



# W.2

## RIVER MURRAY PRESCRIBED WATERCOURSE Application to vary a Water Resource Works Approval

Pursuant to Section 161 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 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

Water Resource Works Approval Number \_\_\_\_\_ Contact Person \_\_\_\_\_

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

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

### 2 Variation Detail

2.1 Check nature of variation below and the complete the relevant sections.

NATURE OF VARIATION	COMPLETE SECTION(S)	
<input type="checkbox"/> Vary Approval Holder	3, 6 & 7	
<input type="checkbox"/> Vary water taking details	4, & 6	
<input type="checkbox"/> Vary condition(s)	5 & 6	

### 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 Water Extraction Detail

4.1 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 GDA94 DATUM (EASTINGS & NORTHINGS)	TITLE REFERENCE CT, CL OR CR VOLUME AND FOLIO	SECTION AND/OR ALLOTMENT	PLAN NUMBER (IF APPLICABLE) AND HUNDRED

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

**4.2** Provide the location and details of any meters that will measure the volume of water taken

GPS CO-ORDINATES OF METER SITE USING WGS-84 OR GDA94 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 must be submitted in conjunction with this form

**5 Vary a condition**

**5.1** 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

**5.2** If a new condition is requested, provide details below

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**6 Signatures of the applicant(s)**

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

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

6.1 Where the approval is held by one or more persons:

Sign Here \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sign Here \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

6.2 Where the approval is held by a company or an incorporated association

Name of company or incorporated association

Sign Here \_\_\_\_\_

Name of authorised person \_\_\_\_\_

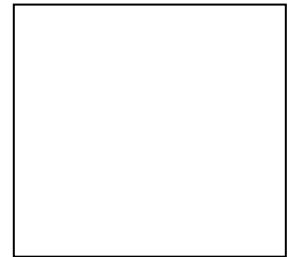
Position held \_\_\_\_\_ Date \_\_\_\_\_

Sign Here \_\_\_\_\_

Name of authorised person \_\_\_\_\_

Position held \_\_\_\_\_ Date \_\_\_\_\_

Affix seal in box



**7 Signatures of the new Approval Holder applicants at section 3 above**

**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

7.1 Where the applicant is one or more persons:

Sign Here \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Sign Here \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

7.2 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**