



ADELAIDE PLAINS APPLICATION FOR A NEW WATER LICENCE

Pursuant to Section 122 of the Landscape South Australia Act 2019

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.

Please tick relevant prescribed wells areas:

☐

Northern Adelaide Plains PWA

☐

Dry Creek PWA

☐

Central Adelaide PWA

Please complete Sections 1 to 5 below and write N/A in sections not relevant to your application.

Throughout this document some fields are marked with * which denotes a mandatory field. If the supporting information submitted is insufficient and not provided in a timely manner, it could lead to your application being returned/refused or placed on hold.

Consistent with the [Release of Unallocated Water Policy](#), the Department aims to release available unallocated water access entitlement shares in the prescribed areas managed by the [Adelaide Plains Water Allocation Plan](#) once all licences have been issued through the existing user process and the administrative process for releasing unallocated water has been finalised. Prior to any release, the Department will communicate widely to both current licensees and the broader community the intention to release unallocated water, associated pricing and the procedure with which water release will occur. **Therefore, currently this form is only applicable for existing managed aquifer recharge schemes.**

When transferring water only one of the following application forms is required:

- (AP02) Adelaide Plains Application for Transfer of Water Licence or Part of a Water Licence form (not for change in property ownership); or
- (AP03) Adelaide Plains Application for Transfer of Water Allocation form (for 2023-24 Water Use Year only); or
- (AP04) Adelaide Plains Application for Transfer of Water Licence for Change of Licence Holders (change in property ownership).

1. APPLICANT DETAILS*

Name 1:		
Name 2:		
Name 3:		
Name 4:		
If Body Corporate ACN		
Company Name		Contact Name
Address		
Town/Suburb		State
		Postcode
Home Phone	Work Phone	Mobile Phone
Email		

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

2. WATER LICENCE SOUGHT BASED ON WATER PREVIOUSLY DRAINED OR DISCHARGED INTO A WELL (RECHARGE WATER LICENCE)

Supporting documents must be provided to enable an assessment, namely the Risk Management Monitoring Plan and all previous records (including annual reports and meter readings if available) of the total volume of water drained or discharged and if applicable, subsequently extracted under a section 105 notice of authorisation under the *Landscape South Australia Act 2019*.

Please note that the assessment of the Risk Management and Monitoring Plan can be iterative in nature between the Department and the applicant and due to the time variables involved the expectation should be that the application process may take approximately two months.

However if the supporting information submitted is insufficient and not provided in a timely manner, it could lead to your application being returned/refused or placed on hold.

Please indicate the total number of attachments:

Managed Aquifer Recharge Scheme Name*	
Native Groundwater Consumptive Pool* of injection well (water can only be recovered from the same spatial extent of the native groundwater consumptive pool)	
Aquifer*	
Well Number(s) *^ (source of water to be extracted)	
GPS Coordinates of well(s) or proposed well(s)*^ (Easting and Northing)	
Proposed Maximum Annual Recovery Volume (kL/yr) per well* (This volume must be based on the hydrogeological investigations and risk assessment undertaken and reported in the Risk Management and Monitoring Plan. As a starting point, the volume may align with the volume authorised to be injected annually)	
Purpose of use	
Title Reference* - Volume and Folio where extraction/recovery well(s) located	
*Either: a) <i>Environment Protection Act 1993</i> Licence Number (please attach a copy); or b) <i>Landscape South Australia Act 2019</i> Permit Number	

^ If you need to drill/rehabilitate or replace a well, prior to this activity you must obtain a well construction permit. Please visit the Statewide permit forms page for more information: <https://www.environment.sa.gov.au/licences-and-permits/water-licence-and-permit-forms/statewide>

3. LAND ON WHICH THE WATER IS PROPOSED TO BE USED

(Please provide the necessary details in the table below or include description in the Risk Management and Monitoring Plan if applicable)

[illegible]

4. OTHER INFORMATION

Please include any additional information that you think will support your application:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

5. 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.

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	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

Email address: DEWwaterlicensing@sa.gov.au