

FEE \$ 514.00 GST exempt 1/7/23 - 30/6/24 Form No. EYRE W2v11

W.2

SOUTHERN BASINS AND MUSGRAVE PRESCRIBED WELLS AREAS Application to vary a Water Resource Works Approval

Pursuant to Section 136 of the Landscape South Australia Act 2019

Note: Failure to provide complete details and/or prescribed fee will result in your application being returned for completion

Note: If this licence application is approved, you will also need an appropriate Water Allocation.

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 quilty of an offence. Maximum penalty: \$20 000.

Applicant Detail			
Water Resource Works Approva	l Number		
Full Name(s) of applicant(s)			
Contact Person		If Body C	Corporate, ACN
Contact Address			
State		P/Code	
Telephone	Mol	oile	
E-mail			
Variation Detail 2.1 Check nature of variation b	elow and then complete the relevan	it sections.	
☐ Vary water taking details	Complete Sections 3 & 5	☐ Vary condition	on(s) Complete Sections 4 & 5
Water Extraction Detail 3.1 Provide details of the propo	osed works for the purpose of taking	gwater.	
UNIT NUMBER (e.g. 6028-02289)	CO-ORDINATES OF EXTRACTION PO	INT	MAXIMUM VOLUME (kL) TO BE EXTRACTED FROM NOMINATED WORKS BETWEEN 1 JULY AND 30 JUNE
of taking will not have signi		ter resource, ground	e taking of water and the proposed manno water dependent ecosystems, existing
3.3 \[\text{I /We have attached a co} \]	opy of the hydrological investigation	s and conclusions.	
For Office Use Only:			
Application No	Receipt No	Invoice No	Batch No
Date Received	Amount Paid \$,	Δrea

CO-ORDINATES OF METER SITE	EXISTING, NEW* OR PROPOSED	IF EXISTING - METER NUMBER	MEASURES TAKE FROM WORKS (E.G. 6028-02289)

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^{*}Note: If meter is new, a Meter Notification Form must be submitted in conjunction with this form.

3.4 Provide the location and details of any meters that will measure the volume of water taken.

Vary a condition

4.1 Provide details of the relevant condition(s)

CONDITION NUMBER (AS IT APPEARS ON THE APPROVAL)	STATE WHETHER YOU WANT A CONDITION TO BE ADDED, REMOVED OR VARIED	STATE THE REASON FOR THE REQUEST
4.2 If a new condition i	s requested, provide details below	

Signatures of applicants

Note: Each account holder 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, Company Secretary. If only one Director then Sole

	Sign Here			
	Print Name	Date		
	Sign Here			
	Print Name	Date		
5.2	Where the applicant is a companiassociation Sign Here	y or an incorporated	Name of company or incorporated association	1
	Name of authorised person			
	Position held	Date	Affix seal in box	
	Sign Here			
	Name of authorised person			
	Position held	Date		
	Sign Here	Data		
	Print Name	Date		
	Sign Here			
	Print Name	Date		
6.2		_	Name of company or incorporated association	1
6.2	Print Name Where the applicant is a compan	_	Name of company or incorporated association	1
6.2	Print Name Where the applicant is a companiassociation	_	Name of company or incorporated association	1
6.2	Print Name Where the applicant is a companiassociation Sign Here	_	Name of company or incorporated association Affix seal in box	1
6.2	Print Name Where the applicant is a companiassociation Sign Here Name of authorised person	y or an incorporated		1
6.2	Print Name Where the applicant is a companiassociation Sign Here Name of authorised person Position held	y or an incorporated		1
6.2	Print Name Where the applicant is a companiassociation Sign Here Name of authorised person Position held Sign Here	y or an incorporated		