

Administration Building: 180 Mort Street Lithgow
Postal Address: PO Box 19 Lithgow NSW 2790
Phone: (02) 63549999
Email: council@lithgow.nsw.gov.au
Web: www.lithgow.nsw.gov.au
ABN: 59 986 092 492



Regulated Water System
Notification of Installation or Change in Particulars
Section 31 Public Health Act 2010
Clause 20 Public Health Regulation 2022

Please complete all sections and when completed please submit this form to Council.

NOTE:

1. Lithgow City Council must be notified within seven (7) days of any change to these particulars.
2. This notice is to be accompanied by the fee determined by Lithgow City Council (not exceeding \$120) (not required for Change in Particulars notification).

Part 1: System Details:

Cooling Water System Warm Water System

Premises Address: _____

Lot: _____ Section: _____ DP: _____ Property No: _____

Site Contact Number: _____ Business Hours: _____
After Hours: _____
Mobile: _____

Occupier of Premises Name: _____

Occupier Phone Number: _____

Occupier Residential or Business Address: _____

Occupier Postal Address: _____

Occupier Email Address: _____

ABN or ACN Number: _____

Site Manager Name: _____

Site Manager Mobile Phone Number: _____

Site Manager Email Address: _____

Location of System within Premises: _____

Cooling System Details (no. of towers, make and model): _____

Water Treatment Company: _____

Part 2: Type of Notification:

- Installation ➡ Go to Part 3 Change of Occupier ➡ Go to Part 4
 Change of Particulars/Decommissioning ➡ Go to Part 5

Part 3: Installation:

Date System was Installed: _____/_____/_____

Part 4: Change of Occupier:

New Occupier Name: _____

New Occupier Email Address: _____

New Occupier Phone Number: _____

New Occupier Residential or Business Address: _____

New Occupier ABN or ACN Number: _____

Date Change of Occupier Occurred: _____

Part 5: Change in Particulars (please specify relevant changes and specify details in the space provided):

Change in Occupier Contact Details: _____

Change in Site Manager Contact Details: _____

Cooling Tower/s Added to Existing System: _____

Cooling Tower/s Removed from Existing System: _____

Warm Water System Type Changed/Modified: _____

Existing Cooling Tower Unique ID: _____

System Has Been Decommissioned (please attach written confirmation of decommissioning from the duly qualified person): _____

Part 6: Declaration:

Name of Person Completing this Form: _____

Email Address: _____

Contact Number: _____

Postal Address: _____

Role of Person Completing Form: _____

Employer: _____

Signature:

Date: _____/_____/_____

Part 7: Privacy & Personal Information Protection Notice:

Purpose of Collection: This information is being collected for the purpose of registering a warm water or water cooling system.

Intended Recipients: Lithgow City Council employees and NSW Health are the intended recipients along with any approved contractors.

Supply: The supply of this information is required by law. If you are unwilling to provide this information, Lithgow City Council may be unable to provide access to Council services, or any applications may be declined.

Access/Correction: Please contact Council's Customer Service on 02 6354 9999 or at council@lithgow.nsw.gov.au to correct any personal information.

Storage: Lithgow City Council's Environment department, located at 180 Mort Street, Lithgow NSW 2790, is collecting this information and will store it securely in Council's record management systems and archives.

Other Uses: Lithgow City Council will use your personal information for the purpose for which it was collected and may use it as necessary for the exercise of other functions.

Further information on how Lithgow City Council manages personal information can be found at <https://council.lithgow.com/council/policies/>.

Part 8: Lodgement:

You can lodge the completed form via:

Mail: PO Box 19, Lithgow NSW 2790

Email: council@lithgow.nsw.gov.au

In Person: Lithgow City Council Administration Building
180 Mort Street, Lithgow NSW 2790
Opening Hours – 8:30am – 4:15pm Monday to Friday

What Now: Once your application is received by Council, the relevant Officer will contact you if further information is required. For further information regarding this form please contact Council.

<u>OFFICE USE ONLY</u>	
DATE RECEIVED: _____ / _____ / _____	RECEIPT NO.: _____
RECEIVED BY: _____	AMOUNT PAID: _____
RECEIPTED BY: _____	COST ACCOUNT: _____
SIGNATURE: _____	UNIQUE ID NO: _____
NOTES: _____	

Maintained By Dept:	ENV	Effective Date:	Review Date:
Version:	2	16 February 2023	February 2027