

**Adelaide Hills Council**  
**COOLING WATER SYSTEM**  
**REGISTRATION FORM**

**INFORMATION TO APPLICANT**

***About this Application Form***

The SA Public Health (*Legionella*) Regulations 2013 require the owner of premises on which a cooling tower system is installed to ensure the system is registered with the Local Council for the area in which the premises are situated. This form is designed for the mandatory registration of cooling tower system(s) under the SA Public Health (*Legionella*) Regulations 2013 and must be completed in its entirety.

**Registration Process**

The business owner must complete and submit the Registration form to the Adelaide Hills Council. Once this has been received a Council officer will review the form. If the form has been completed in its entirety an invoice will be issued. Incomplete or incorrect forms will be returned to the business owner requesting further information. Upon receipt of payment a Registration Certificate (valid for 12 months) will be issued.

Please note that the registration form must be completed in its entirety and payment received before the system can be officially registered in accordance with these Regulations

**Registration Fees**

The following fees relate to high risk manufactured water systems from 1 July 2014:

<b>Warm Water Registration Description</b>		<b>Fee per annum</b>
New Registration	Initial Registration of 1 <sup>st</sup> system	\$35
New Registration	Initial Registration of each additional system on site	\$23.30

Please note: These fees do not include inspection or sampling fees which shall be invoiced to the business owner after each inspection is conducted by an Authorised Officer of the Council.

**For further information contact us**

Should you require assistance with registration or have any questions please contact your Local Council Environmental Health Officer on 8408 0400

**Adelaide Hills Council**  
**COOLING WATER SYSTEM**  
**REGISTRATION FORM**

**REGISTRATION TYPE**

**New Application:**

Renew registration of cooling water system(s)

Please indicate the total number of systems to be registered with this application \_\_\_\_\_

**Existing Registrations:**

Modify business ownership details and/or maintenance and operation contact details of existing registration(s) of cooling water system(s)

Please indicate the total number of systems already registered: \_\_\_\_\_

**SITE DETAILS**

Registered Business Name:

ABN:

Address:

Trading name of premises:

Site (Street) Address:

Postal Address :

Contact Person Phone:

Contact Person Fax:

Description of Business Activities:

Business Operating Hours:

# BUSINESS OWNERSHIP DETAILS

## **Name of Business Owner(s)**

Name of Business Owner(s):

## **Business Address**

Street Address:

Postal Address (if different):

Contact phone:

Contact Fax:

## **Name of business contact and representing business owner(s) in regard to this registration.**

Name of Contact:

Position/Title

## **Residential Address**

Street Address:

Contact Phone:

Contact Fax:

Email:

Mobile:

## **Additional after hours contact:**

Name:

Phone:

## OPERATION & MAINTENANCE CONTACT DETAILS

Name of Business:

### **Contact Person**

Name:

Position/Title

### **Business Address**

Street Address:

Postal Address:

Contact phone:

Fax:

Email:

Mobile:

### **Residential Address**

Street Address:

Contact Phone:

Contact Fax:

### **Additional after hours contact:**

Name:

Phone:

# PLANT IDENTIFICATION FORM

Please Note: Where there is more than 1 cooling water system to be registered, you must photo copy this page and complete it for each system to be registered.

## 1 Plant Identification

Make/brand:

Model No:

System common name/Identification No:

(e.g. system 1; cooling tower 1):

## 2 Type of Cooling Water System

Cooling Tower

Evaporative Condenser

Other (please specify):

## 3 Application of Cooling Water System

Air handling

Process cooling

Other (please specify)

(if there are multiple systems, please detail this on the site plan (over page))

## 4 Location of Cooling Water System

Roof

Ground

Plant Room

Other (please specify)

## 5 Frequency of Operation

Annual

Seasonal (please specify months):

## 6 Maintenance of cooling water system

Please indicate the maintenance regime utilized for the cooling water system

Section 2.5 of AS/NZS 3666.2; or

Section 3 of AS/NZS 3666.3; or

A program approved by the Minister (attach the approval as an appendix to this registration)

## 7 Drift Eliminators - Is a drift eliminator fitted to the system?

Yes

No

## 8 Automatic Biocide Dosing Devices

Is the cooling water system fitted with an automatic biocide dosing device?

Yes

No

## 9 Decontamination Procedure

Please indicate the decontamination procedure utilized for the cooling water system

- Prescribed decontamination procedure set out in Schedule 3 Part 1 of the *Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia*; or
- A decontamination procedure approved by the Minister (attach the approval as an appendix to this registration)
- Other:**

## SITE PLAN

*Please draw a site plan identifying the location of all cooling water system(s). Where necessary, please attach additional pages*

**Site Plan Attached**

# REGISTRATION FORM CHECKLIST

To assist processing your application, please ensure that the following items have been completed and attached:

- Application type indicated
  
- Site details
  
- Business ownership details
  
- Operation/Maintenance Contacts
  
- Cooling water system plant identification form(s) *Please indicate number of forms: \_\_\_\_\_*
  
- Site plan (*with attachment(s) where necessary*)

## APPLICANT DETAILS

Name of person submitting registration form

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Position title:

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office Use Only

Fee received: (*Receipt number and amount*) \_\_\_\_\_

Property Identification: \_\_\_\_\_

Date registered: \_\_\_\_\_

Registration expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed

\_\_\_\_/\_\_\_\_/\_\_\_\_