



Lifewater Well & Handpump Inspection Form



Well Location			
Easting:	Northing:	Map Datum:	Zone:
Country:	State/Prov:	Village:	
Who Installed Well:		# People Served by Well:	
Handpump			
Make: _____	Model: _____	Serial #: _____	
Overall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Repair Needed:			
<input type="checkbox"/> Handle Play <input type="checkbox"/> Worn Parts <input type="checkbox"/> Excessive Force Req'd <input type="checkbox"/> Loose Base			
#Strokes: To Fill 5 Gallons: ____ To get water after 30 min pumping break: ____			
Dimensions: Spout Height (cm): ____ Handle Max (cm): ____ Handle Min (cm): ____			
Comments:			
Concrete Pad			
Shape: <input type="checkbox"/> None <input type="checkbox"/> Round <input type="checkbox"/> Square <input type="checkbox"/> Rectangular <input type="checkbox"/> Other			Size (m) __ x __
Material: <input type="checkbox"/> Dirt <input type="checkbox"/> Cement Block <input type="checkbox"/> Concrete <input type="checkbox"/> Reinforced <input type="checkbox"/> Other			
Overall Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Repair Needed:			
<input type="checkbox"/> Cracked Thru <input type="checkbox"/> Eroded <input type="checkbox"/> Gap Under Pad <input type="checkbox"/> Other:			
Drainage: <input type="checkbox"/> Good <input type="checkbox"/> No 3m Drain <input type="checkbox"/> Blocked Seepage Pit <input type="checkbox"/> Too little slope			
Comments:			
Wellhead Area			
<input type="checkbox"/> Well Is Fenced	<input type="checkbox"/> Drainage Low Point	<input type="checkbox"/> Contamination Source Nearby:	
Comments:			
Water Quality			
Appearance: <input type="checkbox"/> Good <input type="checkbox"/> Turbid <input type="checkbox"/> Color <input type="checkbox"/> Odour <input type="checkbox"/> Slime <input type="checkbox"/> Staining			
Test Result:	Pathoscreen:	Chloride:	Nitrate:
		pH:	Iron:
Comments:			
Inspector Identification			
Evaluators Name:		Date (dd-mmm-yyyy):	



Lifewater Village Sustainability Assessment Form



Access to Water		
	New Supply	Old Supply
Describe Source		
Distance from village center		
Enough water for daily demand?		
Supply available in dry season?		

Water Quality - Old Supply						
Appearance: <input type="checkbox"/> Good <input type="checkbox"/> Turbid <input type="checkbox"/> Color <input type="checkbox"/> Odour <input type="checkbox"/> Slime <input type="checkbox"/> Staining						
Test Result:	Pathoscreen:	Chloride:	Nitrate:	pH:	Iron:	
Comments:						

Health		
	New Supply	Old Supply
Population		
Sickness		
Deaths/year (under 5 years)		
Comments:		

Maintenance		
	New Supply	Old Supply
Costs		
Parts Availability		
Tools & Training		
% time broken		
Key Part Failures		

Hygiene and Sanitation		
Latrines Available?	Handwashing with Soap?	
Hygienic water collection & Storage?		Water treatment?

Other		
	New Supply	Old Supply
Water usage / person		