



S.1 RIVER MURRAY PRESCRIBED WATERCOURSE Application for a Site Use Approval

Pursuant to Section 164A of the *Natural Resources Management Act 2004*

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)

For Office Use Only:	Application No	Receipt No	Invoice No	Batch No
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

Table with 3 columns: IRRIGATION MANAGEMENT ZONE, IRRIGATION, OTHER. Rows include River Murray (RMIMZ), Angas Bremer (ABIMZ), Lower Murray reclaimed Areas (LMRAIMZ).

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:

Table with 4 columns: 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.

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

Table with 5 columns: CERTIFICATE OF TITLE (VOLUME & FOLIO), LOCATION OF VEGETATION, 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.)

Blank lines for providing management program details.



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

Table with 3 columns: Print Name, Sign Here, Date. Multiple rows for individual signatories.

2. Where the applicant is a company or an incorporated association and authorised persons sign on behalf of the organisation

Table with 2 columns: Print Name of authorised person, Position held; Signature, Date. Multiple rows for company representatives.

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)

Table with 2 columns: Print Name of authorised person, Position held; Signature, Date. Multiple rows for co-signatories.

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:

Table for witness signature and seal affixation. Includes fields for Signature, Print Name, Position held, and Affix Seal Here.

RETURN APPLICATION AND PAYMENT TO:

Table with 2 columns: Return application and payment to (Department for Environment and Water, BERRI SA 5343); Office Location (2 Wade Street, BERRI SA 5343); Telephone enquiries: (08) 8595 2053