# Argyll and Bute Council

**Comhairle Earra Ghàidheal agus Bhòid**

**REGISTRATION OF PRIVATE WATER SUPPLY**

**The Private Water Supplies (Scotland) Regulations 2006 / Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations 2017**

**Part A – Your Details**

|  |  |
| --- | --- |
| **Your name, address and postcode** |  |
| **Your telephone number/s** |  |
| **Your email address** |  |
| **Planning Reference** (if applicable and anticipated start or completion date) |  |
| **Landlord Registration Number** (if applicable) |  |
| **Name of Property(s) that you own/occupy on the supply.** |  |

**Part B – Private Water Supply Information – Whole Supply**

|  |  |
| --- | --- |
| **Name of Supply** (if known) |  |
| **Public Register Number** (if known) | **AAB** |
| **Source location and Grid Reference** (if known and map may be attached) |  |
| **Type of supply** (please ✓) | **Loch □ Stream/Burn □****Well □ Borehole □****Spring □ Rainwater □****Unknown □** **Other □** (please detail) |
| **Total number of properties using the supply** (all those abstracting from the same source at the same location) |  |
| **Number of people using the supply daily** (Max number of people residing or using each of the properties – approx.) |  |
| **Estimated average daily volume of water provided by the supply in litres per day** (assume 5 people = 1000 litres approx.) |  |
| **Is the supply communally treated in any way?** (If so please specify treatment type and properties treated, if individual treatment please provide later with property details) | **Yes □ No □** |
| **Monitoring of Supply. Have you had any water samples taken for chemical or microbiological testing in the last 12 months?** | **Yes □ No □****If yes were they taken by Argyll and Bute Council?****Yes □ No □**If No please provide copies of results if possible. |
| **Responsibility for the Supply** |
| **Function/Responsibilty** | **Name(s) and Address(es) of Responsible person/people** (please continue on separate sheet if necessary) |
| **Provision of the water supply** (who owns the land where the source is located? Who owns the property/s that you are registering?) | **Landowner:****Property Owners:** |
| **Management of the water supply** (who manages the supply? An individual or a group etc If no one formally manages the supply this will default to the property owner/s.)If there is a management group please attach governing document where possible. |  |
| **Occupation of land where source and/or supply is/are located** (any occupiers or land users – this may be covered with properties later in the form) |  |
| **Any additional functions/responsibilities undertaken by anyone for the supply?** (please specify the function or responsibility) e.g annual maintenance contract with a water treatment firm |  |

**Part C – Private Water Supply Information – Property Information** (Please **list all properties served by the supply** (irrespective of your ownership) in the relevant section below based on their use – continue on additional sheets if required, if you are able to please also add the additional details if not state unknown). All properties on the supply should be listed in one of the categories below.

Does the supply serve only one property? Yes / No

|  |
| --- |
| **Domestic Residence/s – Owner Occupied (or Family use only Holiday Homes/ 2nd Homes) NOT for short term holiday lets – add these under other holiday accommodation further down form** |
| **Property Address (inc. Postcode)** | **Owner’s Name** | **Property Use** | **Max No. of people property can accommodate** | **Treatment (Yes/No and if yes details)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Domestic Residence/s – Long Term Let from Landlord** |
| **Property Address (inc. Postcode)** | **Landlord’s Name and Address** | **Number of people property can accommodate** | **Treatment (Yes/No and if yes details)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part C (continued) – Private Water Supply Information – Property Information** (Please list all properties on the supply in the relevant section below based on their use – continue on additional sheets if required).

|  |
| --- |
| **Guest House and B&B Accommodation or Café/Restaurant** |
| **Property Address (inc. Postcode)** | **Owner’s and Manager’s** (if applicable) **Name and Address** | **Property Use** | **Max. No.of people property accommodates or max number of seats** (café/restaurant**)** | **Treatment (Yes/No and if yes details)** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Other Holiday Accommodation – Self Catering, Campsite, Caravan Site etc.** |
| **Property Address** | **Owner’s and Manager’s** (if applicable) **Name and Address** | **Property Use** | **Max No. of people property accommodates** | **Treatment** (Yes/No and if yes details) |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Commercial Industrial Premises** (Including producing food/drink for sale/use off premises, Dairy Farming, washing crops (post-harvest) and any other use) |
| **Property Address** | **Owners and Managers** (if applicable) **Name and Address** | **Property Use** | **Number of people normally working on premises** | **Treatment** (Yes/No and if yes details) |
|  |  |  |  |  |
|  |  |  |  |  |

**Part D – Further Information**

|  |
| --- |
| **Further information regarding private water supplies, their operation, maintenance, testing and Regulation is available from the websites shown below.**[**www.argyll-bute.gov.uk/pws**](http://www.argyll-bute.gov.uk/pws)[**https://www.mygov.scot/browse/housing-local-services/water-supplies-sewerage/private-water-supplies**](https://www.mygov.scot/browse/housing-local-services/water-supplies-sewerage/private-water-supplies) |
| **Information about no means tested grants from improvement of private water supplies is also available from** [**www.argyll-bute.gov.uk/planning-and-environment/private-water-supply-improvement-grant**](http://www.argyll-bute.gov.uk/planning-and-environment/private-water-supply-improvement-grant) |
| **Further questions?****If you have any further questions or comments you wish to make please add them to the space below and we will get back in touch as soon as possible**  |

**Signed:…………………………………………. Print Name:……………………………………**

**Date:……………………………………………….**

**Thank you for completing this form. Please return to:**

**Environmental Health (PWS), Kilmory, Lochgilphead, PA31 8RT**

**Or email to:** **pws@argyll-bute.gov.uk**

**Form available online at**

**https://www.argyll-bute.gov.uk/sites/default/files/pws\_registration\_2006\_and\_2017.doc**