**Administration Building:** 180 Mort Street Lithgow **Postal Address:** PO Box 19 Lithgow NSW 2790

**Phone:** (02) 63549999 **Fax:** (02) 63514259

Email:council@lithgow.nsw.gov.auWeb:www.lithgow.nsw.gov.au

ABN: 59 986 092 492



# Regulated Water System Notification of Installation or Change in Particulars Public Health Act 2010 Public Health Regulation 2012

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

#### NOTE:

Part 1: System Details:

- 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 \$115) (not required for Change in Particulars notification).

## ☐ 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 <a href="mailto:council@lithgow.nsw.gov.au">council@lithgow.nsw.gov.au</a> to correct any personal information.

**Storage:** Lithgow City Council's Economic Development & 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 <a href="https://council.lithgow.com/council/policies/">https://council.lithgow.com/council/policies/</a>.

### 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.

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

Maintained By Dept:	ED&E	Effective Date:	Review Date:
Version:	1	1 July 2021	July 2023