



W.1 RIVER MURRAY PRESCRIBED WATERCOURSE Application for a Water Resource Works Approval

Pursuant to Section 134 of the *Landscape South Australia Act 2019*

Note: Failure to provide complete details and/or prescribed fee will result in your application being returned for completion
Note: If this licence application is approved, you will also need a *Site Use Approval* to use the water, together with an appropriate *Water Allocation*.

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

1 Applicant Detail

Full Name(s) of applicant(s)

Contact Person If Body Corporate, ACN

Contact Postal Address State P/Code

Telephone Mobile

E-mail

2 Water Extraction Detail

2.1 Provide details of the proposed works for the purpose of taking water.

NOMINATED WORKS (E.G. WATERCOURSE EXTRACTION POINT)	GPS CO-ORDINATES OF EXTRACTION POINT USING WGS-84 OR GDS94 DATUM (EASTINGS & NORTHINGS)	TITLE REFERENCE CT, CL OR CR VOLUME AND FOLIO	SECTION AND /OR ALLOTMENT	PLAN NUMBER (IF APPLICABLE) AND HUNDRED

2.2 I / we declare that the new extraction point is not located on a backwater

3 Water Meters

3.1 Enter the location and details of any meters that will measure the volume of water taken.

GPS CO-ORDINATES OF METER SITE(S) USING WGS-84 OR GDS94 DATUM (EASTINGS & NORTHINGS)	TITLE REFERENCE CT, CL OR CR VOLUME AND FOLIO	EXISTING OR NEW*	METER NUMBER

*Note: If meter is new, a meter notification form must be submitted in conjunction with this form.

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



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 4: SIGNATURE OF THE APPLICANT

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, Company 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

Table with 3 columns: Print Name, Sign Here, Date. Multiple rows for individual signatories.

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

Table with 2 columns: Print Name of authorised person, Position held. Multiple rows for authorised persons.

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:

Table for seal affixing with columns for Signature, Print Name, Position held, Date, and Affix Seal Here.

Return application and payment to: Department for Environment and Water, PO Box 240, BERRI SA 5343

Make cheques or money orders payable to: Department for Environment and Water. For credit card payments or other payment options, please telephone: (08) 8595 2053

Office Location: 2 Wade Street, BERRI SA 5343