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|  | DEPARTMENT OF WATER AND SANITATIONWATER MANAGEMENT SYSTEMResource Quality Services **Private Bag X313, PRETORIA, 0001.**  Telephone: **0128080374** | | | | | | | | |
| **Information submitted by:** | | | |  | | | | | |
| **Contact telephone number:** | | | |  | | | | | |
| **Region:** | | | |  | | | | | |
| **Date:** | | | |  | | | | | |
| REGISTERING A MONITORING PROGRAMME A **MONITORING PROGRAMME** specifies where you monitor, how you take the sample, what you analyse for as well as the frequency of monitoring. | | | | | | | | | |
| **Monitoring Programme Name:** e.g. ELANDS RIVIER (X 2) WATER QUALITY MONITORING PROGRAMME | | | | | | | | | |
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| **Monitoring Programme Description:** This is the reason why the monitoring is done e.g. Monitoring of nutrients and other associated variables in selected Impoundments to determine the Trophic status. | | | | | | | | | |
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| **Programme Priority Number:** This is the period (in days) from the time that a sample was taken to when the program owner expects the results to be available. (The choices are 7, 14, 30, 60 and 90). | | | | | | | | |  |
| **Organisation(s) and person(s) involved/interested in this programme.** Refer forms WMS -015 and WMS - 016. Note: Be sure to provide the monitor(s) and related laboratories as a minimum. | | | | | | | | | |
| **Organisation System ID No.** (Or name if the WMS ID is not known). | | **Indicate whether the Organisation is a Monitor or Laboratory** | | | **Person Name.** (Most important person(s) at the Organisation for this programme) | **Reason for person(s) involvement i.e. contact person or custodian** | | | |
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| **List of Monitoring Points.** Please refer to form “WMS - 017B” for all monitoring points. Please record system numbers or monitors reference if points are not registered. | | | | | | | | | |
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| **Monitoring Programme Start Date:** The date this programme started e.g. 1988-04-29 | | | | | | | |  | |
| **Monitoring Programme End Date:** The date this programme will be terminated if applicable | | | | | | | |  | |
| **Variables at Point.** Please refer to form “WMS – 019” for all variables to be analysed. Please record the variable numbers on the form. Note that for each point an exclusive selection of variables can be made. | | | | | | | | | |
| **Transport method:** e.g. postage, direct delivery, etc. This is dependant on the monitor and laboratory to be used. | | | | | | | | | |
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| **Packaging method:** if applicable i.e. cooler box, crates etc. This is dependant on the monitor and laboratory to be used. | | | | | | | | | |
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| **Sampling frequency:** Please refer to form “WMS – 019” Please note that for each point the sampling frequency can be different. | | | | | | | | | |