

Drinking Water Safety Planning Template

For Small Supplies: Supplying 26–100 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 Small Supplies – Supplying 26-100 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: 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 3: 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.

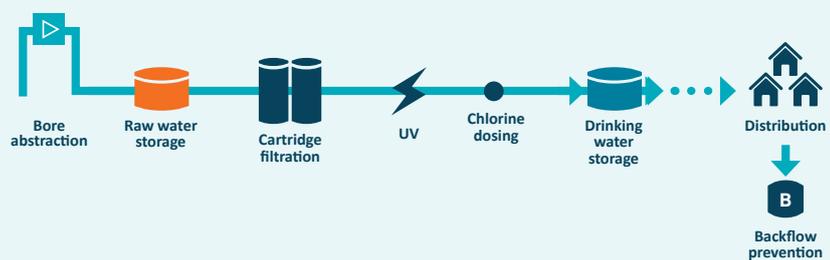
Confirmation of attachments – tick relevant boxes

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 4: What can go wrong?

What are the risks to your water supply and how will you control them?

Below are some common risks which can cause rapid outbreaks of illness for consumers..

- Pathogenic bacteria
- Protozoal contamination
- Loss or reduction of source of water supply

Potential hazards

A. Bore water – contamination through bore head

Likelihood of occurrence: High Medium Low

How will you control the risk?

- Bore head fenced at least 5m away
 - Bore head on hard standing apron with concrete surround
 - Bore head maintained in good condition
 - Other:
-

B. Rainwater – contamination through roof, guttering, pipes and other elements used in rainwater collection

Likelihood of occurrence: High Medium Low

How will you control the risk?

- First flush diverter installed
 - Other:
-

C. Hazards potentially present in untreated water

Likelihood of occurrence: High Medium Low

How will you control the risk?

- Filtration (rated at a minimum of 5 micron or less nominal pore size)
- UV disinfection (at least 40mJ/cm²)
- Chlorination
- Other:

D. Remaining contamination due to inadequate treatment

Likelihood of occurrence: High Medium Low

How will you control the risk?

Automatic shut-off if UV dose not met

Alarm

Other:

E. Contamination of treated water due to, for example, cracks or holes in water tanks/reservoirs, pipes breaking

Likelihood of occurrence: High Medium Low

How will you control the risk?

Chlorination

Backflow protection at:

Regular maintenance:

Pressure monitoring:

F. Chemicals which may be a hazard to your supply

These chemicals may arise from either the environment (such as nutrient run-off, industrial wastewater, or naturally occurring minerals such as manganese and arsenic) or due to treatment error (such as incorrect dosage levels).

Likelihood of occurrence: High Medium Low

How will you control the risk?

No treatment/control yet

Aeration and settlement

Scouring

Ability to switch to alternate source

Use bottled or stored water when this is an issue

Appropriate storage of chemicals

Incorrect dosage levels

How will you control the dose?

G. Contamination of or changes to your catchment affecting your source water

Likelihood of occurrence: High Medium Low

How will you control the risk?

This could include developing good relationships with upstream users, the power company, the owner of the source water, whānau, hapū (in respect of rāhui), iwi Māori, farmers (in respect of pesticides), regional/district council

H. Other potential hazards (please specify):

Likelihood of occurrence: High Medium Low

What are the risks arising from these hazards?

How will you control the risks?

How will you know your controls are working?

Ways of checking your water supply is healthy



Sampling and having my water supply tested every three months (mandatory)

Making regular visual inspections of my water supply

Recording regular maintenance and cleaning of machinery, etc

Monitoring my water supply's treatment process

Other (please specify):

Can you make any improvements and what is the timeframe for those?

How can the supply be improved to control the risk/s?

Timeframes for improvements to the supply

▲ Question 5: How will you respond when an incident occurs?

What would be an urgent situation for your drinking water supply?

Incident type – tick all relevant boxes

Power cuts/loss of electricity supply

Damage to or problems with your supply

Failed sample

Rāhui

Inability of you or a back-up person to address any problems (through prolonged absence)

Natural disaster

Outbreak of illness in the community (which could be an indicator of potential waterborne contamination)

Other (please specify):

How will you respond to an incident?

For example, where you think your drinking water is or may be unsafe or does not comply with Drinking Water Standards.

Responses proposed in your plan – tick relevant boxes (more than one may apply)

Take test samples and send them to an accredited laboratory for analysis



Investigate the source or cause of the incident and address it as soon as possible



Notify Taumata Arowai of the incident



Notify consumers of the incident



Provide advice to your consumers on what to do until the safety of their drinking water is confirmed



Take measures to ensure the problem does not re-occur

Other (please specify):

▲ Question 6: When will you review your plan?

Triggers for review

Routine review of safety plan effectiveness and update as required

Reviewer:

Timeframe:

Water has been unsafe or there was an incident or event, including a test analysis indicating a [Maximum Acceptable Value \(MAV\) non-compliance?](#)

Reviewer:

Timeframe:

There has been a change to your water source:

There has been a change in who looks after your water source and/or supply:

Other (please specify):

▲ 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.