



SOUTH EAST REGION
APPLICATION FOR A WATER LICENCE

Pursuant to Section 122 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

APPLICANT(S)

Applicant Name(s): _____

Note: Name(s) provided must be LEGAL ENTITIES and must be IN FULL.

If Body Corporate: ACN: _____

Postal Address: _____

Contact Name: _____ Telephone No: _____

Mobile: _____ Fax: _____ Email: _____

Note: Failure to provide full details or the prescribed fee may result in the return of the application and a delay in processing.

2. WATER ALLOCATION DETAILS

Note: 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.

Where will the allocation proposed to be endorsed on the licence be acquired? (please tick box)

2.1 A new allocation granted by the Minister for Climate, Environment and Water:

Yes ☐ or No ☐ (please tick)

The reduction taken on Water Licence Number: _____ was _____ kL

Note: 1,000 kL (Kilolitres) = 1 ML (Megalitre)

Note: An application to vary a water licence will need to be submitted to add reduction water to a new licence (form SE04)

2.2 An allocation purchased from another water licence: Yes ☐ or No ☐ (please tick)

Water Licence Number: _____ Allocation: _____ kilolitres

Note: An application for a transfer of a water allocation (permanent or temporary) will need to be submitted, signed by the transferee (purchaser) and signed by the transferor (seller).

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

If YES From: _____ MA to _____ MA

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

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:

| 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) ☐

or 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): _____

6. ANY OTHER COMMENTS

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.

7. SIGNATURE OF THE APPLICANT(S)

Note: The 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;">[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 | | |