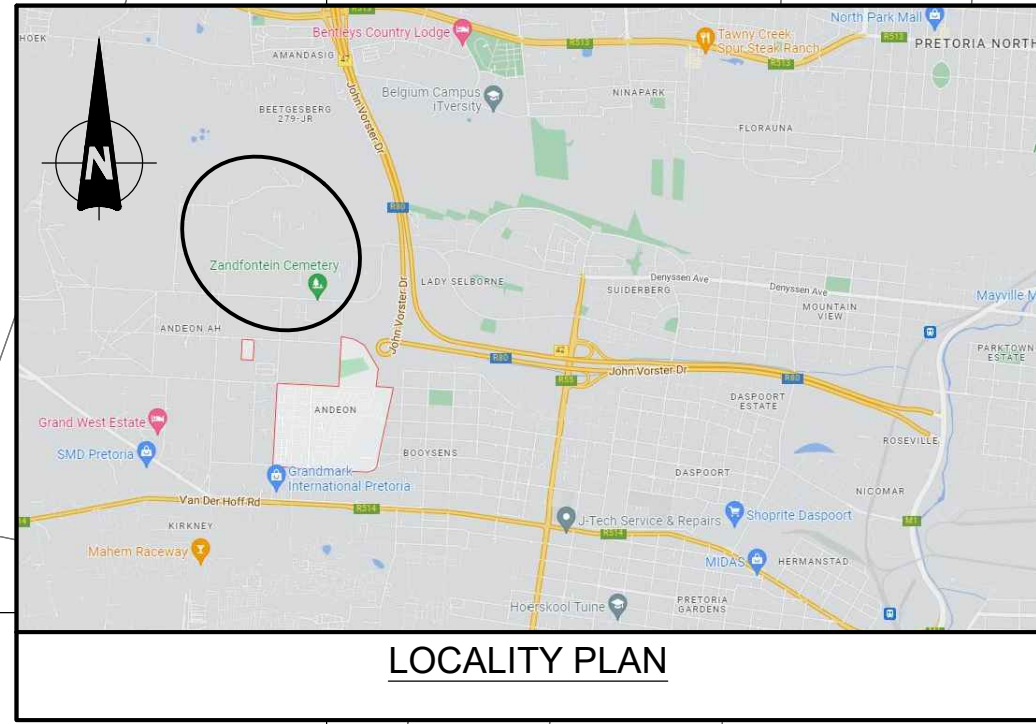




- NOTES AND SPECIFICATIONS**
- GENERAL**
1. ALL MATERIAL AND WORKMANSHIP MUST COMPLY WITH THE REQUIREMENTS OF THE LATEST RELEVANT SABS REQUIREMENTS.
  2. ALL DIMENSIONS ARE IN MILLIMETERS (UNLESS OTHERWISE SPECIFIED).
  3. DO NOT SCALE FROM THESE DRAWINGS.
  4. ALL DIMENSIONS MUST BE CHECKED AND APPROVED ON SITE.
  5. ALL CONSTRUCTION TO BE DONE IN ACCORDANCE WITH THE STANDARD SPECIFICATIONS FOR MUNICIPAL CIVIL ENGINEERING WORKS, THIRD EDITION 2005 AND THE STANDARD COT DETAIL DRAWINGS.
  6. THESE DRAWINGS MUST BE READ IN CONJUNCTION WITH THE STANDARD DRAWINGS (IF APPLICABLE).
  7. THIS DRAWING MUST BE READ IN CONJUNCTION WITH THE STANDARD SPECIFICATIONS FOR MUNICIPAL CIVIL ENGINEERING WORKS, SERIES 4.
  8. THE SIGNATURE OR INITIALS ON THIS DRAWING, OF ANY DIRECTOR OF THE WATER AND SANITATION DEPARTMENT, IN NO WAY REMOVES ANY RESPONSIBILITY WHATSOEVER FROM THE CONSULTANT.
  9. THE CONSULTANT REMAINS RESPONSIBLE TO ENSURE THAT ALL THE GUIDELINES, STANDARD DRAWINGS, STANDARDS AND SPECIFICATIONS OF WATER AND SANITATION DEPARTMENT HAVE BEEN MET AND ARE COMPLIED WITH.
  10. FINAL POSITION OF SERVICES TO BE DETERMINED ON SITE.
  11. ALL SEWER LONG HOUSE CONNECTIONS TO BE CONSTRUCTED AS COT STANDARD DRAWING 7515-S209.
- LEGEND**
- SEWER**
- NEW MANHOLE
  - CE / LH
  - EXISTING MANHOLE
  - NEW CCTV INSPECTION
  - EXIST. LINE INSPECTED BY CCTV
  - NEW SEWER LINE
  - EXISTING SEWER LINE
  - HOUSE CONNECTION
  - SUBURB BOUNDARY
  - PIPE NUMBER
  - DIRECTION OF FLOW
  - LENGTH/DIAMETER & MATERIAL/CLASS
  - SLEEVE & TYPE CLASS
  - CROSSCUT

|                                                                  |                   |      |          |             |                                                                                                     |                                           |      |               |                          |      |                                       |      |                                                                                                    |           |      |                              |                                                                  |               |           |      |                                                                       |      |               |           |                                                                     |                                    |      |               |           |      |                                 |      |               |           |      |          |      |               |           |      |          |                                               |           |        |             |    |        |         |       |           |                          |                                                |                            |                                                |                         |                                                                                  |  |  |
|------------------------------------------------------------------|-------------------|------|----------|-------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|------|---------------|--------------------------|------|---------------------------------------|------|----------------------------------------------------------------------------------------------------|-----------|------|------------------------------|------------------------------------------------------------------|---------------|-----------|------|-----------------------------------------------------------------------|------|---------------|-----------|---------------------------------------------------------------------|------------------------------------|------|---------------|-----------|------|---------------------------------|------|---------------|-----------|------|----------|------|---------------|-----------|------|----------|-----------------------------------------------|-----------|--------|-------------|----|--------|---------|-------|-----------|--------------------------|------------------------------------------------|----------------------------|------------------------------------------------|-------------------------|----------------------------------------------------------------------------------|--|--|
| <br><b>CITY OF TSHWANE</b><br>WATER AND SANITATION<br>DEPARTMENT | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br><small>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE</small> |                                           |      |               | <b>CONSULTANT DETAIL</b> |      |                                       |      | <b>DESIGNED</b><br>NAME: <u>SAGWADI RINGANI</u> Prof Reg No: _____<br>SIGNATURE: _____ DATE: _____ |           |      |                              | <b>CONTRACT</b><br>No: <u>HHS01-2018/19</u><br>PROJECT No: _____ |               |           |      | <b>PROJECT STATUS</b><br><small>RECEIVED SIGN WHEN APPLICABLE</small> |      |               |           | <b>LOCATION OF PROJECT:</b><br>ANDEON EXT 37<br>REGION 3<br>WARD 55 |                                    |      |               |           |      |                                 |      |               |           |      |          |      |               |           |      |          |                                               |           |        |             |    |        |         |       |           |                          |                                                |                            |                                                |                         |                                                                                  |  |  |
|                                                                  | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                                 | DIRECTOR: WATER AND SANITATION - PLANNING | NAME | Prof. Reg. No | SIGNATURE                | DATE | REGIONAL DIRECTOR: (1,2,3,4,5,6 or 7) | NAME | Prof. Reg. No                                                                                      | SIGNATURE | DATE | DIRECTOR: SYSTEM DEVELOPMENT | NAME                                                             | Prof. Reg. No | SIGNATURE | DATE | DIRECTOR: BULK WATER                                                  | NAME | Prof. Reg. No | SIGNATURE | DATE                                                                | DIRECTOR: INFRASTRUCTURE PROVISION | NAME | Prof. Reg. No | SIGNATURE | DATE | DIRECTOR: WASTE WATER TREATMENT | NAME | Prof. Reg. No | SIGNATURE | DATE | DESIGNED | NAME | Prof. Reg. No | SIGNATURE | DATE | CONTRACT | No: <u>HHS01-2018/19</u><br>PROJECT No: _____ | SHEET No. | 1 OF 1 | PAPER SIZE: | A1 | SCALE: | 1:1 000 | DATE: | 19-Oct-23 | PROJECT ENGINEER OF COT: | NAME: _____<br>SIGNATURE: _____<br>DATE: _____ | INSPECTOR OF WORKS OF COT: | NAME: _____<br>SIGNATURE: _____<br>DATE: _____ | DESCRIPTION OF PROJECT: | CONSTRUCTION OF SEWER SERVICES IN ANDEON EXT 37<br>GENERAL SEWER LAYOUT (1 OF 1) |  |  |