



**Inter Aide**

**Water Supply Division**

**European Union**

**WATER COMMITTEEE TRAINING**

**DATE:**

**NAME OF THE FIELD FACILITATOR:**

**CHIEFDOM:**

**SECTION:**

**VILLAGE:**

**POPULATION:**

**NUMBER OF HOUSES:**

**NUMBER TOTAL OF WELL(S):**

**NUMBER OF WELL(S) WITH HAND PUMP:**

**NUMBER OF WELL(S) IN CHARGE:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PUMP 1** | **PUMP 2** | **PUMP 3** |
| **LOCATION** |  |  |  |
| **CHARACTERISTIC****(Borehole, Hand Dug Well)** |  |  |  |
| **PUMP TYPE****(Kardia, IM2…)** |  |  |  |
| **NUMBER OF MONTHS DRY** |  |  |  |
| **STATUS****(working or not)** |  |  |  |