

European Union (Drinking Water) Regulations 2014

WATER SUPPLY SCHEME - REGISTRATION FORM

NAME OF SCHEME: _____

CONTACT ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

DESIGNATED KEY OPERATIONAL CONTACT: _____

POSITION: _____ TELEPHONE: _____

VOLUME OF WATER PRODUCED PER DAY (If Known: _____
(Expressed either in cubic metres or a population equivalent)

DOES THE SCHEME SUPPLY A PUBLIC OR COMMERCIAL ACTIVITY, eg, (food premises, b & b, crèche, school, dairy farm, hotel, restaurant, community centre, etc.) IF SO, GIVE DETAILS: _____

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

SOURCE OF THE WATER SUPPLY: _____
(e.g. name of lake or river; groundwater, etc.)

LOCATION OF ABSTRACTION POINT (If known):

(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: _____

SUPPLY CODE: _____
(To be inserted by Sanitary Authority)