



25 October 2004

Mr Brian Labza
Public Health Group
Department of Human Services
G.P.O. Box 1670N
Melbourne VIC 3001

Dear Mr Labza

Thank you for inviting AMA Victoria to comment on the Regulatory Impact Statement (RIS) for the *Safe Drinking Water Regulations 2004*.

I advise that I have reviewed the RIS, the draft regulations and the *Australian Drinking Water Guidelines* (1996). Overall the regulatory framework appears consistent with good practice. However I believe there would be benefit if the following issues were also considered:

Water suppliers be identified by name

I understand that water suppliers to whom the regulations apply are identified in section 3 of the Act, however they are not explicitly named. Can a schedule to the regulations be drawn up which names water suppliers who must comply with the regulations? I believe this would enhance the public benefit value of the regulations.

Water Testing

Regulation 10(c) - I note that the inclusion of this regulation provides a general requirement that no substance should be present at levels that would harm human health. For reasons outlined in the RIS (section 8.1) these are not specified in the regulation. While it seems reasonable that flexibility should exist within the framework to accommodate differences in local circumstances and risk profiles, consideration should be given to scheduling all of the thirty eight parameters originally identified in *the Proposed Standards for Drinking Water Quality in Victoria* (2001). However, frequency of sampling and quality standards could remain limited to those factors already identified in Schedule 2. Such additional scheduling would clearly establish community expectations about water quality issues.

Sampling Frequency

I am also satisfied that the quality standards for each water sampling locality are consistent with the values set out in *Australian Drinking Water Guidelines* (1996). However, I note the guidelines specify monitoring frequencies for microbiological quality based upon populations serviced by the water supplier. So for a population above one hundred thousand people the minimum sample frequency is six samples per week, which exceeds the once per week frequency proposed in Schedule 2. I would be concerned if the standard is being set so as to allow a simple, state-wide standard rather than being set to manage the real risks that the individual water supplies face.

Thank you for considering these submissions.

Yours sincerely



Dr Paul Woodhouse
Director, Policy & Medical Practice