

For Office Use Only

Supply Name…………………………………………………………

Supply Reference………………………………………………….

**PRIVATE WATER SUPPLIES QUESTIONNAIRE**

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| 1. **Property contact information - Occupier** | |
| Name |  |
| Company Name (if applicable): |  |
| Address  Postcode |  |
| Telephone / Mobile |  |
| Email |  |

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| 1. **Property contact information – Owner if different from above e.g. Landlord** | |
| Contact Name |  |
| Landlord Name |  |
| Address  Postcode |  |
| Telephone / Mobile |  |
| Email |  |

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| 1. **Nature of Premises - Domestic** | |
| Is the property a domestic residence? | YES NO |
| If yes, please state the maximum number of people living at the property at any one time |  |

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| 1. **Nature of Premises - Commercial** | |
| Is the property used for commercial or industrial purposes or a public activity? (N.B property rental, i.e. holiday lettings are usually classified as a commercial use of the water supply although some exemptions apply). | YES NO |
| If yes, please state details of activities – Tick all that apply in the following table; | |

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| ACTIVITY | TICK | How long has the private water supply been in use? | Max No. of People served per day |
| Dairy Farm |  |  |  |
| Livestock Farm |  |  |  |
| Arable farm |  |  |  |
| Café/Restaurant/Public House |  |  |  |
| B&B/Hotel/Guesthouse/Holiday Lets |  |  |  |
| Camping/Caravan site |  |  |  |
| Food or Drink manufacture /processing /washing |  |  |  |
| Hospital |  |  |  |
| Village Hall/Church Hall/Library |  |  |  |
| Nursing/Care Home |  |  |  |
| Festivals/Showground/Temporary Events |  |  |  |
| Place where employees come to work e.g. office |  |  |  |
| School/College/Nursery |  |  |  |
| Property Rental |  |  |  |
| Other – please state. e.g. Pick Your Own Farm |  |  |  |

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| 1. **Water Usage** | |
| Is the water supply used every day throughout the year? | YES NO |
| If no, please state how frequently the supply is used  e.g. 6 of 12 months – Apr to Sep. |  |

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| 1. **Water Supply - Source** | | | | | | | | |
| What is the source of your private water supply? Please Tick the relevant box | | | | | | | | |
| Spring |  | Stream |  | Lake |  | | Reservoir |  |
| Well |  | Borehole |  | Rainwater |  | |  |  |
| Does another person own or occupy the land where the source (e.g. borehole) is situated? | | | | | | YES NO | | |
| If yes, please provide the contact details  Address:  Telephone:  Email: | | | | | | | | |
| Does another person/property supply the water to your property? | | | | | | YES NO | | |
| If yes, please provide the contact details  Address:  Telephone:  Email: | | | | | | | | |
| Do you pay a charge for the water supply? | | | | | | YES NO | | |

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| 1. **Water Supply - Volume** | |
| If your supply is metered, what is the daily volume of water used |  |
| *If unknown, we will estimate this assuming each person supplied uses on average 0.2m3/day (200 litres).* | |

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| 1. **Water Supply - Treatment** | |
| Is the water supply subject to any treatment or disinfection? | YES NO |
| If yes, please describe the type of treatment (e.g. chlorination, sediment filtration, UV, ozone,  flocculation, etc.), where the treatment is located (e.g. at source, water storage tank or within individual properties) and if this is regularly serviced by yourself or a private organisation. | |

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| 1. **Water Supply – Management and Maintenance** | |
| Who is responsible for the day-to-day management and maintenance of the whole supply? | |
| Is your water supply and distribution system checked/serviced periodically? E.g. are the storage tanks, pipework and any treatment equipment cleaned and inspected to ensure they are in good working order? | YES NO |
| Has the water quality been tested by the Drinking Water Inspectorate? | YES NO |
| If yes, please can you provide details e.g. last date and where tested (source or tap) | |
| Has the water quality been tested by a private company? | YES NO |
| If yes, please provide contact details  Address:  Telephone:  Email: | |

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| 1. **Water Supply - Scope** | |
| Does your property provide water to any other properties? | YES NO |
| If yes, please provide a list below of all the properties supplied and the estimated number of people living/visiting at each property: | |

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| Property | Est. No of people |
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Please provide a map marking the location of the source, any treatment points, any storage tanks and pipework. Alternatively please provide a sketch showing the relevant information.

Our Environmental Health Service Privacy Notice, which details how we use the information collected relating to private water supplies and personal data, can be viewed at the following link: <https://www.scilly.gov.uk/business-licensing/environmental-health/gdrp-statement-environmental-health-services>

**Please return the completed questionnaire by either:**

**by email to:** [environmentalhealth@scilly.gov.uk](mailto:environmentalhealth@scilly.gov.uk); or

**by post to:** Environmental Health, Town Hall, St Marys, Isles of Scilly, TR21 0LW