

# COOLING WATER SYSTEM REGISTRATION FORM

## INFORMATION TO APPLICANT

### ***About this Application Form***

The *South Australian Public Health (Legionella) Regulations 2013* require the owner of premises on which a cooling water 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 water system(s) under the *South Australian Public Health (Legionella) Regulations 2013* and must be completed in its entirety.

### ***Registration/Registration Renewal Fees***

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

For registration of 1 water system	\$35.75
For registration of each additional water system installed on the same premise	\$23.90
On application to an authority for renewal of registration of a high risk manufactured water system (per system)	\$17.90

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 high risk manufactured water system registered with the Local Council 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 a high risk manufactured water 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.

### ***Where to Find More Information***

#### ***Local Council***

Should you require assistance with registration or have any questions please contact an Environmental Health Officer from the Mid Murray Council at the Cambrai Office on 8564 6020 or email: [postbox@mid-murray.sa.gov.au](mailto:postbox@mid-murray.sa.gov.au)

# COOLING WATER SYSTEM

## REGISTRATION FORM

### REGISTRATION TYPE

New Application:

New registration of cooling water system(s)

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

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 \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_

### Name of the Contact Person

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

### Business Address

Street Address \_\_\_\_\_  
\_\_\_\_\_

Contact phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Mob \_\_\_\_\_

### Residential Address

Street Address \_\_\_\_\_  
\_\_\_\_\_

Contact phone \_\_\_\_\_ 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 photocopy 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 utilised 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

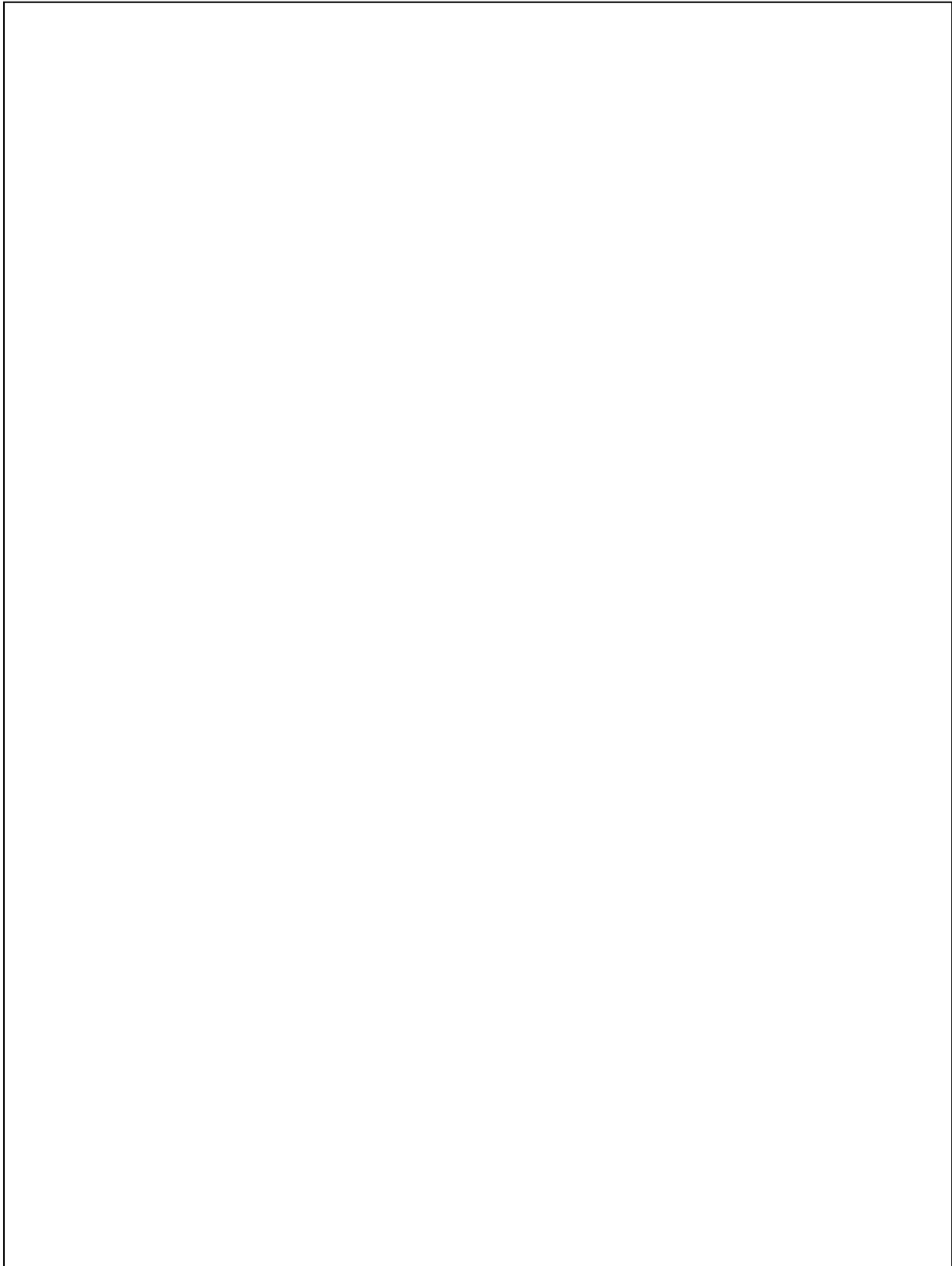
Please indicate the decontamination procedure utilised for the cooling water system

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*

A large, empty rectangular box with a thin black border, intended for the user to draw a site plan. The box occupies most of the page's vertical space below the instructions.

## 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 \_\_\_\_\_ Surname \_\_\_\_\_

Position title \_\_\_\_\_

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

### Office Use Only

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

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

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

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

Completed

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