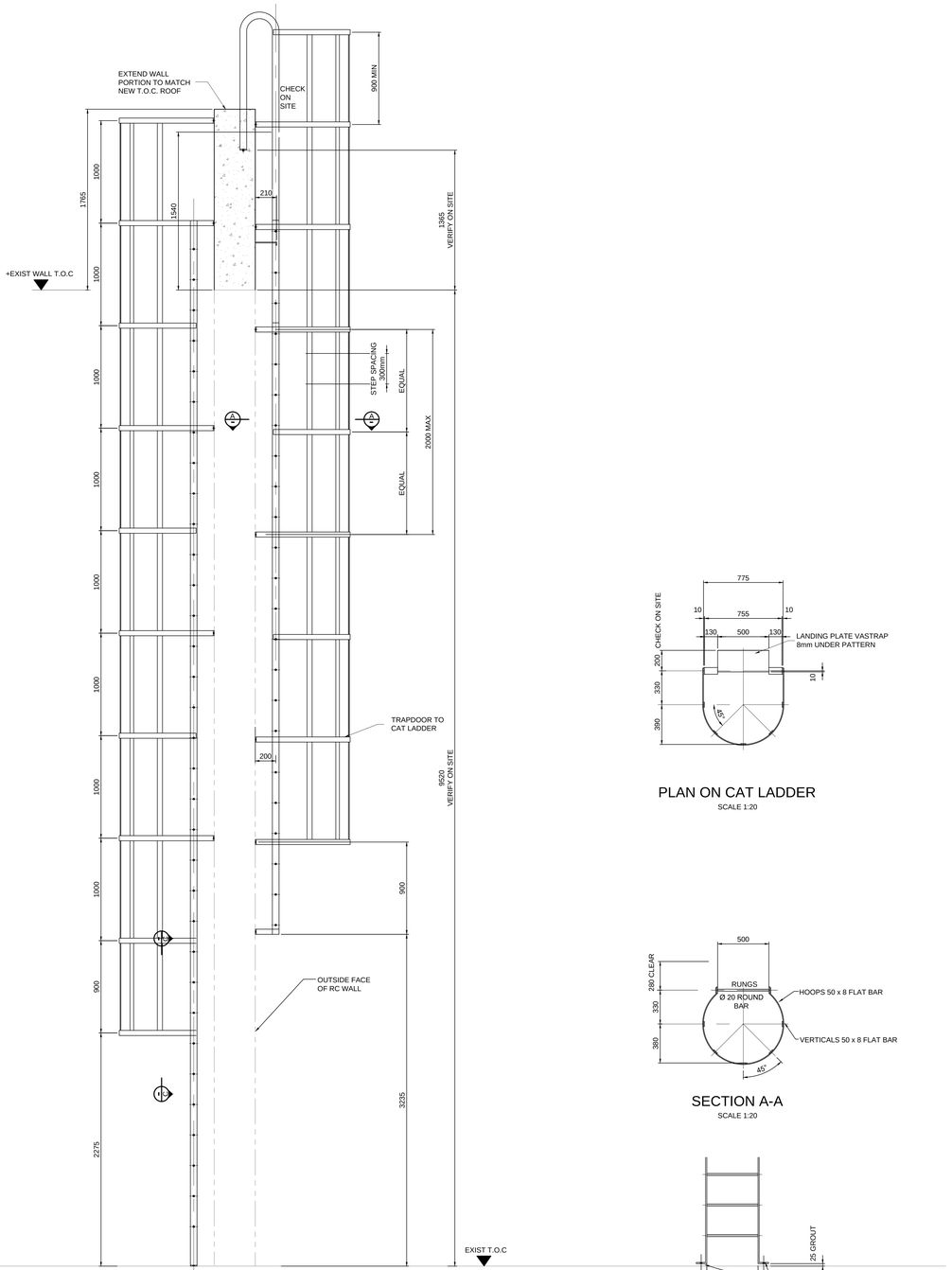


SIDE ELEVATION ON CAT LADDER

SCALE 1:20

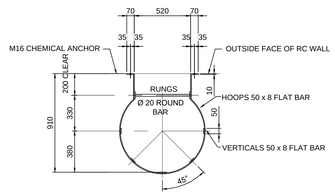
CAT LADDER STRINGERS 65 x 10 FLAT BAR
CAT LADDER RUNGS Ø 20 ROUND BAR
SAFETY CAGE
HOOPS & VERTICALS 50 x 8 FLAT BAR

PLAN ON CAT LADDER

SCALE 1:20

SECTION A-A

SCALE 1:20



SECTION B-B

SCALE 1:20

PART SECTION C-C

SCALE 1:20

CITY OF TSHWANE
IGNITING EXCELLENCE
PO BOX 1022
PRETORIA
0001

CITY OF TSHWANE
WATER AND SANITATION
BUSINESS UNIT

AMENDMENTS

NR	DATE	APPROVED	DESCRIPTION	PAR
A	29/10/2025		ISSUED FOR TENDER ONLY	

WATER AND SANITATION

FOR INTERNAL APPROVAL - RECEIVED SIGN WHEN APPLICABLE

DIRECTOR: W&S INFRASTRUCTURE PLANNING AND SYSTEM DEVELOPMENT
NAME Prof. Reg. No SIGNATURE DATE

REGIONAL DIRECTOR: (1,2,3,4,5,6 or 7)
NAME Prof. Reg. No SIGNATURE DATE

DIRECTOR: WATER CONSERVATION AND WATER DEMAND MANAGEMENT
NAME Prof. Reg. No SIGNATURE DATE

DIRECTOR: BULK WATER
NAME Prof. Reg. No SIGNATURE DATE

DIRECTOR: INFRASTRUCTURE PROVISION
NAME Prof. Reg. No SIGNATURE DATE

DIRECTOR: WASTE WATER TREATMENT
NAME Prof. Reg. No SIGNATURE DATE

CONSULTANT DETAIL

PROJECT MANAGERS & ENGINEERS
DLV
144 Mark Street Vryheid
P.O. Box 1460
Vryheid 3100
Tel: 034 980 7242
Fax: 034 983 2765
Email: info@diveng.co.za

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

SIGNATURE DATE

CONSULTANT DRAWING NUMBER: 0 REVISION

DESIGNED

NAME:_____Pr Eng. Prof Reg No: _____
SIGNATURE: _____ DATE: _____

DRAWN

NAME:_____ Prof Reg No: _____
SIGNATURE: _____ DATE: _____

CHECKED

NAME:_____Pr Eng. Prof Reg No: _____
SIGNATURE: _____ DATE: _____

INFORMATION OFFICE CHECKED

NAME:_____Pr Eng. Prof Reg No: _____
SIGNATURE: _____ DATE: _____

DESIGN OFFICE APPROVAL

NAME:_____Pr Eng. Prof Reg No: _____
SIGNATURE: _____ DATE: _____

CONTRACT No: _____
PROJECT No. _____
SHEET No. _____
PAPER SIZE: A0
SCALE: _____
DATE: _____

PROJECT STATUS

RECEIVED SIGN WHEN APPLICABLE

○ CONCEPT DRAWING ● TENDER DRAWING ○ APPROVED CONSTRUCTION DRAWING ○ AS BUILT DRAWING

PROJECT ENGINEER of COT:
NAME:_____Pr Eng. Prof Reg No: _____
SIGNATURE: _____ DATE: _____

INSPECTOR OF WORKS of COT:
NAME:_____ Prof Reg No: _____
SIGNATURE: _____ DATE: _____

LOCATION OF PROJECT:

DESCRIPTION OF PROJECT:

TENDER FOR REFURBISHMENT OF TWO MAGALIES RESERVOIRS

CAT LADDER DETAILS & SECTIONS

WBS No. : _ _ _____ _ _ ____ _ _ _ _

COT DRAWING NUMBER: V56-02-02-001-202-T-A A REVISION

Q:\Water & Sanitation\Std Dwg_Specification\