

# Bio-Sand Filter Commissioning Report

User ..... Source of the water used to fill the pot: ..... Date: .....

Name of Owner: ..... Flow rate of bottom pot: .....

Number of people using the water: ..... Flow rate with top pot: .....

The users use a latrine for defecation: Always / Usually / Sometimes / Rarely Purity Test (if done) \* : e-coli count in: .....

Name of independent commissioner : .....

## Community

Name of Community & Region: .....

Description of terrain: (Hill-side / plain) ..... ☐ 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 water ☐

Manufacturer: Self-made / Made by an experienced person

Name of community trainer: ..... \* Filter must have been in use at least 1 month before purity test performed

Date of manufacture: (Month / Year) ..... Please return this to the Central Committee for return to Sand Filter Aid

Total Cost to Owner: .....

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## Details of the Pot

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Total Cost to Owner: .....