



**EASTERN MOUNT LOFTY RANGES PRESCRIBED WATER RESOURCES AREA**

**APPLICATION FOR VARIATION OF LICENCE**

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

Eastern Mount Lofty Ranges PWRA includes the Eastern Mount Lofty Ranges 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		
Full Name(s) of applicant(s):		
Water Licence Number:		
If Body Corporate: ACN		
Contact Name		
Address		
Town	State	Postcode
Home Phone	Work Phone	Mobile Phone
Email	Fax	

SECTION 2: ADD/REMOVE LAND PARCELS					
Title Reference Volume and Folio number	Allotment Number	Plan Number	Section	Hundred	Add / Remove (please specify)

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

**SECTION 3: ADD / REMOVE WATER SOURCE(S)**

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)	Meter number	Title Reference Volume & Folio No.	Add/Remove (please specify)

**SECTION 4: VARIATION(S) TO CONDITION(S)**

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


**SECTION 5: ANY OTHER VARIATION**

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


**You may be required to provide additional information before your application can be determined. If further information is required you will be advised.**

**Please note that this application does not relieve the applicant from obtaining all other necessary approvals for the taking and use of water.**

**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 6: 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.

SIGNED:

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

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)

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:**

<b>Signature</b>	Affix Seal Here:
..... <b>Print Name</b>	
..... <b>Position held</b>	
<b>Signature</b>	
..... <b>Print Name</b>	
..... <b>Position held</b>	

**RETURN APPLICATION AND PAYMENT TO:****Make cheques or money orders payable to:**

Department for Environment and Water

**Return application and payment to:**

Department for Environment and Water

PO BOX 240

BERRI SA 5343

**Office Location:**

2 Wade Street

BERRI SA 5343

**Telephone enquiries:** (08) 8595 2053