

PART 1

Read the guide to register a cooling tower and/or an evaporative condenser carefully. Please complete the following details in block letters.

The completed form should be sent to:
Department for Environmental Health
Civic Centre
Convent Street
Zabbar ZBR 1351
Tel : 21803222 Fax : 21803212
E-mail : environmental.health@gov.mt

Application for Registration of a Cooling Tower System & Evaporative Condensers

In terms of L.N. 6 of 2006

Premises Details

| | |
|---|-----------------------------|
| 1. Name of Premises THE EDBLE OIL REFINING CO LTD | |
| 2. Postal Address of Premises MGEERET ROAD | |
| Town / Village MARS A | Postcode MRS 3305 |

Responsible Person Details

| | |
|---|--|
| 3. Name of responsible person WILFRED FALZON | |
| 4. Postal Address of Responsible Person MANAGER | |

Position

| | | |
|--|-------------------------------|-----------------------------|
| Town / Village MARS A | | Postcode MRS 3305 |
| Telephone No. 21232111 | Mobile No. 99421614 | Fax No. 21232116 |
| E-Mail Address WFALZON@EORL.COM.MT | | |

Cooling Towers and/or Evaporative Condensers

5. Number of systems used on premises **1** (Place number of systems in box)

System Location

6. Place where system is allocated on premises (Place number of systems in box)

| |
|----------------------------------|
| 60 METRES SSW of PREMISES |
| |
| |
| |
| |

Office Use Only
Premises Registration No.
System Registration No.
Date Processed / /

PART 2

Please complete a separate Part 2 for each Cooling Tower and/or an Evaporative Condenser on the premises

System Details

7. Who is responsible for day to day operation and maintenance of system in question

Name **WILFRED FARZON** Position **MANAGER**

Postal Address **MCLEERET ROAD**

Town / Village **MARSA** Postcode **MRS 3305**

Telephone No. **21232111** Mobile No. **99421614** Fax No. **21232116**

E-Mail Address **W.FARZON@EORC.COM.MT**

8. What is the purpose of the cooling system? Please tick box

☐ Air Conditioning

☐ Refridgitation

9. What area is served by the system

PROCESSING AREA

10. What is the nature of the business served by the system. Please tick as appropriate

☐ Agriculture

☐ Education

☐ Hospital/Health Care

☐ Office

☐ Other please specify

☐ Dairy Industry

☐ Entertainment

☐ Hotel type accommodation

☐ Residential care

☐ Retail

☒ Manufacturing

☐ Warehouse

☐ Dry cleaning

11. How many cooling towers or evaporative condensers are in the same cooling system? **5** (Please place number in box)

12. What is the type of system being used? Please tick box where applicable

☐ Induced draught cross flow

☐ Forced draught cross flow

☒ Other (Please specify)

13. Is a drift eliminator fitted to each system? ☒ Yes ☐ No

14. Is an automated biocide dosing device fitted to the system? (Please tick one box) ☒ Yes ☐ No

15. Is an automated bleed off device fitted to the system? (Please tick one box) ☐ Yes ☐ No

16. Estimated system volume?

☐ Less than 100 Litres

☐ 101 to 1,000 Litres

☐ 5,001 to 10,000 Litres

☐ 10,001 to 50,000 Litres

☒ More than 50,000 Litres

17. System is drained into Main Sewers? ☒ Yes ☐ No

18. Has a Risk Management Plan been prepared for the cooling system? ☐ Yes ☒ No

I the undersigned declare that the information given above is correct

Signature **WILFRED FARZON** Date **10/12/09** Name (Capitals) **WILFRED FARZON** ID Card No. **104544**

IMPORTANT: COOLING TOWERS AND/OR EVAPORATIVE CONDENSERS SYSTEM DETAILS (PART 2) MUST BE COMPLETED FOR EACH SYSTEM ON THE PREMISES. PLEASE ATTACHED COMPLETED PART 2 DETAILS TO THIS FORM IF REQUIRED.

Office Use Only
System Registration No.