

Adelaide Hills Council
WARM WATER SYSTEM
REGISTRATION FORM

REGISTRATION TYPE

New Application:

☐ New Registration of Warm Water System(s)

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

Existing Registrations:

☐ Renew Registration of Warm Water System(s)

☐ Modify business ownership details and/or maintenance and operation contact details of existing Registration(s) of Warm 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 _____ 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 _____ Fax _____

Name of business contact, representing business owner(s), in regards to this registration.

Name of Contact _____

Position/Title _____

Residential Address

Street Address _____

Contact phone _____ Fax _____

Email _____ Mob _____

Additional after hours contact:

Name _____ Phone _____

OPERATION & MAINTENANCE CONTACT DETAILS

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

Name of Business _____

Contact Person

Name _____

Position/Title _____

Business Address

Street Address _____

Postal Address _____

Contact phone _____ Fax: _____

Email _____ Mob _____

Residential Address

Street Address _____

Contact phone _____ Fax _____

Additional after hours contact:

Name _____ Phone _____

WARM WATER SYSTEM (WWS)

System Details

Please complete this form for each individual system you have on the premises. If required please photocopy this template or contact the Adelaide Hills Council to request additional forms to be sent to you.

Make/Brand

Model Number

Your Identification Number/Name used for this system (if applicable)

1 Location

Name of Building WWS is located: _____

- ☐ Roof
- ☐ Ground
- ☐ Plant Room (please specify which floor) _____
- ☐ Other, please specify _____

2 Frequency of Operation

- ☐ Ongoing
- ☐ Intermittent – once a week/fortnight, please specify _____
- ☐ Seasonal (*please specify months*)

3 Features of System

Source of water heating:

- ☐ Gas
- ☐ Electric
- ☐ Other, please specify _____

Water storage or instantaneous?

☐ Storage ☐ Instant

Are temperature control devices installed with this system?

☐ Yes ☐ No

4 Decontamination Procedures

Please indicate the decontamination procedure utilised for the WWS

☐ Prescribed decontamination procedure set out in Schedule 3 Part 2 of the *Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia*, namely:

☐ Pasteurisation method; or

☐ Chlorination method.

☐ Alternative decontamination procedure approved by the Minister (please attach the approval as an appendix to this registration)

Site Plan

Please provide the following details on a site map (on A4 or A3 paper) and attach it to the completed Registration Form;

1. The location of the building where the system/s are installed including relevant surrounding streets/buildings.
2. The location of the system installation inside the building
3. The location of other required areas during the inspection (i.e. maintenance office, plant room or head office to report to for inspection)
4. A directional reference of North.

If multiple systems are installed at the premises, ensure the different systems are able to be easily identified on the site plan.

REGISTRATION FORM CHECKLIST

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

Application type indicated Yes ☐

Site details Yes ☐

Business ownership details Yes ☐

Operation/Maintenance Contacts Yes ☐

Warm Water System Plant Identification form (s)

Please indicate number of forms: _____

APPLICANT DETAILS

Name of person submitting registration form

First name _____ Surname _____

Position title _____

Signature _____

Date ____/____/____

Office Use Only

Fee received: *(Receipt number and amount)* _____

Property Identification: _____

Date registered: _____

Registration expiry date: ____/____/____

Completed

____/____/____