



Water Affecting Activities Completion Advice

OFFICE USE ONLY									
Date Permit Issued:					Permit Ref No: SAAL				
Nature of Water Affecting Activity (Section 104)									
4(a) <input type="checkbox"/>	4(b) <input type="checkbox"/>	4(c) <input type="checkbox"/>	4(d) <input type="checkbox"/>	4(e) <input type="checkbox"/>	4(f) <input type="checkbox"/>	4(g) <input type="checkbox"/>	4(h) <input type="checkbox"/>	4(i) <input type="checkbox"/>	2 <input type="checkbox"/>
Conditions Applied:									

COMPLETION ADVICE FORM

FOR A WATER AFFECTING ACTIVITY PERMIT

Please return this form to the SA Arid Lands Landscape Board when you have completed the activity for which the permit was issued.

Applicant to Complete – please write in CAPITAL BLOCK letters

**Denotes mandatory information*

APPLICANT DETAILS		
Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (please specify):		
*Name:		
Company Name: (if applicable)		ACN: (if body corporate)
*Address:		
*Postal Address: (if different from above)		
*Phone:	Mobile:	Fax:
Email:		
*PROPERTY DETAILS		
*Certificate Title: C	Vol:	Folio:
*Lease Type/Number:		
Section/Allotment:		
*Hundred(s)/Plan(s) :		
GPS Location:		
Property Name:		

[illegible]



Either In the space below or as an attachment, please provide a sketch or plan of the completed works showing shape/s, dimensions and depth of the completed activity (dam or other structure).

Please note photos can be included but descriptions must be provided



***COMPLETION ADVICE** *(Please ensure that you sign the form before returning)*

I _____ (insert name)

Hereby declare that the activity authorized by permit number _____ (insert permit number)

Was completed on ____ / ____ / ____ in accordance with the conditions on the permit.

For a Dam

A dam of _____ cubic metres/megalitres was constructed at _____ (location/site)

_____ constructed by _____ (name/company)

Signed _____ (applicant)

Your Authority to sign _____ (owner, manager, lease, contractor)

Date ____ / ____ / ____.

Please return **"WAA Permit Completion Forms"**

By Post to:

WAA Permit Completion Form
SAAL Landscape Board
PO Box 297
PORT AUGUSTA SA 5700

In Person to:

Port Augusta Office
1 Jervois Street
PORT AUGUSTA SA 5700