

New Life

International

Water Purifier Placement Site Evaluation

Survey and Questionnaire

Please answer each question as best you can. It is not necessary to answer every question if information is unavailable. When giving a distance or measurement, indicate the units you are using (such as kilometers or miles).

Location

Country the purifier would be located in: _____

District or region: _____

Name of the community: _____

Contact Information

Person preparing this questionnaire: _____

Address: _____

Telephone (if applicable): _____

Fax (if applicable): _____

Email address (if applicable): _____

Your relationship to group below: _____

Basic information

What group or person(s) wants to take or send a purifier to the location or community?

Is the possible purifier location going to be at a:

√Check one

Church		Name of church:
School		Name of school:
Hospital		Name of school:
Clinic		Name of clinic:
Other		

Address: _____

The name of institution contact person: _____

Telephone (if applicable): _____

Fax (if applicable): _____

Email address (if applicable): _____

Local contact person (if different from above):

Name: _____

Address: _____

Telephone (if applicable): _____

Fax (if applicable): _____

Email address (if applicable): _____

Who would be responsible for the Nationals purifier training, maintenance, operation, installation, storage and security of the purifier?

Name: _____

Address: _____

Telephone (if applicable): _____

Fax (if applicable): _____

Email address (if applicable): _____

Is there a group or organization within the community who would be willing to take on the responsibility of the water purifier?

Name: _____

For the:	Yes	Don't know	No
➤ Installation			
➤ Maintenance			
➤ Storage/Security			
➤ Operation			
➤ Training			

Health

Is there a medical service, health clinic or hospital in the community?

Yes ___ No ___ Don't know ___

If yes, the name of the facility: _____

If yes, is it privately run or government run? Comment: _____

What is the overall physical health of the community? Comment: _____

Are there any known waterborne diseases? Yes ___ No ___ Don't know ___

If so what are they? Comment: _____

Because of waterborne diseases, what is the work-load of the nearest medical facility, clinic or hospital to the community? Comment: _____

In a year, how many children/people die from waterborne diseases in the community? _____

Comment: _____

The following diseases can be transmitted through unsafe drinking water. Within the community, what is the frequency of the following:

Condition	Rare or Common	% of adults affected	% of children under 10 affected	% of infants (0-2) affected
Diarrhea				
Dysentery				
Abdominal pain				
Cholera				
Typhoid				
Hepatitis				
Parasites				

Demographics

What is the community like? Check all that apply.

Remote	<input type="checkbox"/>
Urban	<input type="checkbox"/>
Slums	<input type="checkbox"/>
Other	<input type="checkbox"/>

Comment: _____

What is the population of the community where a purifier might be placed?

Men _____ Women _____ Children _____ Total _____

Would other people outside of this community have the opportunity to take advantage of the safe water drinking water from the purifier?

Yes ___ No _____ Don't know _____

If yes, where would they be coming from and how far would these other people have to travel to get the safe water? Comment: _____

What is the average annual household income? _____

Comment: _____

Geography

What type of terrain is the community developed on? Check all that apply.

Mountainous	<input type="checkbox"/>
Valley	<input type="checkbox"/>
Swampy	<input type="checkbox"/>
Dry	<input type="checkbox"/>
Rocky	<input type="checkbox"/>
Flat	<input type="checkbox"/>
Forest	<input type="checkbox"/>
Other	<input type="checkbox"/>

Comment: _____

What is the accessibility to the area/community? Check all that apply.

Hard access	<input type="checkbox"/>
Easy access	<input type="checkbox"/>
Other	<input type="checkbox"/>

Comment: _____

What is the most common mode of traveling/transportation to and from the community?

Comment: _____

What is the most common mode of traveling/transportation within the community?

Comment: _____

What is the name of the nearest city and how far away is it? Comment: _____

Environment

Climate description:

Temperature range: Comment: _____

Rain patterns: Comment: _____

Seasonal changes: Comment: _____

Could weather be a factor for the:

	Yes	Don't know	No
➤ Installation			
➤ Maintenance			
➤ Storage/Security			
➤ Operation			

Comment: _____

Cultural

What is the common language? _____

What is the official language? _____

Is this an English speaking community? Yes _____ No _____ Don't know _____

Comment: _____

What percentage of the population is able to read and write? Comment: _____

How dependant is this community on outside help?

Financially: Comment: _____

Physically: Comment: _____

Psychologically: Comment: _____

Where does the majority of the help come from? Comment: _____

What is the political position of the community or the country concerning technology such as the water purifier? Comment: _____

How enabled is the community to solve their own problems? Comment: _____

Is the community willing to try new approaches to problem solving?

Yes ____ No _____ Don't know _____

Comment: _____

Has this community been exposed to American ideas? Yes _____ No _____ Don't know _____

Comment: _____

How would the community respond to a purifier?

Comment: _____

Is collecting water for families in the community mainly “women’s work”?

Yes ___ No _____ Don’t know _____

If not who is usually responsible?

Comment: _____

What is the role of women in the community? Comment: _____

Are women involved in the community’s decision making process?

Yes _____ No _____ Don’t know _____

Comment: _____

Technical

Is there electricity available? Yes _____ No _____ Don't know _____

Voltage _____

Comment: _____

Dependability _____

Comment: _____

Are power outages common? Yes ____ No _____ Don't know _____

Comment: _____

Nearest source for supplies:

➤ Battery, 12 volt automobile type battery: Comment: _____

➤ Battery charger, 6 volt – 12 volt: Comment: _____

➤ Solar panel: Comment: _____

▪ Sizes available: Comment: _____

➤ Salt: Comment: _____

➤ Water storage containers: Comment: _____

▪ Sizes available: Comment: _____

➤ PVC plastic pipe, PVC fittings, glue, solvent: Comment: _____

▪ Sizes are available: Comment: _____

▪ Scale of measurement:

• Metric: Comment: _____

• English: Comment: _____

➤ Basic plumbing tools (i.e. hacksaw, channel locks, pipe wrench): Comment: _____

Water

Is there water available? Comment: _____

What type of water source is available?

Type	Main Source	Other source	Months available	Distance away
Rain				
Tanker truck				
Municipal				
River or stream				
Lake or pond				
Reservoir				
Spring				
Hand-dug well				
Drilled well (bore hole)				
Other				

Comment: _____

Is there a constant source of water? Yes _____ No _____ Don't know _____

Comment: _____

Who owns the current water source? Comment: _____

If privately owned, is the community use still guaranteed access to it? Comment: _____

How is the water currently being stored? \checkmark Check all that apply

Not stored	
Large tank (volume?)	
Small drums	
Reservoir	
Cistern	
Lake or pond	
Other	
Don't know	

Comment: _____

What kinds of water storage containers are available to use or purchase? Comment: _____

Is the current water supply filtered in any way? Yes _____ No _____ Don't know _____
 If yes, how?
 Comment: _____

Is the available water; \checkmark Check all that apply

Clear	
Stained	
Suspended solids (muddy)	
Don't know	

Comment: _____

Has the current water supply been tested? Comment: _____

Is the current water supply contaminated? Yes _____ No _____ Don't know _____
If yes how was that determined? Comment: _____

Does the current water supply have chemicals in it? Yes ____ No _____ Don't know _____
If so, is the chemical(s) known? Comment: _____

How was that determined? Comment: _____

Are there heavy metals in the current water supply? Yes ____ No _____ Don't know _____
Comment: _____

How was that determined? Comment: _____

What is the source(s) of contaminates? Comment: _____

Please enclose any test results

Estimate the volume of the current water usage per day? Comment: _____

Is the water for drinking or is it being used for irrigation and household use? Comment: _____

What type of water treatment process, if any, is being used currently? Comment: _____

What water treatment processes have been tried and failed in this location? Comment: _____

If it failed, why? Comment: _____

Sanitation

What type of sanitation does the community have?

Flush toilets: Comment: _____

Pit latrines: Comment: _____

Nothing: Comment: _____

Combination: Comment: _____

If pit latrines or nothing, what proximity are they to the water sources? Comment: _____

Does the community understand the relationship between their health & safe water?

Yes ____ No _____ Don't know _____

Comment: _____

Spiritual:

The New Life International water purifier, in the hands of a Christ centered atmosphere, is a step in eliminating: poverty, disease, illiteracy, high infant mortality, low life expectancy, hopelessness, and spiritual poverty. In keeping with the vision of New Life International, “Bringing Safe Water and the Living Water to a thirsty world”, the answers to the following questions would be helpful.

What is the spiritual climate of the community? Comment: _____

Of what faith is the majority of the population in the community? Comment: _____

How will the New Life International Water Purifier be used as a tool to bring the Living Water into the lives of the people in the community? Comment: _____

How will the purifier add credibility to the Christian culture in the community? _____
