



SOUTH EAST REGION

APPLICATION TO CONVERT A WATER HOLDING ALLOCATION TO A WATER TAKING ALLOCATION

Pursuant to Section 124 of the Landscape South Australia Act 2019

A person who furnishes information to the Minister or other 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(S) DETAILS

LICENSEE(S)	
Licence Number: _____	
Licence Holder Name(s): _____	

Note: Name(s) provided must be LEGAL ENTITIES and must be IN FULL as it appears on the licence.	
If Body Corporate: ACN: _____	
Contact Address: _____	

Contact Name: _____	Telephone No: _____
Mobile: _____	Fax: _____ Email: _____
Note: Failure to provide full details or fee payment may result in the return of the application and a delay in processing.	

2. CONVERSION TYPE AND WATER ALLOCATION DETAILS

Note: A water (holding) allocation may be converted to a tradeable component of water (taking) allocation or water (forestry) allocation of the same volume subject to a hydrogeological assessment. Inter-Management Trade only applies to the Lower Limestone Coast Prescribed Wells Area. Following reduction of an allocation to address over-allocation, the Minister may grant an allocation in another Management Area where unallocated water is available.

2.1 Are you applying to convert a Holding allocation to a Taking allocation: Yes ☐ or No ☐ (please tick)

If YES, allocation: _____ kilolitres

2.2 Is this allocation from another Management Area (MA): Yes ☐ or No ☐ (please tick)

If YES From: _____ MA to _____ MA

2.3 Does the allocation need to be converted to a Forestry Water Licence: Yes ☐ or No ☐ (please tick)

For Office Use Only: Date Received: _____ Amount Paid: \$ _____ Area: _____	Application No	Payment Method	Invoice No	Batch No
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3. PROPOSED SOURCE OF WATER

Proposed Source of Water: Unconfined Aquifer ☐ Confined Aquifer ☐ (please tick)

4. LAND ON WHICH THE WATER ALLOCATION IS PROPOSED TO BE TAKEN AND USED

Please write land details in the table below and complete section 5 to identify extraction points.

CT or CL or CR Volume and Folio	Section or Allotment Number	Plan Number	Hundred	GPS Coordinates (GDA94 standard)

5. PROPOSED WATER USE AND METHOD

- 5.1 What will the water be used for: Irrigation ☐ Industrial ☐ Aquaculture ☐ Specialised Production Requirement (SPR) ☐ Forestry ☐ other ☐ (please specify): _____
- 5.2 If SPR what crop: _____ Area (Ha): _____
- 5.3 If aquaculture, describe the proposed disposal method for any drainage or waste water:

- 5.4 What will be the method of application: flood ☐ spray ☐ drip ☐ pivot ☐ sprinkler ☐ travelling irrigator ☐ or other ☐ (please specify): _____
- 5.5 If Forestry is the proposed use, *go to Section 9*

6. EXTRACTION POINTS

- 6.1 If the allocation is to be used through an EXISTING well or meter:
Existing Meter Serial Number is: _____
Existing Well unit Number (Source) is: _____
- 6.2 If the allocation is to be used through a NEW well or meter:
The proposed GPS Coordinates (GDA94 standard) for the well will be: _____
The proposed new Meter/Well Details will be: _____

7. WATER USE

- 7.1 Please show the location of both the current & proposed water extraction points and use. This information will be used for the purpose of a Hydrogeological Assessment of your application.

MAP LEGEND



EXISTING WELL LOCATION



PROPOSED WELL LOCATION

On a drawn or provided map of the land parcel(s), please show the location of the proposed water use, extraction and infrastructure. (Do not show stock or domestic wells).

Show property boundary and Section(s) numbers



8. ANY OTHER COMMENTS

Go to Section 11

PLEASE COMPLETE SECTION 9, 10 & ATTACHMENT FOR FORESTRY ALLOCATIONS ONLY

9. IF THE CONVERSION IS FOR COMMERCIAL FORESTRY PURPOSES

9.1 Is the converted allocation to be used for an existing forest area? **Yes** ☐ **or No** ☐

9.2 If the converted allocation is to be used for a new forest development please attach a copy of the relevant development approval from Local Government. **Yes** ☐ **or No** ☐

9.3 Site of existing commercial forest: _____

Please attach ArcGIS compatible shape file and associated tables or attach a map and complete the table attached to the back of this form showing:

• Forest Type (Hardwood, Softwood, Carbon agreement) – separate layer for each	• Block name	• Certificate of Title Volume and folio number for each section
• Total Net Planted area (XX ha)	• Compartment numbers	• Compartment areas (X.X ha)
• Month & year of establishment, rotation number	• Coppice areas and date of coppice - if applicable	• Roads > 7 metres from tree to tree
• Number of thinnings completed	• If clear fell – month and year of clear fell	• Hectares < 6m to water table

NB: Net planted area: the area of the commercial forest measured from stump to stump, less any permanently unplanted areas greater than 0.1 hectare. Access tracks less than 7 metres wide are part of the planted area.

10. NEW FOREST DEVELOPMENT TIMETABLE

Note: The land upon which the allocation applies must be developed in accordance with the approved Development Plan.

PLEASE ATTACH A COPY OF THE APPROVED DEVELOPMENT PLAN

The development listed in your table for each year should indicate what you intend to complete within each twelve month period from date of granting of the allocation.

Note: The information you provide on the timetable may form the basis for certain conditions on a licence if this application is approved.

TIMETABLE OF DEVELOPMENT					
MONTH & YEAR E.g. May 18	DEVELOPMENT STAGES (E.g. area ripped and mounded, compartments 1 – 10 planted)	FOREST TYPE (Hardwood/ Softwood)	TOTAL AREA/S ESTABLISHED EACH YEAR IN HA.	STOCKING RATE (TREES /HA.)	DEEMED FORESTRY IMPACT PER YEAR (ML) [‡]
TOTAL					
TOTAL					
TOTAL					

ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION
ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED

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.

11. SIGNATURE OF THE LICENSEE(S):

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.

SIGNED:

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 the authorised person(s) duly authorised to sign for and behalf of the organisation:		
Name of company or Incorporated Association:		
Print Name:	Sign Here:	Date:
Position Held:		
Print Name:	Sign Here:	Date:
Position Held:		
3. Where the applicant is a company or an incorporated association and the Seal is affixed:		
The Seal of _____ <div style="text-align: center; margin-top: 5px;">[Write name of Company or incorporated association]</div>		
was hereby affixed in the presence of:		Affix Seal in Box
Print Name:	Sign Here:	
Position Held:	Date:	
Print Name:	Sign Here:	
Position Held:	Date:	
Return this application and your cheque or money order to: Department for Environment and Water 11 Helen Street Mount Gambier SA 5290 PO Box 1046 Mount Gambier SA 5290 DEW.LCWaterLicensing@sa.gov.au For credit card payments or other payment options, please telephone: (08) 8735 1134		

Attachment: FOREST WATER ALLOCATION TRANSFER DATA (please refer to sections 9 & 10)

Applicant Name:	Postal Address:	Email Address:	Phone:

Management Area	Block Name	Road Name	CT/CL	Section No.	Total CT Area (Ha)	Total Block Planted Area (Ha)	Forest Type	Compartment No	Productive Area / Compartment (HA)	Compartment Established	Compartment Rotation No.	< 6 M DTW (Ha)	Recharge (ML)	Extraction (ML)	Total (ML)
Total						0.00			0.00			0.00	0.00	0.00	0.00