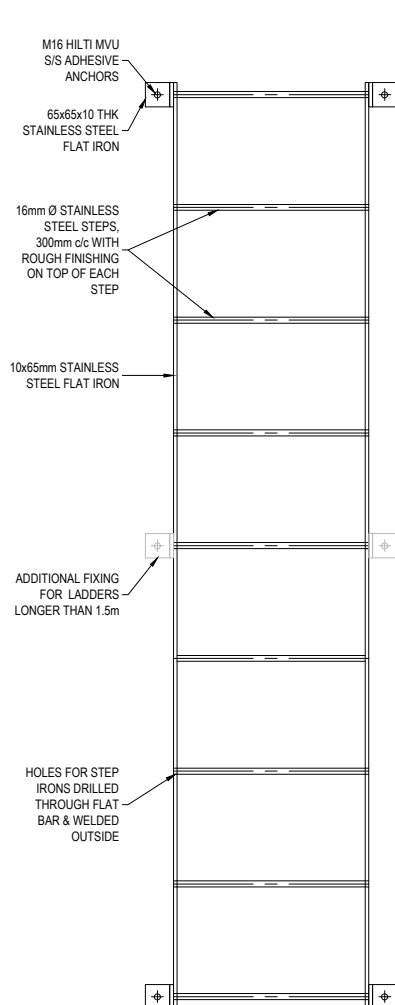
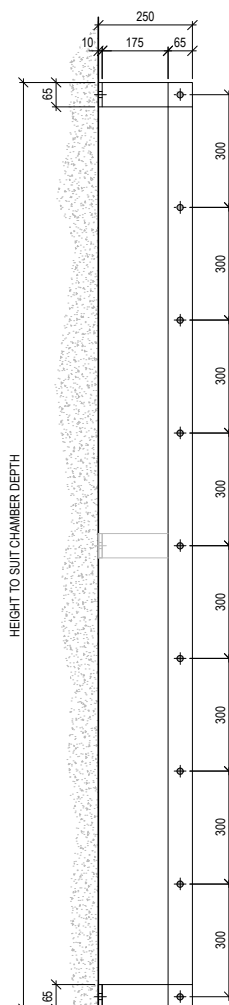


PLAN
SCALE 1:10

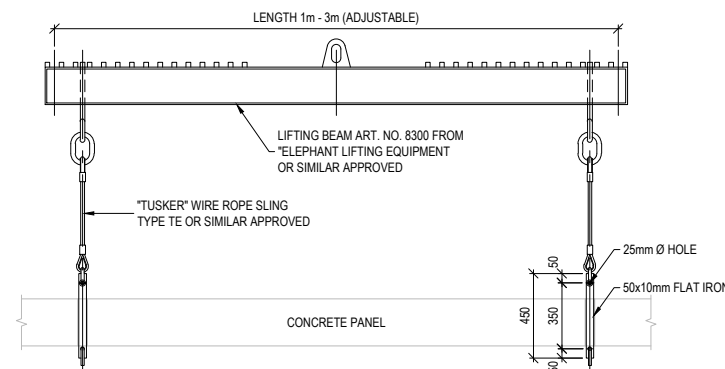


FRONT ELEVATION
SCALE 1:10

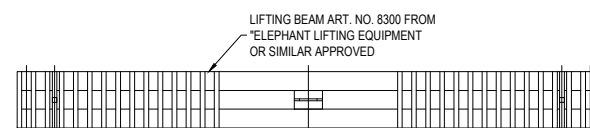
TYPICAL ACCESS LADDER FOR CHAMBERS



SECTION
SCALE 1:10

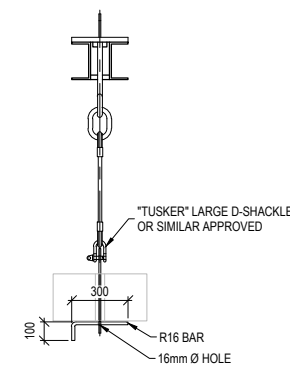


ELEVATION
SCALE 1:20



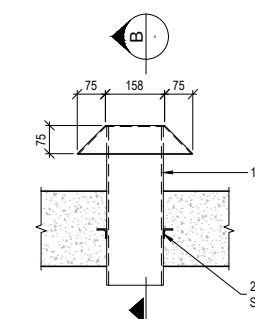
PLAN - TOP OF ADJUSTABLE LIFTING BEAM
SCALE 1:20

DETAIL OF LIFTING DEVICE FOR PANELS

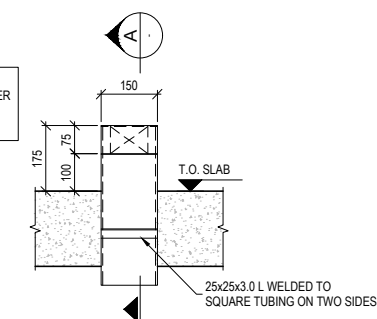


SIDE ELEVATION
SCALE 1:20

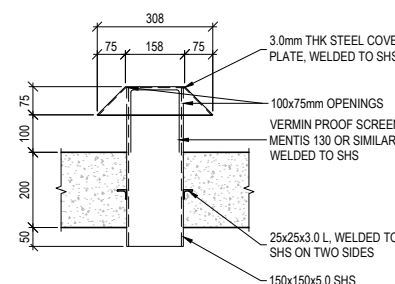
REQUIRED WORKING LOADS	
LIFTING BEAM	3000 kg
SLING	1800 kg
D-SHACKLE	1500 kg



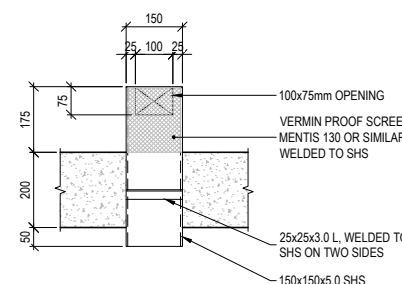
FRONT ELEVATION
SCALE 1:10



SIDE ELEVATION
SCALE 1:10

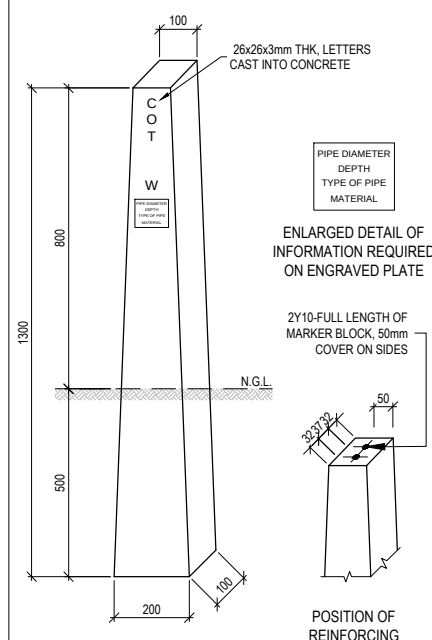


SECTION A
SCALE 1:10



SECTION B
SCALE 1:10

DETAIL - VERMIN PROOF AIR VENT



CONCRETE MARKER BLOCK
SCALE 1:10

NOTES AND SPECIFICATIONS

GENERAL

- ALL MATERIAL AND WORKMANSHIP MUST COMPLY WITH THE REQUIREMENTS OF THE LATEST RELEVANT SANS STANDARD
- ALL DIMENSIONS ARE IN mm (UNLESS OTHERWISE SPECIFIED)
- DO NOT SCALE FROM THESE DRAWINGS
- ALL DIMENSIONS TO 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 (IF APPLICABLE)
- THIS DRAWING MUST BE READ IN CONJUNCTION WITH THE STANDARD DRAWINGS (IF APPLICABLE)
- THIS DRAWING 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 THE WATER AND SANITATION DEPARTMENT HAVE BEEN MET AND ARE COMPLIED WITH
- FINAL POSITION OF SERVICES TO BE DETERMINED ON SITE



P O BOX 1022
PRETORIA
0001
CITY OF TSHWANE
WATER AND SANITATION
DEPARTMENT

AMENDMENTS				
NO	DATE	APPROVED	DESCRIPTION	PAR
1				

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 (p.p)			
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	
DESIGNED	
NAME:	Pr Eng. Prof Reg No:
SIGNATURE:	DATE:
DRAWN	
NAME: M. M. BURGER	DATE: FEBRUARY 2016
SIGNATURE:	DATE:
CHECKED	
NAME:	Pr Eng. Prof Reg No:
SIGNATURE:	DATE:
INFORMATION OFFICE CHECKED	
NAME:	DATE:
SIGNATURE:	DATE:
DESIGN OFFICE APPROVAL	
NAME: T.F. HILDER	Prof Reg No: 880539
SIGNATURE:	DATE: JAN 2017
HEREBY CERTIFY THAT THE SERVICES WILL/HAVE BEEN INSTALLED ACCORDING TO NOTE 9 OF THE ABOVE GENERAL NOTES AND TO THE DRAWING	
Prof Reg No.	DATE
CONSULTANT DRAWING NUMBER:	

PROJECT STATUS	
RECEIVED SIGN WHEN APPLICABLE	
☐ CONCEPT DRAWING	☐ TENDER DRAWING
☐ APPROVED CONSTRUCTION DRAWING	☐ AS BUILT DRAWING
PROJECT ENGINEER OF COT:	
NAME:	Pr Eng. Prof Reg No:
SIGNATURE:	DATE:
INSPECTOR OF WORKS OF COT:	
NAME:	Pr Eng. Prof Reg No:
SIGNATURE:	DATE:

CONTRACT No.	
PROJECT No.	
SHEET No.	
PAPER SIZE	
SCALE	
AS SHOWN	
DATE	

LOCATION OF PROJECT:	
DESCRIPTION OF PROJECT:	
STANDARD DRAWING : TYPICAL DETAILS	
WBS No. :	
COT DRAWING NUMBER:	

7515-VC222