

# Drinking Water Quality Management Plan Amendment Application

Water Supply (Safety and Reliability) Act 2008



Queensland Government

**Important information** – This form is used by a drinking water service provider to apply to the Regulator for approval to amend the Drinking Water Quality Management Plan (DWQMP). Before submitting this form, please be fully aware of your rights and obligations under the *Water Supply (Safety and Reliability) Act 2008* ('the Act') and relevant subordinate legislation and guidelines. Failure to comply with these legislative requirements may attract enforcement action. The information contained within this form is a requirement of a condition of an approved drinking water quality management plan. For further information, refer to section 93 of the Act. Please refer to the Explanatory Notes and Instructions for further information on completing this form.

**Privacy notice** – Personal information on this form is being collected for the purpose of assessing your application to amend an approved Drinking Water Quality Management Plan under s100, s101 or s107 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*.

## SECTION 1 – Drinking water service provider details

Drinking water service provider

SPID

Drinking water scheme/s

## SECTION 2 – Contact details

### Principal Contact

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 3 – Proposed amendment

The amendment of the approved DWQMP is due to:

- The findings of the regular review of the approved DWQMP completed on ; (s107)
- Service provider proposing to amend the approved DWQMP, other than under s99A of the Act; (s100)
- Regulator direction by notice issued on ; (s101)

Please indicate the nature of the proposed amendment(s) to the approved DWQMP by ticking the appropriate box(s) and record the supporting documentation for each proposed amendment.

Select applicable box(s)	Proposed amendment	List the proposed amendment(s) to the DWQMP, supporting documentation for each amendment (for example, document name) and attach a copy to the application
<input type="checkbox"/>	Registered service details	
<input type="checkbox"/>	Details of infrastructure for providing the service	
<input type="checkbox"/>	Identify hazards and hazardous events	
<input type="checkbox"/>	Information gathering – water quality and catchment characteristics	
<input type="checkbox"/>	Assessment of risks	
<input type="checkbox"/>	Risk management measures	

<input type="checkbox"/>	Operation and maintenance procedures	
<input type="checkbox"/>	Management of incidents and emergencies	
<input type="checkbox"/>	Risk management improvement program	
<input type="checkbox"/>	Service wide support – information management	
<input type="checkbox"/>	Operational monitoring	
<input type="checkbox"/>	Verification monitoring	
<input type="checkbox"/>	Other (please detail)	

## SECTION 4 – Attached proposed amendments to the approved DWQMP

**Important:** The approved DWQMP **must** be attached with all proposed amendment(s) clearly highlighted.

Is a complete, approved DWQMP, with all proposed amendment(s), clearly highlighted and attached?

Yes

No

## SECTION 5 – 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)

**Reminder:** The following pages must be completed and submitted to the regulator following your investigation. Before submitting these pages, make sure you have identified the measures you will take to prevent the non-compliance in the future.