

Validation Program Amendment Application

Water Supply (Safety and Reliability) Act 2008, section 242



Queensland
Government

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 applying to the Queensland Water Supply Regulator for approval of a proposed amendment of an approved validation program for the recycled water scheme. 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 an approved form under the *Water Supply (Safety and Reliability) Act 2008*, to be used by the relevant entity for a recycled water scheme which augments a supply of drinking water. This form is to be used by the relevant entity proposing to amend the approved validation program for the recycled water scheme.

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

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

3. Proposed Amendment _____

Please indicate the nature of the proposed amendment(s) to the approved validation program by ticking the appropriate box(es) and record and attach the evidence supporting each proposed amendment.

Tick applicable box/es	Proposed amendment	List the Validation Program evidence supporting each amendment (for example document name) and attach a copy to the application
<input type="checkbox"/>	Pre-commissioning validation process	
<input type="checkbox"/>	Commissioning validation process	
<input type="checkbox"/>	Commissioning verification process	
<input type="checkbox"/>	Other	

4. Attached Proposed Amendments to the Approved Validation Program _____

Important: The entire validation program must be attached with all proposed amendment(s) clearly highlighted

Is a complete validation program with all proposed amendment(s) clearly highlighted, attached?

No Yes

5. Infrastructure Owner(s) for the Recycled Water Scheme _____

The purpose of this table is to identify the owner(s) of the infrastructure for the recycled water scheme. An owner of infrastructure for the production and/or supply of recycled water is a recycled water provider.

Please list below the owner(s) of all infrastructure for the production and supply of recycled water in this application.

Name of organisation / individual	Infrastructure

(If space provided is insufficient, additional information may be attached)

6. Declaration

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 approved 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)

7. Submission

Complete and sign this form, attaching 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"/>

Date Received Stamp

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