

# Notice of non-compliance with water quality criteria – drinking water



Queensland  
Government

*Water Supply (Safety and Reliability) Act 2008*

**Privacy notice:** Personal information on this form is being collected for the purpose of notifying the water supply regulator of a drinking water event or detection of a parameter with no water quality criteria. 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. Further information about privacy is available on the department's website: [www.dnrme.qld.gov.au](http://www.dnrme.qld.gov.au).

**Important information –** Before submitting this form, please be fully aware of your rights and obligations under *Water Supply (Safety and Reliability) Act 2008* (the Act). This form is to be used by a drinking water service provider to inform the drinking water regulator of a non-compliance with water quality criteria under section 102 of the Act, failure to comply with the legislative requirement may attract enforcement action.

**Important note:** This form consists of two sections. The initial notification section made up of pages 1 – 4 and the investigation report pages 5 - 7. These sections are submitted separately to the regulator while dealing with a non-compliance with water quality criteria. Please refer to the Explanatory Notes and Instructions for Notice of Non-compliance with Water Quality Criteria – Drinking Water for further information on completing this form.

## 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.

### 1. Drinking water service provider details \_\_\_\_\_

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

### 2. Contact details for this noncompliance \_\_\_\_\_

#### Principal contact

Family name	Given names(s)	Position		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Registered / business physical address	City / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<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"/>	
Telephone number	Mobile number	Email address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

### 3. Details of telephone report to the regulator \_\_\_\_\_

Name of person who reported the noncompliance	
<input type="text"/>	
Person reported to	
<input type="text"/>	
Date reported (dd/mm/yyyy)	Time reported (AM/PM)
<input type="text"/>	<input type="text"/>

#### 4. Other communication

Have you informed any other organisation/agency about this non-compliance?

No  Yes  If Yes, provide other organisation/agency contact details (additional information may be attached)

Organisation / agency	
<input type="text"/>	
Contact name	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Telephone number	Email address
<input type="text"/>	<input type="text"/>

Organisation / agency	
<input type="text"/>	
Contact name	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Telephone number	Email address
<input type="text"/>	<input type="text"/>

#### 5. Sample information

##### Initial sample

System location	<input type="checkbox"/> Raw/source water	<input type="checkbox"/> Treated water from water treatment plant
	<input type="checkbox"/> Transmission	<input type="checkbox"/> Reticulation
Date taken (dd/mm/yyyy)	Time taken (AM/PM)	
<input type="text"/>	<input type="text"/>	
Parameter (e.g. <i>E.coli</i> , Fluoride)		
<input type="text"/>		
Sample location (e.g. High Street Reservoir, 56 Gray St Highsville or Queen Street Water Treatment Plant)		
<input type="text"/>		
Results	Date results received	
<input type="text"/>	<input type="text"/>	
If the parameter detected is <i>E. coli</i> , record the most recent rolling percentage annual value and the last month included in the calculation		
<input type="text"/>		
Laboratory name where analysis was undertaken or process if own laboratory used	Date results received	
<input type="text"/>	<input type="text"/>	

#### 6. Follow up sample/s

Have you taken follow up sample/s?

No	<input type="checkbox"/> If No, expected timeframe for follow up sample/s to be taken		
Yes	<input type="checkbox"/> If Yes, expected timeframe for receipt of results – this must include a sample from the initial location	Date (dd/mm/yyyy)	Time (AM/PM)
		<input type="text"/>	<input type="text"/>

**7. Noncompliance information** \_\_\_\_\_

Describe the non-compliance, including the circumstances that gave rise to the non-compliance and the immediate impact. Include any investigations and additional operational monitoring being undertaken. Include the results of any related samples including disinfection residuals if relevant.

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

**8. Immediate corrective action** \_\_\_\_\_

Have you taken any immediate corrective action?

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

Yes  If **Yes**, please describe immediate corrective action taken e.g. what corrective action took place, when it occurred and if any public health notification has already taken place, or will be required?

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

**9. Further action** \_\_\_\_\_

What further action will be taken?

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

## 10. Declaration

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I declare and warrant that I have all the necessary and appropriate authority on behalf of the drinking water service provider to declare the information provided in this approved 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 (dd/mm/yyyy) <input type="text"/>	

## 11. Submission

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Please complete and sign the form and send to:

Email address: [DrinkingWater.Reporting@dnrme.qld.gov.au](mailto:DrinkingWater.Reporting@dnrme.qld.gov.au)

**Reminder:** The following pages 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 non-compliance in the future.

# Notice of Non-compliance with Water Quality Criteria – Drinking Water



Queensland  
Government

Water Supply (Safety and Reliability) Act 2008, section 102

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## Investigation report

This is the second section of the form to be completed and submitted when the provider has identified the measures the provider will take to prevent the non-compliance in the future.

### 12. Drinking water service provider details \_\_\_\_\_

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

### 13. Contact details for this non-compliance \_\_\_\_\_

#### Principal contact

Family name	Given names(s)	Position		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Registered / business physical address		City / Town	State	Postcode
<input type="text"/>		<input type="text"/>	<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"/>
Telephone number	Mobile number	Email address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

### 14. Details of initial notification information \_\_\_\_\_

Date initial written notification (sections 1-11) was submitted to the regulator	<input type="text"/>
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### 15. Investigation actions \_\_\_\_\_

What actions were taken to investigate the non-compliance?

If space provided is insufficient, additional information may be attached

**16. Investigation outcomes** \_\_\_\_\_

What were the outcomes of the investigation?

If space provided is insufficient, additional information may be attached

**17. Corrective actions** \_\_\_\_\_

What actions were taken to protect public health?

If space provided is insufficient, additional information may be attached

What actions did you take to correct the non-compliance?

If space provided is insufficient, additional information may be attached

## 18. Preventative actions

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What actions have been implemented, or will be implemented, to prevent the non-compliance occurring again?

If space provided is insufficient, additional information may be attached

## 19. Declaration

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I declare and warrant that I have all the necessary and appropriate authority on behalf of the drinking water service provider to declare the information provided in this approved form, including any attachments or supporting information provided, are true and accurate to the best of my knowledge.

Family name <input style="width: 95%;" type="text"/>	Given name(s) <input style="width: 95%;" type="text"/>	Position <input style="width: 95%;" type="text"/>
Signature <input style="width: 95%;" type="text"/>	Date (dd/mm/yyyy) <input style="width: 95%;" type="text"/>	

## 20. Submission

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Please complete and sign the form and send to:

Email address: [DrinkingWater.Reporting@dnrme.qld.gov.au](mailto:DrinkingWater.Reporting@dnrme.qld.gov.au)