



FEE \$ 471.00
GST exempt
01/07/20 - 30/06/21
Form No: WMLR04v10

WESTERN MOUNT LOFTY RANGES PRESCRIBED WATER RESOURCES AREA
APPLICATION FOR VARIATION OF LICENCE

Pursuant to Section 124 of the *Landscape South Australia Act 2019*

Western Mount Lofty Ranges PWRA includes the Western Mount Lofty Prescribed Watercourses (PWC), Western Mount Lofty Prescribed Wells Area (PWA) and Western Mount Lofty Surface Water Prescribed Area (SWPA)

A person who furnishes information to the Minister or another 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.

| SECTION 1: APPLICANT DETAILS | | | |
|------------------------------|------------|-------------------|----------|
| Full Name(s) of applicant(s) | | | |
| Full Name(s) of applicant(s) | | | |
| Full Name(s) of applicant(s) | | | |
| Full Name(s) of applicant(s) | | | |
| If Body Corporate: ACN | | Water Licence No. | |
| Contact Name | | | |
| Address | | | |
| Town/Suburb | | State | Postcode |
| Home Phone | Work Phone | Mobile Phone | |
| Email | | Fax | |

| SECTION 2: ADD / REMOVE LAND PARCELS | | | | | |
|---|---------------------|-------------|---------|---------|----------------------------------|
| Title Reference Volume and Folio number | Allotment Number | Plan Number | Section | Hundred | Add / Remove (please specify) |
| | | | | | |
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| | | | | | |

Comments

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

SECTION 3: ADD / REMOVE WATER SOURCE(S)

Provide details about the source(s) of water and water used for irrigation

| Water Resource (e.g. underground, surface water, watercourse) | Water Source/Well No. (e.g. well, dam, watercourse) | Meter number | Title Reference Volume & Folio No. | Add / Remove (please specify) |
|--|--|--------------|--|----------------------------------|
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SECTION 4: VARIATION(S) TO CONDITION(S)

This section is optional. Please include any additional information to support your application

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SECTION 5: ANY OTHER VARIATION

This section is optional. Please include any additional information to support your application

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You may be required to provide additional information before your application can be determined. If further information is required you will be advised.

Please note that this application does not relieve the applicant from obtaining all other necessary approvals for the taking and use of water.

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 6: 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.
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.

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 |

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)

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 | | Date |
| Signature | | |
| Print Name | | |
| Position held | | Date |

Return application and payment to:

Department for Environment and Water
GPO Box 1047
ADELAIDE SA 5001

Make cheques or money orders payable to:
Department for Environment and Water

For credit card payments or other payment options, please telephone:
(08) 8463 6876

Office Location:
Customer Service Centre
81-95 Waymouth Street
ADELAIDE SA 5000