**INSERT LOGO IF AVAILABLE**

**To submit your annual report to the Department of Health, you can email to** [**RWresults@health.wa.gov.au**](mailto:RWresults@health.wa.gov.au) **. OR**

**Send by post to:**

The Manager

**Water Unit**

Environmental Health Directorate

Department of Health, Western Australia

PO Box 8172

Perth Business Centre WA 6849

Phone: 08 9222 2000

Recycled Water Annual Report

yyyy/yyyy

Recycled Water Annual Report 2022/2023

## Introduction

Table 1: Overview of the recycled water scheme

|  |  |
| --- | --- |
| Summary of the recycling scheme | |
| Name of Scheme |  |
| Recipient |  |
| Approval Number |  |
| Location of the Scheme |  |
| Risk level |  |
| Contact details | |
| Name |  |
| Position/Organisation |  |
| Street/Postal Address |  |
| Tel No |  |
| Email |  |

# Scheme Operational months

Please select the months that scheme is active

06/12/2022 To 06/12/2022

# Scheme Volume

|  |  |
| --- | --- |
| Recycled Water Approval Threshold |  |
| \*Recycled Water Volume Used |  |
| Comments (if any) |  |

\*Only report the Recycled water volumes not combined volumes such as recycled water and stormwater/bore water

# Quality of recycled water

The utilization of recycled water must adhere to the approved conditions in order to maintain its quality. If the scheme requires monitoring of chlorine levels, UV, pH, turbidity, and SS, these parameters should be recorded and kept in records. During the audit process, these records will be assessed to ensure compliance with the approved conditions.

*Include:*

* *Site code number 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*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Location  (Site code) | Parameter | Units | Frequency of sampling (e.g weekly, monthly) | Total No of samples | Max sampling value | Total number of samples within approval condition | Total number not complying |
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### Table 2: Microbial Summary of laboratory results: include monitoring results for *E.coli*, clostridia and coliphages (Monitoring of clostridia and coliphages are required for some high risk recycled water schemes) and Helminths (for Kimberley region, north of the 20th parallel recycled water scheme) . Please refer to the condition of approval for microbial monitoring requirements.

### Table 3: Physio-chemical parameters of recycled water: Physio-Chlorine levels, pH, Turbidity and SS at the time of microbial sampling. Please refer to the condition of approval for monitoring requirements.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Location  (Site code) | Parameter | Units | Frequency of sampling (e.g weekly, monthly) | Total No of samples | Max sampling value | Total number of samples within approval condition | Total number not complying |
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### Graph 1 (Optional): Online monitoring of Physio-chemical data: If applicable, provide a graph of online monitoring of physio-chemical data which is to be collected through online or daily data , and lab certificates. E.g:

.

### 3.1 Sampling Summary/exceedances

* Include explanation for:
  + *Exceedances*
  + *Missing samples*
  + *Resampling results*

# 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. Please refer to the emergency response protocol page 42 of the [Guidelines for the non-potable uses of recycled water in Western Australia (health.wa.gov.au)](https://www.health.wa.gov.au/~/media/Files/Corporate/general-documents/water/Recycling/Guidelines-for-the-Non-potable-Uses-of-Recycled-Water-in-WA.pdf)) *E.g.:*

* *recycled water scheme where two consecutive microbial results at regulatory sampling point(s) are above the health-based water quality objective as defined in the DoH approval*
* *algal bloom exceeds*
* *Cessation or incident within the recycling supply scheme for events with an anticipated duration of greater than 24 hours*

*Sewage spill*

### Table 4: Incident summary

|  |  |  |  |
| --- | --- | --- | --- |
| Incident | Details of the incident | Actions to investigate/correct | Notification to DoH  (if applicable) |
|  |  |  |  |

# Major Infrastructure Works Carried Out

Have any of the following changes occurred to the recycled water scheme? Yes/No

* *Major changes to WWTP*
* *Change to disinfection system where different from WWTP*
* *Existing scheme – change to storage system (new or different size storage tank/pond not a like for like replacement)*
* *Existing scheme – new end use location*
* *Sampling point location change*

# 

# Complaints

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

Table 5: Summary of complaints relating to recycled water

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

# Audit summary

**Table 6: Audit Summary**: An internal audit was completed on the (Date), action items and responses outlined in Table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Auditor/ reviewer comment (System deficiency and non-compliances) | Scheme response | Corrective actions to prevent reoccurrence | Timetable for corrective/preventive action | Person(s) responsible |
|  |  |  |  |  |

# Documentation updates

|  |  |
| --- | --- |
| Documents | Date of last update/ Expiry date |
| Recycled Water Management Plan |  |
| Operational Maintenance manual |  |
| Recycled Water supplier agreement/ Memorandum of Understanding |  |
| Other |  |

# Other Comments

E.g. Request for updated approval, changes to the sampling locations, addition of new locations etc.

# Signature of the scheme manager

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

Reports to be signed off by the scheme manager.