



**ARGYLL AND BUTE COUNCIL
THE PRIVATE WATER SUPPLIES (GRANTS) (SCOTLAND) REGULATIONS 2006
APPLICATION FOR A GRANT TO IMPROVE A PRIVATE WATER SUPPLY**

Part A – Eligibility Criteria

The Grant Scheme is non-means tested and you may be eligible for financial assistance if:

- your premises are in Scotland and served by a private water supply (i.e. one NOT provided by Scottish Water);
- that private supply is the main or sole supply of water for human consumption purposes to these premises; and
- your private water supply is in need of improvement to bring it up to modern standards.

PLEASE READ THE ACCOMPANYING NOTES BEFORE COMPLETING THIS APPLICATION FORM.

A.1 To be considered for a grant you must meet one of the following eligibility criteria. Please tick which applies to you.

	Yes	No
You are in receipt of a ‘temporary departure’ issued by Argyll and Bute Council under the Private Water Supplies (Scotland) Regulations 2006.	<input type="checkbox"/>	<input type="checkbox"/>
A ‘risk assessment’ of your water supply has been carried out by Argyll and Bute Council in accordance with the Private Water Supplies (Scotland) Regulations 2006, which has identified a potential risk to health associated with the supply.	<input type="checkbox"/>	<input type="checkbox"/>
Argyll and Bute Council has served you with an ‘improvement notice’ under the Water (Scotland) Act 1980.	<input type="checkbox"/>	<input type="checkbox"/>
I have yet to meet any of the eligibility criteria above however I would like to register my interest in the grant scheme. I understand that to make my application valid there are a number of steps required and an officer will initially make contact to discuss this.	<input type="checkbox"/>	<input type="checkbox"/>

<p>For Office Use Reference No: Date of Application Date Received HQ: Date Acknowledged: Date Valid: Determination Date: Date of grant approval: Hardship Criteria: Y / N Grant value: Date of receipt of invoices Date grant paid</p>	<p>Return address Environmental Health (Private Water Supply Grants) Development and Infrastructure Planning and Regulatory Services Argyll and Bute Council Kilmory Lochgilphead PA31 8RT</p>
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Part B – Information about you – The Applicant

B.1 Your details (the applicant)

Name	
Address	
	Post Code
Telephone (day)	Telephone (evening)
Telephone (mobile)	Email

B.2 Are You? (tick all that apply)

A relevant person in terms of the Private Water Supplies (Scotland) Regulations 2006	<input type="checkbox"/>
A responsible person in terms of the Private Water Supplies (Scotland) Regulations 2006	<input type="checkbox"/>
An owner in terms of the Private Water Supplies (Scotland) Regulations 2006	<input type="checkbox"/>
An occupier in terms of the Private Water Supplies (Scotland) Regulations 2006	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Please refer to guidance notes for definitions used.

B.3 Would you like someone else to deal with your application (e.g. your agent)? Or in the case of a joint application; would you like to nominate someone to be the initial point of contact? If so give their details

Name	
Address <i>(if different from B.1)</i>	
	Post Code
Telephone (day)	Telephone (evening)
Telephone (mobile)	Email

B.4 Address of the premises where improvement work is to be carried out. If there is more than one premises on this water supply please skip this section and complete Part C 1.

Address	Domestic	<input type="checkbox"/>
	Commercial	<input type="checkbox"/>
	Public	<input type="checkbox"/>
	Occupied	<input type="checkbox"/>
	Let (see definitions)	<input type="checkbox"/>
Postcode	<i>Tick all appropriate boxes</i>	

B.5 Are you the owner of the premises where work is to be done? If not please complete the owners details below. **The owner must consent to this application being made. Please ensure that you enclose their written consent (Form F - on page 6) for this application.**

In the case of a joint application with multiple properties and owners please ensure each owner completes and signs Part H.

Owner's name	
Owner's address	
Post Code	Telephone

Part C - Properties served by your water supply

C.1 Please list all of the properties which share your water supply including any properties which are not applying for the grant. ***If you are the only user of your water supply and have completed B.4 this section can be left blank, please go on to section C.2.***

Property name	Owner/Occupier Name(s)	Property Usage (Domestic, B&B, self-catering, let property etc)	Applying for grant (Y/N)
Total No. of properties			

C.2 Please provide an estimation of the total number of people served by this water supply. This should be based on the current known occupancy of each property or an estimate based on the number of bedrooms and usage of each property.

TOTAL Number of people served by this supply (estimate)	
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Part D – Description of your water supply

- D.1** Please provide a brief description of your water supply and include a diagram indicating the layout and position of properties served, storage tanks, settling tanks etc. If more space is required please continue on a blank sheet of paper.

- D.2** Is your water supply treated in any way (filters/Ultra Violet/chlorine dosing) or do any of the properties have treatment systems installed? If so please give details.

- D.3** Has your water supply been tested by Argyll and Bute Council or another party within the past 5 years? If so please give brief details of the results or include a copy with this application.

D.4 Proposed improvement works; please provide a brief description of the works you intend to undertake to improve your water supply. **If you are unsure as to what improvements are required please leave this section blank and skip to Part E.**

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How much will these improvement works cost? (if unsure please leave blank)

Cost of work	£
VAT on work	£
Professional fees	£
VAT on fees	£
Total	£

Part E- Supplementary information

E.1 Has an application for other grant assistance (e.g. Housing Grant) been made for any of the premises included in this application?

No Yes please give details below.

Type of grant	
Amount	£
Date approved	

E.2 Has a previous grant under the Private Water Supplies (Grants) (Scotland) Regulations 2006 been awarded to any of the premises included in this application?

No Yes please give details below.

Grant Reference Number	
Amount	£
Date approved	

E.3 Do you wish to make an application under Hardship Criteria?

No Yes If so please contact us on 01546 605519 to obtain a "PWS hardship criteria application" form.

E.4 Are you or any of the applicants VAT Registered Y/N? (Delete as appropriate)
If so then please provide details. (continue overleaf if more than one VAT registration within application)

Name		VAT Number	
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Part F – Declaration

You (the applicant) should sign the declaration on this page. If you are not the owner please ensure the owner signs part G or if you are making a joint grant application with other users of your water supply please skip to Part H.

I declare that all the information given in this form is correct to the best of my knowledge. I agree to the conditions to be imposed by the local authority upon approval of an application for a grant, and upon payment of such a grant (conditions will be attached to the grant approval and payment requiring all works detailed in the Schedule to the grant approval to be carried out, and treatment systems to be maintained in accordance with manufacturer’s instructions). I agree to repay the grant where local authority deems this appropriate.

Signed Date

Print Name

Anyone who knowingly or recklessly gives false information in an application for an improvement grant may be liable to prosecution.

Part G – Owner’s Consent

Only required if the applicant is **not** the owner and a joint application is **not** being made.

Name & Address	
Owner of (Premises)	

I hereby give permission for the works detailed in this application to be carried out.

Signature		Date	
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Part H –Owner’s Consent – Joint Applications

If you are making a joint grant application with other users of your water supply please ensure **all applicants** sign in this section, if more spaces are required this page can be copied.

We hereby give permission for the works detailed in this application to be carried out. We declare that all the information given in this form is correct to the best of our knowledge. We agree to the conditions to be imposed by the local authority upon approval of an application for a grant, and upon payment of such a grant (conditions will be attached to the grant approval and payment requiring all works detailed in the Schedule to the grant approval to be carried out, and treatment systems to be maintained in accordance with manufacturer’s instructions). We agree to repay the grant where local authority deems this appropriate.

Name & Address			
Owner of (Premises)			
Signature		Date	

Name & Address			
Owner of (Premises)			
Signature		Date	

Name & Address			
Owner of (Premises)			
Signature		Date	

Name & Address			
Owner of (Premises)			
Signature		Date	

Name & Address			
Owner of (Premises)			
Signature		Date	

Name & Address			
Owner of (Premises)			
Signature		Date	

Argyll & Bute Council will use the information you have given on this form for the purpose(s) of carrying out its statutory undertakings, and it may be necessary to disclose your information to statutory agencies and organisations. We may share your information with other departments within the Council. By signing and returning this form to us you consent to Argyll & Bute Council processing sensitive personal data about you where this is necessary, e.g. health information. These uses of your personal information are covered by our registration under the Data Protection Act 1984. Under the Act you have the right to obtain a copy of the information the Council holds about you and to have any inaccuracies corrected.