

Form A



**Application to Connect to the Public Water Supply System
For Use by Licensed Providers**

1. Licensed Provider Details:

Licensed Provider Name: _____

ID: _____

Licensed Provider's own Reference: _____

Contact name: _____

Contact number: _____

Contact e-mail: _____

2. Premises to be Connected:

Please quote any Supply Point ID, or _____

other Scottish Water reference previously given to your site _____

Application Details:

Site details/premises to be connected

Postal address of new premises _____

Postcode(s):

Development Specification:

Are there new domestic premises associated with this development

Yes/No

Type of premises (please tick appropriate box)

- | | | | |
|--------------------|--------------------------|---------|--------------------------|
| Warehouse | <input type="checkbox"/> | Factory | <input type="checkbox"/> |
| Agriculture | <input type="checkbox"/> | Shop | <input type="checkbox"/> |
| Holiday Chalets | <input type="checkbox"/> | Hotel | <input type="checkbox"/> |
| Site Accommodation | <input type="checkbox"/> | Office | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

If other, please specify: _____

Business Use (by SIC* code):

Standpipe for building purposes

Anticipated annual water consumption _____m³

Type of premises (please tick appropriate box)

New

Existing

Planning reference: _____

Date: _____

Local Authority Area: _____

Number of persons to be employed in the development and, where appropriate, the number of residents to be accommodated in the development, e.g., if a hotel:

Are there any contaminated land issues? (please tick appropriate box):

Yes

No

If yes, please indicate investigation measures adopted:

Additional information in support of the application:

* The United Kingdom Standard Industrial Classification of Economic Activities [UK SIC (92)]

3. Contractor Details:

The name of the plumbing contractor who will undertake your site works must be supplied.

Name of company: _____

Contact name (if company name entered above): _____

SNIPEF registration reference (if available): _____

Address: _____

Postcode: _____

Phone number: _____

Mobile phone number: _____

Fax number: _____

Email address: _____

4. Connection Details:

(Please also fill in Appendix A – Meter Size Data Assessment Sheet)

Anticipated date for water connection: _____

Size of connection required for business use:

- | | | | |
|-------|--------------------------|------|--------------------------|
| 25mm | <input type="checkbox"/> | 32mm | <input type="checkbox"/> |
| 63mm | <input type="checkbox"/> | 90mm | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

If other please specify: _____

Number of connections required: _____

Size of connection required for fire fighting element:

- | | | | |
|------|--------------------------|-------|--------------------------|
| 90mm | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|------|--------------------------|-------|--------------------------|

If other please specify: _____

Size of meter required:

- | | | | |
|------|--------------------------|------|--------------------------|
| 15mm | <input type="checkbox"/> | 30mm | <input type="checkbox"/> |
| 20mm | <input type="checkbox"/> | 40mm | <input type="checkbox"/> |
| 25mm | <input type="checkbox"/> | 50mm | <input type="checkbox"/> |

If other please specify: _____

Purpose:

- | | | | |
|------------|--------------------------|------------------|--------------------------|
| New supply | <input type="checkbox"/> | Alteration | <input type="checkbox"/> |
| Extension | <input type="checkbox"/> | Temporary Supply | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

If other please specify: _____

5. Drawings/Calculations Provided with this Form:

Reference:	Title:
_____	_____
_____	_____
_____	_____
_____	_____

6. Building Water Supply:

Have you applied for building water or has there been a previous application by a third party for this site? (please tick appropriate box)

Yes
Provide reference from previous application _____

No
Please submit Form J or provide confirmation below

If water from Scottish Water's network was and will not be used for building purposes, please confirm by ticking the box below and state the source of water to be used for building purposes:

By confirming you will not use Scottish Water's network for building water, you also confirm that the water you do use is obtained legally and is fit for purpose. You will be required to prove this to Scottish Water if requested to do so.

7. Special Requirements:

In making this applications Scottish Water will by default create a pair of SPIDs with all drainage services attached. You do have an option to change this default position by ticking one of the boxes below.

I require:

- a Water SPID only because an existing sewer connection (and SPID) is already in place

Please provide existing SPID

- a Water SPID only because our customer is using another LP for their sewer SPID
- a Water SPID only because the customer will only use water services
- A SPID pair with Water, Waste and no drainage services
- Other (please explain below)

Please outline special needs requirements as appropriate:

8. Declaration:

I/We hereby make application to Scottish Water for a supply of water as detailed below.

I/We undertake to abide by the terms and conditions of current Scottish Water Byelaws on date of application.

I/We understand that any alterations made to this application must be declared to Scottish Water.

I/We have filled in all the relevant sections of this form. The details I/We have given with this application are accurate.

I/We have read and understood the supporting guidance notes.

I/We have enclosed all the necessary supporting documentation (tick the boxes below where appropriate).

- Location plan
- Drawings (where appropriate)
- Calculations (where applicable)
- Fire authority (where required)
- Soil Investigation Report (where applicable)

Your details:

Signature: _____ Date: _____

Full name (in capitals): _____

Role in the company or job title: _____

A. Appendix – Meter Size data sheet assessment:

Proposed number of meters: _____

Details of Supply	Meter 1	Meter 2	Meter 3	Meter 4
Size of any existing meters or “NEW” for new meters.:				
Any existing meter serial numbers:				

Details of Direct Supply from meter	Meter 1	Meter 2	Meter 3	Meter 4
Maximum flow-rate through each meter in (m ³ /hr):				
Diameter of incoming pipe into building/premises in (mm):				
Description of Fittings	<i>Number of Items</i>	<i>Number of Items</i>	<i>Number of Items</i>	<i>Number of Items</i>
No. of toilets and directly fed urinals:				
No. of wash basins at site:				
No. of mains fed showers:				
No. of mains fed bidets:				
No. of commercial sized dishwashers:				
No. of domestic sized dishwashers:				
No. of commercial size washing machines:				
No. of domestic size washing machines:				
No. of baths:				
No. of ½” taps (E.g. for hose pipes):				

No. of ¾" taps and ¾" direct process feeds:				
No. of 1" taps and direct process feeds:				
Swimming pool filling points:				
Number of fire hydrants fed by each meter:				
Number of fire hoses fed by each meter:				

Details of Indirect Supply from meter	Meter 1	Meter 2	Meter 3	Meter 4
15mm (Feeds to internal Storage Tanks)				
22mm(Feeds to internal Storage Tanks)				
25mm(Feeds to internal Storage Tanks)				
32mm(Feeds to internal Storage Tanks)				
42mm(Feeds to internal Storage Tanks)				

In the following year is the quantity of water required by the Premises is expected to:	Increase <input type="checkbox"/>	Percentage Change	
	Stay the Same <input type="checkbox"/>		
	Decrease <input type="checkbox"/>		
Is water used in this business for process / production activity?	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>		
If Yes – please give details below:		Please give any other relevant information below	