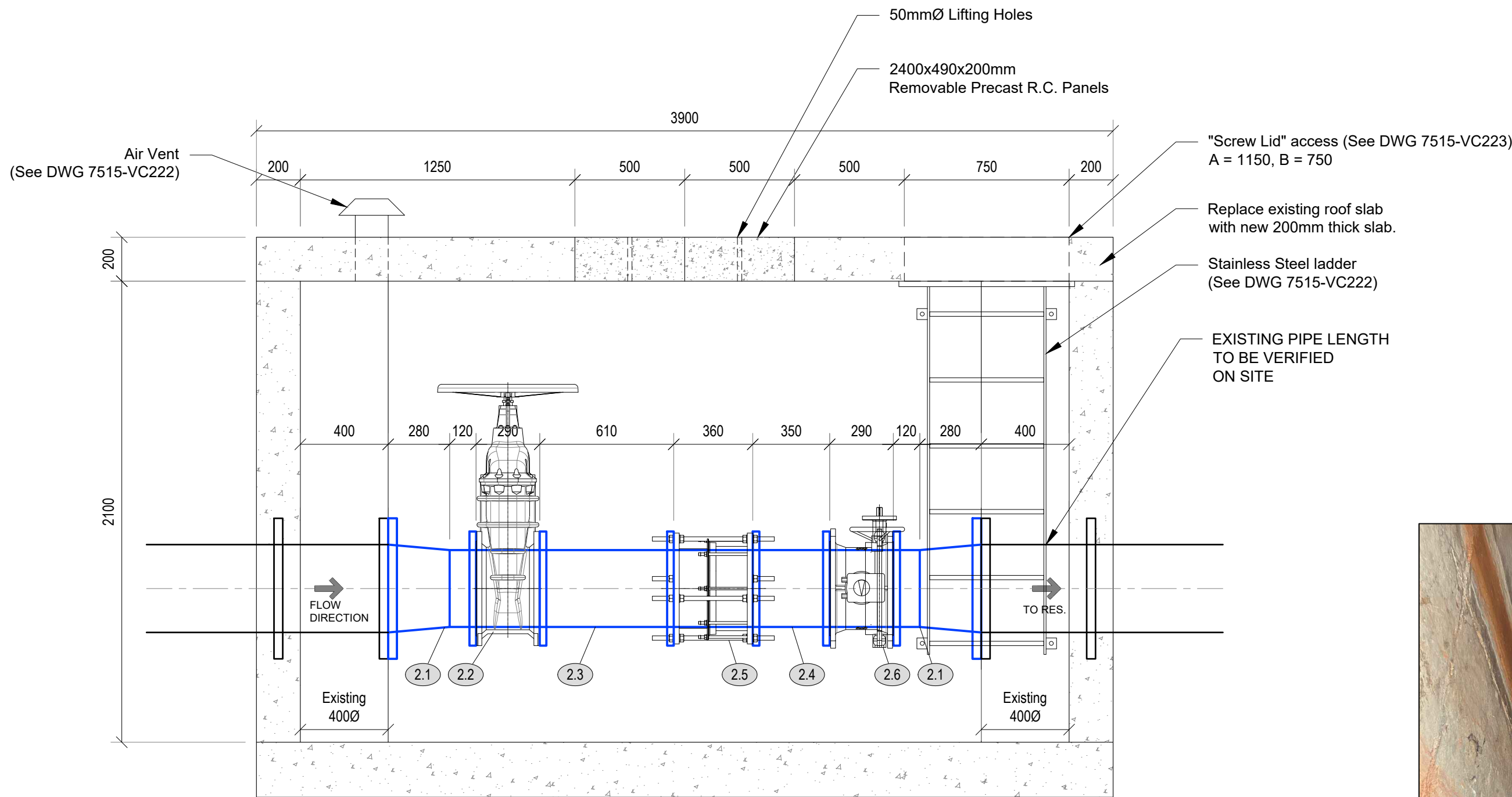
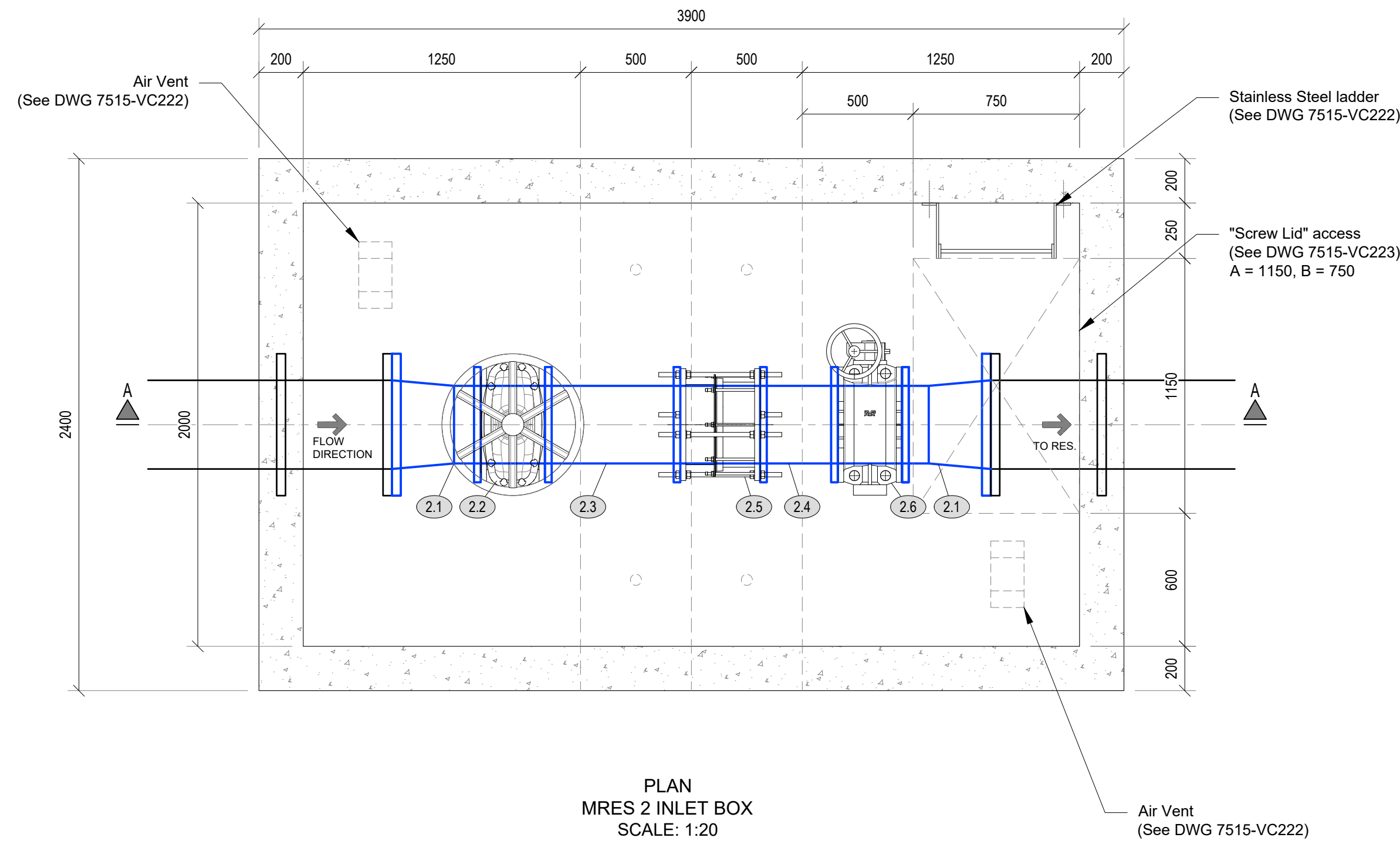




SECTION A-A
MRES 2 INLET BOX
SCALE: 1:20



PLAN
MRES 2 INLET BOX
SCALE: 1:20



PHOTO
MRES 2 INLET BOX
SCALE: NTS

FITTING DETAILS

ITEM NO.	DESCRIPTION	NO. OFF	DIMENSIONS
2.1	400øx350ø REDUCER WELDED TO 120mm 350mmø PIPE 400mmø SIDE FLANGE = PN16, 350mmø SIDE FLANGE = PN16	2	
2.2	350mmø AVK RSV FLANGED GATE VALVE WITH HANDWHEEL & POSITION INDICATOR, EN 558-2 S.14/DIN F4, PN16	1	
2.3	350mmø FLANGED PIPE, BOTH ENDS FLANGED, PN16	1	
2.4	350mmø FLANGED PIPE, BOTH ENDS FLANGED, PN16	1	
2.5	350mmø AVK DISMANTLING JOINT, PN10	1	
2.6	350mmø DOUBLE ECCENTRIC BUTTERFLY VALVE WITH GEARBOX, SERIES 13, PN16 (BACK UP VALVE)	1	

NOTES AND SPECIFICATIONS

GENERAL

- ALL MATERIAL AND WORKMANSHIP MUST COMPLY WITH THE REQUIREMENTS OF THE LATEST RELEVANT SABS REQUIREMENTS.
- ALL DIMENSIONS ARE IN MILLIMETERS. (UNLESS OTHERWISE SPECIFIED).
- DO NOT SCALE FROM THESE DRAWINGS.
- ALL DIMENSIONS MUST BE CHECKED AND APPROVED ON SITE.
- 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.
- THESE DRAWINGS MUST BE READ IN CONJUNCTION WITH THE STANDARD SPECIFICATIONS FOR MUNICIPAL CIVIL ENGINEERING WORKS, SERIES 4.
- 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.
- 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.
- FINAL POSITION OF SERVICES TO BE DETERMINED ON SITE.

LEGEND

WATER

	NEW HYDRANT
	PROPOSED / NEW PIPE
	NEW VALVE
	NEW VALVE ON EXISTING PIPE
	NEW HYDRANT ON EXISTING PIPE
	NEW END CAP
	NEW PRV
	NEW AIR VALVE
	NEW WATER METER
	EXISTING PIPE CAPPED
	EXISTING END CAP
	EXISTING NETWORK PIPE
	EXISTING BULK PIPELINE
	EXISTING HYDRANT
	NODE NUMBER
	CLOSED VALVE
	EXISTING VALVE
	EXISTING COMMUNICATION PIPES
	EXISTING AIRVALVE
	EXISTING WATER METER
	EXISTING PRV
	EXISTING PUMP
	PIPE TO BE ABANDONED
	REDUNDANT PIPE
	EXISTING RES DISTRIBUTION ZONE
	PROPOSED RES DISTRIBUTION ZONE
	EXISTING RAND WATER PIPE
	SUBURBS BOUNDARY
	SASOL GAS LINE
	PETROMET PIPE
	NEW PIPE IN NEW SLEEVE
	SLEEVE & TYPE CLASS



CITY OF TSHWANE
UTILITY SERVICES
DEPARTMENT
WATER AND SANITATION

AMENDMENTS				
NR	DATE	APPROVED	DESCRIPTION	PAR
1	15/10/2025	J. DUVENHAGE	ADDED NON-RETURN & 80mmø BYPASS	JD
2	08/12/2025	J. DUVENHAGE	REMOVED NRV & BYPASS, CHANGED BUTTERFLY VALVE TO RSV, CORRECTED DISMANTLING JOINT DIM, ADDED SUMP	JD
3	27/05/2026	J. DUVENHAGE	CHANGED WAFER TYPE VALVE TO DOUBLE ECCENTRIC BUTTERFLY VALVE CHANGE STRAIGHT PIPE LENGTHS ACCORDINGLY	JD

WATER AND SANITATION				
FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE				
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	

CONSULTANT DETAIL	
	144 Mark Street Vryheid P.O. Box 1460 Tel: 034 980 7242 Email: info@dlveng.co.za
I, J. Duvenhage Prof. Reg. No. 20170186 HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE DRAWING	
SIGNATURE	DATE 27/05/2026
CONSULTANT DRAWING NUMBER: J1-204_MRES_I-2_01	

DESIGNED	
NAME: J. Duvenhage Prof. Reg. No. 20170186	
SIGNATURE: [Signature]	DATE: 27/05/2026
DRAWN	
NAME: H.J. Stadler	
CHECKED	
NAME: J. Duvenhage Prof. Reg. No. 20170186	
SIGNATURE: [Signature]	DATE: 27/05/2026
INFORMATION OFFICE CHECKED	
NAME: [Name] Prof. Reg. No.:	
SIGNATURE: [Signature] DATE:	
DESIGN OFFICE APPROVAL	
NAME: [Name] Prof. Reg. No.:	
SIGNATURE: [Signature] DATE:	

CONTRACT No.: COT BW 01-2021/22
PROJECT No.: J1-204
SHEET No.: 1
PAPER SIZE: A1
SCALE: AS SHOWN
DATE: DEC. 2025

PROJECT STATUS	
RECEIVED SIGN WHEN APPLICABLE	
☐ CONCEPT DRAWING	☒ TENDER DRAWING
☐ APPROVED CONSTRUCTION DRAWING	☐ AS BUILT
PROJECT ENGINEER OF COT:	
NAME: [Name] Prof. Reg. No.:	
SIGNATURE: [Signature] DATE:	
INSPECTOR OF WORKS OF COT:	
NAME: [Name] Prof. Reg. No.:	
SIGNATURE: [Signature] DATE:	

LOCATION OF PROJECT: MAGALIES RESERVOIR
DESCRIPTION OF PROJECT: RESERVOIR 2 INLET BOX DETAILS
WBS No. : _____
COT DRAWING NUMBER: _____