

**S.2****RIVER MURRAY PRESCRIBED WATERCOURSE**
Application to vary a Site Use ApprovalPursuant to Section 143 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 application is approved, you will also need a *Water Resource Works Approval* to take water, together with 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 guilty of an offence. Maximum penalty: \$20 000.***1 Applicant Detail**

Site Use Approval Number _____

Full Name(s) of Applicant(s) _____

if Body Corporate. ACN _____

Contact Person _____

Mobile _____

Contact Address _____

State _____ Post Code _____

Telephone _____

Mobile _____

E-mail _____

2 Variation Detail

2.1 Check nature of variation below and complete the relevant sections

IRRIGATION MANAGEMENT ZONE	VARY LAND DETAILS	VARY MAXIMUM VOLUME THAT CAN BE APPLIED	VARY CONDITION
<input type="checkbox"/> River Murray (RMIMZ)	3 & 8	4 & 8	6 & 8
<input type="checkbox"/> Angas Bremer (ABIMZ)	3, 5, & 8	4, 5 & 8	6 & 8
<input type="checkbox"/> Lower Murray reclaimed Areas (LMRAIMZ)	3 & 8	4 & 8	6 & 8

3 Site Detail

3.1 Provide details of any land to be varied on the Site Use Approval

CERTIFICATE OF TITLE (VOLUME AND FOLIO)	LAND DESCRIPTION (SECTION AND / OR ALLOTMENT & PLAN NUMBER IF APPLICABLE AND HUNDRED)	ADD OR REMOVE?

3.2 Enter the location and details of changes to any meters that will measure the volume of water used

GPS CO-ORDINATES OF METER LOCATION USING WGS-84 OR GDA94 DATUM (EASTINGS AND NORTHINGS)	METER NUMBER	ADD OR REMOVE?

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



3.3 For land varied at 3.1 above (RMIMZ and ABIMZ only), please provide the location of any monitoring wells

Note: Monitoring Wells must be drilled and sealed in accordance with Principle 74 of the Water Allocation Plan for the River Murray Prescribed Watercourse.

MONITORING WELL NO.	GPS CO-ORDINATES USING WGS-84 OR GDA94 DATUM (EASTINGS AND NORTHINGS)	ADD OR REMOVE?

4 Maximum volume that may be applied for irrigation to the site annually

4.1 Provide details of the variation to the maximum volume of water that may be applied for irrigation to the site annually

EXISTING VOLUME	PROPOSED VOLUME	CROP TYPE(S)	AREA PLANTED (IN HECTARES)	YEAR PLANTED

Note: If the land above is in the high salinity impact zone, your application may be refused unless the application is determined in conjunction with another application to reduce an equivalent volume from another Site Use Approval with land in the high salinity impact zone. For further information about the salinity zoning policy, please consult the fact sheet at <http://www.environment.sa.gov.au/Home/> or contact DEW (Berri) on (08) 8595 2053.

4.2 ☐ Check here if you are seeking a volume of water in conjunction with another application to reduce an equivalent volume

4.3 If you checked the box at 4.2, provide details of the Site Use Approval that will be varied in conjunction with this application

Name of other Applicant

SUA No.

5 Revegetation (ABIMZ only)

5.1 Provide details below of non-irrigated vegetation you have planted and nurtured on relevant land in accordance with the Angas Bremer Irrigation Region Revegetation Booklet.

LOCATION OF VEGETATION		DENSITY OF PLANTING	DATE PLANTED	NUMBER PLANTED	AREA PLANTED (IN HECTARES)
CERTIFICATE OF TITLE (VOLUME & FOLIO)	LAND DESCRIPTION (SECTION AND/OR ALLOTMENT & PLAN NUMBER IF APPLICABLE AND HUNDRED)				

5.2 Do you own the land where the non-irrigated vegetation is planted?

☐ Yes

☐ No – Attach evidence of a legally binding agreement or obligation that requires you to maintain the non-irrigated vegetation on the land

5.3 Provide details below of your management program to nurture the vegetation (e.g. programs to control vermin and weeds, location of fencing to control grazing etc.)



6 Vary a condition

6.1 Provide detail 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

6.2 If a new condition is requested, provide details below

7 Add / Vary Purpose

7.1

- ☐ Irrigation
☐ Industrial
☐ Recreational

- ☐ Environmental
☐ Stock
☐ Domestic

☐ Other (please specify): _____

☐ Wetland (if you tick wetland you will need to contact the Department to ascertain what additional information will be need to be provided to assist in the determination of the application)

8 Signatures of the Approval Holder(s)

Note: Each applicant must complete one only of the following alternatives.

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.

I/We declare that the information provided on this application is true and correct

8.1 Where the applicant is one or more persons:

Sign Here _____

Print Name _____ Date _____

Sign Here _____

Print Name _____ Date _____

8.2 Where the applicant is a company or an incorporated association

Sign Here _____

Name of authorised person _____

Position held _____ Date _____

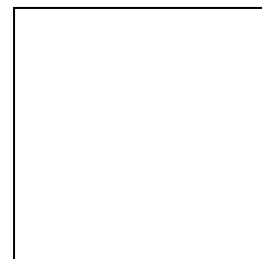
Sign Here _____

Name of authorised person _____

Position held _____ Date _____

Name of company or incorporated association _____

Affix seal in box





9 Co-signatures of the Landowner (where the applicant is not the landowner)

Note: Where the new approval holder is not the landowner, the co-signature of the landowner is required

Note: Each applicant must complete **one only** of the following alternatives.

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.

I/We declare that the information provided on this application is true and correct

9.1 Where the applicant is one or more persons:

Sign Here _____

Print Name _____ Date _____

Sign Here _____

Print Name _____ Date _____

9.2 Where the applicant is a company or an incorporated association

Name of company or incorporated association _____

Sign Here _____

Name of authorised person _____

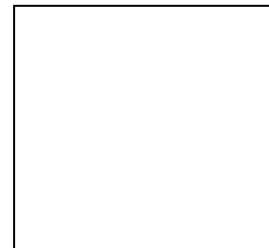
Position held _____ Date _____

Sign Here _____

Name of authorised person _____

Position held _____ Date _____

Affix seal in box



Please make cheques and/or money orders payable to: Department for Environment and Water
For credit card payments or other payment options, please telephone: (08) 8595 2053

Return application to:

Department for Environment and Water
28 Vaughan Terrace, Berri
PO Box 240
BERRI SA 5343