

SECTION 2.1 SPECIFICATIONS

A main bidder with an alternative bidder will be appointed. If the main bidder defaults on the contract, the client can appoint the alternative bidder, terminating the contract with the main bidder.

- 2.1.1. The Hessequa Municipality wishes to enter into a contract with a suitable supplier or suppliers for the supply and delivery of prefabricated cold premix for a contract period of three (3) years, from tender award date.
- 2.1.2. Conditions
- 2.1.2.1 Premix will be ordered as and when required.
- 2.1.2.2 Bidders are required to indicate the delivery period (Section 3.2 – MBD1) after the receipt of an official order.
- 2.1.2.3 If the successful (preferred) bidder cannot or does not deliver the premix within the delivery period as indicated, the bidder must inform the Municipality in writing of delays in delivery.
- 2.1.2.4 All prices must be valid for a period of three (3) years.
- 2.1.3. Specifications
- 2.1.3.1 The cold premix shall contain coal shale and must be supplied premixed in a batch of minimum 400 x 30kg durable sealed plastic bags.
- 2.1.3.2 The grading of the mix must comply with the requirements of medium continuously graded asphalt according to the CSRA Standard Specification.
- 2.1.3.3 Test results should be given in table 1 and the original lab results must be included as part of the returnable documents.

TABLE 1– TEST RESULTS

Test Method	SABS Limits for Cold Premix	Results	
Maximum Density (kg/m ³)	-		
Air Voids (%)	2 – 6		
Marshall Stability (KN)	7–15		
Marshall Flow (mm)	2 – 4		
Air Permeability x 10-8 (cm ²)	<1,0		
Stability/Flow (KN/mm)	2min		
Immersion Index	> 75%		
Grading	Sieve Size	%Passing	
		Envelop.	Actual

Initials of Service Provider's Authority:

	4,75	100	
	2,36	90 - 100	
	1,18	65-95	
	0,6	42-72	
	0,3	23-48	
	0,15	10-27	
	0,075	4-12	

Failure to adhere to the beforementioned may result in your tender being declared non-responsive.

DECLARATION,

I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

AUTHORISED SIGNATURE:

NAME:

CAPACITY: DATE:

Initials of Service Provider's Authority: