# Contractor Contact Details

Please contact our contractor, Ventia Utility Services Pty Ltd to gain access to the SOBN. The relevant contact is listed below:

|  |  |
| --- | --- |
| Contact Name: | Bryan Woods  |
| Position Title: | Environmental Scientist |
| Branch: | Environmental Monitoring  |
| Address: | 27 Essington Street, Grovedale, VIC 3216 |
| Phone: |  (03) 5247 3706 |
| Email: | bryan.woods@ventia.com.au  |

# Applicant Details

|  |  |
| --- | --- |
| Organisation Name: |  |
| Contact Name: |  |
| Position Title: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

If accessing the SOBN for another body, please provide the following details:

|  |  |
| --- | --- |
| Organisation Name: |  |
| Contact Name: |  |
| Position Title: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Faculty: |  | Course: |  |

# Access Purpose

|  |  |
| --- | --- |
|[ ]  Data Collection | What the data will be used for |
|[ ]  Water Supply | What the water will be used for |
|[ ]  Other | Describe |

|  |  |
| --- | --- |
|[ ]  Groundwater Level | Describe equipment |
|[ ]  Water Sample | Describe equipment |
|[ ]  Water Chemistry – Field | List the parameters measured |
|[ ]  Water Chemistry – Laboratory | List the Laboratory details and the parameters measured |
|[ ]  Aquifer Test | Provide details of testing |
|[ ]  Other | Describe |

# Site List

|  |  |  |  |
| --- | --- | --- | --- |
| Site Location: | Eg nearest town, region | GMU: | If known |

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| --- |
| Bore ID**:** |
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# Proposed Staff Details

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| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Organisation |  | Role |  | Experience |
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Please attach a brief cv detailing the qualifications and experience of each person proposing to access the bore.

If the nominated person accessing the bore has less than 2 year’s experience, then this person must be under the direction of a supervisor with over 2 year’s experience. Should this not be clearly demonstrated, then a DELWP contractor will supervise access at the cost of the third party[[1]](#footnote-1).

# Access Duration

|  |  |
| --- | --- |
| Start Date: | Click here to enter a date. |
| End Date: | Click here to enter a date. |
| Frequency: | Please consider DELWP and Rural Water Corporation Monitoring Regimes |

# Insurance

Please attach evidence of appropriate insurances to cover the proposed works

# Acknowledgement

## Applicant

The information I have provided in this application and supporting documents is accurate, and can be relied on by the Department of Environment, Land, Water and Planning (DELWP) when it makes a decision regarding this application. I have received the SOBN access authority conditions.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

## Authorised Representative

I understand that before access to any bore is permitted, the Organisation listed in Section B will be required to enter into an access agreement with the DELWP, and will include the SOBN access authority conditions. I am authorised to enter into such an agreement on behalf of the Organisation.

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |

1. Universities and other government departments may enter into an agreement with DSE to cover these costs. [↑](#footnote-ref-1)