



**FEE \$ 232.00**  
**GST exempt**  
**1/7/17-30/6/18**  
 Form No. PRS01v8

**PEAKE, ROBY & SHERLOCK PRESCRIBED WELLS AREA**  
**APPLICATION FOR A NEW WATER LICENCE**

*Pursuant to Section 147 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 \_\_\_\_\_  
 Contact Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_  
                   Mobile \_\_\_\_\_ Facsimile \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**2. METHOD OF ACQUISITION**

2.1 Tick the method for obtaining the water allocation

- Purchase from a licence holder  
**Note:** an allocation transfer form must accompany this application  
 Provide the Seller's Licence No. \_\_\_\_\_

**Go to last page and sign**

- Purchase from the Minister

**3. WATER EXTRACTION DETAILS**

3.1 Provide details about the water resource and water allocation

MANAGEMENT ZONE	ALLOCATION PURPOSE (e.g. Irrigation, Recreational,)	VOLUME IN KILOLITRES

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

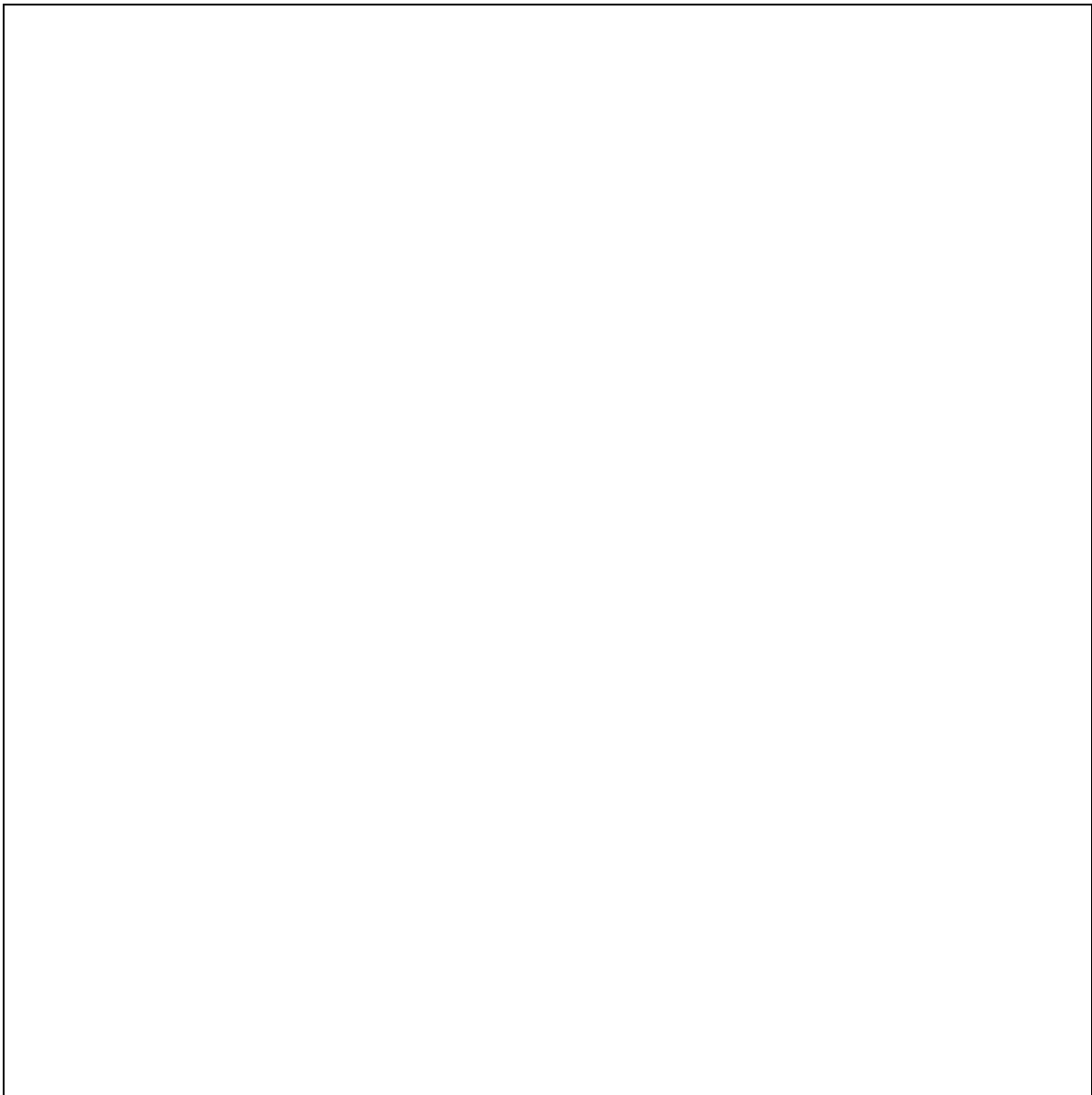
#### 4. PROPERTY DETAILS

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

CERTIFICATE OF TITLE (Volume and folio)	LAND DESCRIPTION (SECTION &/OR ALLOTMENT & PLAN NUMBER IF APPLICABLE)	HUNDRED

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

**MAP 1 LAYOUT PLAN OF PROPERTY**



4.3 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 Meters)

**5. WATER EXTRACTION DETAILS**

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

WELL NUMBER	GPS CO-ORDINATES OF EXTRACTION POINT (EASTINGS & NORTHINGS)	TITLE REFERENCE CT, CL OR CR (volume and Folio)	LAND DESCRIPTION (Section/allotment & plan number if applicable hundred)

**6. WATER METER DETAILS**

6.1 Enter the location and details of any meters that will measure the volume of water taken

GPS CO-ORDINATES OF EXTRACTION POINT (EASTINGS & NORTHINGS)	TITLE REFERENCE CT, CL OR CR VOLUME & FOLIO	EXISTING OR NEW	METER 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 7: 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