

Adelaide Hills Council
COOLING WATER SYSTEM
REGISTRATION RENEWAL FORM

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 phone:

Contact 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:

Contact phone:

Contact fax:

Name of business contact & representing business owner(s) in regard to this registration.

Name of Contact:

Position/Title:

Residential Address

Street Address:

Contact phone:

Email:

Mobile:

Additional after hours contact:

Name:

Phone:

OPERATION & MAINTENANCE CONTACT DETAILS

Person/company responsible for operation & maintenance ☐ In-house ☐ Contractor

Name of Business:

Name of the Contact Person

Name:

Position/Title: Manager

Business Address

Street Address:

Postal Address

Contact phone:

Email:

Mobile:

Residential Address

Street Address:

Contact phone:

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 _____

3 Application of Cooling Water System

Application of cooling tower/evaporative condenser ☐ 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

Location ☐ 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)

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

Not required if previously provided and no alterations have been undertaken

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

____/____/____