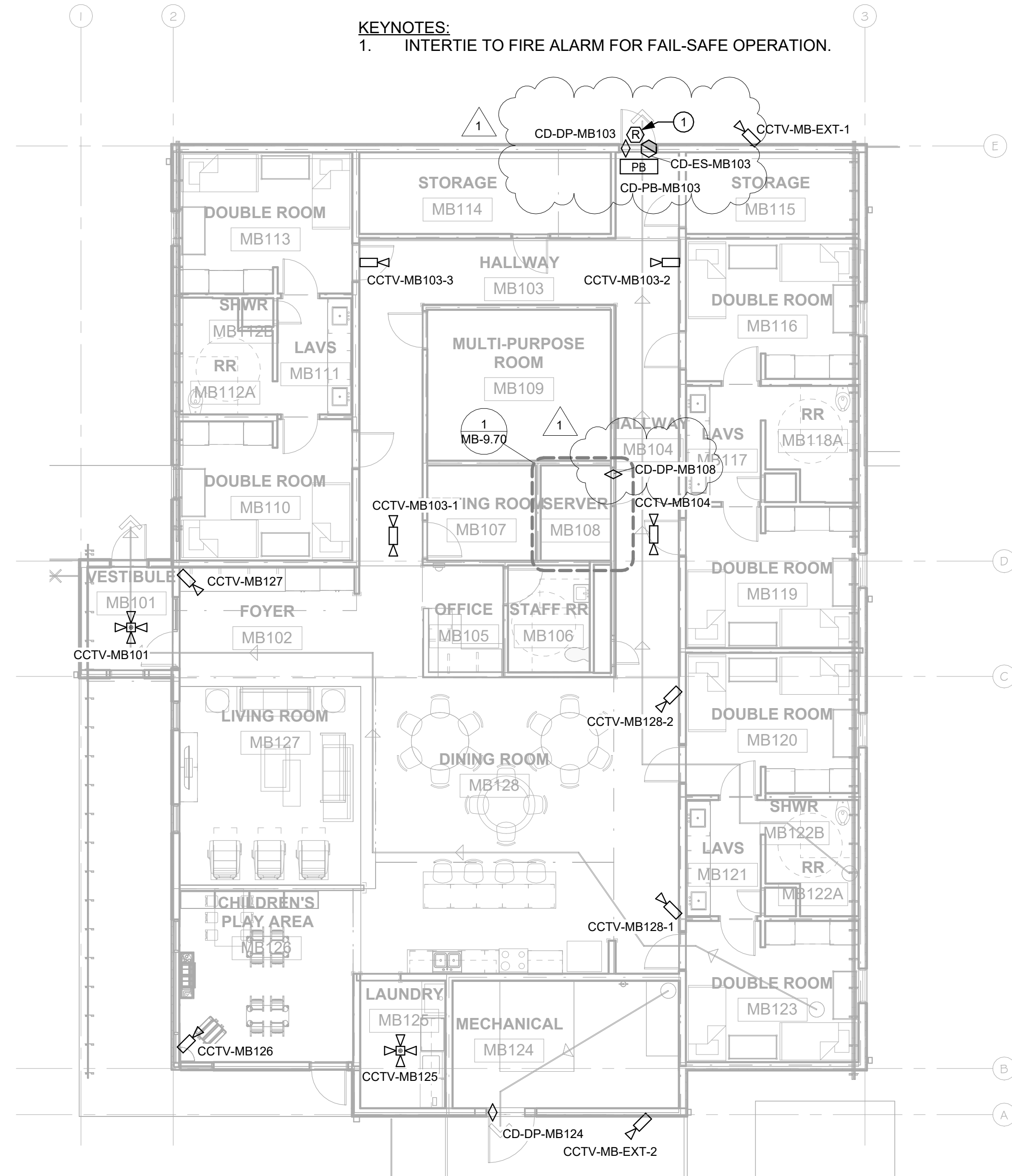
1. PROVIDE 2-POST, ENCLOSED EQUIPMENT RACK WITH FRONT, BACK, SIDE AND TOP COVERS.
2. FIBER PATCH PANEL BY PROVIDED BY BIT SCS CONTRACTOR, TYPICAL.
3. PROVIDE SURGE SUPPRESSION FOR EXTERIOR DEVICES.
4. HORIZONTAL CABLE MANAGEMENT PROVIDED BY BIT SCS CONTRACTOR, TYPICAL.
5. COPPER PATCH PANEL PROVIDED BY BIT SCS CONTRACTOR, TYPICAL.
6. 48 PORT POE NETWORK SWITCH PROVIDED BY BIT. LOW VOLTAGE PANELS NS-ADMIN-MB.
7. PROVIDE 3.0kVA RACK-MOUNTED UPS.
8. PROVIDE 1" CONDUIT WITH #2 GROUND CONDUCTOR TO ROOM BUSBAR.
9. RESERVED FOR BIT EQUIPMENT.

NOTES:

- A. FOR CLARITY, FILLER PLATES NOT SHOWN.
- B. PROVIDE RACK FANS AS REQUIRED. ADEQUATE RACK COOLING SHALL BE THE RESPONSIBILITY OF THE SEC CONTRACTOR.
- C. PRELIMINARY RACK LAYOUT SHOWN. FINAL RACK LAYOUT TO BE DETERMINED BY SEC CONTRACTOR.
- D. FIBER PATCH CORDS FROM IT RACK TO SE EQUIPMENT RACKS, PROVIDED BY BIT SCS CONTRACTOR. COORDINATE INSTALLATION WITH BIT SCS CONTRACTOR.
- E. RACK MOUNTED CABLE MANAGEMENT BETWEEN ALL PATCH PANELS AND NETWORK SWITCHES, PROVIDED BY BIT SCS CONTRACTOR.

EQUIPMENT RACK SE RM MB108

SCALE: 1 1/2" = 1'-0"



KEYNOTES:

1. INTERTIE TO FIRE ALARM FOR FAIL-SAFE OPERATION.

FLOOR PLAN - SECURITY ELECTRONICS - LEVEL 1

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