



FEE \$788.00
GST Exempt
01/07/20 - 30/06/21
Form No. SE04v19

SOUTH EAST REGION
APPLICATION TO VARY A WATER LICENCE

Pursuant to Section 124 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

LICENSEE(S)
Licence Number:
Licence Holder Name(s):
Note: Name(s) provided must be LEGAL ENTITIES and must be IN FULL as it appears on the licence.
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.

2.1 Are you applying for a new allocation in another Management Area: Yes [] or No [] (please tick)
If NO go to Section 3.

The reduction taken on Water Licence Number: was kL
Note: 1,000 kL (Kilolitres) = 1 ML (Megalitre)

2.2 I/WE HEREBY REQUEST THAT APPROVAL BE GIVEN FOR:

An increase of kL to be endorsed on the above water licence
Held in the Management Area of:

Note: If you do not hold a licence in the receiving Management Area, you will need to lodge an application for a New Water Licence.

Table with 5 columns: For Office Use Only, Application No, Payment Method, Invoice No, Batch No. Rows include Date Received, Amount Paid, and Area.

3. PROPOSED SOURCE OF WATER

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

4. ADD / REMOVE LAND PARCELS

Please write land details in the table below and complete section 5 to identify extraction points.

CT or CL or CR Volume and Folio	Section or Allotment Number	Plan Number	Hundred	Add or Remove

Will the meter(s) be retired or moved on any of the parcels above. Details: _____

5. PROPOSED WATER USE AND METHOD

5.1 What will the water be used for: Irrigation Industrial Aquaculture Specialised Production Requirement (SPR) 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. EXTRACTION POINTS

6.1 If the allocation is to be used through an EXISTING well or meter:
Existing Meter Serial Number is: _____
Existing Well unit Number (Source) is: _____

6.2 If the allocation is to be used through a NEW well or meter:
The proposed GPS Coordinates (GDA94 standard) for the well will be:

The proposed new Meter/Well Details will be: _____

Note: the extraction point must be drilled within 100 metres of the indicated position.

7. WATER USE

Please show the location of both the current & proposed water extraction points and use. This information will be used for the purpose of a Hydrogeological Assessment of your application.

MAP LEGEND



EXISTING WELL LOCATION



PROPOSED WELL LOCATION

On a drawn or provided map of the land parcel(s), please show the location of the proposed water use, extraction and infrastructure. (Do not show stock or domestic wells).

Show property boundary and Section(s) numbers



8. 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.

9. SIGNATURE OF THE LICENSEE/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:

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 the authorised person(s) duly authorised to sign for and behalf of the organisation:		
Name of company or Incorporated Association:		
Print Name:	Sign Here:	Date:
Position Held:		
Print Name:	Sign Here:	Date:
Position Held:		
3. Where the applicant is a company or an incorporated association and the Seal is affixed:		
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:	
Return this application and your cheque or money order to: Department for Environment and Water 11 Helen Street Mount Gambier SA 5290 PO Box 1046 Mount Gambier SA 5290 For credit card payments or other payment options, please telephone: (08) 8735 1134		