

# Drinking water quality: current monitoring program

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)

<b>Office Use Only</b>				
<b>WSID</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please complete a separate form for each drinking water scheme**

## 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 \_\_\_\_\_

Contact person	Position	
<input type="text"/>	<input type="text"/>	
Phone number	Fax number	Mobile number
(07) <input type="text"/>	(07) <input type="text"/>	<input type="text"/>
Postal address		
<input type="text"/>		
Email address		
<input type="text"/>		

## 3. Drinking water scheme details \_\_\_\_\_

Please tick appropriate boxes

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"/>	<hr style="border-top: 1px dashed black;"/>	
Groundwater (artesian) <input type="checkbox"/>	Coagulation <input type="checkbox"/>	<hr style="border-top: 1px dashed black;"/>	
Sea water <input type="checkbox"/>	Membrane filtration (micro or ultra) <input type="checkbox"/>	<hr style="border-top: 1px dashed black;"/>	
Bulk raw water from another entity <input type="checkbox"/>	Reverse osmosis <input type="checkbox"/>	<hr style="border-top: 1px dashed black;"/>	
Bulk treated water from another entity <input type="checkbox"/>	Chlorination <input type="checkbox"/>	<hr style="border-top: 1px dashed black;"/>	
Other— <i>please specify</i> <input type="checkbox"/>	Chloramination <input type="checkbox"/>	<hr style="border-top: 1px dashed black;"/>	
<hr style="border-top: 1px dashed black;"/>	Ultra violet <input type="checkbox"/>	<hr style="border-top: 1px dashed black;"/>	
<hr style="border-top: 1px dashed black;"/>	Aeration <input type="checkbox"/>	<hr style="border-top: 1px dashed black;"/>	
<hr style="border-top: 1px dashed black;"/>	Fluoridation <input type="checkbox"/>	<hr style="border-top: 1px dashed black;"/>	

## 4. Monitoring program \_\_\_\_\_

Do you currently have a monitoring program for your drinking water scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please go to section 5.	
If <b>No</b> , please go to section 6(c).	

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## 5. Details of current monitoring program

<b>Frequency Key</b>	D = Daily	F = Fortnightly	Q = Quarterly	Hy = Half yearly	E = Event related
	W = Weekly	M = Monthly	Y = Yearly	C = Continuous (online)	O = Other— <i>please specify</i>

Parameter	Monitoring location and frequency				
	Raw/source water	Treated water from water treatment plant		Transmission	Reticulation
<b>Name of water source/water treatment plant if more than one</b>					
<b>Microbiological</b>					
• <i>Escherichia coli (E. coli)</i>					Please refer to section 6 of this form
• Giardia					
• Cryptosporidium					
• Other — <i>please specify</i>					
<b>Disinfection residual</b>					
• Chlorine					
• Chloramine					
<b>Aesthetic</b>					
• True colour					
• Turbidity					
• pH					
• Alkalinity					
• Hardness					
• Total Dissolved Solids (TDS)					
• Component anion and cations (e.g. sodium, chloride, sulphate)					
• Iron/Manganese					

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Parameter	Monitoring location and frequency				
	Raw/source water	Treated water from water treatment plant		Transmission	Reticulation
<b>Name of water source/water treatment plant if more than one</b>					
<b>Aesthetic</b>					
• Aluminium					
• Taste and odour compounds (e.g. Geosmin, 2-methylisoborneol)					
<b>Health related contaminant</b>					
• 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)					
<b>Other—<i>please specify</i></b>					

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## 6. Public Health Regulation 2005

**6(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).

**6(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.

**6(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

Signature

Date / /

## 8. Submission

Please complete and sign the form and **send** by as outlined in your notice to:

Water Industry Asset Management and Standards  
Office of the Water Supply Regulator  
Department of Environment and Resource  
Management  
GPO Box 2454  
Brisbane Qld 4001

or

Facsimile:  
(07) 3224 7887

or

Email address:  
dwreporting@derm.qld.gov.au