

File Reference Number:

NEAS Reference Number:

Date Received:

DEA/EIA/

Application for authorisation in terms of the National Environmental Management Act, Act No. 107 of 1998, as amended and the Environmental Impact Assessment (EIA) Regulations, 2014, as amended (the Regulations)

### PROJECT TITLE

Hyperion Solar Development 2, Northern Cape Province

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### **Departmental Details**

### Postal address:

Department of Environmental Affairs

Attention: Chief Director: Integrated Environmental Authorisations

Private Bag X447

Pretoria 0001

## Physical address:

Department of Environmental Affairs

Attention: Chief Director: Integrated Environmental Authorisations

Environment House 473 Steve Biko Road

Arcadia

Queries must be directed to the Directorate: Coordination, Strategic Planning and Support at:

| Specialist Company Name:   | Scientific Aquatic Services CC   |           |           |                       |     |
|----------------------------|--|-----------|-----------|-----------------------|-----|
| B-BBEE                     | Contribution level (indicate 1   | Level 4   | Percenta  | age                   | 51% |
|                            | to 8 or non-compliant)   |           | Procurer  | ment                  |     |
|                            |  |           | recogniti | on                    |     |
| Specialist name:           | Stephen Van Staden   |           |           |                       |     |
| Specialist Qualifications: | Msc Environmental Management   |           |           |                       |     |
| Professional               |  |           |           |                       |     |
|                            | Facilitation   |           |           |                       |     |
| affiliation/registration:  | Registered Professional Scientist at South African Council for Natural Scientific    |           |           | or Natural Scientific |     |
|                            | Professions (SACNASP)Accredited River Health practitioner by the South African River |           |           | South African River   |     |
|                            | Health Program (RHP) Member of the South African Soil Surveyors Association (SASSO)  |           |           | Association (SASSO)   |     |
|                            | Member of the Gauteng Wetland Forum Member of IAIA South Africa                      |           |           | a ` ′                 |     |
| Physical address:          | 29 Arterial Road West Oriel Be   | dfordviev | V         |                       |     |
| Postal address:            | PO BOX 751779 Gardenview   |           |           |                       |     |
| Postal code:               | 2047   | (         | Cell:     | 083 415 23            | 56  |
| Telephone:                 | 011 616 7893   | F         | =ax:      | 011 616 789           | 93  |
| E-mail:                    | stephen@sasenvgroup.co.za  |           |           |                       |     |

# 2. DECLARATION BY THE SPECIALIST

| l, | <u>Stephen</u> | <u>Van Staden _</u> | , decla | re that - |
|----|----------------|---------------------|---------|-----------|
|----|----------------|---------------------|---------|-----------|

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation:
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
- I undertake to disclose to the applicant and the competent authority all material information in my possession that
  reasonably has or may have the potential of influencing any decision to be taken with respect to the application by
  the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
  submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

| the Act.                       |      |
|--------------------------------|------|
| Stel                           |      |
| Signature of the Specialist    |      |
| Scientific Aquatic Services CC |      |
| Name of Company:               |      |
| 09-10-2018                     |      |
| Date                           | <br> |



|                        | (For official use only) |
|------------------------|-------------------------|
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| NEAS Reference Number: | DEA/EIA/                |
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Private Bag X447

Pretoria 0001

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Department of Environmental Affairs

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Environment House 473 Steve Biko Road

Arcadia

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| Specialist Company Name:   | Scientific Aquatic Services CC   |         |            |            |     |
|----------------------------|--|---------|------------|------------|-----|
| B-BBEE                     | Contribution level (indicate 1   | Level 4 | Percentag  | je         | 51% |
|                            | to 8 or non-compliant)   |         | Procurem   | ent        |     |
|                            |  |         | recognitio | n          |     |
| Specialist name:           | Christel Du Preez  |         |            |            |     |
| Specialist Qualifications: | Junior Wetland Ecologist   |         |            |            |     |
| Professional               | Environmental A ssessments, Management, Monitoring and Environmental Authorisation |         |            |            |     |
|                            | Facilitation   |         |            |            |     |
| affiliation/registration:  |  |         |            |            |     |
|                            |  |         |            |            |     |
| Physical address:          | 29 Arterial Road West Oriel Bedfordview  |         |            |            |     |
| Postal address:            | PO BOX 751779 Gardenview   |         |            |            |     |
| Postal code:               | 2047   | Ce      | ell:       | 083 415 23 | 56  |
| Telephone:                 | 011 616 7893   | Fa      | ix:        | 011 616 78 | 93  |
| E-mail:                    | christel@sasenvgroup.co.za   |         |            |            |     |

# 2. DECLARATION BY THE SPECIALIST

| I, Christel Du Preez decla | яıе | that - | _ |
|----------------------------|-----|--------|---|
|----------------------------|-----|--------|---|

- I act as the independent specialist in this application;
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  reasonably has or may have the potential of influencing any decision to be taken with respect to the application by
  the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
  submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

| the Act.                       |      |
|--------------------------------|------|
| Signature of the Specialist    | <br> |
| Signature of the Specialist    |      |
| Scientific Aquatic Services CC |      |
| Name of Company:               |      |
| 09-10-2018                     |      |
| Date                           |      |



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Queries must be directed to the Directorate: Coordination, Strategic Planning and Support at:

| Specialist Company Name:   | TerraAfrica Consult cc  |       |             |      |      |
|----------------------------|---|-------|-------------|------|------|
| B-BBEE                     | Contribution level (indicate 1  |       | Percenta    | ge   |      |
|                            | to 8 or non-compliant)  | 4     | Procurem    | nent | 100% |
|                            |   | Ne le | recognition | on   |      |
| Specialist name:           | Mariné Pienaar  |       |             |      |      |
| Specialist Qualifications: | MSc. Environmental Science (Wits); BSc. (Agric) Plant Production (UP) |       |             |      |      |
| Professional               | SACNASP (Registration No: 400274/10)                                  |       |             |      |      |
| affiliation/registration:  |   |       |             |      |      |
| Physical address:          | 57 Kruger Street, Wolmaransstad, 2630                                 |       |             |      |      |
| Postal address:            | P.O. Box 433, Ottosdal  |       |             |      |      |
| Postal code:               | 2610 Cell: 082 828 3587   |       |             |      |      |
| Telephone:                 | 073 170 9063 Fax: None  |       |             | None |      |
| E-mail:                    | mpienaar@terraafrica.co.za  |       |             | · ·  |      |

# 2. DECLARATION BY THE SPECIALIST

I, Mariné Pienaar, declare that -

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
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- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
- I undertake to disclose to the applicant and the competent authority all material information in my possession that
  reasonably has or may have the potential of influencing any decision to be taken with respect to the application by
  the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
  submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

|           | •      |            |
|-----------|--------|------------|
| Signature | of the | Specialist |

TerraAfrica Consult cc

Name of Company:

2018-10-03

Date



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Queries must be directed to the Directorate: Coordination, Strategic Planning and Support at:

| Specialist Company Name:   | Environmental Planning and Design                           |   |          |             |    |  |
|----------------------------|---|---|----------|-------------|----|--|
| B-BBEE                     | Contribution level (indicate 1   4   Percentage             |   |          |             |    |  |
|                            | to 8 or non-compliant)                                      |   | Procure  | ment        |    |  |
|                            |   |   | recognit | ion         |    |  |
| Specialist name:           | Jonathan Marshall   |   |          |             |    |  |
| Specialist Qualifications: | Dip LA  |   |          |             |    |  |
| Professional               | Chartered Member of the Landscape Institute (UK).           |   |          |             |    |  |
| affiliation/registration:  | Registered Professional Landscape Architect (South Africa). |   |          |             |    |  |
| Physical address:          | 4 Vista Avenue, Westville, 3629                             |   |          |             |    |  |
| Postal address:            | PO Box 50910, Musgrave Road, Durban                         |   |          |             |    |  |
| Postal code:               | 4062  | ( | Cell:    | 083 703 299 | 95 |  |
| Telephone:                 |   | F | -ax:     |             |    |  |
| E-mail:                    | jon@enviroconsult.co.za                                     |   |          |             |    |  |

# 2. DECLARATION BY THE SPECIALIST

| Jonathan Marshall |                  |
|-------------------|------------------|
| l,                | , declare that – |

- I act as the independent specialist in this application;
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  submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

| J. MOM.                     |  |
|-----------------------------|--|
| Signature of the Specialist |  |

Signature of the Specialist

**Environmental Planning and Design** 

Name of Company:

9th October 2018

Date

Details of Specialist, Declaration and Undertaking Under Oath



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Arcadia

Queries must be directed to the Directorate: Coordination, Strategic Planning and Support at:

| Specialist Company Name:               | ASHA CONSULTING (PTY) LTD                             |       |  |           |     |
|--|---|-------|--|-----------|-----|
| B-BBEE                                 | Contribution level (indicate 1 to 8 or non-compliant) | 4     | Percentage<br>Procurement<br>recognition | 0.0       | Plo |
| Specialist name:                       | DR JAYUN ORTON  |       |  |           |     |
| Specialist Qualifications:             | ualifications: D. PHIL (ARCHAEOLOGY)                  |       |  |           |     |
| Professional affiliation/registration: | ALARA NO. 233 , APTIP NO. 043                         |       |  |           |     |
| Physical address:                      | 40 BRASSIE STREET, LAKESIDE                           |       |  |           |     |
| Postal address:                        | P.O. BOX 46, NOORDHO                                  | EK    |  |           |     |
| Postal code:                           | 7979  | Cell: | 00                                       | 73 272325 |     |
| Telephone:                             | NA  | Fax:  |  | NA        |     |
| E-mail:                                | ail: TAYSON @ ASHA- CONSULTING. CO. ZA                |       |  |           |     |

| 2. DECLARATION BY THE SPECIALIS |   |
|---------------------------------|---|
|                                 | - |
|                                 |   |

| ١, | JAYSON | ORTON | , declare that - |
|----|--------|-------|------------------|
|----|--------|-------|------------------|

- I act as the independent specialist in this application;
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  submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

Signature of the Specialist

ASHA CONSMITING-(PTY) LTD

Name of Company:

OP 10 7018.



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0001

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Environment House 473 Steve Biko Road

Arcadia

Queries must be directed to the Directorate: Coordination, Strategic Planning and Support at:

Specialist Company Name: Savannah Environmental (Pty) Ltd **B-BBEE** Percentage Contribution level (indicate 1 Level 2 Procurement 125% to 8 or non-compliant) recognition Specialist name: Sarah Watson Specialist Qualifications: B.Soc.Sci Honours in Geography and Environmental Management (2007) B.Soc.Sci in Geography and Environmental Management (2006) Professional N/A affiliation/registration: Physical address: First Floor, Block 2, 5 Woodlands Drive Office Park Woodlands Drive, Woodmead Postal address: P.O. Box 148 Sunninghill Postal code: 2157 Cell: 074 417 9694 Telephone: 011 656 3237 Fax: 086 684 0547 E-mail: sarah@savannahsa.com

| ^          | DEGL        | ADATION   | DV/ TILE | ODEALLIAT    |
|------------|-------------|---|----------|--------------|
| 2.         | 1 1 - 1 - 1 | $A \square A \cap B \cap$ |          | SPECIAL IST  |
| <b>Z</b> . | DEGL        | ARAININ   | от тпе   | OFFICIAL IOL |

| I,  | Sarah Watson | , declare that - |
|-----|--------------|------------------|
| 112 | Salah Walsun | , declare triat  |

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
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- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

| the Act.                         |  |
|----------------------------------|--|
| e All httm                       |  |
| Signature of the Specialist      |  |
| Savannah Environmental (Pty) Ltd |  |
| Name of Company:                 |  |
|                                  |  |

10-10-2018

Date



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| Specialist Company Name:   | 3Foxes Biodiversity Solutions  |   |            |           |      |
|----------------------------|--------------------------------|---|------------|-----------|------|
| B-BBEE                     | Contribution level (indicate 1 |   | Percentage |           |      |
|                            | to 8 or non-compliant)         | 4 |            | urement   | 100% |
|                            |                                |   | reco       | gnition   |      |
| Specialist name:           | Simon Todd                     |   |            |           |      |
| Specialist Qualifications: | MSc (Cons. Biol.)              |   |            |           |      |
| Professional               | SACNASP Pr.Sci.Nat 400425      |   |            |           |      |
| affiliation/registration:  |                                |   |            |           |      |
| Physical address:          | 60 Forrest Way, Glencairn      |   |            |           |      |
| Postal address:            | 60 Forrest Way, Glencairn      |   |            |           |      |
| Postal code:               | 7975                           |   | Cell:      | 082332650 | )2   |
| Telephone:                 | 021 782 0377                   |   | Fax:       |           |      |
| E-mail:                    | Simon.Todd@3foxes.co.za        |   |            |           |      |

| ^  | DEAL  | ADATION |        | SPECIAL IST |
|----|-------|---------|--------|-------------|
| -) | 11111 |         | RA INF | COLUMNICI   |
|    |       |         |        |             |

| ı | . Simon Todd | , declare that – |
|---|--------------|------------------|
| ٠ |              |                  |

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation;
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
- I undertake to disclose to the applicant and the competent authority all material information in my possession that
  reasonably has or may have the potential of influencing any decision to be taken with respect to the application by
  the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
  submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

| Swedd.                        |
|-------------------------------|
| Signature of the Specialist   |
| 3Foxes Biodiversity Solutions |
| Name of Company:              |
| 24 October 2018               |

Date



|                        | (For official use only) |
|------------------------|-------------------------|
| File Reference Number: |                         |
| NEAS Reference Number: | DEA/EIA/                |
| Date Received:         |                         |

Application for authorisation in terms of the National Environmental Management Act, Act No. 107 of 1998, as amended and the Environmental Impact Assessment (EIA) Regulations, 2014, as amended (the Regulations)

### PROJECT TITLE

Hyperion Solar Development 2, Northern Cape Province

# Kindly note the following:

- 1. This form must always be used for applications that must be subjected to Basic Assessment or Scoping & Environmental Impact Reporting where this Department is the Competent Authority.
- 2. This form is current as of 01 September 2018. It is the responsibility of the Applicant / Environmental Assessment Practitioner (EAP) to ascertain whether subsequent versions of the form have been published or produced by the Competent Authority. The latest available Departmental templates are available at https://www.environment.gov.za/documents/forms.
- 3. A copy of this form containing original signatures must be appended to all Draft and Final Reports submitted to the department for consideration.
- 4. All documentation delivered to the physical address contained in this form must be delivered during the official Departmental Officer Hours which is visible on the Departmental gate.
- 5. All EIA related documents (includes application forms, reports or any EIA related submissions) that are faxed; emailed; delivered to Security or placed in the Departmental Tender Box will not be accepted, only hardcopy submissions are accepted.

## **Departmental Details**

### Postal address:

Department of Environmental Affairs

Attention: Chief Director: Integrated Environmental Authorisations

Private Bag X447

Pretoria 0001

## Physical address:

Department of Environmental Affairs

Attention: Chief Director: Integrated Environmental Authorisations

Environment House 473 Steve Biko Road

Arcadia

Queries must be directed to the Directorate: Coordination, Strategic Planning and Support at:

| Specialist Company Name:   | 3Foxes Biodiversity Solutions  |   |          |            |      |
|----------------------------|--|---|----------|------------|------|
| B-BBEE                     | Contribution level (indicate 1   |   | Percenta | age        |      |
|                            | to 8 or non-compliant)   | 4 | Procure  | ment       | 100% |
|                            |  |   | recognit | ion        |      |
| Specialist name:           | e: Eric Herrmann   |   |          |            |      |
| Specialist Qualifications: | tions: Master of Forestry: Conservation Ecology, University of Stellenbosh |   |          |            |      |
| Professional               | None   |   |          |            |      |
| affiliation/registration:  |  |   |          |            |      |
| Physical address:          | 60 Forrest Way, Glencairn  |   |          |            |      |
| Postal address:            | 60 Forrest Way, Glencairn  |   |          |            |      |
| Postal code:               | 7975   |   | Cell:    | 083 311 02 | 99   |
| Telephone:                 | 021 7820377  |   | Fax:     | -          |      |
| E-mail:                    | Simon.Todd@3foxes.co.za / benfontein@gmail.com                             |   |          |            |      |

# 2. DECLARATION BY THE SPECIALIST

| l, _Eric Herrma | nn, | declare that - |
|-----------------|-----|----------------|
|-----------------|-----|----------------|

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation;
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
- I undertake to disclose to the applicant and the competent authority all material information in my possession that
  reasonably has or may have the potential of influencing any decision to be taken with respect to the application by
  the competent authority; and the objectivity of any report, plan or document to be prepared by myself for
  submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

| Signature | of the | Cnooio       | liot   |
|-----------|--------|--------------|--------|
| 20012010  | OIIII  | $\sim$ DPCIA | III ST |

3Foxes Biodiversity Solutions

Name of Company:

12/10/2018

Date

Details of Specialist, Declaration and Undertaking Under Oath