



## ADELAIDE PLAINS APPLICATION FOR VARIATION OF LICENCE

Pursuant to section 124 of the *Landscape South Australia Act 2019*

*A person who furnishes information to the Minister or another authority under the Landscape South Australia Act 2019 (the Act) that is false or misleading in a material particular is guilty of an offence. Maximum penalty: \$20 000.*

Please tick relevant prescribed wells areas:

☐

Northern Adelaide Plains PWA

☐

Dry Creek PWA

☐

Central Adelaide PWA

Please complete Sections 1 to 7 below and write N/A in sections not relevant to your application.

If there is insufficient space on this form, please indicate the total number of additional pages attached (not applicable if relates to a managed aquifer recharge scheme, this is addressed in the relevant section)

Throughout this document some fields are marked with \* which denotes a mandatory field. If the supporting information submitted is insufficient and not provided in a timely manner, it could lead to your application being returned/refused or placed on hold.

### 1. APPLICANT DETAILS\*

Name 1:		
Name 2:		
Name 3:		
Name 4:		
If Body Corporate ACN		Licence Number
Company Name		Contact Name
Address		
Town/Suburb		State
		Postcode
Home Phone	Work Phone	Mobile Phone
Email		

### 2. DETAILS OF SECURITY INTEREST\*

Is the water licence or water access entitlement referred to in Section 1 subject to a security interest?

Please tick one of the following options:

☐

Yes

☐

No

If yes, please include the written consent of the holder of the security interest to this transaction as an attachment to this application.

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

### 3. ADD / REMOVE UNDERGROUND WATER SOURCE(S)

**Recharge Water Licences ONLY** – Please provide an amended Risk Management Monitoring Plan that includes consideration of the new/removed extraction points as detailed below, including but not limited to whether any of the risks or strategies need to be amended as a result.

(Please write details in the table below)

Add / Remove (please specify)*	Well Number*^	Consumptive Pool*	Meter Number*	Title Reference Volume and Folio number

#### COMMENTS

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### 4. VARY MAXIMUM ANNUAL RECOVERY VOLUME - RECHARGE WATER LICENCE ONLY

Please note, this section is only applicable to Recharge Water Licences and only if variation of the Maximum Annual Recovery Volume is being sought.

If not applicable please leave blank or strike-through.

Supporting documents must be provided to enable an assessment, namely the amended Risk Management Monitoring Plan that demonstrates consideration of increasing the maximum annual recovery volume as detailed below. Please also submit previous records (including annual reports and meter readings if available) of the total volume of water drained or discharged and subsequently extracted.

Please note that the assessment of the Risk Management and Monitoring Plan can be iterative in nature between the Department and the applicant and due to the time variables involved the expectation should be that the application process may take approximately two months.

However if the supporting information submitted is insufficient and not provided in a timely manner, it could lead to your application being returned/refused or placed on hold.

Please indicate the total number of attachments:

Managed Aquifer Recharge Scheme Name*	
Native Groundwater Consumptive Pool* of injection well (water can only be recovered from the same spatial extent of the native groundwater consumptive pool)	
GPS Coordinates of well(s) or proposed well(s)*^ (Easting and Northing)	

Current Maximum Annual Recovery Volume (kL) per well*	
<b>Proposed Maximum Annual Recovery Volume (kL) per well*</b>	
Purpose of use*	
Title Reference Volume and Folio where extraction/recovery well located*	
<i>Environment Protection Act 1993</i> Licence Number (please attach a copy)*	
<i>Landscape South Australia Act 2019</i> Permit Number* (Drain or Discharge Permit)	

^ If you need to drill/rehabilitate or replace a well, prior to this activity you must obtain a well construction permit. Please visit the Statewide permit forms page for more information: <https://www.environment.sa.gov.au/licences-and-permits/water-licence-and-permit-forms/statewide>

#### COMMENTS

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#### 5. VARIATION(S) TO CONDITION(S)

Please provide detail(s) below, ensuring the proposed is in accordance with the [Adelaide Plains Water Allocation Plan](#)

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#### 6. ANY OTHER VARIATION

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You may be required to provide additional information before your application can be determined. If further information is required you will be advised.

Please note that this application does not relieve the applicant from obtaining all other necessary approvals for the taking and use of water.

**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.

**7. 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.

**Note: If signing as a company, two position bearers must sign e.g. Director, Secretary. If only one Director then Sole Director must be stated as position held.**

**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	<b>Affix Seal Here:</b>		
Print Name			
Position held			Date
Signature			
Print Name			
Position held			Date

**Return application and payment to:**

Department for Environment and Water  
GPO Box 1047  
ADELAIDE SA 5001

**Make cheques or money orders payable to:**

Department for Environment and Water

**For credit card payments or other payment options, please telephone:**

(08) 8463 6876

**Office Location:**

Customer Service Centre  
81-95 Waymouth Street  
ADELAIDE SA 5000

**Email address:** DEWwaterlicensing@sa.gov.au