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| **Register of Private Regulated Water Suppliers** | |
| **Business Name & Address**  **Please include EirCode** |  |
| **Contact person(s)** |  |
| **Phone Number(s)** |  |
| **Email Address** |  |
| **Type of Business** |  |
| **Volume of water supplied in m3/day or population served** |  |
| **Type of water treatment in place eg. UV disinfection** |  |
| **Source of the water supply** | **Shallow Well**    **Borehole**    **Surface Water** |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Block Capitals**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Completed Registration forms should be submitted to: **Rural Water Department, Leitrim County Council, Aras an Chontae, Carrick on Shannon, Co Leitrim. E-mail** [**ruralwater@leitrimcoco.ie**](mailto:ruralwater@leitrimcoco.ie)