


NOTES:

1. FOR ACTUAL SIZES AND LOCATIONS OF PIPING AND OTHER CONNECTIONS TO THE HEATER, SEE DIMENSIONAL DRAWING.
2. SHELL DRAIN VALVE AND CONDENSATE HOSE SHOULD BE ARRANGED TO PERMIT THE FLUIDS TO DRAIN FREELY, BY GRAVITY, TO A FLOOR DRAIN. RELIEF VALVE DISCHARGE SHOULD BE PIPED TO THE NEAREST FLOOR DRAIN. WHEN NO FLOOR DRAIN IS AVAILABLE, THE RELIEF VALVE DISCHARGE SHOULD BE PIPED VERTICALLY TO A HEIGHT 18" ABOVE THE FLOOR.
3. ALL (\*) ITEMS ARE INCLUDED SEPARATELY IN SHIPMENT.
4. LOCATE WATER INLET AND OUTLET FITTINGS (i.e. UNIONS, ELBOWS, ETC.) A MINIMUM OF 6" FROM HEATER FITTINGS, TO PREVENT INTERFERENCE WITH REMOVAL OF BOILER PANELS AND COVERS. ALL PIPING AND ELECTRIC CONNECTIONS (SERVICE SWITCHES, CONDUIT BOXES) SHOULD LIKEWISE BE 6" AWAY FROM SIDE PANELS.
4. REFER TO SMARTPLATE APPLICATIONS GUIDE FOR BUFFER TANK SIZING.
5. REFER TO SMARTPLATE INSTALLATION DRAWINGS FOR RECOMMENDED DOMESTIC PIPING INSTALLATION.
6. BOILER PUMP MUST BE SIZED TO PROVIDE THE APPROPRIATE FLOW AT THE DESIGN  $\Delta T$  OF BOILER PLANT. MAXIMUM  $\Delta T$  ACROSS BOILER IS 100°F. BOILER PUMP MUST MAINTAIN BENCHMARK BOILER(S) REQUIRED MINIMUM FLOW.
7. THIS IS A TYPICAL INSTALLATION DRAWING. LOCAL CODES AND AUTHORITIES SHOULD BE CONSULTED.
8. WHEN USING THE CONDENSATE NEUTRALIZER TANK, FOR PROPER CONDENSATE DRAINAGE, THE NEUTRALIZER TANK MUST BE INSTALLED IN A PIT OR THE BOILER AND THE CONDENSATE TRAP MUST BE ELEVATED HIGHER THAN 4" ABOVE THE FLOOR. SEE CONDENSATE TANK INSTRUCTIONS TID-0074 FOR DETAILS.
9. AT 14" W.C. OR BELOW, A GAS REGULATOR IS OPTIONAL UNLESS REQUIRED BY LOCAL CODE. SEE MIN AND MAX GAS PRESSURE BASED ON BOILER SIZES AND OPTION SELECTION.
10. HEADER SENSOR MUST BE INSTALLED BETWEEN 2 TO 10 FEET FROM JUNCTION AND FROM LAST UNIT.
11. THE DHW SYSTEM PUMP MAY BE ENABLED/DISABLED BY EDGE CONTROLLER.

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<b>BENCHMARK PLATINUM SERIES MULTI UNITS          INSTALLATION WITH SPACE HEATING, DHW          SMARTPLATE &amp; BUFFER TANK</b>			
DWN. BY <u>K.S.</u> DATE <u>053119</u>		REV. <u>A</u>	
SCALE <u>NTS</u>		SD-A-1187	
APPD. _____ DATE _____			