



European Union (Drinking Water) Regulations 2014



REGISTRATION FORM

NAME OF BUSINESS/ACTIVITY: _____

ADDRESS: _____

CONTACT NAME: _____

NATURE OF BUSINESS/ACTIVITY: _____

TELEPHONE: _____ E-MAIL: _____

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 Pt.: _____
(include map reference or attach map)

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

Signed: _____

Eircode: _____
(Compulsory)

Position: _____

Date: _____

Please return this form to:
Rural Water Services, Mayo County Council, Aras an Chontae, Castlebar, Co. Mayo.