

Notice of Noncompliance with Water Quality Criteria - Recycled Water



Queensland
Government

Water Supply (Safety and Reliability) Act 2008, section 270

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 informing the Queensland Water Supply Regulator of a noncompliance with water quality criteria. 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 form is to be used by a responsible entity to inform the regulator of a noncompliance with water quality criteria under section 270 of the *Water Supply (Safety and Reliability) Act 2008* (the Act). This form satisfies sections 270(4)(a), 270(4)(b) and 270(4)(c) of the Act. If you fail to comply with section 270 of the Act you may be subject to a penalty not exceeding 200 penalty units.

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

Important note: This form consists of two sections. The initial notification section (pages 1-6) submitted when the noncompliance is first identified and the investigation report section (pages 7-9) submitted following investigation of the noncompliance. These sections are submitted separately to the regulator in response to the noncompliance. Please refer to the Incident Reporting Guideline for Recycled Water Schemes for further information on reporting noncompliance with water quality criteria.

Initial notification

This is the first section of the form and is to be completed and submitted as soon as practicable after becoming aware of the noncompliance. Responsible entity, for a noncompliance, means the scheme manager, recycled water provider or other declared entity, for a recycled water scheme that is responsible for taking any action to correct the noncompliance.

This section of the form must include:

- the noncompliance and the circumstances that gave rise to the noncompliance
- any action taken, or to be taken, by the entity to correct the noncompliance.

1. Scheme details

Please tick the appropriate box/es

Scheme manager

Recycled water provider

Declared entity

Name of recycled water scheme

Scheme reference number (if known)

Name of entity making notification

2. Contact details for this noncompliance

Principal Contact

Family name

Given name(s)

Position

Postal address

Postcode

Telephone number

Fax number

Mobile number

Email address

3. Details of telephone report to the regulator

Name of person who reported the noncompliance

Person reported to

Date reported

Time reported AM/PM

4. Other communication

Have you informed any other organisation/agency/user/affected party about this noncompliance?

No Yes If **Yes**, other organisation/agency/user/affected party contact details
 (Additional information may be attached)

Organisation/agency/user/affected party

Contact name

Date

 / /

Telephone number

 ()

Email address

Organisation/agency/user/affected party

Contact name

Date

 / /

Telephone number

 ()

Email address

5. Sample information

Please select only one type of noncompliance from the list below. If reporting more than one type of noncompliance, you are required to submit a separate form.

Type of noncompliance with water quality criteria	Please tick appropriate box/es	Proceed to section
Noncompliance of resample value	<input type="checkbox"/>	A
Noncompliance of annual value	<input type="checkbox"/>	B
Noncompliance other than annual or resample values (e.g. regulated standards for schemes augmenting a drinking water supply)	<input type="checkbox"/>	C
Failure to test or missing data	<input type="checkbox"/>	D

A. Resample value

Sample location (e.g. High Street Holding Tank, 56 Gray St, Highsville)

Description of sampling point Point of supply Treatment plant Distribution network

Date taken

 / /

Time taken AM/PM

Parameter (e.g. *E.coli*, chlorine residual)

Testing frequency

Regulated standard for parameter

A. Resample value continued...

Actual value (e.g. 5 cfu/100mL, 1.7mg/L)

Details of the short term value that contributed to the noncompliance of the regulated standard (include date and value)

Laboratory name where analysis was undertaken/process laboratory/online analyser

Date results received

 / /

B. Annual value

Sample location (e.g. High Street Holding Tank, 56 Gray St, Highsville)

Description of sampling point Point of supply Treatment plant Distribution network

Date taken

 / /

Time taken AM/PM

Parameter (e.g. *E.coli*, chlorine residual)

Testing frequency

Regulated standard for parameter

Noncompliant result (e.g. 95% of the samples taken over a 12 month period)

Date results received

 / /

Details of results that contributed to noncompliance - include dates and values

(Additional information may be attached)

Laboratory name where analysis was undertaken/process laboratory/online analyser

C. Other than annual or resample values

Sample location (e.g. High Street Holding Tank, 56 Gray St, Highsville)

Description of sampling point Point of supply Treatment plant Distribution network

Date taken

 / /

Time taken AM/PM

Parameter (e.g. cadmium, NDMA)

C. Other than annual or resample values continued...

Testing frequency

Regulated standard for parameter

Actual value (e.g. 5 cfu/100mL, 1.7mg/L)

Date results received

 / /

Laboratory name where analysis was undertaken/process laboratory/online analyser

D. Failure to test or missing data

Parameter (e.g. *E.coli*, chlorine residual)

Testing frequency

Regulated standard for parameter

Date test was required

 / /

Date for next scheduled test

 / /

Reason/s for failure to undertake test or missing data

(Additional information may be attached)

6. Follow up sample/s _____

Have you taken follow up samples?

No If **No**, expected timeframe for follow up sample/s to be taken

Yes If **Yes**, expected timeframe for receipt of results - this must include a sample from the initial sample location

Date

 / /

Time AM/PM

(Additional information may be attached)

7. Related sample/s _____

Is this noncompliance related to a previously reported noncompliance with water quality criteria?

No If **No**, proceed to 8

Yes If **Yes**, provide the following details

Parameter (e.g. *E.coli*, Cadmium, NDMA)

Sample location (e.g. High Street Holding Tank, 56 Gray St, Highsville)

Results (e.g. 5 cfu/100mL, 1.7mg/L)

Date results received

 / /

7. Related sample/s continued...

Is corrective action still being taken for this previously reported noncompliance?

No Yes If **Yes**, please specify including any interim measures being taken

(Additional information may be attached)

Was an assessment of the risk to public health previously undertaken for the same parameter?

No Yes If **Yes**, provide details

(Additional information may be attached)

8. Noncompliance information _____

Describe the circumstances that gave rise to the noncompliance, include any investigations being undertaken

(Additional information may be attached)

9. Immediate corrective action _____

Have you taken any immediate corrective action?

No If **No**, please explain reasons why immediate corrective action has not been taken

Yes If **Yes**, please describe immediate corrective action taken

(Additional information may be attached)

10. Further action _____

What further action will be taken?

(Additional information may be attached)

11. Declaration

I declare and warrant that I have all the necessary and appropriate authority on behalf of the responsible entity of the recycled water scheme to declare that the information in this notification form, including any attachments or supporting information provided, are true and accurate to the best of my knowledge.

Family name <input type="text"/>	Given name(s) <input type="text"/>	Position <input type="text"/>
Signature <input type="text"/>	Date <input type="text" value="/ /"/>	

12. Submission

Please complete and sign the form and **send** via:

Facsimile: (07) 3405 3156

or

Email address: DrinkingWater.Reporting@dews.qld.gov.au

Reminder: Pages 7-9 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 noncompliance in the future.

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Investigation report

This is the second section of the form to be completed and submitted when the responsible entity has identified the measures it will take to prevent the noncompliance in the future.

This section of the form must include:

- any action taken by the entity to correct the noncompliance
- the measures the entity will take to prevent the noncompliance in the future.

13. Scheme details

Please tick the appropriate box/es

Scheme manager

Recycled water provider

Declared entity

Name of recycled water scheme

Scheme reference number (if known)

Name of entity making notification

14. Contact details for this noncompliance

Principal Contact

Family name

Given name(s)

Position

Postal address

Postcode

Telephone number

Fax number

Mobile number

Email address

15. Details of initial notification information

Date initial written notification (pages 1-6) was submitted to the regulator

16. Investigation actions

What actions were taken to investigate the noncompliance?

(Additional information may be attached)

17. Investigation outcomes

What were the outcomes of the investigation?

(Additional information may be attached)

18. Corrective actions

What actions were taken to correct the noncompliance?

(Additional information may be attached)

19. Preventative actions

What actions have been implemented, or will be implemented, to prevent the noncompliance occurring again?

(Additional information may be attached)

20. Declaration

I declare and warrant that I have all the necessary and appropriate authority on behalf of the responsible entity of the recycled water scheme to declare that the information in this notification form, including any attachments or supporting information provided, are true and accurate to the best of my knowledge.

Family name

Given name(s)

Position

Signature

Date

/ /

21. Submission

Please complete and sign the form and **send** via:

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

OR

Facsimile: (07) 3405 3156

OR

Email address: DrinkingWater.Reporting@dews.qld.gov.au