

Bio-Sand Filter Commissioning Report

User

Name of Owner:

**Number of people using
the water:**

**The users use a latrine
for defecation:** Always /
Usually / Sometimes /
Rarely

Community

Name of Community &

Region:

Description of terrain:

(Hill-side / plain)

Details of the Pot

Manufacturer: Self-made
/ Made by an experienced
person

**Name of community
trainer:**

Date of manufacture:

(Month / Year)

Total Cost to Owner:

Commissioning

**Source of the fine sand
used to fill the pot:**

**Source of the water used
to fill the pot:**

Date:

Flow rate of bottom pot:

Flow rate with top pot:

Purity Test (if done) * : e-
coli count in:

**Name of independent
commissioner :**

No signs of leaks

Filter sand is clean

Hose hole is 25" above base.....

Hose hole is not leaking

Hose is in proper place.....

Owner knows to leave cloudy wat

* Filter must have been in
use at least 1 month
before purity test
performed

Please return this to the

Central Committee for

return to Sand Filter Aid

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