



**FEE \$ 788.00**  
**GST exempt**  
**1/7/20 - 30/6/21**  
 Form No. FN03v17

**FAR NORTH PRESCRIBED WELLS AREA**  
**APPLICATION FOR VARIATION OF LICENCE ON ABSOLUTE (PERMANENT)**  
**OR LIMITED (TEMPORARY) TRANSFER OF ALLOCATION**

*Pursuant to Section 124 of the Landscape South Australia Act 2019*

*A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.*

**Please complete Sections 1 to 12 below. Write N/A (not applicable) below the sections that are not relevant to your application. If there is insufficient space on this form, please indicate the total number of additional pages attached:**

**1. APPLICANT DETAILS:**

**1.1 TRANSFEROR (Seller)**

Name(s) in full \_\_\_\_\_  
 \_\_\_\_\_  
 (Name(s) in full of licence holder(s) as it appears on the licence)

If Body Corporate: ACN \_\_\_\_\_

Licence No: \_\_\_\_\_

Contact postal address \_\_\_\_\_  
 \_\_\_\_\_

Contact Name: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

**1.2 TRANSFEREE (Buyer)**

Name(s) in full \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Name(s) of licence holder(s) as appears on the licence OR name(s) of potential licence holder(s). Please note that the name(s) given above must be legal entities)

If Body Corporate: ACN \_\_\_\_\_

Licence No: \_\_\_\_\_ *(Note: if you do not hold a water licence you must apply to this department for a licence on the appropriate form)*

Contact postal address \_\_\_\_\_  
 \_\_\_\_\_

Contact Name: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
	Date Received: _____			
Amount Paid: \$ _____				
Area: _____				

## 2. ABSOLUTE (PERMANENT) / LIMITED (TEMPORARY) TRANSFER REQUEST AND DETAILS

WE HEREBY REQUEST THAT APPROVAL BE GIVEN FOR

THE **ABSOLUTE / LIMITED** TRANSFER (delete whichever does not apply)

OF \_\_\_\_\_ kilolitres

ENDORSED ON WATER LICENCE NUMBER: \_\_\_\_\_

TO

WATER LICENCE NUMBER: \_\_\_\_\_

IF TO A NEW WATER LICENCE TO BE ISSUED, PLEASE TICK THIS BOX:

THE LIMITED TRANSFER BEING FOR A PERIOD (complete only if relevant)

COMMENCING ON: 01 / 07 / \_\_\_\_\_

EXPIRING ON: 30 / 06 / \_\_\_\_\_

**Note: limited transfers will have effect for a full licence year, eg 1 July to 30 June.**

TOTAL AMOUNT PAID OR PAYABLE FOR THE WATER (EXCLUDING LAND PRICE):

\$

## 3. DETAILS OF WATER BEING TRANSFERRED – TRANSFEROR (Seller)

(Please write details in the table below)

Origin of Water	Well Number(s)	Allocation to be transferred (kL)	Purpose
Underground Water			
Recharged Water			

COMMENTS

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## 4. SALINITY DETAILS – TRANSFEROR (Seller)

If you have undertaken salinity sampling in the 12 month period prior to submission of this application, please provide a salinity reading for all wells from where the water will be transferred:

Well Number	Salinity (milligrams/litre)	Date of sample

Well Number	Salinity (milligrams/litre)	Date of sample

**5. METER READING:**

Please provide the transferor(s) (sellers) meter reading(s) with this application.  
This will assist in determining your application.

Meter Number	Date of Reading	Meter Reading

**6. DETAILS OF WELL(S) FROM WHICH THE UNDERGROUND WATER SUBJECT TO THIS TRANSFER IS TO BE TAKEN – TRANSFEEE (Buyer)**

(Please write details in the table below)

Well Number(s)	Allocation to be Transferred (kL)	Title Reference Volume and Folio number(s) where well located	Purpose

**COMMENTS**

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**7. SALINITY DETAILS – TRANSFEEE (Buyer)**

If you have undertaken salinity sampling of the proposed extraction well(s), please provide a recent (less than 1 year) salinity reading for all well(s) from where water will be extracted upon transfer:

Well Number	Salinity (milligrams/litre)	Date of sample

Well Number	Salinity (milligrams/litre)	Date of sample

**8. LAND ON WHICH THE WATER ALLOCATION IS PROPOSED TO BE USED – TRANSFEEE (Buyer)**

(Please write details in the table below)

Title Reference Volume and Folio number(s)	Allotment Number	Plan Number	Section	Hundred



**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**

Please be aware that it is an offence to provide information on this form that is false or misleading.

**SECTION 11: SIGNATURE OF THE TRANSFEROR (SELLER)**

**NOTE: Each applicant must complete ONE (only) of the following alternatives**

I/We declare that the information that has been provided on this application is true and correct.

**Note: If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.**

**1. Where the applicant is an individual or two or more persons**

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

**2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation**

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:  
(print name of company or incorporated association)

**3. Where the applicant is a company or an incorporated association and the seal is affixed:**

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:
Print Name	
Position held	
Date	
Signature	
Print Name	
Position held	Date

**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**

Please be aware that it is an offence to provide information on this form that is false or misleading.

**SECTION 12: SIGNATURE OF THE TRANSFEREE (BUYER)**

**NOTE:** Each applicant must complete ONE (only) of the following alternatives

I/We declare that the information that has been provided on this application is true and correct.

**Note:** If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.

**1. Where the applicant is an individual or two or more persons**

Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date
Print Name	Sign Here	Date

**2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation**

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:  
(print name of company or incorporated association)

**3. Where the applicant is a company or an incorporated association and the seal is affixed:**

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:	
Print Name		
Position held		Date
Signature		
Print Name		
Position held		Date

**Return application and payment to:**  
Department for Environment and Water  
GPO Box 1047  
ADELAIDE SA 5001

**Make cheques or money orders payable to:**  
Department for Environment and Water

**For credit card payments or other payment options, please telephone:**  
(08) 8463 6876

**Office Location:**  
Customer Service Centre  
81-95 Waymouth Street  
ADELAIDE SA 5000