



Application for quarry material allocation

Purpose of the form

To apply for allocation of quarry material which includes the extraction of stone, gravel, sand, rock, clay, earth and soil that is removed from a lake or watercourse and not considered waste material.

It is advisable to contact your local office and seek pre-lodgement advice prior to submitting the application.

You must obtain a development permit and other required authorisations before beginning operations.

Part A Applicant details

Specify the full name(s) of all persons or corporations applying for this quarry material allocation:

Each applicant must provide their contact details in Page 2.

If the applicant is a corporation, supply the ACN:

Attention (optional) (e.g. Principal, Secretary, Managing Director, etc):

Street address:

Mailing address: (if same as street address write 'as above')

Main contact for this application

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties

Full name:

Preferred phone:

Alternative phone:

Email:

Privacy statement: Collection of information on this form is authorised by section 227 of the *Water Act 2000* and will be used by the department for the purpose of processing your application. The department may be required or authorised by legislation to disclose your information to other third parties. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation.

OFFICE USE ONLY	Application ref.	Fee received \$	Office Stamp Only
	Client ref.	Receipt no.	
	Authorisation ref.	Registration date / / Initials	

Part A Applicant details (continued)

All applicants listed in Part A must provide their contact details. If more space is required for all applicants to provide details, copy or print a blank copy of this page, complete and attach.

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If the applicant is a corporation, supply the ACN:

Street address:

Mailing address: (if same as street address write 'as above')

Preferred phone:

Alternative phone:

Email:

The contact details provided will be used by the department for the purpose of communications under the *Water Act 2000*. The department may be required or authorised by legislation to disclose your information to other third parties.

Full name:

If the applicant is a corporation, supply the ACN:

Street address:

Mailing address: (if same as street address write 'as above')

Preferred phone:

Alternative phone:

Email:

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Full name:

If the applicant is a corporation, supply the ACN:

Street address:

Mailing address: (if same as street address write 'as above')

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Full name:

If the applicant is a corporation, supply the ACN:


Street address:

Mailing address: (if same as street address write 'as above')

Preferred phone:

Alternative phone:

Email:

Part B Quarry material allocation details			
Quantity			
Total quantity required:			cubic metres
Maximum required in any 12 month period:			cubic metres
Period			
Required period for allocation:	year(s)	month(s)	Note: Maximum period is 5 years
Part C Locality details			
Location map: Attach an A4 size cadastral map showing relevant features clearly marked.			
Local government area:			
Nearest town:			
If applicable, provide the lot on plan from near or the location of where quarry material is to be taken:			
Lot:	Plan:		
Part D Location in watercourse (Only complete this section if the quarry material is located in a watercourse)			
Name of watercourse:			
From the downstream limit of where quarry material is to be taken, from the middle of the watercourse at:			
Latitude*:		Longitude*:	
Describe this point using a local feature name: (e.g. the distance from the nearest bridge)			
To the upstream limit of where quarry material is to be taken, to the middle of the watercourse at:			
Latitude*:		Longitude*:	
Describe this point using a local feature name: (e.g. the distance from the nearest bridge)			
How were the latitudes and longitudes derived?			
<input type="checkbox"/> Global Positioning System Datum: <input type="checkbox"/> GDA2020 <input type="checkbox"/> GDA94 <input type="checkbox"/> WGS84 <input type="checkbox"/> Other: (specify)			
<input type="checkbox"/> Using a map (attach a copy)			
<input type="checkbox"/> Other (specify)			
*Latitude and longitude can be shown as either:			
Decimal degrees showing five decimal places E.g. Latitude -27.47514 Longitude 153.02578			
OR			
Degrees° Minutes' Seconds" E.g. Latitude 27° 28' 30.504" S Longitude 153° 1' 32.808" E			

Part E Location in lake (Only complete this section if the quarry material is located in a lake).

Name of lake:

**From one corner of a rectangle at:**

Latitude*

Longitude*

Describe this point using a local feature name: (e.g. the distance from the nearest bridge)

To one corner of a rectangle at:

Latitude*

Longitude*

Describe this point using a local feature name: (e.g. the distance from the nearest bridge)

How were the latitudes and longitudes derived?

- Global Positioning System Datum: GDA2020 GDA94 WGS84 Other (specify):
 Using a map (attach a copy)
 Other (specify)

*Latitude and longitude can be shown as either:

Decimal degrees showing five decimal places E.g. Latitude -27.47514 Longitude 153.02578

OR

Degrees° Minutes' Seconds" E.g. Latitude 27° 28' 30.504" S Longitude 153° 1' 32.808" E

Part F Declaration

All parties to complete and sign the declaration below. If more signature space is required, copy or print a blank copy of this page, complete and attach.

I/we declare that the information contained in this application and materials submitted in support is true and correct.

Individual

Name:

Name:

Signature:

Signature:

Position/Title:
(if applicable)Position/Title:
(if applicable)

Date:

Date:

Corporation Executed for and on behalf of (must have appropriate authority):

Organisation name:

ACN:

By (name):

By (name):

Position:

Position:

Signature:

Signature:

Date:

Date:

Witnessed by:

Witnessed by:

Witness signature:

Witness signature:

Date:

Date: