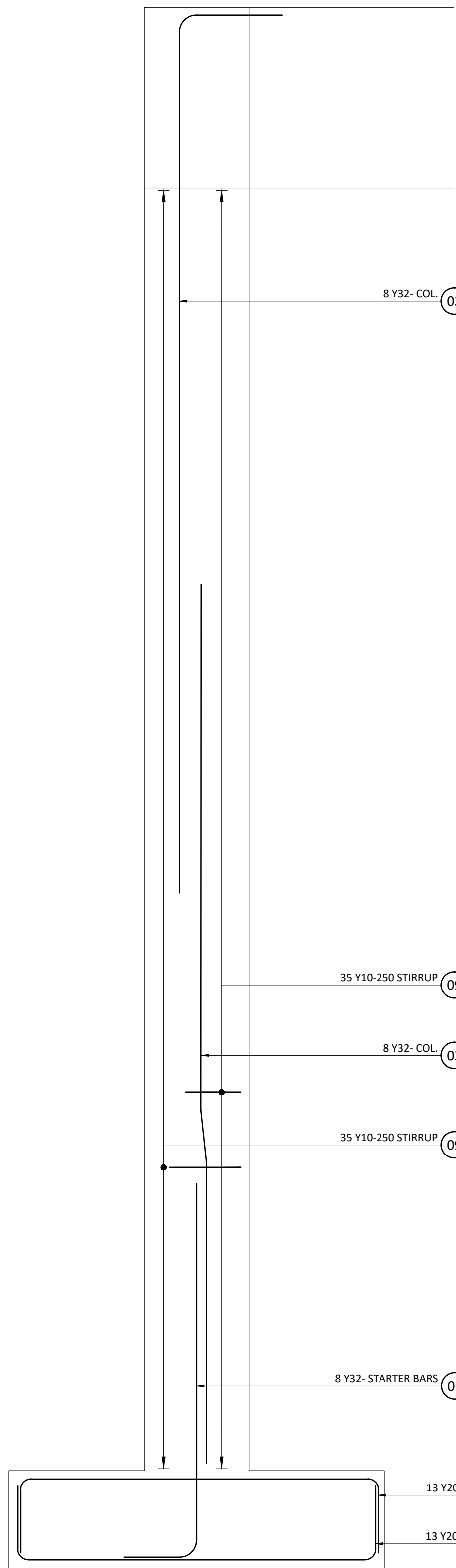
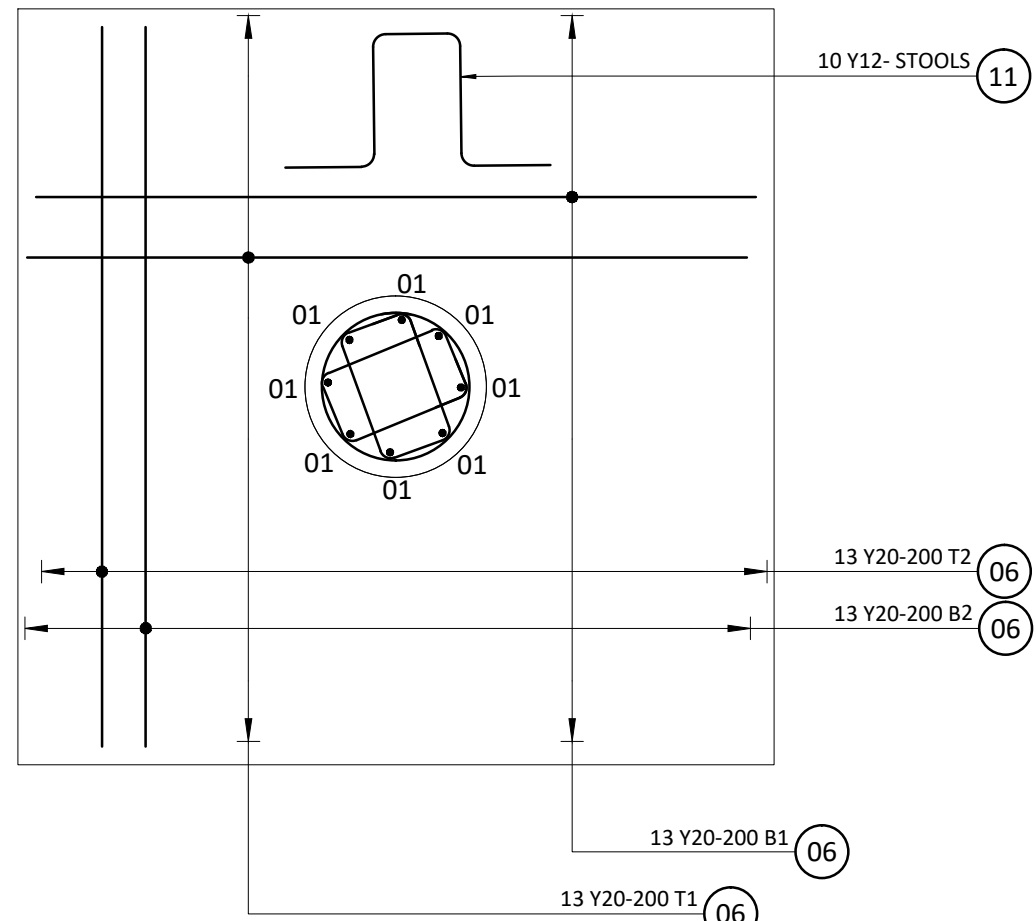
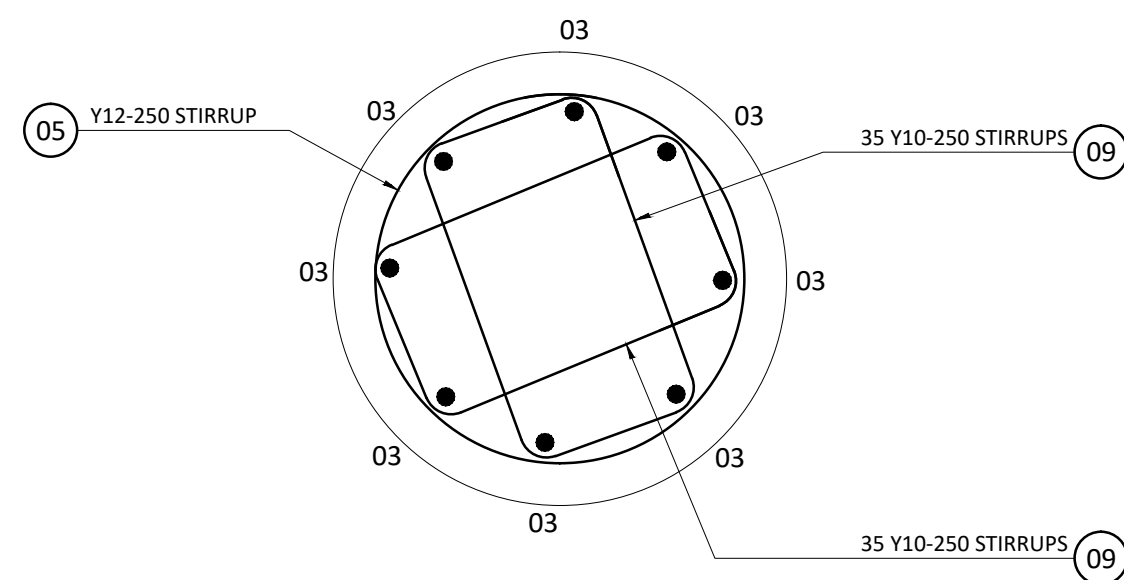




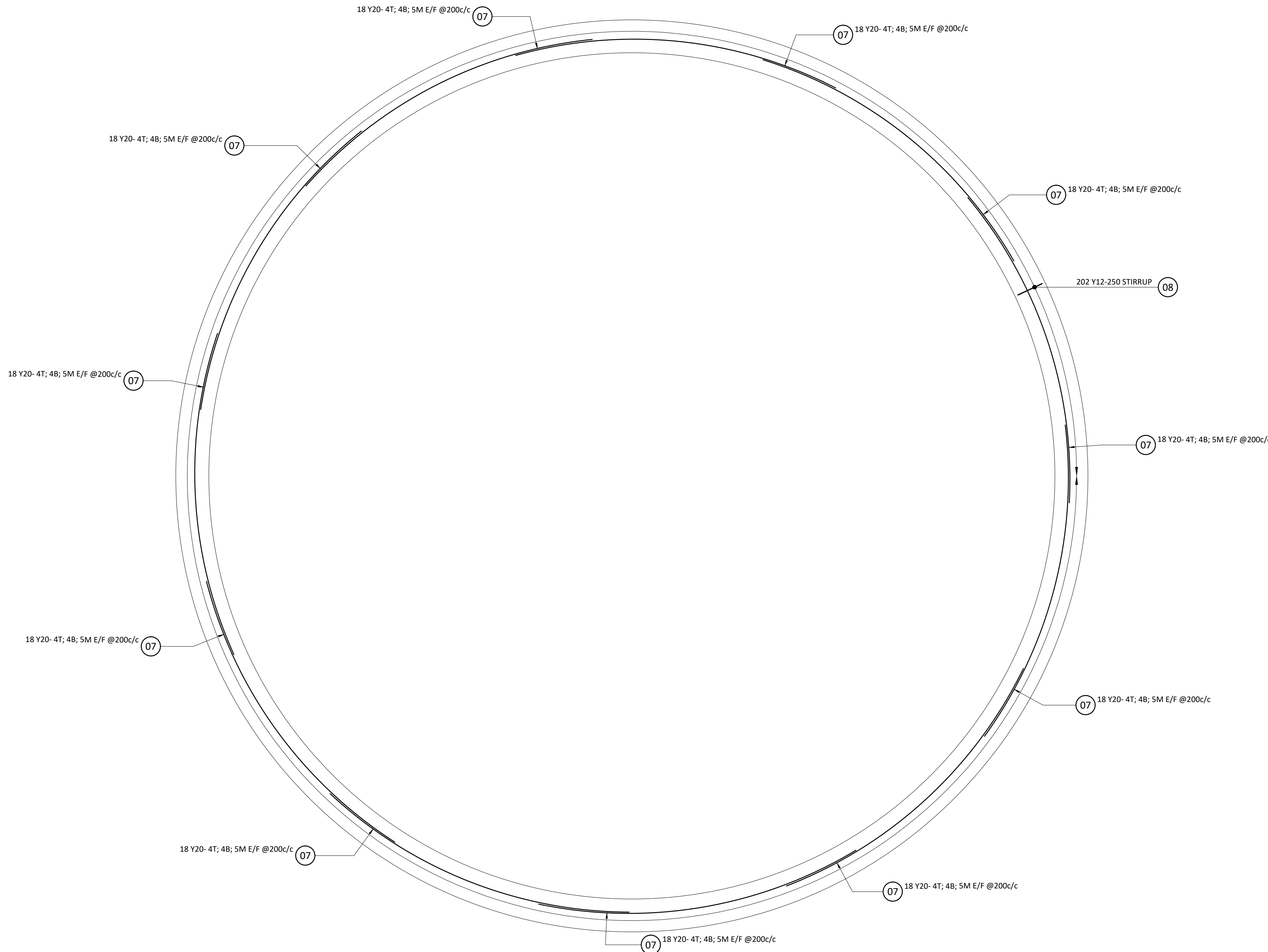
TYPICAL COLUMN
REINFORCEMENT ELEVATION
SCALE 1:25 (8 No. OFF)



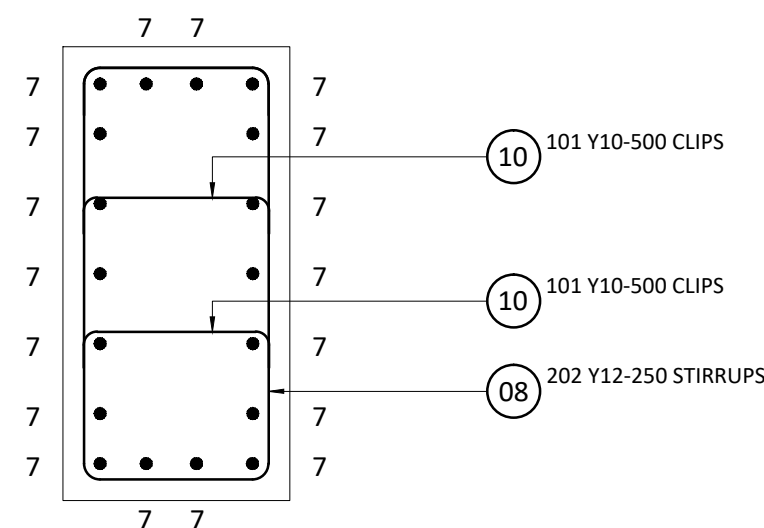
TYPICAL FOUNDATION
REINFORCEMENT LAYOUT
SCALE 1:25 (8 No. OFF)



TYPICAL COLUMN REINFORCEMENT SECTION
SCALE 1:10 (8 No. OFF)

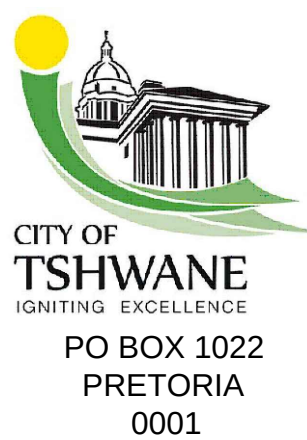


CONCRETE RING BEAM
REINFORCEMENT PLAN
SCALE 1:50



RING BEAM
REINFORCEMENT SECTION
SCALE 1:20

Member		Bar mark	Type and size	Number		Length (mm)	Shape code	A (mm)	B (mm)	C (mm)	D (mm)	E (mm)	R (mm)	Rev.
Name	Num		Y	in the elem.	total									
			Grade450											
COLUMNS AND FOUNDATIONS	8	01	32	8	64	3000	37	500	2500					
		02	32	8	64	5850	41	2000	350	3500	70			
		03	32	8	64	6550	37	700	5850					
		05	12	1	8	128840	86	500	100	84				
		06	20	52	416	3400	38	500	2400	500				
		09	10	70	560	1660	60	450	250					
		11	12	10	80	1800	83	300	450	300	450	300		
RING BEAM	1	07	20	198	198	6000	65	6000					8000	
		08	12	202	202	3960	74	1100	500					
		10	10	202	202	700	38	100	500	100				
									Grade450		Y 10	Y 12	Y 20	Y 32
									Unit weight (kg/m)		0,62	0,89	2,47	6,31
									Total weight (kg)		660,81	1753,48	6427,93	6219,14
									Subtotal: (kg)		15061,35			



CITY OF TSHWANE
WATER AND SANITATION
BUSINESS UNIT

AMENDMENTS					WATER AND SANITATION					CONSULTANT DETAIL					PROJECT STATUS					LOCATION OF PROJECT:					
NR	DATE	APPROVED	DESCRIPTION	PAR	DIRECTOR: W&S INFRASTRUCTURE PLANNING AND SYSTEM DEVELOPMENT					DESIGNED					CONTRACT No:	PROJECT STATUS					DESCRIPTION OF PROJECT:				
A	29/10/2025		ISSUED FOR TENDER ONLY		NAME: _____ Prof. Reg. No: _____ SIGNATURE: _____ DATE: _____					DRAWN					PROJECT No:	CONCEPT DRAWING TENDER DRAWING APPROVED CONSTRUCTION DRAWING AS BUILT DRAWING					TENDER FOR REFURBISHMENT OF TWO MAGALIES RESERVOIRS				
					NAME: _____ Prof. Reg. No: _____ SIGNATURE: _____ DATE: _____					CHECKED					SHEET No:	PROJECT ENGINEER OF COT: NAME: _____ Pr Eng. Prof Reg No: _____					REINFORCEMENT LAYOUT, SECTIONS & DETAILS				
					NAME: _____ Prof. Reg. No: _____ SIGNATURE: _____ DATE: _____					INFORMATION OFFICE CHECKED					PAPER SIZE: A0	INSPECTOR OF WORKS of COT: NAME: _____ Pr Eng. Prof Reg No: _____					WBS No. : _____				
					NAME: _____ Prof. Reg. No: _____ SIGNATURE: _____ DATE: _____					DESIGN OFFICE APPROVAL					SCALE:	NAME: _____ Pr Eng. Prof Reg No: _____					COT DRAWING NUMBER: V56-02-02-001-203-T-A				
					NAME: _____ Prof. Reg. No: _____ SIGNATURE: _____ DATE: _____					NAME: _____ Pr Eng. Prof Reg No: _____ SIGNATURE: _____ DATE: _____					DATE:	NAME: _____ Pr Eng. Prof Reg No: _____					Q:\Water & Sanitation\Std Dwg_Specification				