



**APPLICATION FOR PERMIT FOR A WATER AFFECTING ACTIVITY  
USE EFFLUENT IN THE COURSE OF CARRYING ON A BUSINESS**

*Pursuant to Section 112 of the Landscape South Australia Act 2019*

*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 DETAILS**

Name(s) in full \_\_\_\_\_  
\_\_\_\_\_  
If Body Corporate: ACN \_\_\_\_\_  
Contact postal address: \_\_\_\_\_  
\_\_\_\_\_  
Local Council: \_\_\_\_\_  
Property Identifier, e.g. CFS plate, property name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**2. PROPERTY DETAILS**

**LAND ON WHICH WATER IS PROPOSED TO BE USED, BEING LAND WHICH THE APPLICANT HAS A LEGAL ENTITLEMENT TO USE IN THE PROPOSED MANNER:**

Title Reference Volume and Folio number	Allotment Number	Plan Number	Section	Hundred

Local Council: \_\_\_\_\_

Property Identifier, e.g. CFS plate, property name: \_\_\_\_\_

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

**It is an offence to provide information on this form that is false or misleading in a material particular and may result in this application being refused.**

**FAILURE TO PROVIDE COMPLETE DETAILS OF INFORMATION OR FAILURE TO PAY THE FEE WILL  
DELAY PROCESSING OF THIS APPLICATION**

### **3. PROPOSED WATER SOURCE**

Source(s) (e.g. winery effluent)	Volume (megalitres per annum)

### **4. PROPOSED WATER USE**

#### **(1) Irrigation**

Crop Type	Area (ha)	Irrigation Rate	Comments

APPLICATION METHOD (EG DRIPPERS) \_\_\_\_\_

#### **(2) Industrial**

Type of Industry	Volume (kL)	Comments

#### **(3) Stock**

Type of Stock	Volume (kL)	Comments

#### **(4) Environment**

Details	Volume (kL)	Comments

#### **(5) Recreation**

Details	Volume (kL)	Comments

#### **(6) Other**

Details	Volume (kL)	Comments

### **5. DETAILS OF ANY TREATMENT METHOD PROPOSED**

PLEASE PROVIDE DETAILS OF ANY TREATMENT METHOD PROPOSED

---

---

---

## 6. PROPOSED METHOD OF STORAGE

Storage Dam ☐

**Existing/Proposed**

*Strike out whichever does not apply*

**NOTE:** If the dam is yet to be constructed approval will be required to construct the dam. If the dam is less than 5.0 megalitres in capacity, a permit issued by the relevant authority will be required. If the dam is proposed to have a capacity greater than 5.0 megalitres, development approval from your local council will be required. Please contact the Department on (08) 8463 6876 for further information.

**Lined/Unlined**

*Strike out whichever does not apply*

If lined:

**Clay/Plastic**

*Strike out whichever does not apply*

Capacity (ML) \_\_\_\_\_

**On-stream/Off-stream**

*Strike out whichever does not apply*

Storage Tank ☐

Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## 7. OTHER APPROVALS

WHAT, IF ANY, APPROVALS DO YOU OR YOUR COMPANY HAVE FROM OTHER STATE OR LOCAL GOVERNMENT AGENCIES TO CARRY OUT THE PROPOSED ACTIVITY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EPA Licence Number \_\_\_\_\_

**ALL APPLICANTS MUST SIGN AND DATE THIS APPLICATION**

Please be aware that it is an offence to provide information on this form that is false or misleading.

**SECTION 8: SIGNATURE OF THE APPLICANT****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.

**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.****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 and authorised persons sign on behalf of the organisation**

Print Name of authorised person	Position held
Signature	Date
Print Name of authorised person	Position held
Signature	Date

The person(s) duly authorised to sign for and on behalf of:  
(print name of company or incorporated association)

**3. Where the applicant is a company or an incorporated association and the seal is affixed:**

The Seal of: (print name of company or incorporated association)

was hereby affixed in the presence of:

Signature	Affix Seal Here:
Print Name	
Position held	
Date	
Signature	
Print Name	
Position held	Date

**Return application and cheque or money order to: Department for Environment and Water (DEW)****For credit card payments or other payment options, please telephone the relevant regional office below.**

<b>Mount Gambier:</b> 11 Helen Street PO Box 1046 Mount Gambier SA 5290 Telephone Enquiries: 08 8735 1134 Email: <a href="mailto:DEW.LCWaterLicensing@sa.gov.au">DEW.LCWaterLicensing@sa.gov.au</a>	<b>Berri:</b> 28 Vaughan Terrace PO Box 240 Berri SA 5343 Telephone Enquiries: 08 8595 2053 Email: <a href="mailto:DEWWaterTrade@sa.gov.au">DEWWaterTrade@sa.gov.au</a>	<b>Other Areas:</b> 81-95 Waymouth Street GPO Box 1047 Adelaide SA 5001 Telephone Enquiries: 08 8463 6876 Email: <a href="mailto:DEWWaterlicensing@sa.gov.au">DEWWaterlicensing@sa.gov.au</a>
--	--	--