

**IL 11/2004 - APPENDIX A
INFORMATION REQUIREMENTS PROFORMA**

Name of Water Company:.....

Basic sample information (as Data Table)

- (i) Sample reference number:
- (ii) Sample point code:
- (iii) Site reference:
- (iv) Address:
- (v) Eastings :
- (vi) Northings:
- (vii) Postcode:
- (viii) Location map for sample point:
- (ix) Whether or not sample was taken from a public building:
- (x) Parameter code:
- (xi) Parameter name:
- (xii) Result:
- (xiii) Date sample taken:
- (xiv) Time sample taken:
- (xv) Sample type:
- (xvi) Date and time the matter was identified:

Mandatory / Indicator/likely to fail / exceedence* **Delete as applicable*

Was the exceedence due to the domestic distribution system? Yes/No

What is the evidence for this?

.....
.....
.....(add lines as required)

Are copies of notices to the consumers and Environmental Health Department attached: Yes / No

Details of the investigation undertaken:

a) For bacteriological exceedences

1 Details of resamples from affected property including whether resamples were collected from the affected property before and after disinfection of the tap and whether swab samples were collected from the tap before disinfection.

.....
.....
.....(add lines as required)

2 Details of further samples from adjacent properties and from service reservoirs, booster stations and water treatment works supplying the area.

.....
.....
.....(add lines as required)

3 Details of any other relevant samples taken at the same time as the sample that failed.

.....
.....
.....(add lines as required)

4 Target CT value for the treatment works supplying the sample point from which the failed sample was taken and confirmation that this has been maintained.

.....
.....
.....(add lines as required)

5 Details of investigations into the source of contamination including raw water considerations; treatment irregularities; treatment plant deficiencies; potentially significant activities on site or in the distribution system (e.g. rehabilitation work, valve operation etc). Details of the relevant drinking water safety plan.

.....
.....
.....(add lines as required)

b) For chemical exceedences

1 Details of resamples from affected property.

.....
.....
.....(add lines as required)

2 Details of further samples from adjacent properties and from service reservoirs, booster stations and water treatment works supplying the area.

.....
.....
.....(add lines as required)

3 Details of any other relevant samples taken at the same time as the sample that showed the exceedence.

.....
.....
.....(add lines as required)

4 Details of investigations into the source of contamination including raw water considerations; treatment irregularities; treatment plant deficiencies; potentially significant activities on site or in the distribution system (e.g. rehabilitation work, valve operation etc). Details of the relevant drinking water safety plan.

.....
.....
..... (add lines as required)

c) The findings of the investigation:

1 Were resamples satisfactory?
.....
..... (add lines as required)

2 What actions were taken to rectify the contamination?
.....
..... (add lines as required)

3 What was the likely cause of the exceedence?
.....
..... (add lines as required)

4 Is the failure likely to recur: Yes/No

5 Existing undertaking or authorised departure: Yes/No

6 Is it necessary to apply for an authorised departure: Yes/No

(a) Name of the person notifying:

(b) Date and time notified:.....

(c) Name of person notified: [name] / DWI document controller.....

The filename of this file MUST appear in [square brackets] preceding the explanation in 'Comments' field of the record in the Data Table containing the sample failure. This will allow information requirements to be linked to the Inspectorate's compliance data assessment system. See Appendix B for format and filename specification.