

1. REDUCTION SCHEME DETAILS

NO FEE APPLICABLE 1/7/23 to 30/6/24 Form No. LC16v6

LIMESTONE COAST REGION

APPLICATION FOR APPROVAL OF A FOREST WATER LICENCE REDUCTION SCHEME

Pursuant to section 168(5) of the Landscape South Australia Act 2019.

This application form is to apply for a variation of a water allocation attached to a forest water licence to provide for a reduction in the water allocation. This variation of an allocation may operate subject to any allowance under a scheme relating to the management of the forest (including as to the planting and harvesting of trees constituting the forest) approved by the Minister (and subject to complying with any conditions attached to that approval).

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.

Licence Number:						
Licence Holder(s):(name(s)	(name(s) in full of licensee(s) as it appears on the licence)					
Management Area:						
Contact Address:						
Contact Name: Telephone No:						
Mobile:						
Email:		_				
For Office Use Only:						
	Date Received	Licence Number				
Area						
Reduction Scheme: Approved / RefusedDate (Please delete whichever is not applicable)						

2. REDUCTION SCHEME DETAILS

In accordance with principle 131 (b) of the Lower Limestone Coast Water Allocation Plan a licence holder of a Forest Water Licence subject to reductions, can apply to the Minister for approval of a reduction scheme to meet their reduction requirements.

Reductions schemes are designed to allow forest managers who are situated in reduction areas to propose alternate solutions to manage the reductions required while being able to maintain their most productive areas. It is envisaged that schemes will achieve similar reduction targets over similar timeframes, for example over the next two to five years.

A scheme could set out how and when reductions to water allocations will be met. For example by:

- Obtaining additional water allocations,
- Meeting the water reduction within a reasonable timeframe by not replanting, or reducing
 the area replanted on other areas that will be clear-felled within a reasonable timeframe (e.g.
 less productive parts of the estate),
- Changing forest management practices for the next rotation (replanted area). For example changing species, increasing buffers to wetlands, or not planting over areas where depth to aquifer is less than six metres to reduce direct extraction.

Please attach details of your proposed reduction scheme, including clear fell area, the proposed time frame of the scheme to meet the reduction required.

Please also supply an ARC GIS shapefile, if available, (by email or memory stick) or a hard copy map of the proposed reduction area(s).

3. PROPERTY DETAILS

Details of the land on which this forestry scheme is situated:

Certificate of Title References: (write details in the table below)

CT or CL or CR (Volume and Folio)	Section	Allotment Number	Hundred	Plan Number

4. SIGNATURE OF THE LICENSEE:

Position Held_

NOTE: The Licensee must complete one only of the following alternatives

<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.

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

1.	Where the Licensee is an individual or two or more persons						
	Print Name	Sign here	Da	te			
	Print Name	Sign here	Da	te			
	Print Name	Sign here	Da	te			
	Print Name	Sign here	Da	te			
2.	2. Where the Licensee is a body corporate or an incorporated association and authorised persons sign on behalf of the organisation:						
	Print Name of authorise	ed person	Position Held				
	Print Name of authorise	ed person	Position Held				
3.	Sign here	oody corporate or an incor	Date porated association and th				
	The Seal of [Write name of Company or incorporated association]						
		ne presence of:		Affix Seal in Box:			
	Position Held						
	Sign here						
	Print Name						

RETURN NOTIFICATION TO:-

Department for Environment and Water 11 Helen Street, Mt Gambier PO Box 1046, Mt Gambier, SA 5290

MT GAMBIER SA 5290

DEW.LCWaterLicensing@sa.gov.au

Telephone Enquiries: (08) 8735 1134