



MCLAREN VALE PRESCRIBED WELLS AREA
APPLICATION FOR A WATER LICENCE

Pursuant to Section 122 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 9 below.

If there is insufficient space on this form, please indicate the total number of additional pages attached:

1. APPLICANT DETAILS:

Name(s) in full _____

 (The name(s) given above must be legal entities, as these will be the name(s) that will appear on a licence if this application is approved. If applying as a trustee please state the name of the trust)

If Body Corporate: ACN _____

Contact postal address: _____

Contact Name: _____

Telephone No: _____ Email: _____

Mobile: _____ Fax: _____

2. WATER ALLOCATION DETAILS

Where will the water allocation you propose to be endorsed on the licence be obtained?

Please indicate by ticking one of the boxes below.

2.1 A water allocation purchased from the holder of a water licence:

If you ticked this box, you must also submit an application for limited (temporary) or absolute (permanent) water allocation transfer signed by you as transferee (purchaser), and signed by the transferor (seller).

Licence number from which the water allocation is being transferred: _____

GO DIRECTLY TO SECTION 9 AND SIGN AND DATE THE APPLICATION FORM.

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

2.2 A water allocation sought from the Minister for Environment and Water:

Complete the rest of the application. Write N/A (not applicable) in those sections that are not relevant.

2.3 Recharged Water (water drained or discharged into a well):

Complete the rest of the application. Write N/A (not applicable) in those sections that are not relevant. Please ensure that you complete section 7.

3. DETAILS OF THE UNDERGROUND WATER ALLOCATION SOUGHT

(Please write details in the table below)

Water Allocation Requested (kL)	Well Number	Purpose	Title Reference Volume and Folio number where well located

COMMENTS

4. ALLOCATION SOUGHT BASED ON RECHARGE CREDIT

(Please write details in the table below)

Water Allocation (Recharge Credit) Requested (kL)	Well Number (source of water to be extracted)	Purpose	Title Reference Volume and Folio number where well located

COMMENTS

5. SALINITY DETAILS FOR THE WELL(S) FROM WHICH WATER IS TO BE TAKEN

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 is proposed to be extracted:

Well Number	Salinity (milligrams/litre)	Date of sample

Well Number	Salinity (milligrams/litre)	Date of sample

6. LAND ON WHICH THE WATER ALLOCATION IS PROPOSED TO BE USED

(Please write details in the table below)

Title Reference Volume and Folio number	Allotment Number	Plan Number	Section	Hundred

7. DRAINAGE OR DISCHARGE APPROVAL DETAILS

Environment Protection Act 1993 authorisation number(s) and details:

Landscape South Australia Act 2019 permit number(s) and details:

8. OTHER INFORMATION

Please include any additional information that you think will support your application:

You may be required to provide additional information before your application can be determined. If further information is required you will be advised.

Please note that this application does not relieve the applicant from obtaining all other necessary approvals for the taking and use of water.

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 9: 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, 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