



water & sanitation

Department:
Water and Sanitation
REPUBLIC OF SOUTH AFRICA

DW 698E

12/2/_____

FORM FOR SUBMISSION OF PARTICULARS OF MEMBERS OF THE PROFESSIONAL TEAM WITH REGARD TO CATEGORY III-DAMS IN TERMS OF REGULATIONS 16, 32(3) AND 45(10) OF GOVERNMENT NOTICE R.139 OF 24 FEBRUARY 2012 READ WITH SECTION 117(a) OF THE NATIONAL WATER ACT, 1998

1. INSTRUCTIONS

- 1.1 This form is to be completed by the approved professional person and e-mailed to the Director-General: Water and Sanitation, for attention: DamSafety@dws.gov.za.
- 1.2 Please complete the form in block letters or typing.

2. GENERAL PARTICULARS OF THE DAM

2.1 Name of dam _____

2.2 Location _____

2.3 Name of approved professional person _____

Telephone number _____

Postal address _____

_____ Postal code _____

2.4 Description of task at dam _____

3. CONFIRMATION

I, the undersigned, herewith proposed and apply for the approval of the members of the professional team to carry out the specific tasks as indicated in the accompanying table.

Details of relevant professional experience of each proposed team member are included separately.

SIGNATURE: APPROVED PROFESSIONAL PERSON

DATE:

DAM NAME AND REFERENCE NUMBER:				
DAM COMPONENT	DESCRIPTION OF TASK	PROFESSIONAL TEAM MEMBER <i>(See note marked ** below)</i>	EXPERIENCE/QUALIFICATIONS OF TEAM MEMBER*	ECSA REG. NUMBER / SACNASP NUMBER
Concrete Dam				
Fill dam (earth or rockfill)				
Inspection of materials				
Structural analysis				
Foundations				
Monitoring system				
Hydrology				
Spillways				
Mechanical equipment				
Outlet works				
Any other aspect				

* A summary of the relevant **professional experience of members** must be submitted. **Professional team means one or more persons with expertise in disciplines in which expertise is required** in other words they are experts in their respective fields. Please do not include names of all staff members who will be working on the project, unless they are experts in the relevant fields.

** **NB**: Please indicate “No Assistance Required” where applicable. The APP should not include his/her name as a Professional Team member

SIGNATURE: APPROVED PROFESSIONAL PERSON

 DATE

RECOMMENDED/NOT RECOMMENDED

CHIEF / SPECIALIST ENGINEER: DAM
SAFETY REGULATION

 DATE

APPROVED/NOT APPROVED

DIRECTOR: DAM SAFETY REGULATION

 DATE