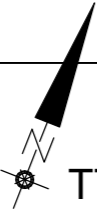
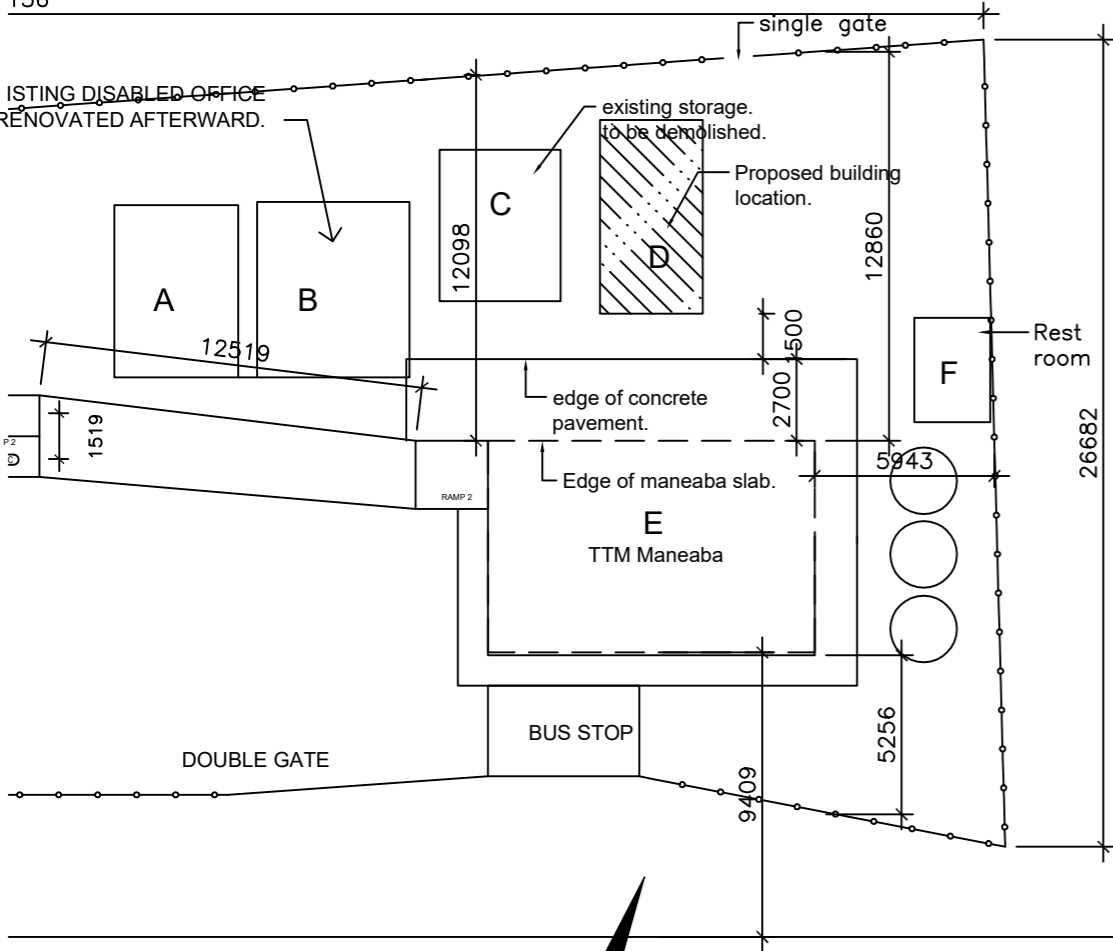


136

EXISTING DISABLED OFFICE  
RENOVATED AFTERWARD.



TTM NANIKAAMAIN ROAD ..

PROPOSED SITE LAYOUT PLAN

SCALE 1:250

NOTE

As discussed in your minutes, waiting area will be a maneaba. In this case we will have only two rooms, which are nurse interview room and private room for clinical and etc.

Please see revised design for your comment as I try to complete the rest. I hope you get your comments back soon this week.

November 11 2020

LEGEND.

- A TTM OFFICE ROOM - EXISTING
- B TTM OLD OFFICE ROOM- EXISTING
- C TTM STORAGE ROOM- EXISTING
- D TTM PROPOSED CLINIC BUILDING
- E TTM MANEABA- EXISTING
- F TTM TOILET BLOCK.

Note regarding the above buildings.

Building A is currently used as an office and meeting place by TTM officers. The building is in good condition and will remain use as it is.

Building B is currently used by officers (TTM) on daily basis. Historically, it is an old building and begins to deteriorating. It is now one of the future concerns for TTM officers and look forward for full renovation to it.

Building C is a storage for some working materials for seawall and maneaba. There are still leftover items in it which can be used where they suit. However, it will be removed since it is an abstraction to TTM Clinic.

Building D is a proposed TTM CLINIC to serve some minor medical services to disabled people from time to time. It has only two rooms where one for review and treatment while the other for privacy checking. The funding is secured and will be out for tender.

Building E is the TTM Maneaba. The maneaba will be used as a waiting area for patients before to get seen by the nurse or doctor.

DRAWING LIST.

| NO  | NAME              | SCALE      |
|-----|-------------------|------------|
| A00 | SITE PLAN         | 1:500      |
| A01 | PLANS & SECTION   | 1:100      |
| A02 | OPENINGS SCH DTLS | 1:50, 1:20 |
| A50 | DTLS              | 1:20       |
| A51 | DTLS              | 1:20       |
| A52 | SPECIFICATIONS    | NIL        |

Job title TTM CLINIC DESIGN

qty Issued to Date

Technical Design Section

Sheet title SITE PLAN.

Phone No. 26192

Associated drawing

Project No.

Technical File No.

Computer ref

Scale

Date

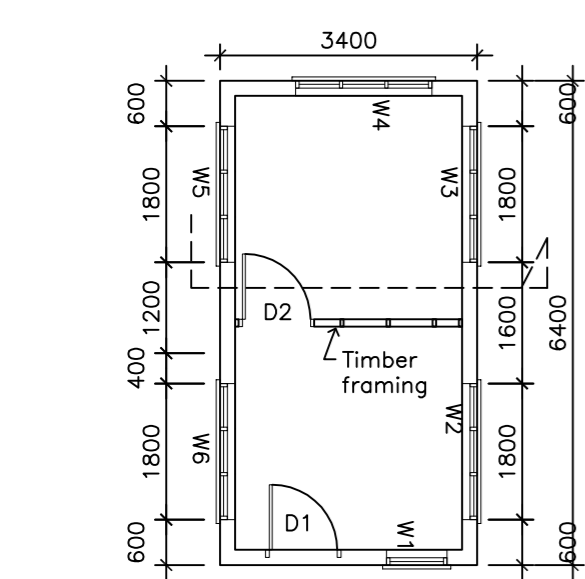
Drawing No.

sheet A00

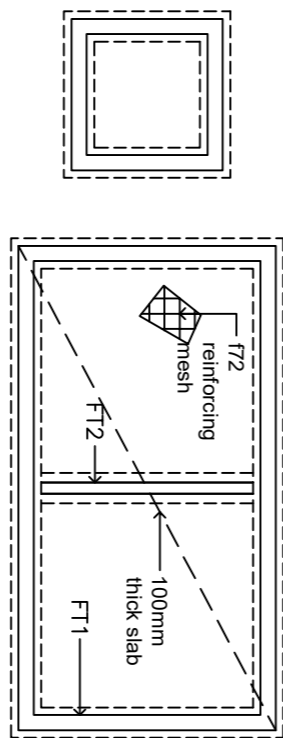


| Full name | Signature | Title          | Date |
|-----------|-----------|----------------|------|
| Drawn     | Peter     | Draftsman      |      |
| Checked   |           | Architect      |      |
| Checked   |           | Civil Engineer |      |
| Approved  |           | Chief Engineer |      |
| Approved  |           | Client         |      |

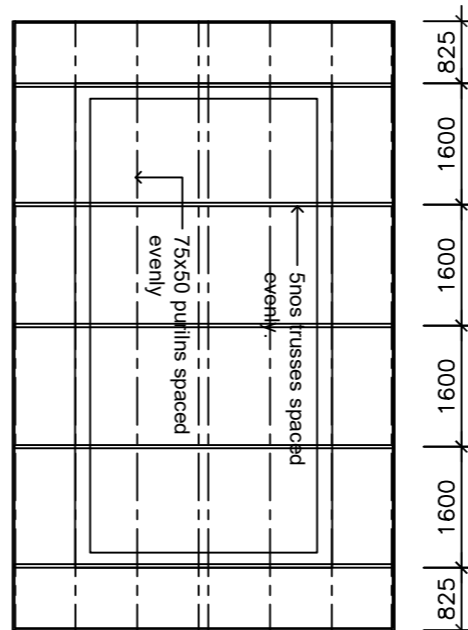
Letter Ammendments Date



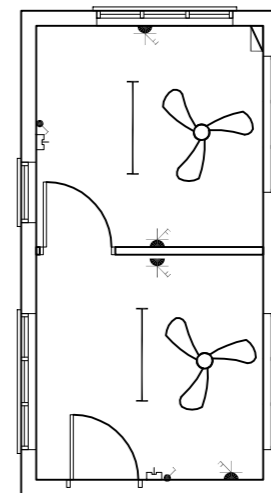
FLOOR LAYOUT  
SCALE 1:100



FDN LAYOUT  
SCALE 1:100

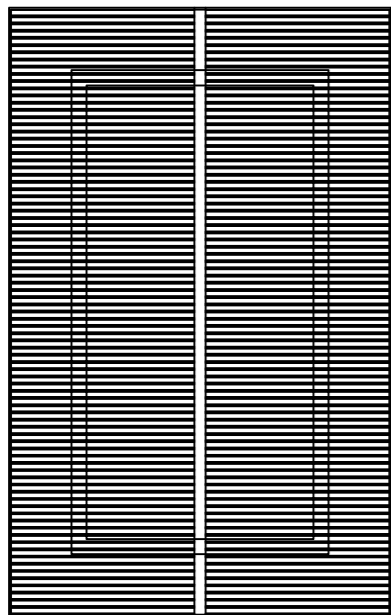


ROOF FRMG PLAN  
SCALE 1:100

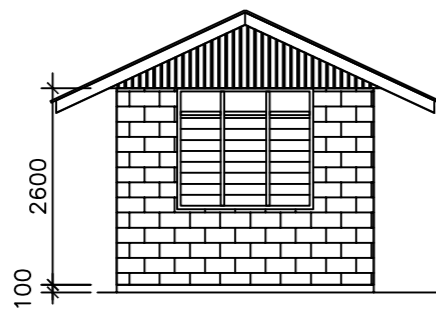


- LEGEND**
- FAN
  - BULB LIGHT
  - 4 FEET FLOURESCENT LIGHT
  - FAN SWITCH
  - DOUBLE POWER POINT
  - LIGHT SWITCH
  - SWITCHBOARD

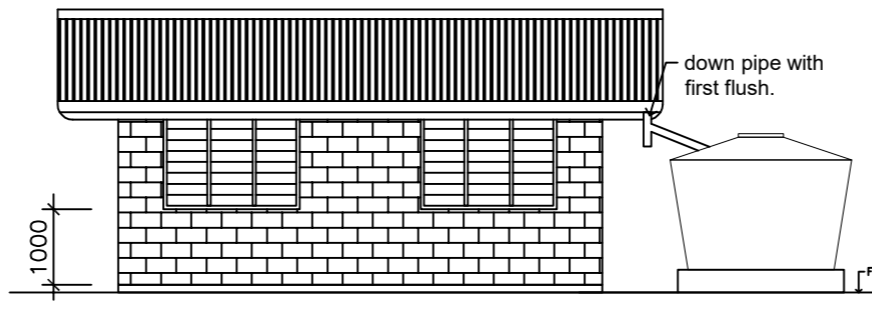
ELECT.LAYOUT  
SCALE 1:100



ROOF PLAN  
SCALE 1:100



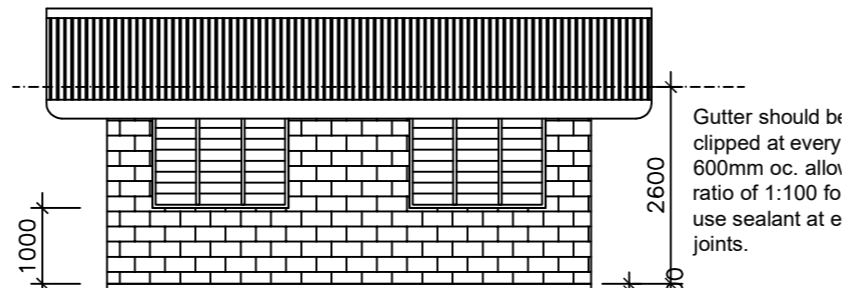
ELEV. 1  
SCALE 1:100



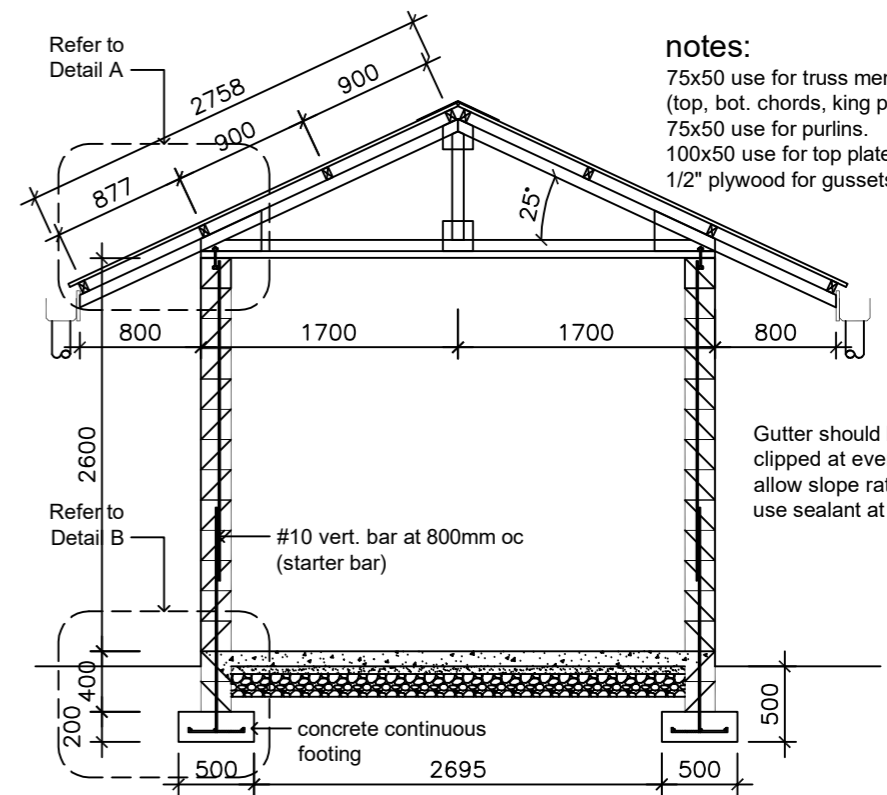
ELEV. 2  
SCALE 1:100



ELEV. 3  
SCALE 1:100



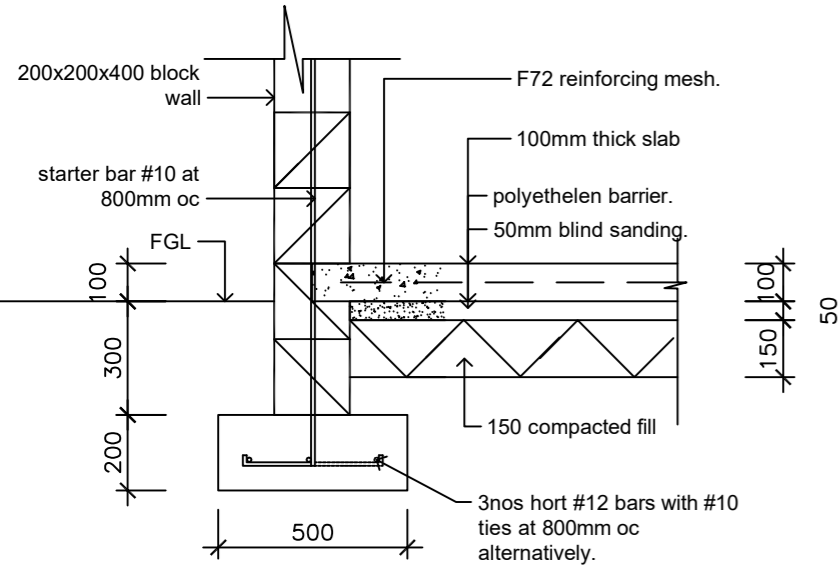
ELEV. 4  
SCALE 1:100



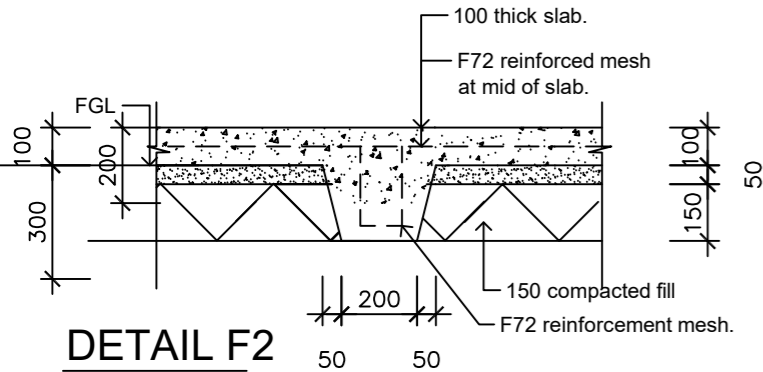
SECTION A-A  
SCALE 1:50

|                             |       |  |                |  |             |             |       |           |      |             |                    |  |              |                          |  |     |                          |                    |  |
|-----------------------------|-------|--|----------------|--|-------------|-------------|-------|-----------|------|-------------|--------------------|--|--------------|--------------------------|--|-----|--------------------------|--------------------|--|
| Job title TTM CLINIC DESIGN |       |  |                |  | SCALE 1:100 |             | qty   | Issued to |      | SCALE 1:100 |                    | Date   |              | Technical Design Section |  |     | Sheet title PLAN LAYOUTS |                    |  |
|                             |       |  |                |  |             |             |       |           |      |             |                    |  |              |                          |  |     |                          |                    |  |
|                             |       |  |                |  |             |             |       |           |      |             |                    |  |              | Phone No. 26192          |  | TDS |                          | Associated drawing |  |
| Full name                   |       |  |                |  | Signature   |             | Title |           | Date |             | Technical File No. |  | Computer ref |                          |  |     |                          |                    |  |
| Drawn                       | Peter |  | Draftsman      |  |             |             |       |           |      |             |                    | Scale As shown   |              | Date                     |  |     |                          | Drawing No.        |  |
| Checked                     |       |  | Architect      |  | Letter      | Ammendments |       |           |      | Date        |                    | October 2020   |              |                          |  |     |                          |                    |  |
| Checked                     |       |  | Civil Engineer |  |             |             |       |           |      |             |                    |  |              |                          |  |     |                          |                    |  |
| Approved                    |       |  | Chief Engineer |  |             |             |       |           |      |             |                    |  |              |                          |  |     |                          |                    |  |
| Approved                    |       |  | Client         |  |             |             |       |           |      |             |                    |  |              |                          |  |     |                          |                    |  |
|                             |       |  |                |  |             |             |       |           |      |             |                    | MINISTRY OF PUBLIC WORKS & UTILITIES<br>PO BOX 498 BETIO TARAWA<br>REPUBLIC OF KIRIBATI<br>CENTRAL PACIFIC |              |                          |  |     |                          |                    |  |

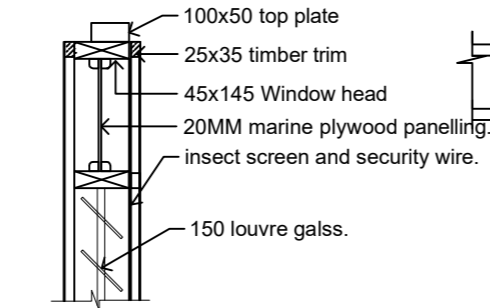




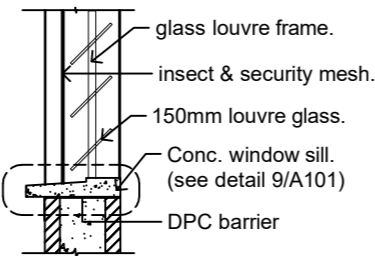
**DETAIL B/F1**  
SCALE 1:20



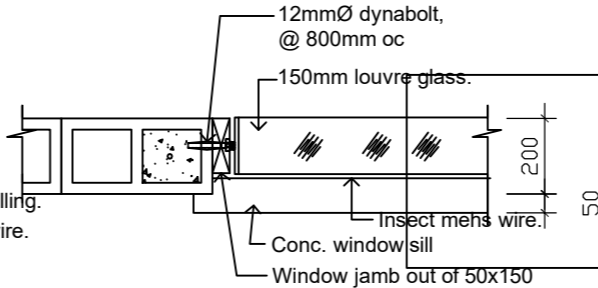
**DETAIL F2**  
SCALE 1:20



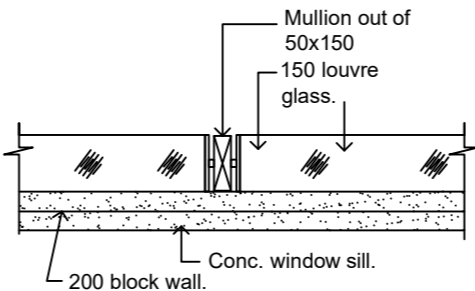
**DETAIL 1**  
SCALE 1:20 (exterior)  
window header.



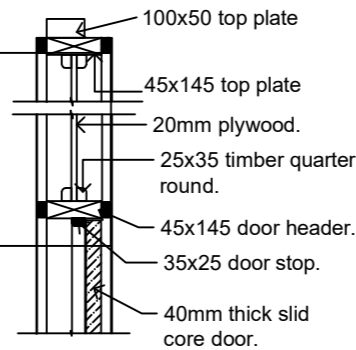
**DETAIL 2**  
SCALE 1:20



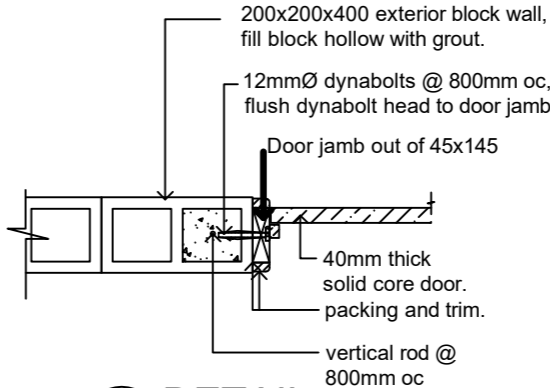
**DETAIL 3**  
SCALE 1:20



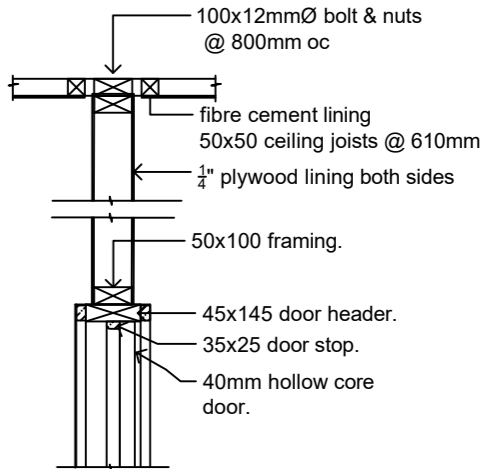
**DETAIL 4**  
SCALE 1:20



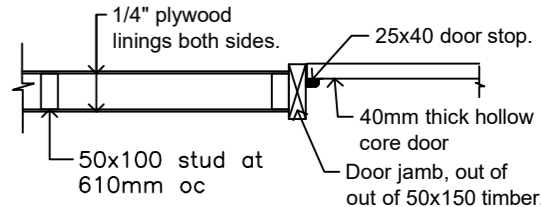
**DETAIL 5**  
SCALE 1:20 (exterior)  
Door header.



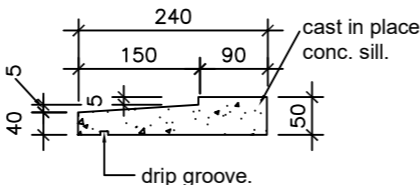
**DETAIL 6**  
SCALE 1:20 (exterior)  
Door jamb.



**DETAIL 7**  
SCALE 1:20 (interior)  
Door header.



**DETAIL 8**  
SCALE 1:20 (Interior)



**DETAIL 9**  
SCALE 1:10

Job title TTM CLINIC DESIGN

qty Issued to Date

**Technical Design Section**

Sheet title DETAILS

Phone No. 26192

Associated drawing

Project No.

Technical File No.

Computer ref

Scale

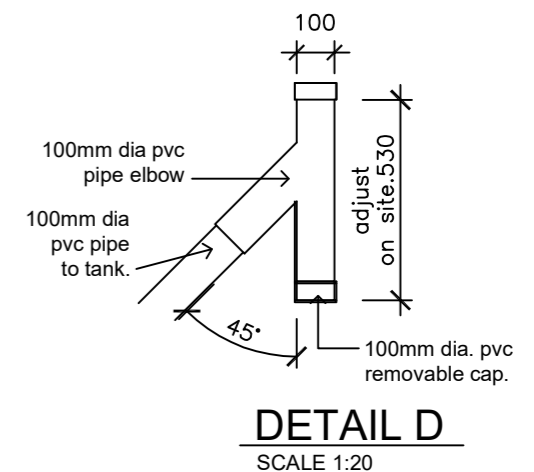
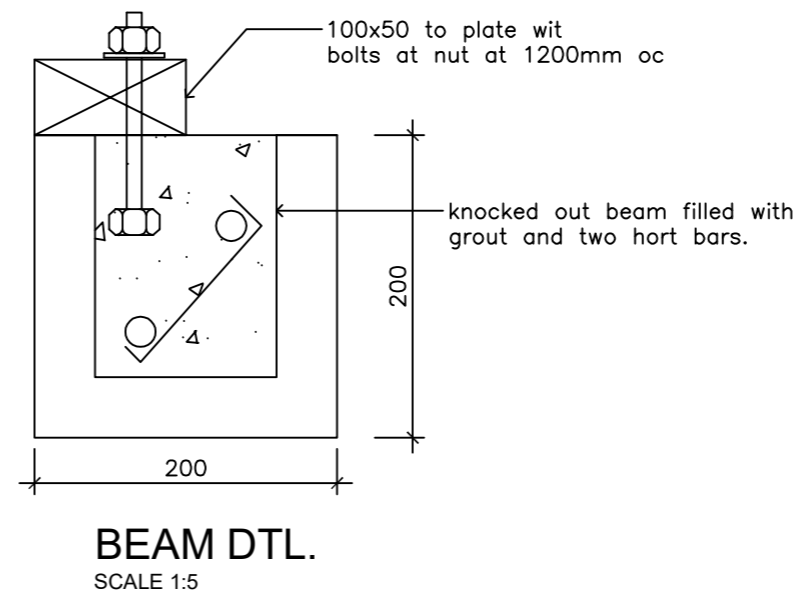
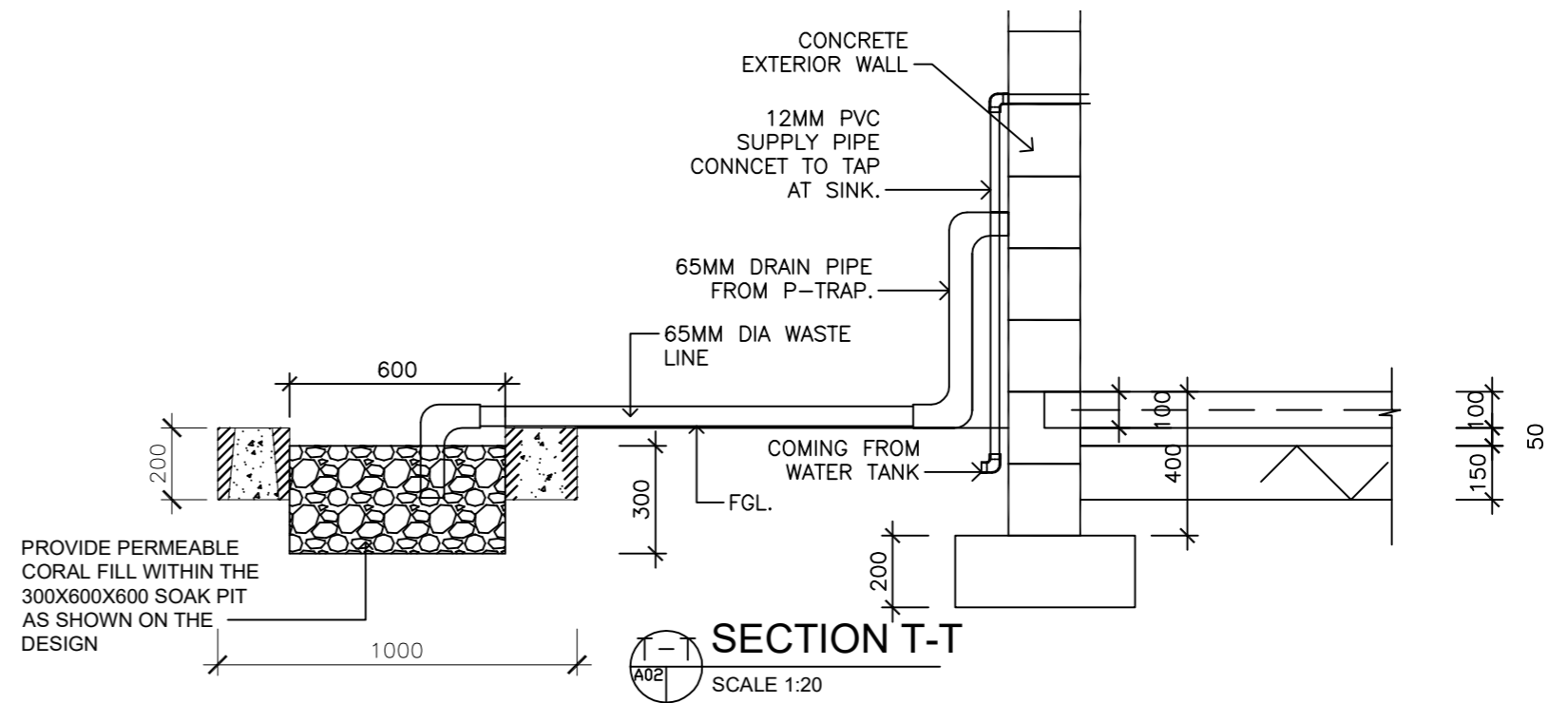
Date

Drawing No.

sheet A50

**TDS**  
MINISTRY OF PUBLIC WORKS & UTILITIES  
PO BOX 498 BETIO TARAWA  
REPUBLIC OF KIRIBATI  
CENTRAL PACIFIC

| Full name | Signature | Title          | Date | Letter | Ammendments | Date |
|-----------|-----------|----------------|------|--------|-------------|------|
| Drawn     | Peter     | Draftsman      |      |        |             |      |
| Checked   |           | Architect      |      |        |             |      |
| Checked   |           | Civil Engineer |      |        |             |      |
| Approved  |           | Chief Engineer |      |        |             |      |
| Approved  |           | Client         |      |        |             |      |



|                             |       |           |  |                |     |        |           |             |      |                    |   |              |                           |   |                    |       |             |
|-----------------------------|-------|-----------|--|----------------|-----|--------|-----------|-------------|------|--------------------|---|--------------|---------------------------|---|--------------------|-------|-------------|
| Job title TTM CLINIC DESIGN |       |           |  |                | qty |        | Issued to |             | Date |                    | Technical Design Section<br>Phone No. 26192 |              | Sheet title TANK BASE DTL |   |                    |       |             |
|                             |       |           |  |                |     |        |           |             |      |                    |   |              |                           |   |                    |       |             |
|                             |       |           |  |                |     |        |           |             |      |                    |   |              |                           |   | Associated drawing |       | Project No. |
| Full name                   |       | Signature |  | Title          |     | Date   |           |             |      | Technical File No. |   | Computer ref |                           |   |                    |       |             |
| Drawn                       | Peter |           |  | Draftsman      |     |        |           |             |      |                    |   |              |                           | TDS<br>MINISTRY OF PUBLIC WORKS & UTILITIES<br>PO BOX 498 BETIO TARAWA<br>REPUBLIC OF KIRIBATI<br>CENTRAL PACIFIC |                    | Scale |             |
| Checked                     |       |           |  | Architect      |     | Letter |           | Ammendments |      | Date               |   |              |                           |   |                    |       |             |
| Checked                     |       |           |  | Civil Engineer |     |        |           |             |      |                    |   |              |                           |   |                    |       |             |
| Approved                    |       |           |  | Chief Engineer |     |        |           |             |      |                    |   |              |                           |   |                    |       |             |
| Approved                    |       |           |  | Client         |     |        |           |             |      |                    |   |              |                           |   |                    |       |             |

## CONSTRUCTION SPECIFICATION

ALL SETOUT AND CONSTRUCTION DIMENSIONS ARE TO BE CHECKED ON SITE PRIOR TO STARTING ANY WORKS BY THE CONTRACTOR OR SUB-CONTRACTORS.

REFER ANY DISCREPENCIES TO ARCHITECT FOR RESOLUTION.

### ROOF PLUMBING

|                        |  |
|------------------------|--|
| GUTTERS                | ZINCALUME FINISH STEEL EAVES GUTTERING. LYSAGHT 125 QUAD OR APPROVED EQUIVALENT. FIX GUTTER TO TIMBER FASCIA WITH MATCHING GUTTER BRACKETS.<br>FALL GUTTER TO DOWNPIPES AT A MINIMUM GRADIENT OF 1 IN 400. TEST FALL OF GUTTER BY FILLING WITH WATER AND ENSURING WATER FULLY DRAINS TO DOWNPIPES. |
|                        | INSTALL GUTTERS PRIOR TO FIXING ROOF SHEETING.   |
|                        | <u>DO NOT USE PVC PIPE INSTEAD OF STEEL GUTTERING.</u>   |
| DOWNPIPES              | 100Ø UPVC – PAINT FINISH.  |
| ROOFING                | STANDARD CORRUGATED STEEL ROOFING – ZINCALUME ZINISH   |
|                        | FIX STEEL ROOFING TO TIMBER ROOFING BATTENS WITH GALVANISED ROOFING NAILS OR ROOFING SCREWS  |
| RIDGE & BARGE CAPPINGS | FOLDED STEEL SHEET – ZINCALUME ZINISH  |
|                        | FIX CAPPINGS THROUGH STEEL ROOFING TO TIMBER ROOFING BATTENS WITH GALVANISED ROOFING NAILS OR ROOFING SCREWS   |
| RAINWATER TANKS        | 5000 LITRE POLYETHELENE RAINWATER TANK. PROVIDE ALUMINIUM MESH INSECT SCREEN AT INLET IN TOP OF TANK.  |
|                        | 1000 LITRE POLYETHELENE HEADER TANK ON BLOCKWORK PLATFORM.   |
| PUMP                   | SELECTED SOLAR PUMP  |

### ROOF FRAMING

ALL TIMBER FRAMING SHOULD BE TERMITE TREATED AND COMPLY WITH AS 1684.

|                 |  |
|-----------------|--|
| TIMBER TRUSSES  | REFER TO SECTIONS AND DETAILS FOR TRUSSES DESIGN.  |
|                 | BE SURE TO INSTALL ALL BOTTOM CHORD TIES, ROOF BRACING AND TIES TO TOP PLATES.                   |
| CEILING BATTENS | NAIL FIX 50x50 CEILING BATTENS TO UNDERSIDE OF TIMBER TRUSSES AT 600 CENTRES IN BOTH DIRECTIONS. |

### BLOCKWORK & CONCRETING

### BLOCKWORK & CONCRETING

|                  |   |
|------------------|---|
| CONCRETE BLOCKS  | 390x190x190 CONCRETE BLOCKS LAID IN STRETCHER BOND.<br>10mm FLUSH JOINTED MORTAR TO SPECIFICATION.<br>RUN STRING LINE FOR ALL BLOCKWORK COURSES.<br>DO NOT TOOL JOINTS.<br><br>CHECK DETAILS FOR INSTALLATION OF REINFORCING.<br>BACKFILL HOLLOW BLOCKS WITH GROUT. |
| BLOCKWORK FINISH | FLUSH JOINTED MORTAR (DO NOT TOOL JOINTS).<br><br>BAG BLOCKWORK EXTERNALLY WITH CEMENT RENDER AND PAINT FINISH<br>RENDER BLOCKWORK INTERNALLY AND PAINT FINISH  |
| MORTAR MIX       | 1:3<br>CEMENT:SAND RATIO  |
| GROUT MIX        | 1:1:2:4<br>WATER:CEMENT:SAND:AGGREGATE (10mm) RATIO<br><br>USE AT LEAST 300KG OF CEMENT PER CUBIC METRE OF CONCRETE.  |
| CONCRETE MIX     | 0.75:1:2:4<br>WATER:CEMENT:SAND:AGGREGATE (20mm) RATIO<br><br>LAY CONCRETE SLAB OVER BLACK PLASTIC SHEETING, 50mm SAND BLINDING AND 150mm COMPACTED<br>HARDCORE   |
| REINFORCING      | ALL STEEL REINFORCING TO BE MINIMUM GRADE 300MPa  |

### LININGS AND TRIM

|  |   |
|--|---|
| CEILING LINING                         | 1200X2400x6mm PLYWOOD SHEETS NAILED TO CEILING BATTENS AT 300 CENTRES IN CENTRE OF SHEET AND AT 150 CENTRES AT SHEET EDGES. |
| EAVE LINING                            | 25x50 TREATED PINE BATTENS @ 100mm CENTRES. PAINT FINISH.   |
| INTERNAL RENDER                        | 10mm CEMENT RENDER TO ALL INTERNAL BLOCKWORK WALLS. PAINT FINISH.   |
| CORNICE,<br>ARCHITRAVES<br>& SKIRTINGS | 42x12mm DRESSED PINE. PAINT FINISH.   |

|                             |  |       |  |  |           |  |                |  |             |  |   |                    |                                 |              |  |  |
|-----------------------------|--|-------|--|--|-----------|--|----------------|--|-------------|--|---|--------------------|---------------------------------|--------------|--|--|
| Job title TTM CLINIC DESIGN |  |       |  |  | qty       |  | Issued to      |  | Date        |  | Technical Design Section<br>Phone No. 26192   |                    | Sheet title SPECIFICATION NOTES |              |  |  |
|                             |  |       |  |  |           |  |                |  |             |  |   |                    |                                 |              |  |  |
|                             |  |       |  |  |           |  |                |  |             |  |   |                    |                                 |              |  |  |
| Full name                   |  |       |  |  | Signature |  | Title          |  | Date        |  | TDS<br><br>MINISTRY OF PUBLIC WORKS & UTILITIES<br>PO BOX 498 BETIO TARAWA<br>REPUBLIC OF KIRIBATI<br>CENTRAL PACIFIC | Associated drawing |                                 | Project No.  |  |  |
| Drawn                       |  | Peter |  |  |           |  | Draftsman      |  |             |  |   | Technical File No. |                                 | Computer ref |  |  |
| Checked                     |  |       |  |  |           |  | Architect      |  |             |  |   |                    |                                 |              |  |  |
| Checked                     |  |       |  |  |           |  | Civil Engineer |  |             |  |   |                    |                                 |              |  |  |
| Approved                    |  |       |  |  |           |  | Chief Engineer |  |             |  |   |                    |                                 |              |  |  |
| Approved                    |  |       |  |  |           |  | Client         |  |             |  |   |                    |                                 |              |  |  |
|                             |  |       |  |  |           |  | Letter         |  | Ammendments |  | Date  |                    |                                 |              |  |  |