WATER RESOURCES ACT
(Cap.72:03)

(reg.16)

WATER RESOURCES REGULATIONS, 2018

FORM G

BOREHOLE COMPLETION REPORT

To be completed in triplicate

Water point information

1. Identification and location data

Type of water point: ( ) Borehole (i) Wet Borehole ( ) (ii) *Dry Borehole ( )

( ) Dug well ( ) Protected Shallow Well fitted with pump ( ) Augered shallow well

Identification: Project I.D. No. _____

Location Coordinates (in UTM format) _____ Altitude (masl) _____

District _____ Traditional Authority_____ Village _____

Water point ownership: ( ) Private ( ) Communal ( ) Institutional

Water point use: ( ) Domestic ( ) Irrigation ( ) Livestock ( ) Industrial

If abandoned, state the reasons for abandonment.

Water point abandoned: ( ) Low yield ( ) Water quality ( ) Technical ( ) Other (specify)_____

Date abandoned _____

If dry borehole, fill only those parts which are relevant

2. Site selection data

Sited by: Organization _____

Sited by: Name of person _____ Title _____

Date sited _____

Method of site selection: Resistivity _____ Electromagnetic _____

Seismic _____ Other (specify) _____

Attach survey results.

3. Construction data

Contractor: _____

Drilled by: Name of person _____ Title _____

Method of drilling: ( ) Air rotary ( ) Cable tool ( ) Mud rotary

( ) Augered ( ) Hand Dug ( ) Other (specify) _____

Drilling completion date: _____

Total depth of borehole/well at date of completion (m) _____

Water/well diameter:

Depth (interval)	Diameter (mm)

Permanent casing/well ring diameter: _____ (mm)

Type of permanent casing: ( ) PVC ( ) Mild steel ( ) Concrete ( ) Bricks ( ) Other (specify) _____

Borehole sealing material: ( ) None ( ) Cement ( ) Bentonite ( ) Other (specify) _____

Borehole sealed depth:_____

Filter slot size and intervals:

Depth (interval)	Size (mm)

Borehole filters: ( ) Gravel pack ( ) Natural pack

Well development: Duration (hrs.) _____

Method of well development: ( ) Air lift ( ) Bailed ( ) Compressed air ( ) Over pumping ( ) Other (specify)

_____

4. Pump Installation data

Type of pump: ( ) Submersible pump ( ) Centrifugal pump ( ) Hand pump ( ) Other _____

Date of pump installation: (day/month/year) _____

Name of pump _____ Pump capacity _____ (m^3/h).

Pump installation/intake depth _____ (m.b.g.l).

Riser pipe material: ( ) PVC ( ) Galvanized pipes ( ) Other (specify) _____

Riser pipe diameter _____ (mm)

Number of riser pipe:

Pumping rod material: ( ) stainless steel ( ) Other (specify)

Pumping rod diameter _____ mm.

5. Hydrogeological data

Depth to bedrock (m.b.g.l.) _____

Overall geological setting _____

Lithology (m.b.g.l.):

Depth Interval	**Description**

Water strike depth (m.b.g.l)	**Aquifer Yield (m^3/hr)**

6. Water Quality data

Date of sampling (day/month/year) _____

Sampling method: ( ) Pumping ( ) Air-lift sampling ( ) Bailer

Sample preservation: ( ) None ( ) Acid ( ) Other (specify) _____

Samples analyzed by: Name _____

Organization _____

Parameter	**Unit**	**Result**	**Date**	**Field/Lab**
Turbidity	NTU			
Temp. (time of sampling)	°Celsius			
Electrical Conductivity (EC) Conductivity	µS/cm			
pH				
Total alkalinity	mg/l			
Hardness ($CaC0_3^-$)	mg/l			
Calcium (Ca^{2+})	mg/l			
Magnesium (Mg^{2+})	mg/l			
Sodium (Na^+)	mg/l			

Potassium (K^+)	mg/l			
Carbonate ($C0_3^{2-}$)	mg/l			
Bicarbonate ($HC0_3^{2-}$)	mg/l			
Sulphate ($S0_4^{2-}$)	mg/l			
Nitrate ($N0^-_3$)	mg/l			
Ammonium (NH^+_4)	mg/l			
Total Iron (Fe^{2+} + Fe^{3+})	mg/l			
Manganese (Mn^{2+})	mg/l			
Flouride (F^-)	mg/l			
Total Dissolved Solids	mg/l			
Faecal coliform	Count/ml			

7. **Yield test, flow and water level data**

Test carried out by:

Organisation Name _____ Title _____

Date of test _____ Duration of test _____ hrs.

A. Step pumping test ( ) Yes ( ) No

Step Yield (m^3/hr.)	Drawdown (m)	Spec. capacity (m^3/hr/m)

B. Constant discharge test ( ) Yes ( ) No

Average discharge during test (m^3/hr.) _____

Static water level, SWL (m.b.g.l.) _____ Date measured_____

Transmissivity (m^3/day) _____ Specific capacity (m^3/hr/m) _____

Hydro-fracturing? ( ) Yes ( ) No If yes, day/month/year _____

C. Natural flow: ( ) Yes ( ) No

D. Air lift test: ( ) Yes ( ) No

E. Pumping: ( ) Yes ( ) No. If yes, indicate pump set depth: _____ (m)

8. Other information (include information not catered for in the above sections)

9. Details of organization submitting data

Name _____

Address _____

Telephone No. _____ Fax No. _____

Mobile Number: _____

Email _____

Name of responsible officer: _____

Title: _____

Signature: _____

Date of data submission: _____

Official Stamp: _____