

# Recycled Water Management Plan Amendment Application



Queensland  
Government

*Water Supply (Safety and Reliability) Act 2008, section 212 and 259*

**Privacy Disclaimer:** Collection of information provided in this approved form and any attachments is authorised under the *Water Supply (Safety and Reliability) Act 2008* and is being used for the purpose of applying to the Queensland Water Supply Regulator for approval of the proposed amendment of an approved recycled water management plan or, the proposed amendment to an approved recycled water management plan following a review of the approved recycled water management plan. The Department of Energy and Water Supply will endeavour to maintain any confidentiality of information relating to your form. However, consideration of your form may involve consultation and if so, details of your form may be disclosed to third parties. This information will not otherwise be disclosed outside of the department unless required or authorised by law (for example as under the *Right to Information Act 2009*).

**Note:** This is an approved form under the *Water Supply (Safety and Reliability) Act 2008* (the Act), to be used by the relevant entity for a recycled water scheme, applying to the regulator for approval of:

- the proposed amendment to the approved recycled water management plan under section 212 of the Act; or
- the proposed amendment to the approved recycled water management plan as a result of a review of the approved recycled water management plan under section 259 of the Act.

Before submitting this approved form, please be fully aware of your rights and obligations under the Act.

## 1. Relevant Entity Details - (Please tick appropriate box/es)

Scheme manager  Recycled water provider

Details of the relevant entity are to be recorded here.

Name of organisation / individual

ABN

ACN

Street address

Postcode

Postal address (if different from above)

Postcode

Telephone number

Fax number

Mobile number

Email address

Principal Contact

Family name

Given name(s)

Position

Telephone number

Fax number

Mobile number

Email address

## 2. Scheme Details

Details of the recycled water scheme are to be recorded here.

Name of recycled water scheme

Scheme reference number

Street address

Postcode

### 3. Amended Recycled Water Management Plan as a result of a Review

**Important:** You must attach the entire recycled water management plan with all amendment(s) clearly highlighted.

- Is the amendment the result of a review of the recycled water management plan? No  Yes
- Has a copy of the recycled water management plan review outcome(s) been attached? No  Yes

### 4. Proposed Amendment

Please indicate the nature of the proposed amendment(s) to the approved recycled water management plan by ticking the appropriate box(es) and record and attach the evidence supporting each proposed amendment.

| Tick applicable box/es   | Proposed amendment  | List the RWMP evidence supporting each amendment (for example document name) and attach a copy to the application |
|--------------------------|---|---|
| <input type="checkbox"/> | Administrative requirements - Nominee contact details and endorsement                             |   |
| <input type="checkbox"/> | Administrative requirements - Recycled water policy statement                                     |   |
| <input type="checkbox"/> | Scheme description (from source to point of supply - including details of infrastructure)         |   |
| <input type="checkbox"/> | Identification of hazards and hazardous events which may affect the quality of the recycled water |   |
| <input type="checkbox"/> | Risk assessment of hazards and hazardous events   |   |
| <input type="checkbox"/> | Control measures on how the risks are proposed to be managed                                      |   |
| <input type="checkbox"/> | Details of critical control points, critical limits or alert levels                               |   |
| <input type="checkbox"/> | Scheme validation   |   |
| <input type="checkbox"/> | Commissioning verification  |   |
| <input type="checkbox"/> | Details of the operational or monitoring programs   |   |
| <input type="checkbox"/> | Management procedures   |   |

4. Proposed Amendment continued...

| Tick applicable box/es   | Proposed amendment                                      | List the RWMP evidence supporting each amendment (for example document name) and attach a copy to the application |
|--------------------------|---|---|
| <input type="checkbox"/> | Management of incident and emergency                    |   |
| <input type="checkbox"/> | Documentation, record keeping and internal reporting    |   |
| <input type="checkbox"/> | Supporting programs                                     |   |
| <input type="checkbox"/> | Maintenance and calibration program                     |   |
| <input type="checkbox"/> | Management review and continuous improvement procedures |   |
| <input type="checkbox"/> | Internal auditing procedure                             |   |
| <input type="checkbox"/> | New use(s)  |   |
| <input type="checkbox"/> | Other (please specify)                                  |   |

*(If space provided is insufficient, additional information may be attached)*

**5. Attached Proposed Amendments to the Recycled Water Management Plan** \_\_\_\_\_

**Important:** The entire recycled water management plan must be attached with all proposed amendment(s) clearly highlighted.

Is a complete recycled water management plan with all proposed amendment(s) clearly highlighted, attached?

No  Yes

**6. Infrastructure Owner(s) for the Recycled Water Scheme** \_\_\_\_\_

The purpose of this table is to identify the owner(s) of the infrastructure for the recycled water scheme. An owner of infrastructure for the production and/or supply of recycled water is a recycled water provider.

Please list below the owner(s) of all infrastructure for the production and supply of recycled water in this application.

| Name of organisation / individual | Infrastructure |
|-----------------------------------|----------------|
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |
|                                   |                |

*(If space provided is insufficient, additional information may be attached)*

**7. Declaration**

I/We declare and warrant that I/we have all the necessary and appropriate authority on behalf of the relevant entity of the scheme to declare that the information in this approved form, including any attachments or supporting information provided, is true and accurate to the best of my/our knowledge.

|                      |                      |                                  |
|----------------------|----------------------|----------------------------------|
| Family name          | Given name(s)        |                                  |
| <input type="text"/> | <input type="text"/> |                                  |
| Position             | Signature            | Date (dd/mm/yyyy)                |
| <input type="text"/> | <input type="text"/> | <input type="text" value="/ /"/> |
| Family name          | Given name(s)        |                                  |
| <input type="text"/> | <input type="text"/> |                                  |
| Position             | Signature            | Date (dd/mm/yyyy)                |
| <input type="text"/> | <input type="text"/> | <input type="text" value="/ /"/> |

**8. Submission**

Complete and sign this form, attaching a printed and electronic copy (on CD) of all relevant materials and **send to:**

Queensland Water Supply Regulator  
 Department of Energy and Water Supply  
 PO Box 15456  
 City East Qld 4002

**Note:** If you are unable to provide an electronic copy, please send a minimum of two (2) printed copies of all relevant materials.

|                         |
|-------------------------|
| <b>Office use only</b>  |
| Customer Service Centre |
| <input type="text"/>    |

|                     |
|---------------------|
| Date Received Stamp |
|---------------------|

Please complete this portion

Relevant Entity

Address

Postcode

|                     |
|---------------------|
| Date Received Stamp |
|---------------------|