

Registration Application High Risk Manufactured Water Systems

Please indicate relevant application type and number of systems			
New System(s)		No of systems on premise:	
Renewal of Existing Registration:		No of systems on premise:	
The system(s) details on the Regulation 15 Notice sent with form is current:	YES / NO		
	If No, please complete correct details at No. 6 below		

Note: All systems must be on plans. The plans must be easily accessed.

1. Site Location	
Registered business name:	
Name of premises:	
Address of Premises:	
Postal address:	
Nature of business:	
Total number of cooling towers at this site:	
Total number of warm water systems at this site:	

2. Owner of Business			
Name of Owner:			
Residential address:			
Phone Number:		Mobile:	
Email:			

3. Company Contact Person (Person nominated by the owner of the premises as being responsible for the operation and maintenance of the cooling tower and/or warm water system)			
Name & Title of Contact:			
Residential address:			
Phone Number:		Mobile:	
Email:			

4. Maintenance Operator			
Maintenance:	(Please circle)	In-House	OR Contractor
Same details as Number 3:	YES / NO		
Name & Title of Contact:			
Residential address:			
Phone Number:		Mobile:	
Email:			

5. Plant Identification – Cooling Tower/s – (if more than one system details for each system is required)	
Make/ Brand	
Model Number:	
Name & Title of Contact:	
Location of Cooling Tower:	Roof Ground Plant Room
Information attached with additional system details:	YES / NO

6. Plant Identification – Warm Water System/s (if more than one system, details for each system is required)	
Make/ Brand:	
Model Number:	
Location of warm water system:	Roof Ground Plant Room
Information attached with additional system details:	YES / NO

7. Water Treatment (if applicable)	
Chemicals used:	Biological Control Corrosion Scale
Supply of chemicals:	
Name of chemicals used	

8. Other Information (is there any other information you wish to add, regarding the maintenance and/or operation of your cooling tower or warm water system)	
Location Water sampling collection point:	



Declaration and Signature of Owner / Responsible Person*:

I hereby declare that the information provided in the registration form is true and correct:

Owners Signature: _____ Date: _____

Responsible Person Signature: _____ Date: _____

This register of high risk manufactured water systems (e.g. cooling towers and warm water systems) will be kept by City of Mount Gambier Council, in accordance with the requirements of the SA Public Health (Legionella) Regulations 2013, under the SA Public Health Act 2011.

The owner of a premise with a high risk manufactured water system, must notify Council within one month of any changes to the particulars in relation to the system(s) registered.

*A responsible person is a person authorised to speak on behalf of the business

PLEASE RETURN COMPLETED FORM TO COUNCIL'S OPERATIONAL SERVICES DEPARTMENT:

E-mail: city@mountgambier.sa.gov.au
Phone: (08) 8721 2555
Facsimile: (08) 8724 9791

Post: City of Mount Gambier
PO Box 56
MOUNT GAMBIER SA 5290

