

BRECKLAND DISTRICT COUNCIL
PRIVATE WATER SUPPLY QUESTIONNAIRE
Premises ID

Name of Supply: _____

Type of Supply: 1. Borehole 2. Well 3. Spring 4. Other (Specify).....

Address and Location of Supply: _____

Post Code _____

Question Number	Question	Answer
1. Supply Owner Details	Please give the name(s), address, and contact details for the owner of the supply source (i.e., the person who provides the water supply and/or occupies the land on which the supply source is located)	Name(s): Address: Contact Tel. Email. Comments:
2. Supply Manager Details	If different to the supply owner, please also state the name, address and contact details for any other person who manages the supply	Name(s): Address: Contact Tel. Email. Comments:
3. Property details	Please state if the property is owner occupied /rented/leased	<ul style="list-style-type: none"> <input type="radio"/> Owner occupied <input type="radio"/> Rented <input type="radio"/> Leased <input type="radio"/> Agricultural agreement <input type="radio"/> Other

4. List of Properties Supplied	<p>Please provide a full list of all premises (both domestic and non-domestic) supplied with water. Please indicate which are owner occupied and which are rented.</p>	<input type="checkbox"/> A full list of properties is separately supplied. <input type="checkbox"/> The list is short so it is given in the space below.	
5. Supply Source Location	<p>Please indicate the location of the source of the supply, preferably by providing the co-ordinates of the 8-figure national grid reference or marking the location on a plan.</p>	Grid Reference: Description of location: <input type="checkbox"/> Please see the attached plan (tick if applicable)	
6. Presence of any Storage Reservoir or Tank	<p>Is the water fed (or pumped) into an intermediate reservoir or storage tank prior to distribution?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Water Usage	<p>Is water consumption for the whole supply metered or otherwise monitored?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Water Usage	<p>Please state the approximate / estimated (average) daily usage in litres or cubic metres for the whole supply. (If you are unable to provide a meaningful estimate, we will assume 200 litres per consumer per day.)</p>	The average daily volume of water supplied is: <input type="checkbox"/> This is an estimate. <input type="checkbox"/> This figure is calculated from meter readings. <input type="checkbox"/> I have no idea – please assume 200 litres per consumer per day	
9. Estimated Number of People Supplied	<p>Please give an estimate for the number of people served by the supply. (Please include people working in commercial premises that are supplied.)</p>	<input type="checkbox"/> <10 <input type="checkbox"/> 10 - 19 <input type="checkbox"/> 20 - 29 <input type="checkbox"/> 30 - 39 <input type="checkbox"/> 40 - 49	<input type="checkbox"/> 50 - 99 <input type="checkbox"/> 100 - 199 <input type="checkbox"/> >200 Exact Number if known:

10. Types of Property Supplied	<p>Does the supply serve any of the following types of establishments? (Please tick all boxes that apply)</p>	<input type="checkbox"/> Café / Restaurant / Public House <input type="checkbox"/> Hotel <input type="checkbox"/> Guest House / Bed & Breakfast <input type="checkbox"/> Holiday Letting(s) <input type="checkbox"/> Caravan / Camp site <input type="checkbox"/> Residential Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> School	<input type="checkbox"/> Church or Community Hall <input type="checkbox"/> Shop(s) <input type="checkbox"/> Office Accommodation <input type="checkbox"/> Industrial Unit(s) <input type="checkbox"/> Livestock / Dairy Farm <input type="checkbox"/> Poultry Farm <input type="checkbox"/> Arable Farm <input type="checkbox"/> Other Food Business or Public Building
11. Food Production	<p>Is the water used for food or drink manufacture? (This includes the processing and washing of food.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If yes, please specify:</p>
12. Employee use	<p>If your property is a business, is the water used by employees for drinking, making hot drinks, washing dishes etc.?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No employees	<p>Comments:</p>
13. Animal Watering Troughs	<p>Is the supply used for animal watering troughs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Water for leisure purposes	<p>Is the water used for any leisure purposes?</p>	<input type="checkbox"/> Jacuzzi/hot tub <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Therapy Pool	

15. Water Treatment Types	If the whole supply is treated, please indicate the type(s) of treatment. (Please tick all that apply)	<input type="checkbox"/> Chlorination <input type="checkbox"/> UV with pre-filter <input type="checkbox"/> UV without pre-filter <input type="checkbox"/> Filtration	<input type="checkbox"/> Chloramination <input type="checkbox"/> Flocculation <input type="checkbox"/> Other – please specify <input type="checkbox"/> No Treatment
16. Water treatment in a shared supply	Is the water to your single property treated? Please indicate what type of treatment? (Please tick all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorination <input type="checkbox"/> Filtration <input type="checkbox"/> UV with pre-filter <input type="checkbox"/> UV without pre-filter <input type="checkbox"/> Ozone <input type="checkbox"/> Other – please specify Comments:	
17. Water Treatment Monitoring	Who is responsible for managing, on a day-to-day basis, that the treatment remains effective? (If applicable)	Name of person / contractor: Contact Tel.	
18. Water Treatment (Part of the Supply)	To the best of your knowledge, do any of the other properties supplied have their own treatment system to remove contaminants or kill micro-organisms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:	
19. Specialist Technical Advice	Do you have a technical specialist on hand to deal with any arising problems with the supply (e.g. relating to water quality or an interruption to the water supply)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
20. Risk of Back-Siphonage	Are there any permanently connected hosepipe connections (e.g. used for watering systems)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:	

21. Back-Siphonage Protection	Are there any back-siphonage prevention devices (i.e. non-return valves) fitted anywhere on the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
22. Risk of Microbiological Contamination to the Water Source	To the best of your knowledge, are any of the following located within 50 metres of the supply source?	<input type="checkbox"/> Fuel tanks (including heating oil tanks) <input type="checkbox"/> Septic tanks, pit latrines or sewage effluent lagoons <input type="checkbox"/> Former disposal sites for animal remains <input type="checkbox"/> Former waste disposal sites Comments:
23. Risk of Microbiological Contamination to the Water Source	To the best of your knowledge, do any of the following activities ever take place on any land within 100 metres of the supply source? (Please tick all that apply)	<input type="checkbox"/> Livestock grazing or housing for any part of the year <input type="checkbox"/> Poultry rearing / housing. <input type="checkbox"/> The spreading of slurry, sewage-derived sludge, or other organic waste (including abattoir waste) <input type="checkbox"/> The disposal of animal remains or other waste <input type="checkbox"/> The storage of farm wastes or silage Comments:
24. Risk of Chemical Contamination to the Water Source	To the best of your knowledge, have any of the following activities ever take place on any land within 250 metres of the supply source? (Please tick all that apply)	<input type="checkbox"/> The application of pesticides <input type="checkbox"/> Sheep dipping <input type="checkbox"/> Any industrial activities (other than farming) Comments:

25. Risk of Chemical Contamination to the Water Source	<p>To the best of your knowledge, have there been any chemical spills or other pollution incidents involving fuel, solvents, or other potentially hazardous substances within 250 metres of the supply source?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:
26. Water Run-off and/or Vermin	<p>Do you make regular inspections / checks of the condition of the supply source fittings and the reservoir / holding tank to ensure they are both watertight and vermin proof?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:
<p>SIGNED: DATE:</p> <p>PRINT NAME: CONTACT TEL:</p> <p>EMAIL:</p>		