Directorate of Rural Water SupplyFORM No. AS 2Page 1 of 3

Community / Extension Officer / Inspector / Regional Head

REHABILIT APPLICATI			Water Point Number			
Location Name			Area			
RWEO Responsible			GPS Reading	S:	E:	
1. Gen	eral Details					
Applicant			Telephone No.			
Contact person						
Postal Address			Physical Address			
Supply For	Community	□ School	□ Clinic	□ Other		
Detailed Description of Location (e.g. km from nearest town, condition of road, etc.)						
2. User	s (Including Week	cend Farmers)				
Number of Households to be Supplied with Water			Number of People	Number of People		
Number of Large Stock Units			Number of Small S	tock Units		
3. Current Water Supply Situation – E			ng Water Point Us	ed at present		
	WP Number	Туре	Furthest Distance Travelled to Collect Water	Yield	Adequate	
WP Currently Used for Human Consumption					YES / NO	
WP Currently Used for Livestock Consumption					YES / NO	
Briefly Explain the Problem	Current Water					
Reasons Why Rehabilitation of the Water Point is Required						
(E.g. Adequate / Inadequate, Distance to Alternative Source, Etc.)						
General Condition of the Water Point Infrastructure						
4. What is the Community's Preferred Technology Choice						
1 <sup>st</sup> Choice	Handpump	□ Windpump	Solar	Diesel	Pipeline Take- off	
2 <sup>nd</sup> Choice	□ Handpump	Windpump	□ Solar	Diesel	Pipeline Take- off	

Continues .....



Community / Extension Officer / Inspector / Regional Head

Rehabilitation Applications, cont.				WP Nur	nber			
6. Wa	ater Committees							
Is there a <b>Water Point Committee</b> in place ?		n YES / N	YES / NO		<b>If no</b> , are the community willing to form a WPC ?		villing to	YES / NO
If yes, complete	Form No. EI 2, Wat	er Point Commi	ttee					
Are there any oth place to support	YES / N	YES / NO		<b>If no</b> , are the community willing to form a support committee ?			YES / NO	
If yes, complete	Form No. EI 3, Wat	er Committee						
7. If a	approved	proved						
Who will manage	e the installation?				l operate an on?	nd mair	ntain the	
Who will train th	e WPC?			Who wil	l train the c	caretake	er?	
8. If	this application is	approved wou	ild the	WPA con	ntribute to	o the fo	ollowing	
Installation	Labour	YES / NO	Funds		YES /	NO	Down Payment	YES / NO
Phase One	Operation	YES / NO	Maint	enance	YES /	NO	Minor Repairs	YES / NO
	Pipeline off- take fee			plicable	Proportion Namwater			Not Applicable
Phase Two	Major Repairs	YES / NO	YES / NO Boreho Cleanin		YES / NO / Replacent		Replacement	YES / NO
Full Namwater costs YES / NO / Not Applicable								
9. Pu	ease Supply Furth	er Informatio	n to Su	pport thi				
	f the Water Poin Supply.	nt Association	ı, sign	and sub	mit this	applic	ation to the	Directorate of
<b>I, on behalf o</b> <b>Rural Water S</b> Completed: Date	Supply.	nt Association	ı, sign	and sub	mit this	applic Signed		Directorate of

Continues .....

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Community / Extension Officer / Inspector / Regional Head

WP Number

F	prications, contr						
To be Completed by the RWEO							
11. Ind	licate Priority of A	pplicatio	n				
	Crisis Priority	Water supply has broken down completely and people and livestock will be affected within days An emergency situation has arisen and immediate action is required.				e affected within days.	
	High Priority	Water supply situation is critical: People and livestock may suffer unless water is supplied within the next few months. Users are more than 2.5 km (people ) and 7.5 km (Livestock ) away from the nearest water point.					
	Medium Priority	Water supply situation is urgent: Water is likely to run out within the next six months, however an alternative supply is available although of lower quality and / or greater distance away from consumers.					
	Low Priority	Water supply is likely to become inadequate within the next twelve months or nearest water point is less than 2.5 km from users.					s or nearest water point
Completed by RWEO: Date		Name		Signed			
To be Complete	d by the Regional	Head					
	Is the communities choice of technology appropriate ?		/ NO	What technology would you recommend ?			
Please give reasons	5:						
Has there been a Tanker Service?	YES / NO	When?			For how	long?	
Are there any particular problems with water supply in this a			area ?	YES / NO			
Please give details, e.g., poor quality, depth of water table, etc:							
Are the community willing to participate in their water supply provision ? YES / NO						/ NO	
Please give details of any problems with community participation, representation or co-operation in the area:							
And Any Other Comments ?							
Completed by RH: Date		Name			Signed		
			roved	Not Approved			
Subject to the follo	wing conditions:	1			<u> </u>		
Signed				Date			

**Rehabilitation Application, cont.** 

WP Number

## To be Completed by the Local / Constituency / Ward Water Committee

We, the verified	the inform	nation contained in this application	Committee have, as far as it is reasonably possible, Our recommendation is the following:				
	Applicant fulfils all requirements and is recommended for approval.						
	Applicant fulfils all requirements except for those below.						
	Applica	nt does not meet the requirements fo	r the following reasons.				
Signed			Official Stamp				
0							
Date							
	a						
To be	Comp	leted by the Regional / Ce	entral Water Committee				
We, the verified	We, the Committee have, as far as it is reasonably possible, verified the information contained in this application. Our recommendation is the following:						
	Applica	nt fulfils all requirements and is reco	ommended for approval.				
	Applicant fulfils all requirements except for those below and follow-up is necessary.						
Applicant does not meet the requirements for the following reasons and follow-up is necessary.							
Signed			Official Stamp				
0							
Date							