COMPASS 5 PARTNERS
A LaBella Company

ADDENDUM NUMBER ONE

Date of Issue: 08/22/2025

Project: Midlands Technical College Saluda Hall VPBA Renovation – Airport Campus
Project Number: # H59-6347-TM

TO: ALL BIDDERS OF RECORD

This addendum modifies the Contract documents only in the manner and to the extent stated herein and shown on any accompanying drawings and will become part of the Contract Documents. Except as specified or otherwise indicated by this Addendum, all work shall be in accordance with the basic requirements of the Contract Documents.

BIDDERS SHALL ACKNOWLEDGE RECEIPT OF ADDENDUM IN THE SPACE PROVIDED ON THE BID FORM. FAILURE TO DO SO MAY CONSTITUTE A REASON TO REJECT THE BID.

This Addendum consists of ten (10) pages including this document and the following:

I. Enclosures:

1. Section 035050 – 'Self-Leveling Underlayment' – 4 pages
2. Fire Alarm Test Report – 4 pages

II. General Information:

1. **<u>UPDATED ANTICIPATED PROJECT MILESTONE DATES:</u>**
   a. Final Day for Substitutions:
   Thursday, 08/28/25 Close of Business
   b. Final Day for Questions:
   Thursday, 08/28/25 Close of Business
   c. LAST/Final Addendum:
   Monday, 09/01/25 2:00 PM
   d. Bid Receipt:
   Monday, 09/08/25 2:00 PM

2. The GC shall provide cementitious underlayment as specified for leveling and repair. Refer to Specifications Section 035050.
3. The GC shall provide Epoxy Sealer and Adhesive Primer: MAPEI Corporation; Product: Ultrabond ECO MS 4 or Manufacturer's

recommended adhesive for each type of flooring, wall base and substrate indicated, and conditions for relative moisture up to 100% RH.

4. Abatement has been completed by Owner. Refer to Drawings.
5. Drawing Sheet A101, Keyed R.C.P. note 1 refers to the horizontal membrane above the finish ceiling being attached to the structure/framing of the assembly above. Existing to be field verified.
6. Finish Ceilings (ACT-1 and ACT-2) are not part of a rating.
7. Detail B3/A500 is a typical attachment showing patching at fireproofing, only where applicable. It is not intended to indicate fire-proofing requirements.
8. Elevation C3/A221 shows Owner provided furniture for reference only. Dimensions shown apply to wainscotting provided by the GC.
9. Midlands Technical College does not have a sole source vendor for fire alarm. Basis of design to match campus standards shall be Lowman Communications for fire alarm devices and Notifier as the control unit.
10. All of the ductwork shown is new, including the ductwork external to the building.
11. Fire alarm test report from Lowman, provided by Owner, for reference.

III. Changes to the Specifications:

1. SECTION 035050- SELF-LEVELING UNDERLAYMENT:

Add Section 035050 – Self-Leveling Underlayment dated 08/18/25 as included with this Addendum.

IV. Changes to the Drawings:

1. Drawings Sheet A701: Revise the "Finish Schedule' and 'Finish Plan' to provide CPT-2 in rooms 165 and 165A in lieu of CPT-1.
2. Drawings Sheet A701: Revise the 'Material Legend' LVT-2 to:
    i. LVT-2: Interface, Textured Wood Grains 25CMX1M Luxury Vinyl Plank, 22 MIL Wear Layer. 4.5 mm thick.
    Color: Antique Dark Oak. **Install: Herringbone Pattern.**

V. Prior Approvals

1. Lighting

	MANUFACTURER	**MODEL #**
TYPES - A2 A2E A4 A4E	COLUMBIA LIGHTING	CBT SERIES
TYPE – B	GLOBALUX	GCC SERIES
TYPES-D & DE	CURRENT	ADVANTAGE SERIES
TYPE – H	AMER. LINEAR LTG	3R SERIES
TYPE - P2	OXYGEN	ESTRELLA
TYPE X1	ISOLITE	EUG SERIES

END OF ADDENDUM ONE.

SECTION 035050

SELF-LEVELING UNDERLAYMENT

PART 1 GENERAL

1.01 SECTION INCLUDES

A. Liquid-applied self-leveling cement based floor underlayment for use below all interior floor coverings where existing flooring, previous patching, glues and mastics have been removed. A minimum 1/4” average thickness is required throughout rooms where walls have been removed or relocated. Provide patching as needed in all other areas.

1.02 RELATED REQUIREMENTS

A. Section 017000 - Execution Requirements: Alteration project procedures; selective demolition for remodeling.

1.03 REFERENCE STANDARDS

A. ASTM C 109/C 109M - Standard Test Method for Compressive Strength of Hydraulic Cement Mortars (Using 2-in. or (50-mm) Cube Specimens); 2007.

B. ASTM C 348 - Standard Test Method for Flexural Strength of Hydraulic-Cement Mortars; 2002.

C. ASTM E 84 - Standard Test Method for Surface Burning Characteristics of Building Materials; 2008.

1.04 SUBMITTALS

A. See Section 013300 - Administrative Requirements, for submittal procedures.

B. Product Data: Provide manufacturer's data sheets documenting physical characteristics and product limitations of underlayment materials. Include information on surface preparation, environmental limitations, and installation instructions.

1.05 QUALITY ASSURANCE

A. Applicator Qualifications: Company specializing in performing the work of this section with minimum 5 years of experience. Installer who is approved by manufacturer for application of underlayment products required for this Project.

B. Manufacturers of the underlayment, adhesives and sheet flooring products systems shall certify in writing that the products are compatible.

C. Conduct a preinstallation conference at the Project site to comply with requirements in Division 1 Section 01310 "Project management and Coordination."

1.06 DELIVERY, STORAGE, AND HANDLING

A. Store products in manufacturer's unopened packaging until ready for installation. Comply with manufacturer's written instructions to prevent deterioration from moisture or other detrimental effects.

B. Keep dry and protect from direct sun exposure, freezing, and ambient temperature greater than 105 degrees F.

1.07 FIELD CONDITIONS

A. Do not install underlayment until floor penetrations and peripheral work are complete.

B. Maintain minimum ambient temperatures of 50 degrees F 24 hours before, during and 72 hours after installation of underlayment.

C. During the curing process, ventilate spaces to remove excess moisture.

PART 2 PRODUCTS

2.01 MANUFACTURERS

A. Cementitious Underlayment: Hydraulic-cement-based, polymer modified product that can be applied in minimum uniform thicknesses of 1/8 inch and that can be feathered at edges to match adjacent floor elevations.

1. MAPEI Corporation; Product: Ultraplan Extreme 2 or comparable product from one of the following:
2. ChemRex.
3. L&M Construction Chemicals, Inc.
4. Ardex Engineered Cements Inc;

2.02 MATERIALS

A. Cementitious Underlayment: Blended cement mix, that when mixed with water in accordance with manufacturer's directions will produce self-leveling underlayment with the following properties:

1. Compressive Strength: Minimum 4000 psi after 28 days, tested per ASTM C 109/C 109M.
2. Flexural Strength: Minimum 1000 psi after 28 days, tested per ASTM C 348.
3. Density: Maximum 125 lb/cu ft.
4. Final Set Time: 1-1/2 to 2 hours, maximum.
5. Thickness: Feather edge to maximum 3-1/2 inch.
6. Surface Burning Characteristics: Flame spread/Smoke developed index of 0/0 in accordance with ASTM E 84.

B. Aggregate: Dry, well graded, washed silica aggregate, approximately 1/8 inch in size and acceptable to underlayment manufacturer.

C. Water: Potable and not detrimental to underlayment mix materials.

D. Primer: MAPEI Corporation; Product: Primer MF or Manufacturer's recommended type in writing for substrate, conditions for relative moisture up to 100% RH and application indicated.

E. Joint and Crack Filler: Latex based filler, as recommended by manufacturer.

2.03 MIXING

A. Site mix materials in accordance with manufacturer's instructions.

B. Add aggregate for areas where thickness will exceed 1/2 inch. Mix underlayment and water for at least two minutes before adding aggregate, and continue mixing to assure that aggregate has been thoroughly coated.

C. Mix to self-leveling consistency without over-watering.

PART 3 EXECUTION

3.01 EXAMINATION

A. Verify that substrate surfaces are clean, dry, unfrozen, do not contain petroleum bi-products, or other compounds detrimental to underlayment material bond to substrate.

3.02 PREPARATION

A. Remove substrate surface irregularities. Fill voids and deck joints with filler. Finish smooth.

B. Vacuum clean surfaces.

C. Prime substrate in accordance with manufacturer's instructions. Allow to dry.

D. Close floor openings.

3.03 APPLICATION

A. Apply primer over prepared substrate at manufacturer's recommended spreading rate.

B. Install underlayment in accordance with manufacturer's instructions.

C. Place to indicated thickness, with top surface level to 1/8 inch in 10 ft. Apply underlayment to produce uniform surface, screening materials to form smooth transition between floors at different levels. Trowel finish. Feather edges to match adjacent floor elevations.

D. Where slope is required for water to flow to drains, install and test to ensure that water flows to drains and floors are dry within 12 hours of use. Coordinate with finish epoxy floor and epoxy underlayment installer to ensure drainage and drying quality.

D. Do not install floor coverings over underlayment until after time period recommended in writing by underlayment manufacturer.

E. Remove and replace underlayment areas that evidence lack of bond with substrate, including areas that emit a "hollow" sound when tapped.

3.04 CURING

A. Once underlayment starts to set, prohibit foot traffic until final set has been reached.

B. Air cure in accordance with manufacturer's instructions.

3.05 PROTECTION

A. Protect against direct sunlight, heat, and wind; prevent rapid drying to avoid shrinkage and cracking.

B. Do not permit traffic over unprotected floor underlayment surfaces. Protect underlayment from concentrated and rolling loads for remainder of construction period.

END OF SECTION 035050

INSPECTION AND TESTING FORM

DATE: 8/12/2025

TIME: 9:00AM

SERVICE ORGANIZATION

Name: LOWMAN COMMUNICATIONS

Address: PO BOX 2404 COLUMBIA SC 29202

Representative: AMANDA THOMPSON

License No.: FAC 13798

Telephone: 803.926.0595

PROPERTY NAME (USER)

Name: MTC SALUDA HALL

Address: 1260 LEXINGTON DR, WEST COLUMBIA SC 29170

Owner Contact: BEVIN GRINDLEY

Telephone: 803.807.7827

MONITORING ENTITY

Contact: SECURITY CENTRAL

Telephone: 800.438.4171

Monitoring Account Ref. No.: 2208-HY

APPROVING AGENCY

Contact:

Telephone:

TYPE TRANSMISSION

- ❑ McCulloh
- ❑ Multiplex
- ❑ Digital
- ❑ Reverse Priority
- ❑ RF
- ☒ Other (Specify) CELLULAR/RADIO

SERVICE

- ❑ Weekly
- ❑ Monthly
- ❑ Quarterly
- ❑ Semiannually
- ☒ Annually
- ❑ Other (Specify)

Control Unit Manufacturer: NOTIFIER

Model No.: NFS2-3030

Circuit Styles: SLC/NAC

Number of Circuits: 7

Software Rev.: -

Last Date System Had Any Service Performed:

Last Date that Any Software or Configuration Was Revised:

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
15	SLC	× Manual Fire Alarm Boxes
-	-	Ion Detectors
1	SLC	× Photo Detectors
-	-	Duct Detectors
1	SLC	× Heat Detectors
-	-	Waterflow Switches
-	-	Supervisory Switches
1	SLC	× Other (Specify): RELAY
		-

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
-	-	Bells
-	-	Horns
-	-	Chimes
2	NAC	× Strobes
-	-	Speakers
36	NAC	× Other (Specify): HORN STROBES

No. of alarm notification appliance circuits: 4

Are circuits monitored for integrity? ☑ Yes ❑ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
NA	NA	Building Temp.
NA	NA	Site Water Temp.
NA	NA	Site Water Level
NA	NA	Fire Pump Power
NA	NA	Fire Pump Running
NA	NA	Fire Pump Auto Position
NA	NA	Fire Pump or Pump Controller Trouble
NA	NA	Fire Pump Running
NA	NA	Generator In Auto Position
NA	NA	Generator or Controller Trouble
NA	NA	Switch Transfer
NA	NA	Generator Engine Running
NA	NA	Other: -
		-

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity 2 Style(s) SLC/B

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120 VAC , Amps 20

Overcurrent Protection: Type BREAKER , Amps 20

Location (of Primary Supply Panelboard): ELEC ROOM OUTSIDE RM 114

Disconnecting Means Location: PANEL MB BRKR # 5

b. Secondary (Standby):

X2 12V Storage Battery: Amp-Hr. Rating 12AH

Calculated capacity to operate system, in hours: - 24 - 60 -

- Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: -

TYPE BATTERY

❑ Dry Cell
❑ Nickel-Cadmium
☒ Sealed Lead-Acid
❑ Lead-Acid
☒ Other (Specify): W/- 13.83 & 13.84 W/O- 13.81 & 13.80 INSTALL DATE: 1/2020

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- Emergency system described in NFPA 70, Article 700
- Legally required standby described in NFPA 70, Article 701
- Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	☒	❑	SEC CENTRAL	9:00AM
Building Occupants	☒	❑	STAFF	9:00AM
Building Management	☒	❑	STAFF	9:00AM
Other (Specify)	❑	❑		
AHJ (Notified) of Any Impairments	❑	❑		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	☒	☒	-
Interface Eq.	☒	☒	-
Lamps/LEDS	☒	☒	-
Fuses	❑	❑	NA
Primary Power Supply	☒	☒	-
Trouble Signals	☒	☒	-
Disconnect Switches	❑	❑	NA
Ground-Fault Monitoring	☒	☒	-

SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	☒		-
Load Voltage		☒	-
Discharge Test		❑	-
Charger Test		❑	-
Specific Gravity		❑	-
TRANSIENT SUPPRESSORS	❑		-
REMOTE ANNUNCIATORS	☒	☒	-
NOTIFICATION APPLIANCES			
Audible	☒	☒	-
Visual	☒	☒	-
Speakers	❑	❑	-
Voice Clarity		❑	-

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
BY FACP	CELLULAR	☒	☒	STARLINK	FIRE	☒	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑
		❑	❑			❑	❑

Comments: NONE

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	❑	❑	NA
Phone Jacks	❑	❑	NA
Off-Hook Indicator	❑	❑	NA
Amplifier(s)	❑	❑	NA
Tone Generator(s)	❑	❑	NA
Call-in Signal	❑	❑	NA
System Performance	❑	❑	NA

	Visual	Device Operation	Simulated Operation
INTERFACE EQUIPMENT			
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
SPECIAL HAZARD SYSTEMS			
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑
(Specify) _____	❑	❑	❑

Special Procedures: NONE

Comments: MULTIPLE OLD SIMPLEX SMOKE HEADS AROUND THE BUILDING NEEDS TO BE REMOVED: ABOVE FACP, ROOMS 119, 120, 125, AND POLICE OFFICES.

NEED TO REPLACE FACP BATTERIES DUE TO AGE.

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	☒	❑	10:15AM	NONE
Alarm Restoration	☒	❑	10:15AM	NONE
Trouble Signal	☒	❑	10:15AM	NONE
Supervisory Signal	☒	❑		NONE
Supervisory Restoration	☒	❑		NONE

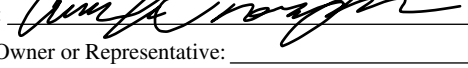
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	☒	❑	STAFF	10:15AM
Monitoring Agency	☒	❑	SEC CENTRAL	10:15AM
Building Occupants	☒	❑	STAFF	10:15AM
Other (Specify)	❑	❑		

The following did not operate correctly: NO DEFICIENCIES FOUND.

System restored to normal operation: Date: 8/12/2025 Time: 10:15AM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: AMANDA THOMPSON Date: 8/12/2025 Time: 10:15AM

Signature: 

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____