

Form 3

Contaminated Sites Act 2003, section 62

REQUEST FOR A CERTIFICATE OF CONTAMINATION AUDIT



Government of Western Australia
Department of Water and Environmental Regulation

PERSON REQUESTING CERTIFICATE OF CONTAMINATION AUDIT:

Surname Given Name(s)

Address Suburb/Town Postcode

Phone Fax Email

ABN

Contact Person's Name & Position (if the person making the request is not a natural person)

Name Position

IS THE PERSON MAKING THIS REQUEST

- The owner of the land
- The occupier of the site
- A person responsible for remediation of a site of which the land comprises all, or part
- A person on whom a notice under the Contaminated Sites Act 2003 Part 4 in respect of the land is binding

Note: If the person making this request for a certificate of contamination audit is not the owner of the land to which the request relates then that person is to give a copy of this form to the owner (or owners) within 14 days after making the request (Contaminated Sites Act 2003 section 62(2)).

OWNER

Surname Given Name(s)

Address Suburb/Town Postcode

Phone Fax Email

ABN

Contact Person's Name & Position (if the owner is not a natural person):

Name Position

OCCUPIER

Surname Given Name(s)

Address Suburb/Town Postcode

Phone Fax Email

ABN

Contact Person's Name & Position (if the occupier is not a natural person):

Name Position

DESCRIPTION OF LAND TO WHICH THE REQUEST RELATES

Lot No. *and/or* Street No. Street name Suburb/Town

Postcode Current Zoning Under a Written Law Local Government

Description of land (include a copy of the Certificate of Title)

Department of Water and Environmental Regulation Reference Number (if known)

Land Coordinates

ASSESSMENT OF LAND

Contaminants of concern

Extent of contamination

Details of reports on investigations undertaken on the land

(List report title, author and date, and attach copies to this form, unless copies have been provided previously)

Details of remediation works undertaken

(List report title, author and date, and attach copies to this form, unless copies have been provided previously)

OTHER RELEVANT INFORMATION

List any additional information or documents attached to this form

Note: Under the Contaminated Sites Act 2003 section 94, it is an offence to:

- make a statement in connection with this request which you know is false or misleading in a material particular; or
- make a statement in connection with this request which is false or misleading in a material particular, with reckless disregard as to whether the statement is false or misleading in a material particular; or
- provide, or cause to be provided, in connection with this request information that you know is false or misleading in a material particular; or
- provide, or cause to be provided, in connection with this request information that is false or misleading in a material particular, with reckless disregard as to whether or not the information is false or misleading in a material particular; or
- fail to disclose, or cause a failure to disclose, all information which you know is materially relevant in connection with this request.

If this request is being made by an individual:

Signature of person making the request

Date

Title and Full Name

Address

Suburb/Town

Postcode

Phone

Fax

If this request is being made by a body corporate, it may be signed on behalf of the body corporate by an authorised officer and need not be made under its seal:

I, (name) , (position)

am authorised by (name of body corporate) to make

this request on behalf of that body corporate.

Signature of the person

Date

Title and Full Name

Address

Suburb/Town

Postcode

Phone

Fax

PAYMENT FORM / TAX INVOICE

ABN: 28 420 443 065

PAYMENT METHOD

<input type="checkbox"/>	EFT/bank transfer – BSB: 066040 Account No: 018300113 Name of Bank: Commonwealth Bank of Australia. Please include in the description: <ul style="list-style-type: none">F3, your reference number, and name of person requesting the CCA Please Send Remittance Advice to: Accounts.Receivable@dwer.wa.gov.au
<input type="checkbox"/>	Credit card payment (online) - access www.dwer.wa.gov.au select <i>Make a payment</i> and follow the prompt to pay at Contaminated Sites (Billor Code 1568872) Please include: <ul style="list-style-type: none">Full nameCompany nameYour reference Before submitting the application, record the receipt number and payment date below.
Bpoint receipt No: _____ Date paid: _____	
<input type="checkbox"/>	Cheque/Money order Make payable to Department of Water and Environmental Regulation.

Email to: info@dwer.wa.gov.au

Alternatively, please post to:

Senior Manager, Contaminated Sites Branch
Department of Water and Environmental Regulation
Locked Bag 10
Joondalup DC WA 6919

Contaminated Sites hotline 1300 762 982

Please do not send cash through the post.

OFFICE USE ONLY

Parcel Number _____

TRIM File Ref. _____