



**SOUTH EAST REGION**

**APPLICATION FOR VARIATION OF LICENCE ON ABSOLUTE (PERMANENT)  
OR LIMITED (TEMPORARY) TRANSFER OF HOLDING AND TAKING ALLOCATIONS**

*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*

**\* PLEASE NOTE the following details relevant to this application:**

- Unless advised otherwise by the Department a hydrogeological assessment will be required for the maximum fee above.
- In some South East Water Allocation Plans, temporary transfers to manage seasonal variability, transfers in management areas subject to reductions and the transfer of holding allocations are not subject to a hydrogeological assessment and therefore the lesser fee may apply (\*Other).
- Please contact the Department prior to lodging this application if you are unsure of the determined fee.
- Failure to provide full details or the prescribed fee may result in the return of the application and a delay in processing.

**HOLDING TRANSFER** ☐

**SEASONAL VARIABILITY** ☐

**75% REDUCTION** ☐

**(only tick, if this directly  
applies to your transfer)**

**1. APPLICANT(S) DETAILS**

**TRANSFEROR(S) (seller)**

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: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**TRANSFeree(S) (purchaser)**

Licence Number: \_\_\_\_\_

**Note:** if you do not hold a current water licence you must apply to the Department with an Application for a Water Licence form.

Licence Holder Name(s): \_\_\_\_\_

**Note:** Name(s) provided must be LEGAL ENTITIES and must be IN FULL as it appears on the purchasing licence.

If Body Corporate: ACN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Area: \_\_\_\_\_

Application No

Payment Method

Invoice No

Batch No

## 2. TRANSFER REQUEST AND DETAILS

I/WE HEREBY REQUEST THAT APPROVAL BE GIVEN FOR:

2.1 The LIMITED (**Temporary**) ☐ or ABSOLUTE (**Permanent**) ☐ transfer of \_\_\_\_\_ kL  
Of a **HOLDING** ☐ or **TAKING** ☐ allocation (excluding Specialised Production Requirements (SPR) and Delivery Supplements (DS)). Please tick required options.

Endorsed on LICENCE NUMBER: \_\_\_\_\_

Are any land parcels to be removed from the originating licence once the allocation transfer is completed?

Yes ☐ or No ☐ If YES, list land parcels to be removed: \_\_\_\_\_

Transferring to LICENCE NUMBER: \_\_\_\_\_

2.2 THE LIMITED (**Temporary**) Transfer period will:

COMMENCE: **1 July 2023** and EXPIRE **30 June:** \_\_\_\_\_ (write year)

2.3 If Specialised Production (SPR), what amount are you applying to transfer: \_\_\_\_\_

**Note:** SPR's can only be transferred if they are going to be used on the same land for the same purpose or, if rotational crops they are to be used for the same purpose.

## 3. CONSENT TO CANCEL

Is this a Permanent Transfer where the transferor(s) Water Licence will be left with a zero balance?

Yes ☐ or No ☐. If YES do/does the transferor(s) give permission to cancel Water Licence No: \_\_\_\_\_

after the permanent water allocation transfer has been approved? Yes ☐ or No ☐

**Note:** Any allocation remaining on a cancelled licence will automatically be surrendered. Zero licences that consent to cancel will avoid future water levies.

## 4. PROPOSED AREA & SOURCE OF WATER SUBJECT TO TRANSFER

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

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

If YES From: \_\_\_\_\_ MA to \_\_\_\_\_ MA

**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.

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

5.1 Details of the land on which the water allocation proposed to be transferred, is to be used:

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

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

TOTAL AMOUNT PAID OR PAYABLE FOR THE WATER (Excluding Land Price) \$ \_\_\_\_\_

**Note:** The sale of a Water Licence is not subject to stamp duty. Please provide the amount paid for the water allocation only, excluding the land price.

## 6. PROPOSED WATER USE AND METHOD

- 6.1 What will the water be used for: Irrigation ☐ Industrial ☐ Aquaculture ☐ Specialised Production Requirement (SPR) ☐ Forestry ☐ other ☐ (please specify): \_\_\_\_\_
- 6.2 If SPR what crop: \_\_\_\_\_ Area (Ha): \_\_\_\_\_
- 6.3 If aquaculture, describe the proposed disposal method for any drainage or waste water:  
\_\_\_\_\_
- 6.4 What will be the method of application: flood ☐ spray ☐ drip ☐ pivot ☐ sprinkler ☐ travelling irrigator ☐ or other ☐ (please specify): \_\_\_\_\_
- 6.5 If Forestry is the proposed use, go to *Section 12*.

## 7. METER READING AND EXTRACTION POINTS –TRANSFEROR (Seller)

Has this licence used water during the 2023-2024 water use year? Yes ☐ No ☐

Please provide meter reading(s) for all **transferor's meters** to assist in determining your application - please note that meter readings must be taken within 2 weeks of lodging this application form.

Well Unit No. (Source)	Meter Serial Number	Closing Meter Reading 2022 – 2023 (A)	Current meter reading (B)	Allocation usage 2023-2024 (KL) = B – A	Date of current Meter Read

Will the meter(s) be retired ☐ or moved ☐ as part of the transfer. Details: \_\_\_\_\_

Do any of the meters or Well unit Numbers (sources) require removal from the originating licence once the allocation transfer is completed? Yes ☐ or No ☐ if YES please provide details: \_\_\_\_\_

## 8 EXTRACTION POINTS –TRANSFeree (Purchaser)

8.1 If the allocation is to be used through an EXISTING well or meter:

Existing Meter Serial Number is: \_\_\_\_\_

Existing Well unit Number (Source) is: \_\_\_\_\_

8.2 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: \_\_\_\_\_

## 9. WATER USE

- 9.1 Please show the precise location of both the current and 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*



## 10. ANY OTHER COMMENTS:

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## 11. OPTIONAL DELAYED REGISTRATION OF APPROVED TRANSFER

For absolute (permanent) transfers, the transferor may request a *delayed registration* transfer. This allows parties a period of two months from the approval date to arrange financial settlement prior to finalising the transfer. Within that two month window, a separate application must be submitted requesting that registration of the transfer on The Water Register take place. Should the application to register the transfer not be received within a period of two months, DEW will not register the transfer and the application will lapse.

☐ If approved, please delay registration of this transfer on The Water Register

**NOTE:** By ticking this box you acknowledge that the transfer will NOT be registered on The Water Register following approval of the transfer. To register this transfer, an application to register an approved transfer of a Water Licence or Water Access Entitlement on The Water Register must be submitted by the transferor (seller) within two months of the approval date.

**NOTE:** If this box is not ticked, registration of this transfer on The Water Register (if approved) will occur immediately subsequent to approval.

**NOTE:** This option is applicable to absolute (permanent) transfers only.

*Go to Section 14*

## PLEASE COMPLETE SECTION 12 & 13 FOR FORESTRY ALLOCATIONS ONLY

### 12. IF THE TRANSFER IS FOR COMMERCIAL FORESTRY PURPOSES

- 12.1 Is the transfer to be used for an existing forest area? Yes ☐ or No ☐
- 12.2 If the transfer is to be used for a new forest development please attach a copy of the relevant development approval from Local Government. Yes ☐ or No ☐
- 12.3 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.

### ONGOING FOREST ALLOCATION

If this is a temporary transfer only, what is the plan for sourcing allocation to support this forest throughout its entire rotation?

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### 13. 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 15	DEVELOPMENT STAGES (E.g. area ripped and mounded, compartments 1 – 10 planted)	FOREST TYPE (Hardwood/ Softwood)	TOTAL AREA/S ESTABLISHED EACH YEAR	STOCKING RATE (TREES /HA.)	DEEMED FORESTRY IMPACT PER YEAR (ML) *
<b>TOTAL</b>					
<b>TOTAL</b>					
<b>TOTAL</b>					

**ALL PARTIES TO THE TRANSFER 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.

**14. SIGNATURE OF THE TRANSFEROR(S) (the sellers):**

**Note:** Each transferor 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:

<b>1. Where the applicant is an individual or two or more persons</b>		
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
<b>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:</b>		
Name of company or Incorporated Association:		
Print Name:	Sign Here:	Date:
Position Held:		
Print Name:	Sign Here:	Date:
Position Held:		
<b>3. Where the applicant is a company or an incorporated association and the Seal is affixed:</b>		
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:		<b>Affix Seal in Box</b>
Print Name:	Sign Here:	
Position Held:	Date:	
Print Name:	Sign Here:	
Position Held:	Date:	



**ALL PARTIES TO THE TRANSFER MUST SIGN AND DATE THIS APPLICATION**  
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**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.

**15. SIGNATURE OF THE TRANSFEREE(S) (the purchasers):**

**Note:** Each transferee 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:

<b>1. Where the applicant is an individual or two or more persons</b>		
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
Print Name:	Sign Here:	Date:
<b>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:</b>		
Name of company or Incorporated Association:		
Print Name:	Sign Here:	Date:
Position Held:		
Print Name:	Sign Here:	Date:
Position Held:		
<b>3. Where the applicant is a company or an incorporated association and the Seal is affixed:</b>		
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:		<b>Affix Seal in Box</b>
Print Name:	Sign Here:	
Position Held:	Date:	
Print Name:	Sign Here:	
Position Held:	Date:	
<b>Return this application and your cheque or money order to:</b> Department for Environment and Water 11 Helen Street Mount Gambier SA 5290   PO Box 1046 Mount Gambier SA 5290   <a href="mailto:DEW.LCWaterLicensing@sa.gov.au">DEW.LCWaterLicensing@sa.gov.au</a> <b>For credit card payments or other payment options, please telephone:</b> (08) 8735 1134		

**Attachment: FOREST WATER ALLOCATION TRANSFER DATA (please refer to sections 12 & 13)**

<b>Applicant Name:</b>	<b>Postal Address:</b>	<b>Email Address:</b>	<b>Phone:</b>

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 Number	< 6 M DTW (Ha)	Recharge (ML)	Extraction (ML)	Total (ML)
<b>Total</b>						<b>0.00</b>			<b>0.00</b>			<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>