



S.1	<b>RIVER MURRAY PRESCRIBED WATERCOURSE</b> <b>Application for a Site Use Approval</b>
Pursuant to Section 164A of the <i>Natural Resources Management Act 2004</i>	

**Note:** Failure to provide complete details and/or prescribed fee will result in your application being returned for completion  
**Note:** If this application is approved, you will also need a *Water Resource Works Approval* to take water, together with an appropriate *Water Allocation*.  
*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 Detail**

Full Name(s) of applicant(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ If body Corporate, ACN No \_\_\_\_\_

Contact Postal Address \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

**2 Site Detail**

**2.1** Provide details of where the water will be used

CERTIFICATE OF TITLE (VOLUME AND FOLIO)	LAND DESCRIPTION (SECTION AND / OR ALLOTMENT & PLAN NUMBER IF APPLICABLE AND HUNDRED)

**2.2** Enter the location and details of any meters that will measure the volume of water used on the land recorded at 2.1 above

GPS CO-ORDINATES OF METER LOCATION USING WGS-84 OR GDA94 DATUM (EASTINGS AND NORTHINGS)	METER NUMBER

**2.3** For land at 2.1 above (RMIMZ and ABIMZ only), please provide the location of any monitoring wells

**Note:** Monitoring Wells must be drilled and sealed in accordance with Principles 16 and 17 and Appendix F of the Water Allocation Plan for the River Murray Prescribed Watercourse. See page 30 & 31 of the explanatory guide "Understanding the Water Allocation Plan for the River Murray".

MONITORING WELL NO.	GPS CO-ORDINATES USING WGS-84 OR GDA94 DATUM (EASTINGS AND NORTHINGS)

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



**3 Use requirements**

**3.1** Provide purpose of use of water on the site

- Irrigation       Other (please specify)       wetland (if you tick wetland you will need to contact the Department to ascertain what additional information will need to be provided to assist in the determination of the application)

**3.2** Check Irrigation Management Zone below and complete relevant sections

IRRIGATION MANAGEMENT ZONE	IRRIGATION	OTHER
<input type="checkbox"/> River Murray (RMIMZ)	4, 6, 7	6, 7
<input type="checkbox"/> Angas Bremer (ABIMZ)	4, 5, 6, 7	6, 7
<input type="checkbox"/> Lower Murray reclaimed Areas (LMRAIMZ)	4, 6, 7	6, 7

**4 Maximum irrigation volume that may be applied to the Site annually**

**4.1** Provide details of the proposed maximum volume of water for irrigation that may be applied to the site:

PROPOSED VOLUME	CROP TYPE(S)	AREA IRRIGATED (IN HECTARES)	YEAR PLANTED

**Note:** If the land at 2.1 above is in the high salinity impact zone, your application may be refused unless the application is determined in conjunction with another application to reduce an equivalent volume from another Site Use Approval with land in the high salinity impact zone. For further information about the salinity zoning policy, please contact DFW (Berri) on (08) 8595 2053.

**4.2**  Check here if you are seeking a volume of water in conjunction with another application to reduce an equivalent volume

**4.3** If you checked the box at 4.2, provide details of the Site Use Approval that will be varied in conjunction with this application

Name of other Applicant \_\_\_\_\_

SUA No. \_\_\_\_\_

**5 Revegetation (ABIMZ only)**

**5.1** Provide details below of non-irrigated vegetation you have planted and nurtured on relevant land in accordance with the Angas Bremer Irrigation Region Revegetation Booklet set out in Appendix B of the Water Allocation Plan for the Angas Bremer Prescribed Wells Area

CERTIFICATE OF TITLE (VOLUME & FOLIO)	LOCATION OF VEGETATION LAND DESCRIPTION (SECTION AND/OR ALLOTMENT & PLAN NUMBER IF APPLICABLE AND HUNDRED)	DENSITY OF PLANTING	DATE PLANTED	NUMBER PLANTED	AREA PLANTED (IN HECTARES)

**5.2** Do you own the land where the non-irrigated vegetation is planted?

- Yes  
 No – Attach evidence of a legally binding agreement or obligation that requires you to maintain the non-irrigated vegetation on the land

**5.3** Provide details below of your management program to nurture the vegetation (e.g. programs to control vermin and weeds, location of fencing to control grazing etc.)

\_\_\_\_\_

\_\_\_\_\_



**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. Co-signatures of the Landowner (where the applicant is not the landowner)**

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)

**4. 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:**

<p><b>Make cheques or money orders payable to:</b> Department of Environment, Water and Natural Resources</p> <p><b>Return application and payment to:</b> Department of Environment, Water and Natural Resources PO BOX 240, BERRI SA 5343</p>	<p><b>Office Location:</b> 2 Wade Street BERRI SA 5343</p> <p><b>Telephone enquiries:</b> (08) 8595 2053</p>
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