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| Start of form | | | | | | | | | |
| *Water Act 1992*, section 30 and Water Regulations 1992, Regulation 4 | | | | | | | | | |
|  | | | | | | | | Form 30 | |
| This is an approved form in accordance with Regulation 3 of the Water Regulations 1992 (Regulations).  A person aggrieved by an action or decision under the *Water Act 1992* (Act), or an applicant notified of a decision made by the Controller, can seek a review of that decision (review applicant).  A review of a decision by the Controller to give a remediation notice must be made by a review applicant within 10 business days after the day the notice is given.  A review of another decision or action by the Controller must be made by a review applicant within 20 business days after the day the applicant is notified or for a review of a decision made under the Act by an aggrieved person, within 20 business days of the decision or action being notified.  A review applicant may be required to appear before the Water Resources Review Panel, produce any relevant documents to the Review Panel, give evidence on oath and answer any relevant questions put by the Review Panel. Penalties apply for failure to comply with a notice issued by the Review Panel. | | | | | | | | | |
| 1. Review applicant and contact details | | | | | | | | | |
| **Business name and ABN:** | | | | |  | | | | |
| **Contact person:** | | | | |  | | | | |
| **Postal address: Note:** An Australian address must be provided | | | | |  | | | | |
| **Phone:** | | | | |  | | | | |
| **Mobile:** | | | | |  | | | | |
| **Email for all correspondence:** | | | | |  | | | | |
| Do you consent to receiving service of all documents via the email address, provided above? | | | | | Yes / No | | | | |
| Do you consent to being contacted from time to time about work undertaken by Water Resources Division including; water monitoring activities, water management programs, water allocation plan development, and updates to policies and procedures? | | | | | Yes / No | | | | |
| 2. Details of the review application | | | | | | | | | |
| Select the most accurate description of the action or decision made under the Water Act 1992 for which a review is sought. Provide as much information as possible, including any reference number of a permit, licence, or notice (if applicable) and the property to which the review application relates. | | | | | | | | | |
| Review type | | | | **Reference number and property** | | | | | |
| The decision to grant a permit, licence or consent | | | Yes / No |  | | | | | |
| The refusal to issue a permit, licence or consent | | | Yes / No |  | | | | | |
| A condition of the issue of a permit, licence or consent | | | Yes / No |  | | | | | |
| A direction given | | | Yes / No |  | | | | | |
| An amount determined | | | Yes / No |  | | | | | |
| Other (describe) | | | Yes / No |  | | | | | |
| 3. Grounds for review application - you must attach a description of the grounds for review | | | | | | | | | |
| The grounds for review are attached | | | | | | Yes / No | | | |
| If you do not attach grounds for review, your application is incomplete and will be returned. | | | | | | | | | |
| 4. Declaration | | | | | | | | | |
| The declaration must be signed by a person with the legal authority to sign it. To submit a review in joint names, each applicant must sign the declaration.  I hereby declare that the information provided in this application and accompanying document is to the best of my knowledge, true and correct. | | | | | | | | | |
|  | | Applicant 1 | | | | | **Applicant 2** | | |
| Signature: | |  | | | | |  | | |
| Name (print): | |  | | | | |  | | |
| Position (if applicable): | |  | | | | |  | | |
| Date: | |  | | | | |  | | |
| Where and how to submit this form Email your completed form to the Minister responsible for the Water Act 1992 via:   * **email** to [secretariat.DEPWS@nt.gov.au](mailto:secretariat.DEPWS@nt.gov.au) (preferred) or * **post** to Secretariat, PO Box 496, Palmerston NT 0831, in which case the hard copy form must be received within the appropriate statutory timeframe. | | | | | | | | | |
| Office use | | | | | | | | | |
| Date received: | / / | | | Reference: | | | | |  |
| Received by: |  | | | | | | | | |
| Acknowledged by: |  | | | Date acknowledged: | | | | | / / |
| End of form | | | | | | | | | |