

Well rehabilitation - acceptance report

Contractor:	Client:	Executive operator:
Site location:	Well no.:	Date:

Acceptance criterion	OK	n. OK	Date of inspection
- Preliminary camera inspection	<input type="checkbox"/>	<input type="checkbox"/>	
- Pump test (ca 2 hrs.)	<input type="checkbox"/>	<input type="checkbox"/>	
- Cleaning of riser pipe and fittings	<input type="checkbox"/>	<input type="checkbox"/>	
- Intermediate pump test (ca 1 h)	<input type="checkbox"/>	<input type="checkbox"/>	
- Cleaning of well sump	<input type="checkbox"/>	<input type="checkbox"/>	
- Pump test (ca 2 hrs.)	<input type="checkbox"/>	<input type="checkbox"/>	
- Sand contentmg/m ³	<input type="checkbox"/>	<input type="checkbox"/>	
- ConductivitymS/cm	<input type="checkbox"/>	<input type="checkbox"/>	
- Follow-up camera inspection	<input type="checkbox"/>	<input type="checkbox"/>	
- Sterility	<input type="checkbox"/>	<input type="checkbox"/>	
- Installed condition and tightness	<input type="checkbox"/>	<input type="checkbox"/>	
- Cleanness of the water chamber	<input type="checkbox"/>	<input type="checkbox"/>	
- Condition of well surroundings	<input type="checkbox"/>	<input type="checkbox"/>	
- Documentation	<input type="checkbox"/>	<input type="checkbox"/>	

Inspection and examination carried out on		
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Client	Contractor	Site management