

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

Registration renewal fees payable to the Local Council are prescribed in *Schedule 1 of the SA Public Health (Legionella) Regulations 2013*, as follows:

Renewal application for the registration of a high risk manufactured water system (per system) is **\$17.50**

Please note: These fees do not include inspection fees; testing fees and applications to the minister.

Changes requiring notification to the Local Council

There are a number of mandatory requirements related to the registration of cooling water system(s), including the following:

- Registration remains in force for a period of 12 months after which the applicant must renew the registration to the authority.
- The owner of premises on which a cooling tower system registered with the authority is installed, must within 1 month after any change in the particulars registered in relation to the system, notify the authority of the change.
- If the cooling tower system registered with the authority is decommissioned, the owner of the premise on which the system is installed must notify the authority of the decommissioning within 1 month after the event.

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

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REGISTRATION TYPE

Existing Registrations:

- Renew registration of cooling water system(s)
- 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

____/____/____