

Request to Amend Recycled Water Management Plan



Queensland
Government

Water Supply (Safety and Reliability) Act 2008, section 209

Privacy Disclaimer: Collection of information provided in this request form and any attachments is authorised under the *Water Supply (Safety and Reliability) Act 2008* and is being used for the purpose of providing the Queensland Water Supply Regulator with details of changes in circumstances that affects an approved recycled water management plan. 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 is a request form for use by the relevant entity for a recycled water scheme to request the regulator's agreement to amend the current approved recycled water management plan, if the amendment is only for the following changes:

- ▶ to correct a minor error in the plan or make another change that is not a change of substance; or
- ▶ to record a change of name or change of ownership of -
 - the recycled water provider for a single-entity recycled water scheme; or
 - the recycled water provider, scheme manager or other declared entity for a multiple-entity recycled water scheme.

This form can be completed before or after the transfer of ownership, however it will not take effect until the date of transfer documented in this form.

Before submitting the request form please be fully aware of your rights and obligations under the *Water Supply (Safety and Reliability) Act 2008*.

Please complete **all** details in **SECTION 1 and 2** as they appear in the current approved recycled water management plan.

Part A of this form should be completed for any minor change(s) and/or change of details that is required to the current approved recycled water management plan.

Part B of this form should be completed for any change of ownership of infrastructure.

1. Relevant Entity Details (Please tick appropriate box/es)

Scheme manager Recycled water provider

Details of the relevant entity are to be recorded here.

Name of organisation / individual

ABN

ACN

Street address

Postcode

Postal address (if different from above)

Postcode

Telephone number

Fax number

Mobile number

Email address

Principal Contact

Family name

Given name(s)

Position

Telephone number

Fax number

Mobile number

Email address

2. Scheme Details

Details of the recycled water scheme are to be recorded here.

Name of recycled water scheme

Scheme reference number

Street address

Postcode

Part A - Minor changes and change of details

3. Nature of Change (Please tick appropriate box/es)

- Recycled water management plan - minor error complete section 4
- Change of scheme manager details complete sections 4 & 5
- Change of name of organisation complete sections 4 & 5
- Change of details to recycled water management plan e.g. change of principal contact complete section 5
- Other minor change complete section 4

Note: For amendments other than amendments by agreement, you must apply using the *Recycled Water Management Plan Amendment Application* form (WSR006). The regulator may contact you to clarify any proposed amendments.

4. Recycled Water Management Plan - Amendment by Agreement

Type of amendment	List the CSG recycled water management plan evidence supporting each amendment (for example, document name) and attach a copy to the application	
Correct a minor error in a recycled water management plan	(For example, provide a statement of correction and/or marked up recycled water management plan)	<input type="checkbox"/>
Change of scheme manager details	(For example, a letter of consent signed by all recycled water providers, outgoing and incoming scheme managers showing date of proposed change)	<input type="checkbox"/>
Change of name of organisation	(For example, ASIC's Certificate of Registration on Change of Name)	<input type="checkbox"/>
Change of details	(For example, change of principal contact details)	<input type="checkbox"/>
Other (please specify)		<input type="checkbox"/>

5. Change of contact details

ONLY fill in the details that are **new** or have **changed**

Name of organisation / individual ABN ACN

Street address Postcode

Postal address (if different from above) Postcode

Telephone number Fax number Mobile number

Email address

Principal Contact

Family name Given name(s) Position

Telephone number Fax number Mobile number

Email address

Part B - Change of Ownership

6. Change of Ownership

This section is **only** to be completed if there has been a change of ownership.

Note: Infrastructure relates to the distribution system (Schedule 3 of the *Water Supply (Safety and Reliability) Act 2008*) for the transmission of water or, the reticulation of water or water treatment or recycling, including storage and pipes e.g. pipeline supplying recycled water from one entity to another, a service provider's sewage treatment plant or pump stations.

Date of change of ownership (dd/mm/yyyy)

Name(s) of **current** owner(s) of the infrastructure as they appear in the approved recycled water management plan (transferrer)

Name of organisation / individual	Infrastructure

Name(s) of **new** owner(s) of the infrastructure (transferee)

Name of organisation / individual	Infrastructure

6.1. Change of Ownership Details

Note: Both the transferrer and the transferee are to complete this section. If any signatures can not be obtained please provide a copy of the contract of sale.

To be completed by the current owner(s) of the infrastructure as they appear in the approved current recycled water management plan (transferrer):

I/we am/are the current owner(s) of the infrastructure as listed above and state that the information in this form, including any attachments or supporting information provided, is true and accurate to the best of my/our knowledge.

Family name Given name(s)

Position Signature Date (dd/mm/yyyy)

Family name Given name(s)

Position Signature Date (dd/mm/yyyy)

6.1. Change of Ownership Details continued...

To be completed by the new owner(s) of the infrastructure (transferee):

I/we will be the new owner(s) of the infrastructure as listed above and state that the information in this form, including any attachments or supporting information provided, is true and accurate to the best of my/our knowledge.

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

7. Declaration

Note: This section should be fully completed and signed by the applicant in **SECTION 1** of this form or by a duly authorised officer with appropriate authority to sign on behalf of the relevant entity.

I/we declare and warrant that I/we have all the necessary and appropriate authority on behalf of the relevant entity of the scheme to declare that the information in this request form, including any attachments or supporting information provided, is true and accurate to the best of my/our knowledge.

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

8. Submission

Complete and sign this form, attaching a printed and electronic copy (on CD) of all relevant materials and **send to:**

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

Note: If you are unable to provide an electronic copy, please send a minimum of two (2) printed copies of all relevant materials.

Office use only Customer Service Centre <input type="text"/>

Date Received Stamp

Please complete this portion

Relevant Entity <input type="text"/>
Address <input type="text"/>
<input type="text"/> Postcode

Date Received Stamp
