



## Public and Environmental Health (Legionella) Regulations 2008

### Cooling Tower - Drift Eliminator Exemption 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 for existing systems; or within 1 month of commissioning for new systems)*



# COOLING WATER SYSTEM DETAILS

## 1. Cooling Water System Name

System Common Name / Identification No. (e.g. System 1; Building A) \_\_\_\_\_

## 2. Application of the Cooling Water System

Application of Cooling Water System

Air Handling

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

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

## 3. Decontamination Procedure

Please indicate the decontamination procedure used 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*

An alternative decontamination procedure approved by the Minister (*please attach the approval as an appendix to this application*)

## 4. 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*)

Please indicate location of dosing point(s) \_\_\_\_\_

\_\_\_\_\_

## 5. 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 \_\_\_\_\_

## 6. 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

## 7. 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

## 8. Cooling Tower Details












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

**Please complete the table below, providing information on each cooling tower which is part of this cooling water system. Mark the cooling tower for which you seek an exemption with an asterisk ( \* ).**

Cooling Tower ID <i>e.g. system 1; cooling tower 1</i>	Make/Brand & Model No./Serial No.	Operation Frequency			Location of Cooling Tower <i>e.g. roof of building x; plant room;</i>	Drift Eliminator		
		Continuous	Seasonal	Other (please specify)		Not Fitted	Fitted	
							Complies with Regulations	Does not comply with Regulations

## SYSTEM AND SITE PLANS

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™* or similar). 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	
	Cooling Tower (fitted <u>with</u> approved drift eliminator)
	Cooling Tower ( <u>without</u> approved drift eliminator)
	Evaporative Condenser
	Filtration Device
	Automatic Biocide Dosing Device (single)
	Automatic Biocide Dosing Device (dual/alternating)
	Waste Outlet/Discharge Point
	Direction of Flow
	Blanked End (Dead Leg)
	Recirculation Pump
	Building Air Intake

## SYSTEM PLAN

Please draw (*using the symbols on page 5*) or provide a plan which identifies all major components of the cooling water system containing the cooling tower for which you seek an exemption. 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 water system details**
- 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 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 Department of Health 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.**