



# W.1

## SOUTHERN BASINS AND MUSGRAVE PRESCRIBED WELLS AREAS

### 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 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

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

Full Name(s) of applicant(s)

Contact Person

If Body Corporate, ACN

Contact 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. WELL LOCATION)	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 have undertaken hydrogeological investigations that demonstrates that the taking of water and the proposed manner of taking will not have significant detrimental impact on the water resource, groundwater dependent ecosystems, existing water users and the availability and quality of water accessed by others.

2.3  I /We have attached a copy of the hydrological investigations and conclusions.

#### For Office Use Only:

Application No

Receipt No

Invoice No

Batch No

Date Received

Amount Paid \$

Area



**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 GR 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.**

**4 Signatures of applicants**

**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.

**4.1** Where the applicant is one or more persons:

Sign Here \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sign Here \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**4.2** Where the applicant is a company or an incorporated association

Name of company or incorporated association

Sign Here \_\_\_\_\_

Name of authorised person \_\_\_\_\_

Position held \_\_\_\_\_ Date \_\_\_\_\_

Sign Here \_\_\_\_\_

Name of authorised person \_\_\_\_\_

Position held \_\_\_\_\_ Date \_\_\_\_\_

Affix seal in box



<p><b>Return application and payment to:</b> Department for Environment and Water PO Box 240, BERRI SA 5343</p> <p><b>Make cheques or money orders payable to:</b> Department for Environment and Water</p> <p><b>For credit card payments or other payment options, please telephone:</b> (08) 8595 2053</p>	<p><b>Office Location:</b> 2 Wade Street BERRI SA 5343</p>
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