

SANITARY SURVEY OF A SMALL WATER SUPPLY

Community Name: _____ Community ID: _____

Date: _____ Name of EHO: _____

Water source	<input type="checkbox"/> Bore head	<input type="checkbox"/> Surface water body	<input type="checkbox"/> Rain water	<input type="checkbox"/> Mixed bore & surface
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1. INTAKE

Bore Number: _____

Type of surface intake: _____

Powered by mains / solar / wind / diesel _____

Rainwater Tanks: Y/N _____

Number: _____

Issue	Observation / Action required
Has bore head been inundated?	
Has the surface water been subject to flooding?	
Is the surface water intake anchored, and screen intact?	
Is fencing present and intact around bore head/surface water intake?	
Are there sources of contamination around the surface water intake/bore head?	Chemical Debris Other Life stock
Is the bore/surface water pump operational?	
Is the pump securely mounted?	
Does the bore head have a concrete pad surrounding? What is its damage?	
Is there enough fuel for the pump?	
If the pump is powered by wind or solar is this system operational?	
Is there electricity if needed?	
Is water leaking from the pump?	
Is there anything that requires clearing from the pump/intake/solar array?	
Is the line between intake and storage intact? Location of leak/break	

2. STORAGE

Tank capacity: _____ Ht Tankstand (m): _____ Tank Material: _____

Method and number of storage	<input type="checkbox"/> Ground level tank Number	<input type="checkbox"/> Header tank Number
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Issue	Observation / Action required
Any damage to storage tanks?	
Are additional tanks required for storage capacity?	
Are there any overhanging trees or sources of contamination around the tanks?	
Is there any damage to the tank base/stand?	
Do the storage tanks require cleaning?	
Are the fittings to the storage tank leaking?	
Are inspections openings on the tanks intact?	
What is the turbidity of the tank water? Will it affect disinfection?	
Is the line between storage and distribution damaged? Location of leak/break	

3. DISTRIBUTION LINE

Method of distribution	<input type="checkbox"/> Ring main	<input type="checkbox"/> Grid system	<input type="checkbox"/> Straight line
Material of distribution	<input type="checkbox"/> Polythene (black)	<input type="checkbox"/> PVC (grey/white)	<input type="checkbox"/> Galvanised

Issue	Observation / Action required
Does the pump leak? Extent of leak	
Are there any leaks in the distribution pipeline? Location of leaks	
Are there any valve leaks? Location of leaks	
Is the household pressure pump if used operational?	
Is the water pressure adequate?	

4. DISINFECTION SYSTEM

Type of disinfection	<input type="checkbox"/> UV	<input type="checkbox"/> UV & chlorine	<input type="checkbox"/> Sodium Hypochlorite	<input type="checkbox"/> Chlorine Gas
Disinfection	<input type="checkbox"/> Operational	<input type="checkbox"/> Not operational	Damage detail	

Issue	Observation / Action required
Chlorine levels adequate (>0.2mg/L) at extreme of distribution system?	
What is the level of turbidity in the water supply?	
Is there enough chlorine available for treatment?	
Is the disinfection system locked?	
Are there records available for the water supply operation?	

5. CONCLUSIONS / RECOMMENDATIONS

A: Is an alternative water supply needed?

B: Materials needed to repair the supply

C: Works that need to be carried to the water supply

D: What personnel is available now?

E: What personnel is needed?

F: Anything else?

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