



Form NO: FM001

**DEPARTMENT OF WATER AND SANITATION**  
**WATER QUALITY LABORATORY - GABORONE**  
**CUSTOMER REQUEST FORM**

Effective Date: 30/04/2009

Where to send results		Sampler's contact details	
Name of Customer:.....		Sampler's Name: .....	
Address.....		Company/Organization.....	
Telephone (W).....mobile phone.....		Telephone (W).....mobile phone.....	
Email.....Fax.....		Email.....Fax.....	
Source Type: (tick where applicable)			
<input type="checkbox"/> Borehole (BH)	<input type="checkbox"/> Water Treatment Plant	<input type="checkbox"/> Borehole Test Pump Sample (BHTPS)	
<input type="checkbox"/> Sewage Raw/ Treated Waste water	<input type="checkbox"/> BH Water Strike (BHWS)	<input type="checkbox"/> Reservoir (Res)	
<input type="checkbox"/> Dam (DM)	<input type="checkbox"/> Standpipe (SP)	<input type="checkbox"/> Consumer Tap (CT)	
<input type="checkbox"/> Well point (WP)	<input type="checkbox"/> River / Stream		
Source owner: (tick)			
<input type="checkbox"/> Council	<input type="checkbox"/> Government	<input type="checkbox"/> Private	<input type="checkbox"/> Syndicate
Basic site information:			
Borehole/Stand pipe No/ Source Name:..... Depth sampled (m): ..... Time pumped (hrs):.....Time sampled:.....			
Village: ..... Location:.....District:.....			
Date Sampled: ...../...../..... Latitude: ..... Longitude:.....			
Site Purpose	Site status	Site use-application	
<input type="checkbox"/> Exploration <input type="checkbox"/> Observation <input type="checkbox"/> Water Supply <input type="checkbox"/> Recharge Other: .....	<input type="checkbox"/> In Use <input type="checkbox"/> Destroyed <input type="checkbox"/> Not in use Other: .....	<input type="checkbox"/> Domestic all purpose <input type="checkbox"/> Agricultural purposes Other: .....	
Method of sampling: (tick where applicable)		Environmental Conditions: (tick where applicable)	
<input type="checkbox"/> Pumped <input type="checkbox"/> Grab <input type="checkbox"/> Airlift	<input type="checkbox"/> Sunny <input type="checkbox"/> Humid <input type="checkbox"/> Rainy <input type="checkbox"/> Windy		
<input type="checkbox"/> Bailed <input type="checkbox"/> Others (Explain).....	<input type="checkbox"/> Others (Explain) .....		
Sample preservation: (tick where applicable)			
<input type="checkbox"/> Acidified only	<input type="checkbox"/> Unacidified only	<input type="checkbox"/> Both	<input type="checkbox"/> Temperature <input type="checkbox"/> Sodium thiosulphate
Pre – treatment: (tick where applicable)			
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Others:.....
WATER QUALITY PARAMETERS REQUEST: (tick where applicable)			
MAIN PARAMETERS			
Physical and aesthetic requirements			
<input type="checkbox"/> Colour <input type="checkbox"/> Conductivity <input type="checkbox"/> Total Dissolved Solids <input type="checkbox"/> Total Suspended Solids <input type="checkbox"/> Odour <input type="checkbox"/> pH <input type="checkbox"/> Taste			
<input type="checkbox"/> Turbidity <input type="checkbox"/> Alkalinity			
Inorganic macro-parameters			
<input type="checkbox"/> Calcium (Ca) <input type="checkbox"/> Magnesium (Mg) <input type="checkbox"/> Potassium (K) <input type="checkbox"/> Sodium (Na) <input type="checkbox"/> Chloride (Cl) <input type="checkbox"/> Nitrite (NO <sub>2</sub> ) <input type="checkbox"/> Ammonia (NH <sub>3</sub> )			
<input type="checkbox"/> Nitrate (NO <sub>3</sub> ) <input type="checkbox"/> Fluoride (F) <input type="checkbox"/> Bromide (Br) <input type="checkbox"/> Sulphate (SO <sub>4</sub> ) <input type="checkbox"/> Phosphate (PO <sub>4</sub> ) <input type="checkbox"/> Zinc (Zn)			
Inorganic micro-parameters			
<input type="checkbox"/> Aluminum (Al) <input type="checkbox"/> Antimony (Sb) <input type="checkbox"/> Arsenic (As) <input type="checkbox"/> Cadmium (Cd) <input type="checkbox"/> Chromium (Cr) <input type="checkbox"/> Cobalt (Co) <input type="checkbox"/> Copper (Cu)			
<input type="checkbox"/> Cynaide (free) (CN) <input type="checkbox"/> Cynaide (recoverable) (CN) <input type="checkbox"/> Iron (Fe) <input type="checkbox"/> Manganese (Mn) <input type="checkbox"/> Mercury (Hg) (total) <input type="checkbox"/> Nickel (Ni)			
<input type="checkbox"/> Selenium (Se) <input type="checkbox"/> Lead (Pb)			
Organic parameters			
<input type="checkbox"/> Total Pesticides <input type="checkbox"/> Pesticide <input type="checkbox"/> Dissolved Oxygen <input type="checkbox"/> Poly-aromatic hydrocarbons <input type="checkbox"/> Benzene <input type="checkbox"/> Toluene			
<input type="checkbox"/> Ethyl benzene <input type="checkbox"/> Chemical Oxygen Demand <input type="checkbox"/> Biochemical Oxygen demand			



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Microbiological requirement
Total coliform, Faecal coliform, Faecal streptococci, Escherichia Coli

Field measurements:
pH, EC, TDS, Temperature, Residual chlorine, Alkalinity, DO

METHOD NUMBER

Table with Physical parameters (EC, pH, TDS, CO3, HCO3) and Organic parameters (NH3, BOD, COD, TSS)

Table with Anions (Cl/F/Br/PO4/SO4/NO3/NO2) and Cations (Na/K, Ca/Mg, Fe, Mn)

Table with Microbiology (Escherichia coli/ coliform bacteria, Intestinal enterococci / Faecal streptococci bacteria)

TURN AROUND TIME

Table with Turn Around Time for Chemistry (potable/wastewater) and Microbiology parameters results

FOR OFFICIAL USE (Receiving Criteria)

Acidified Only, Unacidified only, Both, Packaging, Temperature, Sodium thiosulphate, Time (Duration)
Receive, Reject, \* subcontract, Discard
\*DWA laboratory is not responsible for subcontracting on behalf of clients

Remarks:

Date received, Laboratory Test No, Medical region number
Sample received by, Time received
Signature, Customer signature
Sample details verification
Lab Technician, Signature