

European Communities (Drinking Water) (No. 2) Regulations 2007

WATER SUPPLY SCHEME - REGISTRATION FORM

NAME OF SCHEME: _____

CONTACT ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

DESIGNATED KEY OPERATIONAL CONTACT: _____

POSITION: _____ TELEPHONE: _____

VOLUME OF WATER SUPPLIED PER DAY: _____

(Expressed either in cubic metres or a population equivalent)

TYPE OF WATER TREATMENT AND DISINFECTION ARRANGEMENTS IN PLACE: (Use separate page is necessary)

SOURCE OF THE WATER SUPPLY: _____

(e.g. name of lake or river; groundwater, etc.)

LOCATION OF ABSTRACTION POINT: _____

(Include map reference or attach map)

LOCATION OF RESERVIOR: _____

(Include map reference or attach map)

I confirm that the above details are accurate and complete to the best of my knowledge.

Signed: _____

Position: _____

Date: _____

| |
|--|
| <p>SUPPLY CODE _____ (To be inserted by Sanitary Authority)</p> |
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