



FEE \$ 56.00
GST exempt
1/7/18 - 30/6/19
 Form No. GEN06v15

**APPLICATION FOR PERMIT FOR A WATER AFFECTING ACTIVITY
 USE EFFLUENT IN THE COURSE OF CARRYING ON A BUSINESS**

Pursuant to Section 135 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.

1. APPLICANT DETAILS

Name(s) in full _____

If Body Corporate: ACN _____

Contact postal address: _____

Local Council: _____

Property Identifier, e.g. CFS plate, property name: _____

Contact Name: _____ Telephone No: _____

Mobile: _____ Fax: _____

Email: _____

2. PROPERTY DETAILS

LAND ON WHICH WATER IS PROPOSED TO BE USED, BEING LAND WHICH THE APPLICANT HAS A LEGAL ENTITLEMENT TO USE IN THE PROPOSED MANNER:

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

Local Council: _____

Property Identifier, e.g. CFS plate, property name: _____

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

It is an offence to provide information on this form that is false or misleading in a material particular and may result in this application being refused.

**FAILURE TO PROVIDE COMPLETE DETAILS OF INFORMATION OR FAILURE TO PAY THE FEE WILL
DELAY PROCESSING OF THIS APPLICATION**

3. PROPOSED WATER SOURCE

| Source(s) (e.g. winery effluent) | Volume (megalitres per annum) |
|----------------------------------|-------------------------------|
| | |
| | |
| | |

4. PROPOSED WATER USE

(1) Irrigation

| Crop Type | Area (ha) | Irrigation Rate | Comments |
|-----------|-----------|-----------------|----------|
| | | | |
| | | | |
| | | | |

APPLICATION METHOD (EG DRIPPERS) _____

(2) Industrial

| Type of Industry | Volume (kL) | Comments |
|------------------|-------------|----------|
| | | |

(3) Stock

| Type of Stock | Volume (kL) | Comments |
|---------------|-------------|----------|
| | | |

(4) Environment

| Details | Volume (kL) | Comments |
|---------|-------------|----------|
| | | |

(5) Recreation

| Details | Volume (kL) | Comments |
|---------|-------------|----------|
| | | |

(6) Other

| Details | Volume (kL) | Comments |
|---------|-------------|----------|
| | | |

5. DETAILS OF ANY TREATMENT METHOD PROPOSED

PLEASE PROVIDE DETAILS OF ANY TREATMENT METHOD PROPOSED

6. PROPOSED METHOD OF STORAGE

Storage Dam

Existing/Proposed

Strike out whichever does not apply

NOTE: If the dam is yet to be constructed approval will be required to construct the dam. If the dam is less than 5.0 megalitres in capacity, a permit issued by the relevant authority will be required. If the dam is proposed to have a capacity greater than 5.0 megalitres, development approval from your local council will be required. Please contact the Department on (08) 8463 6876 for further information.

Lined/Unlined

Strike out whichever does not apply

If lined:

Clay/Plastic

Strike out whichever does not apply

Capacity (ML) _____

On-stream/Off-stream

Strike out whichever does not apply

Storage Tank

Other (please specify) _____

7. OTHER APPROVALS

WHAT, IF ANY, APPROVALS DO YOU OR YOUR COMPANY HAVE FROM OTHER STATE OR LOCAL GOVERNMENT AGENCIES TO CARRY OUT THE PROPOSED ACTIVITY?

EPA Licence Number _____

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 8: 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