



FEE \$ 480.00
GST exempt
1/7/21 - 30/6/22
Form No. NAP04v19

NORTHERN ADELAIDE PLAINS PRESCRIBED WELLS AREA
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.

1. APPLICANT DETAILS

Name(s) in full
(Name(s) in full of licence holder(s) as it appears on the licence)
If Body Corporate: ACN
Licence No:
Contact postal address
Contact Name:
Telephone No: Email:
Mobile: Fax:

2. ADD / REMOVE LAND PARCEL(S)

(Please write details in the table below)

Table with 6 columns: Title Reference Volume and Folio number, Allotment Number, Plan Number, Section, Hundred, Add / Remove (please specify)

COMMENTS

Three horizontal lines for entering comments.

Table for office use with columns: Application No, Receipt No, Invoice No, Batch No and rows for Date Received, Amount Paid, Area.

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

(Please write details in the table below)

Well Number	Aquifer	Meter Number	Title Reference Volume and Folio number	Add / Remove (please specify)

**COMMENTS**

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**4. DRAINAGE OR DISCHARGE APPROVAL DETAILS**

*Environment Protection Act 1993* authorisation number(s) and details:

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*Landscape South Australia Act 2019* permit number(s) and details:

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**5. VARY WATER ALLOCATION(S)**

(Please write details in the table below)

Increase Allocation by (kL)	Increase Allocation due to recharge credit (kL)	Resultant Total Allocation (kL)	Aquifer	Well Number	Purpose

**COMMENTS**

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**6. VARIATION(S) TO CONDITION(S)**

*Please provide detail(s) below*

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## 7. ANY OTHER VARIATION

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.

#### SECTION 8: 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	Affix Seal Here:	
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