

European Communities (Drinking Water)(No. 2) Regulations 2007

REGISTRATION FORM

NAME OF SCHEME: _____

CONTACT ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

DESIGNATED KEY OPERATIONAL CONTACT: _____

POSITION: _____ TELEPHONE: _____

VOLUME OF WATER SUPPLIED PER DAY: _____

(Expressed either in cubic metres or a population equivalent)

TYPE OF WATER TREATMENT AND DISINFECTION ARRANGEMENTS IN PLACE (continue on separate page if necessary): _____

SOURCE OF THE WATER SUPPLY: _____

(e.g. name of lake or river; groundwater, etc.)

LOCATION OF ABSTRACTION POINT: _____

(Include map reference or attach map)

I confirm that the above details are accurate and complete to the best of my knowledge.

Signed: _____

Position: _____

Date: _____

SUPPLY CODE: _____

(to be inserted by L. Co. Co.)