



MARNE SAUNDERS 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

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. WATER ALLOCATION TRANSFER DETAILS

- 1.1 Transferor (seller) Licence Number _____
(Transferring Licence)
- 1.2 Transferee (purchaser) Licence Number _____
(Receiving Licence)
- 1.3 Volume of water to be transferred _____ kilolitres
- Permanent** (absolute period), or
- Temporary** (limited period) commencing 1 July _____ (write date) and
expiring on 30 June _____ (write date)
- 1.4 Total amount payable for the water (excluding land price): \$ _____

Section 12.48 of the Murray Darling Basin Plan 2012, requires the person disposing of the water to advise in writing the price agreed for the trade.

2. EXTRA SAFETY NET ALLOCATIONS (SURFACE WATER & WATERCOURSE WATER ONLY)

This section to be completed by transferor (seller).

- 2.1 Any allocation held on a licence that is being temporarily or permanently transferred and includes an Extra Safety Net allocation endorsed on it will trigger, either:
 - a) The surrender of the Extra Safety Net allocation to the Minister for Environment and Water – for a permanent transfer, or
 - b) The temporary conversion of the Extra Safety Net allocation to a Holding allocation – for the full term of the temporary transfer.
- 2.2 Where relevant, please tick the box below indicating that you understand the implications of transferring an allocation where an Extra Safety Net allocation is also held.
 - I understand the implications of this transfer, on any Extra Safety Net allocation I hold.
 - I do not have an Extra Safety Net allocation endorsed on my licence.

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

Section A – To be completed by Transferor (seller)

3. TRANSFEROR (SELLER) DETAILS

Full Name(s) of applicants(s) _____

 Contact Person _____ If body Corporate, ACN No _____
 Contact Address _____ State _____ P/Code _____
 Telephone: Home _____ Work _____
 Mobile _____ Facsimile _____
 E-mail : _____

4. ALLOCATION TRANSFER DETAILS (SELLER)

4.1 Provide details about the water resource and water allocation

WATER RESOURCE (e.g. Underground, Surface, Watercourse)	MANAGEMENT ZONE (or Management Sub-Zone where applicable)	ALLOCATION PURPOSE (e.g. Holding, Irrigation, Industrial, Intensive Farming, Roof Runoff)	VOLUME IN KILOLITRES

5. REQUEST TO VARY LICENCE TO REMOVE LAND

If you no longer take and use water on land that is endorsed on you water licence, AND you want this land removed from your licence, provide details of the land to be removed in table 6.1 below.

Table 5.1

CERTIFICATE OF TITLE (Volume & Folio)	LAND DESCRIPTION (Section &/or Allotment & Plan No. if Applicable)	HUNDRED

6. WATER METERS

Provide details of any changes to meters that will occur as a consequence of this transfer by entering the relevant meter details in table 6.1 below.

Table 6.1

GPS CO-ORDINATES OF EXTRACTION (Eastings & Northings)	TITLE REFERENCE CT, CL OR CR VOLUME & FOLIO	METER NUMBER	REASON FOR CHANGE

7. METER READING:

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

Meter Number	Meter Reading

Section B – To be completed by Transferee (purchaser)**8. TRANSFEREE (PURCHASER) DETAILS**

Full Name(s) of applicants(s) _____

Contact Person _____ If body Corporate, ACN No _____

Contact Address _____ State _____ P/Code _____

Telephone: Home _____ Work _____

Mobile _____ Facsimile _____

E-mail: _____

9. ALLOCATION TRANSFER DETAILS

9.1 Provide details about the water resource and water allocation

WATER RESOURCE (e.g. Underground, Surface, Watercourse)	MANAGEMENT ZONE (or Management Sub-Zone where applicable)	ALLOCATION PURPOSE (e.g. Holding*, Irrigation, Industrial, Intensive Farming, Roof Runoff)	VOLUME IN KILOLITRES

*If holding allocation only go to last page and sign.

10. PROPERTY DETAILS

10.1 Provide details of the land where the water will be used

CERTIFICATE OF TITLE (Volume & Folio)	LAND DESCRIPTION (Section &/or Allotment & Plan No. if Applicable)	HUNDRED

10.2 Sketch a property layout map with North point. Include relevant water use crops, irrigation main lines, stockyards, buildings, meter sites and the points of

MAP 1 LAYOUT PLAN OF PROPERTY

10.3 Provide details of crops and stock as appropriate

CROP TYPE	AREA IN HECTARES	IRRIGATION METHOD (e.g. Drip, Pivot, Overhead Sprinkler)		STOCK TYPE	STOCK NUMBERS	AREA OF WASHDOWN (In Square Metres)

11. WATER RESOURCE EXTRACTION DETAILS

11.1 Provide details of the existing or proposed extractions for the purpose of taking water

NOMINATED EXTRACTION (e.g. Watercourse Extraction Point, Well or Dam)	WELL, DAM OR WATERCOURSE EXTRACTION ID NUMBER (if Applicable)	GPS CO-ORDINATES OF EXTRACTION POINT (Eastings & Northings)	TITLE REFERENCE CT, CL OR CR (Volume & Folio)	LAND DESCRIPTION (Section &/or Allotment & Plan No. if Applicable, Hundred)

11.2 Provide further details regarding watercourse, dam and/or well extractions

EXTRACTION TYPE (e.g. dam, well, watercourse)	EXISTING OR NEW EXTRACTION	DETAILS OF REPLACEMENT (if applicable)	WATERCOURSE EXTRACTION & PUMPING RATES (Specify Unit of Measure)	DAMCAPACITY IN ML (if applicable)

12. WATER METER DETAILS

Provide location and details of any meters that will measure water taken as a consequence of this transfer by entering the relevant meter details in table 12.1 below.

Table 12.1

GPS CO-ORDINATES OF EXTRACTION (Eastings & Northings)	TITLE REFERENCE CT, CL OR CR VOLUME & FOLIO	METER NUMBER	REASON FOR CHANGE

13. ARTIFICIAL RECHARGE ALLOCATIONS

Provide details of recharged water use (**Artificial Recharge Water only**)

<i>ENVIRONMENT PROTECTION ACT 1993</i> AUTHORISATION NUMBER OR <i>NATURAL RESOURCES MANAGEMENT ACT 2004</i> PERMIT NUMBER	DETAIL OF AUTHORISATION	WELL 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 14: SIGNATURE OF THE 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 15: SIGNATURE OF THE 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 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