



**FAR NORTH PRESCRIBED WELLS AREA**  
**APPLICATION FOR A WATER LICENCE**

Pursuant to Section 146 of the Natural Resources Management Act 2004

A person who furnishes information to the Minister or another authority under the Natural Resources Management Act 2004 (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 10 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 an existing 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).

2.2 A water allocation sought from the Minister for Sustainability, Environment and Conservation:

Licence number from which the water allocation is being transferred: \_\_\_\_\_

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

**GO DIRECTLY TO SECTION 10 AND SIGN AND DATE THE APPLICATION FORM.**

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

### 3. DETAILS OF THE UNDERGROUND WATER ALLOCATION SOUGHT

(Please write details in the table below)

Water Allocation Requested (kL)/annum	Aquifer	Well Unit Number (or proposed well location)	Purpose of water use (eg Stock, domestic, mining)

### 4. PURPOSE OF WATER USE

Please provide further details of the intended use of the water.

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### 5. SITE OF EXTRACTION OF PROPOSED WATER ALLOCATION

Please provide details of the land where the proposed well(s) will be (or existing wells are) located (*Write details in the table below*). Please provide any copies of lease document. Please tick if map attached

Well Unit Number (or proposed well location)	Land Title CT or CL or CR (Volume or Folio)	Section or Allotment Number(s)	Plan Number(s)	Lease Number (pastoral / mining / petroleum)	GPS Coordinates (GDA94 standard)

PLEASE NOTE GDA94 STANDARD MUST BE USED WHEN PROVIDING GPS COORDINATES

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

(Please write details in the table below)

Land Title CT or CL or CR (Volume or Folio)	Section	Allotment Number	Plan Number	Lease Number (pastoral / mining / petroleum)



**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 10: 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.

SIGNED:

**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	<b>Affix Seal Here:</b>
Print Name	
Position held	
Signature	
Print Name	
Position held	

**RETURN APPLICATION AND PAYMENT TO:**

**Make cheques or money orders payable to:**  
Department of Environment, Water and Natural Resources

**Return application and payment to:**  
Department of Environment, Water and Natural Resources  
GPO BOX 1047  
ADELAIDE SA 5001

**Office Location:**  
Customer Service Centre  
81-95 Waymouth Street  
ADELAIDE SA 5000  
**Telephone enquiries:** (08) 8463 6876