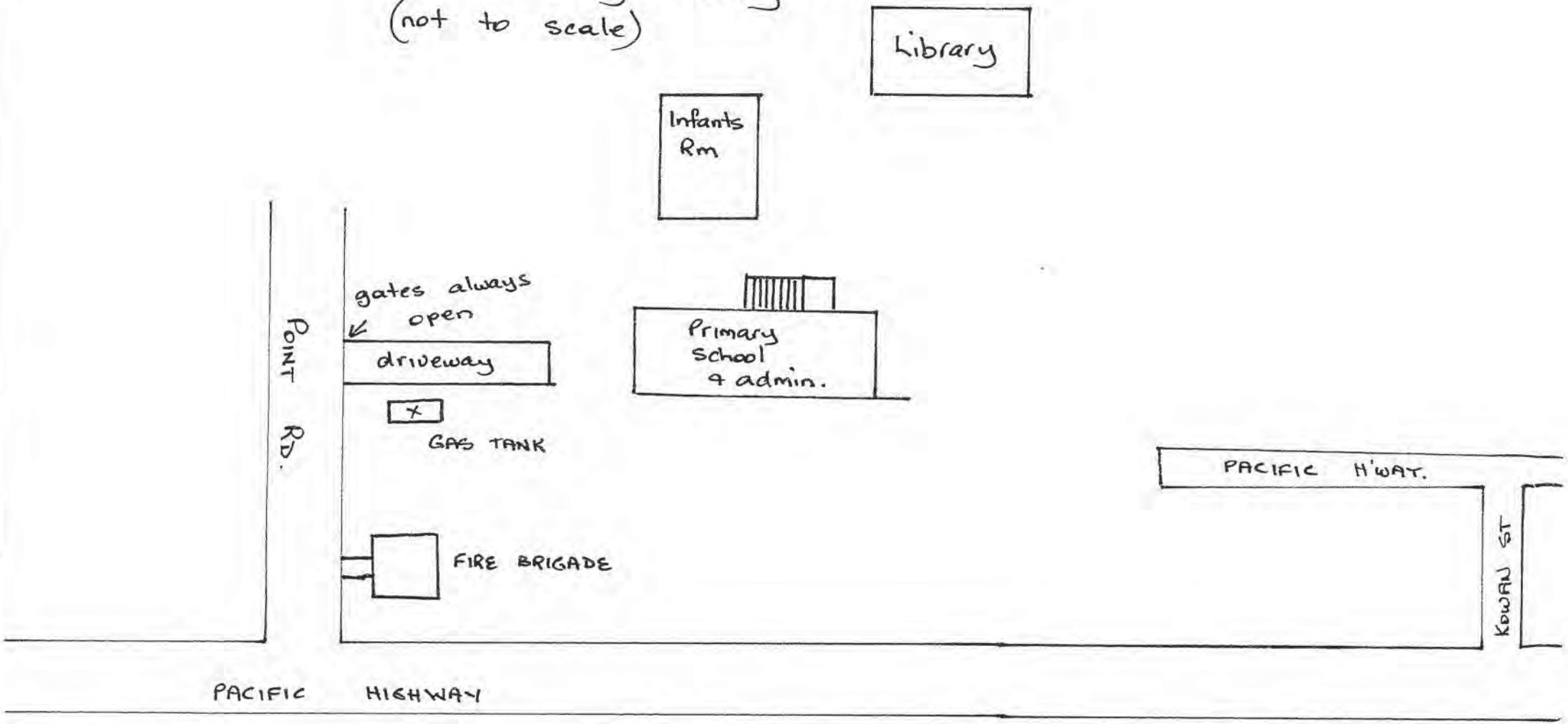
35-005283

SITE PLAN

Mooney Mooney P.S.

(not to scale)



← NORTH

Note : Pacific H'way closed

35-005283 ***Complete 1 section per depot***

If you have more depots than the space provided, photocopy sufficient sheets first.

Depot number	Type of depot	Class	Licensed maximum storage capacity
1	PRESSURE VESSEL Registered Number:	2.1	1,000 litres

UN number	Shipping name	Class	Pkg. Group	EPG	Product or common name	Typical quantity	Unit eg. L, kg, m³
	LPG						

Depot number	Type of depot	Class	Licensed maximum storage capacity

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UN number	Shipping name	Class	Pkg. Group	EPG	Product or common name	Typical quantity	Unit eg. L, kg, m³

Name of Occupier DEPT. OF EDUCATION
(Surname) (First Names)

Trading Name (if any) MOONEY MOONEY PUBLIC SCHOOL

Postal Address POINT ROAD MOONEY MOONEY Postcode 2250

Address of the premises in which the depot or depots are situated AS. ABOVE Postcode

Occupation

Nature of Premises SCHOOL BUILDINGS.

Particulars of construction of depots and maximum quantities of inflammable liquid and/or dangerous goods to be kept at any one time.

PLEASE SKETCH SITE ON BACK OR ATTACH PLAN

Depot No.	Construction of depots *			Inflammable Liquid		Dangerous Goods						
	Walls	Roof	Floor	Mineral spirit litres	Mineral oil litres	Class 1 litres	Class 2 litres	Class 3 kg	Class 4 m^3	Class 5A# litres	Class 5B# litres	Class 9 litres
1	ABOVE	GROUND	TANK							1-10 KL		
2												
3												
4												
5												
6												
7												
8												
9											NO FEE	
10											10.8.76	
TOTAL										Rec No.	2835	

* If kept in tanks describe depots as underground or aboveground tanks.

\# Insert water capacity of tanks or cylinders.

Name of Company supplying inflammable liquid PORTA GAS. P/L TD

Have premises previously been licensed? NO.

If known, state name of previous occupier

Signature of applicant Elor MJackson Date 2.10.75

CERTIFICATE OF INSPECTION

I, George E. Brooks being an Inspector under the Inflammable Liquid Act, 1915, do hereby certify that the premises or store described above does comply with the requirements of that Act and regulations with regard to its situation and construction for the keeping of inflammable liquid and/or dangerous goods in quantity and nature specified.

Signature of Inspector G.E. Brooks

Date 12-6-77

P.T.O.

INSPECTION RECORD

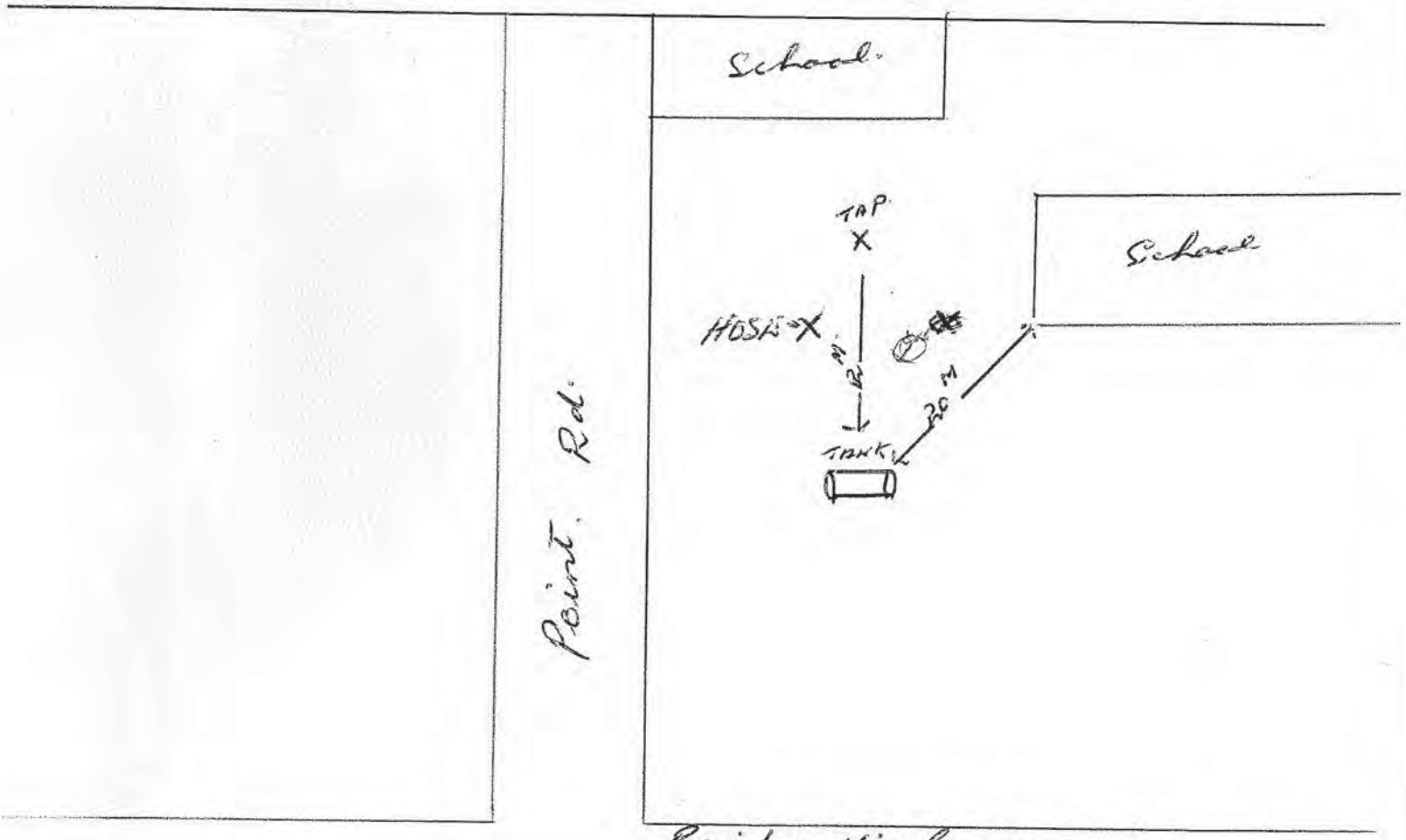
Licence No. 5283

Licensee: Department of Education
Public works Dept.

Address: POINT. RD. MOONEY. MOONEY.

Storage licensed: L-P. gas. Tank. 1/1-10. K.L.

Sketch of Premises (Dimensions of depot and distance of same from adjoining "protected works" to be shown).



Inspected	Initials	Requisitions made or state of depot
30.3.76.	H. Conway	Red diamond Sign required
2.4-77	[illegible]	Sat.
8.8.78	[illegible]	Sat
12.5.78	[illegible]	Sat

WorkCover
NEW SOUTH WALES

Our Ref: D13/008322
Your Ref: Tom Harding

05 February 2013

Attention: Tom Harding
JBS Environmental
Level 1,
50 Margaret St
Sydney NSW 2000

Dear Mr Harding,

RE SITE: Peat Island NSW

I refer to your site search request received by WorkCover NSW on 21 January 2012 requesting information on licences to keep dangerous goods for the above site.

Enclosed are copies of the documents that WorkCover NSW holds on Dangerous Goods Licences 35/002836 & 35/009142 relating to the storage of dangerous goods at the above-mentioned premises, as listed on the Stored Chemical Information Database (SCID).

If you have any further queries please contact the Dangerous Goods Licensing Team on (02) 4321 5500.

Yours Sincerely

Brent Jones
Senior Licensing Officer
Dangerous Goods Notification Team

ngerous Goods

GB2

,cation for: New Licence ☐ Amendment ☒ Transfer ☐ Renewal of expired licence ☐

RT A - *Applicant and site information* (See page 2 of Guidance Notes)

Name of applicant | ACN

DEPARTMENT OF AGEING, DISABILITY AND HOME CARE

Postal Address of Applicant | Suburb/Town | Postcode

PEAT IS. CENTRE; C/- POST OFFICE; BROOKLYN NSW 2083

Trading Name or Site Occupier's Name

PEAT ISLAND CENTRE

Contact for Licence Inquiries

Phone | Fax | Name

99850111 | 99850133 | RON MCKELVIE (DIRECTOR OF NURSING)

Previous Licence Number (if known) 35/009142 & 35/002836

Previous Occupier (if known)

Site to be Licensed

Unit / No | Street | Suburb / Town

PACIFIC HIGHWAY | MOONEY MOONEY

Nearest Cross Street KOWAN ST

Main Business of Site DISABILITY ACCOMODATION SERVICE

Site staffing: Hours per day 24 Days per week 7

Site Emergency Contact

Phone | Name

99850109 | DUTY ASSIST'T DIRECTOR OF NURSING

Major Supplier of Dangerous Goods VARIOUS

a new site or for amendments to depots - see page 4 of Guidance Notes.

Plans Stamped by: | Signature of Competent Person | Printed Name | Date stamped

R. W. McKenzie | R W MCKENZIE | 21/12/2003

fy that the details in this application (including any accompanying computer disk) are correct and cover all able quantities of dangerous goods kept on the premises.

Signature of Applicant | Printed Name

RON MCKELVIE

Please send your application marked Confidential to: Dangerous Goods Licensing, WorkCover NSW, Locked Bag 2906, LISAROW NSW 2252

Hotline (02) 4321 5500 Fax (02) 4927 5500