

Notice of Temporary or Unscheduled Stoppage

Section 208 of the Water Supply (Safety and Reliability) Act 2008



Queensland
Government

Important information for applicants – Information requested in this form is required to apply to the regulator for approval to resume supply of recycled water, for which a recycled water management plan was suspended by the regulator. Your notice will be assessed in accordance with the *Water Supply (Safety and Reliability) Act 2008* ('the Act') and relevant subordinate legislation and guidelines. In considering your application, the regulator may require an amendment to the suspended recycled water management plan. You will be advised by the regulator if you are required to do so. Before submitting this application, applicants should understand the requirements of the Act and associated subordinate legislation and guidelines.

Privacy notice – Personal information on this form is being collected for the purpose of assessing your application for registration as a service provider under the Act. 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*. The regulator is required by the Act to publish a list of entities registered as service providers on the department's website.

SECTION 1 – Relevant entity details

Scheme Manager Recycled water provider

Please record details of the relevant entity below

Name of organisation	ABN	ACN	
<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"/>
Phone number	Mobile number		
<input type="text"/>	<input type="text"/>		
Email address			
<input type="text"/>			

Principal contact

Nominated contact officer (including title)	Position
<input type="text"/>	<input type="text"/>
Phone number	Mobile number
<input type="text"/>	<input type="text"/>
Email address	
<input type="text"/>	

SECTION 2 – Scheme details

Please provide details of the recycled water scheme

Name of recycled water scheme	Scheme reference number
<input type="text"/>	<input type="text"/>
Street address	Postcode
<input type="text"/>	<input type="text"/>

SECTION 3 – Scheme Classification

Non-Critical Recycled Water Scheme Critical Recycled Water Scheme

SECTION 4 – Stoppage date

Date (dd/mm/yyyy)

Please record the date the recycled water scheme stopped supply:

SECTION 5 – Previous applications

Has the recycled water scheme had a previous resume supply application refused?

No

Date (dd/mm/yyyy)

Yes ▶

What was the date of refusal?:

SECTION 6 – Proposed commencement date

Date (dd/mm/yyyy)

Enter the date proposed to resume supply of recycled water under the recycled water scheme:

Note: Supply of recycled water cannot resume until the regulator has approved resumption of supply.

SECTION 7 – Infrastructure change

Has the recycled water scheme's infrastructure changed since the stoppage date?

No

Yes ▶ If yes, attach information outlining the changes

SECTION 8 – Information required

Information outlining what action has been taken to address the previous non-compliance with a recycled water management plan, a condition of the plan or compliance notice (if suspended by the regulator)

No Yes Not applicable

A completed validation report outlining what action has been taken to recommence supply after an unscheduled stoppage i.e. any revalidation undertaken.

No Yes Not applicable

Validation program approved by the regulator (schemes augmenting drinking water supplies only)

No Yes Not applicable

Note: The regulator may request additional information to support your application. Any additional information supplied may be required to be verified by a statutory declaration.

SECTION 9 – Attached relevant documents

	Document Name – E.g. (Scheme Name) Validation testing data
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

(Additional information may be attached)

SECTION 10 – DECLARATION

Please read the following carefully before signing:

I declare and warrant that –

- I am authorised to provide the information included in this form (and attachments) and make this declaration.
- The information I have provided in this form (including information submitted as part of this notice) is true and correct to the best of my knowledge.
- I understand that it can be an offence under the Act to state anything in this form or provide material that is false or misleading.
- I understand the privacy notice in this form and I consent to the collection, use and disclosure of my personal information in the manner described in that notice.

Name

Position

Phone number

Date

Organisation

Email address

Mobile number

Signature

Complete and sign this form, attaching all relevant materials, and send to:

Email address: drinkingwater.reporting@rdmw.qld.gov.au