



**PEAKE, ROBY & SHERLOCK PRESCRIBED WELLS AREA**  
**APPLICATION FOR VARIATION OF 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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>For Office Use Only:</b>	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**

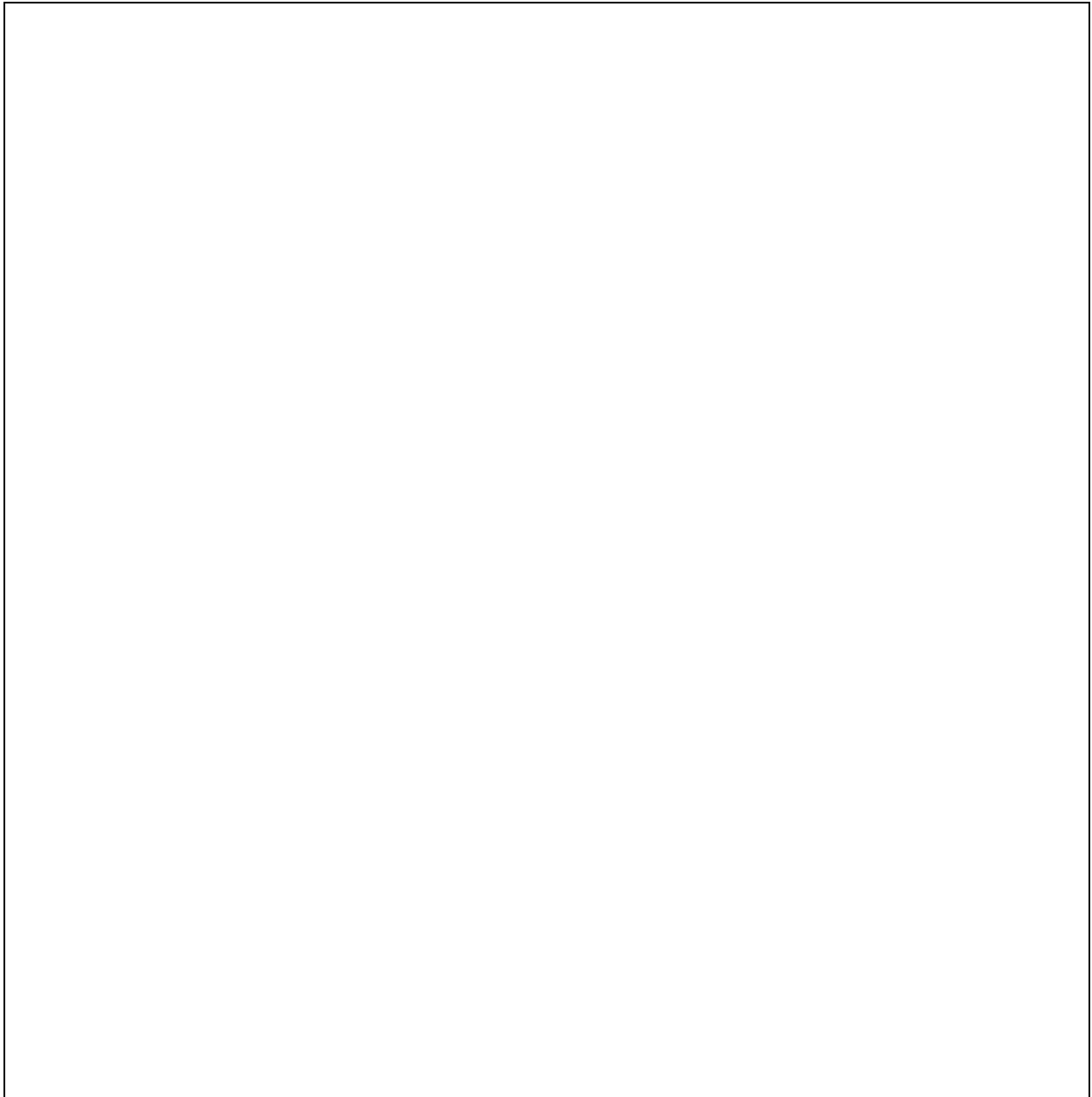
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**3.1 Please draw on the map below indicating the location of the source(s)**

**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**

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

*Please provide detail(s) below*

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**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