



**SOUTH EAST REGION**  
**APPLICATION FOR A WATER LICENCE**

Pursuant to Section 122 of the Landscape South Australia Act 2019

A person who furnishes information to the Minister or other authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.

**1. APPLICANT(S) DETAILS**

**APPLICANT(S)**

Applicant Name(s): \_\_\_\_\_

**Note:** Name(s) provided must be LEGAL ENTITIES and must be IN FULL.

If Body Corporate: ACN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Note:** Failure to provide full details or the prescribed fee may result in the return of the application and a delay in processing.

**2. WATER ALLOCATION DETAILS**

**Note:** Inter-Management Trade only applies to the Lower Limestone Coast Prescribed Wells Area. Following reduction of an allocation to address over-allocation, the Minister may grant an allocation in another Management Area where unallocated water is available.

Where will the allocation proposed to be endorsed on the licence be acquired? (please tick box)

2.1 A new allocation granted by the Minister for Environment and Water:

Yes  or No  (please tick)

The reduction taken on Water Licence Number: \_\_\_\_\_ was \_\_\_\_\_ kL

**Note:** 1,000 kL (Kilolitres) = 1 ML (Megalitre)

**Note:** An application to vary a water licence will need to be submitted to add reduction water to a new licence (form SE04)

2.2 An allocation purchased from another water licence: Yes  or No  (please tick)

Water Licence Number: \_\_\_\_\_ Allocation: \_\_\_\_\_ kilolitres

**Note:** An application for a transfer of a water allocation (permanent or temporary) will need to be submitted, signed by the transferee (purchaser) and signed by the transferor (seller).

2.3 Is this allocation from another Management Area (MA): Yes  or No  (please tick)

If YES From: \_\_\_\_\_ MA to \_\_\_\_\_ MA

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

### 3. PROPOSED SOURCE OF WATER

Proposed Source of Water:      Unconfined Aquifer       Confined Aquifer  (please tick)

### 4. LAND ON WHICH THE WATER ALLOCATION IS PROPOSED TO BE TAKEN AND USED

Please write land details in the table below:

CT or CL or CR Volume and Folio	Section or Allotment Number	Plan Number	Hundred	GPS Coordinates (GDA94 standard)

### 5. PROPOSED WATER USE AND METHOD

5.1 What will the water be used for?

Irrigation  Industrial  Aquaculture  Specialised Production Requirement (SPR)

or other  (please specify): \_\_\_\_\_

5.2 If SPR what crop: \_\_\_\_\_ Area (Ha): \_\_\_\_\_

5.3 If aquaculture, describe the proposed disposal method for any drainage or waste water:

\_\_\_\_\_

5.4 What will be the method of application?

flood  spray  drip  pivot  sprinkler  travelling irrigator

or other  (please specify): \_\_\_\_\_

### 6. ANY OTHER COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**  
**ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED**

**Note:** If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.

**7. SIGNATURE OF THE APPLICANT(S)**

**Note:** The 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:

<b>1. Where the applicant is an individual or two or more persons</b>		
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
<b>2. Where the applicant is a company or an incorporated association the authorised person(s) duly authorised to sign for and behalf of the organisation:</b>		
Name of company or Incorporated Association:		
Print Name:	Sign Here:	Date:
Position Held:		
Print Name:	Sign Here:	Date:
Position Held:		
<b>3. Where the applicant is a company or an incorporated association and the Seal is affixed:</b>		
The Seal of _____		
[Write name of Company or incorporated association]		
was hereby affixed in the presence of:		Affix Seal in Box
Print Name:	Sign Here:	
Position Held:	Date:	
Print Name:	Sign Here:	
Position Held:	Date:	
<p><b>Return this application and your cheque or money order to:</b> Department for Environment and Water          11 Helen Street Mount Gambier SA 5290   PO Box 1046 Mount Gambier SA 5290</p> <p><b>For credit card payments or other payment options, please telephone:</b> (08) 8735 1134</p>		