



Private Water Supply Questionnaire

1. Details of the occupier using the water:

Mr Mrs Ms Miss (delete as appropriate) **Other** (please state)

Name of Occupier:

Address of Property:

Postcode:
Email Address:

Telephone Number:

2. Details of the owner of the property if different from above e.g. landlord, agent, estate

Mr Mrs Ms Miss (delete as appropriate) **Other** (please state)

Name of Landlord:

Address of Landlord:

Postcode:
Email Address:

Telephone Number:

3. Is the property a domestic residence? Yes ☐ No ☐ If yes, please state the maximum number of people living at the property at any one time

4. Is the property used for commercial or industrial purposes or a public activity? (N.B property rental is usually classified as a commercial use of the water supply although some exemptions apply. This can be discussed)

Yes ☐ No ☐

If yes, please state details of activities – Tick all that apply

Activity	Tick	No. of People Served per Day
Dairy Farm		
Livestock Farm		
Arable Farm		
Café/Restaurant/Public House		
B&B/Hotel/Guesthouse/Holiday Lets		
Camping/Caravan site		
Food or drink manufacture/processing/washing		
Hospital		
Village Hall/Church Hall/Library		
Nursing/Care Home		
Festivals/Showground/Temporary Events		
Place where employees come to work eg office		
School/College/Nursery		
Property Rental		
Other – please state. eg Pick Your Own Farm		

5. How long has the supply be in use?

If it has not yet been used

please advise when the supply is due to be brought into use

6. Is the water supply used every day throughout the year? Yes

No

If no, please state how often the supply is used

7. What is the source of your private water supply? (please tick relevant box)

River ☐ Stream ☐ Lake ☐ Reservoir ☐
Spring ☐ Well ☐ Borehole ☐ Rainwater ☐

8. If your supply is metered, what is the daily volume of water used?

(If unknown we will estimate this assuming each person supplied uses on average 0.2m³/day (200 litres)).

9. Is the water supply subject to any treatment or disinfection? Yes

☐

No

☐

If yes, please describe the type of treatment (e.g. chlorination, sediment filtration, UV, ozone, flocculation, etc.), where the treatment is located (e.g. at source, water storage tank or within individual properties) and if this is regularly serviced by yourself or a private organisation.

10. Does another person own or occupy the land where the source (e.g. borehole) is situated?

Yes ☐ No ☐

If yes, please provide the name and address of the person owning or occupying the land:

Mr Mrs Ms Miss (delete as appropriate) **Other** (please state)

Name of person owning or occupying the land:

Address of person owning or occupying the land:

Postcode:	Telephone Number:
Email Address:	

11. Does another person/property supply the water to your property?

Yes ☐ No ☐

If yes, please provide the name and address of the person providing the water:

Mr Mrs Ms Miss (delete as appropriate) **Other** (please state)

Name of person providing the water:

Address of person providing the water:

Postcode:	Telephone Number:
Email Address:	

12. Who is responsible for the day-to-day management and maintenance of the whole supply if not you?

13. Do you pay a charge for the water? Yes ☐ **No** ☐

14. Does your property provide water to any other properties? Yes ☐ **No** ☐

If yes, please provide a list of all the properties supplied and the estimated number of people living at each property:

15. Is your water supply and distribution system checked/serviced? i.e. are the storage tanks, pipework and any treatment equipment regularly cleaned and inspected to ensure they are in good working order?

Yes ☐ **No** ☐

16. Is the water quality tested by a company rather than the Council?

Yes ☐ **No** ☐

If yes, please provide the name and contact details of the company

Postcode:	Telephone Number:
Email Address:	

17. Please provide a map marking the location of the source, any treatment points, any storage tanks and pipework.

Email: environmental.health@wokingham.gov.uk

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