

Drinking water quality: current monitoring program



Queensland
Government

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

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(Please refer to the Explanatory notes and instructions for *Drinking water quality: current monitoring program* for further information on completing this form)

Office Use Only

WSID

Please complete a separate form for each drinking water scheme

1. Drinking water service provider details

Drinking water service provider

SPID

Drinking water scheme

2. Contact details

Contact person

Position

Telephone number

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Fax number

 ()

Mobile number

Postal address

Email address

3. Drinking water scheme details

Water source	Level of treatment/disinfection	
Surface water <input type="checkbox"/>	No treatment <input type="checkbox"/>	Other - <i>please specify</i> <input type="checkbox"/>
Groundwater (sub artesian) <input type="checkbox"/>	Filtration <input type="checkbox"/>	<input type="checkbox"/>
Groundwater (artesian) <input type="checkbox"/>	Coagulation <input type="checkbox"/>	<input type="checkbox"/>
Sea water <input type="checkbox"/>	Membrane filtration (micro or ultra) <input type="checkbox"/>	<input type="checkbox"/>
Bulk raw water from another entity <input type="checkbox"/>	Reverse osmosis <input type="checkbox"/>	<input type="checkbox"/>
Bulk treated water from another entity <input type="checkbox"/>	Chlorination <input type="checkbox"/>	<input type="checkbox"/>
Other - <i>please specify</i> <input type="checkbox"/>	Chloramination <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ultra violet <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Aeration <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fluoridation <input type="checkbox"/>	<input type="checkbox"/>

4. Monitoring program

Do you currently have a monitoring program for your drinking water scheme?

Yes

No

If Yes, please go to section 5

If No, please go to section 6(c)

5. Details of current monitoring program

Frequency Key	D = Daily W = Weekly	F = Fortnightly M = Monthly	Q = Quarterly Y = Yearly	Hy = Half yearly C = Continuous (online)	E = Event related O = Other - <i>please specify</i>
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Parameter	Monitoring location and frequency				
	Raw/source water	Treated water from water treatment plant		Transmission	Reticulation
Name of water source/water treatment plant if more than one					
Microbiological					
<i>Escherichia coli (E. coli)</i>					Please refer to section 6 of this form
Giardia					
Cryptosporidium					
Other - <i>please specify</i>					
Disinfection residual					
Chlorine					
Chloramine					
Aesthetic					
True colour					
Turbidity					
pH					
Alkalinity					
Hardness					
Total Dissolved Solids (TDS)					
Component anion and cations (e.g. sodium, chloride, sulphate)					
Iron/Manganese					

5. Details of current monitoring program continued...

Frequency Key	D = Daily W = Weekly	F = Fortnightly M = Monthly	Q = Quarterly Y = Yearly	Hy = Half yearly C = Continuous (online)	E = Event related O = Other - <i>please specify</i>
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Parameter	Monitoring location and frequency				
	Raw/source water	Treated water from water treatment plant		Transmission	Reticulation
Name of water source/water treatment plant if more than one					
Aesthetic					
Aluminium					Please refer to section 6 of this form
Taste and odour compounds (e.g. Geosmin, 2-methylisoborneol)					
Health related contaminant					
Fluoride					
Nitrate/Nitrite					
Metals (e.g. Cadmium, Copper, Chromium, Nickel, Lead, Mercury)					
Arsenic					
Disinfection by products (e.g. Trihalomethanes, Haloaceticacids)					
Pesticides					
Algae/Cyanobacteria counts					
Cyanobacterial toxins					
Radionuclides (e.g. alpha & beta activity)					
Other - please specify					

6. Public Health Regulation 2005

(a) Does your current monitoring program meet the requirements of the *Public Health Regulation 2005*? Yes No

If Yes, go to section 7

If No, go to section 6(b)

(b) Are you able to modify your current monitoring program to meet the requirements of the *Public Health Regulation 2005*? Yes No

If Yes, go to section 7

If No, you will also need to complete and submit the *Drinking water quality: potential issues with meeting monitoring requirements for Escherichia coli (E. coli)* form and go to section 7

(c) Are you able to establish a monitoring program to meet the requirements of the *Public Health Regulation 2005*? Yes No

If Yes, go to section 7

If No, you will also need to complete and submit the *Drinking water quality: potential issues with meeting monitoring requirements for Escherichia coli (E. coli)* form and go to section 7

7. Declaration

I declare and warrant that I have all the necessary and appropriate authority on behalf of the relevant entity of the scheme to declare the information provided to be true and accurate to the best of my knowledge:

Name

Position

Signature

Date (dd/mm/yyyy)

8. Submission

Please complete and sign this form and send to:

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

or

Facsimile: (07) 3405 3156

or

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