

FEE \$ 859.00 GST exempt 1/7/23 - 30/6/24

Form No. MLV03v23

MCLAREN VALE PRESCRIBED WELLS AREA

APPLICATION FOR VARIATION OF LICENCE ON ABSOLUTE (PERMANENT) OR LIMITED (TEMPORARY) TRANSFER OF ALLOCATION

Pursuant to Section 124 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 complete Sections 1 to 13 below and write N/A (not applicable) in the sections not relevant to your application. If there is insufficient space on this form, please indicate total number of additional pages attached: 1. **APPLICANT DETAILS TRANSFEROR** Name(s) in full (Name(s) in full of licence holder(s) as it appears on the licence) ACN _____ If Body Corporate: Licence No: _____ Contact address _____ Contact Name: ___ Telephone No: Mobile: _____ Email: _____ **TRANSFEREE** Name(s) in full (Name(s) of licence holder(s) as appears on the licence OR name(s) of potential licence holder(s). Please note that the name(s) given above must be legal entities) If Body Corporate: ACN _____ _____(Note: if you do not hold a water licence you must apply to this department for a licence on the appropriate form) Contact address _____ Telephone No: Email: Application No Receipt No For Office Use Only: Invoice No Batch No Date Received: Amount Paid: \$___

2. ABSOLUTE (PERMANENT) / LIMITED (TEMPORARY) TRANSFER REQUEST AND DETAILS

WE HEREBY REQUEST THAT APPROVAL BE GIVEN FOR					
THE ABSOLUTE / LIM OF	IITED TRANSFER (delete	e whichever does not	apply)		
ENDORSED ON WATI	ER LICENCE NUMBER:				
		то			
WATER LICENCE NUM	MBER:				
IF TO A NEW WATER LICENCE					
THE LIMITED TRANSF	FER BEING FOR A PERIO	D (complete only if re	elevant)		
COMMENCING ON:	01/07/			(write year)	
EXPIRING ON:	30 / 06 /			(write year)	
Note: limited transfers will h	ave effect for a full lice	nce year, eg 1 July to	30 June.		
TOTAL AMOUNT PAI LAND PRICE):	D OR PAYABLE FOR THE	WATER (EXCLUDING	\$		
3. DETAILS OF WAT	ER BEING TRANSFE	RRED - TRANSFEF	ROR		
(Please write details	in the table below)				
Origin of Water	Well Number(s)	Allocation transferre		Purpose	
Underground Water					
Recharged Water					
COMMENTS					
4. METER READING					
Please provide the transferor reading(s) with this application	n.	Meter Number	Date of Re	eading Meter Reading	
This will assist in determining	your application.				

5. SALINITY DETAILS - TRANSFEROR

If you have undertaken salinity sampling in the 12 month period prior to submission of this application, please provide a salinity reading for all wells from where the water will be transferred:

Well Number	Salinity (milligrams/litre)	Date of sample	Well Number	Salinity (milligrams/litre)	Date of sample
	, , ,			, , ,	

6. DETAILS OF WELL(S) FROM WHICH THE UNDERGROUND WATER SUBJECT TO THIS TRANSFER IS TO BE TAKEN - TRANSFEREE

(Please write details in the table below)

Well Number(s)	Allocation to be Transferred (kL)	Title Reference Volume and Folio number(s) where well located	Purpose

COMMENTS			
			

7. SALINITY DETAILS - TRANSFEREE

If you have undertaken salinity sampling of the proposed extraction well(s), please provide a recent (less than 1 year) salinity reading for all well(s) from where water will be extracted upon transfer:

Well	Salinity	Date of
Number	(milligrams/litre)	sample

Well Number	Salinity	Date of
Well Nulliber	(milligrams/litre)	sample

8. LAND ON WHICH THE WATER ALLOCATION IS PROPOSED TO BE USED - TRANSFEREE

(Please write details in the table below)

Title Reference Volume and Folio number(s)	Allotment Number	Plan Number	Section	Hundred

9.	DRAINAGE OR DISCHARGE APPROVAL DETAILS	
Enviro	onment Protection Act 1993 authorisation number(s) and details:	
Lands	cape South Australia Act 2019 authorisation number(s) and details:	
10.	OTHER INFORMATION	
Please	e include any additional information that you think will support your application:	
11.	OPTIONAL DELAYED REGISTRATION OF APPROVED TRANSFER	
Fo pe th Th	or absolute (permanent) transfers, the transferor may request a <i>delayed registration</i> transfer. This allows parties a criod of two months from the approval date to arrange financial settlement prior to finalising the transfer. Within at two month window, a separate application must be submitted requesting that registration of the transfer on the Water Register take place. Should the application to register the transfer not be received within a period of two onths, DEW will not register the transfer and the application will lapse.	1
	If approved, please delay registration of this transfer on The Water Register	
	NOTE: By ticking this box you acknowledge that the transfer will NOT be registered on The Water Register following approval of the transfer. To register this transfer, an application to register an approved transfer of Water Licence or Water Access Entitlement on The Water Register must be submitted by the transferor (seller within two months of the approval date. NOTE: If this box is not ticked, registration of this transfer on The Water Register (if approved) will occur	
	immediately subsequent to approval. NOTE: This option is applicable to absolute (permanent) transfers only.	

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 12: 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.

<u>Note</u>: 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 to the second	two or more pers	ons		
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 organisation	incorporated ass	ociation and authorised persons sign	gn on behalf of the	
Print Name of authorised person		Position held		
Signature		Date		
Print Name of authorised person		Position held		
Signature Date		Date		
The person(s) duly authorised to sign for and on be (print name of company or incorporated association)				
3. Where the applicant is a company or an	incorporated ass	ociation and the seal is affixed:		
The Seal of: (print name of company or incorporat	ed association)			
was hereby affixed in the presence of:				
Signature			Affix Seal Here:	
Print Name				
Position held	Date			
Signature	l			
Print Name				
Position held Date				

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 13: 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.

<u>Note</u>: 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.

be stated as position held.				
1. Where the applicant is	an individual or two or more pe	rsons		
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 a	ssociation and au	uthorised persons s	ign on behalf of the
organisation				
Print Name of authorised person		Position held		
Signature		Date		
Print Name of authorised person		Position held		
Signature		Date		
The common (-) do be each entered to	stander and an habalf of			
The person(s) duly authorised to (print name of company or incorp				
3. Where the applicant is	a company or an incorporated a	ssociation and th	e seal is affixed:	
The Seal of: (print name of compa	any or incorporated association)			
was hereby affixed in the present				
Signature	.e oi.			Affix Seal Here:
0.8.14.14.1				
Print Name				
Position held	Date			
Signature				
Duitab Name				
Print Name				
Position held	Date	Date		
Return application and payment	to:		Office Location:	
Department for Environment and			Customer Service	Centre
GPO Box 1047			81-95 Waymouth	Street
ADELAIDE SA 5001			ADELAIDE SA 500	0
Make cheques or money orders p	payable to:		Email address: DE	EWwaterlicensing@sa.gov.au
Department for Environment and				-
For credit card payments or othe	r payment options, please telep	hone:		
(08) 8463 6876	•			