

APPLICATION FOR PERMIT FOR A WATER AFFECTING ACTIVITY

ERECTION, CONSTRUCTION OR ENLARGEMENT OF DAM, WALL OR OTHER STRUCTURE THAT WILL COLLECT OR DIVERT WATER

Pursuant to Section 104 of the Landscape South Australia Act 2019

FEE \$69.00 1/7/25-30/6/26 FORM NO. EP2v25-26 GST Exempt

* Denotes mandatory information required. Failure to provide complete details of information or failure to pay the lodgement fee may result in a delay in processing this application.

1. *APPLICANT DETAILS							
Title: Mr □ Miss □ Ms □ Mrs □ Dr □ Other □ (please specify):							
*Name (in full):							
Company Name:			ACN:				
*Address:							
*Postal Address:							
*Phone:	Mobile:			Fax:			
Email:			· ·				
2. * PROPERTY DETAILS							
*Certificate of Title (CT):	or;	*Crown Le	ase or C	rown	Record:		
*Allotment and/or Section: No							
*Hundred: *Postcode:							
*Plan ID Number: Council Area:							
Street No. and Name: Town:							
Property Name: Watercourse Name:							
			****If the activity is on more than one property please attach details of all properties***				
3. *PROPERTY OWNER DETAILS (if different from applicant)							
Title: Mr □ Miss □ Ms □ Mrs □ Dr □	Other □ (please sp	pecify):					
*Name (in full):							
*Company Name: *ACN:			*ACN:				
*Address:							
*Postal Address:							
Phone: Mobile: I			Fax:	ax:			
Email:							
OFFICE USE ONLY							
ate received: Permit Ref No: Payment enclosed: Yes No E					yment enclosed: Yes □ No □		
Action officer:	fficer: Amount Paid: Receipt No:						

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	S OF PROPOSED WORKS TO	D BE UNDERT	AKEN	
4.1 *le the ann	lication to construct a new da	m2 VES∏	NO 🗆	
• •				Dam Capacity s (kL) Calculation Guide
-	specify proposed capacity of the			Dam Volume (kL) =
	s proposed to enlarge an existir ner works are proposed go to S		ection 4.2	Area(m²) x depth(m) x (
42 If it is pror	posed to enlarge an existing o	lam nlease sn	ecify the followi	ng dam volumes:
	y	•	•	ng dam volumoo.
	pity			
Troposed Capa	oity	KIIOIII163 (KL	,	
4.3 If other wo	rks are proposed please prov	ide details be	low.	
5 CONST	RUCTION DETAILS (some da	ıme may roqui	re detailed draw	ing and angineering plans)
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5.1 *Will the da	om he located in a watercours	se? Yes □	№ П	
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5.9 Proposed Contractor:	Name:
	Phone number:
6. CATCHMENT AREA THA	T WILL SUPPLY WATER TO THE DAM
6.1 What is the estimated area of	land that will supply water to the proposed dam?
(a) From your property	hectares
(b) From above your property_	hectares
general stormwater, road runoff, grade 7. *PROPOSED WATER USE	ed and sheeted catchments), Yes
*Please tick whichever boxes may	anniv
☐ Irrigation	Агеа (На) Crop Туре
☐ Stock & Domestic	Number & type of stock
☐ Environmental	Details
□ Industrial	Type of Industry
□ Other	Details

8. EXISTING DAM INFORMATION								
8.1	Are there any	existing dams o	n your property	? Yes □	No 🗆	If yes provide o	letail	
	PURPOSE OF WATER USE							
	DAM CAPACITY (kL)	IRRIGATION (tick if applicable)	STOCK & DOMESTIC (tick if applicable)	ENVIRONI provide		INDUSTRIAL Specify type of Industry	OTHER provide details	
1.								
2.								
3.								
4.								
5.								
6.								
9.1 Please identify any risks to land, water quality, watercourse stability or habitat associated with the proposed activity. This includes salinity issues, shallow groundwater, the excavation and stockpiling of rock, sand or soil during dam works etc.								
9.2 Describe how these risks will be mitigated. (Attach additional information if required)								
10. OTHER APPROVALS What, if any, approvals do you or your company have from other state or local government agencies to construct or enlarge the proposed dam?								

1	1.	*W	O	R	KS	PL	ΑΙ	N

*Please draw or attach a plan/map of your property showing the following information:

- Site location for proposed dam, contour banks, diversion structures or any other associated works.
- Property boundaries, buildings and roads.
- Watercourses, wetlands, springs, soaks, bores.
- The location of any existing dams on the property.

North arrow.			

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12. *DECLARATION / SIGNATURE

Note: The applicant must complete ONE ONLY of the following options:

I/we declare that the information that has been provided on this application is true and correct.

SIGNED:

1. Where the applicant is a	n individual or two or more persons	
Signature	Print Name	Date
Signature	Print Name	Date
2. Where the applicant is a	Company or an Incorporated Association	1
A person or persons duly aut	horised to sign for and on behalf of	
(Name of Company or Incorpora	ated Association)	
Name(s)	Position	
Signature		Date

LODGEMENT INSTRUCTIONS

Applications can be lodged by post to:

WAA Permit Application

Eyre Peninsula Landscape Board PO Box 2916

PORT LINCOLN SA 5606

Or in person and by appointment only at:

Eyre Peninsula Landscape Board, Port Lincoln

86 Tasman Terrace

PORT LINCOLN SA 5606

For any enquiries, please call the Port Lincoln office (Ph: 08 8688 3200) and ask for assistance on a Water Affecting Activity permit

PAYMENT INSTRUCTIONS

Cheques and Money orders

Made payable to the Eyre Peninsula Landscape Board and crossed 'Not Negotiable', for the amount of \$69.00

Credit Card

Payments by credit card can be made in person.