



FEE \$ 721.00
GST exempt
01/07/17 - 30/06/18
 Form No. EMLR03v4

EASTERN MOUNT LOFTY RANGES PRESCRIBED WATER RESOURCES AREA
APPLICATION FOR VARIATION OF LICENCE ON ABSOLUTE (PERMANENT)
OR LIMITED (TEMPORARY) TRANSFER OF ALLOCATION

Pursuant to Section 149(1)(a) of the *Natural Resources Management Act 2004*

Eastern Mount Lofty Ranges Prescribed Water Resources Area includes the Eastern Mount Lofty Prescribed Watercourses (PWC), Eastern Mount Lofty Prescribed Wells Area (PWA) and Eastern Mount Lofty Surface Water Prescribed Area (SWPA)

A person who furnishes information to the Minister or another authority under the Natural Resources Management Act 2004 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.

SECTION 1: APPLICANT DETAILS – Transferor (Seller)				
Full Name(s) of applicant(s)				
Full Name(s) of applicant(s)				
Full Name(s) of applicant(s)				
Full Name(s) of applicant(s)				
If Body Corporate: ACN		Water Licence No.		
Contact Name				
Address				
Town/Suburb			State	Postcode
Home Phone	Work Phone		Mobile Phone	
Email			Fax	
APPLICANT DETAILS - Transferee (Buyer)				
Full Name(s) of applicant(s)				
Full Name(s) of applicant(s)				
Full Name(s) of applicant(s)				
Full Name(s) of applicant(s)				
If Body Corporate: ACN		Water Licence No.		
Contact Name				
Address				
Town/Suburb			State	Postcode
Home Phone	Work Phone		Mobile Phone	
Email			Fax	
For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
	Date Received: _____			
	Amount Paid: \$ _____			
	Area: _____			

SECTION 2: ABSOLUTE (PERMANENT) / LIMITED (TEMPORARY) TRANSFER REQUEST AND DETAILS

WE HEREBY REQUEST THAT APPROVAL BE GIVEN FOR THE ABSOLUTE/LIMITED TRANSFER (delete whichever does not apply)

Of _____ kilolitres

ENDORSED ON WATER LICENCE NUMBER: _____ TO WATER LICENCE NUMBER: _____

Please provide the transferor(s) (sellers) meter reading(s) with this application. This will assist in determining your application.

Meter Number	Meter Reading

THE LIMITED TRANSFER BEING FOR A PERIOD (complete only if relevant)

COMMENCING ON: 01/07 _____ (write date)

EXPIRING ON: 30/06/ _____ (write date)

Note: limited transfers will have effect for a full licence year, e.g. 1 July to 30 June.

Transferor's responsibility to ensure sufficient allocation remains to cover the usage on their licence.

Total amount paid or payable for the water \$ _____ (excluding land price)

SECTION 3: DETAILS OF ENTITLEMENT TRANSFERRED – TRANSFEROR (SELLER)

Provide details about the source/s of water and water used for irrigation

Water Resource (e.g. underground, surface water, watercourse)	Water Source/Well No. (e.g. well, dam, watercourse)	Allocation to be transferred (kL)	Title Reference Volume & Folio No. Where located	Purpose

SECTION 4: SALINITY DETAILS – TRANSFEROR (SELLER)

If you have undertaken salinity sampling in the 12 month period prior to submission of this application, please provide a salinity reading for all wells from where the water will be transferred:

Well Number	Salinity (milligrams/litre)	Date of sample	Well Number	Salinity (milligrams/litre)	Date of sample

SECTION 5: DETAILS OF WHERE THE ALLOCATION IS TO BE TAKEN – TRANSFEREE (BUYER)

5.1 Provide details about the source/s of water and water used for irrigation

Water Resource (e.g. underground, surface water, watercourse)	Water Source/Well No. (e.g. well, dam, watercourse)	Allocation to be transferred (kL)	Title Reference Volume & Folio No. Where located	Purpose

SECTION 6: SALINITY DETAILS – TRANSFEREE (BUYER)

If you have undertaken salinity sampling in the 12 month period prior to submission of this application, please provide a salinity reading for all wells from where the water will be transferred:

Well Number	Salinity (milligrams/litre)	Date of sample		Well Number	Salinity (milligrams/litre)	Date of sample

SECTION 7: LAND WHERE WATER IS TO BE USED

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

SECTION 8: OTHER INFORMATION

This section is optional. Please include any additional information to support your application

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 9: SIGNATURE OF THE APPLICANT – TRANSFEROR (SELLER)

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 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	
Signature	
Print Name	
Position held	

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 10: SIGNATURE OF THE APPLICANT – TRANSFEREE (BUYER)

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 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	
Signature	
Print Name	
Position held	

RETURN APPLICATION AND PAYMENT TO:

Make cheques or money orders payable to:
Department of Environment, Water and Natural Resources

Return application and payment to:
Department of Environment, Water and Natural Resources
PO BOX 240
BERRI SA 5343

Office Location:

2 Wade Street
BERRI SA 5343

Telephone enquiries: (08) 8595 2053