



Department of Natural Resources and Mines

ABN 59 020 847 551

Application for an associated water licence

Water Act 2000

Purpose of the form

An entity who is or will be the holder of a mining lease/s and/or mineral development licence/s may apply for an associated water licence under the *Water Act 2000* for the taking of or interference with associated water in a regulated underground water area. Refer to accompanying 'supporting information' to assist with the application for associated water licence.

Part A Applicant details

Specify the full name(s) of the entity making this application:

New Acland Coal Pty Ltd

If the applicant is a corporation, please supply the ACN: 081 022 380

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

Mailing address: 3/22 Magnolia Drive
Brookwater QLD 4300

Contact details ☒ Tick this box if this is the main contact for this application

Title: ☐ Mr ☒ Mrs ☐ Ms ☐ Miss ☐ Other (specify)

Full name: sch4 Contrary to public interest

Preferred phone: 4 Contrary to public inte

Alternative phone:

Facsimile:

Email:

☒ Ticking this box is your consent to email communications to the address provided, from the department, including; any notice, formal information or document relevant to, or regarding your application or water licence.

Privacy statement: The information being collected in this form will be used by this department for the purpose of processing this application for associated water licence to take of or interfere with associated water in a regulated underground water area under the authority of Chapter 9 Part 8 of the *Water Act 2000*. Your personal details will be assessed only by the authorised officers within this department and will not be disclosed to any other third party without your consent except where required by law. The information collected will be retained as required by the *Public Records Act 2002* and may be stored in a departmental database. More information on the department's privacy commitment can be found on the department's website at www.dnrm.qld.gov.au.

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

Part A Applicant details (continued)		
If more space is required for all applicants to provide details, copy or print a blank version of this page, complete and attach.		
Applicant details: ☐ Tick this box if this is the main contact for this application		
Specify the full name of the entity making this application:		
If a corporation, please supply the ACN:		
Attention (Optional) (e.g. Principal, Secretary, Managing Director, etc):		
Mailing address:		
Contact details		
Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (specify)		
Full name:		
Preferred phone:	Alternative phone:	Facsimile:
Email: ☐ Ticking this box is your consent to email communication to the address provided, from the department, including; any notice, formal information or document relevant to, or regarding your application or water licence.		
Applicant details: ☐ Tick this box if this is the main contact for this application		
Specify the full name of the entity making this application:		
If a corporation, please supply the ACN:		
Attention (Optional) (e.g. Principal, Secretary, Managing Director, etc):		
Mailing address:		
Contact details		
Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (specify)		
Full name:		
Preferred phone:	Alternative phone:	Facsimile:
Email: ☐ Ticking this box is your consent to email communication to the address provided, from the department, including; any notice, formal information or document relevant to, or regarding your application or water licence.		
Applicant details: ☐ Tick this box if this is the main contact for this application		
Specify the full name of the entity making this application:		
If a corporation, please supply the ACN:		
Attention (Optional) (e.g. Principal, Secretary, Managing Director, etc):		
Mailing address:		
Contact details		
Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (specify)		
Full name:		
Preferred phone:	Alternative phone:	Facsimile:
Email: ☐ Ticking this box is your consent to email communications to the address provided, from the department, including; any notice, formal information or document relevant to, or regarding your application or water licence.		

Part B Source and location of water

Specify the type and location from which the underground water is to be taken or interfered with.

Source of underground water

Aquifer name/s:

Alluvium, Main Range Volcanics, Walloon Coal Measures and Marburg Sandstone.

Location of water

Describe mining lease/s and/or mineral development licence/s from which the underground water is to be taken or interfered with.

ML50232

Part C Proposed tenure activity that will result in the take or interference with underground water

Describe the proposed tenure activity for taking or interference with underground water:

Open cut mining.

See attached Associated Water Licence Application Report dated 3 October 2017 and all documents appended to that report for full details.

Part D Information

The application must provide sufficient information to assist with assessing this application. Additional information may also be provided as an attachment.

See attached Associated Water Licence Application Report dated 3 October 2017 and all documents appended to that report.

Part E 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.

Being an entity who is or will be the holder of a mining tenure, I/we do hereby apply for a licence to take associated water and declare that the information being contained in this application is true and correct. I/we also acknowledge that all materials submitted in support of this application are part of the application and copies of the application may be inspected by any entity as required under section 112 of the *Water Act 2000*.

I/we hereby provide consent for any supplied information considered to be commercial-in-confidence or copyright to be copied and made available only for the purposes of the licence application process under the *Water Act 2000* including for the purposes of notification to and allowing submissions from the public, other third parties and relevant government agencies.

Individual

Name:

Name:

Signature:

Signature:

Position/Title:
(if applicable)

Position/Title:
(if applicable)

Date: / /

Date: / /

Corporation Executed for and on behalf of

Organisation name: New Acland Coal Pty Ltd

ACN: 081 022 380

By (name) sch4p4(6) Personal information

By (name):

Position: Manager Environment, Policy & Approvals

Position:

Signature: sch4 Contrary to public interest

Signature:

Date: 03 / 10 / 2017

Date: / /

Witnessed by: sch4 Contrary to public interest

Witnessed by:

Witness signature: sch4 Contrary to public inte

Witness signature:

Date: 03 / 10 / 2017

Date: / /