Notification form

Risk to drinking water safety or supply



1. Notifier details
Name:
Email:
Phone:
Notifier reference (if applicable):
2. Supply details
Supply ID:
Supply name:
Supply region:
Supply description:
3. Notification type
Water is non-compliant (Complete Section 5. Laboratory details)
Drinking water is, or maybe unsafe
Notifiable hazard/risk
Description:
Ability to maintain sufficient water at imminent risk
Planned restriction or interruption longer than 8 hours
Planned length of restriction (hours):
Unplanned restriction or interruption longer than 8 hours
Unplanned length of restriction (hours):
4. Further details
Supply component impacted:
Source
Treatment Plant
Distribution Zone
Event date and time

Response to the event includes the provision of water from an unregistered supply

Response to the

Additional details

event

5. Laboratory details: *only required for <i>Water is non-compliant</i> notification		
Name of Laboratory testing:		
Sample date:	Sample location:	
Test results ID:		
Test results: (Determined Unit of Measure Results)		
Comments:		
Declaration		
I declare that the details pro	ovided in this form are true and correct.	
Name:		
Date:		
Privacy information		
	this form will be used for the purpose of responding to your notification powers under the Water Services Act 2021. We will not disclose the personal red or required by law to do so.	
If you wish to access or correct pointo@taumataarowai.govt.nz.	ersonal information Taumata Arowai holds about you, please contact us at	

Where to send your form

Once completed, please email this form to us at: notifications@taumataarowai.govt.nz