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MINISTRY OF WATER & ENVIRONMENT

Rural Water Supply Database

FORM 1: DATA COLLECTION FORM FOR POINT WATER SOURCES (version 05/2012, (*) are mandatory fields)

1. Enumerator Details & Survey Time	2. Water Source Location	3. General information
1.1 Date of data collection:	2.1 District: *	3.1 Month/Year of construction:
1.2 Name:	2.2 County: *	If not known, please estimate and indicate (EST) after the year.
1.3 Designation/Title:	2.3 Sub County: *	3.2 Source name:
	2.4 Parish: *	
1.4 Telephone number:	Z.4 Parisn: "	3.3 Source number:
4. Type of source	2.5 Village/LC1: *	3.4 Source of funding (if co-funded mention both funders)
Tick the applicable box below * □ Protected spring Number of spouts	2.6 Datum ☐ WGS84 please tick if confirmed can be checked on GPS (go to menu, setup location, map datum, select WGS84)	☐ Private ☐ NGO - Give name:
☐ Shallow well (less than 30m deep) with hand pump	UTM Zone (359/368/35N/36N):	☐ GoU - Central Govt (Specify):
□ Deep borehole (more than 30m deep) with hand pump	appears in front of coordinates on GPS screen	☐ GoU - Local Govt (Specify):
☐ Rainwater Harvesting Tank (6,000 liters and above) - Volume of Tank:	2.6.1 Eastings:	□ Other - Specify:
□ Dam (2,000 m3 and above) - volume: m3	2.6.2 Northings:	3.5 Current ownership
□ Valley Tank (2,000 m3 and above) - volume: m3		□ Private □ Community
	2.6.3 Elevation (metres): should be between 600 and 2500 m	☐ Institutional - Health (Give name of institution):
☐ Public Stand Post ☐ Kiosk ☐ Yard tap for public use Nr. of taps per Kiosk / Tapstand	2.7 If the source is located in an urban setting, give additional details below.	☐ Institutional - Education (Name of institution):
Indicate type & name & nr. of mother scheme/system:	☐ Town Council (T.C.) - Name:	institutional - Education (Name of Institution).
☐ Groundwater based (GWB)	☐ Town Board (T.B.) - Name:	☐ Other - Specify:
☐ Surface water based (SWB)		3.6 Estimated number of users
☐ Combined Ground and Surface water based	☐ (Former) IDP Camp - Name: ☐ Rural Growth Centre - Name:	of students/patients/soldiers, and/or
Name / Nr. of piped system/scheme:		households with 4/5/6/7/8 people (average)
5. Operation and maintenance	6. Operational Status (Functionality)	Average = average number of people in household, circle right number
5.1 Type of management * if not filled then assumed communal Communal Private/Individual Private operator Institutional Other - Specify: If Communal, please fill in section 5.2 to 5.8 below 5.2 Water and Sanitation Committee (WSC) established Yes - Month/Year of establishment: No No 5.3 Has the WSC been trained? Yes - Month/Year of latest training: No 5.4 Functionality of WSC, tick applicable boxes below: WSC is collecting user fees WSC undertakes regular servicing/minor repairs WSC is holding regular meetings Environment/sanitation around the source is ok 5.5 If the WSC is not functioning, indicate main reasons why:	6.1 Functionality * if not filled then assumed functional Functional (in use) Functional (not in use) Non-functional 6.2 If the water source is non-functional or not in use when did it brake down? Month	8. Village Guide/Respondent 6. Village Guide/Respondent Give details of the person at the site who is providing information on the water source Respondent Name: Gender:
E.G. No. of members on W.C.C.		9. Data verification
5.6 No. of members on WSC: 5.7 No. of active members on WSC:	6.5 For both functional and non-functional sources,	VERIFIED BY:
5.7 No. of active members on WSC:		
	indicate year of last repair: 6.6 Give details on the repairs done, if any:	District Water Officer Date:
5.9 No. of women holding key positions: Tick applicable position(s) below	o.o Give details on the repails dolle, it ally.	Name:
☐ Chairperson ☐ Vice-chairperson		Signature:
□ Secretary □ Treasurer		Telephone no.: