



Department of Natural Resources, Mines and Energy

ABN 59 020 847 551

Application for permit to take water

Water Act 2000

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

Title: Mr Mrs Ms Miss Other (specify)

Specify the full name(s) of all individuals or corporations applying for this permit:

If the applicant is a corporation, please supply the ACN:

Attention (Optional) (e.g. Principal, Secretary, Managing Director)

Street address:

Mailing address:

Contact details
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.

Title: Mr Mrs Ms Miss Other (specify)

Full name:

Preferred phone:

Alternative phone:

Email:

Part B Purpose for which water is to be used

Activity must be approved prior to commencement. The activity must have a reasonably foreseeable conclusion date.

Details of activity:

Date activity is to commence: / /

Date activity is to conclude: / /

Privacy statement: Collection of information on this form is authorised by section 137 of the *Water Act 2000* and will be used by the department for the purpose of processing your application. For these purposes disclosure to other third parties may be required by or of the department. The information may be searchable, disclosed to and used by the public as allowed, authorised or required by legislation.

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

Part B Purpose for which water is to be used (continued)

Specify the type of water and the location from which water is to be taken. This permit allows for water to be taken from one source at a time.

<input type="checkbox"/> Water in a watercourse, lake or spring	Name:	
<input type="checkbox"/> Underground water	Aquifer name:	Depth:
	Groundwater sub-area:	Depth:
	Management zone:	Depth:
<input type="checkbox"/> Overland flow	Catchment area:	

Additional location details (e.g. zone) (if applicable):

If water is to be taken from a point on land within the bed and banks of the watercourse which cannot be properly described in terms of a Lot on Plan, enter the property description of the nearest adjacent land and tick the 'Adjacent to' box.

Lot	Plan	Adjacent to (✓)	Property description
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Sketch a plan on A4 size property map and attach to this application showing the source and location where the water is proposed to be taken. Include property boundaries, Lot/Plan descriptions, existing water facilities (e.g. pump, bore), as well as the location of any watercourse, lake or spring.

This sketch should be made in black ink so that it is suitable for electronic scanning.

Part C Proposed amount 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 required _____ megalitres

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

Individual

I/We declare that the information contained in this application 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: / /