

MAPPING WATER POINTS

Mapper's name: _____ **Date:** _____ **GPS Device #** _____

Way Point #: _____

Name of water point(s) (if applicable): _____

Owner's name (individual/organization, business, etc.):

Owner's contact number: _____

Who manages the water point(s):

CBO NGO Private Government

Individual Other (describe) _____

Average number of customers (per day): _____

Water point(s) are in use? Yes No

Hours of operation: Opening time _____ Closing time _____

Type of water point:

Water tank Piped Tap River Open drain

Other (explain) _____

Fees: Daily fee KSH _____ Weekly fee: KSH _____ Monthly fee: KSH _____ Other _____