

City of Port Lincoln

Address: Postal Address: Email: Telephone: Ult LaticulatiTemplate No11-71-T22Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606PO Box 1787, Port Lincoln SA 5606plcc@plcc.sa.gov.auWeb:www.portlincoln.sa.gov.au(08) 8621 2300Fax:(08) 8621 2399

WARM WATER SYSTEM REGISTRATION FORM

INFORMATION TO APPLICANT

About this Application Form

The South Australian Public Health (Legionella) Regulations 2013 require the owner of premises on which a warm 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 warm 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) (Fees) Variation Regulations 2020*, as follows:

For registration of 1 warm water system	\$44.00
For registration of each additional warm water system installed on the same premise	\$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.

Changes requiring notification to the Local Council

There are a number of mandatory requirements related to the registration of warm water system(s), including the following:

- Registration remains in force for a period of $\underline{12 \text{ months}}$ 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 <u>within 1 month</u> 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 8621 2300.

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REGISTRATION TYPE

New Application:

New Registration of Warm Water System(s)

Please indicate the total number of systems to be registered with this application _____

Existing Registrations:

Renew Registration of Warm Water System(s)

Modify business ownership details and/or maintenance and operation contact details of existing Registration(s) of Warm Water System(s)

Please indicate the total number of systems already registered _____

SITE DETAILS

Registered Business Name	
ABN	
Address	
Trading name of premises	
Site (Street) Address	
Postal Address	
Contact phone	
Description of Business Activities	
Business Operating Hours	

BUSINESS OWNERSHIP DE	TAILS
Name of Business Owner(s)	

Business Address	
Street Address	
Contact phone	Fax
Name of business contact, representing business o	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
ERATION & MAINTENANCE CONTAC Person/company responsible for operation & mai Name of Business	ntenance In-house Contractor
Person/company responsible for operation & mai Name of Business	ntenance In-house Contractor
Person/company responsible for operation & mai Name of Business Name of the Contact Person	ntenance In-house Contractor
Person/company responsible for operation & mai Name of Business Name of the Contact Person Name	ntenance In-house Contractor
	ntenance In-house Contractor
Person/company responsible for operation & main Name of Business Name of the Contact Person Name Position/Title	ntenance In-house Contractor
Person/company responsible for operation & main Name of Business Name of the Contact Person Name Position/Title Business Address	ntenance In-house Contractor
Person/company responsible for operation & main Name of Business Name of the Contact Person Name Position/Title Business Address Street Address	ntenance In-house Contractor
Person/company responsible for operation & main Name of Business	ntenance In-house Contractor
Person/company responsible for operation & main Name of Business	ntenance In-house Contractor
Person/company responsible for operation & main Name of Business	ntenance In-house Contractor

PLANT IDENTIFICATION FORM

Please Note: Where there is more than 1 warm water system to be registered, you must photo copy this page and complete it for each system to be registered.

1	Type of water heating device				
	Make/brand of system				
	Model No	Model No			
	System Common name/Identification No.(e.g. floor 1; warm water system 1)				
2	Features of System				
	Source of water heating	Gas	Electric		
	Other, please specify				
	Water storage or instantaneous?	Storage	Instant		
	Are there any temperature control devices installed with this system?	Yes	🗌 No		
3	Location				
	Location of areas serviced by the warm water system:				

4 Decontamination Procedure

Please indicate the decontamination procedure utilised for the warm water system

Prescribed decontamination procedure set out in Schedule 3 Part 2 of the *Guidelines for the Control of Legionella in Manufactured Water Systems in South Australia*, namely:

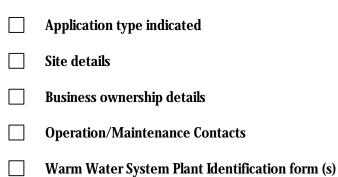
Pasteurisation method; or

Chlorination method; or

Alternative decontamination procedure approved by the Minister for Health

REGISTRATION FORM CHECKLIST

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



Please indicate number of forms:_____

APPLICANT DETAILS

Name of person submitting registration form

First name	Surname		
Position title			
Signature	Date	_/	_/

Office Use Only	
	Completed
Fee received: (Receipt number and amount)	
Property Identification:	/
Date registered:	
Registration expiry date://	