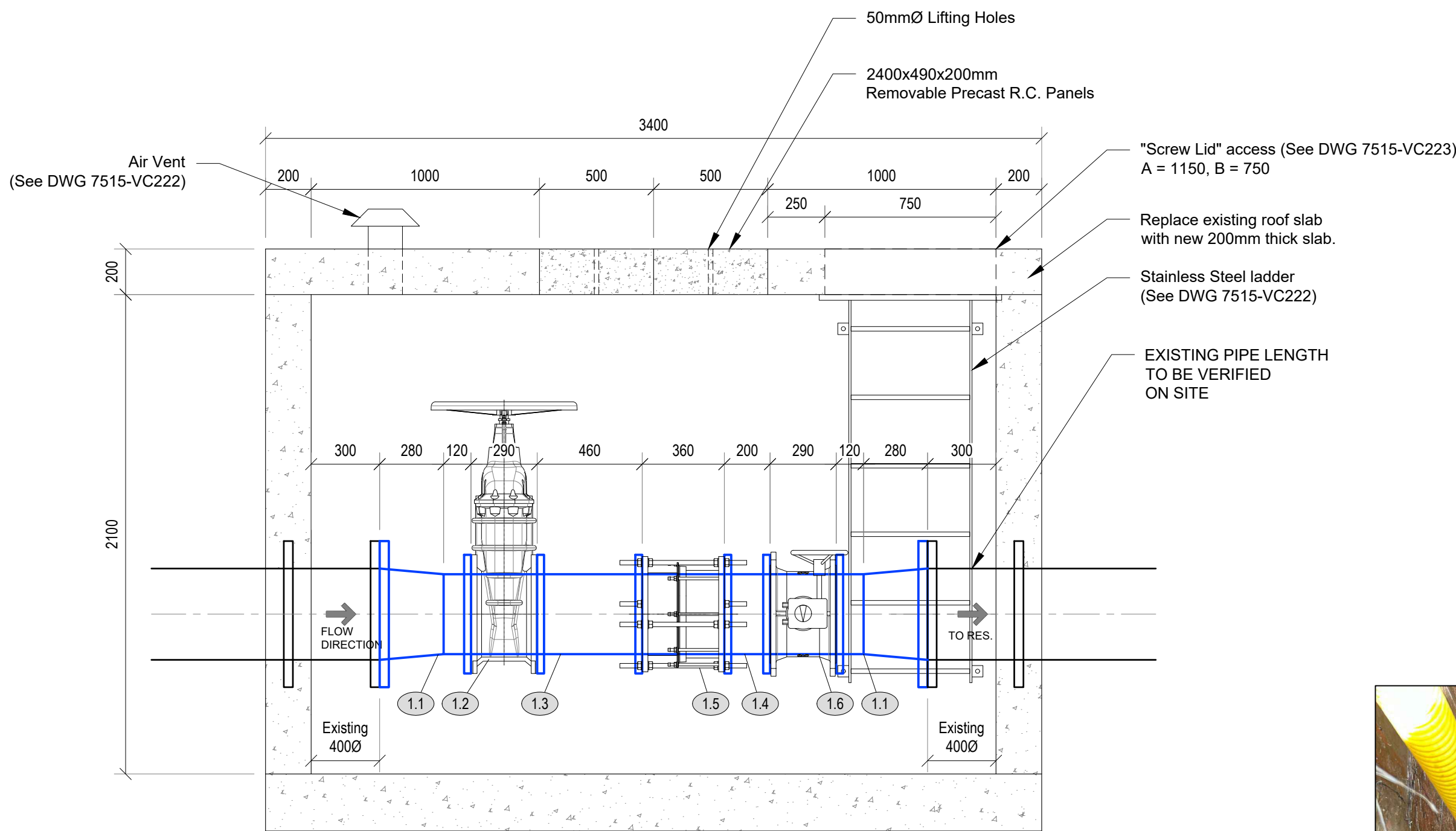
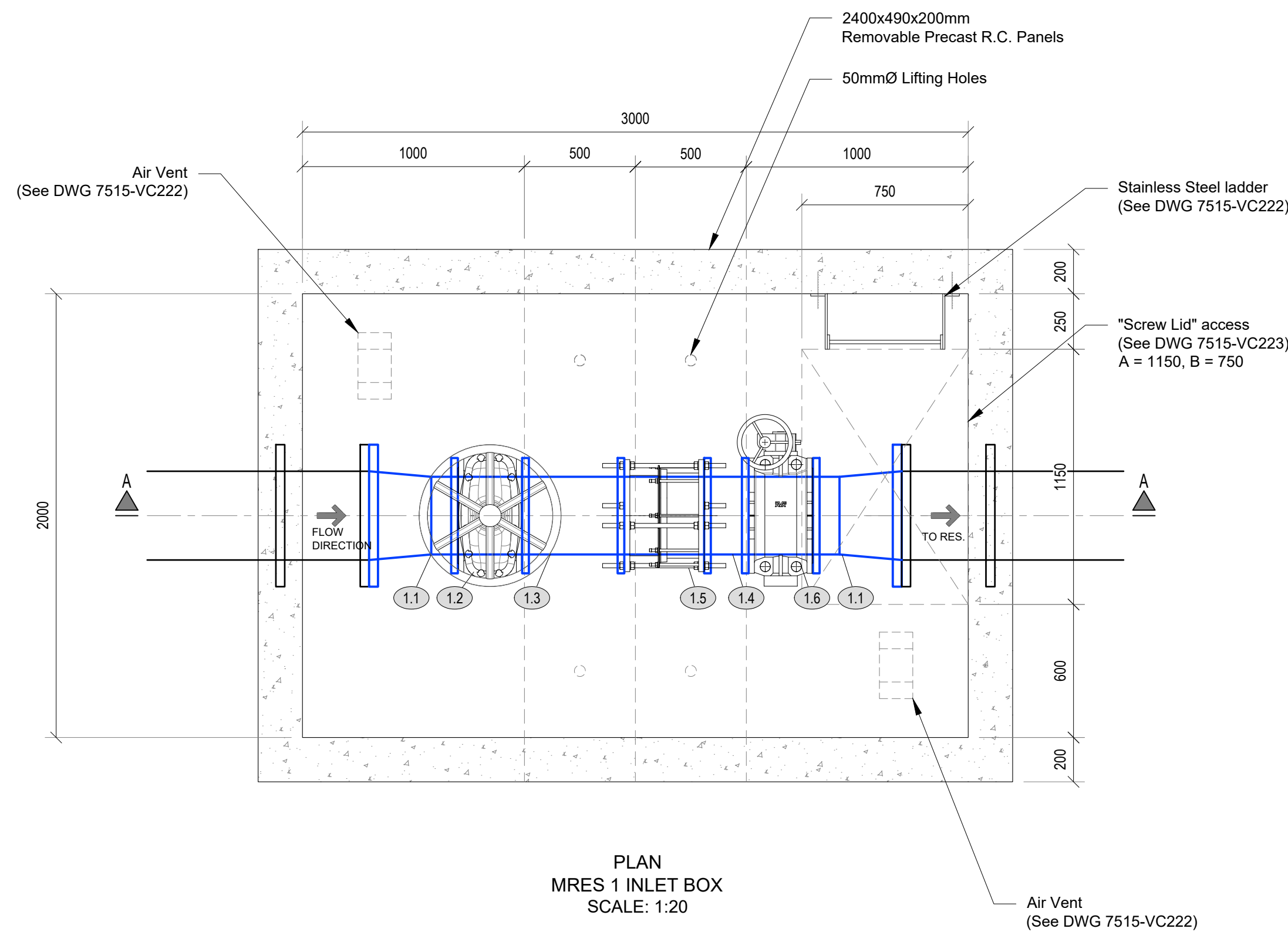




SECTION A-A
MRES 1 INLET BOX
SCALE: 1:20



PLAN
MRES 1 INLET BOX
SCALE: 1:20

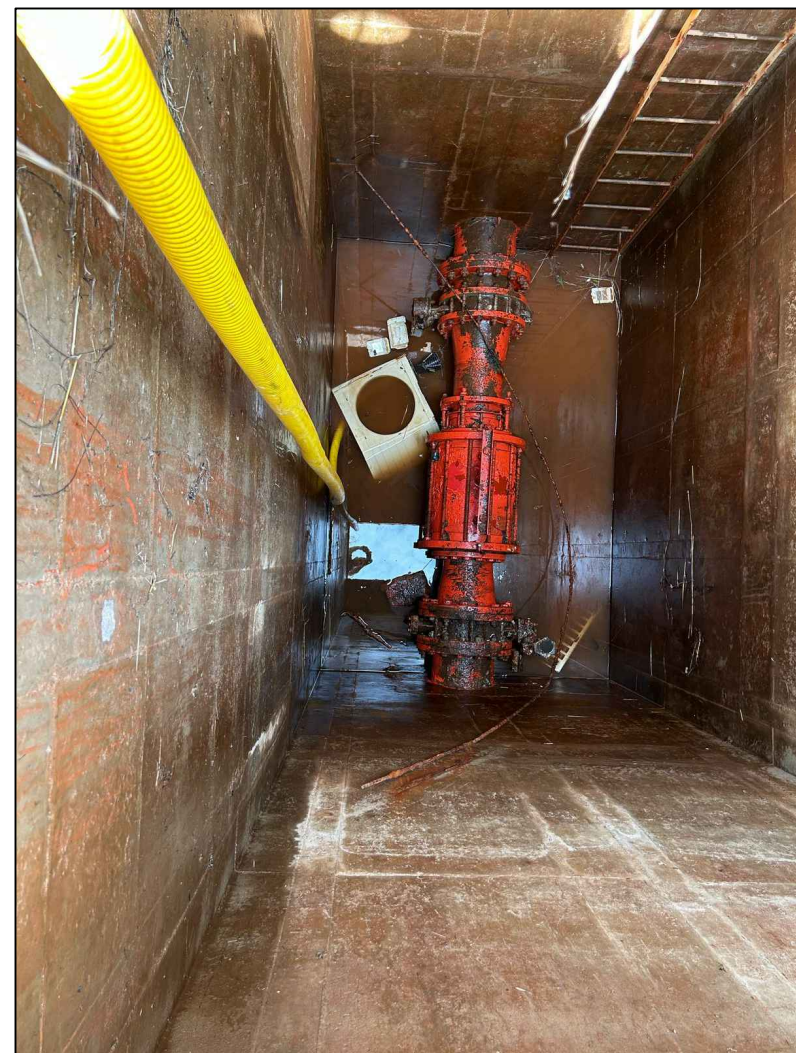


PHOTO
MRES 1 INLET BOX
SCALE: NTS

FITTING DETAILS			
ITEM NO.	DESCRIPTION	NO. OFF	DIMENSIONS
1.1	400Øx350Ø REDUCER WELDED TO 120mm 350mmØ PIPE 400mmØ SIDE FLANGE = PN16, 350mmØ SIDE FLANGE = PN16	2	
1.2	350mmØ AVK RSV FLANGED GATE VALVE WITH HANDWHEEL & POSITION INDICATOR, EN 558-2 S.14/DIN F4, PN16	1	
1.3	350mmØ FLANGED PIPE, BOTH ENDS FLANGED, PN16	1	
1.4	350mmØ FLANGED PIPE, BOTH ENDS FLANGED, PN16	1	
1.5	350mmØ AVK DISMANTLING JOINT, PN10	1	
1.6	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 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 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 AIR VALVE
	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
	SUBURB BOUNDARY
	SASOL GAS LINE
	PETRONET PIPE
	NEW PIPE IN NEW SLEEVE
	SLEEVE & TYPE CLASS



CITY OF TSHWANE
UTILITY SERVICES
DEPARTMENT
WATER AND SANITATION

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

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



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: *[Signature]* DATE: **27/05/2026**
CONSULTANT DRAWING NUMBER:
J1-204_MRES_I-1_01

DESIGNED NAME: J. Duvenhage SIGNATURE: <i>[Signature]</i> DATE: 27/05/2026	DRAWN NAME: H.J. Stadler	CHECKED NAME: J. Duvenhage SIGNATURE: <i>[Signature]</i> DATE: 27/05/2026	INFORMATION OFFICE CHECKED NAME: <i>[Signature]</i> SIGNATURE: <i>[Signature]</i> DATE: 27/05/2026	DESIGN OFFICE APPROVAL NAME: <i>[Signature]</i> SIGNATURE: <i>[Signature]</i> DATE: 27/05/2026
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CONTRACT No.: COT BW 01-2021/22	PROJECT No.: J1-204	SHEET No.: 1	PAPER SIZE: A1	SCALE: AS SHOWN	DATE: DEC. 2025
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PROJECT STATUS			
RECEIVED SIGN WHEN APPLICABLE			
☐ CONCEPT DRAWING	☒ TENDER DRAWING	☐ APPROVED CONSTRUCTION DRAWING	☐ AS BUILT
PROJECT ENGINEER OF COT:			
NAME: <i>[Signature]</i>	Pr Eng.	Prof Reg No: <i>[Signature]</i>	
INSPECTOR OF WORKS OF COT:			
NAME: <i>[Signature]</i>	Pr Eng.	Prof Reg No: <i>[Signature]</i>	

LOCATION OF PROJECT: MAGALIES RESERVOIR	
DESCRIPTION OF PROJECT: RESERVOIR 1 INLET BOX DETAILS	
WBS No. : <i>[Signature]</i>	
COT DRAWING NUMBER: <i>[Signature]</i>	