



FEE \$ 514.00
1/7/23 - 30/6/24
GST exempt
Form No. BVWL2v7

APPLICATION FOR VARIATION OF LICENCE

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 tick:

Angas Bremer PWA

Peake, Roby and Sherlock PWA

Mallee PWA

SECTION 1. APPLICANT DETAILS

Full Name(s) of applicant(s) _____
OR
Company Name _____
ACN _____
Licence Number: _____
Contact Address _____
Suburb _____ State _____ Postcode _____
Contact Person _____
Telephone: Home _____ Work _____
Mobile _____ Facsimile _____
E-mail: _____

SECTION 2. DETAILS OF SECURITY INTEREST

Is the water licence or water access entitlement referred to in Section 1 subject to a security interest?

Please tick one of the following options:

Yes

No

If yes, please include the written consent of the holder of the security interest to this transaction as an attachment to this application.

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

SECTION 3. ADD / REMOVE LAND PARCEL(S)

| Title Reference Volume and Folio number | Allotment Number | Plan Number | Section | Hundred | Add / Remove (please specify) |
|---|---------------------|-------------|---------|---------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

COMMENTS

SECTION 4. ADD / REMOVE UNDERGROUND WATER SOURCE(S)

| Well Number | Meter Number | Title Reference Volume & Folio number where well located | Add / Remove (please specify) |
|-------------|--------------|--|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Aquifer Test Report attached

COMMENTS

4.1 Please draw on the map below indicating the location of the source(s)

Layout Plan of Property

SECTION 5. VARY WATER ALLOCATION(S) PURPOSE

| Well Number | Allocation Change | | | |
|-------------|--|-------------|---|-------------|
| | Existing Water Allocation to be varied (e.g. irrigation) | Volume (kL) | Required Water Allocation (e.g. industrial) | Volume (kL) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

COMMENTS

SECTION 6. ANY OTHER VARIATION(S) (e.g. conditions)

Please provide detail(s) below

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 7: 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, Company 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 | |
| Date | |
| Signature | |
| Print Name | |
| Position held | Date |

Return application and payment to:
Department for Environment and Water
PO Box 240
BERRI SA 5343

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

For credit card payments or other payment options, please telephone:
(08) 8595 2053

Office Location:
28 Vaughan Terrace
BERRI SA 5343