

# Drinking Water Quality Management Plan Approval Application



Queensland Government

Section 95 of the Water Supply (Safety and Reliability) Act 2008

**Important information for applicants** – Information requested in this form is required to enable your application for approval of a drinking water quality management plan, to be assessed in accordance with the *Water Supply (Safety and Reliability) Act 2008* ('the Act') and relevant subordinate legislation and guidelines. Before submitting this application, applicants should understand the requirements of the Act and associated subordinate legislation and guidelines.

**Privacy notice** – Personal information on this form is being collected for the purpose of assessing your application for approval of a drinking water quality management plan under s95 of the *Water Supply (Safety and Reliability) Act 2008*. Your personal information will not be otherwise disclosed to any other parties without your consent unless authorised or required by law, such as under the *Right to Information Act 2009* or the *Evidence Act 1977*.

Refer to the Explanatory Notes and Instructions when completing this application form.

## SECTION 1 – Drinking Water Service Provider Details

### 1.1 Details of the service provider

Drinking water service provider

SPID

### 1.2 Contact details

*Note: If there is more than one entity/contact, please provide the following information as an attachment to this application.*

Name (including title)

Position

Registered / business physical address

City / Town

State

Postcode

Mailing address (if different from above)

City / Town

State

Postcode

Telephone number

Mobile number

Email address

## SECTION 2 – Drinking Water Scheme Details

Please **list** the drinking water scheme(s) to which this plan applies


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

### SECTION 3 – Relevant Documents

List below all supporting documentation attached to this application that form part of the DWQMP. Where a document applies to a specific scheme or schemes please state this (e.g. scheme name).

Document Name(s)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

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

### SECTION 4 – DECLARATION

**Please read the following carefully before signing:**

I declare and warrant that –

- I am authorised to provide the information included in this form (and attachments) and make this declaration.
- The information I have provided in this form (including information submitted as part of this application) is true and correct to the best of my knowledge.
- I understand that it can be an offence under the Act to state anything in this form or provide material that is false or misleading.
- I understand the privacy notice in this form, and I consent to the collection, use and disclosure of my personal information in the manner described in that notice.

Name

Organisation

Position

Email address

Phone number

Mobile number

Date

Signature

Complete and sign this form, attaching all relevant materials, and send to:

Email address: [drinkingwater.reporting@rdmw.qld.gov.au](mailto:drinkingwater.reporting@rdmw.qld.gov.au)