

Purpose of the form

To apply for a permit to take water where the activity is of a temporary nature. This application must be approved before the activity commences.						
Part A Applicant details						
Specify the fu	ıll name(s) of all individua	als or corporations applying for	this pe	rmit:		
If the applica	nt is a corporation, pleas	e supply the ACN:				
Attention (Op	tional) (e.g. Principal, Se	cretary, Managing Director)				
Street addres	SS:					
Mailing addre	ess (if same as street add	ress write 'as above'):				
Main contac	t for this application					
		department for the purpose of commose your information to other third part		s under the Water Act 2000. The department may		
Full name:						
Preferred pho	one:	Alternative	Alternative phone:			
Email:						
Part B Wate	r use					
Activity must	be approved prior to con	mencement. The activity mus	t have a	reasonably foreseeable conclusion date.		
Details of act	ivity:					
Date activity is to commence: Date activity is to conclude:						
purpose of proce	essing your application. The de		ed by legis	et 2000 and will be used by the department for the slation to disclose your information to other third uthorised or required by legislation.		
	Application ref.					
	Client ref.			Office		
OFFICE USE ONLY				Stamp Only		
0.121		I		Only		
	Authorisation ref.	Registration date	Initials			

Part B Water use							
Specify the source of water. This permit allows for water to be taken from one source at a time.							
☐ Water in a watercourse, lake or spring		Name:					
		Aquifer name:			Depth:		
☐ Underground water		Groundwater sub-area:			Depth:		
		Management zone:			Depth:		
Overland flow		Catchment area:					
Additional location de	tails (e.	g. zone) (if applic	able):				
	nich car	not be properly o	described in terms of a	•	and within the bed and banks or the property description of		
Lot		Plan	Adjacent to (√)	Prop	erty description		
Attach a map showing plan descriptions, exist					e property boundaries, lot on or spring.		
Part C Proposed an	nount c	of water					
Specify the amount of water proposed for the activity. All sections must be completed in order for the activity to be assessed.							
Maximum rate of water take litres per second							
Volume required megalitres per day week month							
Total volume of water	require	ed m	negalitres				
Part D Comments							
Provide any further comments or information that may be of assistance in assessing this application. Attach additional information to your application as required.							

Part E Applicant declaration

All applicants 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:			
Name:	Name:			
Signature:	Signature:			
Position/Title: (if applicable)	Position/Title: (if applicable)			
Date:	Date:			
Corporation Executed for and on behalf of				
Organisation name:				
ACN:				
By (name):	By (name):			
Position:	Position:			
Signature:	Signature:			
Date:	Date:			
Witnessed by:	Witnessed by:			
Witness signature:	Witness signature:			
Date:	Date:			