



**water & sanitation**

Department:  
Water and Sanitation  
REPUBLIC OF SOUTH AFRICA

**SUPPLEMENTARY WATER USE INFORMATION**  
(ONLY APPLICABLE FOR NWA – SECTION 21f/h WATER USES)

**COMPLIANCE MANAGEMENT INFORMATION: ACTUAL/MONITORED WASTE DISCHARGE DETAILS**

**1. REGISTERED WATER USE**

Registration Number

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Water Use Number:

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**2. ACTUAL/MONITORED WASTE DISCHARGE DETAILS**

<b>Water use period:</b>											
Start date (ccyymmdd): 1 <sup>st</sup> day of calendar month	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>					End date (ccyymmdd): Last day of calendar month	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>				
Intake volume (cubic meters)	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>					Output/discharge volume (cubic meters)	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>				
Maximum intake volume (cubic meters)	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>					Time Interval:	<input type="checkbox"/> Per Day <input type="checkbox"/> Per Week <input type="checkbox"/> Per Month				
Maximum output volume (cubic meters)	<table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>					Time Interval:	<input type="checkbox"/> Per Day <input type="checkbox"/> Per Week <input type="checkbox"/> Per Month				

Quality Variable and unit of measurement <i>(Mark applicable options with an X)</i>	Compulsory		Office Use Only		Non-compulsory	
	Average Intake Concentration	Average Discharge Concentration	For Information Only	Valid For Billing	Maximum Anticipated Intake Concentration	Maximum Anticipated Discharge Concentration
<input type="checkbox"/> Coliforms (Colony Forming Units/ml)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Enteric pathogens e.g. E.coli (Colony Forming Units/ml)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> pH (pH units)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Temperature (°C)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Acidity (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Alkalinity (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Aluminium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Ammonia (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Arsenic (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Barium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Boron (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Bromide (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Cadmium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		

*Continued on next page*

Quality Variable and unit of measurement (Mark applicable options with an X)	Compulsory		Office Use Only		Non-compulsory	
	Average Intake Concentration	Average Discharge Concentration	For Information Only	Valid For Billing	Maximum Anticipated Intake Concentration	Maximum Anticipated Discharge Concentration
<input type="checkbox"/> Calcium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Chemical oxygen demand (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Chloride (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Chromium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Chromium(vi) (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Cobalt (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Copper (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Cyanide (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Fluoride (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Iron (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Lead (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Lithium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Magnesium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Manganese (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Mercury (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Molybdenum (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Nickel (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Phenol (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Potassium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Radionuclides (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Soap, oil or grease (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Sodium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Sulphate (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Tin (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Total dissolved solids (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Total suspended solids (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Total nitrogen (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Total phosphorus (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Uranium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Vanadium (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Zinc (mg/l)			<input type="checkbox"/>	<input type="checkbox"/>		

### 3. LIST OF ATTACHED DOCUMENTS (mark each document type attached with an X)

- Certificate of analysis from accredited laboratory  
 Other (please specify)

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**4. FOR OFFICE USE ONLY**

Water Quality Management Assessment:

Water use to be billed based on actual/monitored details for this water use period:  Yes  No

Surname  Initials

Position / Rank

Signature  Date (ccyymmdd)

File number (i.e. Office Hardcopy Register File No)

Water Use Register Number

Received by:  
Surname

Initials

Position / Rank

Signature  Date (ccyymmdd)

Captured on NRWU database

Captured by:  
Surname

Initials

Signature

Date stamp of receiving office

Quality Assurance Executed by:

Surname  Initials

Position / Rank

Signature  Date (ccyymmdd)