



W.2

RIVER MURRAY PRESCRIBED WATERCOURSE

Application to vary a Water Resource Works Approval

Pursuant to Section 161 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 application is approved, you will 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

Water Resource Works Approval Number	Contact Person
Telephone	Mobile
E-mail	

2 Variation Detail

2.1 Check nature of variation below and the complete the relevant sections.

NATURE OF VARIATION	COMPLETE SECTION(S)	
<input type="checkbox"/> Vary water taking details	3 & 5	
<input type="checkbox"/> Vary condition(s)	4 & 5	

3 Water Extraction Detail

3.1 Provide details of the proposed works for the purpose of taking water

NOMINATED WORKS (EG. WATERCOURSE EXTRACTION POINT)	GPS CO-ORDINATES OF EXTRACTION POINT USING WGS-84 OR GDA94 DATUM (EASTINGS & NORTHINGS)	TITLE REFERENCE CT, CL OR CR VOLUME AND FOLIO	SECTION AND/OR ALLOTMENT	PLAN NUMBER (IF APPLICABLE) AND HUNDRED

3.2 Provide the location and details of any meters that will measure the volume of water taken

GPS CO-ORDINATES OF METER SITE USING WGS-84 OR GDA94 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 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: _____				



4 Vary a condition

4.1 Provide detail of the relevant condition(s)

CONDITION NUMBER (AS IT APPEARS ON THE APPROVAL)	STATE WHETHER YOU WANT A CONDITION TO BE ADDED, REMOVED OR VARIED	STATE THE REASON FOR THE REQUEST

4.2 If a new condition is requested, provide details below



5 Signatures of the applicant(s)

Note: Each approval holder must complete **one only** of the following alternatives.

I/We declare that the information provided on this application is true and correct

5.1 Where the approval is held by one or more persons:

Sign Here _____

Print Name _____ Date _____

Sign Here _____

Print Name _____ Date _____

5.2 Where the approval is held by a company or an incorporated association

Name of company or incorporated association

Sign Here _____

Name of authorised person _____

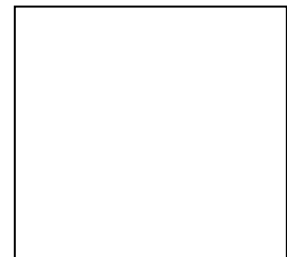
Position held _____ Date _____

Sign Here _____

Name of authorised person _____

Position held _____ Date _____

Affix seal in box



Please make cheques and/or money orders payable to: Department for Environment and Water

RETURN APPLICATION TO:-
Department for Environment and Water
2 Wade Street, Berri
PO Box 240
BERRI SA 5343
Telephone Enquiries: (08) 8595 2053