



Public and Environmental Health (Legionella) Regulations 2008

**Cooling Water System - Alternative Decontamination Procedure**  
**Application Form**

**SITE DETAILS**

Registered Business Name \_\_\_\_\_

ABN \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Trading Name of Premises \_\_\_\_\_

Site (Street) Address \_\_\_\_\_  
\_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_

Business Contact Phone \_\_\_\_\_ Fax \_\_\_\_\_

Local Council Area \_\_\_\_\_

Description of Business Activities \_\_\_\_\_  
\_\_\_\_\_

Business Operating Hours \_\_\_\_\_

Total Number of Cooling Towers on the Site \_\_\_\_\_

**Contact Person for this Application**

Name \_\_\_\_\_

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

Business Contact Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**Is the Cooling Water System Registered with the Local Council?**

- Yes *(please attach a copy of the completed registration form)*
- No *(registration is a mandatory requirement from 1 April 2009; or within 1 month of commissioning for new systems)*



Please complete pages 3 and 4 for each cooling tower in the cooling water system for which you seek an approval.

## 1. Cooling Water System Details

Application of Cooling Water System

Air Handling

Process Cooling, please specify \_\_\_\_\_

Other, please specify \_\_\_\_\_

How many cooling towers are part of this cooling water system? \_\_\_\_\_

## 2. Cooling Tower Details

Make / Brand \_\_\_\_\_

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

System Common Name / Identification No. (e.g. system 1; cooling tower 1) \_\_\_\_\_

## 3. Location of Cooling Tower

Roof

Ground

Plant Room

Other, please specify \_\_\_\_\_

## 4. Frequency of Operation

Continuous

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

Other, please specify \_\_\_\_\_

## 5. Maintenance Program

Please indicate the maintenance program for the cooling water system.

Section 2.5 of AS/NZS 3666.2

Section 3 of AS/NZS 3666.3

A program approved by the Minister (please attach the approval as an appendix to this application)

## 6. Current Decontamination Procedure

Please indicate the decontamination procedure **currently** in place 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*

Other, please specify \_\_\_\_\_

## 7. Automatic Biocide Dosing Devices

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

- Yes;  single  dual / alternating  
 No (this is a mandatory requirement from 1 April 2009)

## 8. Drift Eliminator

Does this cooling tower have a drift eliminator fitted (compliant with regulation 8 of the Public and Environmental Health (Legionella) Regulations 2008)?

- Yes  
 No – this is a mandatory requirement from 1 October 2009; have you been granted an exemption from the Minister?  Yes (please attach)  No

## 9. Water Supply

Please indicate the type of water supply utilised in the operation of this cooling tower.

- Reticulated Water (mains water)  
 Recycled Water (please note: you are required to have an approval from the Department of Health)  
 Rainwater  
 Other, please specify \_\_\_\_\_

## 10. Laboratory Results

Where available, please provide copies of all relevant laboratory testing results for the cooling water system for the previous 12 months, including *Legionella* and heterotrophic colony counts (also referred to as total bacterial count).






- I have attached copies  
 I do not have copies to attach

## 11. Other Records / Reports

Please attach copies of any additional relevant documents which may assist in processing your application (e.g. system servicing/inspection reports and maintenance records).

- I have attached copies  
 I do not have copies to attach

On the following pages you will need to provide plans of the cooling water system and the site. You may do this by means of existing plans/schematics, drawings or by utilising imaging or photographic applications as appropriate (e.g. Google Maps™ etc). If you are drawing plans of the system or site, please use the symbols provided in the key below to assist with this task.

Key	
<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px; font-weight: bold; font-size: 1.2em;">DE</div> <div> <p>Cooling Tower (fitted <u>with</u> approved drift eliminator)</p> </div> </div>	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="margin-right: 10px;">  </div> <div> <p>Waste Outlet/Discharge Point</p> </div> </div>
<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 10px;"></div> <div> <p>Cooling Tower (<u>without</u> approved drift eliminator)</p> </div> </div>	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="margin-right: 10px;">  </div> <div> <p>Direction of Flow</p> </div> </div>
<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px; font-weight: bold; font-size: 1.2em;">E</div> <div> <p>Evaporative Condenser</p> </div> </div>	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="margin-right: 10px;">  </div> <div> <p>Blanked End (Dead Leg)</p> </div> </div>
<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin-right: 10px; font-weight: bold; font-size: 1.2em;">F</div> <div> <p>Filtration Device</p> </div> </div>	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="margin-right: 10px;">  </div> <div> <p>Recirculation Pump</p> </div> </div>
<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin-right: 10px; font-weight: bold; font-size: 1.2em;">1</div> <div> <p>Automatic Biocide Dosing Device (single)</p> </div> </div>	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="margin-right: 10px;">  </div> <div> <p>Building Air Intake</p> </div> </div>
<div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; margin-right: 10px; font-weight: bold; font-size: 1.2em;">2</div> <div> <p>Automatic Biocide Dosing Device (dual/alternating)</p> </div> </div>	

## PLAN OF COOLING WATER SYSTEM

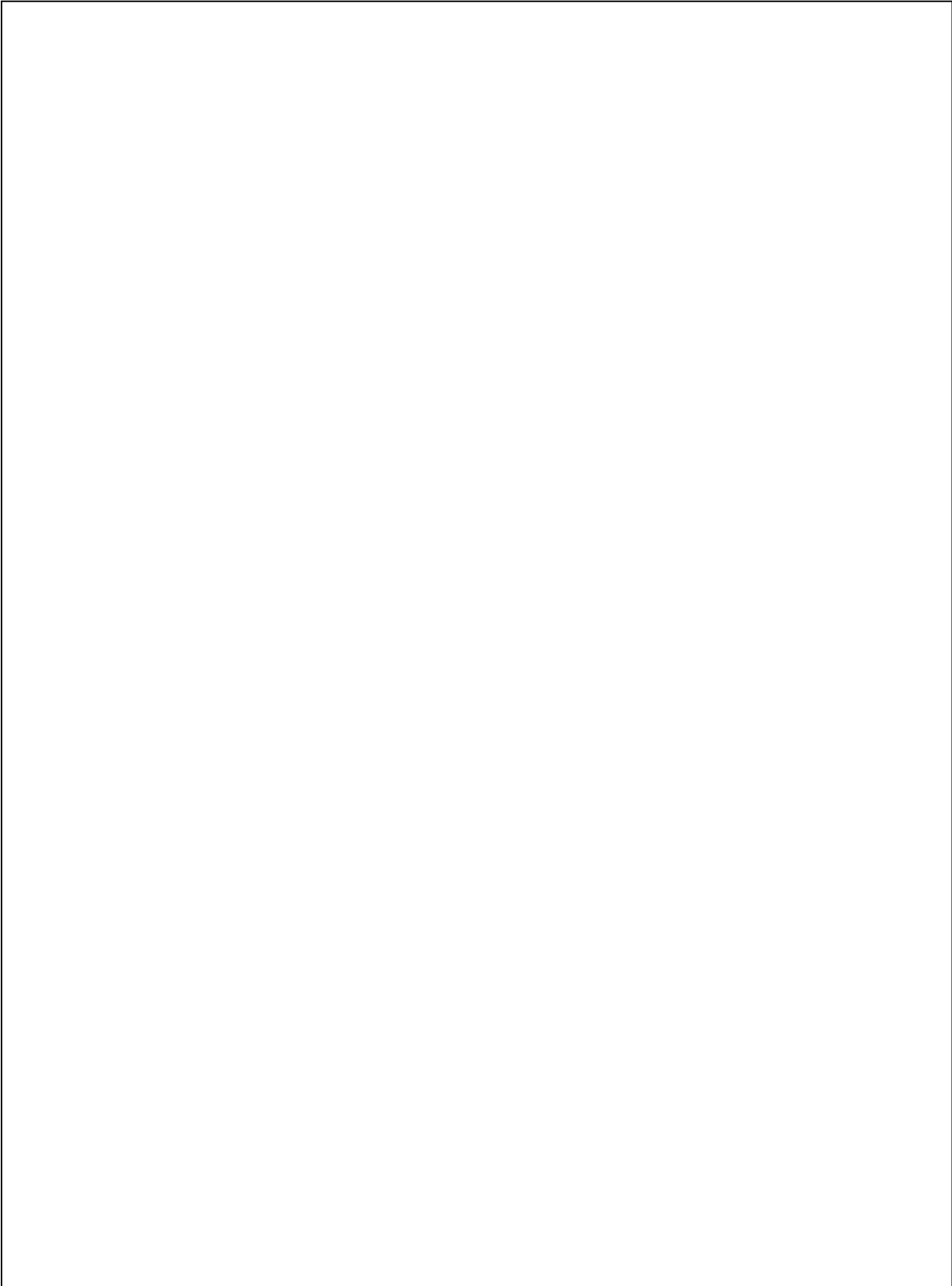
Please draw (*using the symbols on page 5*) or provide a plan which identifies all major components of the cooling water system for which you seek an approval. Please attach additional pages if necessary.

*Please Note: Under the Regulations, 'major components' of a high risk manufactured water system includes cooling towers, condensers, filtration devices, automatic biocide dosing devices, drift eliminators, water inlets, waste outlets and discharge points, and water storage facilities.*



## SITE PLAN

Please draw (*using the symbols on page 5*) or provide a site plan identifying the location of all cooling tower(s), including those in other systems. You must also provide details of the site layout, including proximity of cooling tower(s) to building air intakes, location of any neighbouring schools, health care or aged care facilities and any other relevant information. Please attach additional pages if necessary.



## DECLARATION BY APPLICANT / OWNER

I supply the following details with my application:

- Copy of completed registration form** (*containing business details, operation/maintenance contacts etc*)
- Site & cooling tower details**
- Proposed alternative decontamination procedure**
- Laboratory results** (*where available*)
- Other records / reports**
- System plan, showing major components** (*with attachment(s) where necessary*)
- Site plan** (*with attachment(s) where necessary*)
- Application fee** (*payable to the Department of Health*)

I understand that the Department of Health (DH) may require further details if necessary, and that failure to supply all the details referred to in this application form and any additional information requested by the DH may delay or prevent the processing of this application

I declare that the contents of this application are true, complete and to the best of my knowledge in every particular. I have not made a false or misleading statement in a material particular (whether by the inclusion or omission of any particular) in any information provided in the content of this application.

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPLICATION & PAYMENT DETAILS

Please refer to the following website for current fees:

<http://www.health.sa.gov.au/pehs/legionella-regulations-guidelines.htm>

Please forward your application and the required fee (GST is not applicable) by cheque or money order, to the following address:

**Health Protection Programs  
Department of Health  
PO Box 6  
RUNDLE MALL SA 5000**

**Phone: (08) 8226 7100  
Fax: (08) 8226 7102**

**Email: [legionella@health.sa.gov.au](mailto:legionella@health.sa.gov.au)**

**For further information, please contact Health Protection Programs.**