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| **Application for Rectification Form: NEMA Section 24G** |



DEPARTMENT OF ECONOMIC DEVELOPMENT, TOURISM AND ENVIRONMENTAL AFFAIRS

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| **Application form for the rectification of unlawful commencement or continuation of a listed activity in terms of S24G of the National Environmental Management Act, 1998 (Act No. 107 of 1998), as amended: Applications submitted after 02 August 2010** |

2010

**Kindly note that:**

1. This application formmust be completed for all applications in terms of S24G of the National Environmental Management Act, 1998 (Act No. 107 of 1998), as amended.
2. It is the responsibility of the Applicant / Environmental Assessment Practitioner (EAP) to ascertain whether subsequent versions of the application form have been published or produced by the relevant competent authority.
3. The content of the application for rectification form comprises of:

Section A: Application Information

Section B: Activity Information

Section C: Description of Receiving Environment

Section D: Preliminary Impact Assessment

Section E: Alternatives

Section F: Appendices

Section G: Declarations

1. An independent EAP must be appointed to complete the application form on behalf of the applicant; the declaration of independence must be completed by the independent EAP and submitted with the application.
2. The required information must be typed within the spaces provided. The sizes of the spaces provided are not necessarily indicative of the amount of information to be provided. The space provided extend as each space is filled with typing. A legible font type and size must be used when completing the form. The font size should not be smaller than 10pt (e.g. Arial 10).
3. The use of *“not applicable”* in the application form must be done with circumspection.
4. No faxed or e-mailed applications will be accepted. This application form must be submitted by hand or mailed to the relevant competent.
5. Unless protected by law, all information contained in and attached to this application form may become public information on receipt by the competent authority. Upon request, any interested and affected party must be provided with the information contained in and attached to this application form.
6. This application form constitutes the initiation of the S24G application process.

**DEPARTMENTAL DETAILS**

**34 Fountain Tower Building Private Bags X 20801 Tel: +27 (0)51 400 4817/19**

**Markgraaf Street Bloemfontein Fax: +27 (0)51 400 4842**

**Bloemfontein 9300 e-mail: mkhosana@detea.fs.gov.za**

**9300**

**Section A: Application INFORMATION**

1. **APPLICANT PROFILE INDEX**

Cross out the appropriate box “⌧”.

|  |  |  |  |
| --- | --- | --- | --- |
| 1.1 | The applicant is an individual | YES | NO |
| 1.2 | The applicant is a company | YES | NO |
| 1.3 | The applicant is a state-owned enterprise or municipality | YES | NO |
| 1.4 | Other (specify) | YES | NO |
| 1.5 | There is more than one individual / company responsible for the unlawful commencement of listed activities | YES | NO |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Project applicant: |  | | | | | | | | | | | | | | |
| RSA Identity number: |  |  |  |  | |  |  |  | |  |  |  |  |  |  |
| Contact person: |  | | | | | | | | | | | | | | |
| Position in company |  | | | | | | | | | | | | | | |
| Registered Name of Company/ Closed Corporation |  | | | | | | | | | | | | | | |
| Trading name (if any): |  | | | | | | | | | | | | | | |
| Registration number |  | | | | | | | | | | | | | | |
| Postal address: |  | | | | | | | | | | | | | | |
|  |  | | | | Postal code: | | | |  | | | | | | |
| Telephone: | ( ) | | | | Cell: | | | |  | | | | | | |
| E-mail: |  | | | | Fax: | | | | ( ) | | | | | | |
| **Please Note:** In instances where there is more than one individual / company responsible for the unlawful commencement of listed activities, please attach a list of with all contact details to the back of this page. | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Environmental Assessment Practitioner (EAP): | |  | | | | | | | | | |
| Contact person: | |  | | | | | | | | | |
| Postal address: | |  | | | | | | | | | |
|  | |  | | Postal code: | |  | | | | | |
| Telephone: | | ( ) | | Cell: | |  | | | | | |
| E-mail: | |  | | Fax: | | ( ) | | | | | |
| EAP Qualifications | |  | | | | | | | | | |
| EAP registrations/Associations | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Name of Landowner(s): | |  | | | | | | | | | |
| Contact person(s): | |  | | | | | | | | | |
| Postal address: | |  | | | | | | | | | |
|  | |  | | Postal code: | |  | | | | | |
| Telephone: | | ( ) | | Cell: | |  | | | | | |
| E-mail: | |  | | Fax: | | ( ) | | | | | |
| **Please Note:** In instances where there is more than one landowner, please attach a list of landowners with their contact details to the back of this page. | | | | | | | | | | | |
| Municipality in whose area of jurisdiction the activity falls: | |  | | | | | | | | | |
| Contact person: | |  | | | | | | | | | |
| Postal address: | |  | | | | | | | | | |
|  | |  | | Postal code: | |  | | | | | |
| Telephone | | ( ) | | Cell: | |  | | | | | |
| E-mail: | |  | | Fax: | | ( ) | | | | | |
| **Please Note**: In instances where there is more than one Municipality involved, please attach a list of Municipalities with their contact details to the back of this page. | | | | | | | | | | | |
| Project title: | |  | | | | | | | | | |
| Property location: | |  | | | | | | | | | |
| Farm/Erf name & number  (incl. portion): | |  | | | | | | | | | |
| SG21 Digit code: | |  | | | | | | | | | |
| Co-ordinates: | | Latitude (S): | | | | | Longitude (E): | | | | |
|  | | o | ‘ | | “ | | o | | ‘ | | “ |
| **Please Note:**  Where a large number of properties are involved (e.g. linear activities), attach a list of property descriptions to the back of this page.  Indicate the position of the activity using the latitude and longitude of the centre point of the site for each alternative site. The co-ordinates must be in degrees, minutes and seconds. The minutes must be given to at least three decimals to ensure adequate accuracy. The EAP is required to contact the relevant competent authority with regards to the projection that must be used. | | | | | | | | | | | |
| Street address: | |  | | | | | | | | | |
| Magisterial District or Town: | |  | | | | | | | | | |
| **Please Note:** In instances where there is more than one town or district involved, please attach a list of towns or districts as well as complete physical address information for the entire area to the back of this page. | | | | | | | | | | | |
| Closest City/Town: | |  | | | | | | Distance | | Km | |
| Zoning of Property: | |  | | | | | | | | | |
| Please Note: In instances where there is more than one zoning, please attach a map clearly indicating the zoning of the different portions. | | | | | | | | | | | |
| Was a rezoning application required? | | | | | | | | YES | | NO | |
| Was a consent use application required? | | | | | | | | YES | | NO | |
| **Please Note:** Where planning approvals have been granted please attach the relevant approvals. | | | | | | | | | | | |
| Owners consent: | Letters of consent from all landowners or a detailed explanation by the applicant explaining why such letters of consent are not furnished must be attached to the application form. . | | | | | | | | | | |

**2. APPLICATION HISTORY**

(Cross out the appropriate box “⌧” and provide a description where required).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has any national, provincial or local authority considered any development applications on the property previously? | | Yes | | No |
| If so, please give a brief description of the type and/or nature of the application/s: (In instances where there were more than one application, please attach a list of these applications) | | | | |
|  | | | | |
| Which authority considered the application(s): | | | | |
|  | | | | |
| Has any one of the previous application/s on the property been approved or rejected? If so provide a list of the successful and unsuccessful application/s and the reasons for decision/s. | Yes | | No | |
|  | | | | |
| Provide detail on the period of validity of decision(s) and expiry dates of the above applications/ permits etc. | | | | |
|  | | | | |

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| --- |
| I hereby apply in terms of Section 24 G of the National Environmental Management Act (Act no 107 of 1998 as amended) for the rectification of the unlawful commencement or continuation of the listed activity(ies) in Section B of the application form: |
| Applicant (Full names)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EAP (Full names)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION B: ACTIVITY INFORMATION**

**1. ACTIVITIES APPLIED FOR:**

Separate rectification applications are required for one development site where more than one listed activity has commenced and where these unlawfully commenced activities constitute offences in terms of different EIA regulations (refer to Table 1 & 2 of the S24G guideline).

Applicants and EAPS are strongly advised to discuss the merits of a combined application *(if deemed applicable)* with the relevant competent authority prior to the completion of this application form and submission thereof.

The relevant competent authority will use its discretion in deciding to allow one rectification application for more than 1 Section 24F(2(a) contravention on one development site.

All potential listed activities associated with the development must be indicated below. (See Annexures B, C, D and E). Only those activities for which the applicant applies will be considered.

The onus is on the applicant to ensure that all the applicable listed activities are included in the application.

**Listed activities applied for. Identify the relevant listed activities applied for below:**

|  |  |
| --- | --- |
| **ECA EIA Contraventions : Between 08 September 1997 end of day 09 May 2002** | |
| Activities unlawfully commenced with on or after 08 September 1997 and before end 09 May 2002: EIA Regulations promulgated in terms of the ECA, Act No 73 of 1989, as amended | |
| Listed Activity(ies) | Details of Activity(ies) |
|  |  |
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| --- | --- |
| **ECA EIA Contraventions : Between 10 May 2002 and before end of day 02 July 2006** | |
| Activities unlawfully commenced with on or after 10 May 2002 and before end 02 July 2006: EIA Regulations promulgated in terms of the ECA, Act No 73 of 1989, as amended | |
| Listed Activity(ies) | Details of Activity(ies) |
|  |  |
|  |  |
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| --- | --- |
| **NEMA EIA Contraventions : Between 03 July 2006 and before end of day 01 August 2010** | |
| Activities unlawfully commenced with in terms of the EIA Regulations promulgated in terms of the NEMA, Act No 107 of 1998, as amended on or after 03 July 2006 and before end of day 01 August 2010 | |
| Government Notice No. R386 Activity No(s): | Details of Activity(ies) requiring Basic Assessment |
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|  |  |
|  |  |
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| Government Notice No. R387 Activity No(s): | Details of Activity(ies) requiring a Scoping Report and EIA |
|  |  |
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| --- | --- |
| **NEMA EIA Contraventions : On or after 02 August 2010** | |
| Activities unlawfully commenced with in terms of the EIA Regulations promulgated in terms of the NEMA, Act No 107 of 1998, as amended on or after 02 August 2010 | |
| Government Notice No. R544 Activity No(s): | Details of Activity(ies) requiring Basic Assessment |
|  |  |
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| Government Notice No. R545 Activity No(s): | Details of Activity(ies) requiring a Scoping Report and EIA |
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| Government Notice No. R546 Activity No(s): | Details of Activity(ies) requiring S&EIr |
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**2. Activity DESCRIPTION**

(Cross out the appropriate box “⌧” and provide a description where required).

|  |  |  |
| --- | --- | --- |
| (a) Is/was the project a new development or an upgrade of an existing development? | New | Upgrade |
|  | | |
| (b) Clearly describe the activity and associated infrastructure commenced with, indicating what has been completed, what still has to be completed and applicable commencement dates. | | |
|  | | |
|  | | |
| (c) Provide details of all components of the activity and attach diagrams (e.g. architectural drawings or perspectives, engineering drawings, process flow charts etc.). | | |
| Buildings | YES | NO |
| Provide brief description: | | |
|  | | |
| Infrastructure (e.g. roads, power and water supply/ storage) | YES | NO |
| Provide brief description: | | |
|  | | |
| Processing activities (e.g. manufacturing, storage, distribution) | YES | NO |
| Provide brief description: | | |
|  | | |
| Storage facilities for raw materials and products (e.g. volume and substances to be stored) | | |
| Provide brief description | YES | NO |
|  | | |
| Storage and treatment facilities for solid waste and effluent generated by the project | Yes | No |
| Provide brief description | | |
|  | | |
| Other activities (e.g. water abstraction activities, crop planting activities) | Yes | No |
| Provide brief description | | |
|  | | |

**3. ACTIVITY NEED AND DESIRABILITY**

|  |
| --- |
| Describe the need and desirability of the activity: |
|  |
| Indicate the benefits that the activity has/had for society in general and also indicate what benefits the activity has/had for the local communities where it is located: |
|  |

**4. Physical size of the activity**

|  |  |  |
| --- | --- | --- |
| Indicate the physical spatial size of the activity as well as associated infrastructure (footprints): |  | **m2** |
| Indicate the area that has been transformed / cleared to allow for the activity as well as associated infrastructure |  | **m2** |
| Total area (sum of the footprint area and transformed area) |  | **m2** |

**5. Site Access**

|  |  |  |
| --- | --- | --- |
| Was there an existing access road? | YES | NO |
| If no, what was the distance over which the new access road was built? |  | m |
| Describe the type of access road constructed: [indicate the position of the access road on the site plan] | | |
|  | | |

**6. Site photographs**

Colour photographs of the site and its surroundings (taken of the site and from the site), both before (if available) and after the activity commenced, with a description of each photograph must be attached to this application. The vantage points from which the photographs were taken must be indicated on the site plan, or locality plan as applicable. If available, please also provide past and recent aerial photographs. It should be supplemented with additional photographs of relevant features on the site. Date of photographs must be included. Photographs must be attached under Appendix D to this form.

**7. APPLICABLE LEGISLATION, POLICIES AND/OR GUIDELINES**

Please list all legislation, policies and/or guidelines that were or are relevant to this activity.

|  |  |  |  |
| --- | --- | --- | --- |
| LEGISLATION | ADMINISTERING AUTHORITY | TYPE  Permit/ license/ authorization/comment | DATE  (if already obtained): |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| POLICY/ GUIDELINES | ADMINISTERING AUTHORITY |
|  |  |
|  |  |
|  |  |

**SECTION C: DESCRIPTION OF RECEIVING ENVIRONMENT**

# Site/Area Description

For linear activities (pipelines etc) as well as activities that cover very large sites, it may be necessary to complete copies of this Section for each part of the site that has a significantly different environment. In such cases please complete copies of Section C and indicate the area which is covered by each copy No. on the Site Plan.

|  |  |
| --- | --- |
| **Section C Copy No. (e.g. 1, 2, or 3):** |  |

**1. GRADIENT OF THE SITE**

Indicate the general gradient of the site(s) (cross out the appropriate box).

|  |  |  |  |
| --- | --- | --- | --- |
| Flat | Flatter than 1:10 | 1:10 – 1:5 | Steeper than 1:5 |

1. **Location in landscape**

Indicate the landform(s) that best describes the site (cross out (“⌧”) the appropriate box (es).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ridgeline | Plateau | Side slope of hill/mountain | Closed valley | Open valley | Plain | Undulating plain/low hills | Dune | Sea-front | Other |

1. **GroundwateR, Soil and Geological stability of the site**

Is the site(s) located on or near any of the following [cross out (“⌧”) the appropriate boxes]?

|  |  |  |  |
| --- | --- | --- | --- |
| Shallow water table (less than 1.5m deep) | YES | NO | UNSURE |
| Seasonally wet soils (often close to water bodies) | YES | NO | UNSURE |
| Unstable rocky slopes or steep slopes with loose soil | YES | NO | UNSURE |
| Dispersive soils (soils that dissolve in water) | YES | NO | UNSURE |
| Soils with high clay content | YES | NO | UNSURE |
| Any other unstable soil or geological feature | YES | NO | UNSURE |
| An area sensitive to erosion | YES | NO | UNSURE |
| **If any of the answers to the above are “YES” or “UNSURE”, specialist input may be requested by the Department. Information in respect of the above will often be available at the planning Sections of local authorities. Where it exists, the 1:50 000 scale Regional Geotechnical Maps prepared by Geological Survey may also be used.** | | | |

1. **SURFACE WATER**

Indicate the surface water present on and or adjacent to the site and alternative sites (cross out (“⌧”) the appropriate boxes)?

|  |  |  |  |
| --- | --- | --- | --- |
| Perennial River | YES | NO | UNSURE |
| Non-Perennial River | YES | NO | UNSURE |
| Permanent Wetland | YES | NO | UNSURE |
| Seasonal Wetland | YES | NO | UNSURE |
| Artificial Wetland | YES | NO | UNSURE |
| Estuarine / Lagoonal wetland | YES | NO | UNSURE |

1. **vegetation AND Groundcover**

**5.1 vegetation / Groundcover (Pre-commencement)**

Cross out (“⌧”) the block or describe (where required) the vegetation types / groundcover present on the site before commencement of the activity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indigenous Vegetation - good condition |  | Indigenous Vegetation with scattered aliens |  | Indigenous Vegetation with heavy alien infestation |  |
| Describe the vegetation type above: | | Describe the vegetation type above: | | Describe the vegetation type above: | |
|  | |  | |  | |
| Provide ecosystem status for above: | | Provide ecosystem status for above: | | Provide Ecosystem status for above: | |
|  | |  | |  | |
| Indigenous Vegetation in an ecological corridor or along a soil boundary / interface | | Veld dominated by alien species | | Distinctive soil conditions (e.g. Sand over shale, quartz patches, limestone, alluvial deposits, termitaria etc.) – describe | |
| Bare soil | | Building or other structure | | Sport field | |
| Other (describe below) | | Cultivated land | | Paved surface | |
|  | | | | | |

**5.2. vegetation / Groundcover (Post-commencement)**

Cross out (“⌧”) the block or describe (where required) the vegetation types / groundcover present on the site after commencement of the activity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indigenous Vegetation - good condition |  | Indigenous Vegetation with scattered aliens |  | Indigenous Vegetation with heavy alien infestation |  |
| Describe the vegetation type above: | | Describe the vegetation type above: | | Describe the vegetation type above: | |
|  | |  | |  | |
| Provide ecosystem status for above: | | Provide ecosystem status for above: | | Provide Ecosystem status for above: | |
|  | |  | |  | |
| Indigenous Vegetation in an ecological corridor or along a soil boundary / interface | | Veld dominated by alien species | | Distinctive soil conditions (e.g. Sand over shale, quartz patches, limestone, alluvial deposits, termitaria etc.) – describe | |
| Bare soil | | Building or other structure | | Sport field | |
| Other (describe below) | | Cultivated land | | Paved surface | |
| **Please note:** The Department may request specialist input/studies depending on the nature of the vegetation type / groundcover and impact(s) of the activity/ies. To assist with the identification of the vegetation type and ecosystem status consult <http://bgis.sanbi.org> or [BGIShelp@sanbi.org](mailto:BGIShelp@sanbi.org). Information is also available on compact disc (cd) from the Biodiversity-GIS Unit, Ph (021) 799 8698. This information may be updated from time to time and it is the applicant/ EAP’s responsibility to ensure that the latest version is used. | | | | | |

**5.3 vegetation / Groundcover Management**

Describe any mitigation/management measures that were adopted and the adequacy of these:

**6. Land use character of surrounding area (Pre-commencement)**

Cross out (“⌧”) the block that reflects the past land uses and/or prominent features that occur/red within +/- 500m radius of the site and neighbouring properties if these are located beyond 500m of the site. Please note: The Department may request specialist input/studies depending on the nature of the land use character of the area and impact(s) of the activity/ies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Untransformed area | Low density residential | Medium density residential | High density residential | Informal residential |
| Retail | Commercial & warehousing | Light industrial | Medium industrial | Heavy industrial |
| Power station | Office/consulting room | Military or police base/station/compound | Casino/entertainment complex | Tourism & Hospitality facility |
| Open cast mine | Underground mine | Spoil heap or slimes dam | Quarry, sand or borrow pit | Dam or reservoir |
| Hospital/medical center | School | Tertiary education facility | Church | Old age home |
| Sewage treatment plant | Train station or shunting yard | Railway line | Major road (4 lanes or more) | Airport |
| Harbour | Sport facilities | Golf course | Polo fields | Filling station |
| Landfill or waste treatment site | Plantation | Agriculture | River, stream or wetland | Nature conservation area |
| Mountain, koppie or ridge | Museum | Historical building | Graveyard | Archaeological site |
| Other land uses (describe): |  | | | |

**7. regional planning contexT**

Is/was the activity permitted in terms of the property’s existing land use rights? Please explain

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Is/was the activity in line with the following?** | | | |
| * Provincial Spatial Development Framework (PSDF) | YES | NO | Please explain |
|  | | | |
| * Urban edge / Edge of Built Environment for the area | YES | NO | Please explain |
|  | | | |
| * Integrated Development Plan of the Local Municipality | YES | NO | Please explain |
|  | | | |
| * Spatial Development Framework of the Local Municipality | YES | NO | Please explain |
|  | | | |
| * Approved Structure Plan of the Municipality | YES | NO | Please explain |
|  | | | |
| * Any other Plans | YES | NO | Please explain |
|  | | | |

**8 SOCIO-ECONOMIC CONTEXT**

# SOCIO-ECONOMIC CONTEXT (PRE-COMMENCEMENT)

Describe the pre-commencement social and economic characteristics of the community in order to provide baseline information.

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| --- |
|  |

# SOCIO-ECONOMIC CONTEXT (POST-COMMENCEMENT)

Describe the post commencement social and economic characteristics of the community in order to determine any change.

|  |
| --- |
|  |

**Cultural/Historical Features**

|  |  |  |  |
| --- | --- | --- | --- |
| Were there any signs or evidence (unearthed during construction) of culturally or historically significant elements including archaeological or palaeontological sites, on or in close proximity to the site? | | YES | NO |
| UNCERTAIN | |
| If YES, explain: |  | | |
| If uncertain, the Department may request that specialist input be provided to establish whether such possibilities occurred on or close to the site. | | | |
| Briefly explain the findings of the specialist if one was already appointed: |  | | |
| Were any buildings or structures older than 60 years affected in any way? | | YES | NO |
| Was it necessary to apply for a permit in terms of the National Heritage Resources Act, 1999 (Act 25 of 1999)? | | YES | NO |
| If yes, please submit or, make sure that the applicant or a specialist submit the necessary application to SAHRA or the relevant provincial heritage agency and attach proof thereof to this application. | | | |

**SECTION D: PRELIMINARY IMPACT ASSESSMENT**

Please note, the impacts identified below refer to general impacts commonly associated with development activities. The list below is not exhaustive and may need to be supplemented. Where required, please append the information on any additional impacts to this application.

**1. Waste, effluent and emission management**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(a) Solid waste management** | | | | | | | | | | |
| Did/does the activity produce any general waste (e.g. domestic-, commercial-, certain industrial waste, including building rubble also known as solid waste) during the construction phase and/or the operational phase? | | | | | | | | YES | | NO |
| If yes, briefly describe what type of waste was produced (i.e. green waste, building rubble, etc.) in which phase. | | | | | | | | | | |
|  | | | | | | | | | | |
| What quantity was/is produced during the construction period? | | | | | | | |  | | m3 |
| What was/is the estimated quantity that will be produced per month during the operational phase? | | | | | | | |  | | m3 |
|  | | | | | | | |  | |  |
| Did/does the activity produce any hazardous waste (e.g. chemical, medical waste, infectious, nuclear etc.) during the construction and/or the operational phase? | | | | | | | | YES | | NO |
| If yes, briefly describe what type of waste was produced (i.e. infectious waste, medical waste, etc.) in which phase. | | | | | | | | | | |
|  | | | | | | | | | | |
| What quantity was/is produced during the construction period? | | | | | | | |  | | m3 |
| What was/is the estimated quantity that will be produced per month during the operational phase? | | | | | | | |  | | m3 |
|  | | | | | | | | | | |
| Where and how was/is waste treated / disposed of (describe each waste stream)? | | | | | | | | | | |
|  | | | | | | | | | | |
| Has the municipality or relevant authority confirmed that sufficient capacity exist for treating / disposing of the solid waste to be generated by this activity(ies)? If yes, provide written confirmation from municipality or relevant authority | | | | | | | | YES | | NO |
| Does/did the activity produce solid waste that was/will be treated and/or disposed of at another facility other than into a municipal waste stream? | | | | | | | | YES | | NO |
| If yes, did/has this facility confirmed that sufficient capacity exist for treating / disposing of the solid waste to be generated by this activity(ies)? Provide written confirmation from the facility and provide the following particulars of the facility: | | | | | | | | YES | | NO |
| Did/does the facility have an operating license? (If yes, please attach a copy of the license.) | | | | | | | | YES | | NO |
| Facility name: | |  | | | | | | | | |
| Contact person: | |  | | | | | | | | |
| Postal address: | |  | | | | | | | | |
|  | | | | Postal code: | |  | | | | |
| Telephone: | |  | | Cell: | |  | | | | |
| E-mail: | |  | | Fax: | |  | | | | |
|  | | | | | | | | | | |
| **(b) Effluent** | | | | | | | | | | |
| Did/does the activity produce sewage and or any other effluent? | | | | | | | YES | | NO | |
|  | | | | | | | | | | |
| What was/is the estimated quantity produced per month? | | | | | | |  | | m3 | |
| Was/is the effluent treated and/or disposed of in a municipal system? | | | | | | | YES | | NO | |
| If Yes, did/has the Municipality or relevant authority confirmed that sufficient **unallocated** capacity exist for treating / disposing of the sewage or any other effluent generated by this activity(ies)? Provide written confirmation from the Municipality or relevant authority. | | | | | | | | | | |
|  | | | | | | | | | | |
| Was/is any effluent produced be treated and/or disposed of on site? | | | | | | | YES | | NO | |
| If yes, briefly describe the nature of the effluent and how it was/will be disposed of: | | | | | | | | | | |
|  | | | | | | | | | | |
| Did/does the activity produce effluent that was/will be treated and/or disposed of at another facility? | | | | | | | YES | | NO | |
| If yes, did/has this facility confirmed that sufficient capacity exist(ed) for treating / disposing of the liquid effluent generated by this activity(ies)? Provide written confirmation from the facility and provide the following particulars of the facility: | | | | | | | YES | | NO | |
| Does the facility have an operating license? (If yes, please attach a copy of the license.) | | | | | | | YES | | NO | |
| Facility name: |  | | | | | | | | | |
| Contact person: |  | | | | | | | | | |
| Postal address: |  | | | | | | | | | |
|  | | | Postal code: | |  | | | | | |
| Telephone: |  | | Cell: | |  | | | | | |
| E-mail: |  | | Fax: | |  | | | | | |
|  | | | | | | | | | | |
| Describe the measures that was/will be taken to ensure the optimal reuse or recycling of waste water, if any: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **(c) Emissions into the atmosphere** | | | | | | | | | | |
| Did/does the activity produce emissions that will be disposed of into the atmosphere? | | | | | | | YES | | NO | |
| If yes, did/does it require approval in terms of relevant legislation? If yes, attach a copy to this application | | | | | | | YES | | NO | |
| Describe the emissions in terms of type and concentration and how it was/will be treated/mitigated: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **(d) Describe any mitigation/management measures that were adopted and the adequacy of these:** | | | | | | | | | | |
|  | | | | | | | | | | |

**2. WATER USE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(a) Please indicate the source(s) of water for the activity by crossing out (“⌧”) the appropriate box(es)** | | | | | | | | |
| Municipal | Water Board | Groundwater | River, Stream, Dam or Lake | Other | | The activity did/does not use water | | |
|  | | | | | | | | |
| If water was/is extracted from a groundwater source, river, stream, dam, lake or any other natural feature, please indicate the volume that | | | | | | | | |
| was/is extracted per month: | | | | |  | | | m3 |
|  | | | | | | | | |
| Please provide proof of assurance of water supply eg. letter of confirmation from Municipality/water user associations, yield of borehole etc. | | | | | | | | |
| Did/does the activity require a water use permit / license from DWAF? If yes, attach a copy to this application | | | | | | | YES | NO |
| If yes, please submit the necessary application to Department of Water Affairs and Forestry and attach proof thereof to this application. | | | | | | | | |
|  | | | | | | | | |
| **(b) Describe any mitigation/management measures that were adopted and the adequacy of these:** | | | | | | | | |
|  | | | | | | | | |

**3. POWER SUPPLY**

|  |  |  |
| --- | --- | --- |
| **(a) Please indicate the source of power supply eg. Municipality / Eskom / Renewable energy source.** | | |
|  | | |
|  | | |
| Has the Municipality or relevant service provider confirmed that sufficient electricity capacity (i.e. generation, supply and transmission) exist for activity(ies)?  If yes, provide written confirmation from Municipality or relevant service provider. | YES | NO |
|  | | |
| If power supply was/is not available, where was/is it sourced from? | | |
|  | | |
|  | | |
| **(b) Describe any mitigation/management measures that were adopted and the adequacy of these:** | | |
|  | | |

**4. ENERGY EFFICIENCY**

|  |
| --- |
| **(a) Describe the design measures, if any, that have been taken to ensure that the activity is energy efficient:** |
|  |
|  |
| **(b) Describe how alternative energy sources have been taken into account or been built into the design of the activity, if any:** |
|  |

**5. noise Impacts**

|  |  |  |
| --- | --- | --- |
| **(a) Did/does the activity result in any noise impacts?** | YES | NO |
| If yes, please describe and indicate the measures implemented to mitigate and manage these impacts? | | |
|  | | |

**Please note:** The Department may request specialist input/studies depending on the nature of the land use character of the area and potential noise impact(s) of the activity/ies.

**6. VISUAL IMPACTS**

|  |  |  |
| --- | --- | --- |
| **(a) Did/does the activity result in any visual impacts?** | YES | NO |
| If yes, please describe and indicate the measures implemented to mitigate and manage these impacts? | | |
|  | | |
| **(b) Did/does the activity result in potential lighting impacts at night?** | YES | NO |
| If yes, please describe and indicate the measures implemented to mitigate and manage these impacts? | | |
|  | | |
| **(c) Were/are there any alternatives available to address this impact?** | YES | NO |
| If yes, please describe these alternatives? | | |
|  | | |

**Please note:** The Department may request specialist input/studies depending on the nature of the land use character of the area and potential visual impact(s) of the activity/ies.

1. **SOCIO-ECONOMIC IMPLICATIONS OF THE ACTIVITY**

|  |  |  |
| --- | --- | --- |
| (a) What was/is the expected capital value of the activity on completion? | R | |
| (b) What was/is the expected yearly income or contribution to the economy that will be generated by or as a result of the activity? | R | |
| (c) Did/does the activity contribute to service infrastructure? | YES | NO |
| (d) How many permanent new employment opportunities were created? |  | |
| (e) What was/is the expected current value of the employment opportunities to date? | R | |
| (f) What percentage of this accrued to previously disadvantaged individuals? | % | |
|  | | |
| How was (is) this (to be) ensured and monitored (please explain): | | |
|  | | |

**8. Preliminary Impact ASSESSMENT**

Briefly describe the impacts (as appropriate), significance rating of impacts and significance rating of impacts after mitigation. This must include an assessment of the significance of all impacts. Please note: This is a preliminary impact statement. The Department may request specialist input/studies depending on the type and nature of the impact(s) of the activity/ies.

|  |  |
| --- | --- |
| Possible Impacts | Significance rating of impacts after mitigation (Low, Medium, Medium-High, High, Very High): |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION E: ALTERNATIVES**

As part of this report, consideration must be given to alternatives that are/may have been possible had an environmental impact assessment been undertaken prior to the commencement of the activity. Please provide a detailed description of the alternatives (whether location, technology or environmental) that were/are possible in terms of this application.

|  |
| --- |
|  |

**SECTION F: APPENDICES**

The following appendices must be attached where appropriate:

|  |  |
| --- | --- |
| **Appendix** | **Cross out (“⌧”) the box if Appendix is attached** |
| Appendix A: Location map |  |
| Appendix B: Site plan(s) |  |
| Appendix C: Owner(s) consent(s) |  |
| Appendix D: Photographs |  |
| Appendix E: Permit(s) / license(s) from any other organ of state including service letters from the municipality |  |
| Appendix F: Additional Impact Assessment Information |  |
| Appendix G: Report on alternatives |  |
| Appendix H: Any Other (describe) |  |

**SECTION G: DECLARATIONS**

**G1: Declarations of the EAP**

1. The Independent Environmental Assessment Practitioner

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare under oath that I –

1. act as the independent environmental assessment practitioner in this application ;
2. do not have and will not have any financial interest in the undertaking of the activity, other than remuneration for work performed in terms of the S24G of the National Environmental Management Act, read together with the relevant Environmental Impact Assessment Regulations;
3. do not have and will not have a vested interest in the proposed activity proceeding;
4. have no, and will not engage in, conflicting interests in the undertaking of the activity;
5. undertake to disclose, to the competent authority, any material information that has or may have the potential to influence the decision of the competent authority or the objectivity of any report, plan or document required in terms of the S24G of the National Environmental Management Act, read together with the Environmental Impact Assessment Regulations, 2006;
6. will ensure that all documents will contain all relevant facts in respect of the application & that all documentation is distributed or made available to interested and affected parties. I will ensure that participation by interested and affected parties is facilitated in such a manner that all interested and affected parties will be provided with a reasonable opportunity to participate and to provide comments on documents that are produced for th rectification application.
7. will ensure that the comments of all interested and affected parties are considered and recorded in reports that are submitted to the competent authority in respect of the application, provided that comments that are made by interested and affected parties in respect of a final report that will be submitted to the competent authority may be attached to the report without further amendment to the report;
8. will keep a register of all interested and affected parties that participated in a public participation process; and
9. will provide the competent authority with access to all information at my disposal regarding the application, whether such information is favourable to the applicant or not.

Signature of the environmental assessment practitioner:

Name of company:

Date:

Signature of the Commissioner of Oaths:

Date:

Designation:

Official stamp (below)

**G2: Declarations of the Applicant**

1. The Applicant

I, ,declare under oath that I -

1. am the applicant in this application;
2. appointed the environmental assessment practitioner as indicated under G1 above to act as the independent environmental assessment practitioner for this application;
3. will provide the environmental assessment practitioner and the competent authority with access to all information at my disposal that is relevant to the application;
4. am responsible for complying with the directive or conditions of any environmental authorisation issued by the competent authority;
5. understand that I will be required to pay an administration fine in terms of S24G(2) of the Act and that a decision in this regard will only be forthcoming after payment of such a fine; and
6. hereby indemnify, the government of the Republic, the competent authority and all its officers, agents and employees, from any liability arising out of the content of any report, any procedure or any action for which the applicant or environmental assessment practitioner is responsible in terms of the Act.

Signature of the applicant:

Name of company:

Date:

Signature of the Commissioner of Oaths:

Date:

Designation:

Official stamp (below):

**34 Fountain Tower Building Private Bags X 20801 Tel: +27 (0)51 400 4817/19**

**Markgraaf Street Bloemfontein Fax: +27 (0)51 400 4842**

**Bloemfontein 9300 e-mail: mkhosana@detea.fs.gov.za**

**9300**

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