

Drinking water quality – current monitoring program



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

Important information for applicants – Information requested in this form is required to record your current drinking water quality monitoring program in accordance with the *Water Supply (Safety and Reliability) Act 2008* ('the Act') and relevant subordinate legislation and guidelines. Before submitting this form, please ensure you 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 recording your current drinking water quality monitoring program under s630 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*.

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

SECTION 1 – Drinking water service provider details

Drinking water service provider	SPID
<input type="text"/>	<input type="text"/>
Drinking water scheme	
<input type="text"/>	

SECTION 2 – Contact details

Contact person	Position
<input type="text"/>	<input type="text"/>
Mailing address (if different from above)	City/Town State Postcode
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Phone number	Mobile number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

SECTION 3 – Drinking water scheme details

Water source	Level of treatment/disinfection		
Surface water <input type="checkbox"/>	No treatment <input type="checkbox"/>	Other – <i>please specify</i> <input type="checkbox"/>	
Groundwater (sub artesian) <input type="checkbox"/>	Filtration <input type="checkbox"/>	<input type="checkbox"/>	
Groundwater (artesian) <input type="checkbox"/>	Coagulation <input type="checkbox"/>	<input type="checkbox"/>	
Sea water <input type="checkbox"/>	Membrane filtration (micro or ultra) <input type="checkbox"/>	<input type="checkbox"/>	
Bulk raw water from another entity <input type="checkbox"/>	Reverse osmosis <input type="checkbox"/>	<input type="checkbox"/>	
Bulk treated water from another entity <input type="checkbox"/>	Chlorination <input type="checkbox"/>	<input type="checkbox"/>	
Other – <i>Please specify</i> <input type="checkbox"/>	Chloramination <input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Ultraviolet <input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Aeration <input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Fluoridation <input type="checkbox"/>	<input type="checkbox"/>	

SECTION 4 – Monitoring program

Do you currently have a monitoring program for your drinking water scheme?

Yes No

If yes, proceed to section 5.

If no, proceed to section 6(c).

SECTION 4 – Details of current monitoring program

Frequency Key	D = Daily	F = Fortnightly	Q = Quarterly	Hy = Half yearly	E = Event related
	W = Weekly	M = Monthly	Y = Yearly	C = Continuous (online)	O = Other (<i>please specify</i>)

Parameter	Monitoring location and frequency				
	Raw/source water	Treated water from water treatment plant		Transmission	Reticulation
Name of water source/water treatment plant if more than one					
Microbiological					
Escherichia coli (E. coli)					<i>Refer to section 6 of this form</i>
Giardia					
Cryptosporidium					
Other – <i>please specify</i>					
Disinfection residual					
Chlorine					
Chloramine					
Aesthetic					
True colour					
Turbidity					
pH					
Alkalinity					
Hardness					
Total Dissolved Solids (TDS)					
Component anion and cations (e.g. sodium, chloride, sulphate)					
Iron/Manganese					
Aluminium					
Taste and odour compounds (e.g. Geosmin, 2-methylisoborneol)					

SECTION 4 – Details of current monitoring program (continued)

Frequency Key	D = Daily	F = Fortnightly	Q = Quarterly	Hy = Half yearly	E = Event related
	W = Weekly	M = Monthly	Y = Yearly	C = Continuous (online)	O = Other (<i>please specify</i>)

Parameter	Monitoring location and frequency				
	Raw/source water	Treated water from water treatment plant		Transmission	Reticulation
Name of water source/water treatment plant if more than one					
Health related contaminant					
Fluoride					
Nitrate/Nitrite					
Metals (e.g. Cadmium, Copper, Chromium, Nickel, Lead, Mercury)					
Arsenic					
Disinfection by products (e.g. Trihalomethanes, Haloaceticacids)					
Pesticides					
Algae/Cyanobacteria counts					
Radionuclides (e.g. alpha and beta activity)					
Other – please specify					

Section 6 – Public Health Regulation 2008

(a) Does your current monitoring program meet the requirements of the <i>Public Health Regulation 2008</i> ? If Yes, proceed to section 7 If No, proceed to section 6(b)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Are you able to modify your current monitoring program to meet the requirements of the <i>Public Health Regulation 2008</i> ? If Yes, go to section 7 If No, you will also need to complete and submit the <i>Drinking water quality: potential issues with meeting monitoring requirements for Escherichia Coli (E.coli)</i> form and proceed to section 7	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Are you able to establish a monitoring program to meet the requirements of the <i>Public Health Regulation 2008</i> ? If Yes, go to section 7 If No, you will also need to complete and submit the <i>Drinking water quality: potential issues with meeting monitoring requirements for Escherichia Coli (E.coli)</i> form and proceed to section 7	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 <input type="text"/>	Organisation <input type="text"/>
Position <input type="text"/>	Email address <input type="text"/>
Phone number <input type="text"/>	Mobile number <input type="text"/>
Date <input type="text"/>	Signature <input type="text"/>

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

Email address: drinkingwater.reporting@rdmw.qld.gov.au