



W.1 RIVER MURRAY PRESCRIBED WATERCOURSE Application for a Water Resource Works Approval

Pursuant to Section 159 of the *Natural Resources Management Act 2004*

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 a *Site Use Approval* to use the water, together with an appropriate *Water Allocation*.
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 Detail

Full Name(s) of applicant(s) _____

Contact Person _____ If Body Corporate, ACN _____

Contact Postal 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. WATERCOURSE EXTRACTION POINT) | 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 |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|-----------------------------------------|
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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 CR 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.

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



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 4: 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 PO Box 240 BERRI SA 5343 | Office Location: 2 Wade Street BERRI SA 5343 Telephone enquiries: (08) 8595 2053 |
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