

THE HIGHLAND COUNCIL - ENVIRONMENTAL HEALTH

PRIVATE WATER SUPPLY QUESTIONNAIRE

This form should be completed when registering and/or updating your private water supply details with the Council. The Council is required to maintain a register of all private water supplies in the Highland area.

Part A - Your Details

Your name, address and postcode	
	Anne Béatrice Brouwer
	Barrisdale lodge, Quioch Bridge, Lochhourn Road
1	PH 35 4JN, Invergarry, UK
Your telephone number/s	
Your email address	
Planning Reference (if applicable and anticipated start or completion date)	24/00486/FUL & 24/00485/FUL
Landlord Registration Number (if applicable)	
Name of Property(s) that you own/occupy on the supply.	Barrisdale lodge, 1 bed ghillie flat, 2 bed ghillie flat, artist's studio, stables, keeper's cottage, white house, runival, bothy, campsite

Part B – Private Water Supply Information – Whole Supply

Name of Supply (if known)	
Source location and Grid Reference (if known and map may be attached)	BARISDALE ESTALE BNG NG 868 031
Type of supply (please ✓)	Loch Stream/Burn Well Borehole Spring Rainwater Unknown Other (please detail)
Total number of properties using the supply (all those abstracting from the same source at the same location)	8
Number of people using the supply daily (Max number of people residing or using each of the properties – approx.)	51?
Estimated average daily volume of water provided by the supply in litres per day (assume 5 people = 1000 litres approx.)	10200 L (MAX OCCUPANCY)



Is the supply communally treated in any way? (If so please specify treatment type and properties treated, if individual treatment please provide later with property details) Monitoring of Supply. Have you had any water samples taken for chemical or microbiological testing in the last 12 months?	Yes \bigvee No \bigvee Yes $=$ FLAT 1, FLAT 2, DEER LARDER, STABLE LETTAGE, BETMY/CAMPSITE, KEEPERS NO $=$ LODGE (IN BOTH CASES, FILTRATION Yes NO \bigvee + UN STERILISATION If yes were they taken by the Highland Council? Yes No If No please provide copies of results if possible.
Responsibility	/ for the Supply
Function/Responsibility	Name(s) and Address(es) of Responsible person/people
Provision of the water supply (who owns the land where the source is located? Who owns the property/s that you are registering?)	Landowner: Elisabeth van Basten Batenburg and Dirk Brouwer Property Owners: Elisabeth van Basten Batenburg and Dirk Brouwer
Management of the water supply (who manages the supply? An individual or a group etc If no one formally manages the supply this will default to the property owner/s.) If there is a management group please attach governing document where possible.	ESTATE MANAGER
Occupation of land where source and/or supply is/are located (any occupiers or land users – this may be covered with properties later in the form)	WOODLAND NATURAL REGENERATION AREA
Any additional functions/responsibilities undertaken by anyone for the supply? (Please specify the function or responsibility) e.g. annual maintenance contract with a water treatment firm	



Part C - Private Water Supply Information - Domestic Property Information

Please list all properties served by the supply (irrespective of your ownership) in the relevant section below based on their use. Continue additional sheets if required.

Domestic Residence/s - Owner Occupied (or 2nd Homes) Treatment Property **Owner's** Property Max No. of Address (inc. (Yes/No and if Name Use people Postcode) property can yes details) accommodate YES (FILTRATION) DOMESTIC LODGE 8 UN STERILISATION) RESIDENCE DOMESTIC KEEPERS)y 2 RESIDENCE ų,

Examples of treatment include: Ultra violet sterilisation, Chemical filtration, PH correction



Part C - Private Water Supply Information – Regulated - Commercial Property Information

Please list all properties on the supply in the relevant section below based on their use – continue additional sheets if required).

Property Address (inc. Postcode)	Owner/Manager's/Landlord Name and Address	Property Use	Max. No.of people property can accommodate	Treatment (Yes/No and if yes details)
LUNIVAL		PRIVATE RENTED LONG TORM	4?	Na
-LAT 1		HOLIDAY	2	YES CFIL
LAT 2		3	4	ч
TABLE COTTAGE		4	5	17
CAMPSITE		BOTHY, CAMPSITO	22 (12+10)?	'n
HITE HOU	15	HOLIDAY	87	No

Managers (if applicable) Name and Address	Use	people normally working on premises	(Yes/No and if yes details)
	PROCESS, CLEAN AND BUTCHORL DETR CARCASSE	2 3	YES (FILTRATI UV STERILISA
	applicable) Name	Applicable) Name and Address Rocess, CLEAN AND BUTCHER	applicable) Name and Address PROCESS, CLEAN AND 2