



**PUBLIC PROTECTION CABINET**  
**Department of Housing, Buildings and Construction**

**Andy Beshear**  
Governor

**Mona Womack**  
Commissioner

Division of Plumbing  
500 Mero St., 1st Floor  
Frankfort, KY 40601-1987  
Phone: (502) 573-0397, (502) 573-1058  
www.dhbc.ky.gov

**Kerry B Harvey**  
Secretary

**Max Fuller**  
Deputy Commissioner

July 23, 2020

Bryan Atkins  
500 S 17th St  
Paducah, KY 42003-2819

RE: Case No: TBD / Plan#: 015741 / LP  
Jackson Purchase Energy Headquarters  
6525 US Highway 60 W  
Paducah, KY/McCracken  
Per Code (no changes)  
Number of Openings: 73

Dear Bryan Atkins:

This is to advise you that plans covering the above captioned project are approved for the plumbing system only by the Division of Plumbing as of the date of this letter. The approval type is as listed above.

Inspections must be requested before any part of this plumbing is covered under the floor or concealed in the walls. A final inspection and air test must be requested after all plumbing fixtures have been set. If a private sewage disposal system or water system is used they also must be inspected.

Two sets of approved plans have been sent to the project Plumbing Inspector. One set of the approved plumbing plans shall be on the construction site for the plumbing inspectors review and comments.

This approval is valid only if construction is begun within one year from this date. If you have any questions concerning this project, please contact the Division of Plumbing at (502) 573-0397.

Sincerely,

*David Moore*

Mike McPherson  
mike.mcpherson@ky.gov

CC: Lynn Bundy





**PLAN APPLICATION FORM**  
PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5405  
**BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397**



NOTE: Complete all applicable spaces

Today's Date:  
6/1/2020

REV.2/2012

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>NAME OF PERSON SUBMITTING PLANS</b> BRYAN ATKINS, PE Phone (270) 444-9274 Ext                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | <b>IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                     |                             |
| MAILING ADDRESS: 500 SOUTH 17TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | PADUCAH                                                                                                                                                                                                                                                                                                                                                                                                                             | KY 42002-                   |
| NUMBER / STREET, HWY, ROAD or P. O. BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE ZIP CODE              |
| FAX: 270 443-1904                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EMAIL: batkins@marcumengineering.net | SEND APPROVAL LETTER VIA: FAX <input type="checkbox"/> EMAIL <input checked="" type="checkbox"/> POSTAL <input type="checkbox"/>                                                                                                                                                                                                                                                                                                    |                             |
| <b>BUSINESS &amp; PROJECT NAME:</b> JACKSON PURCHASE ENERGY HEADQUARTERS<br>(Or tenant name if multi-tenant building) PLEASE NOTE IF PROJECT IS INSIDE OR OUTSIDE LIMITS OF CITY NOTED BELOW                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>PROJECT LOCATION:</b> 6525 US HIGHWAY 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | PADUCAH                                                                                                                                                                                                                                                                                                                                                                                                                             | KY 42001-                   |
| NUMBER / STREET, HWY OR ROAD (Please do not indicate P. O. Box or Postal Routes)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE ZIP CODE              |
| <b>IF PROJECT IS EXISTING, PLEASE NOTE PREVIOUS NAME:</b> Paducah Regional Sportsplex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>PROJECT LOCATED WITHIN CITY LIMITS?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | COUNTY                                                                                                                                                                                                                                                                                                                                                                                                                              | MCCRACKEN                   |
| <b>OWNER (INDIVIDUAL &amp; COMPANY):</b> GREG GRISSOM - JACKSON PURCHASE ENERGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | PHONE                                                                                                                                                                                                                                                                                                                                                                                                                               | (270) 442-7321 Ext          |
| MAILING ADDRESS: 2900 IRVIN COBB DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | PADUCAH                                                                                                                                                                                                                                                                                                                                                                                                                             | KY 42003-                   |
| NUMBER / STREET, HWY, ROAD or P. O. BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE ZIP CODE              |
| FAX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EMAIL: greg.grissom@jpenergy.com     |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>ARCHITECT (NAME &amp; FIRM):</b> MICHAEL DEANE - M+H ARCHITECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | PHONE                                                                                                                                                                                                                                                                                                                                                                                                                               | (314) 878-3500 Ext          |
| AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> No |
| MAILING ADDRESS: 2150 SCHUETZ ROAD, SUITE 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | ST. LOUIS                                                                                                                                                                                                                                                                                                                                                                                                                           | MO 63146-                   |
| NUMBER / STREET, HWY, ROAD or P. O. BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE ZIP CODE              |
| FAX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EMAIL: deane@mha.us.com              |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>NOTE: DESIGN CERTIFICATION REQUIRED.</b> All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2007 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of seismic bracing requirements for architectural, mechanical and electrical components and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction. This does not apply for Plumbing submission only. |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>ENGINEER (NAME &amp; FIRM):</b> BRYAN ATKINS, PE - MARCUM ENGINEERING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | PHONE                                                                                                                                                                                                                                                                                                                                                                                                                               | (270) 444-9274 Ext          |
| MAILING ADDRESS: 500 SOUTH 17TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | PADUCAH                                                                                                                                                                                                                                                                                                                                                                                                                             | KY 42002-                   |
| NUMBER / STREET, HWY, ROAD or P. O. BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE ZIP CODE              |
| FAX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EMAIL: batkins@marcumengineering.net |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>PROJECT CONTRACTOR:</b> TBD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | PHONE                                                                                                                                                                                                                                                                                                                                                                                                                               | ( ) - Ext                   |
| MAILING ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | CITY                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE ZIP CODE              |
| FAX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EMAIL:                               |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>BUILDING INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>NUMBER OF BUILDINGS IN THIS SUBMITTAL:</b> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | <b>USE OF BUILDING(S)</b> ie...restaurant, office, classroom, storage or other ( please specify ) OFFICE                                                                                                                                                                                                                                                                                                                            |                             |
| <b>BUILDING(S) IN THIS PROJECT IS / ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      | <input checked="" type="checkbox"/> NEW FREESTANDING BUILDING <input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE <input type="checkbox"/> RENOVATION ONLY <input checked="" type="checkbox"/> RENOVATION & ADDITION                                                                                                                                                                                                        |                             |
| <b>TOTAL AREA IN NEW BLDG. OR ADDITION:</b> 9,118 FT <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | <b>NUMBER OF LEVELS (INCLUDING BASEMENT):</b> 1 <b>BASEMENT</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                 |                             |
| <b>TOTAL AREA IN EXISTING BLDG.:</b> 83,979 FT <sup>2</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | <b>DATE CONSTRUCTION TO BEGIN:</b> 7/20/2020 <b>ESTIMATED COMPLETION DATE:</b> 5/30/2021                                                                                                                                                                                                                                                                                                                                            |                             |
| <b>TYPE OF PLAN SUBMITTALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>BUILDING PLAN SUBMITTALS</b><br>(Check the type of evaluations requested at this time)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | <b>SHOP DRAWING PLAN SUBMITTALS</b><br>(Check the type of evaluations requested at this time)                                                                                                                                                                                                                                                                                                                                       |                             |
| <b>BUILDING PLAN REVIEW (BCE)</b><br>Full Building Review <input type="checkbox"/><br>Expedited Site & Foundation Review <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | Suppression System (Sprinkler, CO <sup>2</sup> , Etc.) <input type="checkbox"/><br>Alarm Systems <input type="checkbox"/><br>Boiler System <input type="checkbox"/><br>Bleacher Seating <input type="checkbox"/><br>Range Hood System <input type="checkbox"/><br>Fuel Tank <input type="checkbox"/><br>Elevator <input type="checkbox"/><br>Swimming Pool <input type="checkbox"/><br>Prefabricated Truss <input type="checkbox"/> |                             |
| <b>PLUMBING PLAN REVIEW</b><br>Plumbing Review ONLY <input checked="" type="checkbox"/><br>Water Supply Review <input type="checkbox"/><br>Waste Water Review <input type="checkbox"/><br>Other (please specify) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| SUBMIT ONLY ONE SET FOR BCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | SUBMIT 3 SETS OF PLANS FOR PLB                                                                                                                                                                                                                                                                                                                                                                                                      |                             |
| <b>THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>DESIGN CAPACITY OF BUILDING:</b> NO. OF MALES 50 NO. OF FEMALES 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | <b>ARE RESTROOMS ACCESSIBLE TO PUBLIC?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                      |                             |
| <b>SEWAGE DISPOSAL:</b> TYPE: <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      | <b>ARE RESTROOMS ACCESSIBLE TO DISABLED?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                    |                             |
| <b>WATER SUPPLY:</b> <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> DRILLED WELL <input type="checkbox"/> CISTERN <input type="checkbox"/> HAULED WATER <input type="checkbox"/> ROOF WATER <input type="checkbox"/> SPRING <input type="checkbox"/> STREAM                                                                                                                                                                                                                                                                                                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>IF PRIVATE, INDICATE THE TYPE AND THE DESIGN:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| <b>BY WHOM:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
| THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL ( Must be completed prior to sending Plumbing Plans to Frankfort )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | REGISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |
| REVIEWED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |
| APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |

THIS AREA FOR OFFICE USE ONLY





APPROVED, Sanitary Features and Schematic Only  
Office of Housing, Buildings  
and Construction  
Frankfort, Kentucky  
Division of Plumbing

BY: [Signature]  
DIRECTOR, DIVISION OF PLUMBING  
APPROVAL DATE: 7-23-2020  
EXPIRATION DATE: 7-23-2021

ALL PLUMBING MUST  
CONFORM TO THE KY  
STATE PLUMBING CODE

PER CODE

MD  
73  
CP  
LP015741



# PLUMBING NOTES

[illegible][illegible]

|                             |
|-----------------------------|
| CONSUMPTION CLEAROUT        |
| CIRCULATION PUMP            |
| THERMAL STRATIFICATION TANK |

**APPROACHES TO ADDRESS**

A. INITIAL REVIEW OF THE REQUEST FOR INITIAL OPERATIONS REPORTS

B. INITIAL INVESTIGATION SHALL BE FORTHWITH INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

C. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

D. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

E. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

F. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

G. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

H. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

I. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

J. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

K. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

L. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

M. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

N. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

O. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

P. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

Q. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

R. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

S. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

T. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

U. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

V. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

W. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

X. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

Y. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

Z. A LATERAL AND DIRECTIONAL SHALL BE INITIATED TO DETERMINE THE CAUSE OF THE INCIDENT

DO.1



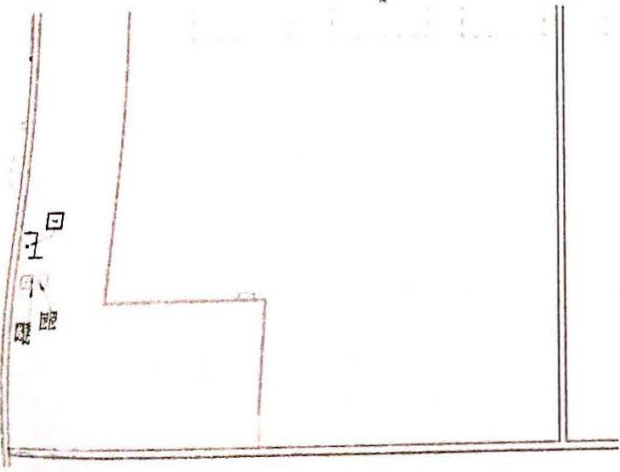
PROJECT  
 ① FIRST FLOOR PLAN - EAST  
 SCALE 1/8" = 1'-0"



1. ALL ROOMS TO BE FINISHED WITH CARPETING, EXCEPT WHERE NOTED OTHERWISE.  
 2. ALL ROOMS TO BE FINISHED WITH WALLPAPER, EXCEPT WHERE NOTED OTHERWISE.  
 3. ALL ROOMS TO BE FINISHED WITH PLASTER, EXCEPT WHERE NOTED OTHERWISE.  
 4. ALL ROOMS TO BE FINISHED WITH CEILING, EXCEPT WHERE NOTED OTHERWISE.  
 5. ALL ROOMS TO BE FINISHED WITH FLOOR, EXCEPT WHERE NOTED OTHERWISE.  
 6. ALL ROOMS TO BE FINISHED WITH DOORS, EXCEPT WHERE NOTED OTHERWISE.  
 7. ALL ROOMS TO BE FINISHED WITH WINDOWS, EXCEPT WHERE NOTED OTHERWISE.  
 8. ALL ROOMS TO BE FINISHED WITH LIGHTING, EXCEPT WHERE NOTED OTHERWISE.  
 9. ALL ROOMS TO BE FINISHED WITH FURNITURE, EXCEPT WHERE NOTED OTHERWISE.  
 10. ALL ROOMS TO BE FINISHED WITH DECORATION, EXCEPT WHERE NOTED OTHERWISE.



PROJECT  
MECHANICAL  
① FIRST FLOOR PLAN - WEST  
SCALE 1/8" = 1'-0"



PROJECT  
MECHANICAL  
① MEZZANINE PLAN - WEST  
SCALE 1/8" = 1'-0"

NOTES:  
1. SEE ARCHITECT'S DRAWINGS FOR ALL OTHER NOTES.  
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99B.  
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL CODE (IMC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99B.  
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL PLUMBING AND MECHANICAL CODE (IPMC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99B.  
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL CODE (IMC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99B.  
6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL PLUMBING AND MECHANICAL CODE (IPMC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99B.  
7. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL CODE (IMC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99B.  
8. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL PLUMBING AND MECHANICAL CODE (IPMC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99B.  
9. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL CODE (IMC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99B.  
10. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL PLUMBING AND MECHANICAL CODE (IPMC) AND THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 99B.



ENTER PROJECT DESCRIPTION HERE

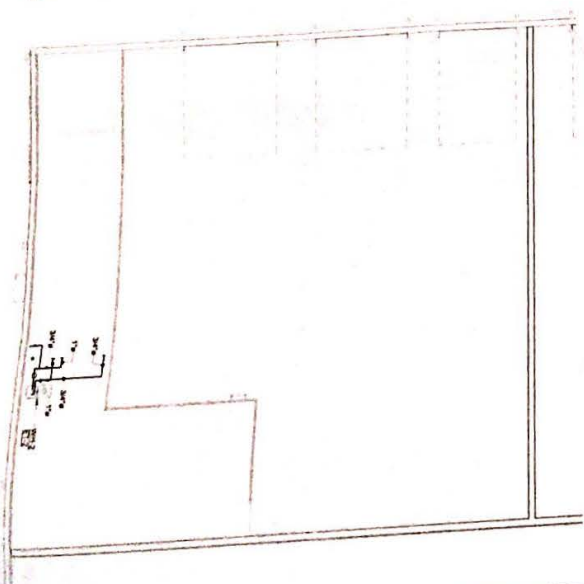



**FLOOR FIRST PLAN - EAST**  
 SCALE 1/8" = 1'-0"



1. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 2. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 3. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 4. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 5. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 6. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
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 10. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 11. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 12. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 13. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 14. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 15. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 16. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 17. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 18. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 19. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.  
 20. ALL ROOMS SHALL BE ACCESSIBLE TO THE PUBLIC.





PROJECT  
MONTH  
MEZZANINE PLAN - WEST  
SCALE: 1/8" = 1'-0"

QUESTION 10: (10 MARKS) (17%)

1. Identify the following terms and explain their meaning in the context of the business environment. (5 marks)

2. Discuss the importance of the business environment for a company's success. (5 marks)

3. Explain the role of the business environment in the development of a company's strategy. (5 marks)

4. Discuss the impact of the business environment on a company's operations. (5 marks)

5. Explain the role of the business environment in the development of a company's culture. (5 marks)

6. Discuss the impact of the business environment on a company's financial performance. (5 marks)

7. Explain the role of the business environment in the development of a company's reputation. (5 marks)

8. Discuss the impact of the business environment on a company's social performance. (5 marks)

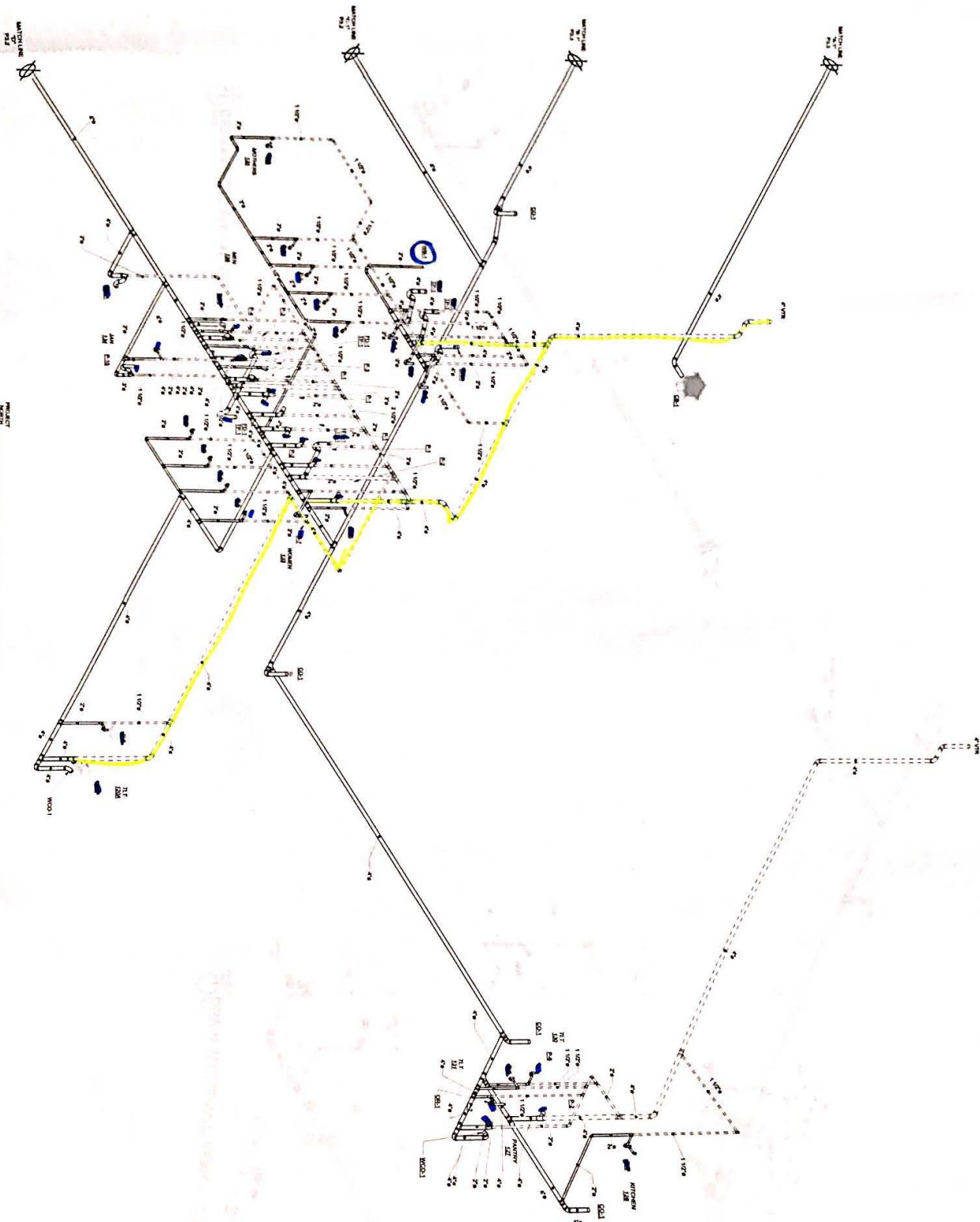
9. Explain the role of the business environment in the development of a company's environmental performance. (5 marks)

10. Discuss the impact of the business environment on a company's overall performance. (5 marks)



ENTER PROJECT DESCRIPTION HERE:  
**JACKSON PURCHASE ENERGY**  
6525 US Highway 60 W, Paducah, KY 42001

# PROJECT NO. 2020-06-27 **① DRAIN WASTE AND VENT DIAGRAM**



ENTER PROJECT DESCRIPTION HERE  
**JACKSON PURCHASE ENERGY**  
 6525 US Highway 60 W, Paducah, KY 42001

**M+H**  
 ARCHITECTS  
 2115 Jackson Street, Suite 200  
 Paducah, KY 42001  
 Phone: 270.741.1111  
 Fax: 270.741.1112  
 Email: info@mharchitects.com  
 Website: www.mharchitects.com

**CONSULTANTS:**  
 DR. JACOBSON & ASSOCIATES  
 1001 S. 10th St.  
 Paducah, KY 42001  
 Phone: 270.741.1111  
 Fax: 270.741.1112  
 Email: info@jacobsonassociates.com  
 Website: www.jacobsonassociates.com

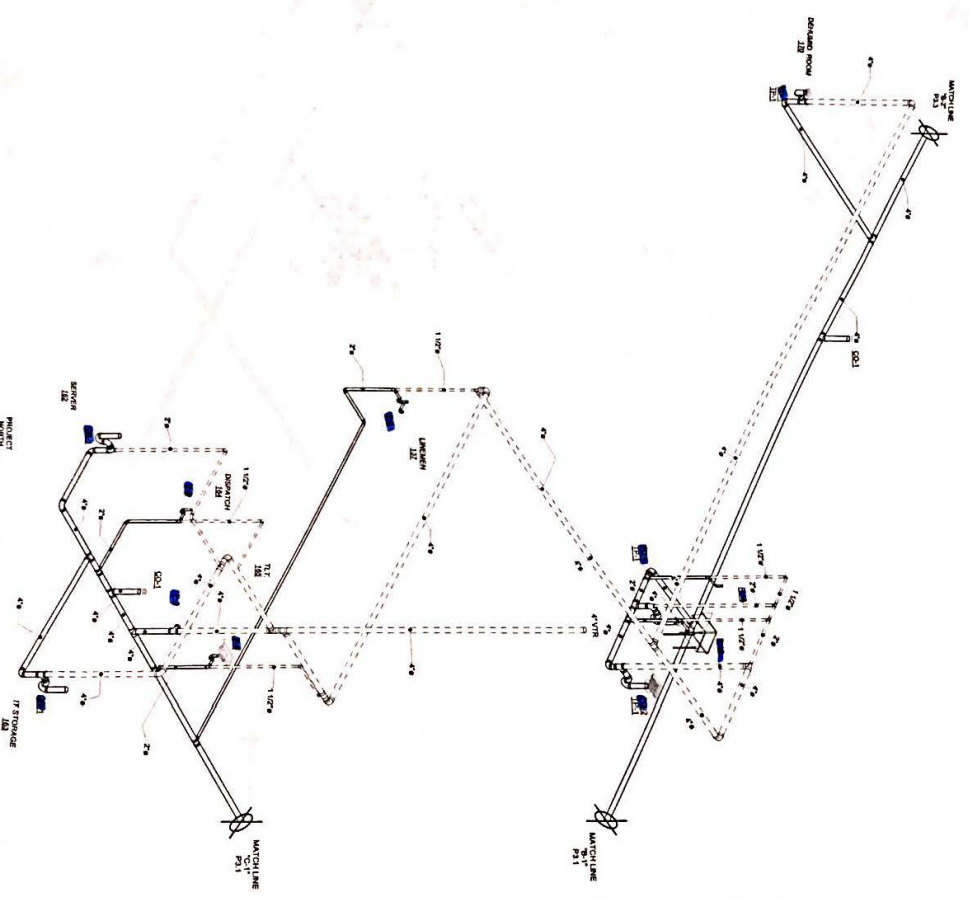
**MARCUM**  
 270.741.1111  
 270.741.1112  
 info@marcum.com  
 www.marcum.com



PROPERTY  
BOUNDARY  
① SCALE  
**DRAIN WASTE AND VENT DIAGRAM**



PROPERTY  
BOUNDARY  
① SCALE  
**DRAIN WASTE AND VENT DIAGRAM**



**ARCHITECT**  
J. B. & S. B. ARCHITECTS, INC.  
2101 S. 10TH STREET, SUITE 200  
PADUCAH, KY 42001  
502-838-1111  
www.jbsa.com

**CONSULTANTS**  
**SOIL, STRUCTURAL & ELEC.**  
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502-838-1111  
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J. B. & S. B. ARCHITECTS, INC.  
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PADUCAH, KY 42001  
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**CONSTRUCTION MANAGEMENT**  
J. B. & S. B. ARCHITECTS, INC.  
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PADUCAH, KY 42001  
502-838-1111  
www.jbsa.com

**MARCUM ENGINEERING, LLC**  
1000 S. 10TH STREET, SUITE 200  
PADUCAH, KY 42001  
502-838-1111  
www.marcumeng.com



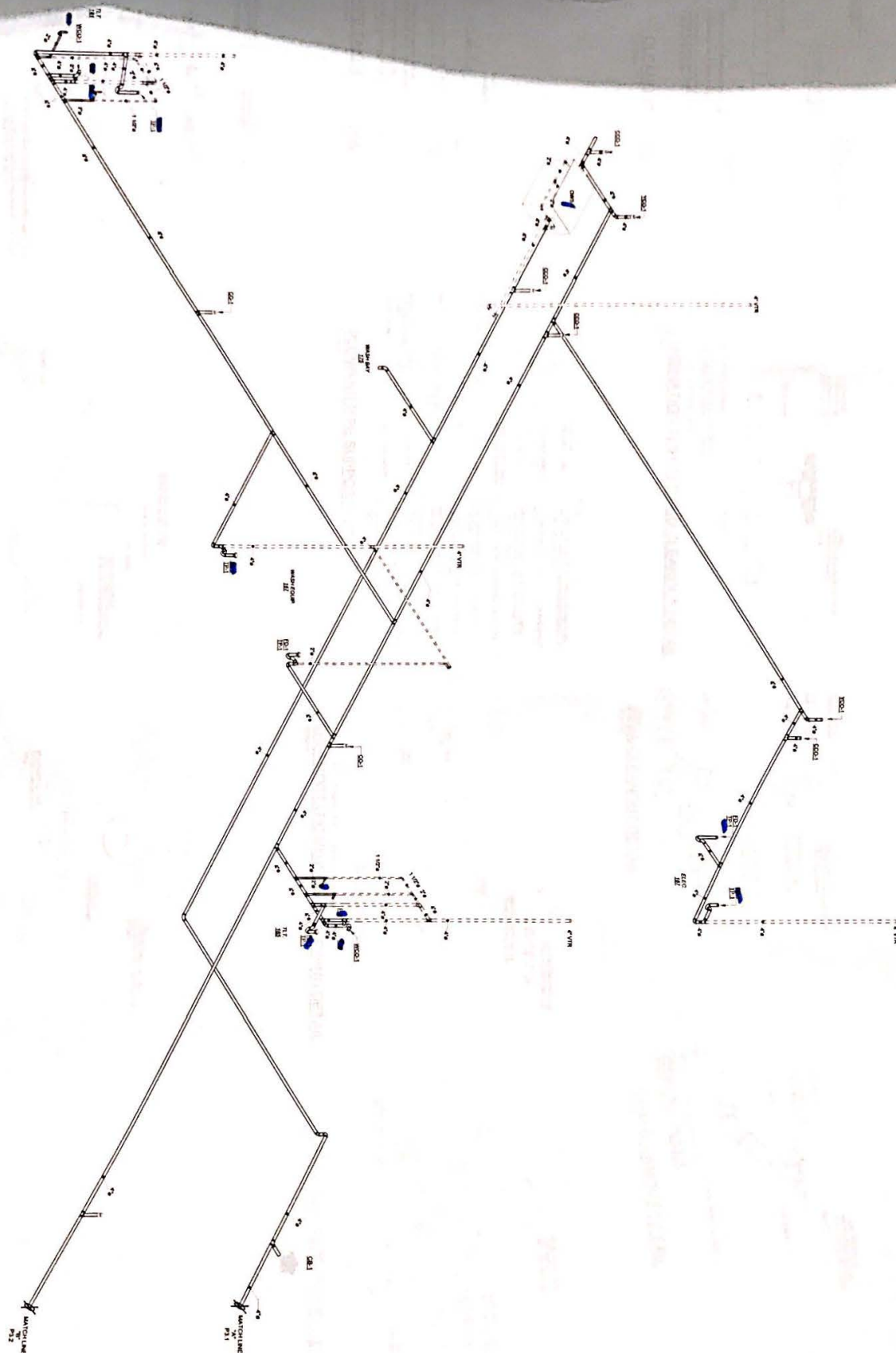
ENTER PROJECT DESCRIPTION HERE:  
**JACKSON PURCHASE ENERGY**  
6525 US Highway 60 W, Paducah, KY 42001  
PADUCAH, KENTUCKY



DESCRIPTION:  
NO. 107  
REVISIONS: 1ST  
DATE: 5/13/2020

Sheet Date: 05-13-2020  
Job Number: 107  
Project No: 107  
Drawing No: 107  
Drawing Title: DRAIN WASTE VENT  
DRAIN WASTE VENT  
DIAGRAM - EAST

PROJECT  
① DRAIN WASTE AND VENT DIAGRAM



P3.3

DATE: 10/10/2019  
DRAWN BY: J. B. BROWN  
CHECKED BY: J. B. BROWN  
DATE: 10/10/2019

DESCRIPTION:

100' 0" 0"

100' 0" 0"



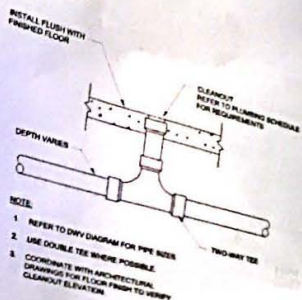
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**JACKSON PURCHASE ENERGY**

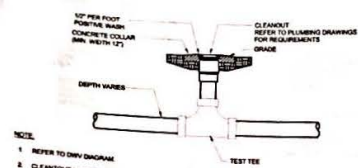
6525 US Highway 60 W, Paducah, KY 42001

**MARCUM**  
 ENGINEERING, LLC  
 1000 W. 10th Street  
 Paducah, KY 42001  
 270-244-1000  
 www.marcumeng.com

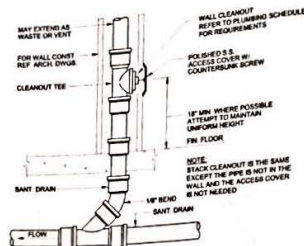




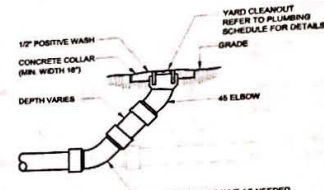
**CLEANOUT DETAIL**  
NO SCALE



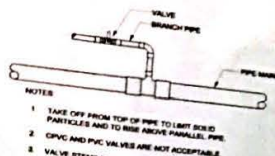
**COMBINATION TEST TEE AND CLEANOUT DETAIL**  
NO SCALE



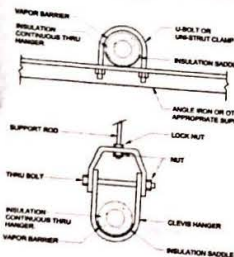
**WALL CLEANOUT DETAIL**  
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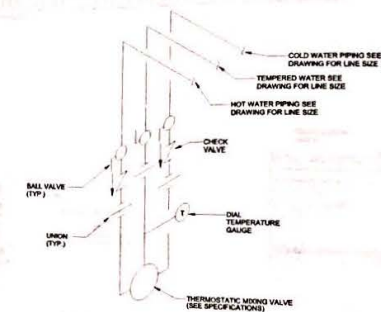
**YARD CLEANOUT DETAIL**  
NO SCALE



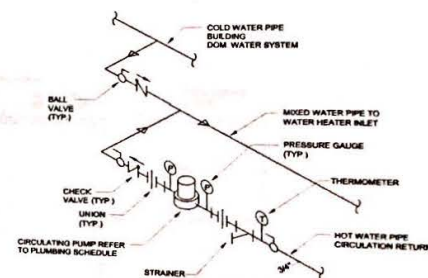
**PIPE TAKE OFF DETAIL**  
NO SCALE



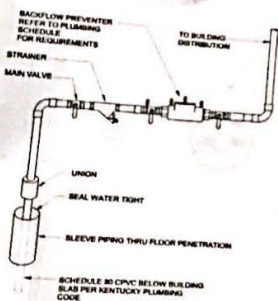
**PLUMBING PIPE SUPPORT DETAIL**  
NO SCALE



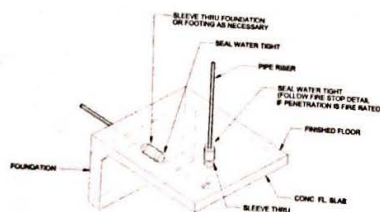
**THERMOSTATIC MIXING VALVE PIPING DETAIL**  
NO SCALE



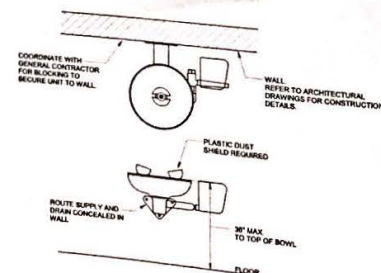
**CIRCULATING PUMP PIPING DETAIL**  
NO SCALE



**DOMESTIC WATER SERVICE DETAIL (PLASTIC)**  
NO SCALE



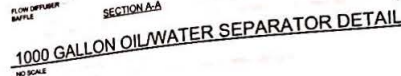
**PIPE PENETRATION DETAIL**  
NO SCALE



**WALL MOUNTED EYE / FACE WASH DETAIL**  
NO SCALE



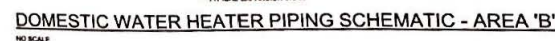
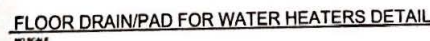




- [illegible]



1. CONCRETE SHALL OBTAIN A 4,000 PSI COMPRESSIVE STRENGTH AT AFTER 28 DAYS.
2. FIELD VERIFY ALL MEASUREMENTS BEFORE FABRICATION.
3. IF THICKNESS OF CONCRETE PAD, SLOPE TO DRAIN AT 1/8" PER FOOT FROM CURBS.
4. CAST IN 8" SOWELS AT 2' O.C. FROM CURB. MAX. A 2" DEPTH CURB CURB. CURB. #4 SOWELS INTO EXISTING HOLES WITH HIGH-STRENGTH HIGH-TENSILE (GR50) REINFORCING AT 2' O.C. ALONG CURBS ON FOUR (4) SIDES.
5. COAT THE PAD AND CURB WITH WATER REPELLANT COATING (SEER AND ANCHORING) (SEE SOWELS FOR COATING REQUIREMENTS).



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