

Area:

RIVER MURRAY PRESCRIBED WATERCOURSE 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 application is approved, you will need a Site Use Approval to use the water, together with an appropriate Water Allocation.

| Applicant Detail | | | | | | | |
|---|---|--|----------------------|------------------------|--|--------------------------|--|
| Water Resource Works Approval Number | | | | | | | |
| Full Name(s) of applican | t(s) | | | | | | |
| Contact Person | | | | If Bo | dy Corporate, A | CN | |
| Contact Postal Address | | | | | State | | P/Code |
| Telephone | | N | Лobile | | | | |
| E-mail | | | | | | | |
| Variation Detail 2.1 Check nature of var | riation below and the | e complete the releva | ant sections | i. | | | |
| | | | | | | | |
| □ Vary water taking Water Extraction Deta 3.1 Provide details of t | ail | e Sections 3 & 5 | ring water | □ Vary | condition(s) | Complete Sections | 5 4 & 5 |
| | ail he proposed works f GPS CO-ORDINA USING WGS-84 C | | N POINT | TITLE F | REFERENCE CT, I CR VOLUME ND FOLIO | SECTION AND/OR ALLOTMENT | PLAN NUMBE (IF APPLICABLE AND |
| Water Extraction Deta 3.1 Provide details of to NOMINATED WORKS (EG. WATERCOURSE | ail he proposed works f GPS CO-ORDINA USING WGS-84 C | For the purpose of tak ATES OF EXCTRACTIO OR GDA94 DATUM (EA | N POINT | TITLE F | REFERENCE CT, | SECTION AND/OR | PLAN NUMBE (IF APPLICABLE |
| Water Extraction Deta 3.1 Provide details of t NOMINATED WORKS (EG. WATERCOURSE | ail he proposed works f GPS CO-ORDINA USING WGS-84 C | For the purpose of tak ATES OF EXCTRACTIO OR GDA94 DATUM (EA | N POINT | TITLE F | REFERENCE CT, | SECTION AND/OR | PLAN NUMBE (IF APPLICABLE AND |
| Water Extraction Deta 3.1 Provide details of to NOMINATED WORKS (EG. WATERCOURSE EXTRACTION POINT) | ail he proposed works f GPS CO-ORDINA USING WGS-84 C | For the purpose of tak ATES OF EXCTRACTIO OR GDA94 DATUM (EA | N POINT ASTINGS & | TITLE F CL OR AI | REFERENCE CT, | SECTION AND/OR | PLAN NUMBE (IF APPLICABLE AND |



| 3.3 | Provide the location and details of an | y meters that will measure the volume of water take | 'n |
|-----|--|---|----|
|-----|--|---|----|

| 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

4 Vary a condition

4.1 Provide detail of the relevant condition(s)

| CONDITION NUMBER | STATE WHETHER YOU WANT A | STATE THE REASON FOR THE REQUEST |
|---------------------------|--------------------------------|----------------------------------|
| AS IT APPEARS ON THE | CONDITION TO BE ADDED, | |
| APPROVAL) | REMOVED OR VARIED | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| If a new condition is rec | guested, provide details below | |
| If a new condition is rec | quested, provide details below | |
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| If a new condition is rec | quested, provide details below | |
| If a new condition is rec | quested, provide details below | |

5 Signatures of the applicant(s)

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

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.

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

| 5.1 | Where the approval is he | ld by one or more persons: | |
|-----|--------------------------------------|------------------------------------|---|
| | Sign Here | | _ |
| | Print Name | Date | _ |
| | Sign Here | | _ |
| | Print Name | Date | _ |
| 5.2 | Where the approval is he association | ld by a company or an incorporated | Name of company or incorporated association |
| | Sign Here | | _ |
| | Name of authorised person | on | - Affix seal in box |
| | Position held | Date | _ |
| | Sign Here | | _ |
| | Name of authorised person | on | _ |
| | Position held | Date | |

Please make cheques or money orders payable to:

Department for Environment and Water

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

(08) 8595 2053

Return application to:

Department for Environment and Water 28 Vaughan Terrace, Berri PO Box 240 BERRI SA 5343