



S.2

RIVER MURRAY PRESCRIBED WATERCOURSE Application to vary a Site Use Approval

Pursuant to Section 164C 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

Site Use Approval Number	Contact Person
Telephone	Mobile
E-mail	

2 Variation Detail

2.1 Check nature of variation below and complete the relevant sections

IRRIGATION MANAGEMENT ZONE	VARY APPROVAL HOLDER	VARY LAND DETAILS	VARY MAXIMUM VOLUME THAT CAN BE APPLIED	VARY CONDITION
<input type="checkbox"/> River Murray (RMIMZ)	3, 8, 9 & 10	4, 6 & 8	5 & 8	7 & 8
<input type="checkbox"/> Angas Bremer (ABIMZ)	3, 8, 9 & 10	4, 6, 8 & 10	5, 6 & 8	7 & 8
<input type="checkbox"/> Lower Murray reclaimed Areas (LMRAIMZ)	3, 8, 9 & 10	4, 8 & 10	5 & 8	7 & 8

3 New Approval Holder Detail

Full Name(s) of applicant(s)

Contact Person If body Corporate, ACN No

Contact Postal Address State P/Code

Telephone Mobile

E-mail

4 Site Detail

4.1 Provide details of any land to be varied on the Site Use Approval

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

4.2 Enter the location and details of changes to any meters that will measure the volume of water used

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

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



4.3 For land varied at 4.1 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)	ADD OR REMOVE?

5 Maximum volume that may be applied for irrigation to the site annually

5.1 Provide details of the variation to the maximum volume of water that may be applied for irrigation to the site annually

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

Note: If the land 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 consult the fact sheet at <http://www.environment.sa.gov.au/Home/> or contact DEWNR (Berri) on (08) 8595 2053.

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

5.3 If you checked the box at 5.2, provide details of the Site Use Approval that will be varied in conjunction with this application

Name of other Applicant

SUA No.

6 Revegetation (ABIMZ only)

6.1 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

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

6.2 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

6.3 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.)



7 Vary a condition

7.1 Provide detail of the relevant condition(s)

CONDITION NUMBER (AS IT APPEARS ON THE APPROVAL)	STATE WHETHER YOU WANT A CONDITION TO BE ADDED, REMOVED OR VARIED	STATE THE REASON FOR THE REQUEST

7.2 If a new condition is requested, provide details below

7(a) Vary Purpose

7(a).1

Irrigation

other

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

8 Signatures of the Approval Holder(s)

Note: Each applicant must complete **one only** of the following alternatives.

I/We declare that the information provided on this application is true and correct

8.1 Where the applicant is one or more persons:

Sign Here _____

Print Name _____ Date _____

Sign Here _____

Print Name _____ Date _____

8.2 Name of authorised person

Position held _____ Date _____

Name of company or incorporated association

8.2 Where the applicant is a company or an incorporated association

Sign Here _____

Name of authorised person _____

Position held _____ Date _____

Sign Here _____

Affix seal in box





9 Signatures of the New Approval Holder applicant(s)

Note: Each applicant must complete **one only** of the following alternatives.

I/We declare that the information provided on this application is true and correct

9.1 Where the applicant is one or more persons:

Sign Here _____

Print Name _____ Date _____

Sign Here _____

Print Name _____ Date _____

9.2 Where the applicant is a company or an incorporated association

Name of company or incorporated association

Sign Here _____

Name of authorised person _____

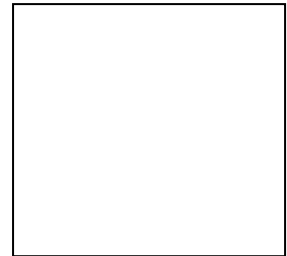
Position held _____ Date _____

Sign Here _____

Name of authorised person _____

Position held _____ Date _____

Affix seal in box



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

Note: Where the new approval holder is not the landowner, the co-signature of the landowner is required

Note: Each applicant must complete **one only** of the following alternatives.

I/We declare that the information provided on this application is true and correct

10.1 Where the applicant is one or more persons:

Sign Here _____

Print Name _____ Date _____

Sign Here _____

Print Name _____ Date _____

10.2 Where the applicant is a company or an incorporated association

Name of company or incorporated association

Sign Here _____

Name of authorised person _____

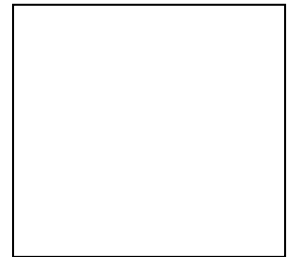
Position held _____ Date _____

Sign Here _____

Name of authorised person _____

Position held _____ Date _____

Affix seal in box



Please make cheques and/or money orders payable to: Department of Environment, Water and Natural Resources

RETURN APPLICATION TO:-

Department of Environment, Water and Natural Resources
2 Wade Street, Berri
PO BOX 240
BERRI SA 5343
Telephone Enquiries: (08) 8595 2053