

Drinking Water Safety Planning Template For Medium Supplies: Supplying 101–500 people



Name of owner:

Name of operator
(if different to owner):

Supply name:

Supply location:

Unique supply
identifier:

Emergency
contact name:

Emergency contact
phone number:

Supply type:

Population:

Drinking Water Quality Assurance Rules category:

Networked supplies

Self-supplied buildings

*Please refer to the **Drinking Water Safety Planning Guidance for medium supplies – Supplying 101–500 people** as you complete this template.*

▲ **Question 1:** How are you giving effect to Te Mana o te Wai?

How are you managing your water supply to protect the health and wellbeing of your water, the wider environment, and the community?

▲ Question 2: Who is responsible for your water supply?

Who owns this plan and approves budget for the water supply?

Name:

Role:

Responsibilities/contribution:

Skills/knowledge/experience/qualifications:

Phone number:

Who will help/has helped you prepare this plan?

Name:

Role:

Responsibilities/contribution:

Skills/knowledge/experience/qualifications:

Phone number:

Does your team have the skills, training and experience needed?

Consider the capability of the team – both current and planned – and whether any training or recruitment needs have been identified.

Role:

Current capability:

Additional training/resourcing needs:

Planned training and recruitment:

▲ Question 3: What makes up your drinking water supply?

What are the components of your drinking water supply?

Include all infrastructure and processes used to abstract, store, treat, or transmit drinking water.

A. Water sources - tick relevant boxes

Bore (including well)

Description:

Spring

Description:

Lake (include dam)

Description:

River / stream / creek

Description:

Roof (rainwater)

Description:

Carted water (e.g. from a water carrier)

Description:

From other drinking water supply

Description:

B. Treatment

Pre-treatment (e.g., first flush diverter)	UV disinfection
Cartridge filtration	None
Chlorination (e.g., sodium hypochlorite)	Other - specify:

C. Distribution

Storage/header tank	Pumps
Pipes	Other - specify:

D. Population and supply volume

1. How many consumers does this supply normally provide drinking water to?
2. What is the anticipated daily minimum and maximum (peak) volume of drinking water provided to that population?
3. Does this population increase significantly at different times of the year?
4. If **Yes** to Question 3, what is the maximum number of consumers you supply water to?
5. If **Yes** to Question 3, is your supply capable of supplying sufficient water to the maximum number of consumers?
6. If **No** to Question 5, how will you supplement your drinking water supply to ensure sufficient drinking water is supplied at all times?

▲ Question 4: What does your supply look like?

Provide a flow diagram or schematic and photos of your supply

Please take a photo of the drawn picture of your supply and provide it with other photos of your supply.

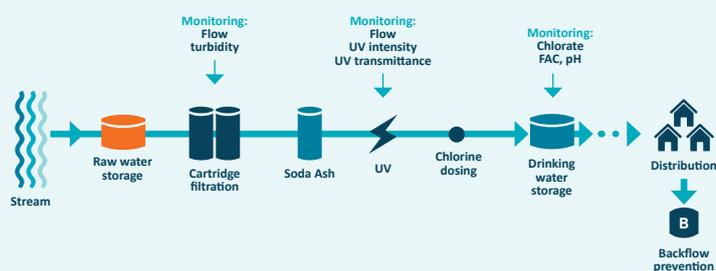
Confirmation of attachments – tick relevant boxes

Your drawn picture (flow diagram or schematic) is included below or attached (a scan or photograph is fine).

Photos of my supply are attached to this Drinking Water Safety Plan.

Optional space for your drawn picture

Example only



▲ **Question 5:** How does your water supply work?

Do you understand your source water?

Describe your source water, catchment area and intake infrastructure.

Can you provide sufficient drinking water?

Describe how you intend to ensure a sufficient supply of drinking water.

Are the treatment processes effective?

Describe your treatment processes, how they are controlled and their effectiveness.

How do you store and distribute your water?

Describe your storage system.

Describe your supply network system.

▲ Question 6: What can go wrong?

What are the risks to your water supply system and how are these controlled and monitored? Do you need to make improvements to meet the Drinking Water Quality Assurance Rules? Can you make any other improvements? What is the timeframe for completion of the improvements?

A Water supply system component:

Risk to water supply:

Risk rank: High Medium Low

How is the risk controlled?

How is the control monitored?

How can the system be improved to control this risk?

Timeframes for improvements

B Water supply system component *(complete if there is more than one risk):*

Risk to water supply:

Risk rank: High Medium

How is the risk controlled?

How is the control monitored?

How can the system be improved to control this risk?

Timeframes for improvements

▲ Question 7: How do you manage your water supply?

What inspection and maintenance do you complete and record?

What will be inspected and maintained?

How often?

Person responsible:

Any equipment or procedures needed?

Where is it recorded?

How will you know your water supply system is operating as expected? (Monitoring)

Process step:

Monitoring undertaken:

How often?

Person responsible:

Target level:

Action level:

Critical level:

Where is it recorded?

What other sampling do you do to understand water quality? (Sampling)

Area of supply, e.g. source, distribution, point of use:

Sampling undertaken:

How often?

Person responsible:

Sampling laboratory:

Where is it recorded?

How do you know your monitoring equipment is effective? (Calibration and checks)

Monitoring equipment:

How are calibration and checks executed?

How often?

Person responsible:

Where is it recorded?

What written procedures and manuals are in place to guide and record operations and maintenance?

Procedure or document:

What it covers:

Where is it kept?

Person responsible:

When was it last updated?

When is it due for an update?

▲ Question 8: How will you respond when an incident occurs?

What would be an urgent problem for your water system?

Summary of Assessment

How will you respond to an incident?

Incident response key personnel and their responsibilities

Issue:

Issue:

Responsible person:

Responsible person:

Contact information:

Contact information:

Incident response procedures

Incident:

Response or reference to procedure:

▲ Question 9: When will you review your plan?

Triggers for review

Reviewer:

Timeframe:

What will be inspected
and maintained?

If water has been unsafe
or there was an incident
or event

Changes to the source
water

Treatment added or
changed

Distribution system
changes including
significant changes in
population supplied

Changes in key staff or
volunteers

Other

▲ Approval by drinking water supply owner or representative

Approver's name:

Date:

Signature:

▲ Next steps

Please return your completed Drinking Water Safety Plan to Taumata Arowai, by either:

- **Website:** submit via [Hinekōrako](#) on the Taumata Arowai website
- **Email:** info@taumataarowai.govt.nz
- **Post:** Level 2, 10 Brandon Street, PO Box 628, Wellington 6140, New Zealand

Store a copy of this plan in a place that is easily accessible to you (and any others involved in managing or operating the drinking water supply).

Questions?

Refer to the Drinking Water Safety Plan Guidance or the Taumata Arowai website: [Drinking water safety planning | Taumata Arowai](#) or contact your Taumata Arowai Regional Team [Regulatory Team | Taumata Arowai](#) for more information.