*Logo*

# Report to the Department of Health

# by the

# Insert Name of Water Authority

# for the period

# Day Month Year to Day Month Year

Define the financial year of the report (e.g. 2010 – 2011). Include more than one of each one of the tables below if more than one WWTP or different end-uses apply for the recycling scheme.

## 1. Introduction

Include an overview of the project and complete the table below

Table 1 Summary of the Name-F11 recycling scheme

|  |  |
| --- | --- |
| Name of Scheme |  |
| Approval Number |  |
| Date of Approval |  |
| Local Government |  |
| Address of Scheme Owner |  |
| Scheme Information |  |
| Location |  |
| Source of recycled water |  |
| Volumes of recycled water produced per year |  |
| End uses of the recycled water |  |
| % of recycled water used in each one of the proposed end uses |  |
| Type of treatment system |  |
| Location of the WWTP |  |
| Minimum, average and maximum flows per day |  |
| Peak inflow of the plant |  |
| Number of people using the recycled water |  |
| Irrigation area in m2 |  |
| Risk exposure level |  |

## 2. Quality of recycled water

### 2.1 Recycled water quality sampling

*Include:*

* Locations and dates of recycled water quality sampling
* A tabulated presentation of laboratory recycled water quality test results.
* An assessment of recycled water quality compliance with the Guidelines for the use of Recycled Water in WA values

Table 2 Summary of laboratory recycled water quality results

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location  (site code) | Parameter | Units | Frequency of sampling (e.g weekly, monthly) | Total No of samples | Min | Max | Mean | Median | Complying  (Yes/No) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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### 2.2 Analysis of results

*Include:*

* Performance comparison against guidelines
* Comparison against previous years data

## 3. Emergency and Incident Management

A summary of events and issues that affected recycled water quality and/or caused a non-compliance with the guideline values. Include details of corrective actions/response procedures.

*Include:*

* Power failure
* Mechanical failure
* Excess wastewater produced (sewerage overflow)
* Effluent quality failure
* Chemical spills
* Major infrastructure failure or disruption
* Failure in the recycling pipework or end uses of the recycled water

**Major Infrastructure Works Carried Out**

*Include days of the year the WWTP was no operational and the reasons for that*

## 4. Complaints

*Include a summary of public/staff complaints regarding recycled water quality.*

All complaints records shall be registered immediately with the following details:

* Name, contact, location and general nature of complaint;
* Proposed steps to investigate complainants requests made;
* Method of notification by complainant;
* Regulatory authority notified (if applicable);

Table 3 Summary of complaints relating to recycled water Quality

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type/nature of the complaint** |  | **Location** | **Actions to investigate/correct** | **Notification to DoH**  **(if applicable)** |
| (e.g. odour/suspected illness/ ponding) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## 5. Audit

*Include details of proposed improvements to the recycling scheme based on internal/external audit that will strengthen the scheme’s ability to supply safe recycled water for the intended end-use(s)*

Table F.4 Response to audit report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Auditor/ reviewer comment (System deficiency and non-compliances)** | **Scheme response** | **Corrective actions to prevent reoccurrence** | **Timetable for corrective/preventive action** | **Person(s) responsible** | **Completion Date** |
| (e.g. odour/suspected illness/ ponding) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

The report must be signed by the chief executive officer or general manager of the water authority.