## Untreated Rainwater Quality Assurance Program template

# WATER SUPPLY QUALITY ASSURANCE PROGRAM – UNTREATED RAINWATER

*This untreated rainwater template is intended for small private water supplies with simple rainwater collection*

*Complete this template to create your QAP, adding extra spaces if needed. The NSW Private Water Supplies Guidelines are available at* [*http://www.health.nsw.gov.au/environment/water/Pages/NSW-Private-Water-Supply-Guidelines.aspx*](http://www.health.nsw.gov.au/environment/water/Pages/NSW-Private-Water-Supply-Guidelines.aspx)

**Premises name:**

**Premises address:**

**Contact name:**

**Phone/mobile numbers:**

**Postal address:**

**Email address:**

**Consumer capacity:** *(maximum number of consumers per day)*

## Public Health Regulation checklist

Please complete the below table to make sure that the rest of your QAP addresses sections of the Public Health Regulation relevant to your water supply.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question**  | **Tick box** | **If yes, fill out these sections of the QAP (ctrl+click to be taken to sections)** | **If no, please explain**  |
| Do you carry out inspections and/or maintenance of your water supply? | [ ] Yes[ ] No | * Keeping the roof and tank clean
 |  |
| Do you record your inspection and maintenance activities? | [ ] Yes[ ] No | * Drinking water supply system inspection and maintenance record
 |  |
| Does your water supply have equipment (this could be pumps, filters, parts, chemicals or treatment systems)? | [ ] Yes[ ] No | * Other actions to protect water quality
 |  |
| Do you have manufacturer instructions? | [ ] Yes[ ] No | (Attach instructions to QAP) |  |
| Do you have signs? | [ ] Yes[ ] No | * Information and safety for consumers
* Water quality advice sign
* Rainwater sign
 |  |
| Do you carry out any tests on your water (this could be checking UV is on, chlorine levels, any laboratory tests)? | [ ] Yes[ ] No | * Other actions to protect water quality
 |  |
| Do you record your test results? | [ ] Yes[ ] No | (attach laboratory reports to QAP) |  |
| Do you top up your water supply with carted water?  | [ ] Yes[ ] No | * Contact list (needs to be kept up to date)
 |  |
| Do you record any carter water delivery? | [ ] Yes[ ] No | * Drinking water supply system records
 |  |
| Do you have plans in case of emergencies? | [ ] Yes[ ] No | * Responding to problems with the water
 |  |
| Do you have emergency contacts? | [ ] Yes[ ] No | * Contact list (needs to be kept up to date)
 |  |
| Do you record any problems or emergencies when/if they happen? | [ ] Yes[ ] No | * Drinking water supply system inspection and maintenance record
 |  |

### Keeping the roof and tank clean

I carry out these tasks to keep the water clean: (*check the box* ***OR*** *change the words to describe what you do. How often these are done will depend on leaf litter, access by birds and animals, and rainfall)*

|  |  |
| --- | --- |
| Tasks | How often?*(e.g. monthly, quarterly, after rain events, yearly etc.)* |
| [ ] Prune overhanging branches |  |
| [ ] Clean roof, gutters, spouting |  |
| [ ] Check integrity of gutter guard |  |
| [ ]  Empty first flush diverter | *Recommended after every rain event* |
| [ ] Check access covers |  |
| [ ] Clear inlet screen/strainer of debris |  |
| [ ] Check integrity of inlet and outlet screens(exclude access for animals and mosquitos) |  |
| [ ] Check integrity of tank (to exclude contamination and access for animals and mosquitoes) |  |
| [ ] Check integrity of pipes to ensure no leaks |  |
| [ ] Clean or de-sludge tank |  |
| OTHER |  |
|[ ]   |
|[ ]   |
|[ ]   |

### Information and safety for consumers

 I provide the following for customers/guests: (*check the box* ***OR*** *change the words to describe what you do)*

[ ] Consumers told rainwater is in use and **Rainwater** sign at premise *(see example at end)*

[ ] **Water quality advice** sign in each room and at water outlets in public areas *(see example at end)*

[ ] Kettle in each room or available from proprietor

[ ] Bottled water available from proprietor

[ ] OTHER

### Responding to problems with the water

If I suspect the water is contaminated or receive a complaint: *(check the box* ***OR*** *change the words to describe what you do)*

[ ] Check condition of tank, pipes and gutters

[ ] Remove any contamination (e.g. dead bird) and repair access point (e.g. hole in screen)

[ ] Warn consumers to boil all drinking water *(sign in each room and water outlets in public areas, or provide bottled water until problem is fixed)*

[ ] Talk to local council or Public Health Unit about actions

[ ] Consider dosing tank with chlorine (refer to *NSW Private Water Supply Guidelines*)

[ ] OTHER

### Other actions to protect water quality

To manage chemical risks to water quality: *(check the box* ***OR*** *change the words to describe what you do)*

[ ] Tanks, pipes and fittings are made of materials that will not contaminate water *(for example, food grade materials or marked with AS/NZS4020, AS2070, AS/NZS4766, ATS5200.026 or WaterMark stamp. Check with plumbing supplier if not sure)*

[ ] Replace or cover (paint) all lead on the roof (flashings, lead washers, etc.)

[ ] Consider testing water for lead after removing or covering lead sources

[ ] Advise consumers to “Flush taps used for drinking for two to three minutes first thing in the morning” *(water that has been standing can dissolve metals such as lead and copper from pipework)*

[ ] OTHER

### Contact list (needs to be kept up to date)

|  |  |  |
| --- | --- | --- |
| Contact | Name | Contact details |
| Public Health Unit | *For your local Public Health Unit refer to* [*http://www.health.nsw.gov.au/Infectious/pages/phus.aspx*](http://www.health.nsw.gov.au/Infectious/pages/phus.aspx) | 1300 066 055 |
| Local Council |  |  |
| Plumber |  |  |
| Tank Cleaner |  |  |
| Electrician |  |  |
| Plumbing supplies |  |  |
| Bottled water supplier |  |  |
| Water Carter |  |  |

Diagram of the water supply system

*(draw your own diagram* ***OR*** *fill in, add detail or cross out detail on this diagram)*

[ ] Tank is above ground

[ ] Tank is below ground



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###

### Drinking water supply system records

Record anything you do in relation to your water supply. This includes inspections, maintenance, water deliveries and problems (make extra pages as needed).

| Date | What happened? | Notes | Actions to be taken | Person Responsible |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Water quality advice sign (in each room and outlets in public areas)



### Rainwater sign (prominently displayed on the property so that consumers know rainwater is used)

