

**Drinking water quality:
quarterly report**

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

Department of Environment
and Resource Management

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 which 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 that the information in this notification form, including any attachments provided, are true and accurate to the best of my/our knowledge:

Name
Signature Date/...../.....

8. Submission

Please complete and sign the form and **send** to:

Recycled and Drinking Water Quality
Office of the Water Supply Regulator
Department of Environment and
Resource Management
GPO Box 2454
Brisbane Qld 4001

or Facsimile: (07) 3405 3156 or Email address: dwquarterlyreporting@derm.qld.gov.au

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Privacy Disclaimer: Collection of the information provided in this form and any attachments is authorised under the *Water Supply (Safety and Reliability) Act 2008* and is being used for the purpose of providing the Office of the Water Supply Regulator with details of the drinking water quality monitoring results. The Department of Environment and Resource Management will endeavour to maintain any confidentiality of information relating to your form. However, details of your notification form may be disclosed as 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.

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

Office Use Only
WSID <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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.

(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		
2009 <input type="checkbox"/>	1 January – 31 March <input type="checkbox"/>	Note: Please indicate which specific reporting period (year and quarter) you are reporting on with a <input checked="" type="checkbox"/>
2010 <input type="checkbox"/>	1 April – 30 June <input type="checkbox"/>	
2011 <input type="checkbox"/>	1 July – 30 September <input type="checkbox"/>	
2012 <input type="checkbox"/>	1 October – 31 December <input type="checkbox"/>	
2013 <input type="checkbox"/>		

2. Drinking water service provider details

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

