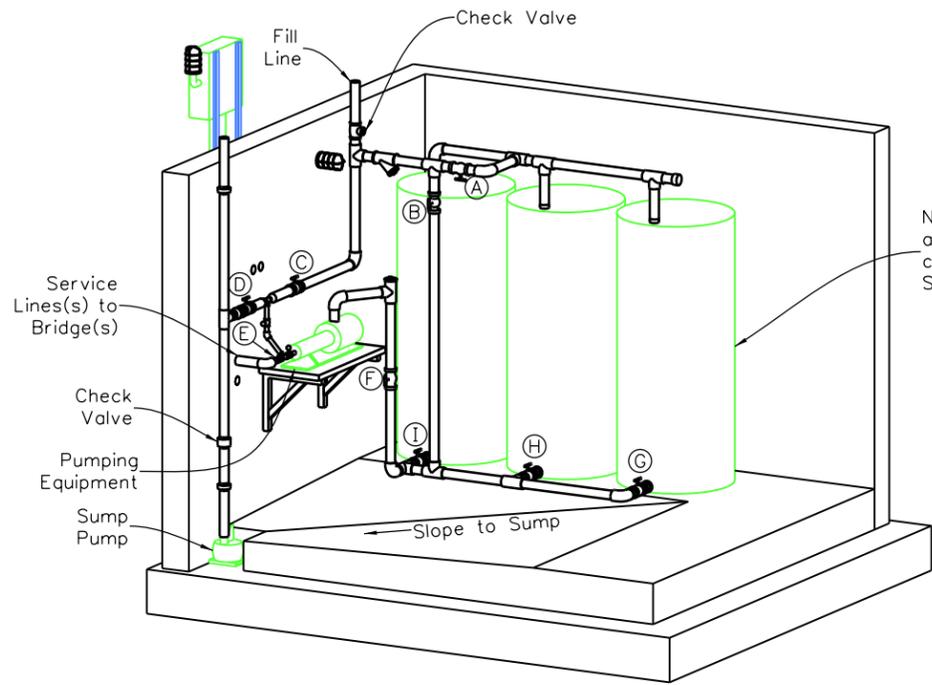


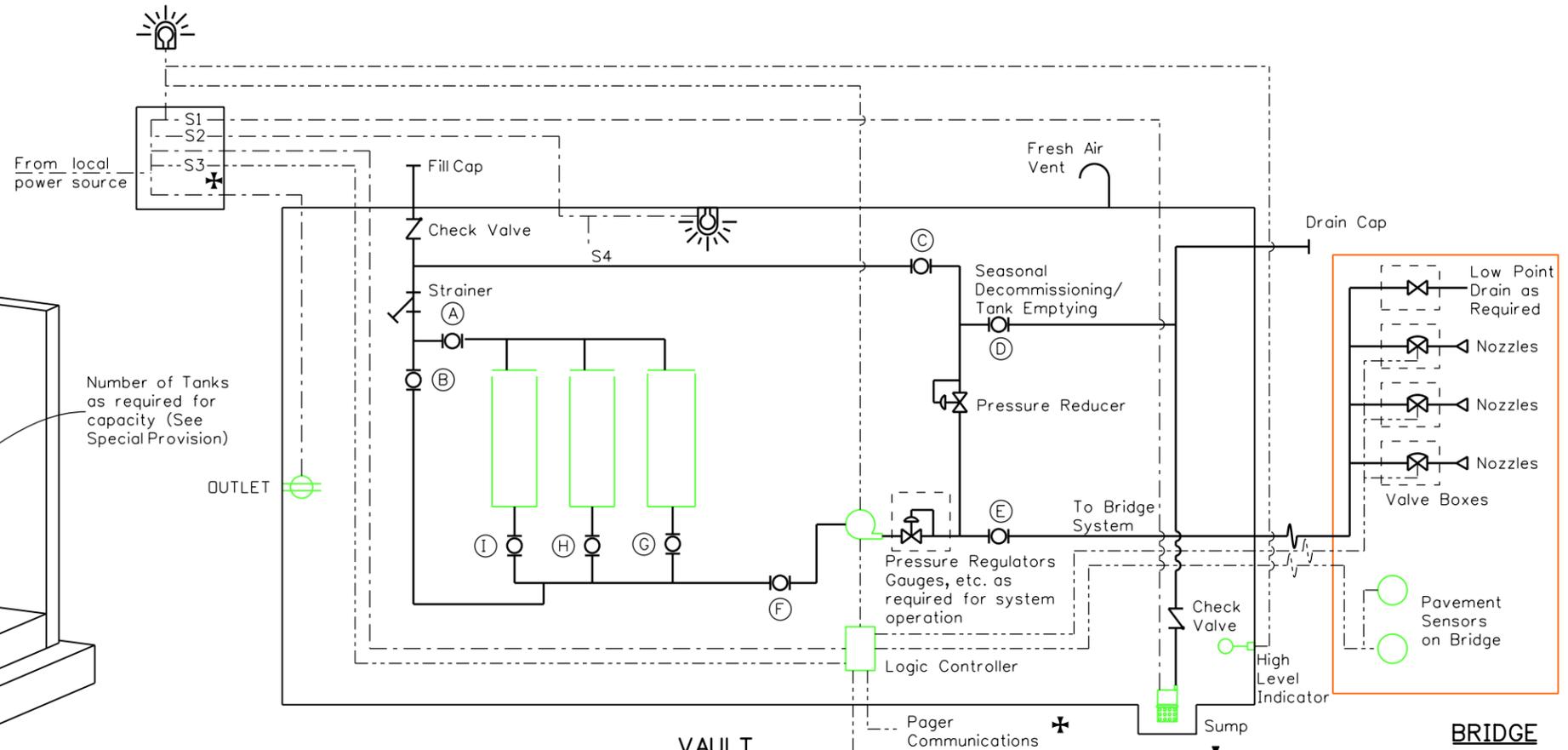
| | |
|---|------|
| Revision Dates (Preliminary Stage Only) | |
| 2/06 | 3/07 |
| 10/13 | |

| | | | | | |
|-------------|------------|---------------|------------|---------------|------------|
| Design | | Detail | | Quantities | |
| Designed By | Checked By | INITIAL | DATE | INITIAL | DATE |
| XXX | XXX | XXX | MM/YY | XXX | MM/YY |
| Detailed By | Checked By | Quantities By | Checked By | Quantities By | Checked By |
| XXX | XXX | XXX | MM/YY | XXX | MM/YY |



VAULT ISOMETRIC VIEW

DESIGNER/DETAILER:
Tanks that fit through 3' roof opening have a 220 gallon capacity. Max capacity for current layout is 1320 gallons (6 tanks). Revise general specification and drawings for capacity required.



SYSTEM SCHEMATIC

NOTES:

1. Piping shown is minimum required. Contractor shall supply and install additional valves and piping as required for system operation, testing and specification requirements.
2. An overpressure line is not shown in the schematic but shall be provided.

| VALVE DESIGNATION AND OPERATION CONFIGURATION | | | | | | | | | |
|---|--------|---------|---------|--------|--------|--------|---|-----|-----|
| OPERATION | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) |
| BRIDGE ANTI-ICING | OPEN | CLOSED | CLOSED | CLOSED | OPEN | OPEN | THESE VALVES SHALL REMAIN OPEN EXCEPT DURING TANK REPLACEMENT AND WHEN FLUSHING THE SYSTEM. | | |
| TANK FILLING (BOTTOM) | CLOSED | OPEN | CLOSED | CLOSED | OPEN* | CLOSED | | | |
| TANK FILLING (TOP) | OPEN | CLOSED | CLOSED | CLOSED | OPEN* | OPEN* | | | |
| TANK RECIRCULATION | OPEN | CLOSED | OPEN | CLOSED | CLOSED | OPEN | | | |
| EMPTYING TANKS | OPEN | CLOSED | CLOSED | OPEN | CLOSED | OPEN | | | |
| SUMP DISCHARGE | OPEN* | CLOSED* | CLOSED* | CLOSED | OPEN* | OPEN* | | | |

* Normal Anti-Icing Position is shown (Preferred Position). Valve may be opened or closed for this operation.

| | | | | | | | | | | | |
|--|------------------------|----------|-------|--|--|--------------------------------------|---|--------------|----------------|-------------------------|--|
| Print Date: \$DATE\$ | Sheet Revisions | | | <p>Colorado Department of Transportation 4201 East Arkansas Avenue Room 107 Denver, CO 80222 Phone: 303-757-9309 FAX: 303-757-9197</p> | As Constructed | | ANTI-ICING SYSTEM SYSTEM SCHEMATIC | | | Project No./Code | |
| File Name: Sheet_B-614-2.dgn | Date: | Comments | Init. | | No Revisions: | Designer: XXXXXXXX Structure X-XX-XX | | | Project Number | | |
| Horiz. Scale: NTS Vert. Scale: As Noted | | | | Revised: | Detailer: XXXXXXXX Structure X-XX-XX | | | Code | | | |
| Staff Bridge Branch - Unit 022X Unit Leader Initials | | | | Void: | Sheet Subset: BRIDGE Subset Sheets: ICE 2 of 4 | | | Sheet Number | | | |