Government

Water Act 2000 – Form W2F082

ABN 51 242 471 577

Notification form for accepted development works to take overland flow water

Purpose of the form

requirements for accepted development and are either for capacity*. Notification of works must be received within 6	• • •		
	dule 9 of the Water Regulation 2016 or the relevant water plan for your area.		
Part A Owner details			
Specify the full name(s) of all owners of the land on which	h the works are situated:		
If the applicant is a corporation, please supply the ACN:			
Attention (Optional) (e.g. Principal, Secretary, Managing Director, etc.):			
0			
Street address:			
Mailing address (if same as street address write 'as above'):			
Main contact for this notification			
The contact details provided will be used by the department for the purprequired or authorised by legislation to disclose your information to other	cose of communications under the <i>Water Act 2000</i> . The department may be er third parties.		
Full name:			
Preferred phone:	Alternative phone:		
Email:			

Privacy statement: Collection of information on this form is authorised by section 99 of the Water Regulation 2016 and will be used by the department for the purpose of processing your notification. 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.

	Application ref.		
OFFICE USE ONLY	Client ref.		Office Stamp
	Authorisation ref.	Registration Initials date	Only

Part A Owner details (continued)			
All owners must provide their contact details. If more space is required for all owners to provide details, copy or print a blank version of this page.			
The contact details provided will be used by the department for the purpos required or authorised by legislation to disclose your information to other t	se of communications under the <i>Water Act 2000</i> . The department may be hird parties.		
Full name:			
If 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 <i>Water Act 2000</i> . The department may be required or authorised by legislation to disclose your information to other third parties.			
Full name:			
If 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 purpor required or authorised by legislation to disclose your information to other t			
Full name:			
If a corporation, supply the ACN:			
Street address:			
Mailing address (if same as street address write 'as above'):			
Preferred phone:	Alternative phone:		
Email:			

Part B Description	of land					
Lot and plan number	s of the land on v	which the works are	located.			
Lot	Plan	Plan Lot Plan Lot P				
Water plan area, cate	chment or basin	name in which the w	orks are loc	ated.		
Part C Details of w	orks					
Date construction of	works completed	l:				
Estimated capacity o	f storage:	Megalitres				
Estimated capacity o	of pre-existing sto	rage(s) on same pa	rcel of land o	detailed in Part B:		Megalitres
Are these works for s ☐ No ☐ Yes, complete Pa			ksheet.			
Part D Annual water	er requirements	worksheet				
Complete if works as If the works construct completed to estimate Calculate your annual specified in the boxe you calculate your stabelow, please give furthis total in (C). Write the total local as box D. Write this number of the total maximum is by 1000. (C x D) ÷ 1000.	ted to take overlate the annual water all stock requirem in Table 1. Corock or domesticall written details the annual water average rainfall in the storage capacity and th	and flow are for stocker requirements for ents or domestic recomplete (A) for your strequirements using of your reasoning or requirements (for standard and calculated and calculated in Teles). (E) is calculated in Teles.	k or domesti stock or don quirements in tock requirer consumption a separate ock or dome	nestic purposes. In kilolitres using the ments and (B) for your figures that are go sheet. In stic by adding the contains and storage.	e annual co your domest reater than t values in (A e factor by u	nsumption figures ic requirements. If the figures given A) and (B). Write using the value in
Table 1: Stock or do Stock	omestic require	ments				
	A	Annual consumption	(kL/head)	Stock numbers		Sub-total
Cattle and horses		20				kL
Sheep and goats		4				kL
Other (specify):						kL
	l .	Total ar	nual stock v	vater requirement:		kL (A)
Domestic						
		Annual consum	ption	Number of households		Sub-total
Household purposes	1	kL	/household			kL
Watering of pets		kL/household k			kL	
Garden watering			kL			kL
		Total annual	domestic wa	ater requirements:		kL (B)
Total net annual stoo	k or domestic re	quirements (A+B)		kL (C)		

Part D Annual water requirements worksheet (continued)				
Table 2: Evaporation and storage factors				
Local average annual rainfall:	mm			
Evaporation and storage factor:				
>600mm per annum (2 years storage)	3	(D)		
<600mm per annum (3 years storage)	5	(D)		
Table 3: Calculation of maximum capacity allowed without planning approval				
Net annual domestic water requirements from Table 1			kL (C)	
		X		
Evaporation and storage factor from Table 2			(D)	
		÷		
		1000		
		=		
Maximum storage capacity (C x D) ÷ 1000			ML (E)	
Part E Location of works on the property				
water facilities, the location of the dam or s	storage, pum	np or other works,	y boundaries, lot on plan descriptions, existing features such as channels, drains and levees courses, and any works to take overland flow	

Part F Declaration All owners 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 notification and materials submitted in support is true and correct. Individual Name: Name: Signature: Signature: Position/Title: Position/Title: (if applicable) (if applicable) Date: Date: Name: Name: Signature: Signature: Position/Title: Position/Title: (if applicable) (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: