



## Water Affecting Activities Completion Advice

OFFICE USE ONLY									
Date Permit Issued:	File No:					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: <i>(if applicable)</i>	ACN: <i>(if body corporate)</i>	
*Address:		
*Postal Address: <i>(if different from above)</i>		
*Phone:	Mobile:	Fax:
Email:		
*PROPERTY DETAILS		
*Certificate Title: C	Vol:	Folio:
*Lease Type/Number:		
Section/Allotment:		
*Hundred(s)/Plan(s) :		
GPS Location:		
Property Name:		





**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

Large empty rectangular area for providing a sketch or plan of completed works.



**\*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  
 Railway Station  
 Stirling Road  
 PORT AUGUSTA SA 5700