



FEE \$ 431.00
GST exempt
1/7/17-30/6/18
 Form No. MAL04v13

MALLEE PRESCRIBED WELLS AREA
APPLICATION FOR VARIATION OF A WATER LICENCE

Pursuant to Section 149(1)(a) 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) _____
 OR
 Company Name _____
 ACN _____
 Licence Number: _____
 Contact Address _____
 Suburb _____ State _____ Postcode _____
 Contact Person _____
 Telephone: Home _____ Work _____
 Mobile _____ Facsimile _____
 E-mail: _____

2. ADD / REMOVE LAND PARCEL(S)

Title Reference Volume and Folio number	Allotment Number	Plan Number	Section	Hundred	Add / Remove (please specify)

COMMENTS

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

3. ADD / REMOVE UNDERGROUND WATER SOURCE(S)

Well Number	Meter Number	Title Reference Volume & Folio number Where well located	Add/ Remove (specify)

COMMENTS

3.1 Please draw on the map below indicating the location of the source(s) in the table above.

Layout Plan of Property



4. VARY WATER ALLOCATION(S) PURPOSE

Well Number	Allocation Change			
	Existing Water Allocation to be varied eg irrigation	Volume (kL)	Required Water Allocation eg industrial	Volume (kL)

COMMENTS

5. ANY OTHER VARIATION(S) (eg conditions)

Please provide detail(s) below

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:

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