Classification: MDDC PROTECT Personal



Premises Code	
Case Ref	

# THE PRIVATE WATER SUPPLIES REGULATIONS 2016 (as amended) Questionnaire for Owners and Occupiers of Premises using water from a Private Water Supply

Q1 Contact details	
Name:	
Address:	
Daytime Telephone:	
Email address:	
Q2 Private water supply or mains	
Please tell us where your primary source of water is obtained from	
Private water supply (go to Q3) Mains	
Is the private water supply still in use?	
Yes, it is used for drinking, washing and cooking etc. (go to Q3)	
No, the supply has been totally disconnected. (No further details will be needed).	
Yes, it is plumbed in and operational but not used as a primary source of water.	
e.g. flushing toilets, watering the garden, cattle troughs etc	
Q3 Purpose for which premises are used:-	Number
Please tick whichever boxes are appropriate: Please indicate the number of months during the last year that the premises were used for the	Number of
purpose/s	months
Domestic residence (drinking, washing and cooking) <b>complete Q3.a</b>	Inontaio
Commercial, business or industrial premises complete Q3.b	
Food or drink production for consumption off the premises <b>complete Q3.c</b>	
Food registered, mobile caterer, home caterer, restaurant, pub or café <b>complete Q3.d</b>	
Residential establishment e.g. school, hotel, hospital, residential home <b>complete Q3.e</b>	
Holiday accommodation e.g. B&B, holiday let, camp site, caravan site, holiday-village	
complete Q3.f	
Water used for recreational purposes e.g. hot tub, sauna, swimming pool <b>complete Q3.g</b>	
Other purpose not mentioned above <b>complete Q3.h</b>	
Other purpose her mentioned above complete com	
Q3.a Domestic residence	
Number of people normally living in the property?	
Are you the owner of the property?	
Yes No	
If you are not the owner, is the property rented?	
Yes No	

If the property is rented, state the details of the property owner/letting agent:
Name:
Address:
Telephone number:
Email

Q3.b Commercial, business or industrial premises

den commercial, ademices of madeenial promises	
Please state the business name and type of business:	
Number of people normally working on the premises:	
Number of people who work at the premises and also live onsite in a domestic residence:	

Q3.c Food or drink production for consumption off the premises

N
Please provide details of the type of production e.g. washing vegetables/crops, dairy, brewery.
Approximate volume of water used in food process per day in previous calendar year?
Do you require a routine water test from the council for farm assurance purposes? Yes No

Q3.d Food registered, mobile caterer, home caterer, restaurant, pub or café

Q3.d 1 00d registered, mobile caterer, nome	caterer, restaurant, pub or	Care	
Please state the business name and type of Busine	ess:		
Is the business food registered?	Yes	No	
Please provide the approximate number of people p	per day served/catered for in t	the	
previous calendar year:			

#### Q3.e Residential establishment e.g. school, hotel, hospital, residential home

Average number of people accommodated on the premises per day during previous	
calendar year.	

Q3.f Holiday accommodation e.g. holiday let, B&B, camp site, caravan site, holiday-village

Please detail all of the accommodations on the premises	Number of accommodation types	Max. number of guests accommodated per day using the accommodation type
Example Caravan/camping pitches	5	30
Holiday let		
Caravan/Camping pitches		
Caravans		
B/B rooms		
Bunk house		

# Q3.g Water used for recreational purposes e.g. hot tub, sauna, swimming pool

Please provide further details on type and maximum number of users per day:

#### Q3.h Others

If you have not completed any of the previous parts, please provide details as to what the premises are used for:

Maximum number of people using the premises per day during the previous calendar year

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#### Q4 Water Source

Please indi- identify whi	•	,			•	ive more i	than one t	ype of water	supply
Borehole	dyke	ditch	lake	pond	reservoir	well	spring	stream	river
Rain water	harvestin	g Other	– please	specify					
Is the source If no, please Name: Address:				•	ou own? \ on who own	Yes s the land	No d.		
Please give	the locat	lion of the	supply o	ə.g. OS gı	rid reference	e, descrip	tion or end	lose a map.	

## Q5 Water Supply users

Is your water supply shared by other properties / buildings?	
Yes No (go to Q6 if No)	
If Yes, could you provide a list of the other properties / buildings concerned, including any buildings that are unoccupied?  *Farmhouses with agricultural dwellings in the same family ownership, please list the dwelling's name and tick the right hand box.	Tick if agricultural dwelling.

Please continue in additional information if necessary

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#### **Q6** Water Treatment

Please indicate, if known, if the water is treated
No End of questionnaire
Yes Please tick all that apply - Filtration - UV filter with pre filter - U/V filter without pre filter - Chlorination - Iron removal - pH correction - Manganese removal - Nitrate removal - Water softener
Other ( please specify)
Is the treatment process located on your property?
Yes No Please specify the location of treatment process
Is your treatment system serviced routinely?
Yes
I have a contract with an external company. Please provide the name of the company
I service the equipment myself.
No

•	riease use this box as a continuation from any	y section of to add additional information.

### THANK YOU FOR TAKING THE TIME TO COMPLETE THE QUESTIONNAIRE



Any questions please email <a href="mailto:health@middevon.gov.uk">health@middevon.gov.uk</a> or call 01884 255255

By Post to Public Health and Regulatory Services, Phoenix House, Phoenix Lane, EX16 6PP

Further information can be found on our website by following the link below <a href="https://www.middevon.gov.uk/residents/environment/private-water-supplies/">https://www.middevon.gov.uk/residents/environment/private-water-supplies/</a>