

**Fresh Water Cooling Towers Scheme for Air Conditioning Systems**  
**Notice of Commencement of Cooling Tower Installation Work**

Date: \_\_\_\_\_

**To : Director of Electrical and Mechanical Services**

**Part A** : (To be completed by the Designer of the installation(s))

1. General details:

Building name : \_\_\_\_\_

Building address : \_\_\_\_\_

Building type: \* Commercial / Educational / Government / Hospital & Healthcare / Hotel / Logistics / Public Transport / Public Utilities / Industrial / Science & Technology Estate /

Other (please state) \_\_\_\_\_

Quantity of cooling towers  
\*installed/to be installed: \_\_\_\_\_

Gross floor area served by the air conditioning installation under this application: \_\_\_\_\_ m<sup>2</sup>

Air conditioning system: Cooling capacity: \_\_\_\_\_ kW Heat rejection capacity: \_\_\_\_\_ kW

2. Cooling tower installation commencement and completion dates:

Anticipated commencement date: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_

3. Cooling Tower Details: as shown in attached Form CT4.

I submit installation details as in Form CT4 and notify EMSD of the commencement of cooling tower installation work. Re-submission will be made in case of any changes of details before completion of work.

Signature of Designer: _____	Date: _____	
Full Name of Designer: _____	Company Chop:	
Company: _____		
Tel No.: _____ Fax No.: _____		
Correspondence Address: _____		

**Part B** : (To be completed by the owner of the installation(s))

I, as the owner of the cooling tower installation(s), understand the conditions and obligations of participation in the Scheme, and confirm that the cooling tower installation(s) would not be put in operation until the Electrical and Mechanical Services Department is satisfied with the installation and the Water Supplies Department has approved the connection of mains water supply to the installation.

Signature of Owner or his Representative: _____	Date: _____	Company Chop:
Full Name of Owner or his Representative: _____	_____	
Company: _____	_____	
Tel No.: _____ Fax No.: _____	_____	
Correspondence Address: _____	_____	

**Part C** : (to be completed by EMSD for internal use)

File Ref. No.: EEO/WC/13/01/  
\_\_\_\_\_

Cooling Tower Registration No.: PS-  
\_\_\_\_\_

The installation details in this form, Form CT4 and associated document / drawings submitted by the applicant have been checked and found complying with the requirements of the Fresh Water Cooling Towers Scheme for Air Conditioning Systems, including the WSD's permit conditions related to the design and installation aspects.

\_\_\_\_\_  
( )

Post: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

c.c. Director of Water Supplies (Attn: SE/CS(HK/K/NT\*))