



FEE \$ 232.00
GST exempt
1/7/17-30/6/18
 Form No. MAL01v13

MALLEE PRESCRIBED WATER RESOURCES AREA
APPLICATION FOR A WATER LICENCE

Pursuant to Section 146 of the Natural Resources Management Act 2004

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.

1. APPLICANT DETAILS

Full Name(s) of applicant(s) _____

If body Corporate, ACN No _____

Contact Address _____

Suburb _____ State _____ Postcode _____

Contact Person _____

Telephone: Home _____ Work _____

Mobile _____ Facsimile _____

E-mail: _____

2. WATER ALLOCATION DETAIL

Tick the appropriate boxes to indicate where the water allocation you propose to include on the licence will be obtained:

2.1 A water allocation purchased from the holder of another water licence
 Note: You must also lodge an "Application for Variation of Licence on Permanent or Temporary Transfer of Allocation" signed by you as transferee (purchaser) and signed by the transferor (seller).
 Write the licence number from where the water allocation is being transferred: _____

GO DIRECTLY TO SECTION 6 AND SIGN AND DATE THIS APPLICATION FORM.

2.2 A water allocation sought from the Minister for Sustainability, Environment and Conservation
Complete the rest of the application.

2.1 Recharged water (water drained or discharged into a well):
Complete the rest of the application.

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

3. REQUEST FOR WATER ALLOCATION AND EXTRACTION DETAIL

3.1 Enter in Table 1 details of the water sought and sites of all wells from where you propose to extract the water.

Note: Map Grid of Australia Co-ordinates (GDA 94 datum and UTM projection) must be used.

Table 1

Water Allocation (Volume in kilolitres)	Proposed use	Location of Extraction Points (wells)		
		Well Number (state if proposed)	GPS Coordinates of well sites Eastings & Northings	Title Reference CT or CL or CR & Volume and Folio (of each well site)

3.2 Are the above point(s) of extraction (wells) within a border sharing zone?

Yes - State which zone (9a, 10a or 11a) _____

No – Continue at Section 3.3

3.3 Enter in Table 2 details of any meters that will measure the water associated with this application:

Table 2

Write meter number (state if new)	Title Reference CT or CL or CR & Volume and Folio	Section and/or Allotment Number(s)	Hundred name and/or Plan Number(s)	GPS Co-ordinates of site Eastings & Northings

4. LOCATION OF PROPOSED WATER USE

4.1 In Table 3, show the location of land where you propose to take and use the water:

Table 3

Title Reference CT or CL or CR & Volume and Folio	Section and/or Allotment Number(s)	Hundred name and/or Plan Number(s)	Proposed Use

5. RECHARGE PERMIT NUMBERS

List below all recharge permit numbers relevant to your recharged water request (write not applicable if not relevant).

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:

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