

# Cooling water system Information

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## Information to the applicant

### About this Application Form

The South Australian Public Health (Legionella) Regulations 2013 require the owner of premises on which a high risk manufactured 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 cooling water system  | \$40.25 |
| For registration of each additional cooling water system installed on the same premise            | \$30.25 |
| On application to an authority for renewal of registration of a cooling water system (per system) | \$22.90 |

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 your Local Council Environmental Health Officer on 8416 6333.

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## Cooling water system Registration

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### 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:

P/Code:

Trading name of premises:

Site (street) address:

P/Code;

Postal address:

P/Code:

Telephone

Mobile:

Facsimile:

Description of business activities:

Business operating hours:

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| <b>Business ownership details</b>   |   |
|---|---|
| Name(s) of business owner(s):   |   |
| 1.  | 2.  |
| 3.  | 4.  |
| 5.  | 6.  |
| Business address:   |   |
|   | P/Code:   |
| Telephone::   | Mobile:   |
| Email:  |   |
| <b>Business contact, representing business owner(s), in regards to this registration.</b> |   |
| Name of contact:  |   |
| Position / title  |   |
| Residential address:  |   |
|   | P/Code:   |
| Telephone:  | Mobile:   |
| Email:  |   |
| <b>Additional after hours contact:</b>  |   |
| Name:   |   |
| Telephone   |   |
| <b>Operation and maintenance contact details</b>  |   |
| <b>Person/company responsible for operation and maintenance</b>                           | <input type="checkbox"/> In house <input type="checkbox"/> Contractor |
| Name of business:   |   |
| Name of contact person  |   |
| Position / title  |   |
| Business address:   |   |
|   | P/Code:   |
| Telephone:  | Mobile:   |
| Email:  |   |
| Residential address:  |   |
|   | P/Code:   |
| Telephone:  | Mobile:   |
| <b>Additional after hours contact</b>   |   |
| Name:   |   |
| Telephone:  |   |

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## Plant identification

Please note: Where there is more than one 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 of system:

Model no:

System common name/identification no. (eg: floor 1; warm water system1)

### 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, \_\_\_\_\_

If there are multiple systems provide details on the site plan on the next page

### 4. Location of cooling water system

Roof     Ground     Plant room

### 5. Frequency of operation

Annual     Seasonal, specify \_\_\_\_\_

### 6. Maintenance of cooling water system

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

Draw a site plan identifying the location of all cooling water system(s). Where necessary.

## Registration checklist

To assist the processing of 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), specify the number of forms
- Site plan ( with attachment(s) where necessary)

## Applicant details

Name of person submitting registration form:

|                 |             |                   |
|-----------------|-------------|-------------------|
| Title:          | Given name: | Family name:      |
| Position title: |             |                   |
| Signature:      |             | Date:     /     / |

## Office use only

|                           |     |           |     |
|---------------------------|-----|-----------|-----|
| Fee received:             | \$  | Completed | / / |
| Receipt no                |     |           |     |
| Date registered:          | / / |           |     |
| Registration expiry date: | / / |           |     |

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