



# **Basingstoke and Deane**

## **Private Water Supplies Questionnaire**

<b>Name of Supply:</b>		
<b>Location of Supply:</b>		
<b>Question Number</b>	<b>Question</b>	<b>Answer</b>
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. Supply Type	Please specify the type of water supply. (Tick the box that applies)  Please also indicate if more than one source exists on the same land (eg if the supply is fed by more than one borehole).	<input type="checkbox"/> Borehole <input type="checkbox"/> Well <input type="checkbox"/> Spring  Other (specify).....  Comments:

4. Supply Source Location	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.	Grid Reference:  Description of location:  <input type="checkbox"/> Please see the attached plan (tick if applicable)
5. Presence of any Storage Reservoir or Tank	Is the water fed (or pumped) into an intermediate reservoir or storage tank prior to distribution?	<input type="checkbox"/> Yes  <input type="checkbox"/> No
6. Location of Storage reservoir or Holding Tank	If the answer to question 5. is yes, please indicate the location of this reservoir or storage tank, preferably by providing the co-ordinates of the 8-figure national grid reference or marking the location on a plan.	Grid Reference:  Description of location:  <input type="checkbox"/> Please see the attached plan (tick if applicable)
7. Water Usage	Is water consumption for the whole supply metered or otherwise monitored?	<input type="checkbox"/> Yes  <input type="checkbox"/> No
8. Water Usage	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.)	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. Number of Properties Supplied	Please state the number of properties (both domestic and non-domestic) supplied with water.	The total number of properties supplied is: .....  Comments:

<p>10. List of Properties Supplied</p>	<p>Please provide a full list of all premises (both domestic and non-domestic) supplied.</p> <p>(To assist you, enclosed is a list taken from our existing records – please amend and return the list, for example by crossing through properties which are no longer supplied, adding any supplied properties which are not listed and correcting any errors).</p>	<p><input type="checkbox"/> A full list of properties is separately supplied.</p> <p><input type="checkbox"/> The list is short so it is given in the space below.</p>	
<p>11. Estimated Number of People Supplied</p>	<p>Please give an estimate for the number of people served by the supply.</p> <p>(Please include people working in commercial premises that are supplied.)</p>	<p><input type="checkbox"/> &lt;10</p> <p><input type="checkbox"/> 10 - 19</p> <p><input type="checkbox"/> 20 - 29</p> <p><input type="checkbox"/> 30 - 39</p> <p><input type="checkbox"/> 40 - 49</p>	<p><input type="checkbox"/> 50 - 99</p> <p><input type="checkbox"/> 100 - 199</p> <p><input type="checkbox"/> &gt;200</p> <p>Exact Number if known: .....</p>
<p>12. Types of Property Supplied</p>	<p>Does the supply serve any of the following types of establishment?</p> <p>(Please tick all boxes that apply)</p>	<p><input type="checkbox"/> Café / Restaurant / Public House</p> <p><input type="checkbox"/> Hotel</p> <p><input type="checkbox"/> Guest House / Bed &amp; Breakfast</p> <p><input type="checkbox"/> Holiday Letting(s)</p> <p><input type="checkbox"/> Caravan / Camp site</p> <p><input type="checkbox"/> Residential Home</p> <p><input type="checkbox"/> Nursing Home</p> <p><input type="checkbox"/> School</p>	<p><input type="checkbox"/> Church or Community Hall</p> <p><input type="checkbox"/> Shop(s)</p> <p><input type="checkbox"/> Office Accommodation</p> <p><input type="checkbox"/> Industrial Unit(s)</p> <p><input type="checkbox"/> Livestock / Dairy Farm</p> <p><input type="checkbox"/> Poultry Farm</p> <p><input type="checkbox"/> Arable Farm</p> <p><input type="checkbox"/> Other Food Business or Public Building</p>
<p>13. Food Production</p>	<p>Is the water used for food or drink manufacture?</p> <p>(This includes the processing and washing of food.)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please specify:</p>	

14. Animal Watering Troughs	Is the supply used for animal watering troughs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Water Treatment	Is the whole supply subject to any treatment before it is distributed to properties?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
16. 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"/> Ozone	<input type="checkbox"/> Chloramination <input type="checkbox"/> Flocculation <input type="checkbox"/> Other – please specify
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.  Comments:	
18. Water Treatment (Part of the Supply)	To the best of your knowledge, do any of the 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 (eg relating to water quality or an interruption to the water supply)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	

<p>20. Risk of Back-Siphonage</p>	<p>Are there any permanently-connected hosepipe connections (eg used for watering systems)?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure</p> <p>Comments:</p>
<p>21. Back-Siphonage Protection</p>	<p>Are there any back-siphonage prevention devices (i.e. non-return valves) fitted anywhere on the distribution system?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure</p>
<p>22. Risk of Microbiological Contamination to the Water Source</p>	<p>To the best of your knowledge, are any of the following located within 50 metres of the supply source?</p>	<p><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</p> <p>Comments:</p>
<p>23. Risk of Microbiological Contamination to the Water Source</p>	<p>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?</p> <p>(Please tick all that apply)</p>	<p><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</p> <p>Comments:</p>
<p>24. Risk of Chemical Contamination to the Water Source</p>	<p>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?</p> <p>(Please tick all that apply)</p>	<p><input type="checkbox"/> The application of pesticides  <input type="checkbox"/> Sheep dipping  <input type="checkbox"/> Any industrial activities (other than farming)</p> <p>Comments:</p>

<p>25. Risk of Chemical Contamination to the Water Source</p>	<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:</p>
<p>26. Risk of Contamination Associated with Animal Droppings</p>	<p>Are steps taken to prevent livestock gaining access to the area in the immediate vicinity of the supply source?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:</p>
<p>27. Risk of Contamination from Water Run-off</p>	<p>Are both the supply source and reservoir / holding tank watertight to protect against the ingress of rainwater runoff?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:</p>
<p>28. Risk of Contamination from Water Run-off and/or Vermin</p>	<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments:</p>
<p>SIGNED: ..... DATE: .....</p> <p>PRINT NAME: ..... CONTACT TEL: .....</p> <p>EMAIL: .....</p>		