

COOLING WATER SYSTEM

REGISTRATION FORM

INFORMATION TO APPLICANT

About this application form

The Public and Environmental Health Legionella Regulations 2008 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 Public and Environmental Health (Legionella) Regulations 2008 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 Public and Environmental Health (Legionella) Regulations 2008, as follows:

- | | |
|--|---------|
| • For registration of 1 water system | \$39.75 |
| • For registration of each additional water system installed on the same premise | \$26.50 |
| • On application to an authority for renewal of registration of a high risk manufactured water system (per system) | \$20.00 |

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

Should you require assistance with registration or have any questions, please contact the Clare & Gilbert Valleys Council Environmental Health Officer on 8842 6400.

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: _____ 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: _____

Business address

Street address: _____

Contact phone: _____ Fax: _____

Email: _____ Mobile: _____

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

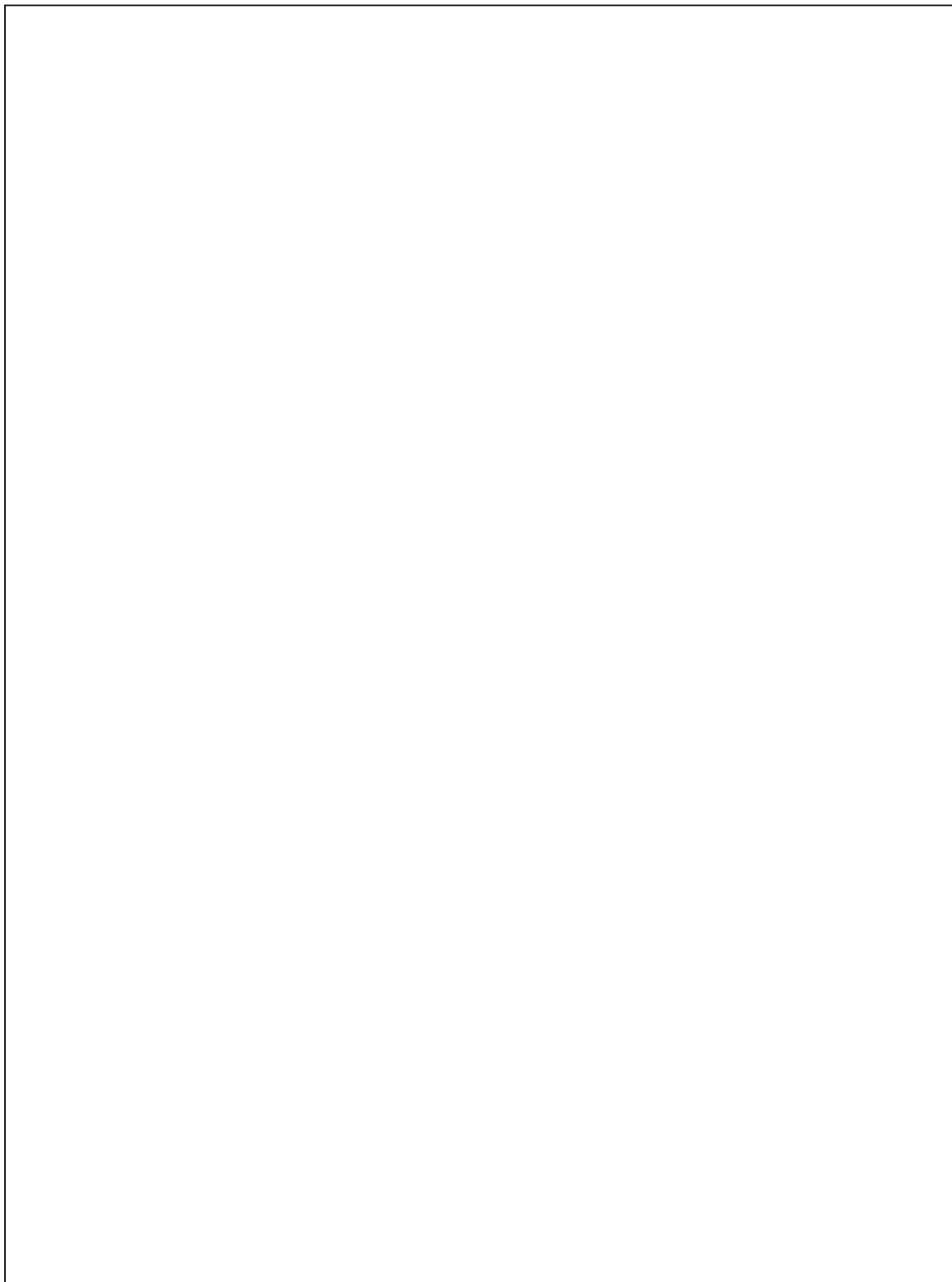
Please indicate the decontamination procedure utilised for the cooling water system:

☐ 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 drawing a site plan. It occupies the majority of the page below the instructions.

REGISTRATION FORM CHECKLIST

To assist processing your application, please ensure 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: ____/____/____

CONTACT DETAILS

T (08) 8842 6400
E health@cgvc.sa.gov.au

Clare & Gilbert Valleys Council
4 Gleeson Street CLARE SA 5453