



# W.2

## SOUTHERN BASINS AND MUSGRAVE PRESCRIBED WELLS AREAS Application to vary a Water Resource Works Approval

Pursuant to Section 136 of the *Landscape South Australia Act 2019*

**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 an appropriate *Water Allocation*.

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.

### 1 Applicant Detail

Water Resource Works Approval Number \_\_\_\_\_

Full Name(s) of applicant(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ If Body Corporate, ACN \_\_\_\_\_

Contact Address \_\_\_\_\_

State \_\_\_\_\_ P/Code \_\_\_\_\_

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

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

### 2 Variation Detail

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

<input type="checkbox"/> Vary water taking details	Complete Sections 3 & 5	<input type="checkbox"/> Vary condition(s)	Complete Sections 4 & 5
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### 3 Water Extraction Detail

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

UNIT NUMBER (e.g. 6028-02289)	CO-ORDINATES OF EXTRACTION POINT	MAXIMUM VOLUME (kL) TO BE EXTRACTED FROM NOMINATED WORKS BETWEEN 1 JULY AND 30 JUNE

3.2  I /We have undertaken hydrogeological investigations that demonstrates that the taking of water and the proposed manner of taking will not have significant detrimental impact on the water resource, groundwater dependent ecosystems, existing water users and the availability and quality of water accessed by others.

3.3  I /We have attached a copy of the hydrological investigations and conclusions.

#### For Office Use Only:

Application No \_\_\_\_\_ Receipt No \_\_\_\_\_ Invoice No \_\_\_\_\_ Batch No \_\_\_\_\_

Date Received \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Area \_\_\_\_\_



3.4 Provide the location and details of any meters that will measure the volume of water taken.

CO-ORDINATES OF METER SITE	EXISTING, NEW* OR PROPOSED	IF EXISTING - METER NUMBER	MEASURES TAKE FROM WORKS (E.G. 6028-02289)

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

#### 4 Vary a condition

4.1 Provide details 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

4.2 If a new condition is requested, provide details below

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5 Signatures of applicants

Note: Each account holder 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, Company Secretary. If only one Director then Sole Director must be stated as position held.

5.1 Where the applicant is one or more persons:

Sign Here
Print Name Date

Sign Here
Print Name Date

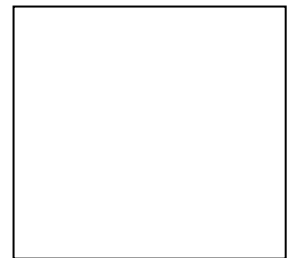
5.2 Where the applicant is a company or an incorporated association

Sign Here
Name of authorised person
Position held Date

Sign Here
Name of authorised person
Position held Date

Name of company or incorporated association

Affix seal in box



6 Co-signatures of the land owner (where the applicant is not the land owner)

Note: Each account holder 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, Company Secretary. If only one Director then Sole Director must be stated as position held.

6.1 Where the applicant is one or more persons:

Sign Here
Print Name Date

Sign Here
Print Name Date

6.2 Where the applicant is a company or an incorporated association

Sign Here
Name of authorised person
Position held Date

Sign Here
Name of authorised person
Position held Date

Name of company or incorporated association

Affix seal in box



Table with 2 columns: Return application and payment to; Office Location: 28 Vaughan Terrace BERRI SA 5343