

Notification of Regulated System Cooling Towers & Warm Water Systems 22/23



If you need help lodging your form, contact us		Office use only																						
Email	council@northernbeaches.nsw.gov.au	Form ID	2043																					
Phone	1300 434 434	TRIM Ref																						
Customer Service Centres	Manly Town Hall, 1 Belgrave Street Manly NSW 2095	Dee Why Civic Centre, 725 Pittwater Road Dee Why NSW 2099	Last Updated	June 2022																				
	Mona Vale 1 Park Street Mona Vale NSW 2103	Avalon 59A Old Barrenjoey Road Avalon Beach NSW 2107	Business Unit	Environmental Compliance																				
		Application No.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
		Receipt No.																						

Privacy Protection Notice	
Purpose of collection:	For Council to provide services to the community
Intended recipients:	Northern Beaches Council staff
Supply:	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
Access/Correction:	Please contact Customer Service on 1300 434 434 to access or correct your personal information

About this form
<p>The Public Health Regulation 2012 requires occupiers of buildings containing a cooling water systems and/or warm water systems to notify the local government authority within one (1) month of installation.</p> <p>Notification is also required for warm water systems installed in public hospitals, declared mental health facilities, private health facilities, and nursing homes.</p> <p>Occupiers must also ensure the local government authority is notified of the following: change of occupier (within 1 month), and any change in particulars (such as change in contact details, within 7 days).</p>

This notification relates to	<input type="checkbox"/> New Installation <input type="checkbox"/> Change of details <input type="checkbox"/> Decommissioning
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Part 1: Property Details

Street Number				Unit/Suite Number		
Street Name						
Suburb					Postcode	
Telephone	Work		Home		Mobile	

Part 2: Occupier Details (person or entity who owns the system)

Name						
ABN/ACN (if any)						
Address					Post Code	
	Telephone	Work		Home		Mobile
Email				Fax		

Part 3: Emergency Contact Person

Title	Mr	Mrs	Ms	Other			
Name							
Address						Post Code	
Telephone	Work		Home		Mobile		
Email				Fax			

Part 3: Type of Regulated System

Water Cooling System Details			
Number of Systems onsite		Number of coolings towers per system	
System Make and Model		Cooling tower unique identification number (existing tower/s only)	
Risk Management Plan Risk Rating		Date of system installation (new system/s only)	
System Location and Access Point		Name of company/contact person who maintains the system	
Warm Water System Details			
Number of Systems		System Make and Model	
System Location and Access Point		Name of company/contact person who maintains the system	
<p>Warm water systems located in a hospital only need to be notified to Council. Hospital means:</p> <p>(a) A public hospital within the meaning of the Health Services Act 1997, or (b) A declared mental health facility within the meaning of the Mental Health Act 2007, or (c) A private health facility within the meaning of the Private Health Facilities Act 2007, or (d) A nursing home, or (e) Any other institution declared by the Regulations to be a hospital for the purposes of this definition.</p>			

Part 4: Application Declaration

I declare that the information provided on this form is accurate, complete and correct. I declare that I have the necessary records and/or documentation to support this registration form.			
Applicants full name			
Applicants Signature		Date	
Fee: \$115			

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Credit Card Details			
Please charge my	<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> American Express
Amount	\$		

Name as appears on card																
Card Number																
Expiry Date																

Signature															
Daytime Phone Number															
Date															

Please note: All credit card payments are subject to a 0.5% service fee

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Application No.															

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