



APPLICATION FOR A PERMIT TO DRILL, PLUG, BACKFILL (DECOMMISSION) OR SEAL A WELL
OR REPAIR, REPLACE OR ALTER THE CASING, LINING OR SCREEN OF A WELL

Pursuant to Section 112 of the Landscape South Australia Act 2019

A person who furnishes information to the Minister or other 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.

1. APPLICANT(S) DETAILS

Form section for Applicant Details including fields for Name(s), ACN, Residential Address, Postal Address, Contact Name, Telephone No, Mobile, Fax, and Email. Includes notes about legal entities and electronic copies.

2. LAND DETAILS

Land on which the activity is proposed to be carried out, being land the applicant has a legal entitlement to use in the proposed manner. Refer to Property Location Browser: http://maps.sa.gov.au/plb/ for land details and a map.

Table with 6 columns: Land Title Reference Volume No and Folio No, Plan No, Allotment or Section No, Hundred of, On Land or Adjacent Road Reserve, Pastoral Lease No if known.

Note: There is a Temporary Moratorium on all New Domestic wells within the Central Adelaide Groundwater Area. If you think you may be in this area, please check with the Department before submitting this application.

Return application and payment to: Department for Environment and Water, Water Licensing Branch, PO Box 1046, Mount Gambier SA 5290. For credit card payments or other payment options, please telephone: (08) 8735 1134

Mount Gambier Office: 11 Helen Street, Mount Gambier SA 5290, ABN 36 702 093 234. www.waterconnect.sa.gov.au, www.environment.sa.gov.au

Table for Office Use Only with columns: Application No, Payment Method, Invoice No, Batch No. Includes fields for Date Received, Amount Paid, and Area.

### 3. PROPOSED WORK

3.1 You may need a Water Licence to use your new well for Water Supply. Do you have an existing Water Licence that needs to be varied to include the new well being constructed? Yes  No

3.2 If YES please state the Water Licence No: \_\_\_\_\_

**Note:** You may need to complete an Application for Variation of Licence form. Each application will require the payment of a prescribed fee. More information can be found at [www.environment.sa.gov.au/managing-natural-resources/water-use/water-planning/water-allocation-plans](http://www.environment.sa.gov.au/managing-natural-resources/water-use/water-planning/water-allocation-plans)

**Please select the type of work you propose to carry out:**

3.3 Construct a new well: Yes  No

If YES go to Part 4. (Do not tick if the new well is replacing an older well that will be backfilled)

3.4 Backfill an existing well and Construct a replacement well: Yes  No

If YES go to Part 5. (At the same time, on the same land parcel before the drill rig leaves site)

3.5 Carry out work on an existing well: Yes  No

If YES go to Part 6. (Do not tick if the work is to backfill & replace an existing well)

### 4. NEW WELL DETAILS

4.1 Number of wells to be drilled: \_\_\_\_\_

**Note:** a permit is issued for each well to be drilled and a fee is payable for each individual permit.

4.2 Approximate Easting and Northing (if known): E: \_\_\_\_\_ N: \_\_\_\_\_ Zone: \_\_\_\_\_

4.3 A) Proposed depth of the new well: \_\_\_\_\_ metres **AND/OR**

B) Proposed Aquifer: \_\_\_\_\_

*(Aquifer Examples: Unconfined or Confined; 1st Aquifer or 2<sup>nd</sup> Aquifer; Q1, Q2, Q3, Q4 or T1, T2 etc.)*

Go to Part 6

### 5. REPLACEMENT WELL DETAILS

5.1 Existing Well No/Permit No: \_\_\_\_\_ Depth: \_\_\_\_\_

5.2 A) Proposed depth of the replacement well: \_\_\_\_\_ metres **AND/OR**

B) Proposed Aquifer: \_\_\_\_\_

*(Aquifer Examples: Unconfined or Confined; 1st Aquifer or 2<sup>nd</sup> Aquifer; Q1, Q2, Q3, Q4 or T1, T2 etc.)*

5.3 Approximate Easting and Northing (if known): E: \_\_\_\_\_ N: \_\_\_\_\_ Zone: \_\_\_\_\_

5.4 Purpose of replacement: \_\_\_\_\_

Go to Part 6

### 6. PURPOSE OF WELL

6.1 Please indicate the purpose/use of water by ticking the appropriate box

**Note:** a water licence may be required to authorise the taking and use of water from wells in Prescribed Areas within South Australia. Please contact the Department on 8735 1134 for further information.

a) Irrigation  Crop type: \_\_\_\_\_ Hectares to be irrigated: \_\_\_\_\_

b) Domestic  Number of Houses: \_\_\_\_\_ Human Consumption: Yes  No

If YES distance well is to be drilled from nearest septic tank system: \_\_\_\_\_ metres

c) Stock  Number of Stock: \_\_\_\_\_ Type of Stock: \_\_\_\_\_

d) Industrial  Nature of business: \_\_\_\_\_ kL per annum: \_\_\_\_\_

e) Public/Town Water Supply  Nature of business: \_\_\_\_\_ kL per annum: \_\_\_\_\_

f) Fire Fighting  Details: \_\_\_\_\_

6.2 Investigation/Test Well  (Please attach map including proposed GPS coordinates)

a) Contamination  b) Investigation  c) Monitoring  d) Hydrogeological

e) Geothermal  f) Environmental  g) Engineering  h) Other purpose

Details of water use/purpose: \_\_\_\_\_

6.3 Mining  (Please attach map including proposed GPS coordinates)

a) Dewatering  b) Exploration  c) Industrial  d) Investigation  e) Other purpose

Details of water use/purpose: \_\_\_\_\_

6.4 Drainage  Nature of business: \_\_\_\_\_

Will the well be discharged through a: silt trap  oil trap  other

What attempt has been made to rehabilitate the existing drainage well/s? \_\_\_\_\_

**Note: a separate permit is required to authorise the drainage or discharge of water into a well. Please contact the Department on 8735 1134 for further information.**

If NOT carrying out work on an Existing well, Go to Part 8

## 7. CARRY OUT WORK ON AN EXISTING WELL

7.1 Well Unit No/Permit No/s: \_\_\_\_\_ Date drilled: \_\_\_\_\_

7.2 Present depth: \_\_\_\_\_ meters Meter Number (if known): \_\_\_\_\_

7.3 Well Information - Casing(s) at present in well (show each string separately):

1) Type \_\_\_\_\_ Diameter \_\_\_\_\_ mm from \_\_\_\_\_ metres to \_\_\_\_\_ metres

2) Type \_\_\_\_\_ Diameter \_\_\_\_\_ mm from \_\_\_\_\_ metres to \_\_\_\_\_ metres

3) Type \_\_\_\_\_ Diameter \_\_\_\_\_ mm from \_\_\_\_\_ metres to \_\_\_\_\_ metres

Details of cementing: \_\_\_\_\_ Details of screen: \_\_\_\_\_

7.4 Is it proposed to deepen an existing well? Yes  No

Proposed Depth: \_\_\_\_\_ metres Proposed Aquifer: \_\_\_\_\_

7.5 Is it proposed to enlarge the diameter of an existing well? Yes  No

Present Diameter: \_\_\_\_\_ mm Proposed Diameter: \_\_\_\_\_ mm

7.6 Is it proposed to remove, replace, alter, slot or repair the casing, lining or screen of a well?

Yes  No  Details of rehabilitation: \_\_\_\_\_

7.7 Is it proposed to plug, backfill or seal the existing well? Yes  No

If yes; why is the well to be decommissioned? \_\_\_\_\_

**8. ANY OTHER COMMENTS:**

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**9. MAP OF PROPOSED WELL LOCATION**

If possible, please mark the proposed location of the well(s) by providing a map. This map can be drawn or printed as an attachment. Land details can be obtained from <http://maps.sa.gov.au/plb/>.

**MAP LEGEND**



**PROPOSED WELL LOCATION**



**EXISTING WELL LOCATION**  
(If Replacing, Rehabilitating, Relining  
Deepening or Backfilling)

**On a drawn or provided map of the land parcel(s), please show the location of the proposed well(s).**

*Show property boundary and Section(s) numbers*



**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**  
**ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED**

**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.

**10. SIGNED BY THE APPLICANT**

**Note:** The applicant must complete only one of the following alternatives:

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

<b>1. Where the applicant is an individual or two or more persons:</b>		
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
<b>2. Where the applicant is a company or an incorporated association the authorised person(s) duly authorised to sign for and behalf of the organisation:</b>		
Name of company or Incorporated Association:		
Print Name:	Sign Here:	Date:
Position Held:		
Print Name:	Sign Here:	Date:
Position Held:		
<b>3. Where the applicant is a company or an incorporated association and the Seal is affixed:</b>		
The Seal of _____		
[Write name of Company or incorporated association]		
was hereby affixed in the presence of:		Affix Seal in Box
Print Name:	Sign Here:	
Position Held:	Date:	
Print Name:	Sign Here:	
Position Held:	Date:	
<p><b>RETURN THIS APPLICATION AND PAYMENT TO:</b> Department for Environment and Water          11 Helen Street Mount Gambier SA 5290   PO Box 1046 Mount Gambier SA 5290            For credit card payments or other payment options, please telephone: 08 8735 1134</p>		