

Drinking water quality – Quarterly report

Section 630 of the Water Supply (Safety and Reliability) Act 2008



Queensland
Government

Important information for applicants – Information requested in this form is required to enable your notification of drinking water quality monitoring results 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 notification, applicants should understand the requirements of the Act and associated subordinate legislation and guidelines.

Please complete a separate copy of this form for:

- each drinking water scheme, and
- each quarter

If naturally occurring fluoride is monitored as part of your monitoring program this must be reported in section 4. If you add fluoride to your drinking water supply, **you also need to complete** the *fluoridated water quarterly report* form prepared by Queensland Health as required under the *Water Fluoridation Regulation 2008*. If you are unsure about your fluoride monitoring requirements, please contact the regulator on 07 3247 0372.

Privacy notice – Personal information on this form is being collected for the purpose of recording your drinking water quality monitoring results. 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*.

Please refer to the explanatory notes and instructions for further information on completing this notification form.

SECTION 1 – Quarterly reporting period

Indicate which specific reporting period (year and quarter) you are reporting on

Year: <input type="text"/>	<input type="checkbox"/> 1 January – 31 March	<input type="checkbox"/> 1 April – 30 June
	<input type="checkbox"/> 1 July – 30 September	<input type="checkbox"/> 1 October – 31 December

SECTION 2 – Drinking water service provider details

Drinking water service provider

SPID

Drinking water scheme

Name of towns, communities or regions serviced by this scheme

Population serviced by this scheme (i.e. number of people)

SECTION 3 – Contact details

Contact person

Position

Mailing address (if different from above)

City/Town

State

Postcode

Phone number

Mobile number

Email address

SECTION 5 – Compliance with *Public Health Regulation 2008* for *Escherichia coli* (*E. coli*) monitoring in the reticulation system

		Month 1	Month 2	Month 3
4.1	Enter month/year (e.g. Feb/19)			
4.2	Number of samples collected each month			
4.3	Number of samples collected in which <i>E. coli</i> is detected			

SECTION 6 – Comments

SECTION 7 – 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