



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).

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

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.

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 (e.g. stock, domestic, mining)

4. PURPOSE OF WATER USE

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

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)

7. NATIVE TITLE CLAIM

Is any of the land the subject of this application subject to a native title claim (if known)?
(Please tick as appropriate)

YES NO UNKNOWN

If YES, please provide details and/or copies of relevant documentation.

8. GAB SPRING

Is any of the land of this application located near a GAB spring? (Please tick as appropriate)

YES NO UNKNOWN

If YES please provide details (include map)

9. OTHER INFORMATION

Please include any additional information that may support your application:

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	Affix Seal Here:
Print Name	
Position held	
Signature	
Print Name	
Position held	

RETURN APPLICATION AND PAYMENT TO:

Make cheques or money orders payable to:
Department for Environment and Water

Return application and payment to:
Department for Environment and Water
GPO Box 1047
ADELAIDE SA 5001

Office Location:
Customer Service Centre
81-95 Waymouth Street
ADELAIDE SA 5000

Telephone enquiries: (08) 8463 6876