

**COOLING WATER SYSTEM - REGISTRATION FORM 2022-23****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 2 of the South Australian Public Health (Legionella) Regulations 2013*, as follows:

For registration of 1 water system	\$44.00
For registration of each additional water system installed on the same premises	\$29.25
On application to an authority for renewal of registration of a high risk manufactured water system (per system)	\$22.20

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

Refer to the City of Mitcham Manufactured Water System fee schedule.

***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 your Local Council Environmental Health Officer on 8372 8888.

#### **Useful References**

- Guidelines for the Control of Legionella in Manufactured Water Systems in SA – Revised 2013.
- AS/NZS 3666 – Air-handling and Water Systems for Buildings – Microbial Control.
  - AS/NZS 3666.1 : 2002, Part 1 : Design, Installation and Commissioning
  - AS/NZS 3666.2 : 2002, Part 2 : Operation and Maintenance
  - AS/NZS 3666.3 : 2000, Part 3 : Performance based maintenance of cooling water systems

**COOLING WATER SYSTEM - REGISTRATION FORM****REGISTRATION TYPE** (Regulation 5)**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** (Regulation 5 and 6)

Registered Business Name

\_\_\_\_\_

ABN

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Trading name of premises

\_\_\_\_\_

Site (Street) Address

\_\_\_\_\_

\_\_\_\_\_

Postal Address

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Description of Business Activities

\_\_\_\_\_

\_\_\_\_\_

Business Operating Hours

**Office Use Only**

Fee received: Amount :\$\_\_\_\_\_ Receipt Number:\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Registration received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authority Register updated:\_\_\_\_\_ (Officer Initial)

**BUSINESS OWNERSHIP DETAILS (Regulation 5 and 6)**

**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 (Regulation 11)

	Water Treatment	Cleaning	Tower Maintenance
<b>Person/company responsible for operation &amp; maintenance</b>	<input type="checkbox"/> In-house <input type="checkbox"/> Contractor	<input type="checkbox"/> In house <input type="checkbox"/> Contractor	<input type="checkbox"/> In house <input type="checkbox"/> Contractor
<b>Name of Business</b>			
<b>Name of the Contact Person</b>			
<b>Position/Title</b>			
<b>Business Street Address</b>			
<b>Contact phone</b> <b>Facsimile</b> <b>Email</b> <b>Mobile</b>			

<b>Residential Address</b>			
<b>Contact phone</b> <b>Facsimile</b>			
<b>Additional after hours contact:</b> <b>Name</b> <b>Phone</b>			

## PLANT IDENTIFICATION FORM (Regulation 10)

**Please Note:** Where there is more than 1 cooling water system to be registered, you must photo copy the following pages and complete for each system to be registered.

### 1 Plant Identification

Make/brand: \_\_\_\_\_

Model No. \_\_\_\_\_

Date of Manufacture (if known) : \_\_\_\_\_ Date of Installation : \_\_\_\_\_

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

☐ Continuous ☐ All Year (please specify months) \_\_\_\_\_

☐ Seasonal (please specify months) \_\_\_\_\_

Is the system (or part of system) idle for more than 30 days? ☐ Yes

☐ No

### 6 Maintenance of cooling water system (Regulation 12)

Please indicate the maintenance regime utilised for the cooling water system

☐ Section 2.5 of AS/NZS 3666.2 (Operation and Maintenance), or

☐ Section 3 of AS/NZS 3666.3 (Performance based Maintenance), or

☐ A program approved by the Minister (attach the approval as an appendix to this registration)

Please indicate frequency of inspection/service:

Water Treatment \_\_\_\_\_

Mechanical/Tower Maintenance \_\_\_\_\_

Tower Cleaning \_\_\_\_\_

Waste water (bleed line, main drain, overflow) is discharged to;

☐ Sewer      ☐ Holding Pit      ☐ Other, please specify \_\_\_\_\_

(Please refer to SA Water's Trade Waste Guideline 16 – Cooling Water Discharge Guideline).

## 7 Drift Eliminators (Regulation 8)

Is a drift eliminator fitted to the system?

☐ Yes

☐ No (Note: specific requirements required, please refer to Regulation 8).

## 8 Automatic Biocide Dosing Devices (Regulation 7)

Is the cooling water system fitted with an automatic biocide dosing device?

☐ Yes      Location; ☐ Roof      ☐ Ground      ☐ Plant Room

☐ Other, please specify \_\_\_\_\_

☐ No (specific requirements required, please refer to Regulation 7)

Method of disinfection      ☐ Chemical Biocide

☐ Other, please specify \_\_\_\_\_

## 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)

## 10 Water Sampling

Who is responsible for collecting your water samples?

☐ In house      ☐ Contractor, specify \_\_\_\_\_

☐ Other, specify \_\_\_\_\_

How often are water samples collected and analysed? \_\_\_\_\_

Please specify the laboratory analysing the water samples \_\_\_\_\_

Is the laboratory NATA (National Association of Testing Authorities of Australia) accredited ?

☐ Yes      ☐ No

Who is responsible for receiving and responding to water test results?

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

## 11 Treatment Protocols

Does your business have a documented policy or protocol for responding to laboratory test results that fall outside of acceptable limits?

☐ Yes      ☐ No

If yes please attach a copy of this policy document or briefly describe the standard practices.



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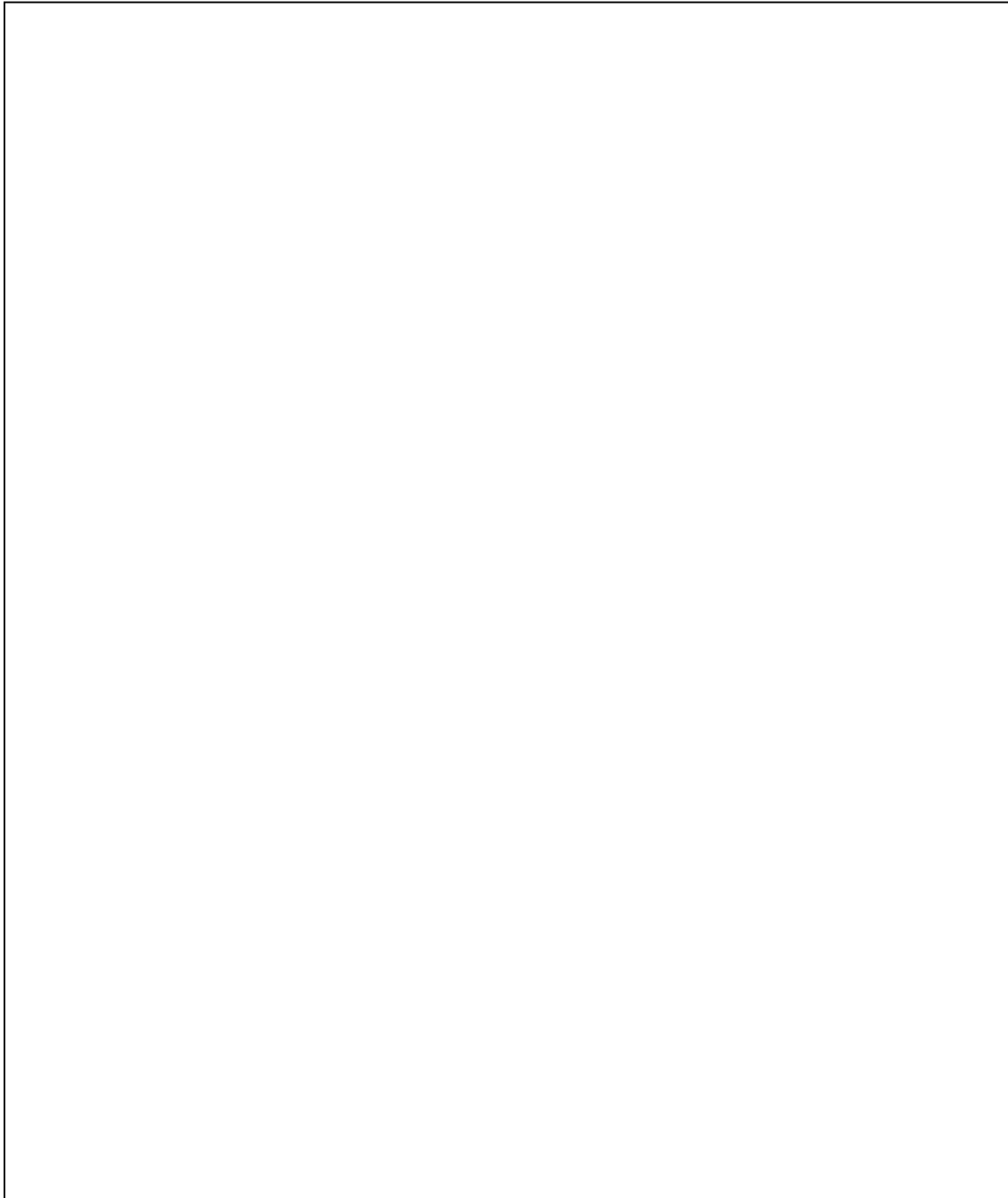
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## SITE PLAN (Regulation 10)

*Please draw or attach a site plan identifying the location of all cooling water system(s). Where necessary, please attach additional pages.*

- Existing systems are required to show the location of all major components\* of the system.
- New systems are required to show the location of all parts of the system.

\* Major components include the cooling tower, condensers, filtration devices, drift eliminator, water inlet, waste outlet and discharge points, water heating devices and water storage facilities.



## REGISTRATION FORM CHECKLIST

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

- ☐ Application type indicated (page 3)
- ☐ Site details (page 3)
- ☐ Business ownership details (page 4)
- ☐ Operation/Maintenance Contacts Table completed (page 5)
- ☐ Cooling water system plant identification forms (page 6 & 7)  
*Please indicate number of forms: \_\_\_\_\_*
- ☐ Site plan with attachments where necessary (page 8)

Please ensure all sections are completed. Council will contact you if additional information is required.

## APPLICANT DETAILS

Name of person submitting registration form

First name \_\_\_\_\_ Surname \_\_\_\_\_

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

I am /am not able to make statements on behalf of \_\_\_\_\_ (business name)

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