

# ISSUED FOR CONSTRUCTION DRAWING ISSUE LIST



|                             |                                                                    |
|-----------------------------|--------------------------------------------------------------------|
| <b>PROJECT</b>              | : SUNDERLAND RIDGE WASTEWATER TREATMENT WORKS                      |
| <b>CONTRACT NUMBER</b>      | : XXXX                                                             |
| <b>CONTRACT DESCRIPTION</b> | : REFURBISHMENT OF THE SUNDERLAND RIDGE WASTEWATER TREATMENT WORKS |
| <b>CONTRACTOR</b>           | : XXXX                                                             |
| <b>ISSUE NO</b>             | : 0                                                                |
| <b>Date:</b>                | 2021/07/18                                                         |

| Dwg No                           | Drawing Title                                                    | Original Size | Date of Drawing Version Issued |         |         |         |         |         |
|----------------------------------|------------------------------------------------------------------|---------------|--------------------------------|---------|---------|---------|---------|---------|
|                                  |                                                                  |               | Ver 1.0                        | Ver 2.0 | Ver 3.0 | Ver 4.0 | Ver 5.0 | Ver 6.0 |
| GENERAL                          |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.AAA.10.U001           | SITE LAYOUT                                                      | A1            |                                |         |         |         |         |         |
| SECURITY FENCE                   |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.GZA.10.U001           | LAYOUT PLAN                                                      | A1            |                                |         |         |         |         |         |
| 3422.00.00.GZA.17.D001           | REINFORCED MESH DETAILS                                          | A1            |                                |         |         |         |         |         |
| 3422.00.00.GZA.17.D002           | REINFORCED MASH GATE DETAILS                                     | A1            |                                |         |         |         |         |         |
| CIVIL WORKS                      |                                                                  |               |                                |         |         |         |         |         |
| Inlet Works                      |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.WBA.14.D001           | TANKER DISCHARGE SLAB - LAYOUT, SECTIONS & DETAILS               | A1            |                                |         |         |         |         |         |
| Module 5                         |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.WDC.14.D001           | CONCRETE SLABS - LAYOUT, SECTIONS & DETAILS                      | A1            |                                |         |         |         |         |         |
| Precipitation Tank               |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.WJA.14.D001           | LAYOUT & SECTIONS                                                | A1            |                                |         |         |         |         |         |
| Site Pipework                    |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.AAA.12.D001           | MODULE 1: EFFLUENT DAM OUTLET PIPE - LAYOUT, SECTION & DETAILS   | A1            |                                |         |         |         |         |         |
| 3422.00.00.AAA.12.D002           | SLUDGE HANDLING: DIGESTER FEED PIPE - LAYOUT, SECTIONS & DETAILS | A1            |                                |         |         |         |         |         |
| MECHANICAL WORKS                 |                                                                  |               |                                |         |         |         |         |         |
| Moudle 1 Settling Tank Equipment |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.WDA.13.D001           | LAYOUT AND DETAILS                                               | A1            |                                |         |         |         |         |         |
| 3422.00.00.WDB.13.D001           | PLANS, SECTIONS AND DETAILS                                      | A1            |                                |         |         |         |         |         |
| Module 1 BioFilter Equipment     |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.WHA.13.D001           | PLAN, SECTIONS AND DETAILS                                       | A1            |                                |         |         |         |         |         |
| Module 2 Biological Reactor      |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.WIA.13.D001           | MECHANICAL EQUIPMENT - LAYOUT                                    | A1            |                                |         |         |         |         |         |
| Sludge Hanlding Facility         |                                                                  |               |                                |         |         |         |         |         |
| 3243.00.00.WJB.13.D001           | FERMENTATION SYSTEM - LAYOUT & SETIONS                           | A1            |                                |         |         |         |         |         |
| ELECTRICAL WORKS                 |                                                                  |               |                                |         |         |         |         |         |
| Module 5                         |                                                                  |               |                                |         |         |         |         |         |
| 3422.00.00.WDC.22.U001           | SITE LIGHTING                                                    | A1            |                                |         |         |         |         |         |

|                |       |                                  |             |        |
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| <b>Legend:</b> |       | Drawing/s included in this issue |             |        |
|                |       |                                  |             |        |
| Issued By:     | Bigen | Name :                           | Signature : | Date : |
| Received By:   |       | Name :                           | Signature : | Date : |

| Dwg No | Drawing Title | Original<br>Size | Date of Drawing Version Issued |         |         |         |         |         |
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|        |               |                  | Ver 1.0                        | Ver 2.0 | Ver 3.0 | Ver 4.0 | Ver 5.0 | Ver 6.0 |

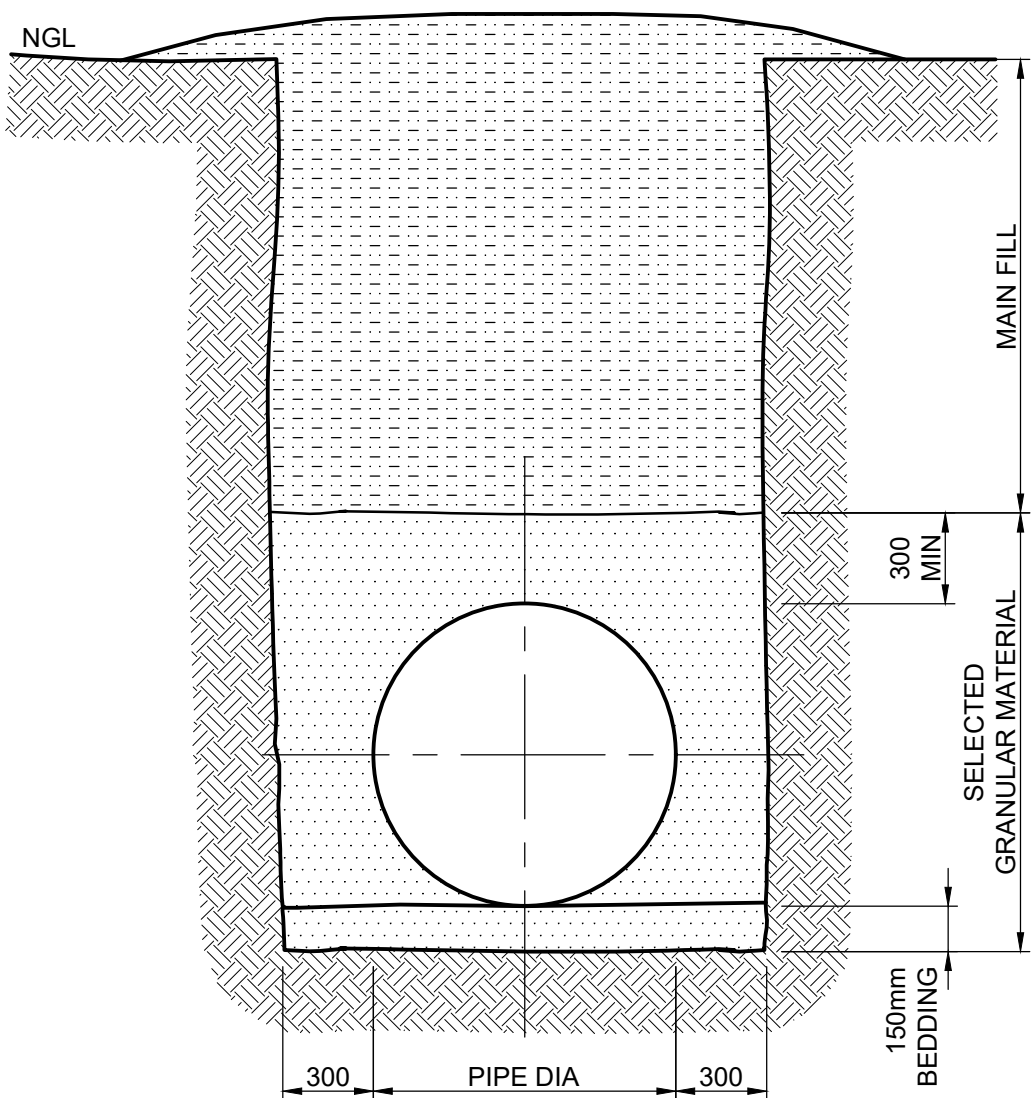
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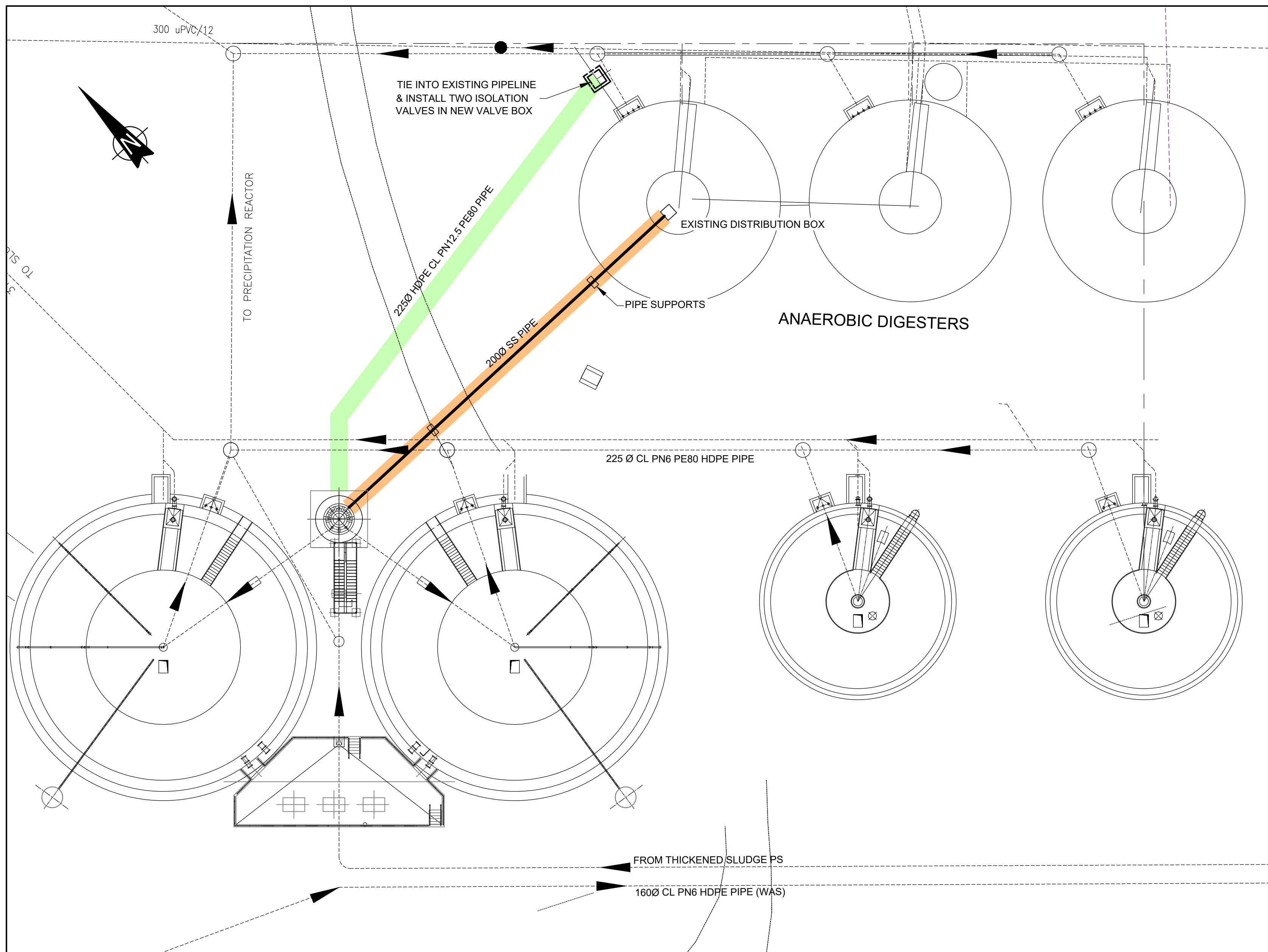
LAYOUT PLAN  
SCALE 1:250

NOTE:  
BACKFILL TO BE COMPACTED TO 93% MOD.  
AASHTO DENSITY.



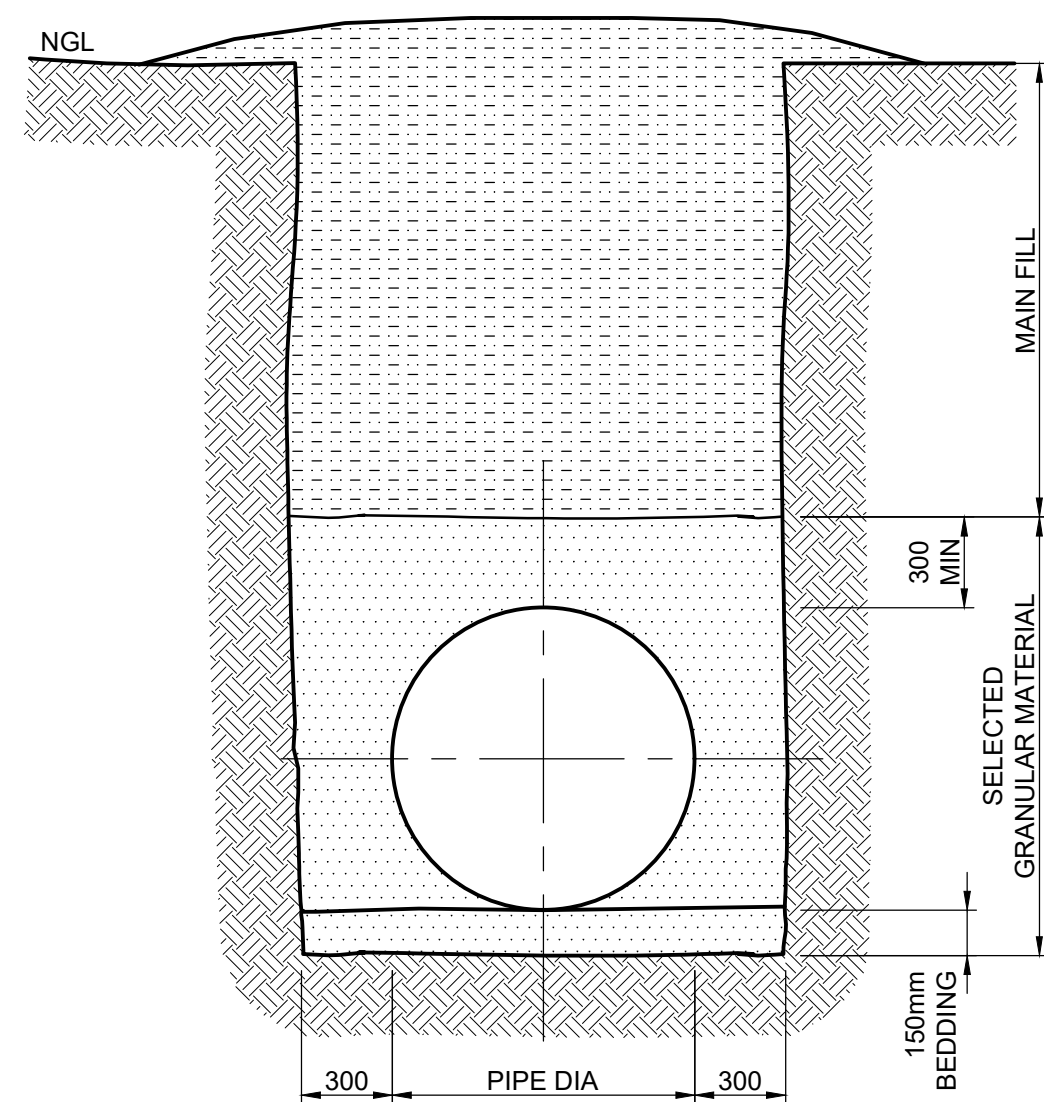
TYPICAL BEDDING DETAIL  
NTS

|                                                                                                                                      |                   |      |          |             |                                                                                      |                                    |                                                     |                                                     |                                                                                                                                                                                                                   |                                                                                                                                                                                            |                                                                       |                                                                                                                                                                  |                                                                                                     |                                                                                                                                                                                                                                          |                       |      |                 |                            |                               |
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| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE DEPARTMENT<br>WATER AND SANITATION<br><b>Mr D Gubuza</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                    |                                                     |                                                     | <b>Bigen Africa Services (PTY) LTD</b><br><small>Enquiries: T. Mukwena<br/>Tel: +27 (0) 12 842 8700<br/>Fax: +27 (0) 12 843 9000/9001<br/>taf.mukwena@bigengroup.com<br/>The Innovation Hub Pretoria 0087</small> |                                                                                                                                                                                            | <b>DESIGNED</b><br>NAME: T. McCredy<br>SIGNATURE: _____ DATE: 2021/07 |                                                                                                                                                                  | <b>CONTRACT No.</b><br>PROJECT No.<br>SHEET No.<br>PAPER SIZE<br>SCALE<br>AS SHOWN<br>DATE: 2021/01 | <b>PROJECT DISCRPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE WASTEWATER TREATMENT WORKS</b><br><b>DRAWING TITLE:</b><br><b>SITE PIPEWORK: EFFLUENT DAM OUTLET PIPE - LAYOUT &amp; DETAILS</b><br>WBS No.<br>COT DRAWING NUMBER | <b>PROJECT STATUS</b> |      |                 |                            |                               |
|                                                                                                                                      | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                  | DIRECTOR: INFRASTRUCTURE PROVISION | NAME                                                | Prof. Reg. No.                                      | SIGNATURE                                                                                                                                                                                                         | DATE                                                                                                                                                                                       | NAME                                                                  | Prof. Reg. No.                                                                                                                                                   |                                                                                                     |                                                                                                                                                                                                                                          | SIGNATURE             | DATE | CONCEPT DRAWING | TENDER DRAWING             | APPROVED CONSTRUCTION DRAWING |
|                                                                                                                                      |                   |      |          |             |                                                                                      |                                    | DIRECTOR: WATER DISTRIBUTION                        | NAME                                                | Prof. Reg. No.                                                                                                                                                                                                    | SIGNATURE                                                                                                                                                                                  | DATE                                                                  | NAME: A. Steenberg                                                                                                                                               | DATE: 2021/07                                                                                       |                                                                                                                                                                                                                                          |                       |      |                 | PROJECT ENGINEER of COT:   |                               |
|                                                                                                                                      |                   |      |          |             |                                                                                      |                                    | DIRECTOR: BULK WATER SERVICES                       | NAME                                                | Prof. Reg. No.                                                                                                                                                                                                    | SIGNATURE                                                                                                                                                                                  | DATE                                                                  | NAME: T. Mukwena                                                                                                                                                 | DATE: 2021/07                                                                                       |                                                                                                                                                                                                                                          |                       |      |                 | NAME                       | SIGNATURE                     |
|                                                                                                                                      |                   |      |          |             |                                                                                      |                                    | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION | NAME                                                | Prof. Reg. No.                                                                                                                                                                                                    | SIGNATURE                                                                                                                                                                                  | DATE                                                                  | NAME: T. Mukwena                                                                                                                                                 | DATE: 2021/07                                                                                       |                                                                                                                                                                                                                                          |                       |      |                 | Prof. Reg. No.             | DATE                          |
|                                                                                                                                      |                   |      |          |             |                                                                                      |                                    | DIRECTOR: WASTE WATER COLLECTION                    | NAME                                                | Prof. Reg. No.                                                                                                                                                                                                    | SIGNATURE                                                                                                                                                                                  | DATE                                                                  | NAME: T. Mukwena                                                                                                                                                 | DATE: 2021/07                                                                                       |                                                                                                                                                                                                                                          |                       |      |                 | INSPECTOR OF WORKS of COT: |                               |
|                                                                                                                                      |                   |      |          |             |                                                                                      |                                    | DIRECTOR: WASTE WATER TREATMENT                     | NAME                                                | Prof. Reg. No.                                                                                                                                                                                                    | SIGNATURE                                                                                                                                                                                  | DATE                                                                  | NAME: T. Mukwena                                                                                                                                                 | DATE: 2021/07                                                                                       |                                                                                                                                                                                                                                          |                       |      |                 | NAME                       | SIGNATURE                     |
|                                                                                                                                      |                   |      |          |             |                                                                                      |                                    |                                                     | NAME                                                | Prof. Reg. No.                                                                                                                                                                                                    | SIGNATURE                                                                                                                                                                                  | DATE                                                                  | NAME: T. Mukwena                                                                                                                                                 | DATE: 2021/07                                                                                       |                                                                                                                                                                                                                                          |                       |      |                 | DATE                       | DATE                          |
|                                                                                                                                      |                   |      |          |             |                                                                                      |                                    |                                                     | CONSULTANT DRAWING NUMBER<br>3243.00.00.AAA.12.D001 |                                                                                                                                                                                                                   | I, _____ Prof. Reg. No. _____<br>HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED<br>ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE<br>DRAWING<br>SIGNATURE: _____ DATE: _____ |                                                                       | <b>INFORMATION OFFICE CHECKED</b><br>NAME: _____<br>SIGNATURE: _____ DATE: _____<br><b>DESIGN OFFICE APPROVAL</b><br>NAME: _____<br>SIGNATURE: _____ DATE: _____ |                                                                                                     |                                                                                                                                                                                                                                          |                       |      |                 |                            |                               |



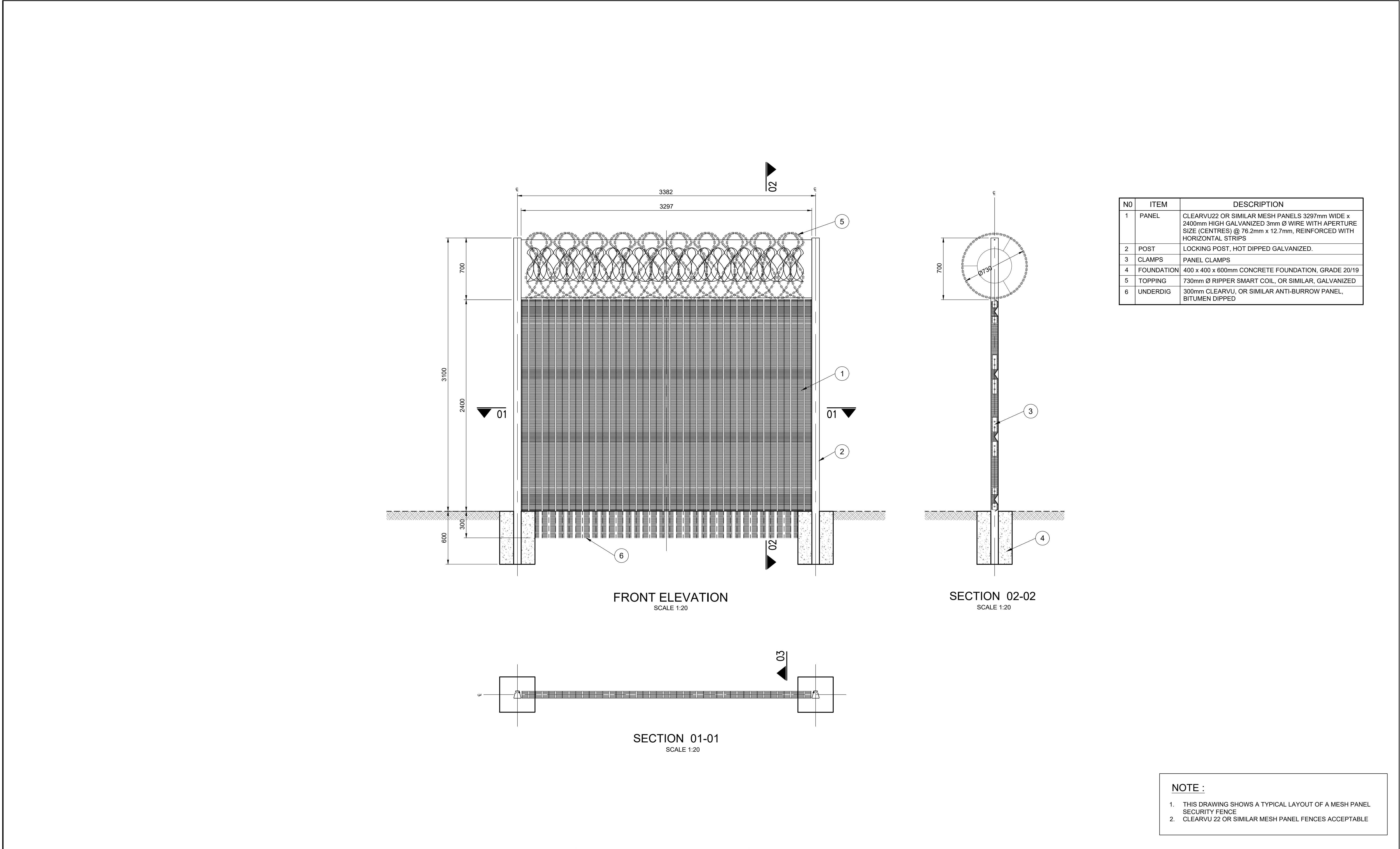
LAYOUT PLAN  
SCALE 1:250

NOTE:  
BACKFILL TO BE COMPACTED TO 93% MOD.  
AASHTO DENSITY.

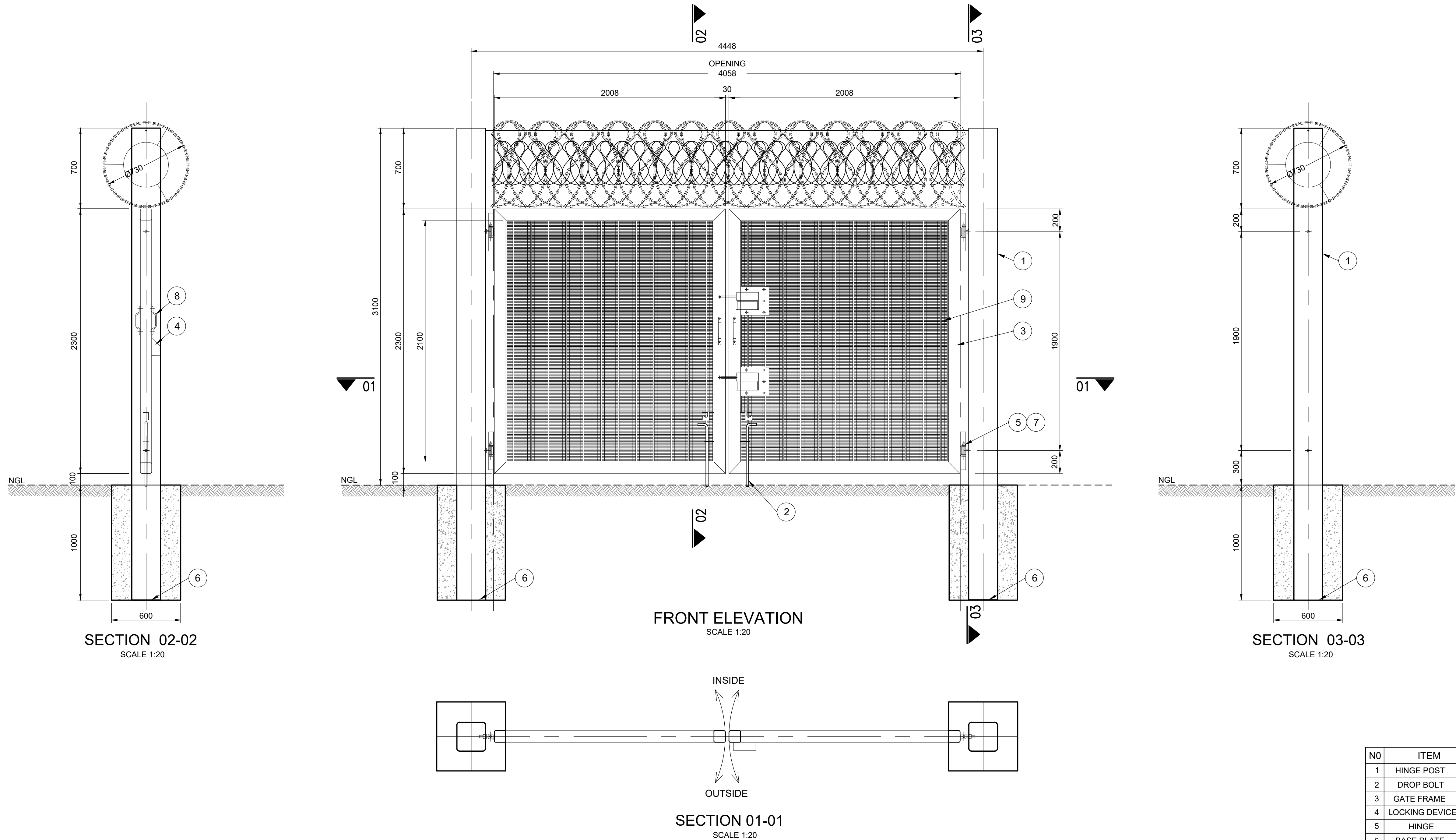


TYPICAL BEDDING DETAIL  
NTS

|                                                                                                                                                                                                    |                   |      |          |             |                                                                                      |                                    |                                                            |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                          |                               |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |
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| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE<br>DEPARTMENT<br><b>Mr D Gubuza</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                    |                                                            |                              | <b>Bigen Africa Services (PTY) LTD</b><br><br>Enquiries: T. Mukwena<br>Tel: +27 (0) 12 842 8700<br>Fax: +27 (0) 12 843 9000/9001<br>taf.mukwena@bigengroup.com<br>The Innovation Hub Pretoria 0087<br><br>I, _____ Prof Reg No: _____<br>HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED<br>ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE<br>DRAWING<br>SIGNATURE _____ DATE _____<br>CONSULTANT DRAWING NUMBER<br><b>3243.00.00.AAA.12.D002</b> |  | <b>DESIGNED</b><br>NAME: T. McCredy Prof Reg No: _____<br>SIGNATURE: _____ DATE: 2021/07 |                               | <b>CONTRACT</b><br>No. _____<br><br><b>PROJECT</b><br>No. _____<br><br><b>SHEET</b><br>No. _____<br><br><b>PAPER</b><br>SIZE<br>A1<br><br><b>SCALE</b><br>AS SHOWN<br><br><b>DATE:</b><br>2021/01 | <b>PROJECT DISCRPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE<br/>WASTEWATER TREATMENT WORKS</b><br><br><b>DRAWING TITLE:</b><br><b>SITE PIPEWORK: DIGESTER FEED PIPE -<br/>LAYOUT &amp; DETAILS</b><br><br>WBS No. _____<br>COT DRAWING NUMBER<br>- - - - - | <b>PROJECT STATUS</b><br><br><input type="radio"/> CONCEPT<br>DRAWING<br><input checked="" type="radio"/> TENDER<br>DRAWING<br><input type="radio"/> APPROVED<br>CONSTRUCTION<br>DRAWING<br><input type="radio"/> AS BUILT<br>DRAWING<br><br>PROJECT ENGINEER of COT:<br>NAME _____ SIGNATURE _____<br>Prof Reg No. _____ DATE _____<br>INSPECTOR OF WORKS of COT:<br>NAME _____ SIGNATURE _____<br>DATE _____ |                                                     |
|                                                                                                                                                                                                    | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                  | DIRECTOR: INFRASTRUCTURE PROVISION | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ | DIRECTOR: WATER DISTRIBUTION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____                               | DIRECTOR: BULK WATER SERVICES |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                       | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____                                                                                                                                                                                                                                                                                                                                                     | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION |



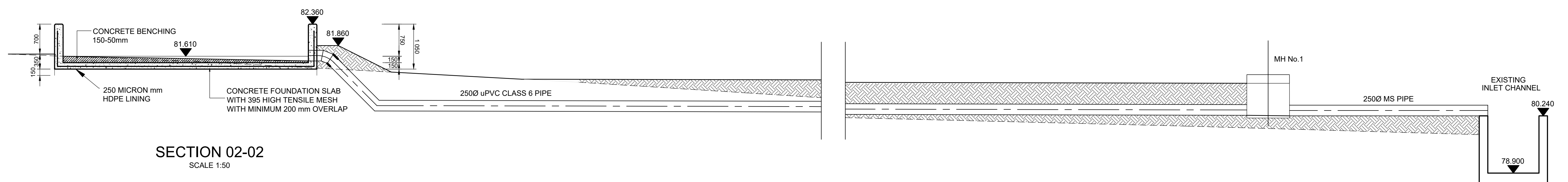
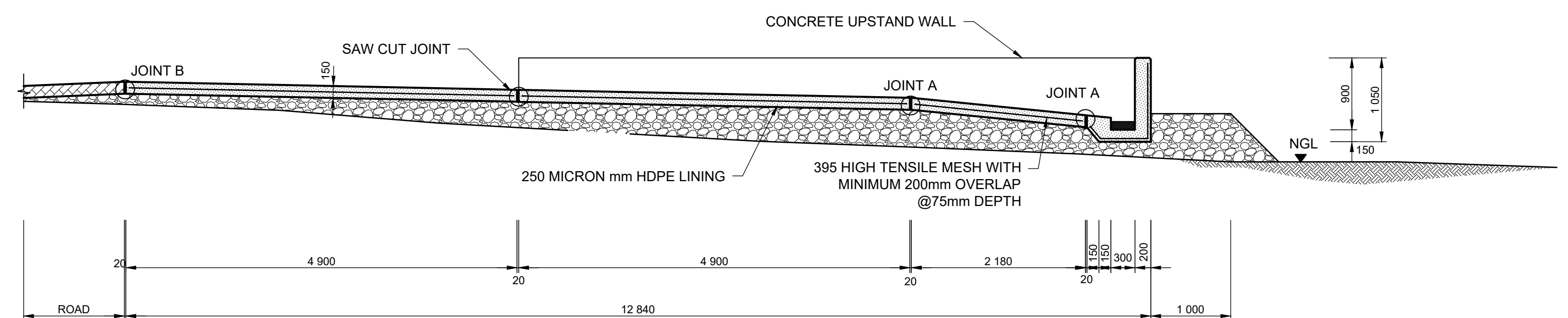
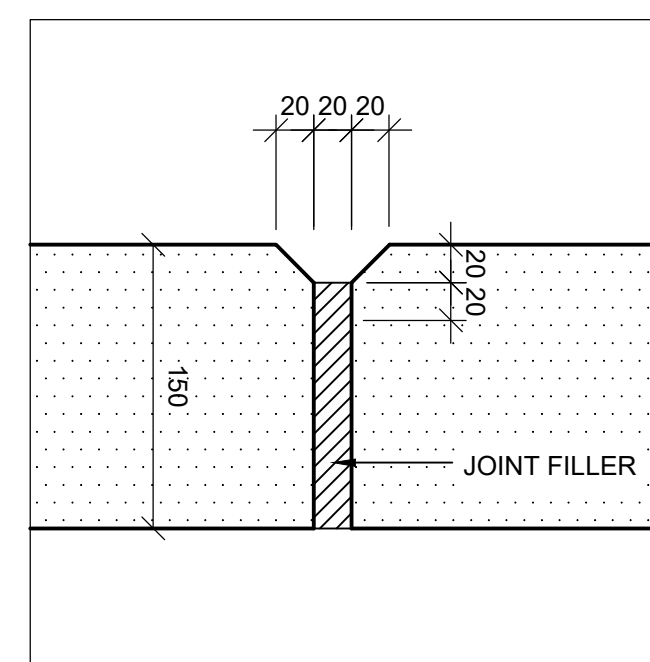
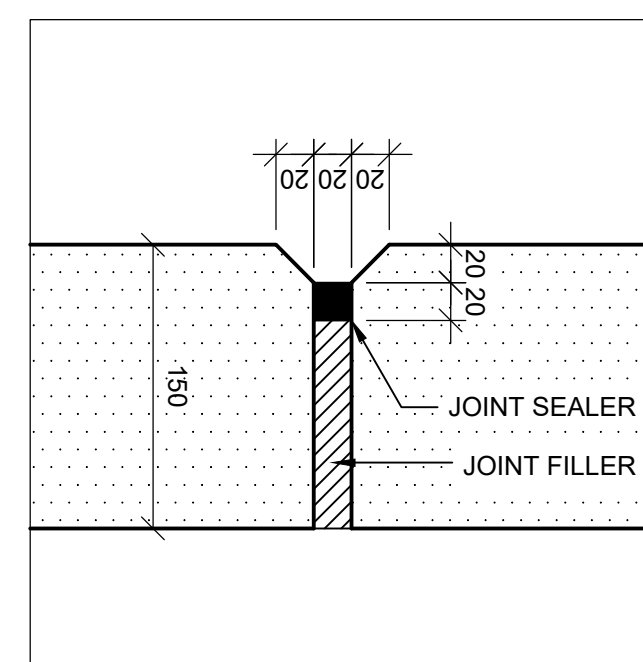
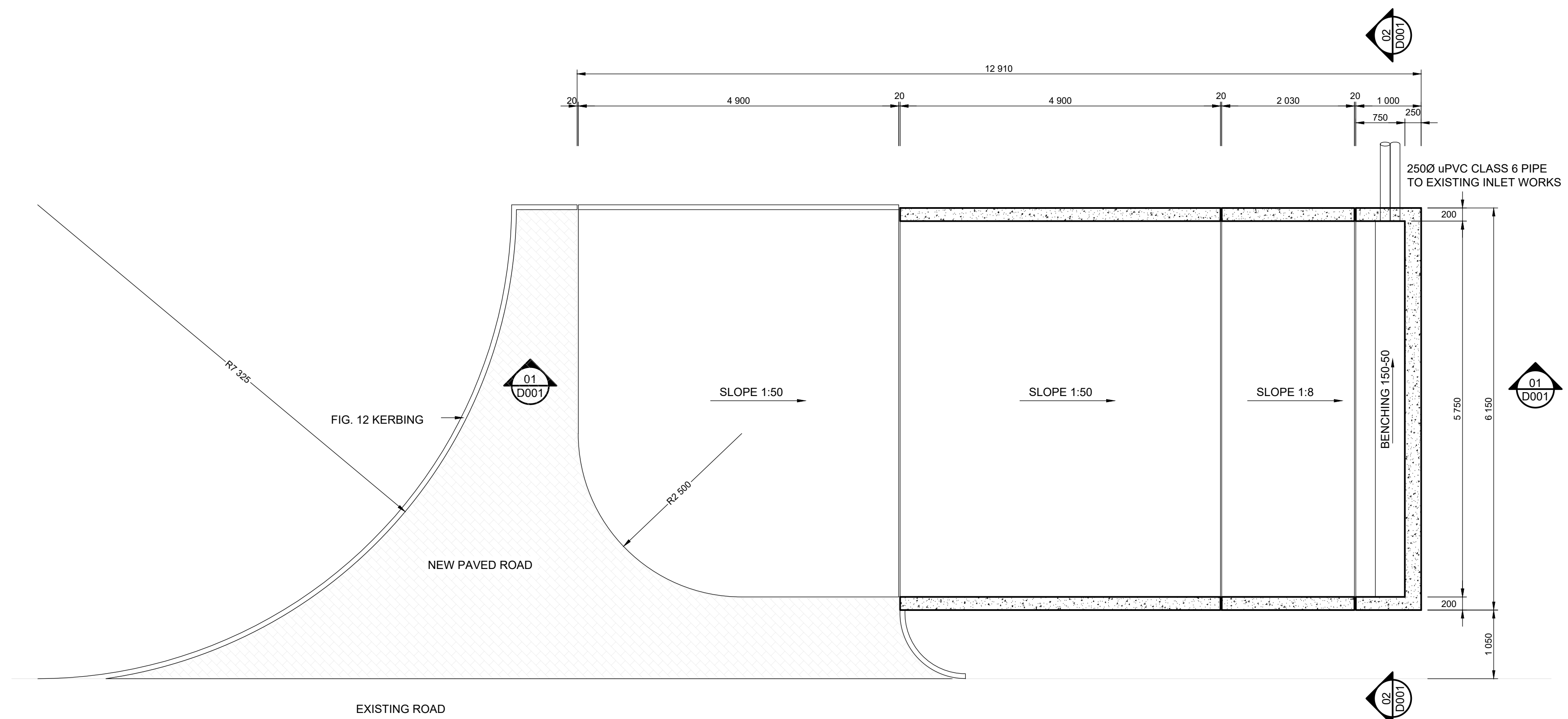
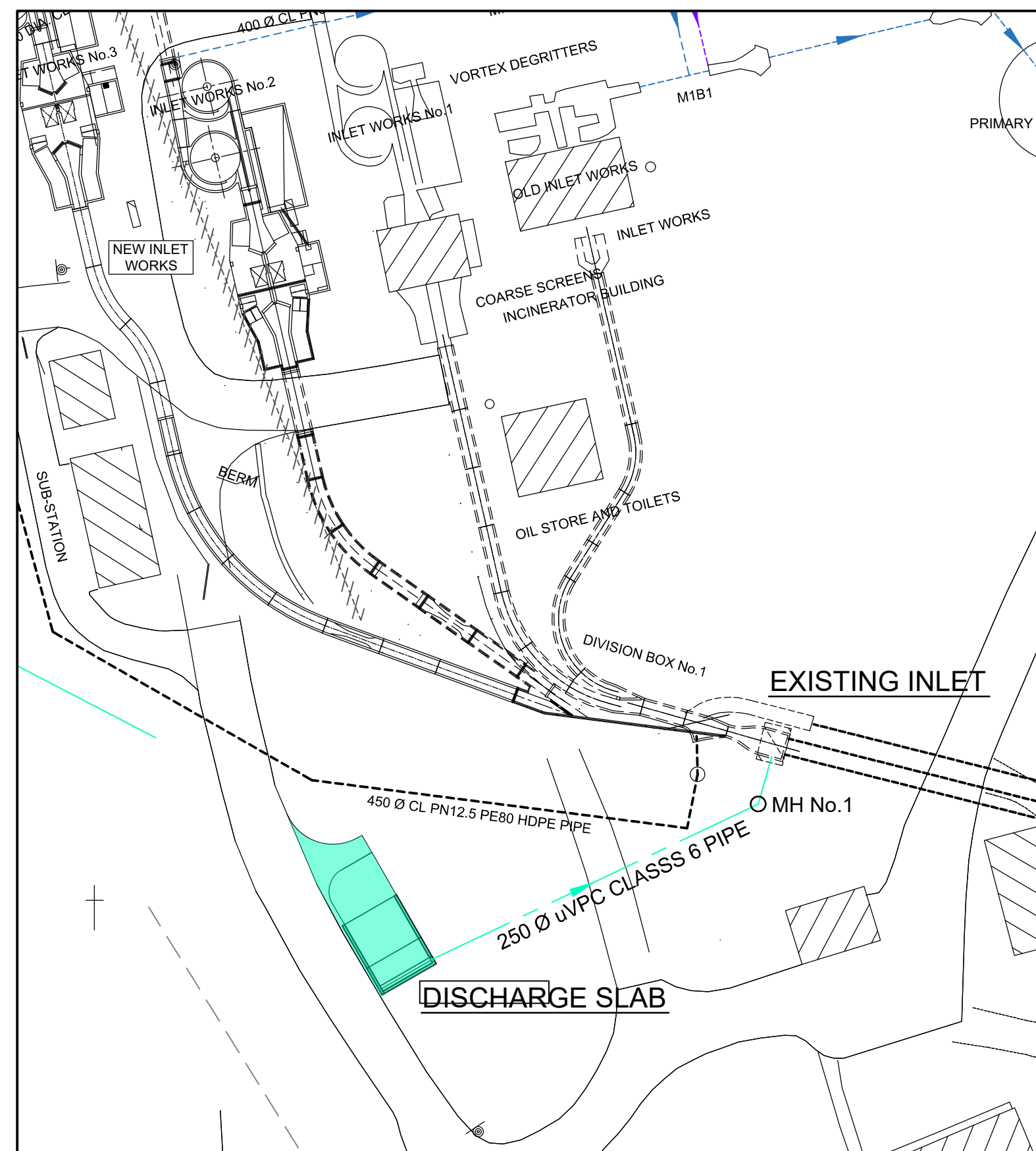
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| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE<br>DEPARTMENT<br><b>Mr D Gubuza</b><br>EXECUTIVE DIRECTOR | AMENDMENTS |      |          |             | WATER AND SANITATION<br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                                     |                                  |                                 | <b>Bigen Africa Services (PTY) LTD</b><br><br>Enquiries: T. Mukwena<br>Tel: + 27 (0) 12 842 8700<br>Fax: + 27 (0) 12 843 9000/9001<br>taf.mukwena@bigengroup.com<br>The Innovation Hub Pretoria 0087<br><br><br>I, _____ Prof Reg Nr _____<br>HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED<br>ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE<br>DRAWING<br>SIGNATURE _____ DATE _____<br>CONSULTANT DRAWING NUMBER<br><b>3243.00.00.GZA.17.D001</b> |                                                                                          | DESIGNED<br>NAME: T. McCredy Prof Reg No: _____<br>SIGNATURE: _____ DATE: 2021/07            |                                    | CONTRACT No. _____ | PROJECT DISCRPTION:<br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE<br/>WASTEWATER TREATMENT WORKS</b><br><br>DRAWING TITLE:<br><b>SECURITY FENCE:<br/>REINFORCED MESH DETAILS</b><br><br>WBS No. _____<br>COT DRAWING NUMBER _____ | <b>PROJECT STATUS</b><br><br><input type="radio"/> CONCEPT<br>DRAWING<br><input checked="" type="radio"/> TENDER<br>DRAWING<br><input type="radio"/> APPROVED<br>CONSTRUCTION<br>DRAWING<br><input type="radio"/> AS BUILT<br>DRAWING<br><br>PROJECT ENGINEER of COT:<br>NAME _____ SIGNATURE _____<br>Prof Reg No. _____ DATE _____<br>INSPECTOR OF WORKS of COT:<br>NAME _____ SIGNATURE _____<br>DATE _____ |  |
|                                                                                                                 | NR         | DATE | APPROVED | DESCRIPTION | PAR                                                                           | DIRECTOR: INFRASTRUCTURE PROVISION                  | DIRECTOR: WATER DISTRIBUTION     | DIRECTOR: BULK WATER SERVICES   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | DRAWN<br>NAME: A. Steenberg<br>SIGNATURE: _____ DATE: 2021/07                                | PROJECT No. _____                  |                    |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                 |            |      |          |             |                                                                               | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION | DIRECTOR: WASTE WATER COLLECTION | DIRECTOR: WASTE WATER TREATMENT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | CHECKED<br>NAME: T. Mukwena Prof Reg No: 20060203<br>SIGNATURE: _____ DATE: 2021/07          | SHEET No. _____                    |                    |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                 |            |      |          |             |                                                                               |                                                     |                                  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          | INFORMATION OFFICE CHECKED<br>NAME: _____ Prof Reg No: _____<br>SIGNATURE: _____ DATE: _____ | PAPER SIZE<br>A1                   |                    |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| SIGNATURE _____ Prof. Reg. No. _____ DATE _____                                                                 |            |      |          |             |                                                                               |                                                     |                                  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DESIGN OFFICE APPROVAL<br>NAME: _____ Prof Reg No: _____<br>SIGNATURE: _____ DATE: _____ |                                                                                              | SCALE<br>AS SHOWN<br>DATE: 2021/01 |                    |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |  |



| N0 | ITEM           | DESCRIPTION                            | QTY |
|----|----------------|----------------------------------------|-----|
| 1  | HINGE POST     | 250x250x6 SHS                          | 2   |
| 2  | DROP BOLT      | 32mm Ø ROUND BAR                       | 2   |
| 3  | GATE FRAME     | 100x100x4 SHS                          | 2   |
| 4  | LOCKING DEVICE | 30mm Ø T-SLIDE LOCK, WITH LOCK BOX     | 1   |
| 5  | HINGE          | ADJUSTABLE SCREW HINGE                 | 4   |
| 6  | BASE PLATE     | 600x600x5 FLAT                         | 2   |
| 7  | COVER PLATE    | 50x50x5 L, 120mm LONG                  | 4   |
| 8  | GRAB HANDLE    | HANDLE                                 | 4   |
| 9  | MESH           | CLEARVU22 OR SIMILAR REINFORCED MESH   | 2   |
| 9  | FOUNDATION     | 600x600x1000 CONCRETE, 20/19 @ 28 DAYS | 2   |

NOTE :  
1. THIS DRAWING SHOWS A TYPICAL LAYOUT OF A MESH PANEL SECURITY GATE  
2. CLEARVU 22 OR SIMILAR MESH ACCEPTABLE

|                                                                                                              |                   |      |          |             |                                                                                      |                                                               |                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                            |                                                                                                                                                          |                                                                                                                                                                                                                                            |                       |  |
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| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE DEPARTMENT<br><b>Mr D Gubuza</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                                               |                                                     |                               | <b>Bigen Africa Services (PTY) LTD</b><br><br>Enquiries: T. Mukwena<br>Tel: + 27 (0) 12 842 8700<br>Fax: + 27 (0) 12 843 9000/9001<br>taf.mukwena@bigengroup.com<br>The Innovation Hub Pretoria 0087<br><br><br><br>I, _____ Prof Reg Nr _____<br>HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED<br>ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE<br>DRAWING<br>SIGNATURE _____ DATE _____<br>CONSULTANT DRAWING NUMBER<br><b>3243.00.00.GZA.17.D002</b> | <b>DESIGNED</b><br>NAME: T. McCredy Prof Reg No: _____<br>SIGNATURE: _____ DATE: 2021/07 |                            | <b>CONTRACT No.</b> _____<br><b>PROJECT No.</b> _____<br><b>SHEET No.</b> _____<br><b>PAPER SIZE</b> A1<br><b>SCALE</b> AS SHOWN<br><b>DATE:</b> 2021/01 | <b>PROJECT DISCRPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE WASTEWATER TREATMENT WORKS</b><br><br><b>DRAWING TITLE:</b><br><b>SECURITY FENCE: REINFORCED MESH GATE DETAILS</b><br><br>WBS No. _____<br>COT DRAWING NUMBER _____ | <b>PROJECT STATUS</b> |  |
|                                                                                                              | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                  | DIRECTOR: INFRASTRUCTURE PROVISION                            |                                                     | CONCEPT DRAWING               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TENDER DRAWING                                                                           |                            |                                                                                                                                                          |                                                                                                                                                                                                                                            |                       |  |
|                                                                                                              |                   |      |          |             |                                                                                      | NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____ |                                                     | APPROVED CONSTRUCTION DRAWING |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AS BUILT DRAWING                                                                         |                            |                                                                                                                                                          |                                                                                                                                                                                                                                            |                       |  |
|                                                                                                              |                   |      |          |             |                                                                                      | DIRECTOR: WATER DISTRIBUTION                                  |                                                     | PROJECT ENGINEER of COT:      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME: _____ SIGNATURE: _____                                                             |                            |                                                                                                                                                          |                                                                                                                                                                                                                                            |                       |  |
|                                                                                                              |                   |      |          |             | NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____                        |                                                               | DIRECTOR: BULK WATER SERVICES                       |                               | Prof Reg No. _____ DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                          | INSPECTOR OF WORKS of COT: |                                                                                                                                                          |                                                                                                                                                                                                                                            |                       |  |
|                                                                                                              |                   |      |          |             | NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____                        |                                                               | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION |                               | NAME: _____ SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | NAME: _____ DATE: _____    |                                                                                                                                                          |                                                                                                                                                                                                                                            |                       |  |
|                                                                                                              |                   |      |          |             | NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____                        |                                                               | DIRECTOR: WASTE WATER COLLECTION                    |                               | NAME: _____ SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | NAME: _____ DATE: _____    |                                                                                                                                                          |                                                                                                                                                                                                                                            |                       |  |
|                                                                                                              |                   |      |          |             | NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____                        |                                                               | DIRECTOR: WASTE WATER TREATMENT                     |                               | NAME: _____ SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | NAME: _____ DATE: _____    |                                                                                                                                                          |                                                                                                                                                                                                                                            |                       |  |
|                                                                                                              |                   |      |          |             | NAME: _____ Prof. Reg. No. _____ SIGNATURE: _____ DATE: _____                        |                                                               |                                                     |                               | NAME: _____ SIGNATURE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | NAME: _____ DATE: _____    |                                                                                                                                                          |                                                                                                                                                                                                                                            |                       |  |

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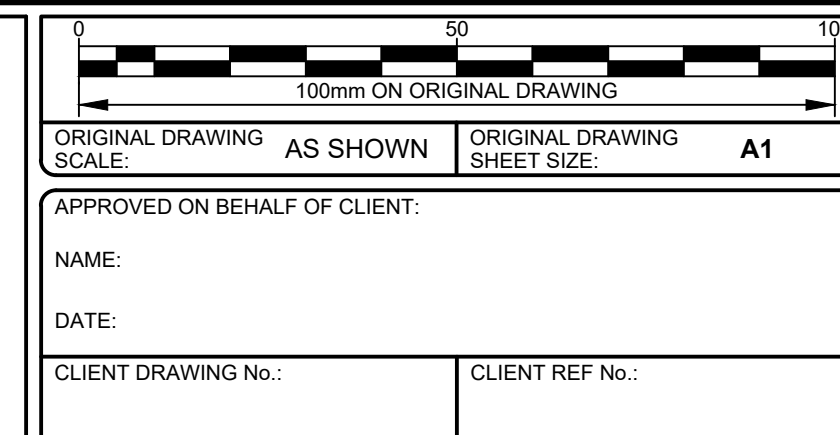
Allan Cornack Street  
The Innovation Hub  
Perseuor  
Pretoria

Phone: + 27 (0) 12 842 8700

pretoria@bigengroup.com

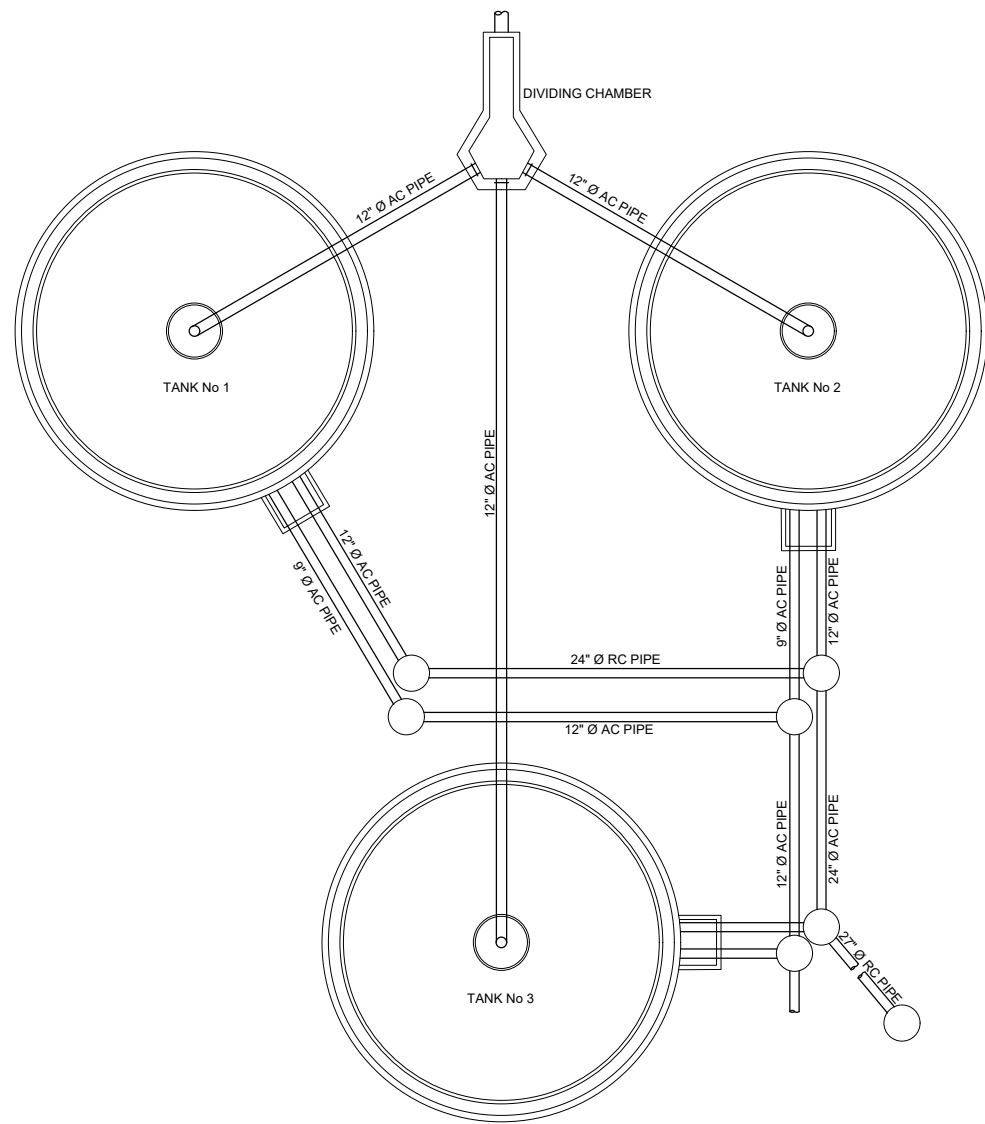


|                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------|--|
| <p>PROJECT TITLE:</p> <p><b>UPGRADING OF EXISTING<br/>SUNDERLAND RIDGE WWTW</b></p>                             |  |
| <p>DRAWING TITLE:</p> <p><b>INLET WORKS:<br/>TANKER DISCHARGE SLAB - LAYOUT,<br/>SECTIONS &amp; DETAILS</b></p> |  |

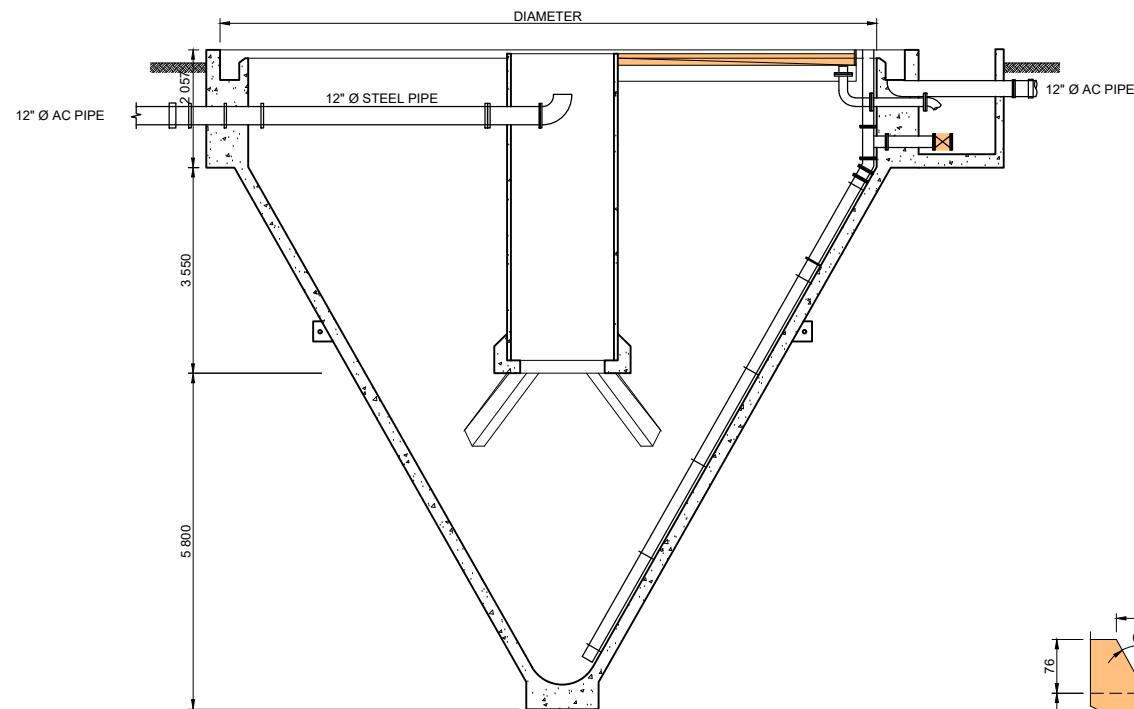


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| SURVEYED                                      | -           | DESIGNED | T Mc CREEDY            |
| DRAWN                                         | A STEENBERG | CHECKED  | H VD MERWE             |
| COORD<br>SYSTEM                               | WGS29       | DATE     | MARCH 2021             |
| APPROVED ON<br>BEHALF OF<br>BIGEN:            |             |          |                        |
| DRAWING No.:<br><b>3422.00.00.WBA.14.D001</b> |             |          | VERSION:<br><b>A.0</b> |

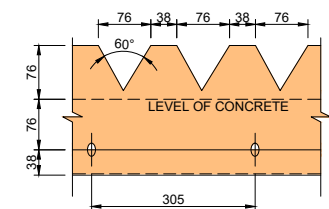
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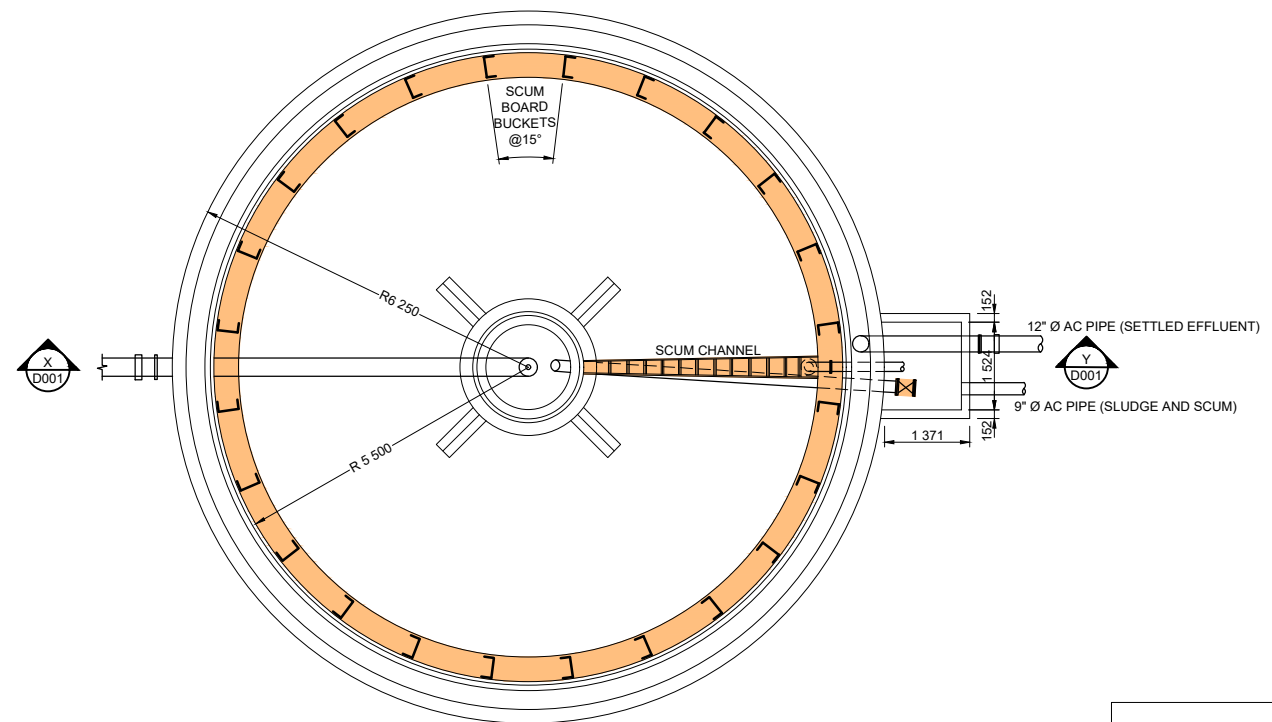
LAYOUT PLAN



SECTION X-X



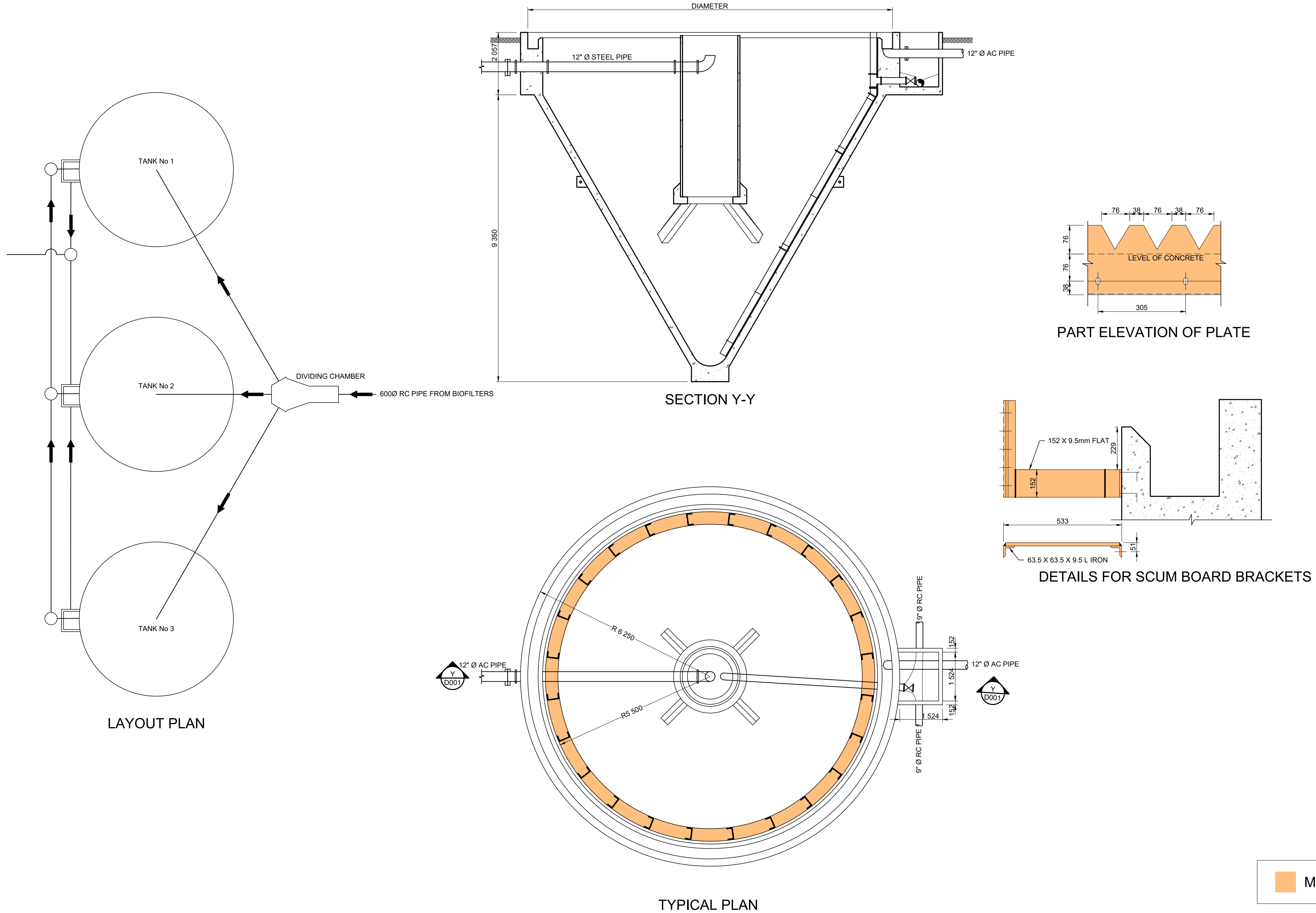
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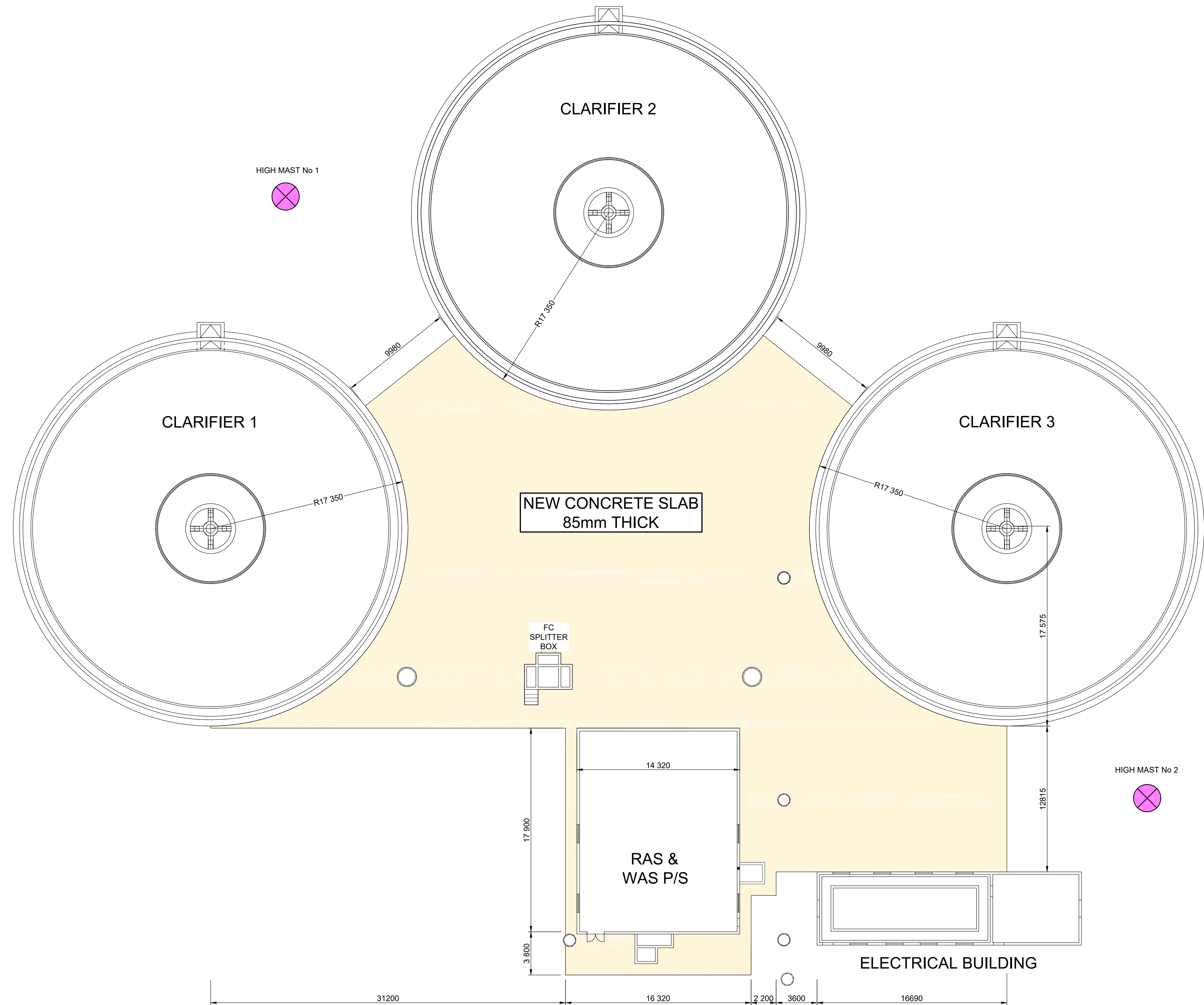
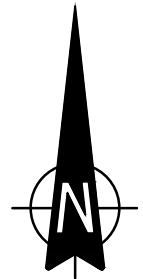
TYPICAL PLAN

MECHANICAL SCOPE

|                                                                                                                                                                                                    |                   |      |          |             |                                                                                      |                                    |                                                            |                              |                                                                                                                                                                                                |                               |                                                                                                |                                                     |                                                            |                                  |                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                            |                                 |                                                            |                                                     |                                                                                              |                                                                                               |                                                                                                     |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|----------|-------------|--------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------|---------------------------------|------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE<br>DEPARTMENT<br><b>Mr D Gubuza</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                    |                                                            |                              | <b>Bigen Africa Services (PTY) LTD</b><br>Enquiries: T. Mukwena<br>Tel: +27 (0) 12 842 8700<br>Fax: +27 (0) 12 843 9000/9001<br>taf.mukwena@bigengroup.com<br>The Innovation Hub Pretoria 0087 |                               | <b>DESIGNED</b><br>NAME: T. McCready<br>Prof Reg No: 2021/07<br>SIGNATURE: _____ DATE: 2021/07 |                                                     | <b>CONTRACT No.</b>                                        |                                  | <b>PROJECT DISCRIPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE<br/>WASTEWATER TREATMENT WORKS</b> |  | <b>PROJECT STATUS</b><br><input type="radio"/> CONCEPT<br><input checked="" type="radio"/> TENDER<br><input type="radio"/> APPROVED<br>DRAWING<br><input type="radio"/> AS BUILT<br>DRAWING<br>PROJECT ENGINEER of COT:<br>NAME _____ SIGNATURE _____<br>Prof Reg No. _____ DATE _____<br>INSPECTOR OF WORKS of COT:<br>NAME _____ SIGNATURE _____<br>DATE _____ |  |  |  |                                                            |                                 |                                                            |                                                     |                                                                                              |                                                                                               |                                                                                                     |                                                                                                 |
|                                                                                                                                                                                                    | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                  | DIRECTOR: INFRASTRUCTURE PROVISION | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ | DIRECTOR: WATER DISTRIBUTION | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____                                                                                                                                     | DIRECTOR: BULK WATER SERVICES | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____                                     | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ | DIRECTOR: WASTE WATER COLLECTION |                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ | DIRECTOR: WASTE WATER TREATMENT | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ | CONSULTANT DRAWING NUMBER<br>3243.00.00.WDA.13.D001 | <b>DRAWN</b><br>NAME: A. Steenberg<br>Prof Reg No: 2021/07<br>SIGNATURE: _____ DATE: 2021/07 | <b>CHECKED</b><br>NAME: T. Mukwena<br>Prof Reg No: 20060203<br>SIGNATURE: _____ DATE: 2021/07 | <b>INFORMATION OFFICE CHECKED</b><br>NAME: _____ Prof Reg No: _____<br>SIGNATURE: _____ DATE: _____ | <b>DESIGN OFFICE APPROVAL</b><br>NAME: _____ Prof Reg No: _____<br>SIGNATURE: _____ DATE: _____ |

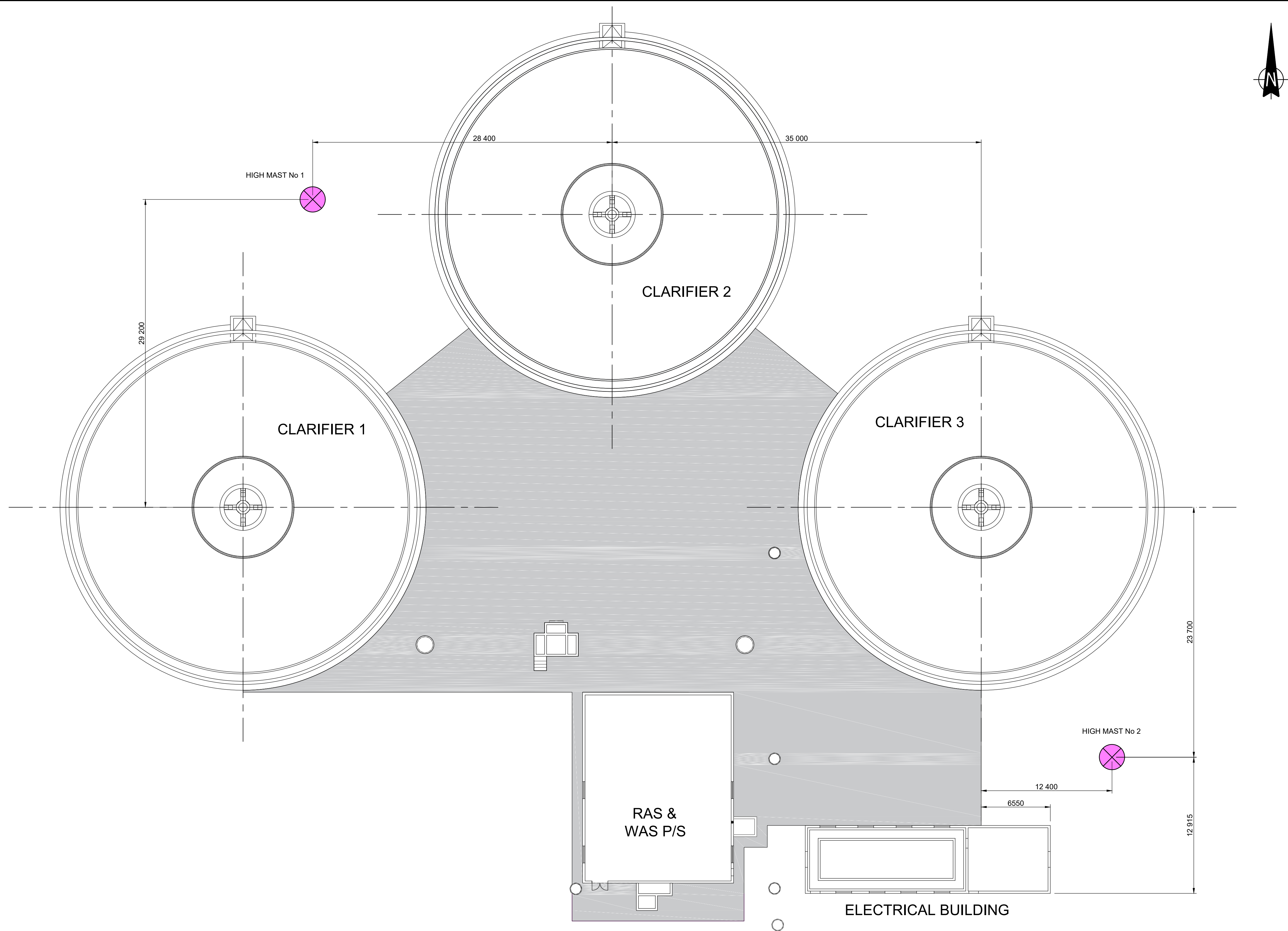


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| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE<br>DEPARTMENT<br><b>Mr D Gubuz</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                                     |               |               | <b>Bigen Africa Services (PTY) LTD</b><br><small>Enquiries: T. Mukwena<br/>Tel: +27 (0) 12 842 8700<br/>Fax: +27 (0) 12 843 9000/9001<br/>tsh.mukwena@bigengroup.com<br/>The Innovation Hub Pretoria 0087</small> |                                                     | <b>DESIGNED</b><br>NAME: T. McCredy<br>SIGNATURE: _____ DATE: 2021/07 |               | <b>CONTRACT No.</b><br>PROJECT No.<br>SHEET No.<br>PAPER SIZE<br>SCALE<br>AS SHOWN<br>DATE: 2021/01 | <b>PROJECT DISCRPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE<br/>WASTEWATER TREATMENT WORKS</b><br><br><b>DRAWING TITLE:</b><br><b>MODULE 1: BIOLFITERS<br/>MECHANICAL EQUIPMENT</b><br><br>WBS No.<br>COT DRAWING NUMBER | <b>PROJECT STATUS</b> |      |                            |                   |                                     |                     |
|                                                                                                                | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                  | DIRECTOR: INFRASTRUCTURE PROVISION                  | NAME          | Prof. Reg. No | SIGNATURE                                                                                                                                                                                                         | DATE                                                | NAME                                                                  | Prof. Reg. No |                                                                                                     |                                                                                                                                                                                                                                     | SIGNATURE             | DATE | CONCEPT<br>DRAWING         | TENDER<br>DRAWING | APPROVED<br>CONSTRUCTION<br>DRAWING | AS BUILT<br>DRAWING |
|                                                                                                                |                   |      |          |             |                                                                                      | DIRECTOR: WATER DISTRIBUTION                        | NAME          | Prof. Reg. No | SIGNATURE                                                                                                                                                                                                         | DATE                                                | NAME                                                                  | Prof. Reg. No |                                                                                                     |                                                                                                                                                                                                                                     | SIGNATURE             | DATE | PROJECT ENGINEER of COT:   |                   |                                     |                     |
|                                                                                                                |                   |      |          |             |                                                                                      | DIRECTOR: BULK WATER SERVICES                       | NAME          | Prof. Reg. No | SIGNATURE                                                                                                                                                                                                         | DATE                                                | NAME                                                                  | Prof. Reg. No |                                                                                                     |                                                                                                                                                                                                                                     | SIGNATURE             | DATE | INSPECTOR OF WORKS of COT: |                   |                                     |                     |
|                                                                                                                |                   |      |          |             |                                                                                      | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION | NAME          | Prof. Reg. No | SIGNATURE                                                                                                                                                                                                         | DATE                                                | NAME                                                                  | Prof. Reg. No |                                                                                                     |                                                                                                                                                                                                                                     | SIGNATURE             | DATE |                            |                   |                                     |                     |
|                                                                                                                |                   |      |          |             | DIRECTOR: WASTE WATER COLLECTION                                                     | NAME                                                | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                                              | NAME                                                | Prof. Reg. No                                                         | SIGNATURE     | DATE                                                                                                |                                                                                                                                                                                                                                     |                       |      |                            |                   |                                     |                     |
|                                                                                                                |                   |      |          |             | DIRECTOR: WASTE WATER TREATMENT                                                      | NAME                                                | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                                              | NAME                                                | Prof. Reg. No                                                         | SIGNATURE     | DATE                                                                                                |                                                                                                                                                                                                                                     |                       |      |                            |                   |                                     |                     |
|                                                                                                                |                   |      |          |             |                                                                                      | NAME                                                | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                                              | CONSULTANT DRAWING NUMBER<br>3243.00.00.WDB.13.D001 |                                                                       |               |                                                                                                     |                                                                                                                                                                                                                                     |                       |      |                            |                   |                                     |                     |



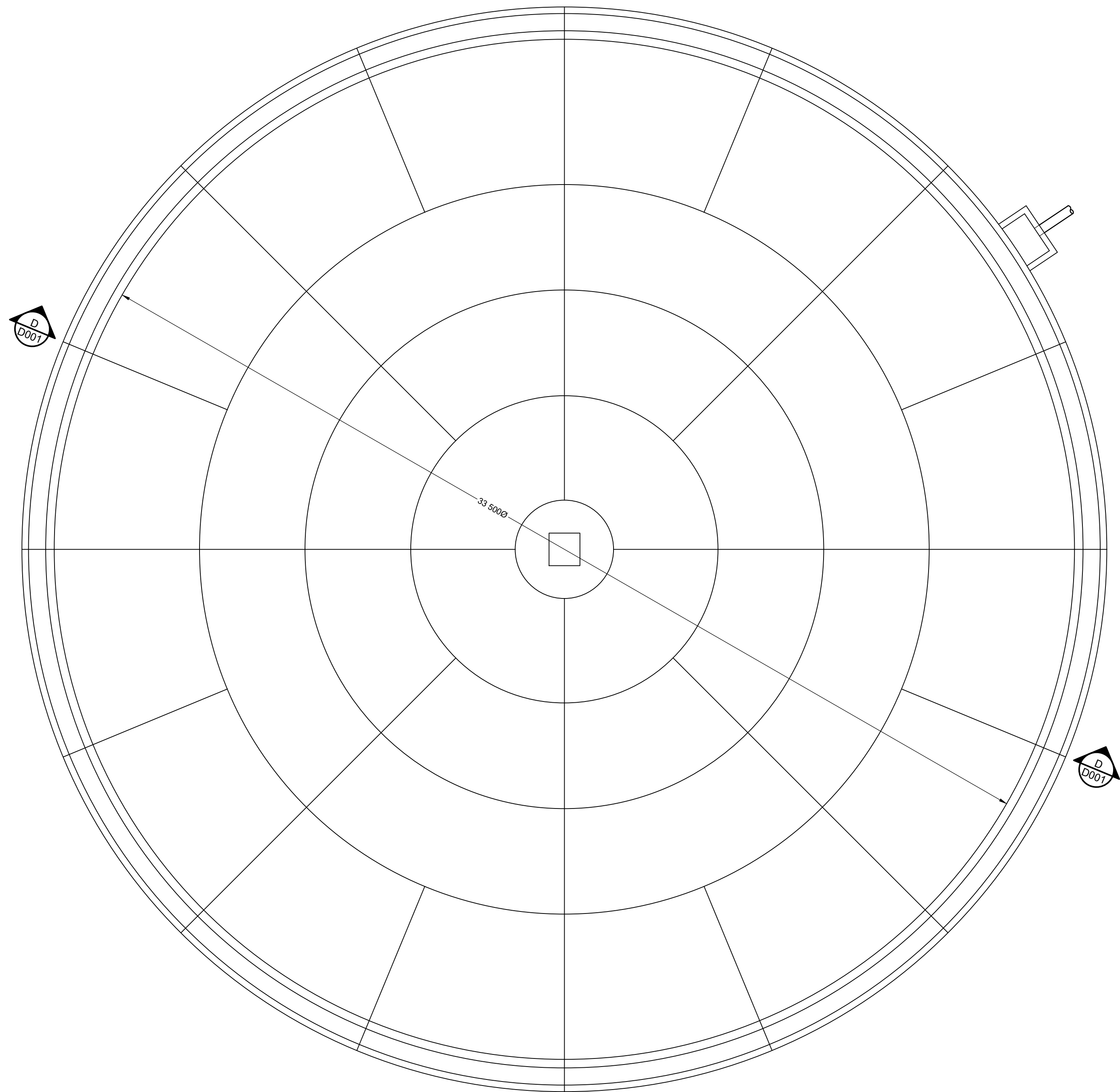
SITE PLAN OVERVIEW  
SCALE 1:200

|                                                                                                                                                                                                    |                   |      |          |             |                                                                                      |                                    |                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                           |                                  |                                                                                                                                                                            |                                                                                                                                                                                                                                                                              |                                 |      |
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| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE<br>DEPARTMENT<br><b>Mr D Gubuza</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                    |                              |                               | <b>Bigen Africa Services (PTY) LTD</b><br><small>Enquiries: T. Mukwena<br/>Tel: + 27 (0) 12 842 8700<br/>Fax: + 27 (0) 12 843 9000/9001<br/>taf.mukwena@bigengroup.com<br/>The Innovation Hub Pretoria 0087</small><br><br><small>I, _____ Prof Reg Nr _____<br/>HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED<br/>ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE<br/>DRAWING<br/>SIGNATURE _____ DATE _____<br/>CONSULTANT DRAWING NUMBER<br/>3243.00.00.WDC.14.D001</small> |  | <b>DESIGNED</b><br>NAME: T. McCready Prof Reg No: _____<br>SIGNATURE: _____ DATE: 2021/07 |                                  | <b>CONTRACT</b><br>No. _____<br><b>PROJECT</b><br>No. _____<br><b>SHEET</b><br>No. _____<br><b>PAPER SIZE</b><br>A1<br><b>SCALE</b><br>AS SHOWN<br><b>DATE:</b><br>2021/01 | <b>PROJECT DISCRPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE<br/>WASTEWATER TREATMENT WORKS</b><br><b>DRAWING TITLE:</b><br><b>MODULE 5: SECONDARY SETTLING TANKS -<br/>CONCRETE COVER SLABS LAYOUT</b><br><b>WBS No.</b> _____<br><b>COT DRAWING NUMBER</b> _____ | <b>PROJECT STATUS</b>           |      |
|                                                                                                                                                                                                    | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                  | DIRECTOR: INFRASTRUCTURE PROVISION | DIRECTOR: WATER DISTRIBUTION | DIRECTOR: BULK WATER SERVICES |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION                                       | DIRECTOR: WASTE WATER COLLECTION |                                                                                                                                                                            |                                                                                                                                                                                                                                                                              | DIRECTOR: WASTE WATER TREATMENT | NAME |

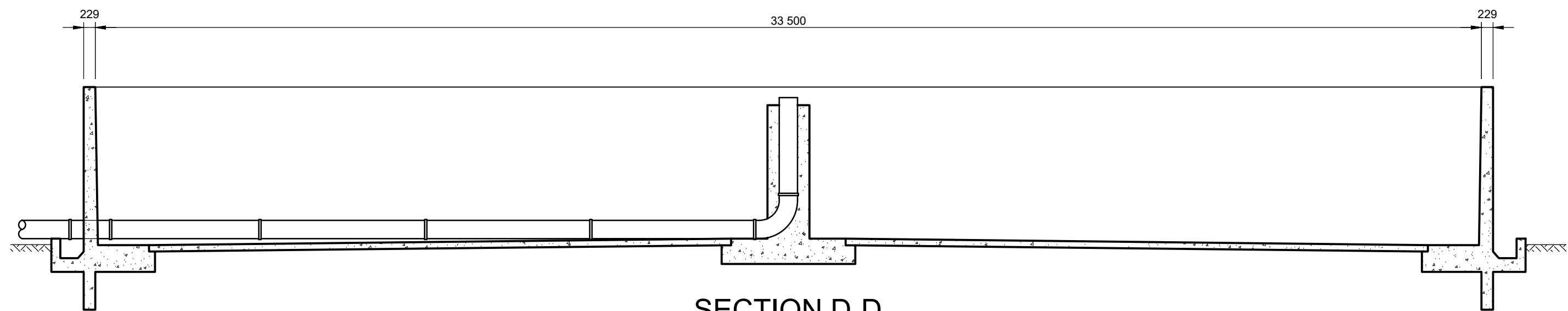


LAYOUT PLAN  
SCALE 1:200

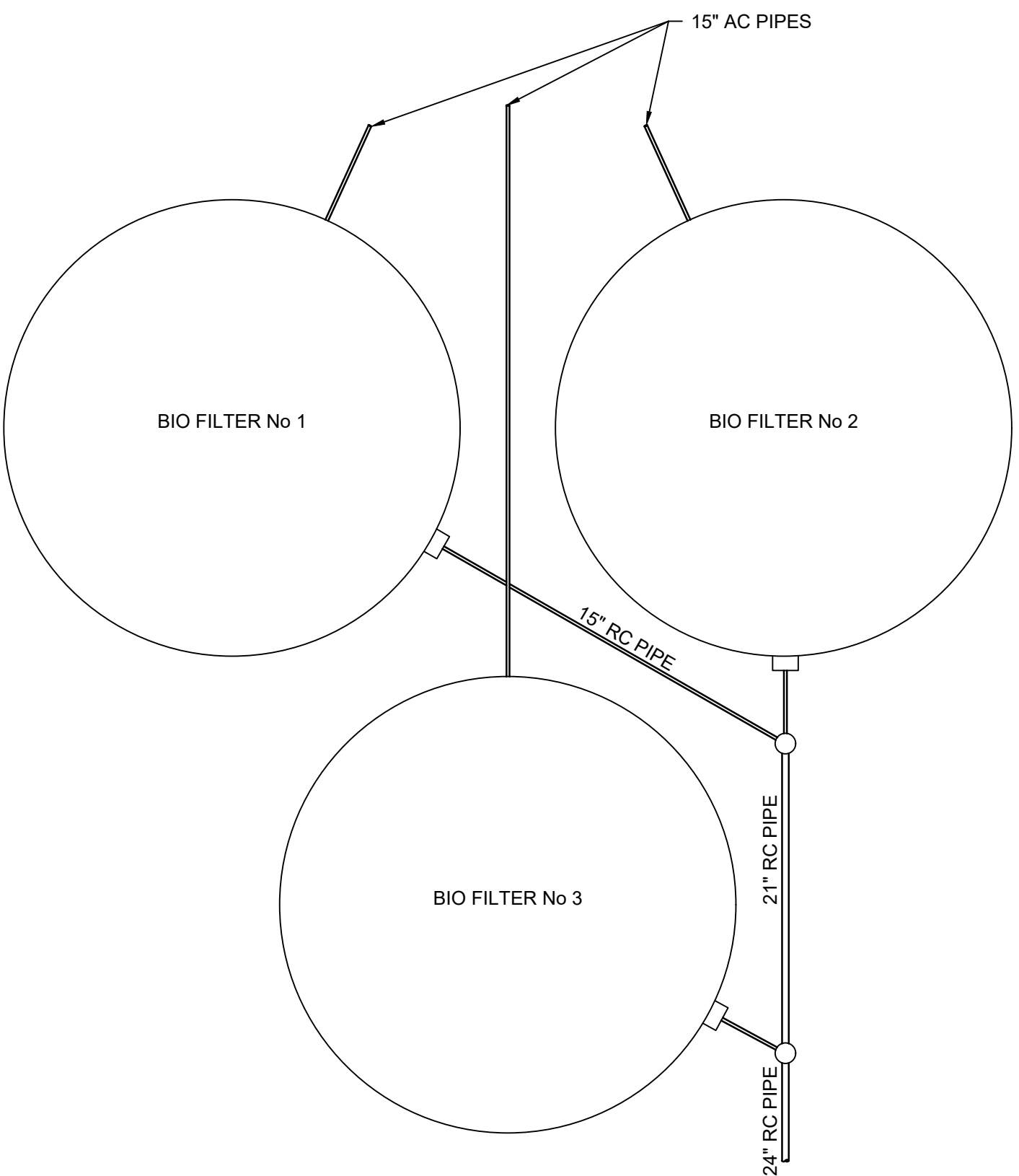
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| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE<br>DEPARTMENT<br><b>Mr D Gubuza</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             |     | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |      |               |           |      | <b>Bigen Africa Services (PTY) LTD</b><br>Enquiries: T. Mukwena<br>Tel: + 27 (0) 12 842 8700<br>Fax: + 27 (0) 12 843 9000/9001<br>taf.mukwena@bigengroup.com<br>The Innovation Hub Pretoria 0087 |      |               |           |      | <b>DESIGNED</b><br>NAME: T. McCready Prof Reg No: 202107<br>SIGNATURE: DATE: 202107<br><b>DRAWN</b><br>NAME: A. Steenberg Prof Reg No: 202107<br>SIGNATURE: DATE: 202107<br><b>CHECKED</b><br>NAME: T. Mukwena Prof Reg No: 20060203<br>SIGNATURE: DATE: 202107<br><b>INFORMATION OFFICE CHECKED</b><br>NAME: SIGNATURE: DATE:<br><b>DESIGN OFFICE APPROVAL</b><br>NAME: Prof Reg No: SIGNATURE: DATE:<br>SIGNATURE: DATE: |      |               |           |      | <b>CONTRACT</b><br>No. PROJECT No. SHEET No. PAPER SIZE A1 SCALE AS SHOWN DATE: 202101 |      |               |           |      | <b>PROJECT DISCRPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE<br/>WASTEWATER TREATMENT WORKS</b><br><b>DRAWING TITLE:</b><br><b>MODULE 5: SECONDARY SETTLING TANKS -<br/>SITE LIGHTING LAYOUT PLAN</b><br>WBS No. COT DRAWING NUMBER |      |               |           |      | <b>PROJECT STATUS</b><br>CONCEPT DRAWING TENDER DRAWING APPROVED CONSTRUCTION DRAWING AS BUILT DRAWING<br><b>PROJECT ENGINEER of COT:</b><br>NAME SIGNATURE<br>Prof Reg No. DATE<br><b>INSPECTOR OF WORKS of COT:</b><br>NAME SIGNATURE<br>DATE |      |               |           |      |                                                     |          |      |      |      |
|                                                                                                                                                                                                    | NR                | DATE | APPROVED | DESCRIPTION | PAR | DIRECTOR: INFRASTRUCTURE PROVISION                                                   | NAME | Prof. Reg. No | SIGNATURE | DATE | DIRECTOR: WATER DISTRIBUTION                                                                                                                                                                     | NAME | Prof. Reg. No | SIGNATURE | DATE | DIRECTOR: BULK WATER SERVICES                                                                                                                                                                                                                                                                                                                                                                                              | NAME | Prof. Reg. No | SIGNATURE | DATE | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION                                    | NAME | Prof. Reg. No | SIGNATURE | DATE | DIRECTOR: WASTE WATER COLLECTION                                                                                                                                                                                                              | NAME | Prof. Reg. No | SIGNATURE | DATE | DIRECTOR: WASTE WATER TREATMENT                                                                                                                                                                                                                 | NAME | Prof. Reg. No | SIGNATURE | DATE | CONSULTANT DRAWING NUMBER<br>3243.00.00.WDC.22.U001 | REVISION | NAME | DATE | NAME |



PLAN



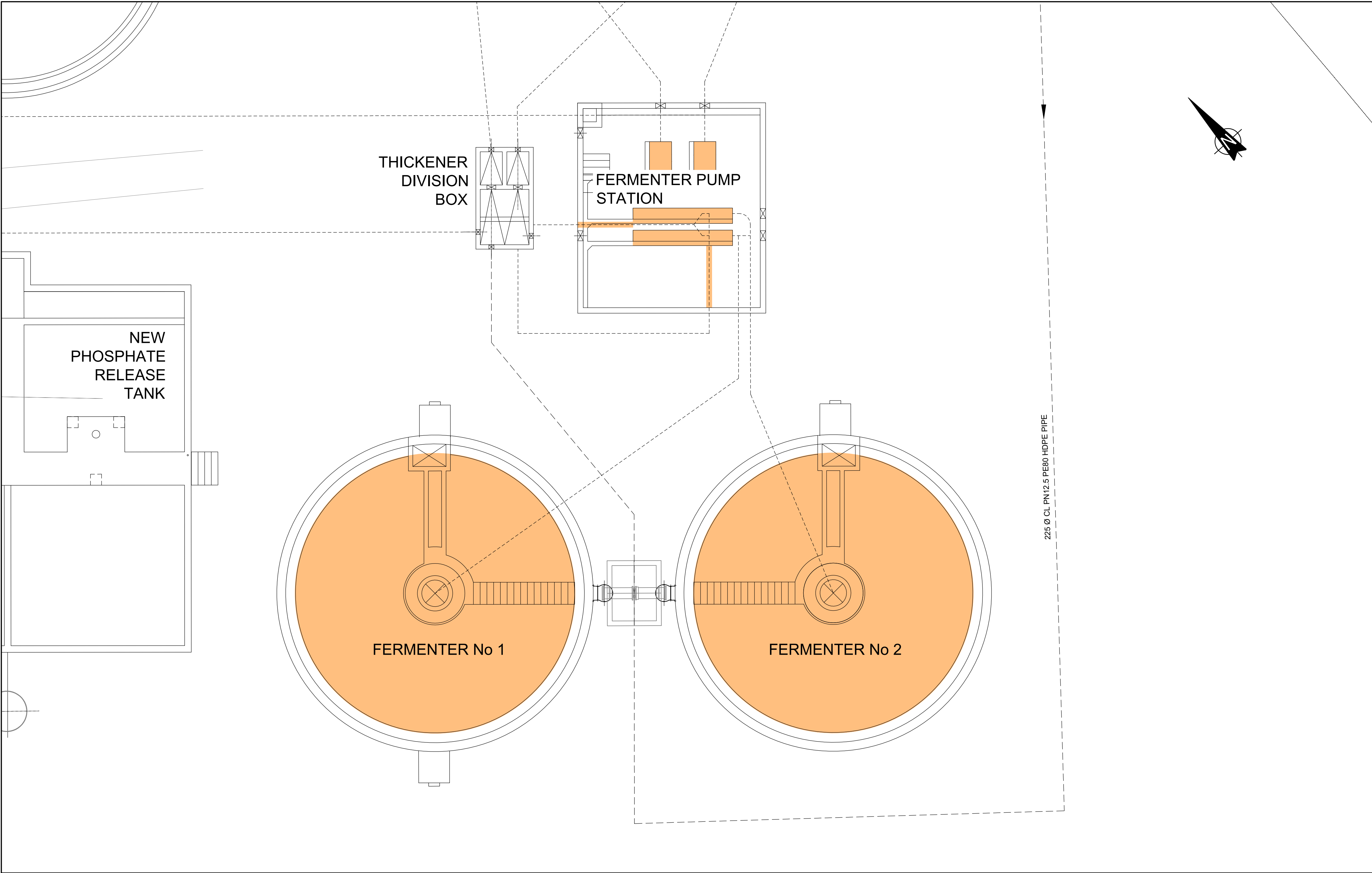
SECTION D-D



LAYOUT OF BIOLOGICAL FILTERS

|                                                                                                                                                                                                                                                                                                        |                   |  |  |  |                         |                                                                                                       |                                    |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                             |  |                              |  |                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
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| <div><br/><b>CITY OF TSHWANE</b><br/>SERVICES INFRASTRUCTURE<br/>DEPARTMENT<br/>WATER AND SANITATION<br/><b>Mr D Gubuza</b><br/>EXECUTIVE DIRECTOR</div> <div>SIGNATURE _____ Prof. Reg. No. _____ DATE _____</div> | <b>AMENDMENTS</b> |  |  |  |                         | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE                  |                                    |                             |  | <div><b>Bigen Africa Services (PTY) LTD</b><br/><small>Enquiries: T. Mukuwena<br/>Tel: + 27 (0) 12 842 8700<br/>Fax: + 27 (0) 12 843 9000/9001<br/>taf.mukuwena@bigengroup.com<br/>The Innovation Hub Pretoria 0087</small></div> <div><br/><small>HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED<br/>ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE<br/>DRAWING</small></div> <div>SIGNATURE _____ DATE _____</div> <div><small>CONSULTANT DRAWING NUMBER</small><br/><b>3243.00.00.WHA.13.D001</b></div> <div></div> |  | <b>DESIGNED</b><br>NAME: T. McCreedy Prof. Reg. No. _____<br>SIGNATURE: _____ DATE: 2021/07 |  | <b>CONTRACT</b><br>No. _____ |  | <b>PROJECT DISCRPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE<br/>WASTEWATER TREATMENT WORKS</b> |  | <b>PROJECT STATUS</b><br><div><input type="radio"/> CONCEPT DRAWING <input checked="" type="radio"/> TENDER DRAWING <input type="radio"/> APPROVED CONSTRUCTION DRAWING <input type="radio"/> AS BUILT DRAWING</div> <div>PROJECT ENGINEER of COT:<br/>NAME _____ SIGNATURE _____<br/>Prof. Reg. No. _____ DATE _____</div> <div>INSPECTOR OF WORKS of COT:<br/>NAME _____ SIGNATURE _____<br/>DATE _____</div> |  |
|                                                                                                                                                                                                                                                                                                        |                   |  |  |  |                         | <b>DRAWN</b><br>NAME: A. Steenberg Prof. Reg. No. _____<br>SIGNATURE: _____ DATE: 2021/07             |                                    | <b>PROJECT No.</b><br>_____ |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                             |  |                              |  |                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                        |                   |  |  |  |                         | <b>CHECKED</b><br>NAME: T. Mukuwena Prof. Reg. No. 20060203<br>SIGNATURE: _____ DATE: 2021/07         |                                    | <b>SHEET No.</b><br>_____   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                             |  |                              |  |                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                        |                   |  |  |  |                         | <b>INFORMATION OFFICE CHECKED</b><br>NAME: _____ Prof. Reg. No. _____<br>SIGNATURE: _____ DATE: _____ |                                    | <b>PAPER SIZE</b><br>A1     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                             |  |                              |  |                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                        |                   |  |  |  |                         | <b>DESIGN OFFICE APPROVAL</b><br>NAME: _____ Prof. Reg. No. _____<br>SIGNATURE: _____ DATE: _____     |                                    | <b>SCALE</b><br>AS SHOWN    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                             |  |                              |  |                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                        |                   |  |  |  | <b>DATE:</b><br>2021/01 |                                                                                                       | <b>DATE:</b><br>2021/01            |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                             |  |                              |  |                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                        |                   |  |  |  | <b>WBS No.</b><br>_____ |                                                                                                       | <b>COT DRAWING NUMBER</b><br>_____ |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                             |  |                              |  |                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

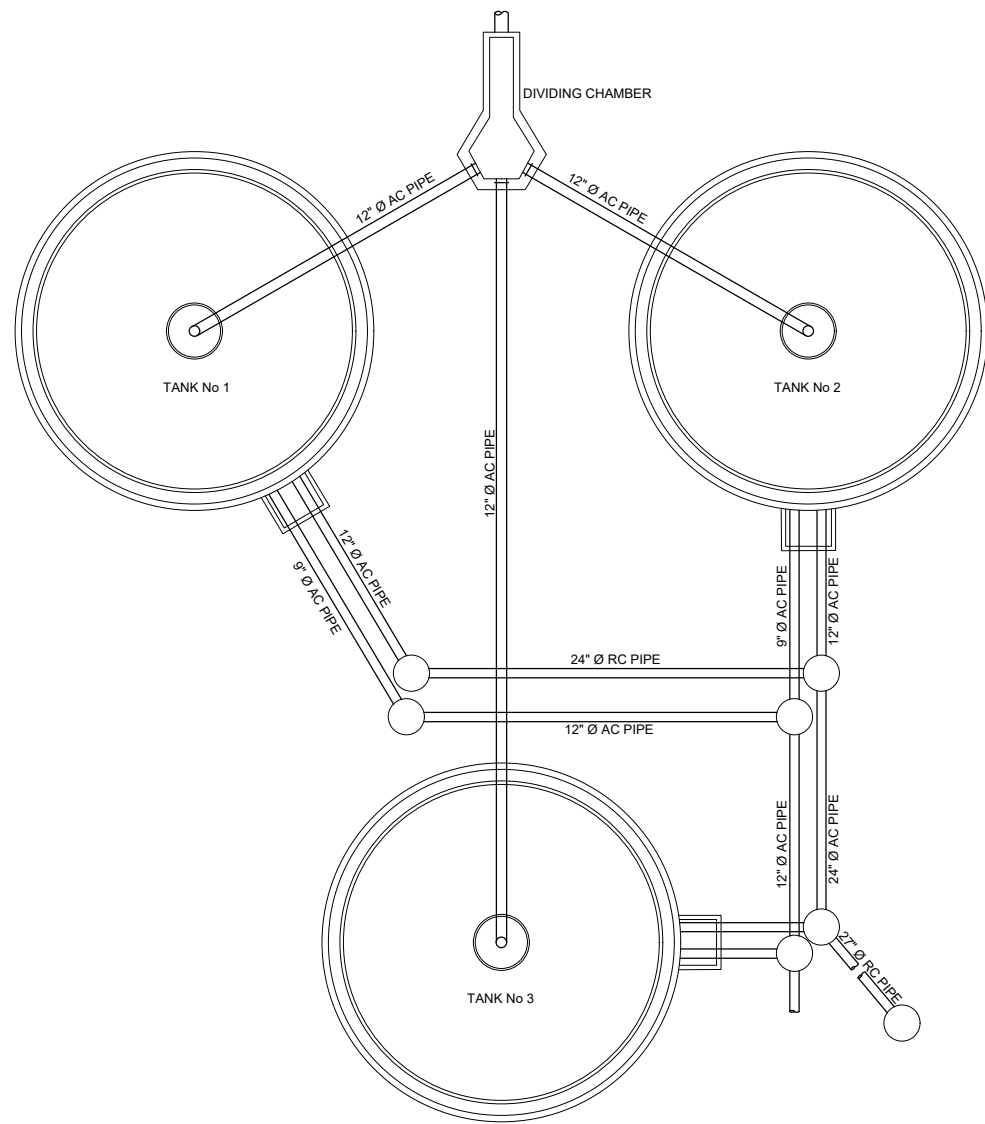




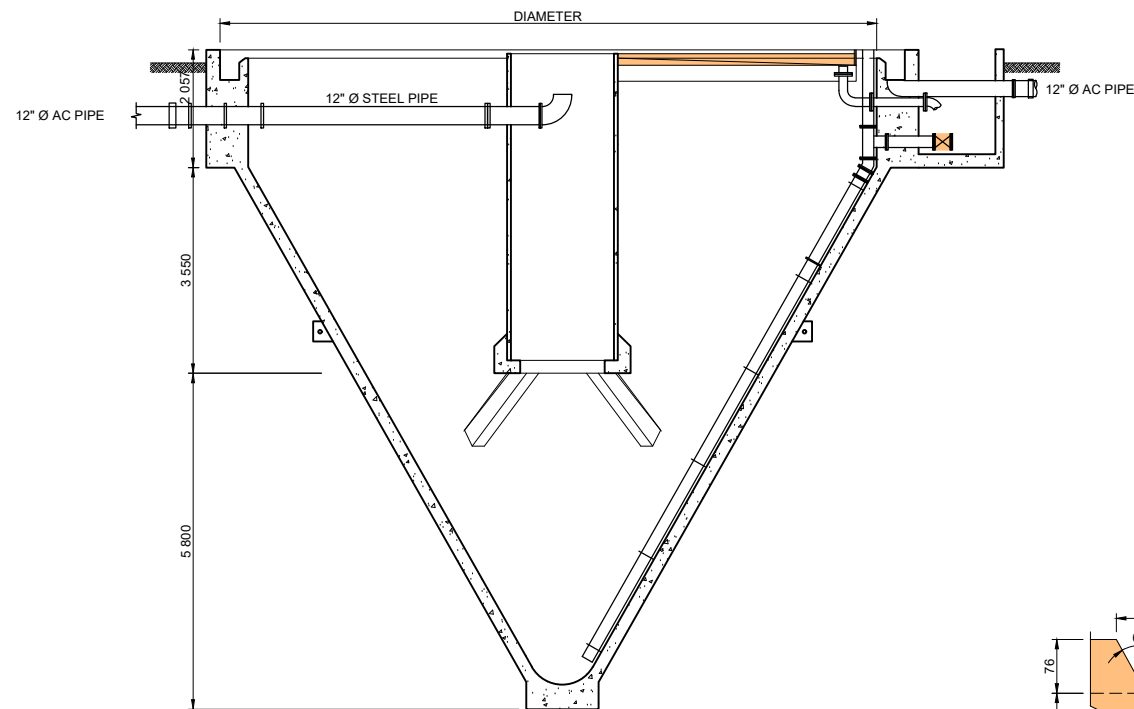
LAYOUT PLAN  
SCALE 1:100

|                                                                                                                                                                                                    |                   |      |          |             |                                                                                      |                                    |               |               |                                                                                                                                                                                                                     |                                                                                                 |                                                                                            |                             |                             |                         |                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|----------|-------------|--------------------------------------------------------------------------------------|------------------------------------|---------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE<br>DEPARTMENT<br><b>Mr D Gubuza</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                    |               |               | <b>Bigen Africa Services (PTY) LTD</b><br><small>Enquiries: T. Mukwena<br/>Tel: + 27 (0) 12 842 8700<br/>Fax: + 27 (0) 12 843 9000/9001<br/>taf.mukwena@bigengroup.com<br/>The Innovation Hub Pretoria 0087</small> |                                                                                                 | <b>DESIGNED</b><br>NAME: T. McCready Prof Reg No: .....<br>SIGNATURE: ..... DATE: 2021/07  |                             | <b>CONTRACT</b><br>No. .... |                         | <b>PROJECT DISCRPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE<br/>WASTEWATER TREATMENT WORKS</b> |  |  |  | <b>PROJECT STATUS</b><br><div><input type="radio"/> CONCEPT DRAWING <input checked="" type="radio"/> TENDER DRAWING <input type="radio"/> APPROVED CONSTRUCTION DRAWING <input type="radio"/> AS BUILT DRAWING</div> <b>PROJECT ENGINEER of COT:</b><br>NAME: ..... SIGNATURE: .....<br>Prof Reg No. .... DATE: .....<br><b>INSPECTOR OF WORKS of COT:</b><br>NAME: ..... SIGNATURE: .....<br>DATE: ..... |  |  |  |
|                                                                                                                                                                                                    | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                  | DIRECTOR: INFRASTRUCTURE PROVISION | NAME          | Prof. Reg. No | SIGNATURE                                                                                                                                                                                                           | DATE                                                                                            | <b>DRAWN</b><br>NAME: A. Steenberg<br>SIGNATURE: ..... DATE: 2021/07                       | <b>PROJECT No.</b><br>..... | <b>SHEET No.</b><br>.....   | <b>PAPER SIZE</b><br>A1 |                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                    |                   |      |          |             |                                                                                      | DIRECTOR: WATER DISTRIBUTION       | NAME          | Prof. Reg. No | SIGNATURE                                                                                                                                                                                                           | DATE                                                                                            | <b>CHECKED</b><br>NAME: T. Mukwena Prof Reg No: 20060203<br>SIGNATURE: ..... DATE: 2021/07 |                             |                             |                         |                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                    |                   |      |          |             |                                                                                      | DIRECTOR: BULK WATER SERVICES      | NAME          | Prof. Reg. No | SIGNATURE                                                                                                                                                                                                           | DATE                                                                                            | <b>INFORMATION OFFICE CHECKED</b><br>NAME: .....<br>SIGNATURE: ..... DATE: .....           |                             |                             |                         |                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                    |                   |      |          |             | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION                                  | NAME                               | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                                                | <b>DESIGN OFFICE APPROVAL</b><br>NAME: ..... Prof Reg No: .....<br>SIGNATURE: ..... DATE: ..... |                                                                                            |                             |                             |                         |                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                    |                   |      |          |             | DIRECTOR: WASTE WATER COLLECTION                                                     | NAME                               | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                                                |                                                                                                 |                                                                                            |                             |                             |                         |                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                    |                   |      |          |             | DIRECTOR: WASTE WATER TREATMENT                                                      | NAME                               | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                                                |                                                                                                 |                                                                                            |                             |                             |                         |                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                    |                   |      |          |             |                                                                                      | NAME                               | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                                                |                                                                                                 |                                                                                            |                             |                             |                         |                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| SIGNATURE _____ Prof. Reg. No _____ DATE _____                                                                                                                                                     |                   |      |          |             |                                                                                      |                                    |               |               |                                                                                                                                                                                                                     | CONSULTANT DRAWING NUMBER<br><b>3243.00.00.WJB.13.D001</b>                                      |                                                                                            |                             |                             |                         |                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |

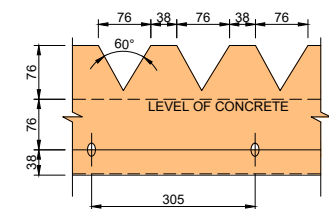




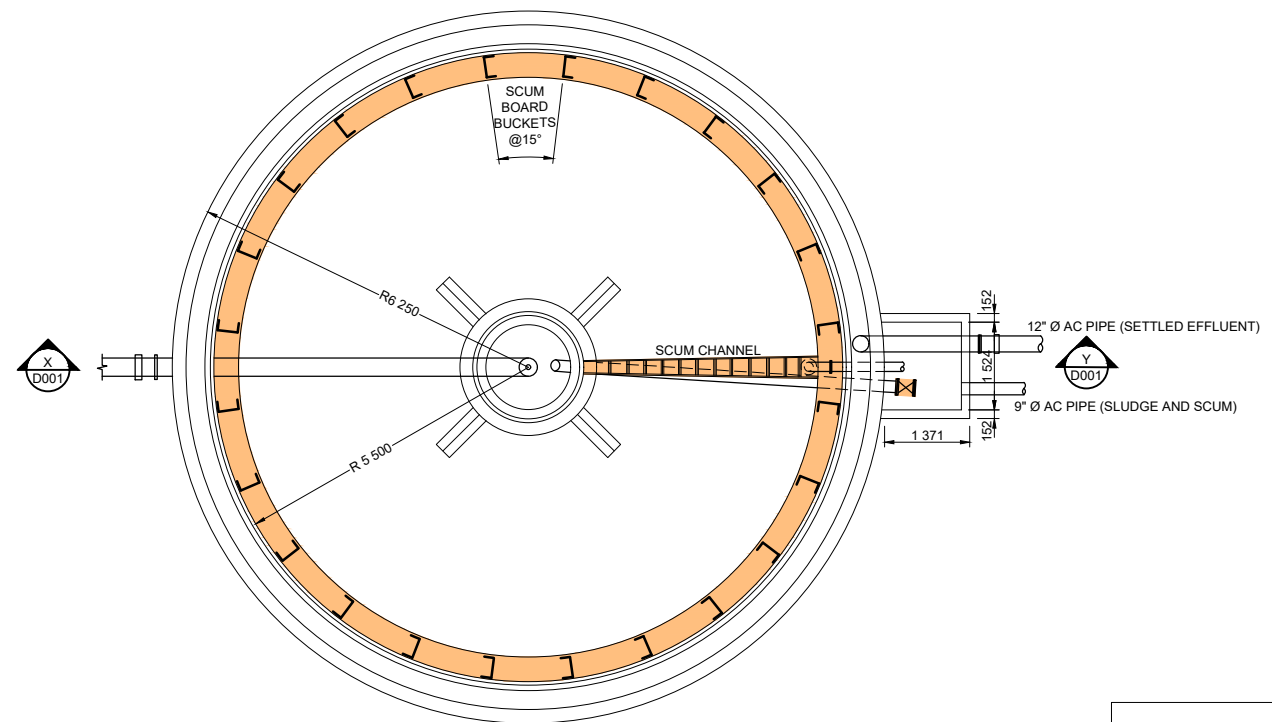
LAYOUT PLAN



SECTION X-X



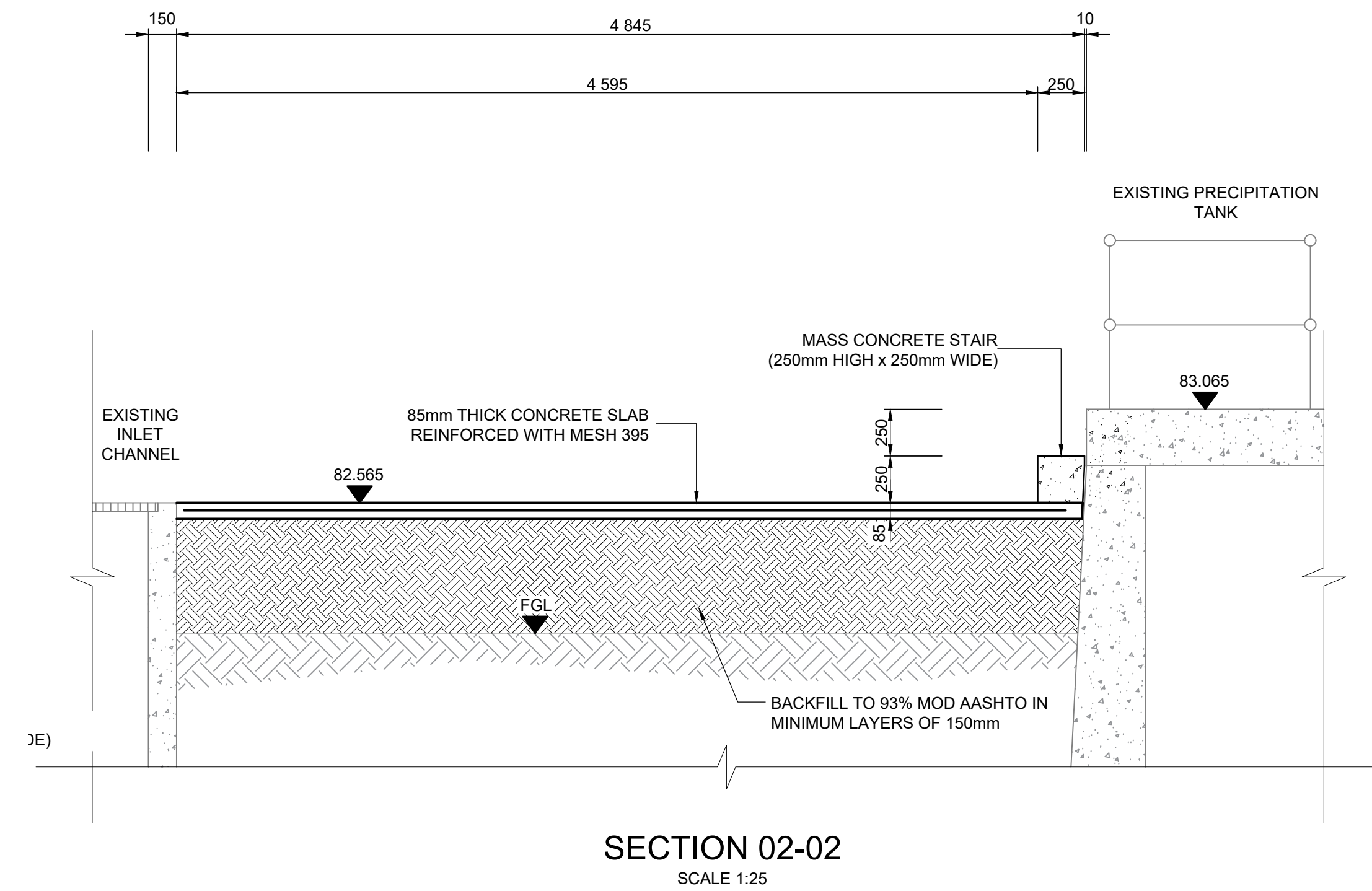
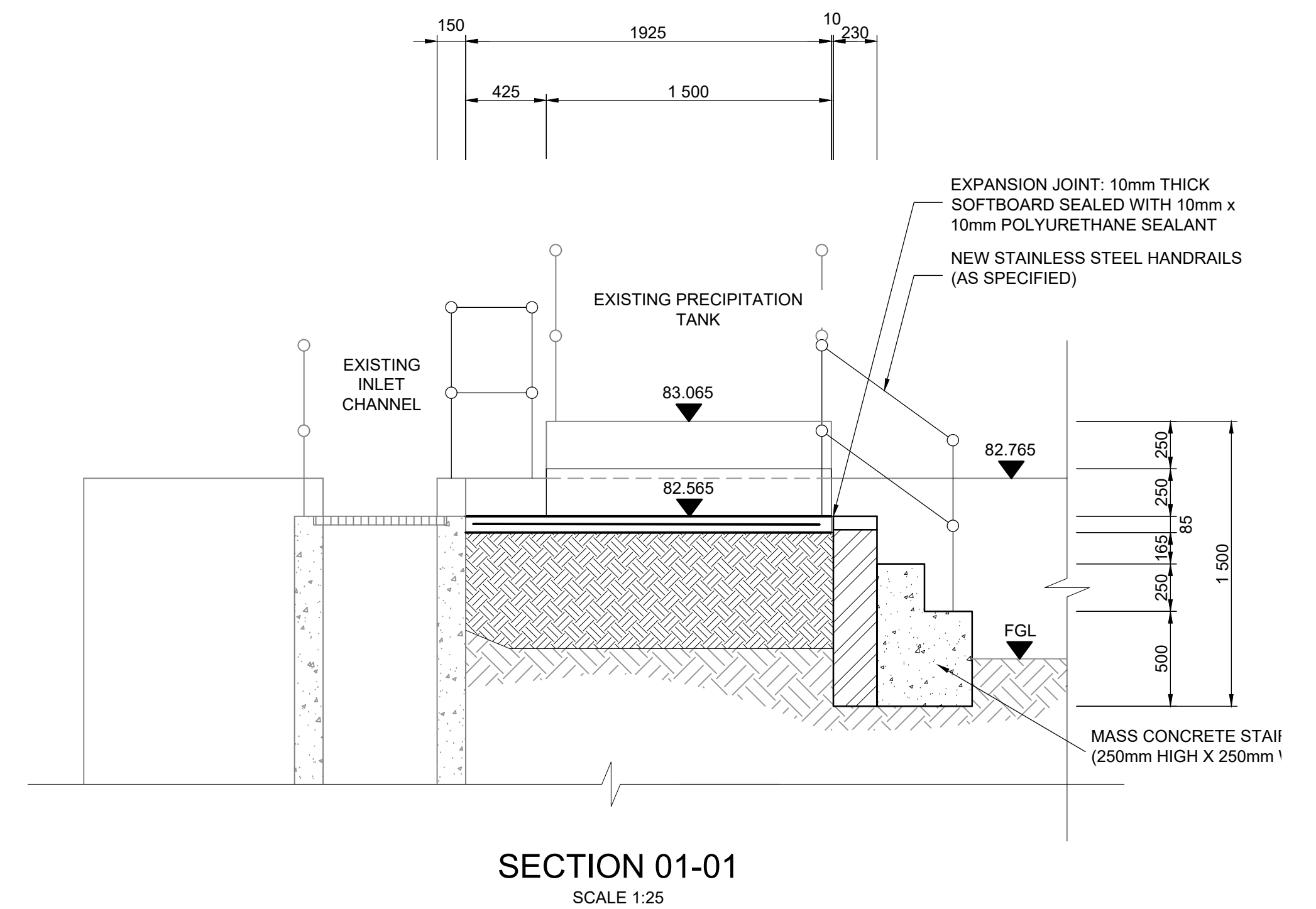
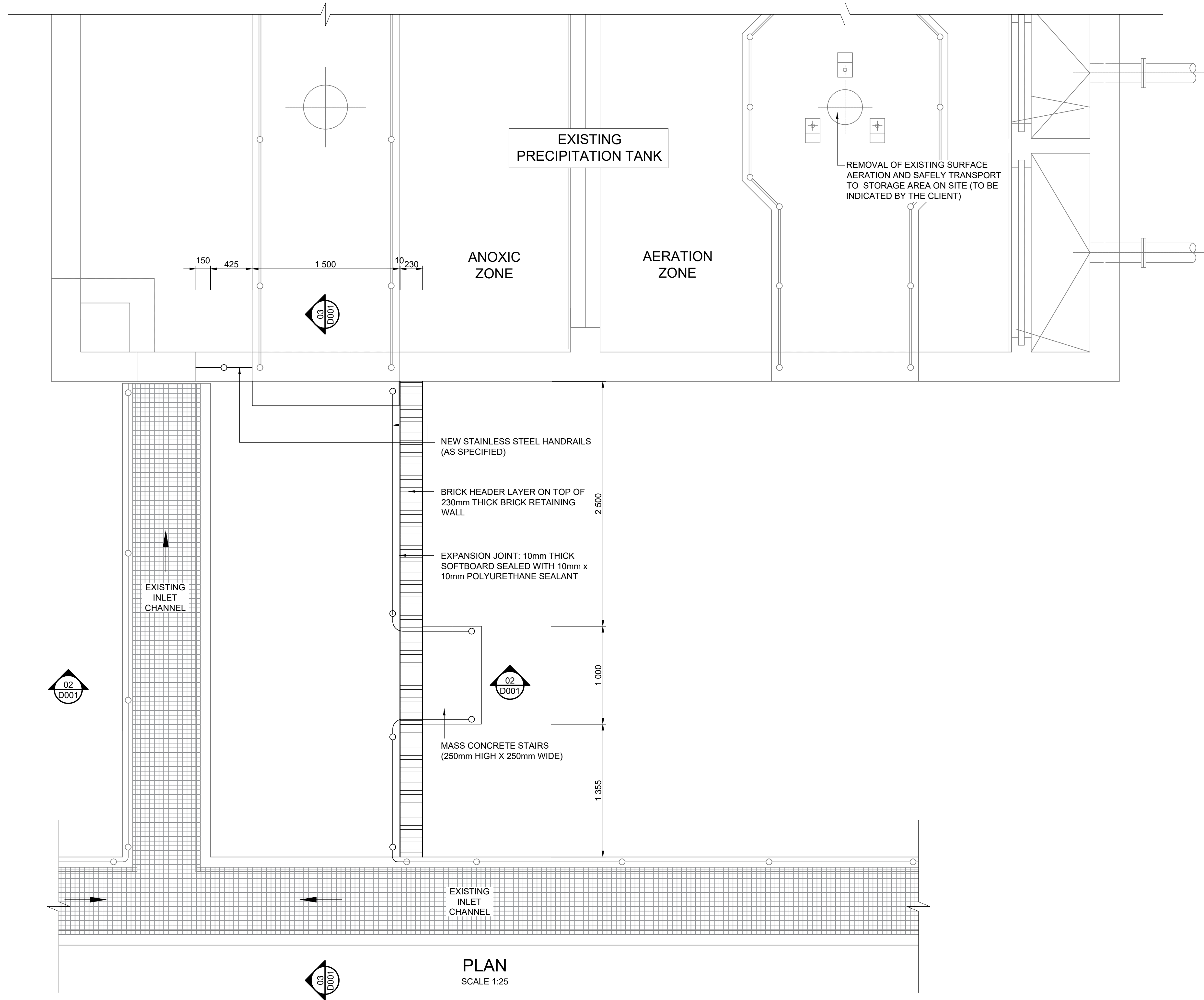
PART ELEVATION OF WEIR PLATE



TYPICAL PLAN

MECHANICAL SCOPE

|                                                                                                                                                                                                    |                   |      |          |             |                                                                                      |                                    |                                                            |                              |                                                                                                                                                                                                |                               |                                                                                                |                                                     |                                                            |                                  |                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                            |                                 |                                                            |                                                     |                                                                                              |                                                                                               |                                                                                                     |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|----------|-------------|--------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------|---------------------------------|------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE<br>DEPARTMENT<br><b>Mr D Gubuza</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                    |                                                            |                              | <b>Bigen Africa Services (PTY) LTD</b><br>Enquiries: T. Mukwena<br>Tel: +27 (0) 12 842 8700<br>Fax: +27 (0) 12 843 9000/9001<br>taf.mukwena@bigengroup.com<br>The Innovation Hub Pretoria 0087 |                               | <b>DESIGNED</b><br>NAME: T. McCready<br>Prof Reg No: 2021/07<br>SIGNATURE: _____ DATE: 2021/07 |                                                     | <b>CONTRACT No.</b>                                        |                                  | <b>PROJECT DISCRIPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE<br/>WASTEWATER TREATMENT WORKS</b> |  | <b>PROJECT STATUS</b><br><input type="radio"/> CONCEPT<br><input checked="" type="radio"/> TENDER<br><input type="radio"/> APPROVED<br>DRAWING<br><input type="radio"/> AS BUILT<br>DRAWING<br>PROJECT ENGINEER of COT:<br>NAME _____ SIGNATURE _____<br>Prof Reg No. _____ DATE _____<br>INSPECTOR OF WORKS of COT:<br>NAME _____ SIGNATURE _____<br>DATE _____ |  |  |  |                                                            |                                 |                                                            |                                                     |                                                                                              |                                                                                               |                                                                                                     |                                                                                                 |
|                                                                                                                                                                                                    | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                  | DIRECTOR: INFRASTRUCTURE PROVISION | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ | DIRECTOR: WATER DISTRIBUTION | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____                                                                                                                                     | DIRECTOR: BULK WATER SERVICES | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____                                     | DIRECTOR: WATER & SANITATION: PLANNING & REGULATION | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ | DIRECTOR: WASTE WATER COLLECTION |                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ | DIRECTOR: WASTE WATER TREATMENT | NAME _____ Prof. Reg. No. _____ SIGNATURE _____ DATE _____ | CONSULTANT DRAWING NUMBER<br>3243.00.00.WDA.13.D001 | <b>DRAWN</b><br>NAME: A. Steenberg<br>Prof Reg No: 2021/07<br>SIGNATURE: _____ DATE: 2021/07 | <b>CHECKED</b><br>NAME: T. Mukwena<br>Prof Reg No: 20060203<br>SIGNATURE: _____ DATE: 2021/07 | <b>INFORMATION OFFICE CHECKED</b><br>NAME: _____ Prof Reg No: _____<br>SIGNATURE: _____ DATE: _____ | <b>DESIGN OFFICE APPROVAL</b><br>NAME: _____ Prof Reg No: _____<br>SIGNATURE: _____ DATE: _____ |



|                                                                                                                                      |                   |      |          |             |                                                                                      |                                    |               |               |                                                                                                                                                                                                |                                                                                                                                     |                                                                                      |               |                                                                                                                                                             |                                                                                                                                                                                                                                                              |                       |                                                                                |                 |                                                                 |                               |
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| <br><b>CITY OF TSHWANE</b><br>SERVICES INFRASTRUCTURE DEPARTMENT<br>WATER AND SANITATION<br><b>Mr D Gubuzo</b><br>EXECUTIVE DIRECTOR | <b>AMENDMENTS</b> |      |          |             | <b>WATER AND SANITATION</b><br>FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE |                                    |               |               | <b>Bigen Africa Services (PTY) LTD</b><br>Enquiries: T. Mukwena<br>Tel: +27 (0) 12 842 8700<br>Fax: +27 (0) 12 843 9000/9001<br>tsh.mukwena@bigengroup.com<br>The Innovation Hub Pretoria 0087 |                                                                                                                                     | <b>DESIGNED</b><br>NAME: T. McCready Prof Reg No: 202107<br>SIGNATURE: DATE: 2021/07 |               | <b>CONTRACT No.</b><br><br><b>PROJECT No.</b><br><br><b>SHEET No.</b><br><br><b>PAPER SIZE</b><br>A1<br><b>SCALE</b><br>AS SHOWN<br><b>DATE:</b><br>2021/01 | <b>PROJECT DISCRPTION:</b><br><b>REFURBISHMENT OF THE SUNDERLAND RIDGE WASTEWATER TREATMENT WORKS</b><br><b>DRAWING TITLE:</b><br><b>SLUDGE HANDLING: PRECIPITATION TANK - LAYOUT &amp; SECTIONS</b><br><b>WBS No.</b><br><br><b>COT DRAWING NUMBER</b><br>- | <b>PROJECT STATUS</b> |                                                                                |                 |                                                                 |                               |
|                                                                                                                                      | NR                | DATE | APPROVED | DESCRIPTION | PAR                                                                                  | DIRECTOR: INFRASTRUCTURE PROVISION | NAME          | Prof. Reg. No | SIGNATURE                                                                                                                                                                                      | DATE                                                                                                                                | NAME                                                                                 | Prof. Reg. No |                                                                                                                                                             |                                                                                                                                                                                                                                                              | SIGNATURE             | DATE                                                                           | CONCEPT DRAWING | TENDER DRAWING                                                  | APPROVED CONSTRUCTION DRAWING |
|                                                                                                                                      |                   |      |          |             | DIRECTOR: WATER DISTRIBUTION                                                         | NAME                               | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                           | I, Prof Reg Nr. HEREBY CERTIFY THAT THE SERVICES WILL HAVE BEEN INSTALLED ACCORDING TO NOTE 9 OF THE ABOVE NOTES AND TO THE DRAWING |                                                                                      |               |                                                                                                                                                             | <b>INFORMATION OFFICE CHECKED</b><br>NAME: T. Mukwena Prof Reg No: 20060203<br>SIGNATURE: DATE: 2021/07                                                                                                                                                      |                       | <b>DESIGN OFFICE APPROVAL</b><br>NAME: Prof Reg No: 202101<br>SIGNATURE: DATE: |                 | PROJECT ENGINEER of COT:<br>NAME SIGNATURE<br>Prof Reg No. DATE |                               |
|                                                                                                                                      |                   |      |          |             | DIRECTOR: BULK WATER SERVICES                                                        | NAME                               | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                           | CONSULTANT DRAWING NUMBER<br>3243.00.00.WJA.14.D001                                                                                 |                                                                                      |               |                                                                                                                                                             | <b>DESIGN OFFICE APPROVAL</b><br>NAME: Prof Reg No: 202101<br>SIGNATURE: DATE:                                                                                                                                                                               |                       | INSPECTOR OF WORKS of COT:<br>NAME SIGNATURE<br>DATE                           |                 |                                                                 |                               |
|                                                                                                                                      |                   |      |          |             | DIRECTOR: WASTE WATER COLLECTION                                                     | NAME                               | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                           |                                                                                                                                     |                                                                                      |               |                                                                                                                                                             |                                                                                                                                                                                                                                                              |                       |                                                                                |                 |                                                                 |                               |
|                                                                                                                                      |                   |      |          |             | DIRECTOR: WASTE WATER TREATMENT                                                      | NAME                               | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                           |                                                                                                                                     |                                                                                      |               |                                                                                                                                                             |                                                                                                                                                                                                                                                              |                       |                                                                                |                 |                                                                 |                               |
|                                                                                                                                      |                   |      |          |             |                                                                                      | NAME                               | Prof. Reg. No | SIGNATURE     | DATE                                                                                                                                                                                           |                                                                                                                                     |                                                                                      |               |                                                                                                                                                             |                                                                                                                                                                                                                                                              |                       |                                                                                |                 |                                                                 |                               |