

BOREHOLE COMPLETION REPORT

To be submitted to: WRMD, Plot 12 Mpigi Road, P.O. Box 19 Entebbe, Phone: 041 321342, Fax: 041 321368

WATER POINT INFORMATION

1. IDENTIFICATION AND LOCATION DATA

Type of water point: ☐ Borehole: ☐ Dug well: ☐ Augered shallow well:

Identification: Project I.D. No. _____

Location: Longitude E: _____ Latitude: N/S: _____ Altitude(m): _____

District: _____ County: _____ Sub-county: _____

Parish: _____ Village: _____ Water point: _____

Water point ownership: ☐ Private: ☐ Communal: ☐ Institutional

Water point use: ☐ Domestic ☐ Irrigation: ☐ Livestock: ☐ Industrial:

Water point abandoned: ☐ Low yield: ☐ water quality: ☐

Technical: _____

Date abandoned: _____

2. SITESELECTION DATA

Site by: Organization: _____ Name of person: _____ Title: _____

Date sited: _____ Method of site selection: _____ Resistivity: _____ Electromagnetic: _____

Seismic: _____ Other, specify: _____ None: _____

Attach site selection results

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3. CONSTRUCTION DATA

Contractor: _____ Drilled by: Name of person: _____ Title: _____

Method of construction: ☐ Air rotary ☐ Cable tool: ☐ Mud rotary:
☐ Augered: ☐ Dug: ☐ Other, specify: _____

Date for completion of construction: _____

Total well depth at date of completion (m): _____

Water well diameter: mm: _____ From: _____ To: _____
mm: _____ From: _____ To: _____
mm: _____ From: _____ To: _____
mm: _____ From: _____ To: _____

Permanent casing/well ring diameter: mm: _____

Permanent casing/well ring material: ☐ PVC: ☐ Mild steel:
☐ Concrete: ☐ Bricks:
☐ Other: _____

Borehole sealing: ☐ None: ☐ Cement: ☐ Bentonite: ☐ Other,

Filter slot size & intervals: mm: _____ From: _____ To: _____
mm: _____ From: _____ To: _____
mm: _____ From: _____ To: _____

Borehole filters: ☐ Gravel pack: ☐ Natural pack:

Well development: Duration (hrs): _____

Method of development: ☐ Air lift: ☐ Bailed: ☐ Compressed air:
☐ Other (specify): _____

4. INSTALLATION DATA

Type of pump: ☐ Submersible pump: ☐ Centrifugal pump: ☐ Hand pump: ☐ Bucket:
☐ Other

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

Name of pump: _____ Pump capacity: _____ m³/h

Pump installation/intake depth: _____ m b.g.l.

Riser pipe material: ☐ Galvanized iron: ☐ Stainless steel: ☐ PVC: ☐ other

Riser pipe diameter: _____ mm

Pumping rod material: ☐ Galvanized iron: ☐ Stainless steel: ☐ Wire: ☐ other

Pumping rod diameter: _____ mm

5. HYDROGEOLOGICAL DATA

Depth to bedrock: m b.g.l.: _____

Overall geological setting: _____

Lithology:	From: _____	To: _____	Description: _____
(m b.g.l.)	From: _____	To: _____	_____
	From: _____	To: _____	_____
	From: _____	To: _____	_____
	From: _____	To: _____	_____

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From: _____ To: _____		
Water strike, Aquifer and yield:		
Water strike (m.b.g.l)	Aquifer	Yield m ³ /h
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HYDRO CHEMICAL DATA

6. HYDROCHEMICAL DATA

Date of sampling: day/month/year:

Sampling method: () pumping: () Air-lift sampling: () Bucket:

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

Samples analyzed: Name: _____ : Organization _____

Parameter	Unit	Result	Date	Field/Lab
Turbidity	FTU			
Temp. (Time of sampling)	°C			
Conductivity	uS/cm			
pH	---			
Tot. alkalinity (CaCO ₃)	mg/l			
Hardness (CaCO ₃)	mg/l			
Calcium (Ca ²⁺)	mg/l			
Magnesium (Mg ²⁺)	mg/l			
Sodium (Na ⁺)	mg/l			
Potassium (K ⁺)	mg/l			
Carbonate (CO ₃ ⁺)	mg/l			
Bicarbonate (HCO ₃ ⁻)	mg/l			
Sulphate (SO ₄ ²⁻)	mg/l			
Chloride (Cl)	mg/l			
Nitrate (NO ₃)	mg/l			
Ammonium (NH ₄ ⁺)	mg/l			
Tot. Iron (Fe ²⁺ + Fe ³⁺)	mg/l			
Manganese (Mn ²⁺)	mg/l			
Fluoride (F)	mg/l			
Free Carbon dioxide (CO ₂)	mg/l			
Free Carbon dioxide (CO ₂)	mg/l			
Tot. dissolved solids	mg/l			
Faecal Coli	no/100ml			

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7. YIELD TEST, FLOW AND WATER LEVEL DATA

Test carried out by: Organization: _____ Name: _____ Title: _____

Date of test: _____ Duration of test: _____ hrs.

A. Step pumping test: () Yes / () No

Step	Yield (m ³ /h)	Draw down (m)	Spec. Capacity (m ³ /h/m)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

B. Constant discharge: () Yes / () No

Average discharge during test (m³/h) _____

Static Water Level, SWL (m.b.g.l) _____ Date measured _____

Pumping water level (m b.g.l) _____ Drawdown (m) _____

Transmissivity (m²/day) _____ Spec. Capacity (m³/h/m) _____

Hydro-fracturing: () Yes / () No. If yes day/month/year _____

C. Natural flow: () Yes () No

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

Attach pumping test results.

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

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9. DETAILS OF ORGANIZATION SUBMITTING DATA

Name: _____.

Address: _____.

Telephone Number: _____.

Fax No: _____.

E-mail: _____.

Name of responsible officer: _____.

Title: _____.

Signature: _____.

Date of data submission: _____.

Stamp of organization