



# W.1

## RIVER MURRAY PRESCRIBED WATERCOURSE

# Application for a Water Resource Works Approval

Pursuant to Section 159 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 licence application is approved, you will also need a *Site Use Approval* to use the 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 Water Extraction Detail

2.1 Provide details of the proposed works for the purpose of taking water.

NOMINATED WORKS (EG, WATERCOURSE EXTRACTION POINT)	GPS CO-ORDINATES OF EXTRACTION POINT USING WGS-84 OR GDS94 DATUM (EASTINGS & NORTHINGS)	TITLE REFERENCE CT, CL OR CR VOLUME AND FOLIO	SECTION AND /OR ALLOTMENT	PLAN NUMBER (IF APPLICABLE) AND HUNDRED

### 3 Water Meters

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

GPS CO-ORDINATES OF METER SITE(S) USING WGS-84 OR GDS94 DATUM (EASTINGS & NORTHINGS)	TITLE REFERENCE CT, CL OR CR VOLUME AND FOLIO	EXISTING OR NEW*	METER NUMBER

\***Note:** If meter is new, a meter notification form must be submitted in conjunction with this form.

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



**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 4: 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