

Appendix G

Water Use Registration Forms

- Proof of payment of administration fee
- DW758 – Applicant details
 - DW901 – Property details (2)
 - DW902 - Property owner details
- DW760 – Section 21 (a) – Taking water from a water resource
 - Conveyor B9 spring; Furnace E spring; Furnace F spring
- DW788 – Section 21 (a) supplementary
 - Conveyor B9 spring; Furnace E spring; Furnace F spring
- DW784 - Section 21 (a) supplementary pump technical data
 - Conveyor B9 spring; Furnace E spring; Furnace F spring
- DW767 – Section 21 (g) – Waste / wastewater disposal
 - Historic Waste Dump; Harry's Dam; New storm water dam
- DW905 - Section 21 (g) supplementary
 - Historic Waste Dump, Harry's Dam, New storm water dam
- DW805 – Section 21 (j) – Removing water
 - Conveyor B9 spring; Furnace E spring; Furnace F spring

Pay Recipients

Account		Date	Total	Processed	Failed	Pending
Business Cheque Account - 62179887280		2012-09-14	114.00	1	0	0
Recipient Name	Recipient Account	Recipient Reference	Pay Amount	Reference	Payment Details	Status
Dwaf	4054697285	Rand Carbide	No	114.00	VODSBZDD6D6B Download / print	✓



water affairs

Department:
Water Affairs
REPUBLIC OF SOUTH AFRICA

REGISTRATION/LICENSING PART 1

COMPANY, BUSINESS, PARTNERSHIP OR COMMUNITY, NATIONAL OR PROVINCIAL GOVERNMENT

1. GENERAL INFORMATION

Mark the applicable option(s) with an X and/or complete details where applicable/available.

Indicate the nature of this application:

New registration Minor change

Formal amendment

Registration Number

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2. PARTICULARS OF THE APPLICANT

Application for:
(Mark one block with an X)

Company, business, partnership or community (complete part 3,5,6,7 and 8)

National or provincial government (complete part 4,5,6,7 and 8 excl. 8.1.2)

3. PARTICULARS OF THE COMPANY, BUSINESS, PARTNERSHIP OR COMMUNITY

3.1 Name of company, business, partnership or community:

Silicon Smelters (Pty) Ltd – Rand Carbide

3.2 Trading name if different from name of company, business, partnership or community:

3.3 Type of enterprise:

(Mark one block with an X)

06 Public Company (Ltd) 07 Private Company (Pty) Ltd

08 Article 21 (Association Inc. under Article 21 of the Company Act No. 61 of 1973) 09 Limited By Guarantee

10 External Company 11 External Company under article 21 of the Company Act No. 61 of 1973

20 Transvaal Ordinance 21 Incorporated (Inc)

22 Unlimited 23 Close Corporation (CC)

Parastatal Trust

Other [i.e. non-CIPRO Company types (e.g. Churches, Schools, Community Groups, etc.) excluding Trust and Parastatal]

3.4 Business enterprise registration number:

1998/19036/07

3.5 Date established:

(ccyy/mm/dd)

1 9 9 8 0 9 2 5

3.6 Country where established:

Republic of South Africa

3.7 VAT registration number:

4310178506

4. PARTICULARS OF NATIONAL OR PROVINCIAL GOVERNMENT**4.1 National Department:****4.2 a) Provincial Department:****b) Province:****5. APPLICANT CONTACT DETAILS****5.1 Postal Address:**Postal Code **5.2 Street Address (only if different from postal address):**Postal Code **5.3 Contact telephone number during office hours**Area/cell code + (0) Number - Ext **Alternative contact number**Area/cell code + (0) Number - Ext **5.4 E-mail** andre.nel@siliconsmelters.co.za**6. CONTACT PERSON DETAILS****6.1 Title** Mr**6.2 Name** Cornelius Muller**6.3 Surname** Bester**6.4 Telephone**
Area/cell code + (0) Number - Ext **6.5 Cell Phone Number**
Area/cell code + (0) Number - **6.6 Fax**
Area/cell code + (0) Number - Ext **6.7 E-mail** nellis.bester@siliconsmelters.co.za**6.8 Preferred Form Of Communication** E-mail

7. LIST OF PART 2 DOCUMENTS (WATER USE RELATED FORMS)

Mark with an X which of the following documents have been submitted with this application

- | | | | |
|-------------------------------------|-------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | DW760 NWA-Section 21(a) | <input type="checkbox"/> | DW768 NWA-Section 21(i) |
| <input type="checkbox"/> | DW761 NWA-Section 21(b) | <input type="checkbox"/> | DW780 NWA-Section 21(h) |
| <input type="checkbox"/> | DW762 NWA-Section 21(b) | <input checked="" type="checkbox"/> | DW805 NWA-Section 21(j) |
| <input type="checkbox"/> | DW763 NWA-Section 21(c) | <input type="checkbox"/> | DW806 NWA-Section 21(k) |
| <input type="checkbox"/> | DW764 NWA-Section 21(d) | <input checked="" type="checkbox"/> | DW901 Property or properties where water use occurs |
| <input type="checkbox"/> | DW765 NWA-Section 21(e) | <input checked="" type="checkbox"/> | DW902 Details of property owner |
| <input type="checkbox"/> | DW766 NWA-Section 21(f) | <input type="checkbox"/> | DW903 Actual/Monitored waste discharge details NWA-Section 21(f/h) |
| <input checked="" type="checkbox"/> | DW767 NWA-Section 21(g) | <input checked="" type="checkbox"/> | DW904 Actual/Monitored waste discharge details NWA-Section 21(e/g) |

8. THIS SECTION IS RESERVED FOR OFFICE USE ONLY

8.1 Billing Information

8.1.1 WMA for billing*

* Water Management Area Codes

01 Limpopo	05 Inkomati	09 Middle Vaal	13 Upper Orange	17 Olifants/Doorn
02 Luvuvhu/Letaba	06 Usutu-Mhlatuze	10 Lower Vaal	14 Lower Orange	18 Breede
03 Crocodile (W), Marico	07 Thukela	11 Mvoti-Umzimkulu	15 Fish-Tsitsikamma	19 Berg
04 Olifants	08 Upper Vaal	12 Mzimvubu-Keiskamma	16 Gouritz	

8.1.2 District Municipal Establishment Levy Payable Yes No

8.2 Mark with an X which of the following documents have been submitted with this application

- Certified copy of South African identity document
- Certified copy of passport



water affairs

Department:
Water Affairs
REPUBLIC OF SOUTH AFRICA

SUPPLEMENTARY WATER USE INFORMATION PROPERTY WHERE WATER USE OCCURS

DW901 serves to address the following: The property (or properties) where water use(s) is to take place.

• Complete one DW901 form for each property impacted / applicable to a water use registration application.

• Should more than one property owner be applicable to a "property where water occurs" an additional DW902 must be completed for each additional property owner.

1. PROPERTY WHERE WATER USE(S) OCCURS

1.1 Property where water use takes place (farm, stand or community): description as per the Deeds Act if applicable, or name of agricultural holding, farm, township, town or city.

REMAINING EXTENT OF PORTION 60 OF THE FARM JOUBERTSRUST 310 JS

Registration Date (ccyymmdd):

2 0 0 9 1 5 1 8

1.2 Property Type (mark only one with an X)

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Holding | <input type="checkbox"/> Erf |
| <input type="checkbox"/> Exclusive Use Areas (EUA) | <input checked="" type="checkbox"/> Farm |
| <input type="checkbox"/> Sectional Scheme (To Obtain EUA) | <input type="checkbox"/> Sectional Scheme (to obtain units) |
| <input type="checkbox"/> Sectional Scheme Unit | <input type="checkbox"/> Township |
| <input type="checkbox"/> Unspecified | <input type="checkbox"/> Unsurveyed |

1.3 If the property type is unsurveyed, complete the following:

a) Surname and initials of leader of village, community or tribal authority

Initials

b) Local Authority

&/or

c) Magisterial District

&/or

d) Tribal Authority/Council

1.4 If the property type is not equal to unsurveyed, complete the following:

a) Deeds Office

PRETORIA

b) Registration Division

JS

c) Property No (i.e. Farm No./Erf No./Holding Area No./Scheme No.)

310

d) Portion of Property

REMAINING EXTENT OF PORTION 60

e) Title Deed Number

T4136/2009

f) Surveyor-General Cadastral Code

1	2	3	4	5
T	00JS	0000	0000310	00060

1. Refers to the Surveyor's-General Office (T = Pretoria, F = Free State, C = Cape Town & N = Kwazulu-Natal)

2. Major Code (Registration Division)

3. Minor code

4. Property No. (i.e. Farm No./Erf No./Holding Area No./Scheme No.)

5. Portion Number

Note: All fields "left padded with 0"

1.5 Property Area Size

2	7	.	4	6	6	3
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Measure Unit:

Hectares

Square Meters

Acres

1.6 Ownership of the property (mark only one with an X)

Property owned by applicant (100% Share value)

Property leased by applicant

Property owned by applicant (Share value less than 100%)

The property is communal land

2. PROPERTY OWNER RELATIONSHIP

Individual (Identify Number or Passport Number)	Company, Business, Partnership or Community (Business Enterprise Registration Number)	Property Owner Name	Property Owner Document Number (Owner's Title Deed Reference Number)	Property Owner and Property Relationship Date		Owner Share Value %
				From:	To:	
	1998/19036/07	SILICON SMELTERS (PTY) LTD	T4136/2009	2009	CURRENT	100



water affairs

Department:
Water Affairs
REPUBLIC OF SOUTH AFRICA

SUPPLEMENTARY WATER USE INFORMATION PROPERTY WHERE WATER USE OCCURS

DW901 serves to address the following: The property (or properties) where water use(s) is to take place.

• Complete one DW901 form for each property impacted / applicable to a water use registration application.

• Should more than one property owner be applicable to a "property where water occurs" an additional DW902 must be completed for each additional property owner.

1. PROPERTY WHERE WATER USE(S) OCCURS

- 1.1 Property where water use takes place (farm, stand or community): description as per the Deeds Act if applicable, or name of agricultural holding, farm, township, town or city.

PORCION 101 OF THE FARM JOUBERTSRUST 310 JS

Registration Date (ccyymmdd):

2 0 0 9 0 5 1 3

- 1.2 Property Type (mark only one with an X)

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Holding | <input type="checkbox"/> Erf |
| <input type="checkbox"/> Exclusive Use Areas (EUA) | <input checked="" type="checkbox"/> Farm |
| <input type="checkbox"/> Sectional Scheme (To Obtain EUA) | <input type="checkbox"/> Sectional Scheme (to obtain units) |
| <input type="checkbox"/> Sectional Scheme Unit | <input type="checkbox"/> Township |
| <input type="checkbox"/> Unspecified | <input type="checkbox"/> Unsurveyed |

- 1.3 If the property type is unsurveyed, complete the following:

- a) Surname and initials of leader of village, community or tribal authority

Initials

- b) Local Authority

&/or

- c) Magisterial District

&/or

- d) Tribal Authority/Council

- 1.4 If the property type is not equal to unsurveyed, complete the following:

- a) Deeds Office

PRETORIA

- b) Registration Division

JS

- c) Property No (i.e. Farm No./Erf No./Holding Area No./Scheme No.)

310

- d) Portion of Property

101

- e) Title Deed Number

T4137/2009

f) Surveyor-General Cadastral Code

¹ T - ² 0 0 J S - ³ 0 0 0 0 - ⁴ 0 0 0 0 3 1 0 - ⁵ 0 0 1 0 1

1. Refers to the Surveyor's-General Office (T = Pretoria, F = Free State, C = Cape Town & N = Kwazulu-Natal)
2. Major Code (Registration Division)
3. Minor code
4. Property No (i.e. Farm No./Erf No./Holding Area No./Scheme No.)
5. Portion Number

Note: All fields "left padded with 0"

1.5 Property Area Size . Measure Unit: Hectares Square Meters Acres

- 1.6 Ownership of the property** (mark only one with an X)
- Property owned by applicant (100% Share value)
 - Property leased by applicant
 - Property owned by applicant (Share value less than 100%)
 - The property is communal land

2. PROPERTY OWNER RELATIONSHIP

Individual (Identify Number or Passport Number)	Company, Business, Partnership or Community (Business Enterprise Registration Number)	Property Owner Name	Property Owner Document Number (Owner's Title Deed Reference Number)	Property Owner and Property Relationship Date		Owner Share Value %
				From:	To:	
	1998/19036/07	SILICON SMELTERS (PTY) LTD	T4137/2009	2009	CURRENT	100



**SUPPLEMENTARY WATER USE INFORMATION
 DETAILS OF PROPERTY OWNER**

Should more than one property owner be applicable to a 'property where water use occurs', an additional DW902 must be completed for each additional property owner.

1. DETAILS OF PROPERTY OWNER

1.1 Nature of property owner (mark only one block with X)

- | | |
|--|---|
| <input type="checkbox"/> Individual (complete 1.2) | <input type="checkbox"/> Provincial Department (complete 1.5) |
| <input checked="" type="checkbox"/> Company, business, partnership or community (complete 1.3) | <input type="checkbox"/> Water Services Provider (complete 1.6) |
| <input type="checkbox"/> National Department (complete 1.4) | <input type="checkbox"/> Water User Association (complete 1.7) |

1.2 If property owner is an individual

1.2.1 Surname Maiden Name
 me

Initials Title Position or official status

Marital Status (mark only one): Married In Community Of Property Married Out Of Community Of Property
 Unmarried

1.2.2 If holder of South African ID:

ID Number

1.2.3 If not holder of South African ID:

Passport No.

Expiry Date (ccyymmdd)

Country of issue

1.3 If the property owner is a company, business, partnership or community:

1.3.1 Name of company, business, partnership or community:

1.3.2 Trading name if different from name of company, business, partnership or community:

1.3.3 Type of Enterprise (mark only one with an X)

- | | | |
|---|--|---|
| <input type="checkbox"/> 06 Public Company (Ltd) | <input checked="" type="checkbox"/> 07 Private Company (Pty) Ltd | <input type="checkbox"/> 08 Article 21 (Association inc under Section 21) |
| <input type="checkbox"/> 09 Limited By Guarantee | <input type="checkbox"/> 10 External Company | <input type="checkbox"/> 11 External Company under Article 21 |
| <input type="checkbox"/> 20 Transvaal Ordinance | <input type="checkbox"/> 21 Incorporated (Inc) | <input type="checkbox"/> 22 Unlimited |
| <input type="checkbox"/> 23 Close Corporation (CC) | <input type="checkbox"/> Parastatal | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other [i.e. Non-CIPRO Company Types (e.g. Churches, Schools, Community Groups, etc.) excluding Trust & Parastatal] | | |

1.3.4 Business Enterprise Registration Number / /

1.3.5 Date Established (ccyymmdd)

Country Where Established

1.4 If the property owner is a National Department:

1.4.1 National Department Name:

1.5 If the property owner is a Provincial Department:

1.5.1 Province:

1.5.2 Provincial Department Name:

1.6 If the property owner is a Water Services Provider:

1.6.1 Name of WSP:

1.7 If the property owner is a Water User Association:

1.7.1 Name of WUA:

1.8 Postal Address:

Postal Code

1.9 Street Address (only if different from postal address):

Postal Code

1.10 Contact Telephone Number During Office Hours

Area/cell code Number - Ext

Alternative contact number

Area/cell code Number - Ext

2. DECLARATION BY PROPERTY OWNER

2.1 Property owner or delegated person:

Surname

Initials Title

ID number

2.2 If not a holder of South African ID:


Passport No.

Expiry Date (ccyymmdd)

Country of issue

2.3 Position or official status:

2.4 I declare that the applicant defined in this application has lawful access to the property and carry out the water use activity or activities related to this application.

Signature  Date (ccyymmdd) Thumbprint (only if requested)

3. LIST OF ATTACHED DOCUMENTS (mark each document type attached with an X)

- 3.1 Certified copy of identity document or passport.
- 3.2 Certified copy of Property Owner Document [refer Section 2 of DW901 (Property Title Deed or Deeds printout)].
- 3.3 Certified copy of lease agreement (refer paragraph 1.6 of DW901)
- 3.4 Certified copy of the "power of attorney" or appropriate supporting documentation

1.4 If the applicant is a company, business, partnership or community:

1.4.1 Name of company, business, partnership or community:

SILICON SMELTERS (PTY) LTD - RAND CARBIDE

1.4.2 Business Enterprise Registration Number

9 8 / 1 9 0 3 6 / 0 7

1.4.3 Date Established (ccyymmdd)

1 9 9 8 0 9 2 5

Country Where Established

REPUBLIC OF SOUTH AFRICA

1.5 If the applicant is a National Department:

1.5.1 National Department Name:

1.6 If the applicant is a Provincial Department:

1.6.1 Province:

1.6.2 Provincial Department Name:

1.7 If the applicant is a Water Services Provider:

1.7.1 Name of WSP:

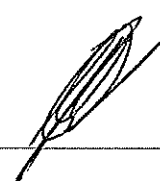
1.8 If the applicant is a Water User Association:

1.8.1 Name of WUA:

Declaration by applicant

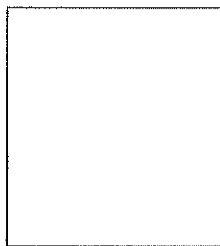
Delete the words that are not applicable I/we CORNELIUS MULLER BESTER

(FULL NAME(S)) hereby declare that the information provided by me/us in this application form is, to the best of my/our knowledge, true and correct.



Signature
GENERAL MANAGER

Designation of signatory



Thumb print

013 690 8245

Contact number during office hours
2012-08-22

Date (ccyy/mm/dd)

It is a criminal offence to provide information that is false or misleading.

2. SUCCESSION/TRANSFER AND SOURCE PART 2 DETAILS

2.1 Is this a Succession or a Transfer related Water Use? Yes
 (Mark only one box with an X) No

2.2 If yes, mark with an X the Succession / Transfer Type Full Temporary Transfer Partial Temporary Transfer
 Permanent Transfer Succession in Title

2.3 Source Register Number

--	--	--	--	--	--	--	--

 WU Number

--	--	--	--

 Source Register Number

--	--	--	--	--	--	--	--

 WU Number

--	--	--	--

 Source Register Number

--	--	--	--	--	--	--	--

 WU Number

--	--	--	--

3. WATER RESOURCE INFORMATION

3.1 Name of water resource

3.2 Name or reference number of abstraction point (if any)

3.3 Type of water source (mark only one with X) River / stream Spring / Eye Borehole Dam Estuary
 Wetland Lake GWS (scheme) Boreholes And Windmills On Government Land
 If water source is government water scheme, give the name:

3.4 Geographic location of the abstraction point
 Latitude ° ' " or ° or ° ,
 Longitude ° ' " or ° or ° ,
 Datum Type: Cape (Modified Clarke 1880) WGS-84

3.5 Reliability of water resource (mark only one with an X) Water always available Dry during certain seasons Frequently Dry

3.6 Quaternary Drainage Region

B	1	1	K
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4. DESCRIPTION OF WATER USE

4.1 Select only **one** WU sector – purpose of the WU: (NB: Complete a separate DW760/773 form for each sector if more than one is applicable)

<input type="checkbox"/> Agriculture: Aquaculture	<input type="checkbox"/> Power Generation (also complete DW788)
<input type="checkbox"/> Agriculture: Irrigation (also complete form DW787)	<input type="checkbox"/> Recreation
<input type="checkbox"/> Agriculture: Watering Livestock	<input type="checkbox"/> Schedule 1
<input checked="" type="checkbox"/> Industrial (also complete form DW788)	<input type="checkbox"/> Urban (excl. Domestic &/or Industrial)
<input type="checkbox"/> Mining (also complete form DW788)	<input type="checkbox"/> Water Supply Service (also complete form DW789)

4.2 Period of water use

Date of first use or proposed first use (ccyymmdd)

2	0	1	1	0	7	0	1
---	---	---	---	---	---	---	---

End date (if applicable) (ccyymmdd)

--	--	--	--	--	--	--	--

4.3 Volume of water abstracted (*minus a realistic estimate of the transmission losses in the case of a WUA / WSP related water use)

***WU /WSP: Transmission Loss**

(taken into account i.r.o gross volume)

	Start date (ccyymmdd)	Volume		Time interval (mark only one with X)					
a)	2 0 1 1 0 7 0 1	952.8	m ³	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Annually	6	6	6 %
b)			m ³	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually			%
c)			m ³	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually			%

4.4 Estimated water abstraction pattern: in total cubic meters or % per month

Jan	144.4	Apr	14.4	Jul	14.4	Oct	144.4
Feb	144.4	May	14.4	Aug	14.4	Nov	144.4
Mar	144.4	Jun	14.4	Sep	14.4	Dec	144.4

4.5 Method of abstraction (mark with an X the abstraction method currently used or to be installed)

Pump * Canal Gravity or outlet pipe Other (specify) **

* Also complete supplementary form DW784pmp ('Taking water from a water resource – pump technical data'), if 'pump' was selected.

** If the method of abstraction is not PUMP / CANAL / GRAVITY OR OUTLET PIPE, please define method utilised:

--

4.6 Number of households served with water (if known)

									0
--	--	--	--	--	--	--	--	--	---

4.7 Is this water provided by a Water User Association or Water Services Provider? WUA WSP

4.8 Name of Water User Association / Water Services Provider:

--

5. EXISTING AUTHORISATION AND REGISTRATION (PERMIT INFORMATION)

5.1 Existing permit information

	Permit number	Date (ccyymmdd)
Permit No.		
Permit No.		
Permit No.		
Permit No.		
Permit No.		
Permit No.		

5.2 If water use takes place in terms of the General Authorisation, mark with an X

*If yes complete the following details after confirmation with relevant DWAF/CMA officials:

Date(s) from which applicable GA is/was applicable to this water use			
South African Act:	[E.g. National Water Act (Act No. 36 of 1998)]		Applicable section of the act [E.g. Section 21]
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			

5.3 If an authorisation has been issued under other legislation
Law /Regulation

6. SUBSIDY DETAILS

6.1 Resource Poor Farmer (RPF)
Should this WU application be considered for RPF subsidy? Yes No

7. PROPERTY RELATIONSHIP DETAILS (Complete supplementary forms DW901 & DW902)

Property Name	Surveyed Property				Unsurveyed property				Property Relationship Date	
	Title Deed Number	Surveyor-General Cadastral Code	Property Number	Portion of property	Title Deed Number	Surveyor-General Cadastral Code	Property Number	Portion of property	From:	To:
PORTION 101 OF THE FARM JOUBERTSRUST 310 JS	T4137/2009				Surname of the Leader of Village, Community or Tribal Authority					
		TOJS00000000031000101	310		Initial of the Leader of Village, Community or Tribal Authority				2009	CURRENT
			101		Local Authority (if applicable)					
					Magisterial District (if applicable)					
					Tribal Authority/Council (if applicable)					
					Surname of the Leader of Village, Community or Tribal Authority					
					Initial of the Leader of Village, Community or Tribal Authority					
					Local Authority (if applicable)					
					Magisterial District (if applicable)					
					Tribal Authority/Council (if applicable)					
					Surname of the Leader of Village, Community or Tribal Authority					
					Initial of the Leader of Village, Community or Tribal Authority					
					Local Authority (if applicable)					
					Magisterial District (if applicable)					
					Tribal Authority/Council (if applicable)					
					Surname of the Leader of Village, Community or Tribal Authority					
					Initial of the Leader of Village, Community or Tribal Authority					
					Local Authority (if applicable)					
					Magisterial District (if applicable)					
					Tribal Authority/Council (if applicable)					
					Surname of the Leader of Village, Community or Tribal Authority					
					Initial of the Leader of Village, Community or Tribal Authority					
					Local Authority (if applicable)					
					Magisterial District (if applicable)					
					Tribal Authority/Council (if applicable)					
					Surname of the Leader of Village, Community or Tribal Authority					
					Initial of the Leader of Village, Community or Tribal Authority					
					Local Authority (if applicable)					
					Magisterial District (if applicable)					
					Tribal Authority/Council (if applicable)					

8.6 Late Registration Penalty

Is this a late registration? Yes No

If yes, mark with an X, the applicable penalty to be levied

- R300.00 OR
 - 10% (ten percent) of the annual water use charge outstanding at the date of registration which ever is greater
- Specify the penalty amount payable
- Waive penalty

File number

Water Use Register Number

Received by:

Surname Initials

Position / Rank

Signature

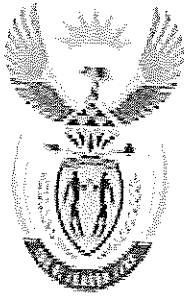
Captured on NRWU database (ccyymmdd)

Capured by:

Surname Initials

Signature

Date stamp of receiving office



water affairs

Department:
Water Affairs
REPUBLIC OF SOUTH AFRICA

CONVEYOR

SUPPLEMENTARY WATER USE INFORMATION TAKING WATER FROM A WATER RESOURCE POWER GENERATION, INDUSTRIAL OR MINING USE

1. INDUSTRIAL ACTIVITIES

1.1 Description of activities

Description of activities	SIC code
METAL PROCESSING AND FINISHING	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. ANNUAL CONSUMPTION FOR INDUSTRIAL PROCESSES

- 2.1 The total amount of water abstracted per year is cubic metres
- a) The total volume for industrial use per year cubic metres
- b) Estimated volume for industrial use five years hence cubic metres
- c) The total volume for domestic use per year (if any) cubic metres
- d) The number of people supplied with domestic water

FOR OFFICIAL USE ONLY

File number

Water use licence or registration number

Water Management Area

Received by:

Surname

Initials

Rank

Signature

Captured by:

Initials

Date stamp of receiving office



water affairs

Department:
Water Affairs
REPUBLIC OF SOUTH AFRICA

CONVE YOUR

SUPPLEMENTARY WATER USE INFORMATION TAKING WATER FROM A WATER RESOURCE PUMP TECHNICAL DATA

1. PUMP IDENTIFICATION

1.1 Pump number (if more than one, enter a sequence number starting from 001) 001

1.2 Installation date Y Y Y Y M M D D

1.3 Geographic location of the pump (use one format only)

S or S or S 25 51 8 4 4 Cape datum Clarke

E 0 or E 0 2 9 1 3 5 2 3 WGS-84 datum

2. PUMPING HOURS

2.1 Maximum pumping hours per week 1168 h 2.2 Total pumping hours per year 8736 h

3. PUMP DATA

3.1 Pump type (mark one with X)

a) Centrifugal b) Positive displacement c) Turbine d) Axial flow

e) Other (specify) _____

3.2 Pump model _____

3.3 Pulley diameter _____ mm

3.4 Speed _____ rpm

3.5 Impeller size (only for a centrifugal pump) _____ mm

3.6 Suction hose

3.6.1 Hose material _____

3.6.2 Hose diameter _____ mm

3.6.3 Hose length _____ m

3.7 Type of flow meter (mark one with X)

a) Inline b) Bypass c) Doppler effect d) None e) Other (specify below)

3.8 Pressure gauge reading At inlet = _____ m At outlet = _____ m

4. POWER SOURCE DATA

4.1 Power source type (mark one with X)

- a) Electric
 b) Diesel
 c) Petrol
 d) Tractor
 e) Wind
 f) Other (specify) _____

4.2 Model _____

4.3 Pulley diameter _____ mm

4.4 Speed _____ rpm

4.5 Coupling:

a) Type (mark one with X)

- V-belt
 Flat belt
 Gearbox
 Direct
 Other (specify below) _____

b) For gearbox coupling or direct coupling, enter the ratio _____ : _____

4.6 Power rating _____ kW

5. PUMP OPERATION

	Maximum pressure	Maximum discharge	Average operation	
5.1 Discharge	_____	_____	_____	litres / second
5.2 Suction height	_____	_____	_____	metres
5.3 Static height	_____	_____	_____	metres
5.4 Working height	_____	_____	_____	metres
5.5 Friction height	_____	_____	_____	metres
5.6 Other losses	_____	_____	_____	metres
5.7 Total head	_____	_____	_____	metres
5.8 Efficiency	_____	_____	_____	%
5.9 Power absorbed	_____	_____	_____	kilowatts
5.10 Ammeter reading	_____	_____	_____	amps

6. BOREHOLE INFORMATION (where applicable)

6.1 a) Borehole number _____

b) Geographic location of the borehole, if different from pump

S _____ or S _____ or S _____ Cape datum Clarke
 E 0 _____ or E 0 _____ WGS-84 datum

6.2 Yield of borehole _____ litres / second

6.3 Depth of borehole _____ metres

6.4 Previous authorisation or licensing reference _____

7. ESKOM TRANSFORMER (where applicable)

7.1 a) ESKOM reference number

b) Geographic location of the transformer, if different from pump

S or S or S Cape datum Clarke
E 0 E 0 E 0 WGS-84 datum

7.2 Power rating of the transformer kVA

FOR OFFICIAL USE ONLY

File number

Water use licence or registration number

Water Management Area

Received by:

Surname Initials

Rank

Signature

Captured by:

Initials

Date stamp of receiving office

1.4 If the applicant is a company, business, partnership or community:**1.4.1** Name of company, business, partnership or community:

SILICON SMELTERS (PTY) LTD - RAND CARBIDE

1.4.2 Business Enterprise Registration Number

9 8 / 1 9 0 3 6 / 0 7

1.4.3 Date Established (ccyymmdd)

1 9 9 8 0 9 2 5

Country Where Established

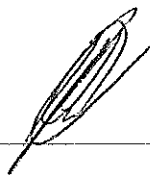
REPUBLIC OF SOUTH AFRICA

1.5 If the applicant is a National Department:**1.5.1** National Department Name:**1.6 If the applicant is a Provincial Department:****1.6.1** Province:**1.6.2** Provincial Department Name:**1.7 If the applicant is a Water Services Provider:****1.7.1** Name of WSP:**1.8 If the applicant is a Water User Association:****1.8.1** Name of WUA:

Declaration by applicant

Delete the words that are not applicable I/we CORNELIUS MULLER BESTER

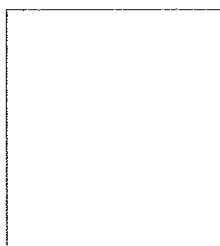
(FULL NAME(S)) hereby declare that the information provided by me/us in this application form is, to the best of my/our knowledge, true and correct.



Signature

GENERAL MANAGER

Designation of signatory



Thumb print

013 690 8245

Contact number during office hours
2012-08-22

Date (ccyy/mm/dd)

It is a criminal offence to provide information that is false or misleading.

2. SUCCESSION/TRANSFER AND SOURCE PART 2 DETAILS

2.1 Is this a Succession or a Transfer related Water Use? Yes
 (Mark only one box with an X) No

2.2 If yes, mark with an X the Succession / Transfer Type Full Temporary Transfer Partial Temporary Transfer
 Permanent Transfer Succession in Title

2.3 Source Register Number

--	--	--	--	--	--	--	--

 WU Number

--	--	--	--

 Source Register Number

--	--	--	--	--	--	--	--

 WU Number

--	--	--	--

 Source Register Number

--	--	--	--	--	--	--	--

 WU Number

--	--	--	--

3. WATER RESOURCE INFORMATION

3.1 Name of water resource

3.2 Name or reference number of abstraction point (if any)

3.3 Type of water source (mark only one with X) River / stream Spring / Eye Borehole Dam Estuary
 Welland Lake GWS (scheme) Boreholes And Windmills On Government Land
 If water source is government water scheme, give the name:

3.4 Geographic location of the abstraction point

Latitude ° ' " or ° or ° ' "

Longitude ° ' " or ° or ° ' "

Datum Type: Cape (Modified Clarke 1880) WGS-84

3.5 Reliability of water resource (mark only one with an X) Water always available Dry during certain seasons Frequently Dry

3.6 Quaternary Drainage Region

B	1	1	K
---	---	---	---

4. DESCRIPTION OF WATER USE

4.1 Select only one WU sector – purpose of the WU: (NB: Complete a separate DW760/773 form for each sector if more than one is applicable)

<input type="checkbox"/> Agriculture: Aquaculture	<input type="checkbox"/> Power Generation (also complete DW788)
<input type="checkbox"/> Agriculture: Irrigation (also complete form DW787)	<input type="checkbox"/> Recreation
<input type="checkbox"/> Agriculture: Watering Livestock	<input type="checkbox"/> Schedule 1
<input checked="" type="checkbox"/> Industrial (also complete form DW788)	<input type="checkbox"/> Urban (excl. Domestic &/or Industrial)
<input type="checkbox"/> Mining (also complete form DW788)	<input type="checkbox"/> Water Supply Service (also complete form DW789)

*If yes complete the following details after confirmation with relevant DWAF/CMA officials:

<u>Date(s) from which applicable GA is/was applicable to this water use</u>			
South African Act:	[E.g. National Water Act (Act No. 36 of 1998)]	Applicable section of the act	[E.g. Section 21]
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			

5.3 If an authorisation has been issued under other legislation
 Law /Regulation

6. SUBSIDY DETAILS

6.1 Resource Poor Farmer (RPF)

Should this WU application be considered for RPF subsidy? Yes No

7. PROPERTY RELATIONSHIP DETAILS (Complete supplementary forms DW901 & DW902)

Property Name	Surveyed Property				Unsurveyed property				Property Relationship Date	
	Title Deed Number	Surveyor-General Cadastral Code	Property Number	Portion of property	Title Deed Number	Surveyor-General Cadastral Code	Property Number	Portion of property	From:	To:
PORTION 101 OF THE FARM JOUBERTSRUST 310 JS	T41372009	T0JS000000000310001	310		Surname of the Leader of Village, Community or Tribal Authority				2009	CURRENT
			101		Initial of the Leader of Village, Community or Tribal Authority					
					Local Authority (if applicable)					
					Magisterial District (if applicable)					
					Tribal Authority/Council (if applicable)					
					Surname of the Leader of Village, Community or Tribal Authority					
					Initial of the Leader of Village, Community or Tribal Authority					
					Local Authority (if applicable)					
					Magisterial District (if applicable)					
					Tribal Authority/Council (if applicable)					
					Surname of the Leader of Village, Community or Tribal Authority					
					Initial of the Leader of Village, Community or Tribal Authority					
				Local Authority (if applicable)						
				Magisterial District (if applicable)						
				Tribal Authority/Council (if applicable)						
				Surname of the Leader of Village, Community or Tribal Authority						
				Initial of the Leader of Village, Community or Tribal Authority						
				Local Authority (if applicable)						
				Magisterial District (if applicable)						
				Tribal Authority/Council (if applicable)						
				Surname of the Leader of Village, Community or Tribal Authority						
				Initial of the Leader of Village, Community or Tribal Authority						
				Local Authority (if applicable)						
				Magisterial District (if applicable)						
				Tribal Authority/Council (if applicable)						

FOR OFFICIAL USE ONLY

File number

Water use licence or registration number

Water Management Area

Received by:

Surname

Initials

Rank

Signature

Captured by:

Initials

Date stamp of receiving office



water affairs

Department:
Water Affairs
REPUBLIC OF SOUTH AFRICA

FURNACE E

SUPPLEMENTARY WATER USE INFORMATION TAKING WATER FROM A WATER RESOURCE PUMP TECHNICAL DATA

1. PUMP IDENTIFICATION

1.1 Pump number (if more than one, enter a sequence number starting from 001) 002

1.2 Installation date Y Y Y Y M M D D

1.3 Geographic location of the pump (use one format only)

S or S or S 25 51 8 13 Cape datum Clarke

E 0 or E 0 2 9 1 3 5 4 1 WGS-84 datum

2. PUMPING HOURS

2.1 Maximum pumping hours per week 168 h 2.2 Total pumping hours per year 8736 h

3. PUMP DATA

3.1 Pump type (mark one with X)

a) Centrifugal b) Positive displacement c) Turbine d) Axial flow

e) Other (specify)

3.2 Pump model

3.3 Pulley diameter mm

3.4 Speed rpm

3.5 Impeller size (only for a centrifugal pump) mm

3.6 Suction hose

3.6.1 Hose material

3.6.2 Hose diameter mm

3.6.3 Hose length m

3.7 Type of flow meter (mark one with X)

a) Inline b) Bypass c) Doppler effect d) None e) Other (specify below)

3.8 Pressure gauge reading At inlet = m At outlet = m

4. POWER SOURCE DATA

4.1 Power source type (mark one with X)

- a) Electric
 b) Diesel
 c) Petrol
 d) Tractor
 e) Wind
 f) Other (specify) _____

4.2 Model _____

4.3 Pulley diameter _____ mm

4.4 Speed _____ rpm

4.5 Coupling:

a) Type (mark one with X)

- V-belt
 Flat belt
 Gearbox
 Direct
 Other (specify below) _____

b) For gearbox coupling or direct coupling, enter the ratio _____ : _____

4.6 Power rating _____ kW

5. PUMP OPERATION

	Maximum pressure	Maximum discharge	Average operation	
5.1 Discharge	_____	_____	_____	litres / second
5.2 Suction height	_____	_____	_____	metres
5.3 Static height	_____	_____	_____	metres
5.4 Working height	_____	_____	_____	metres
5.5 Friction height	_____	_____	_____	metres
5.6 Other losses	_____	_____	_____	metres
5.7 Total head	_____	_____	_____	metres
5.8 Efficiency	_____	_____	_____	%
5.9 Power absorbed	_____	_____	_____	kilowatts
5.10 Ammeter reading	_____	_____	_____	amps

6. BOREHOLE INFORMATION (where applicable)

6.1 a) Borehole number _____

b) Geographic location of the borehole, if different from pump

S _____ or S _____ or S _____ Cape datum Clarke
 E 0 _____ or E 0 _____ or E 0 _____ WGS-84 datum

6.2 Yield of borehole _____ litres / second

6.3 Depth of borehole _____ metres

6.4 Previous authorisation or licensing reference _____

7. ESKOM TRANSFORMER (where applicable)

7.1 a) ESKOM reference number

b) Geographic location of the transformer, if different from pump

S or S or S Cape datum Clarke

E 0 or E 0 or E 0 WGS-84 datum

7.2 Power rating of the transformer kVA

FOR OFFICIAL USE ONLY

File number

Water use licence or registration number

Water Management Area

Received by:

Surname Initials

Rank

Signature

Captured by:

Initials

Date stamp of receiving office

1.4 If the applicant is a company, business, partnership or community:

1.4.1 Name of company, business, partnership or community:

SILICON SMELTERS (PTY) LTD - RAND CARBIDE

1.4.2 Business Enterprise Registration Number

9 8 / 1 9 0 3 6 / 0 7

1.4.3 Date Established (ccyymmdd)

1 9 9 8 0 9 2 5

Country Where Established

REPUBLIC OF SOUTH AFRICA

1.5 If the applicant is a National Department:

1.5.1 National Department Name:

1.6 If the applicant is a Provincial Department:

1.6.1 Province:

1.6.2 Provincial Department Name:

1.7 If the applicant is a Water Services Provider:

1.7.1 Name of WSP:

1.8 If the applicant is a Water User Association:

1.8.1 Name of WUA:

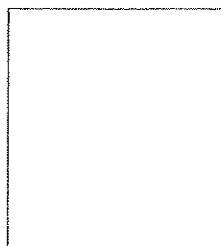
Declaration by applicantDelete the words that are not applicable I/we CORNELIUS MULLER BESTER

(FULL NAME(S)) hereby declare that the information provided by me/us in this application form is, to the best of my/our knowledge, true and correct.

Signature

GENERAL MANAGER

Designation of signatory



Thumb print

013 690 8245

Contact number during office hours
2012-08-22

Date (ccyy/mm/dd)

It is a criminal offence to provide information that is false or misleading.

2. SUCCESSION/TRANSFER AND SOURCE PART 2 DETAILS

2.1 Is this a Succession or a Transfer related Water Use? Yes
 (Mark only one box with an X) No

2.2 If yes, mark with an X the Succession / Transfer Type Full Temporary Transfer Partial Temporary Transfer
 Permanent Transfer Succession in Title

2.3 Source Register Number

--	--	--	--	--	--	--	--

 WU Number

--	--	--	--

 Source Register Number

--	--	--	--	--	--	--	--

 WU Number

--	--	--	--

 Source Register Number

--	--	--	--	--	--	--	--

 WU Number

--	--	--	--

3. WATER RESOURCE INFORMATION

3.1 Name of water resource

3.2 Name or reference number of abstraction point (if any)

3.3 Type of water source (mark only one with X) River / stream Spring / Eye Borehole Dam Estuary
 Wellland Lake GWS (scheme) Boreholes And Windmills On Government Land
 If water source is government water scheme, give the name:

3.4 Geographic location of the abstraction point

Latitude ° ' " or ° or ° '

Longitude ° ' " or ° or ° '

Datum Type: Cape (Modified Clarke 1880) WGS-84

3.5 Reliability of water resource (mark only one with an X) Water always available Dry during certain seasons Frequently Dry

3.6 Quaternary Drainage Region

B	1	1	K
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4. DESCRIPTION OF WATER USE

4.1 Select only **one** WU sector -- purpose of the WU: (NB: Complete a separate DW760/773 form for each sector if more than one is applicable)

<input type="checkbox"/> Agriculture: Aquaculture	<input type="checkbox"/> Power Generation (also complete DW788)
<input type="checkbox"/> Agriculture: Irrigation (also complete form DW787)	<input type="checkbox"/> Recreation
<input type="checkbox"/> Agriculture: Watering Livestock	<input type="checkbox"/> Schedule 1
<input checked="" type="checkbox"/> Industrial (also complete form DW788)	<input type="checkbox"/> Urban (excl. Domestic &/or Industrial)
<input type="checkbox"/> Mining (also complete form DW788)	<input type="checkbox"/> Water Supply Service (also complete form DW789)

*If yes complete the following details after confirmation with relevant DWAF/CMA officials:

<u>Date(s) from which applicable GA is/was applicable to this water use</u>			
South African Act:	[E.g. National Water Act (Act No. 36 of 1998)]	Applicable section of the act	[E.g. Section 21]
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			

5.3 If an authorisation has been issued under other legislation
 Law /Regulation

6. SUBSIDY DETAILS

6.1 Resource Poor Farmer (RPF)
 Should this WU application be considered for RPF subsidy? Yes No

7. PROPERTY RELATIONSHIP DETAILS (Complete supplementary forms DW901 & DW902)

Property Name	Surveyed Property			Unsurveyed property	Property Relationship Date	
	Title Deed Number	T4137/2009			From:	To:
PORTION 101 OF THE FARM JOUBERTSRUST 310 JS	Surveyor-General Cadastral Code	T0JS00000000031000101				
	Property Number	310			2009	CURRENT
	Portion of property	101				
	Title Deed Number					
	Surveyor-General Cadastral Code					
	Property Number					
	Portion of property					
	Title Deed Number					
	Surveyor-General Cadastral Code					
	Property Number					
	Portion of property					
	Title Deed Number					
	Surveyor-General Cadastral Code					
	Property Number					
	Portion of property					



water affairs

Department:
Water Affairs
REPUBLIC OF SOUTH AFRICA

FURNACE F

SUPPLEMENTARY WATER USE INFORMATION
TAKING WATER FROM A WATER RESOURCE
POWER GENERATION, INDUSTRIAL OR MINING USE

1. INDUSTRIAL ACTIVITIES

1.1	Description of activities	SIC code
	METAL PROCESSING AND FINISHING	

2. ANNUAL CONSUMPTION FOR INDUSTRIAL PROCESSES

2.1	The total amount of water abstracted per year is	<input type="text" value="237.6"/>	cubic metres
a)	The total volume for industrial use per year	<input type="text" value="237.6"/>	cubic metres
b)	Estimated volume for industrial use five years hence	<input type="text" value="237.6"/>	cubic metres
c)	The total volume for domestic use per year (if any)	<input type="text"/>	cubic metres
d)	The number of people supplied with domestic water	<input type="text"/>	

4. POWER SOURCE DATA

4.1 Power source type (mark one with X)

- a) Electric
 b) Diesel
 c) Petrol
 d) Tractor
 e) Wind
 f) Other (specify) _____

4.2 Model _____

4.3 Pulley diameter _____ mm

4.4 Speed _____ rpm

4.5 Coupling:

a) Type (mark one with X)

- V-belt
 Flat belt
 Gearbox
 Direct
 Other (specify below) _____

b) For gearbox coupling or direct coupling, enter the ratio _____ : _____

4.6 Power rating _____ kW

5. PUMP OPERATION

	Maximum pressure	Maximum discharge	Average operation	
5.1 Discharge	_____	_____	_____	litres / second
5.2 Suction height	_____	_____	_____	metres
5.3 Static height	_____	_____	_____	metres
5.4 Working height	_____	_____	_____	metres
5.5 Friction height	_____	_____	_____	metres
5.6 Other losses	_____	_____	_____	metres
5.7 Total head	_____	_____	_____	metres
5.8 Efficiency	_____	_____	_____	%
5.9 Power absorbed	_____	_____	_____	kilowatts
5.10 Ammeter reading	_____	_____	_____	amps

6. BOREHOLE INFORMATION (where applicable)

6.1 a) Borehole number _____

b) Geographic location of the borehole, if different from pump

- S _____ or S _____ Cape datum Clarke
 E 0 _____ or E 0 _____ WGS-84 datum

6.2 Yield of borehole _____ litres / second

6.3 Depth of borehole _____ metres

6.4 Previous authorisation or licensing reference _____

Field Code Changed

7. ESKOM TRANSFORMER (where applicable)

7.1 a) ESKOM reference number

b) Geographic location of the transformer, if different from pump

S or S or S Cape datum Clarke

E 0 E 0 E 0 WGS-84 datum

7.2 Power rating of the transformer kVA

FOR OFFICIAL USE ONLY

File number

Water use licence or registration number

Water Management Area

Received by:

Surname Initials

Rank

Signature

Captured by:

Initials

Date stamp of receiving office

1.5 Applicant Type (mark only one block with X)

- Individual (complete 1.6)

 Provincial Department (complete 1.9)
- Company, business, partnership or community (complete 1.7)

 Water Services Provider (complete 1.10)
- National Department (complete 1.8)

 Water User Association (complete 1.11)

1.6 If the applicant is an individual

1.6.1 Title Surname Initials

1.6.2 South African ID (if holder of South African Id) alternatively Passport Number:

ID Number or Passport Number

Passport Expiry Date (ccymmdd)

Passport Country Of Issue

1.7 If the applicant is a company, business, partnership or community:

1.7.1 Name of company, business, partnership or community:

SILICON SMELTERS (PTY) LTD - RAND CARBIDE

1.7.2 Business Enterprise Registration Number

1.7.3 Date Established (ccymmdd)

Country Where Established REPUBLIC OF SOUTH AFRICA

1.8 If the applicant is a National Department:

1.8.1 National Department Name:

1.9 If the property owner is a Provincial Department:

1.9.1 Province:

1.9.2 Provincial Department Name:

1.10 If the property owner is a Water Services Provider:

1.10.1 Name of WSP:

1.11 If the property owner is a Water User Association:

1.11.1 Name of WUA:

Declaration by applicant or waste discharger

Delete the words that are not applicable I/we CORNELIUS MULLER BESTER

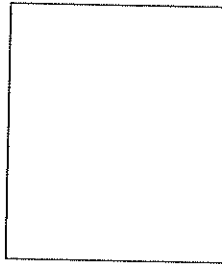
_____ (FULL NAME(S)) hereby declare that the information provided by me/us in this application form is, to the best of my/our knowledge, true and correct.



Signature

GENERAL MANAGER

Designation of signatory



Thumb print

Contact number during office hours

2012-08-22

Date (ccyy/mm/dd):

It is a criminal offence to provide information that is false or misleading.

2. DESCRIPTION OF THE WASTE GENERATED

2.1 Select the sector that generates the wastewater or waste which this application refers to

(Mark only one box with an X)

(Note, if more than one option is applicable, you must fill in a separate application form per sub-sector)

Agriculture

- Aquaculture
- Irrigation
- Intensive Animal Husbandry
- Other (please specify below)

Urban / Domestic

- Sewage Treatment Works
- Waste Disposal
- Water Treatment Works

Industry

- Agroprocessing
- Fertilisers
- Metal Processing And Finishing
- Textile
- Power Generation
- Meat Processing
- Manufacturing
- Paper And Pulp
- Winery
- Other (please specify below)

Mining

- Coal
- Gold
- Platinum
- Copper
- Chromium
- Iron
- Diamond
- Sand-winning
- Quarrying
- Peat Mining
- Uranium
- Other (please specify below)

2.2 Which of the following describes the nature of the wastewater?

(Mark the applicable option(s) with an X)

- 2.2.1 Wastewater containing <70% water by mass (i.e. sludge)
- 2.2.2 Wastewater containing >70% water by mass
- 2.2.3 Wastewater with high acidity (i.e. pH <5) or alkalinity (i.e. pH >10)
- 2.2.4 Wastewater with temperature of >50°C
- 2.2.5 Wastewater with an oxygen content of <5 mg/l
- 2.2.6 Wastewater with an EC (Electrical Conductivity) of >500mS/m
- 2.2.7 Wastewater with an EC of <500mS/m

2.3 Which of the following describes the composition of the wastewater?

(Mark the applicable option(s) with an X)

- 2.3.1 Wastewater consisting of > 90% organic content by mass (i.e. load)
- 2.3.2 Wastewater consisting of 50 – 90% organic content and 10 – 50% metals or salts by mass (i.e. load)
- 2.3.3 Wastewater consisting of 10 – 50% organic content and 50 – 90% metals or salts by mass (i.e. load)
- 2.3.4 Wastewater consisting of >90% metals or salts by mass (i.e. load)

2.4 Describe the activity that generates the waste

HISTORICAL WASTE DUMP CURRENTLY BEING REPROCESSED IN CHARGOLD PLANT
 HISTORICAL DUMPING OF PROCESS WASTE

2.5 Discharge to a land based facility

2.5.1 Water use start & end date

When did/will this water use start? (ccyymmdd)

1	9	2	6	0	1	0	1
---	---	---	---	---	---	---	---

When did/will this water use end? (If applicable)
(ccyymmdd)

2	0	0	6	0	1	0	1
---	---	---	---	---	---	---	---

2.5.2 The total volume of waste / waste water discharged per year:

										0
--	--	--	--	--	--	--	--	--	--	---

Cubic meters

2.5.3 The maximum volume of waste / waste water discharged on any given day:

										0
--	--	--	--	--	--	--	--	--	--	---

Cubic meters

2.5.4 Monthly discharge pattern expressed in:

Cubic meters

OR

Percentage (%) of total

OR

Another unit of measure

If "Another unit of measure" was selected, specify the "unit of measure" to be applied to the monthly discharge pattern details:

--

	Minimum	Average	Maximum																		
January	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td>0</td></tr></table>						0
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					0																

2.5.5 Intake Water

National Water Act - Section 21(a/b/g/j) Water Use					
Section 21(?)	Registered*	Volume of water applicable to this waste discharge (m ³)	If Registered*		
			Register Number	Water Use Number	Waste Management Facility Name
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

2.5.6 Average disposal volume / discharge volume onto the land / facility

Average disposal volume (cubic meters)	<input type="text"/>	Time Interval: <input type="checkbox"/> Per Month <input type="checkbox"/> Per Annum
Maximum disposal volume anticipated (cubic meters)	<input type="text"/>	Time Interval: <input type="checkbox"/> Per Month <input type="checkbox"/> Per Annum

Quality Variable And Unit Of Measurement	Acid Rain Leach Concentration	For Office Use Only	
		Waste Load Onto Facility (kg)	NPS Load (kg)
Coliforms (Colony Forming Units/ml)			
Enteric pathogens e.g. E.coli (Colony Forming Units/ml)			
pH (pH units)	6.9		
Temperature (°C)			
Acidity (mg/l)			
Alkalinity (mg/l)	370		
Aluminium (mg/l)	0.03		
Ammonia (mg/l)			
Arsenic (mg/l)	< 0.02		
Barium (mg/l)	0.12		
Boron (mg/l)	0.17		
Bromide (mg/l)			
Cadmium (mg/l)	0.002		
Calcium (mg/l)	137		
Chemical oxygen demand (mg/l)			
Chloride (mg/l)	17		
Chromium (mg/l)	0.005		
Chromium(vi) (mg/l)			

Continued on next page

Quality Variable And Unit Of Measurement	Concentration	For Office Use Only	
		Waste Load Onto Facility (kg)	NPS Load (kg)
Cobalt (mg/l)	0.02		
Copper (mg/l)	0.01		
Cyanide (mg/l)			
Fluoride (mg/l)	0.4		
Iron (mg/l)	0.006		
Lead (mg/l)	< 0.01		
Lithium (mg/l)			
Magnesium (mg/l)	11.2		
Manganese (mg/l)	2.6		
Mercury (mg/l)	< 0.001		
Molybdenum (mg/l)	0.004		
Nickel (mg/l)	0.003		
Phenol (mg/l)			
Potassium (mg/l)	3.6		
Radionuclides (mg/l)			
Soap, oil or grease (mg/l)			
Sodium (mg/l)	3.8		
Sulphate (mg/l)	41		
Tin (mg/l)	< 0.02		
Total dissolved solids (mg/l)			
Total suspended solids (mg/l)			
Total nitrogen (mg/l)	< 0.1		
Total phosphorus (mg/l)			
Uranium (mg/l)	< 0.004		
Vanadium (mg/l)	0.006		
Zinc (mg/l)	0.04		

3. RECEIVING ENVIRONMENT/RECEPTOR

Serves to address the following: The resource that needs to be protected and related issues such as: how close to surface water, groundwater level, presence of boreholes, whether communities use boreholes or abstract from the surface water, etc.

3.1 Description of nearby water resource(s)

- 3.1.1 Description of Surface Water Resources**
(Mark only one box with an X)
- a) Type of surface water resource, nearest to location where discharge is taking place
- | | |
|---|---|
| <input type="checkbox"/> River / Stream | <input checked="" type="checkbox"/> Dam |
| <input type="checkbox"/> Estuary | <input type="checkbox"/> Lake |
| <input type="checkbox"/> Wetland | <input type="checkbox"/> GWS Scheme |
| <input type="checkbox"/> Marine | <input type="checkbox"/> Other (please specify below) |

b) Name / description of the nearest surface water resource:

DOORNPOORT DAM

c) Distance to the nearest water resource (meters)

				6	5	0	0
--	--	--	--	---	---	---	---

3.1.2 Description of Groundwater Resources
(Mark only one box with an X)

- a) Type of groundwater resource, nearest to location where discharge is taking place
- | | |
|---|---|
| <input checked="" type="checkbox"/> Spring / Eye | <input type="checkbox"/> GWS Scheme |
| <input type="checkbox"/> Borehole | <input type="checkbox"/> Boreholes And Windmills On Government Land |
| <input type="checkbox"/> Other (please specify below) | |

b) Name / description of the nearest surface water resource

FOUR (4) NATURAL SPRINGS OCCUR ON THE PROPERTY

c) Distance to the nearest groundwater resource (meters)

						5	0	0
--	--	--	--	--	--	---	---	---

3.2 Drainage Region Details

Quaternary Drainage Region

B	1	1	K
---	---	---	---

3.3 Property Relationship Details (Complete supplementary forms DW901 & DW902)

Property Name	Surveyed Property				Unsurveyed property				Property Relationship Date		
	Title Deed Number	Surveyor-General Cadastral Code	Property Number	Portion of property	Surname of the Leader of Village, Community or Tribal Authority	Initial of the Leader of Village, Community or Tribal Authority	Local Authority (if applicable)	Magisterial District (if applicable)	Tribal Authority/Council (if applicable)	From:	To:
PORTION 60 OF THE FARM JOUBERTSRUST 310 JS	T4136/2009								2009	CURRENT	
		TOJS0000000003/0000	60								
			310								
			60								

Waste Management Facility Type	Select with X	Size (ha)	Estimated lifetime (y)	Disposal started on: (ccyymmdd)	Disposal ceased on: (if applicable) (ccyymmdd)
Other Waste Water Ponds: (Specify other)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Open Cast Voids	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oxidation Ponds	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polluted Storm Water System	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Recycling	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Return Water Dams	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Silt Dams	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slag Dumps	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Slimes/Tailings Dams	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sludge Drying Beds	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sludge Ponds/Lagoons	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waste Rock Dump	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waste Storage	<input checked="" type="checkbox"/>	2 . 2	<input type="text"/>	1 9 2 6 0 1 0 1	2 0 0 6 0 1 0 1
Waste Treatment Plant (Specify)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. LIST OF SUPPORTING TECHNICAL INFORMATION

5.1 Confirm that the following forms have been included in this application

DW901 Yes No
 DW902 Yes No
 DW905 Yes No

5.2 Mark with an X if these documents have been submitted with this application

Environmental Impact Assessment (EIA)
 Environmental Management Programme (EMPR)
 Standard Environmental Management Programme
 Integrated Water and Waste Management Plan (IWWMP)
 Integrated Water Use Licence Application Report
 Report on Waste Water Quality (solute load, seasonal changes, etc.)
 Report on Industrial Process Generating Waste water
 Geohydrological Report
 Civil Designs
 Contingency Plan for Failures and Malfunctions of System
 Monitoring Programme(s)
 Topographical Map (1:50 000)
 National Water Act (Act No 36 of 1998) – Section 27 Evaluation
 DW760 NWA-Section 21(a)
 DW761 NWA-Section 21(b)
 DW762 NWA-Section 21(b)
 DW763 NWA-Section 21(c)
 DW764 NWA-Section 21(d)
 DW765 NWA-Section 21(e)
 DW766 NWA-Section 21(f)
 DW767 NWA-Section 21(g)
 DW768 NWA-Section 21(i)
 DW780 NWA-Section 21(h)
 DW805 NWA-Section 21(j)
 DW903
 DW904
 Other (specify other documents submitted with this form)

D	W	7	8	4	<input checked="" type="checkbox"/>
D	W	7	8	8	<input checked="" type="checkbox"/>
D	W	7	5	8	<input checked="" type="checkbox"/>

5. THIS SECTION IS RESERVED FOR OFFICE USE ONLY

6.1 Management Classification Details

Waste Generating Sector	Waste Disposal Site Type	Lining System	Constituent (Quality Variable)	Management Classification (Mark applicable option(s) with an X)		
				Best practice leading to zero impact	Standard/minimum requirements	Poor practice
Mining	Slimes/Tailings Dams		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.75%	<input type="checkbox"/> 1.5%
	Evaporation Dams/Ponds		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.75%	<input type="checkbox"/> 1.5%
	Effluent Dams		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.75%	<input type="checkbox"/> 1.5%
	Return Water Dam		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.75%	<input type="checkbox"/> 1.5%
	Forced Evaporation		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.75%	<input type="checkbox"/> 1.5%
	Ash Dams/Dumps		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.75%	<input type="checkbox"/> 1.5%
	Open Cast Voids		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.75%	<input type="checkbox"/> 1.5%
	Waste Rock Dump		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.75%	<input type="checkbox"/> 1.5%
	Polluted Storm Water System		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.75%	<input type="checkbox"/> 1.5%

Continued on next page

Waste Generating Sector	Waste Disposal Site Type	Lining System	Constituent (Quality Variable)	Management Classification (Mark applicable option(s) with an X)		
				Best practice leading to zero impact	Standard/minimum requirements	Poor practice
Industry	Evaporation Dams/Ponds	Synthetic liner	Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 10%
		Clay liner	Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 2.5%	<input type="checkbox"/> 10%
	Maturation Ponds		Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 10%	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
		Coal Dams	Clay liner and seepage drains	Salinity, pH, SO ₄ , heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%
	Polluted Storm Water System	Collection and containment facilities	Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 100% (no system)
		System captures 1:100 year storm-event	Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	60-80% (system overflows 1:2 to 1:5 years) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %

Continued on next page

Waste Generating Sector	Waste Disposal Site Type	Lining System	Constituent (Quality Variable)	Management Classification (Mark applicable option(s) with an X)		
				Best practice leading to zero impact	Standard/minimum requirements	Poor practice
Domestic	Oxidation Ponds	Synthetic liner	Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.5%	<input type="checkbox"/> 7.5%
			Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 10%
	Artificial Wetlands	Clay liner	Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 7.5%
			Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 2.5%	<input type="checkbox"/> 10%
	Artificial Wetlands	Synthetic liner	Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.5%	<input type="checkbox"/> 7.5%
			Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 10%
	Polluted Storm Water System	Clay liner	Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 7.5%
			Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 2.5%	<input type="checkbox"/> 10%
	Polluted Storm Water System	Collection and containment facilities, system captures 1:100 year storm event	Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 100% (no system)
			Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	60-80% (system overflows 1:2 to 1:5 years) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %

Continued on next page

Waste Generating Sector	Waste Disposal Site Type	Lining System	Constituent (Quality Variable)	Management Classification (Mark applicable option(s) with an X)			
				Best practice leading to zero impact	Standard/minimum requirements	Poor practice	
Agricultural	Oxidation Ponds	Synthetic liner	Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.5%	<input type="checkbox"/> 7.5%	
			Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 10%	
		Clay liner	Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 7.5%	
			Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 2.5%	<input type="checkbox"/> 10%	
	Artificial Wetlands	Synthetic liner	Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.5%	<input type="checkbox"/> 7.5%	
			Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 10%	
			Clay liner	Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> 1%	<input type="checkbox"/> 7.5%
				Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> 2.5%	<input type="checkbox"/> 10%
	Polluted Storm Water System			Nutrients, COD, pathogens	<input type="checkbox"/> 0%	<input type="checkbox"/> %	<input type="checkbox"/> %
				Salinity, pH, SO ₄ , Cl, Na, heavy metals	<input type="checkbox"/> 0%	<input type="checkbox"/> %	<input type="checkbox"/> %

6.2 Waste Disposal Site Classification

Mark the site classification with an X (only one option may be selected)

- | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> GCB+ | <input type="checkbox"/> GSB+ | <input type="checkbox"/> GMB+ | <input type="checkbox"/> GLB+ |
| <input type="checkbox"/> GCB- | <input type="checkbox"/> GSB- | <input type="checkbox"/> GMB- | <input type="checkbox"/> GLB- |
| <input type="checkbox"/> H:H | <input type="checkbox"/> H:h | | |

Legend	
B-	Water deficit climate resulting in only sporadic leachate generation
B+	Water surplus climate resulting in significant leachate generation
G	General waste or landfill for general waste
H:H	Hazard waste landfill that can receive waste with a hazard rating of 1 and 2
H:h	Hazard waste landfill that can receive waste with a hazard rating of 3 and 4
C	Communal Landfill
S	Small Landfill
M	Medium Landfill
L	Large Landfill

Site classification Date (ccyymmdd)

6.3 Authorisation / Regulation Details

6.3.1 Authorisation/Regulation Type (mark the applicable option with an X)

- Licence ("Registration of a Waste Management Facility in terms of Section 21(g) of the National Water Act".)
- Permit ("Registration of a Waste Management Facility in terms of Section 20(1) of the Environmental Conservation Act".)
- Direction ("Registration of a Waste Management Facility in terms of Section 20(5) of the Environmental Conservation Act".)
- Exemption ("Registration of a Waste Management Facility in terms of Section 20(1) of the Environmental Conservation Act".)

6.3.2 Applicable Authorisation / Regulation Reference Number

OR

Environment Conservation Act Permit Number

6.3.3 The authorisation/regulation is valid from (ccyymmdd) Until (ccyymmdd)

6.4 Succession transfer and source part 2 details

6.4.1 Is this a 'succession in title' related water use transfer? Yes No

6.4.2 If yes, complete the following details where applicable.

Source Register Number	WU Number	WU Status to be Allocated	WU Close Date (if applicable) (ccyymmdd)
<input type="text"/>	<input type="text"/>	_____	<input type="text"/>
<input type="text"/>	<input type="text"/>	_____	<input type="text"/>
<input type="text"/>	<input type="text"/>	_____	<input type="text"/>

6.5 District Municipality

District Municipality Name (if applicable)

6.6 Billing information

6.6.1 Applicant to be billed as:

Water User or Via a WUA/WSP

Start Date (ccyymmdd)		End Date (ccyymmdd)	

 Water User

6.6.2 Bill incentive charge:

On actual load(s) or Registered load(s)

Start Date (ccyymmdd)		End Date (ccyymmdd)	

 On actual load(s)

6.6.3 Billing Frequency:

Annually Bi-annually Monthly

6.6.4 If to be billed via WUA/WSP:

Name of WUA/WSP _____

Is WUA/WSP a Billing Agent? Yes No

Billing Agent's Register Number

--	--	--	--	--	--	--	--

6.6.5 If this WU is to be billed via a Bulk Billing Party that is not a WSP/WUA, complete the following:

Name of Customer _____

Bulk-Bill-to-Party Register Number

--	--	--	--	--	--	--	--

6.7 Waste management scheme information

Waste scheme name (if applicable)

- If the Waste Scheme is applicable, provide WSMP (Waste Scheme Management Parameter Name)
- Specify the date from which this WSMP is applicable to this water use (ccyymmdd)

6.8 Late registration penalty

Is this a late registration? Yes No

If yes, mark with an X, the applicable penalty to be levied

- R300.00 OR
- 10% (ten percent) of the annual water use charge outstanding at the date of registration which ever is greater

Specify the penalty amount payable _____

Waive penalty

6.9 Authorisation details

6.9.1 Water use takes/took place in terms of the General Authorisation: Yes No

*If yes complete the following details after confirmation with relevant DWAF/CMA officials:

<u>Date(s) from which applicable GA is/was applicable to this water use</u>			
South African Act:	Applicable section of the act		
[E.g. National Water Act (Act No. 36 of 1998)]	[E.g. Section 21]		
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			
Date From (ccyymmdd)	<input type="text"/>	Government Notice No.	<input type="text"/>
Date To (ccyymmdd)	<input type="text"/>	Government Notice Date (ccyymmdd)	<input type="text"/>
Applicable Section Of The General Authorisation			

6.9.2 If an authorisation has been issued under other legislation – provide the Law/Regulation details if known/available.

6.9.3 If this application represents a licence related water use (new licence application or previously submitted application) – complete following details if known/available.

Responsible Licensing Authority Reference

Responsible Licensing Authority Business Unit

Water Quality Management Assessment:

Surname

Initials

[Grid for Surname]

[Grid for Initials]

Position / Rank

[Grid for Position / Rank]

Signature

Date (ccyymmdd)

[Signature box]

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File number (i.e. Office Hardcopy Register File No)

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Waste Management Facility Number

[Grid for Waste Management Facility Number]

Water Use Register Number

[Grid for Water Use Register Number]

Received by:

Surname

[Grid for Surname]

Initials

[Grid for Initials]

Position / Rank

[Grid for Position / Rank]

Signature

Date (ccyymmdd)

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Captured on NRWU database

Captured by:

Surname

[Grid for Surname]

Initials

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Signature

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Date stamp of receiving office

Quality Assurance Executed by:

Surname

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Position / Rank

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Signature

Date (ccyymmdd)

[Signature box]

[Date grid]



water affairs

Department:
Water Affairs
REPUBLIC OF SOUTH AFRICA

SUPPLEMENTARY WATER USE INFORMATION (ONLY APPLICABLE FOR NWA – SECTION 21g WATER USES)

DETAILS OF WASTE MANAGEMENT FACILITY

1. WASTE MANAGEMENT FACILITY DETAILS

1.1 Name of Waste Management Facility

HISTORICAL WASTE DUMP

1.2 Fatal flaw indicators

If any of the following criteria apply to the site, or will apply to a proposed site, mark with an X

- In an area below the 1 in 100 flood line of any watercourse
- In unstable areas (e.g. fault zones, seismic zones, dolomitic or karst areas, areas with sinkholes or subsidence)
- In sensitive ecological and/or historical areas
- In a catchment area for important, "significant" or sensitive surface water resources
- In an area with shallow or emergent groundwater, or characterised by flat gradients (wetlands, vleis, springs, etc.)
- In an area characterised by steep gradients (e.g. where problems with stability could be experienced)
- Areas of groundwater recharge on account of topography and/or highly permeable soils
- Overlaying or adjacent to important or potentially important aquifers (Parsons classification: Sole source, major)
- Within an area with shallow bedrock and limited available cover material
- Areas in close proximity to land uses that are incompatible with waste disposal activities
- Areas where adequate buffer zones are not possible

1.3 Method of disposal

- Trenching
- Other (specify) LAND DISPOSAL
- Ash-blending
- Co-disposal

1.4 Distance from nearest borehole used for drinking water or stock watering

meters

1.5 Distance from the edge of nearest downstream surface water resource

meters

1.6 Lining of the site

- a) The site is / will be Lined
- b) If lined, the lining system is Clay
- (Mark the applicable option with an X) Composite lining system

1.7 Total area of 'property' on which waste is disposed

			6	4
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 hectares

1.8 Area of actual waste body ("footprint" area)

	2	.	2	5
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 hectares

1.9 Dimensions of waste site

	Height or depth	Length	Breadth																
a) At commencement	<table border="1"><tr><td></td><td></td><td></td><td>3</td><td>0</td></tr></table>				3	0	<table border="1"><tr><td></td><td></td><td>2</td><td>2</td><td>5</td></tr></table>			2	2	5	<table border="1"><tr><td></td><td></td><td>1</td><td>0</td><td>0</td></tr></table>			1	0	0	meters
			3	0															
		2	2	5															
		1	0	0															
b) After rehabilitation	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0	meters
				0															
				0															
				0															
c) Available air space		<table border="1"><tr><td></td><td></td><td></td><td></td><td>0</td></tr></table>					0		cubic meters										
				0															
d) Total volume already used for waste disposal		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							cubic meters										
e) Accuracy of above volumes	<input type="checkbox"/> Surveyor <input checked="" type="checkbox"/> Estimate																		

1.10 Buffer Zone

a) Actual distance to the boundary of the nearest:

- Formal residential area

		5	0	0
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 m
- Informal residential area

		1	7	0	0
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 m
- Industrial Area

				0
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 m

b) Buffer zone determination done by Scientific method Actual distance

1.11 Location of Waste Management Facility

1.11.1 Geographical location for each of the external corner points of the waste management facility:

Latitude

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Longitude

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Datum Type: Cape (Modified Clarke 1880) WGS-84

Latitude

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Datum Type: Cape (Modified Clarke 1880) WGS-84

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Datum Type: Cape (Modified Clarke 1880) WGS-84

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Datum Type: Cape (Modified Clarke 1880) WGS-84

Latitude

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Longitude

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Datum Type: Cape (Modified Clarke 1880) WGS-84

1.11.2 Drainage Region Details: Quaternary Drainage Region

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1.12 Climatic water balance

The wettest six months of the year are November to April May to October

The wettest years during the past thirty years were (populate at least one year's details with both rainfall and evaporation detail completed)

Rating	Year	Total rainfall for 6 months	mm	Total evaporation (A-pan) for 6 months	mm	Official use
Wettest year	1 9 9 6	1 1 3 9	mm	8 7 2	mm	
2 nd wettest	2 0 0 0	8 8 5	mm	8 8 1	mm	
3 rd wettest	2 0 0 6	8 8 0	mm	8 0 5	mm	
4 th wettest	1 9 8 4	7 3 4	mm	8 5 2	mm	
5 th wettest	2 0 0 5	6 8 4	mm	8 4 2	mm	
6 th wettest	1 9 9 1	6 8 1	mm	6 6 7	mm	
7 th wettest	1 9 9 4	6 7 6	mm	7 8 7	mm	
8 th wettest	1 9 8 7	6 6 9	mm	8 4 8	mm	
9 th wettest	2 0 0 4	6 5 9	mm	8 4 2	mm	
10 th wettest	1 9 8 5	6 0 3	mm	8 5 1	mm	

Site-specific water balance factors

If leachate is visible (for existing facilities only) mark with an X

Other site specific water balance factors (specify)

1.13 Details of the person in control of the site

Surname

Initials &/or First Name

Title ID No.

Phone Number Ext

Fax Number Cellphone

E-mail Address

Highest Educational Qualification Grade 8 / Std 6 Grade 10 / Std 8 Matric
 Diploma Higher Diploma Degree

2. OPERATION OF THE WASTE MANAGEMENT FACILITY

2.1 Type of operation

- Landfill or Landbuild
 Transfer station
 Recycling facility
 Incinerator
 Composting plant
 Storage area
 Treatment plant
 Encapsulation
 Other (specify)

2.2 Length of time of the operation

Start Date
(ccymmdd)

1 9 2 6 0 1 0 1

End Date
(ccymmdd)

2 0 0 6 0 1 0 1

2.3 Is sufficient cover material on site?

- Yes
 No

2.4 Covering and burning of waste (mark applicable options with an X)

- Daily compaction and covering
 Weekly compaction and covering
 Burning of waste

2.5 Is leachate management system present?

- Yes
 No

2.6 Storm water management (mark the applicable options with an X)

- Upstream cut-off trenches
 Contaminated storm water storage facility

3. MANAGEMENT PRACTICES OF THE WASTE MANAGEMENT FACILITY

Tick the options that describe the management practices for the waste facility or site

Artificial Wetlands	Facility is generally lined (clay liners typically) and are designed to receive 120l/m ² /d at a depth of 30 cm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Stormwater and seepage drains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice:		
Ash Dams/Dumps	Facility is lined (synthetic or clay)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Side slopes stabilized to minimize erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rainfall runoff collected into a dirty water storage facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Collection of percolated storm water via under drains into collection sumps, which should pump the water to a dirty water storage facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	For pits, ingress of water is prevented	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice:		
Coal Dams	Lined facility (synthetic or clay liners)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm water drains in place & connected to the polluted storm water system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Effluent in the dam is not of acidic pH	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Dam is covered to prevent contact with oxygen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Facility does not maintain anaerobic conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice:		
Effluent Dams	Lined facility (synthetic or clay)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Facility has seepage drains	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Splitting of facility into 2 separate compartments for the purposes of cleaning and management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice:		
Evaporation Dams/Ponds	Lined facility (synthetic or clay)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Facility is of sufficiently large size to ensure that full evaporation of effluent is achieved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm water collection drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice:		
Forced Evaporation	Evaporation only with wind speeds less than 2m/sec	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	No evaporate pre-dawn as humidity is high	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice:		

Continued on next page

Maturation Ponds	Facility lined (synthetic or clay)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Facility designed to ensure at least 5 days retention time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm water and seepage collection drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice:	<hr/>	
Waste Water Ponds	Lined facility (synthetic or clay)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm water collection drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice:	<hr/>	
Open Cast Voids	Diversion of upslope storm water around the void	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Upstream diversion berms or management measures to prevent inflow of water into the void	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Prevention of water flowing into the void by using highball drains where necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Ensure any water within the void is contained	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other practice:	<hr/>		
Oxidation Ponds	Lined facility (synthetic or clay)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Adequate structures in place to ensure capture of a 1:50 year storm event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm water collection drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other practice:	<hr/>		
Polluted Stormwater System	Storm water discharged directly to the resource	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Collection system incorporating the plant, raw material stockpiles and waste disposal facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Clean stormwater separated from stormwater draining "dirty" sites or facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Polluted stormwater collected & stored in dams	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other practice:	<hr/>		
Return Water Dams	Sizing to accept seepage from the under drainage systems and decant systems for up to the 1:50 year rainfall event, over and above normal operating conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other practice:	<hr/>		

Continued on next page

Sewage Treatment Works	Pump stations operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Emergency storage dam(s) available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Adequate capacity in emergency storage dams	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Compliance with minimum discharge standards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Stormwater collection system in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Adequate capacity to contain total volume	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other practice:		<hr/>	

Silt Dams	Lined facility (synthetic or clay)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Stormwater collection system in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice:	<hr/>	

Slag Dumps	Stormwater collection system in place	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Separation of clean & dirty water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capacity to handle the 1:50 year storm event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Collection of rainfall run-off into the dirty water storage facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	After decommissioning, the top surface is shaped to suit drainage requirements and re-vegetated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Implementation of under drainage systems to collect seepage for re-use as process water	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any other practice:		<hr/>	

Slimes/Tailings Dams	Stormwater collection system in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Separation of clean & dirty water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capacity to handle the 1:50 year storm event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Collection of rainfall run-off into the dirty water storage facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	After decommissioning, the top surface is shaped to suit drainage requirements and re-vegetated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Implementation of under drainage systems to collect seepage for re-use as process water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Covering of side slopes with soil during the operational phase to assist in reducing any contact of rainfall runoff with the tailings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Vegetation of side slopes to minimise erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other practice:		<hr/>	

Continued on next page

Sludge Drying Beds	Facility is lined (synthetic or clay)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm water drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Moisture reduction of sludge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Incorporation of sludge into soil	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Leachate management system in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Mixing of high moisture content or liquid waste with dry waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other practice: _____			

Sludge Ponds/Lagoons	Facility is lined (synthetic or clay)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm water drains in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Capacity to handle the 1:50 year storm event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice: _____		

Waste Rock Dump	Stabilisation of side slopes to minimise erosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Rainfall runoff collected into a dirty water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Covering of terraces or step-ins with a soil layer, followed by paddocking & vegetation to minimise ingress of water into the dump	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Collection of percolated stormwater via under drains into collection sumps which should pump the water to a dirty water storage facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any other practice: _____		

Waste Storage	Lined facility (synthetic or clay)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Leachate management system in place	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Leachate detection layer in place	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Leachate collection layer in place	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Seepage drains in place	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Stormwater drains in place & connected to the polluted stormwater system	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	For pits, ingress of water is prevented		
Any other practice: _____			

Continued on next page

**Waste Treatment
Plant**

Capacity to handle the 1:50 year storm event

Yes

No

Stormwater collection system in place

Yes

No

Stormwater diversion measures in place

Yes

No

Seepage collection system in place

Yes

No

Adequate structures in place to ensure capture of a 1:50 year storm event

Yes

No

Emergency incident structures in place

Yes

No

Any other practice:

Water Quality Management Assessment:

Surname

Initials

Position / Rank

Signature

Date

File number (i.e. Office Hardcopy Register File No)

Waste Management Facility Number

Water Use Register Number

Received by:

Surname

Initials

Position / Rank

Signature

Date

Captured on NRWU database

Captured by:

Surname

Initials

Signature

Date stamp of receiving office

Quality Assurance Executed by:

Surname

Initials

Position / Rank

Signature

Date