



ADELAIDE PLAINS APPLICATION FOR TRANSFER OF WATER ALLOCATION
(2023-24 WATER USE YEAR)

Pursuant to Section 132 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 9 below and write N/A in sections not relevant to your application.

If there is insufficient space on this form, please indicate the total number of additional pages attached (not applicable if relates to a managed aquifer recharge scheme, this is addressed in the relevant section)

Throughout this document some fields are marked with * which denotes a mandatory field. If you do not supply sufficient information in this form it will be placed on hold until sufficient information is provided, thereby extending processing times.

1. APPLICANT DETAILS

TRANSFEROR - *Transferor's details (Provide details in full – as they appear on the licence)			
Name 1:			
Name 2:			
Name 3:			
Name 4:			
If Body Corporate ACN		Licence Number	
Company Name		Contact Name	
Address			
Town/Suburb		State	Postcode
Home Phone	Work Phone	Mobile Phone	
Email			

TRANSFeree - *Name(s) of potential licence holder(s) – as they are to appear on the licence			
NOTES:			
- The names provided must be legal entities.			
- If this application to transfer is approved and the transferee does not hold a water licence, a new licence will be issued.			
Name 1:			
Name 2:			
Name 3:			
Name 4:			
If Body Corporate ACN		Licence Number (if available)	
Company Name		Contact Name	
Address			
Town		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. TRANSFER OF WATER ALLOCATION*

WE HEREBY REQUEST THAT APPROVAL BE GIVEN FOR THE TRANSFER OF _____ kilolitres

ENDORSED ON WATER LICENCE NUMBER: _____

TO

WATER LICENCE NUMBER: _____

OR PLEASE TICK THIS BOX IF A NEW WATER LICENCE IS REQUIRED:

☐

COMMENCING ON: 01 / 07 / _____ (write year)

3. AMOUNT PAID OR PAYABLE*

TOTAL AMOUNT PAID OR PAYABLE FOR THE WATER (EXCLUDING LAND PRICE):

\$

4. DETAILS OF WATER BEING TRANSFERRED – TRANSFEROR (Seller)

Note about Consumptive Pools: Please visit [Adelaide Plains WAP Consumptive Pools online map](#) on the Department's website to find out your relevant consumptive pool, which is generally dependent on the aquifer the wells are extracting from, noting that trade of water allocation can only be within the same consumptive pool. **Alternatively please contact the Water Licensing team on (08) 8463 6876 to find out the consumptive pool for your licence.**

If the transferee is seeking water from either the T1 Northern Adelaide Plains or T2 Northern Adelaide Plains consumptive pools, then the transferor must be selling water from these respective consumptive pools and then only from an area of lower potentiometric surface (i.e. can only transfer out of the cone of depression within the same consumptive pool). Please see the latest groundwater status reports that display potentiometric surface maps:

- [NAP PWA T1 Groundwater Status Report](#) (Figure 5); and
- [NAP PWA T2 Groundwater Status Report](#) (Figure 5).

Origin of Water*	Well Number(s)*	Consumptive Pool*	Allocation to be transferred (kL)*	Purpose/ Managed Aquifer Recharge Scheme Name*
Native Underground Water				
Recharged Water ¹ Please enter spatial consumptive pool (e.g. T1 Regional)				

¹ Please submit the Risk Management and Monitoring Plan (amended if necessary) and water level/pressure monitoring of the injection well and other monitoring wells identified in the Risk Management and Monitoring Plan, as well as any other supporting information necessary to assess the proposed transfer on the basis of principle 50g of the [Adelaide Plains Water Allocation Plan](#).

5. DETAILS OF WATER TO BE TAKEN SUBJECT TO THIS TRANSFER – TRANSFeree (Buyer)

Note about Consumptive Pools: Please visit [Adelaide Plains WAP Consumptive Pools online map](#) on the Department's website to find out your relevant consumptive pool, which is generally dependent on the aquifer the wells are extracting from, noting that trade of water allocation can only be within the same consumptive pool. **Alternatively please contact the Water Licensing team on (08) 8463 6876 to find out the consumptive pool for your licence.**

The transfer of water allocation from a Management Aquifer Recharge Scheme must be within the same spatial extent as the consumptive pool that the water is being injected into (e.g. if water is being injected into the T1 Regional Consumptive Pool, then subject to assessment under the Adelaide Plains Water Allocation Plan, water allocation may be transferred and extracted elsewhere within the T1 Regional Consumptive Pool.

Notes if transferring recharged water to another Managed Aquifer Recharge Scheme: 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 subsequently extracted.

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:

Consumptive Pool *	
Well Number(s) for existing well*	
GPS Coordinates of well(s) or proposed well(s)*^ (Easting and Northing)	
Purpose*	
Title Reference - Volume and Folio where extraction/recovery well located*	
If this application relates to recovery of recharged water as part of a different MAR scheme <u>ALL</u> of the following details are required, otherwise please mark N/A	
Managed Aquifer Recharge Scheme Name	
Proposed Maximum Annual Recovery Volume (kL) per well that water is being transferred to	
Current Maximum Annual Recovery Volume (kL/yr)	
*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](https://www.environment.sa.gov.au/licences-and-permits/water-bluece-and-permit-forms/statewide) for more information: <https://www.environment.sa.gov.au/licences-and-permits/water-bluece-and-permit-forms/statewide>

COMMENTS

6. OTHER INFORMATION

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

7. METER READING*

Please provide the transferor(s) (sellers) meter reading(s) with this application. This will assist in determining your application.

In relation to T1 Northern Adelaide Plains, T2 Northern Adelaide Plains, Kangaroo Flat and Managed Aquifer Recharge Consumptive Pools, in accordance with principle 50c of the [Adelaide Plains Water Allocation Plan](#), if the transferor has multiple wells located across a range of potentiometric surface values the metered extraction, over up to the previous 10 years will be required to enable assessment.

Note about Potentiometric Surface Information: Please see the latest groundwater status reports that display potentiometric surface maps:

- [NAP PWA T1 Groundwater Status Report](#) (Figure 5); and
- [NAP PWA T2 Groundwater Status Report](#) (Figure 5).

Well Numbers	Meter Number	Date of Reading	Meter Reading

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.

8. SIGNATURE OF THE TRANSFEROR (SELLER)

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	

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.

9. SIGNATURE OF THE TRANSFeree (BUYER)

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.

4. 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

5. 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)

6. 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

Email address: DEWwaterlicensing@sa.gov.au