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**FORM PWS1**

|  |  |
| --- | --- |
| 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:-**

|  |  |
| --- | --- |
| Please tick whichever boxes are appropriate:  Please indicate the number of months during the last year that the premises were used for the purpose/s | Number of months |

|  |  |  |
| --- | --- | --- |
|  | Domestic residence (drinking, washing and cooking) **complete Q3.a** |  |
|  | Commercial, business or industrial premises **complete Q3.b** |  |
|  | Food or drink production for consumption off the premises **complete Q3.c** |  |
|  | Food registered, mobile caterer, home caterer, restaurant, pub or café **complete Q3.d** |  |
|  | Residential establishment e.g. school, hotel, hospital, residential home **complete Q3.e** |  |
|  | 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 **complete Q3.g** |  |
|  | Other purpose not mentioned above **complete Q3.h** |  |

|  |  |
| --- | --- |
| Number of people normally living in the property? |  |

**Q3.a Domestic residence**

|  |
| --- |
| Are you the owner of the property?  Yes No |
| If you are not the owner, is the property rented?  Yes No |

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|  |
| --- |
| 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**

|  |  |
| --- | --- |
| 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**

|  |  |
| --- | --- |
| 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**

|  |  |
| --- | --- |
| Please state the business name and type of Business: | |
| Is the business food registered? Yes No | |
| Please provide the approximate number of people per day served/catered for in 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 indicate (if known) the nature of the supply. *If you have more than one type of water supply identify which is primary (P) and which is secondary (S).*  Borehole dyke ditch lake pond reservoir well spring steam river  Rain water harvesting Other – please specify |
| Is the source of the water located on land that you own? Yes No  If no, please give the name and address of person who owns the land.  Name:  Address: |
| Please give the location of the supply e.g. OS grid reference, description or enclose a map. |

**Q5 Water Supply users**

|  |  |
| --- | --- |
| Is your water supply shared by other properties / buildings?  Yes No (go to Q6) | |
| 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. |
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Please continue in additional information if necessary

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**Q6 Water Treatment**

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| --- |
| 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 |

**7 Please use this box as a continuation from any section or to add additional information.**

|  |
| --- |
|  |

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

[](mailto:health@middevon.gov.uk)

**Any questions please email** [**health@middevon.gov.uk**](mailto:health@middevon.gov.uk) **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**

[**https://www.middevon.gov.uk/residents/environment/private-water-supplies/**](https://www.middevon.gov.uk/residents/environment/private-water-supplies/)

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