

**5. Compliance with Public Health Regulation 2005 for Escherichia coli (E. coli) monitoring in the reticulation system**

|     |   | Month 1 | Month 2 | Month 3 |
|-----|---|---------|---------|---------|
| 5.1 | Enter month/year (e.g. Feb/09)                          | /       | /       | /       |
| 5.2 | Number of samples collected each month                  |         |         |         |
| 5.3 | Number of samples collected in with E. coli is detected |         |         |         |

**6. Comments**

**7. Declaration**

I/we declare and warrant that I/we have all the necessary and appropriate authority on behalf of the drinking water service provider to declare the information in this notification form, including any attachments provided, are true and accurate to the best of my/our knowledge:

|                   |                      |                   |                      |
|-------------------|----------------------|-------------------|----------------------|
| Name              | <input type="text"/> | Name              | <input type="text"/> |
| Position          | <input type="text"/> | Position          | <input type="text"/> |
| Signature         | <input type="text"/> | Signature         | <input type="text"/> |
| Date (dd/mm/yyyy) | <input type="text"/> | Date (dd/mm/yyyy) | <input type="text"/> |

**8. Submission**

Please complete and sign this form and send to:

Queensland Water Supply Regulator      or      Facsimile: (07) 3405 3156  
 Department of Energy and Water Supply      or      Email: OWSRDWQuarterly.Reporting@dews.qld.gov.au  
 PO Box 15456  
 City East Qld 4002

**Drinking water quality : quarterly report**

Water Supply (Safety and Reliability) Act 2008, section 630

**Privacy Disclaimer:** Collection of information provided in this approved form and any attachments is authorised under the *Water Supply (Safety and Reliability) Act 2008* (the Act) and is being used for the purpose of providing the regulator under the Act with details of the drinking water quality monitoring results. 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 notification form for use by a drinking water service provider to give the regulator details on drinking water quality monitoring results.

Office Use Only

WSID

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

Please complete a separate *Drinking water quality: quarterly report* form for:

- each drinking water scheme, and
- each quarter.

If naturally occurring fluoride is monitored as part of your monitoring program this must be reported in section 4. If you add fluoride to your drinking water supply, you **also need** to complete the *Fluoridated water quarterly report* form prepared by Queensland Health as required under the *Water Fluoridation Regulation 2008*. If you are unsure about your fluoride monitoring requirements, please contact the regulator on telephone number 07 3247 0372.

**Note:** Please refer to the Explanatory notes and instructions for *Drinking water quality: quarterly report* for further information on completing this notification form.

**1. Quarterly reporting period**

**Reporting period** - indicate which specific reporting period (year and quarter) you are reporting on

|                           |  |  |
|---------------------------|--|--|
| Year <input type="text"/> | <input type="checkbox"/> 1 January - 31 March  | <input type="checkbox"/> 1 April - 30 June       |
|                           | <input type="checkbox"/> 1 July - 30 September | <input type="checkbox"/> 1 October - 31 December |

**2. Drinking water service provider details**

|  |                      |      |                      |
|--|----------------------|------|----------------------|
| Drinking water service provider                                | <input type="text"/> | SPID | <input type="text"/> |
| Drinking water scheme  | <input type="text"/> |      |                      |
| Name of town/s, communities or regions serviced by this scheme | <input type="text"/> |      |                      |
| Population serviced by this scheme (i.e. number of people)     | <input type="text"/> |      |                      |

**3. Contact details**

|                  |                      |            |                      |                      |                      |
|------------------|----------------------|------------|----------------------|----------------------|----------------------|
| Contact person   | <input type="text"/> |            | Position             | <input type="text"/> |                      |
| Telephone number | <input type="text"/> | Fax number | <input type="text"/> | Mobile number        | <input type="text"/> |
| Postal address   | <input type="text"/> |            |                      |                      |                      |
| Email address    | <input type="text"/> |            |                      |                      |                      |

#### 4. Quarterly monitoring results

**Defined list of parameters for quarterly reporting**

| Parameter/parameter grouping <sup>1</sup>              | Source water | Drinking water | Parameter/parameter grouping <sup>1</sup>  | Source water | Drinking water | Parameter/parameter grouping <sup>1</sup>                  | Source water | Drinking water |
|--|--------------|----------------|--|--------------|----------------|--|--------------|----------------|
| Anions (nitrate, nitrite, sulphate)                    | ✓            | ✓              | Disinfectant residual <sup>1</sup>         |              | ✓              | Pathogens (other bacterial, viral and protozoan pathogens) | ✓            | ✓              |
| Counts of potentially toxic cyanobacteria <sup>1</sup> | ✓            |                | <i>Escherichia coli</i> ( <i>E. coli</i> ) |              | ✓              | Pesticides <sup>1</sup>                                    | ✓            | ✓              |
| Cryptosporidium  | ✓            | ✓              | Fluoride <sup>1</sup>                      | ✓            | ✓              | pH   |              | ✓              |
| Cyanide  | ✓            | ✓              | Giardia                                    | ✓            | ✓              | Polycyclic aromatic hydrocarbons (benzo-(a)-pyrene)        | ✓            | ✓              |
| Cyanobacterial toxins                                  | ✓            | ✓              | Geosmin / 2-methylisoborneol (MIB)         |              | ✓              | Radionuclides  | ✓            | ✓              |
| Disinfection by-products <sup>1</sup>                  |              | ✓              | Metals <sup>1</sup>                        | ✓            | ✓              | Turbidity  | ✓            | ✓              |

**Quarterly monitoring results table**

**Scheme component key**    Source water (SW) which includes Bore, River, Dam, etc.  
  Drinking water which includes Water treatment plan (WTP), Transmission (T), Reticulation (R)

| Parameter | Scheme component (SW, WTP, T or R) | Name of scheme component (e.g. name of source or treatment plant) | Laboratory name | Unit of measure | Limit of reporting (LOR) for chemical parameters | Total number of samples taken <sup>2</sup> | Number of samples in which the parameter was detected | Number of samples exceeding health guideline value <sup>3</sup> or in which pathogens were detected | Minimum concentration or count | Maximum concentration or count | Average (mean) concentration or count |
|-----------|------------------------------------|---|-----------------|-----------------|--|--|---|---|--------------------------------|--------------------------------|---------------------------------------|
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |
|           |                                    |   |                 |                 |  |  |   |   |                                |                                |                                       |

If more space is needed use the supplementary 'Monitoring results table' form attached

<sup>1</sup> For more information, refer to the full Defined List of Parameters for Quarterly Reporting. Fluoride monitoring undertaken in accordance with the *Water Fluoridation Regulation 2008* must be reported separately on the Queensland Health *Fluoridated water quarterly report* form attached. All other fluoride monitoring must be reported on this form.  
<sup>2</sup> If your result has been obtained from an 'online' analyser there is no need to report the number of samples taken or the frequency. Please indicate using the word 'online' in the table.  
<sup>3</sup> *Australian Drinking Water Guidelines 2004 (ADWG)*