



SIVEST

NOTICE OF A BASIC ASSESSMENT PROCESS FOR THE ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
EIA REFERENCE: DC28/0035/2010

Notice is given in terms of Regulation 56 of the Environmental Impact Assessment Regulations 2010, made under Section 24(5) of the National Environment Management Act (Act No. 107 of 1998) and published in Government Notice No. R.543 of 2010, of intent to carry out the following activity:

Type of activity:
Construction of a sub-acute facility which will comprise of a surgical ward, medical ward, administration building, kitchen and laundry facilities.

Location:
The proposed development is situated on the farm Hume No. 16666 located approximately 9km east of Empangeni along the R34 to Nkwelini. The site is currently vacant and is approximately 30ha in extent.

The geographical coordinates of the site are as follows:

> South: 28° 44' 14.71"
> East: 31° 49' 01.68"

Client:
MMMZ Holdings (Pty) Ltd

Type of Assessment:
The project falls under the definition of an activity which must follow the Basic Assessment procedure as described in Regulation 21 to 25 of the Environmental Impact Assessment Regulations, 2010.

Listing Notice G.N. R.544 (18 June 2010):
Activity 23: The transformation of undeveloped, vacant or derelict land to residential, retail, commercial, recreational, industrial or institutional use, outside an urban area and where the total area to be transformed is bigger than 1ha but less than 20 ha.

Results to contact:
SIVEST Environmental Division
Contact: Mareitze Berring
4 Montego Park, 15 Lira Link Road, Richards Bay, 3900
Tel: 035-789 2066
Fax: 035-789 2070
Email: mareitze@sivest.co.za

In order to ensure that you register your interest as an interested and/or affected party (I&AP), and to receive further information regarding this process, please submit in writing your name, contact information and interest in the matter to the contact person on or before the 14th of October 2010.

SIVEST

ISAZISO SONLELO OLUTYISISEKELO SOCWANGINGO SESAKHWIWO SEZEMPILO, EMPANGENI
EIA REFERENCE: DC28/0035/2010

Isaziso silelelwa isimiselo 56 semithetho wokuhlola ukuthinteka kwezemvelo sika 2010 owenziwe ngaphansi kwezigaba 24(5) somthetho kazwelonke wokuphathwa kwezemvelo (Act No. 107 of 1998) futhi owamemezela kwisaziso sikaHulumeni esingunombolo R543 sika 2010 ngenhloso yokwenza lokhu okulandelayo.

Uhlobo Lomsebenzi:
Ulwakhiwa kwesakhiwo esizokuba igumbi lokuhlola, igumbi lokulashwa, isakhiwo sabaphathi, ikhisi kanye nenkundu yokukhulisa izingubo.

Indawo:
Lentluthulo elihlongozwayo isepulazini eibizwa Hume No. 16666 elisendaweni angalinganiselwa kwibunga elingamakhilomitha ayishiyagalolunye (9km) ngasentshonalanga yaseEmpangeni uma uhamba ngomgwaqo u-R34 uya e-Nkwelini. Ixulawo akwakhawo lutho okwamanje futhi lisho ukulingana no 3ha ububanzi.

Ngokwezomumo wamazwe lendawo ungayiqondanisa ngalokhu okulandelayo:

> South: 28° 44' 14.71"
> East: 31° 49' 01.68"

Abafaka Isicelo:
MMMZ Holdings (Pty) Ltd

Uhlobo Locwaningo:
Lokuhlola lungena ngaphansi kwencazelo yemisebenzi ekufanele elandele indlela yentshona yokuhlola eyisisekelo njengoba kuchaziwe emthethweni ka-21 kuya ku-25 emithethweni yokucwaninga ukuphazamiseka kwezemvelo ka-2010.

Utho Lwezisizo G.N.R. 544 (18 June 2010)
Uhlobo 23: Ukuguqula isimo somhlaba ongakathuthukiswa ongentalutho noma okwamanje ongenaminywe ukuze kwakhawo izindlu, izifundo, izindawo zokuphumula, izindawo zamisebenzi noma izindawo zikaHulumeni, ngaphandle kwesedolobha futhi lapho indawo azogqokela ngaphezulu kwa-1ha kodwa ingaphansi kwa-20ha.

Ochwepheshe ongaxhumana nabo:
SIVEST Environmental Division
Contact: Mareitze Berring
4 Montego Park, 15 Lira Link Road, Richards Bay, 3900
Tel: 035-789 2066
Fax: 035-789 2070
Email: mareitze@sivest.co.za

Ukuze uqinisekise ukuthi uyabhalisa njengomuntu onogqhozi kanye noma othintekayo noma ongathanda ukuthola imininingwane egqwale mayelana nalolu hlobo, ucacelwa uthumele imininingwane ebhalisiwe, igama kanye nemininingwane etholokala kuyo nezithuba zakho zokuba nenhloso yalolu hlobo ngaphambili noma ngomhlaka 14 Okthoba 2010.

**INTERESTED AND AFFECTED PARTIES
DATABASE**
Appendix B:



INTERESTED AND AFFECTED PARTIES DATABASE

<i>Organisation</i>	<i>Contact Person</i>	<i>Tel. no.</i>	<i>Fax no.</i>	<i>Email</i>
Amafa	Sello Mokhanya	033 394 6543	033 342 6097	amafa.pmb2@mweb.co.za
KZN Wildlife	Muhammad Essop	033 845 1472	033 845 1499	essopkznwildlife.com
Water Affairs and Environment	Coleen Moonsamy	031 336 2700	031 305 9915	moonsamyc@dwa.gov.za
uThungulu DM	Hennie Smit	035-7992603	035-7898176	Smith@uthungulu.co.za
uThungulu Strategic Development Committee	Frans vd Walt	035 753 4184	035 753 4185	frans@qs2000plus.co.za
City of uMhlathuze	Sharin Govender	035 907 5174	035 907 5426	Sharin.Govender@richemp.org.za
WESSA	Carolyn Schwegman	039 9752147	039 9752147	afromatz@telkomsa.net
Richards Bay Clean Air Association	Sandy Camminga	035 786 0076	035 907 5340	camminga@iafrica.com / info@rbcaa.co.za

**COMMENTS RECEIVED FROM REGISTERED
I&AP'S**

Appendix C:





Planning Division: IEM Section

Enquiries: Muhammad Essop/Dominic Wieners

Your Ref: DC28/0035/2010

Manager: Environmental Services North Region
C/o Assessing Officer
KZN DAEA&RD
Private Bag X1048
Richards Bay
3900

2 November 2010

ATTENTION: WILLIAM MNOGOMA

Dear Mr. Mngoma

**PROPOSED ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
District Municipality: uThungulu**

Ezemvelo KZN Wildlife (Ezemvelo) has reviewed the Background Information Document for the abovementioned application. Based on the information supplied and Ezemvelo's biodiversity databases, Ezemvelo is satisfied that the proposed development should not result in significant impacts upon local biodiversity. However, should any biodiversity issues arise, please do not hesitate to contact our offices.

We trust that all the appropriate measures to safeguard the ecological integrity of the receiving environment will be implemented in accordance with the sustainable development principles of the National Environmental Management Act 107 of 1998.

Yours sincerely

Coordinator IEM
For CEO: EZEMVELO KZN WILDLIFE
DATE: 01 November 2010

C:\Muhammad\Commercial Facilities\Private Sector Service\Isibanisempilo Sub Acute_OfficialComment011110
cc: Muzi Mdamba (DAEA&RD)
cc: Marelize Berning (Sivest)

Ezemvelo KZN Wildlife Official Comment	None Provided	Proposed Isibanisempilo Sub-Acute Facility, Empangeni	Page 1 of 1
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Marelize Berning

From: Carolyn [afromatz@telkomsa.net]
Sent: 15 October 2010 13:32
To: Marelize Berning
Cc: B McKelvey
Subject: BID Isibanisemphilo Facility

Dear Marelize

ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI - DC28/0035/2010

Thank you for the background information. Our interests lie in servicing the facility in terms of sanitation and waste management and we would like to receive information in this regard.

Regards
Carolyn Schwegman
EIA Co-ordinator, WESSA KZN Region

"ADD YOUR VOICE TO CONSERVATION. SEND A R20 SMS TO 40706 WITH THE KEYWORD 'WESSA'. Terms and conditions apply. See www.thumbtribe.co.za"

PLEASE consider the environment before printing this email!

This e-mail message, and any attached files, are confidential and may contain privileged information. Any views expressed in this message are those of the sender, except where the sender specifically states them to be the view of WESSA. In the interests of effective and appropriate communication, anyone who is not an addressee of this e-mail, may not copy, disclose, distribute or otherwise use it, or any part of it, in any form whatsoever. Furthermore, no-one may further distribute this e-mail, or any part of it, without permission of the author. If you are not the intended recipient, please notify the sender immediately by return e-mail, and then delete this e-mail.

Zakhe Facilitation Services CC

(Reg. No.: 1999/042003/23)

**Consultation & Facilitation of Development Projects
Building Construction and Related Activities**

Cell: 083 956 5583. Email: zakhecc@starmail.co.za

POSTAL ADDRESS:
PO. Box 1151
Esikhawini
3887



PHYSICAL ADDRESS:
H2 1674
Qhakaza Street
Esikhawini

VAT No.: 4238193874

11/10/10

**SiVEST Enviromental Consultant
4 Montego Park
P.O.BOX 1874
Richards Bay 3900**

ATTENTION: Marelize Berning

ISIBANISEMPILO SUB-ACUTE FACILITY PUBLIC PARTICIPATION REPORT

1.INTRODUCTION

This report covers all activities that took place since 27th September 2010.

2. TRADITIONAL COUNCIL MEETING

Zakhe facilitation services cc held meeting with Traditional council where the council was informed about public participation towards the new proposed project on the 5th October 2010. The ward Cllr Mr M.Nkwanyana of ward 24 and Mr Mazibuko from MMMZ Holdings was present. The Inkosi was not present but he left his blessing to the Traditional council for the entire project. There was some clarity was made by Mr Mazibuko about the proposed site. He inform the council that proposed site donated by Mr Ntshangase the ex induna of Mevamlhophe with his colleges of the co-operative. The ward Cllr was very happy by getting this project in his area, he also mention that this facility will help the surrounding community with health facility.

3.PUBLIC PARTICIPATION PROCESS

Zakhe cc met with the ward Cllr discussing the community visit around 100m radius of the site. Zakhe cc visited about 40 houses two schools Mevamlhophe high school and Qhubandaba primary school. Zakhe also visited Mevamlhophe store, Empangeni library, Ngwelezane library and offices of Mhlathuze municipality at Empangeni. 100% of community was very happy about this project.

4.CONCLUSION

The was very excited and they were asking that when this project will start because they thinking about work on construction phase and also permanent work when the project is finished. Others community members were suffering for chronic diseases.

Attendance register attached.

PREPARED BY ZAKHE CC

Distribution of BID's

Organisation	Contact Person	Tel. no.	Fax no.	Email	Postal address	Physical address
VODACOM CONTAINER	SITHEMBELO	072 714 3965	N/A	N/A	Box 772 EMP. 3880	NEXT TO MEVAMHLOPHE SCHOOL
COMMUNITY MEMBER	NOKUKHANA	0715690825	N/A	N/A	Box 86370 EMP. 3880	NEXT TO MEVAMHLOPHE SCHOOL
II	NOMUSA P	0725132071	N/A	N/A	Box 86370 EMP. 3880	NEXT TO MEVAMHLOPHE SCH
CO-OP	J. NSHANGA	093 4424195			Box 86247 EMP. 3880	NEXT TO MAIN ROAD
COMMUNITY MEMBER	SBAHLE XLW	0728123791	N/A	N/A	Box 86425 EMP. 3880	NEXT TO MEVAMHLOPHE SCH
COMMUNITY MEMBER	THULANI NYATH	0728351854	N/A	N/A	Box 180 EMP. 3880	NEXT TO MEVAMHLOPHE SCH.
II	NDULOBA	0768531959	N/A	N/A	Box 2009 EMP. 3880	NEXT TO MEVAMHLOPHE SCH
II	RAYMOND	0795331131	N/A	N/A	Box 683 EMP. 3880.	NEXT TO MEVAMHLOPHE SCH
II	NOMPUMELO	0768531959	N/A	N/A	Box 2009 EMP. 3880	NEXT TO MEVAMHLOPHE SCH.
II	E. SHANGE	0781324939	N/A	N/A	Box 2009 EMP. 3880	NEXT TO NGCONGOZINI
II	N.M MAJOZI	0710977152	N/A	N/A	Box 312 EMP. 3880	NEXT TO MEVAMHLOPHE SCH.
II	P.B MTHEMBU	0730523420	N/A	N/A	Box 1257 EMP. 3880	NEXT TO MEVAMHLOPHE SCH
HARD COMMITTEE MEMBER	N. QNABE	0712065466	N/A	N/A	Box 86441 EMP. 3880	NEXT TO MEVAMHLOPHE SCH
BUSINESSMAN MEMBER COMMUNITY	I.J MALINGA	0735857785	N/A	N/A	Box 86327 EMP. 3880	NEXT TO ROAD
COMMUNITY MEMBER	T.J MALINGA	073126367	N/A	N/A	Box 705 EMP. 3880	NEXT TO ROAD
COMMUNITY MEMBER	S.B. KHUMALO	0765997657	N/A	N/A	Box 5 EMP. 3880	NEXT TO MEVAMHLOPHE SCH
II	B.T NKWANANA	0834916011	N/A	N/A	Box 179 EMP. 3880	NEXT TO ROAD
BUSINESSMAN COMMUNITY MEMBER	V.M NKUMALO	0828306631	N/A	N/A	Box 683 EMP. 3880	NEXT TO MEVAMHLOPHE SCH.
II	D.V MNCUBE	0834939330	N/A	N/A	Box 1257 EMP. 3880	NEXT TO MEVAMHLOPHE SCH.
II	M.A SIBIYA	0769695814	N/A	N/A	Box 1257 EMP. 3880	NEXT TO ROAD
BUSINESSMAN COMMUNITY MEMBER	J.A NKOSI	0834230957	N/A	N/A	Box 709 EMP. RA11 3910	NEXT TO ROAD
II	B.O NZUZA	0767008800	N/A	N/A	Box 683 EMP. 3880	NEXT TO MEVAMHLOPHE SCH

Distribution of BID's

Organisation	Contact Person	Tel. no.	Fax no.	Email	Postal address	Physical address
Community Member	B.M. NDLEZA	0792994205	N/A	N/A	Box 8626 EMP. 3880	NEXT TO MEVAMHLOPHE Sch.
II	M.M. SIBISI	0721852966	N/A	N/A	Box 86273 EMP. 3880	NEXITTO ROAD
Business	N.F. SIBISI	0732506623	N/A	N/A	Box 86273 EMP. 3880	NEXT TO ROAD
Community Member	D. J. MABINA	0836198441	N/A	N/A	Box 86273 EMP. 3880	NEXT TO MEVAMHLOPHE Sch.
II	S.S. BUTHELEZI	0725281671	N/A	N/A	Box 2002 EMP. 3880	NEXT TO MEVAMHLOPHE Sch.
II	J.S. MAMATHINI	0765665821	N/A	N/A	Box 2002 EMP. 3880	II
II	D.M. MATHABAZA	0726138679	N/A	N/A	Box 4861 EMP. 3880	II
II	B.M. MALINGA	0738364086	N/A	N/A	Box 86268 EMP. 3880	II
UKUKHANYA DEV. CLUB COMMUNITY Member	S.H. SIBISI	0721115409	N/A	N/A	Box 86273 EMP. 3880	NEXT TO MEVAMHLOPHE Sch.
II	N.M. HLONGO	0796773780	N/A	N/A	Box 683 EMP. 3880	II
II	N.Z. XLULU	0715082868	N/A	N/A	Box 1267 EMP. 3880	II
II	R.S. NGCobo	0833517823	N/A	N/A	Box 1257 EMP. 3880	II
II	S.N. NGCobo		N/A	N/A	Box 2002 EMP. 3880	II
II	J.M. ZULU	0735210021	N/A	N/A	Box 1257 EMP. 3880	II
II	M.B. MSHWELI	0798522991	N/A	N/A	Box 1257 EMP. 3880	NEXT TO ROAD
II	V.F. NKOSI	0798094438	N/A	N/A	Box 683 EMP. 3880	NEXT TO MEVAMHLOPHE Sch.
II	N.B. MSHWELI	0833721539	N/A	N/A	Box 1257 EMP. 3880	NEXT TO MANLASES TARVE
DEPT. OF EDU.	M.H. MOLALOGI	0724682686	035 7927552	N/A	Box 2002 EMP. 3880	NEXT TO ROAD
EMP. LIBRARY	P.S. XULU	(035-9075601) 0738036866			Box 115 EMP. 3880	CNR OF COMMERCIAL R CIVIC CNTR.
CIVIC CENTRE	M.A. MTHIYANE	0836796931	N/A	N/A	Box 115 EMP	CNR MTHIYANE AND LUK
Ngwalezane Libros	H.N. BIZOZ	035-9075831	N/A	A/	II II	Ngwalezane (Sunday)

**BASIC ASSESSMENT PROCESS
ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
(DAEA REF NO: DC28/0035/2010)
REGISTRATION AND COMMENT SHEET**

YOUR COMMENTS AND QUERIES ARE WELCOME

PLEASE COMPLETE AND RETURN BY 14 OCTOBER 2010 BY POST, FAX OR EMAIL TO:

MARELIZE BERNING
PO BOX 1874, RICHARDS BAY, 3900
E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	Mr	FIRST NAME	NDUDUZO
SURNAME	NKOSI		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	P.O. BOX 86241 EMPANGENI	POSTAL CODE	3880
TEL. NO.: (073)	0310 914	CELL NO.:	078 6284 247
FAX NO: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

Is to collaborate with my community in order to assist my community members with relevant facilities.

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

My concerns about this proposed project is that when it is established it may help our community and

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database	Signature: <i>N. D. D. D.</i>
---	-------------------------------

**BASIC ASSESSMENT PROCESS
ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
(DAEA REF NO: DC28/0035/2010)
REGISTRATION AND COMMENT SHEET**

YOUR COMMENTS AND QUERIES ARE WELCOME

PLEASE COMPLETE AND RETURN BY 14 OCTOBER 2010 BY POST, FAX OR EMAIL TO:

MARELIZE BERNING
PO BOX 1874, RICHARDS BAY, 3900
E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	J.S
SURNAME	MAKHATHINI		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	P. BOX 2002 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	076 5655 821
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database

Signature: JS

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**PHONE: 035-7892066
 FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MRS	FIRST NAME	S. S.
SURNAME	BLITHELEZI		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOU BOU EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0725281671
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

HE SUFFERED FROM AMBULANCE SO WE DO NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:	
Contact details:			
Address:			
Tel.:	Fax:	Cell:	
E-mail:			

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database	Signature: <u>+</u>
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PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	P. B
SURNAME	MTHEMBU		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	Box 1257 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0720523 420
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: <i>PB Mthembu</i>
---	------------------------------

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E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	M. A
SURNAME	SIBIYA		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	P.O BOX 1257 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0769695814
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITIES

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL WE SUFFERED

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database	Signature: M.A SIBIYA
---	-----------------------

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**PHONE: 035-7892066
FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MRS	FIRST NAME	J. A
SURNAME	NKOSI		
CAPACITY (e.g. Secretary/Director)	TAX OWNER		
ORGANISATION			
POSTAL ADDRESS	Box 1874 EMPANGENI RAU	POSTAL CODE	3900 3910
TEL. NO.: ()	N/A	CELL NO.:	083 4230957
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

MORE JOB OPPORTUNITIES ESPECIALLY IN YOUTH

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database	Signature:
---	------------

**BASIC ASSESSMENT PROCESS
ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
(DAEA REF NO: DC28/0035/2010)
REGISTRATION AND COMMENT SHEET**

YOUR COMMENTS AND QUERIES ARE WELCOME

PLEASE COMPLETE AND RETURN BY 14 OCTOBER 2010 BY POST, FAX OR EMAIL TO:

MARELIZE BERNING
PO BOX 1874, RICHARDS BAY, 3900
E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	B.Q
SURNAME	NIZLIZA		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	POE 603 EMPANGENI	POSTAL CODE	3900
TEL. NO.: ()	N/A	CELL NO.:	0167048 800
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HEALTH CARE

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:	
Contact details:			
Address:			
Tel.:	Fax:	Cell:	
E-mail:			

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YES, please remove my contact details from the project database

Signature: B.Q. Nizliza

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PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MRS	FIRST NAME	BE B.M
SURNAME	MALINGA		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 86368 EMPANGENI	POSTAL CODE	3680
TEL. NO.: ()		CELL NO.:	0736364086
FAX NO.: ()		E-MAIL ADDRESS:	

What is your main interest with regards to this proposed project?

LESS ILLNESS MORE CURE

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	Organisation:	
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: B.M Malinga
---	------------------------

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ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
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PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	D.M
SURNAME	MKHABELA		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	P.O BOX 4861 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0726138699
FAX NO: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB in YOUTH

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE DO NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: <i>D. M. Mkhabela</i>
---	----------------------------------

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 ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
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 E-MAIL: marelizeb@sivest.co.za**

**PHONE: 035-7892066
 FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	S R
SURNAME	KHUMALO		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 5 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()		CELL NO.:	0765997657
FAX NO: ()		E-MAIL ADDRESS:	

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY RESPECIAL IN YOUTH

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE DO NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell: <u>SR KHUMALO</u>
E-mail:		

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database	Signature: <u>SR KHUMALO</u>
---	------------------------------

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PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MRS	FIRST NAME	BT
SURNAME	NKWANHANA		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 1791 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0834916011
FAX NO: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

MORE JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

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Name:		Organisation:	
Contact details:			
Address:			
Tel.:	Fax:	Cell:	
E-mail:			

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YES, please remove my contact details from the project database	Signature: <u>BT Nkwana</u>
---	-----------------------------

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 E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR.	FIRST NAME	M.M
SURNAME	SIBISI		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOE 86273 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()		CELL NO.:	0721852966
FAX NO: ()		E-MAIL ADDRESS:	

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE DO NEED HOSPITAL WE APPRECIATE

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	Organisation:	
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature:
---	------------

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PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	N.E
SURNAME	SIBISI		
CAPACITY (e.g. Secretary/Director)	MAHLASE TAVEN		
ORGANISATION			
POSTAL ADDRESS	PO BOX 86273 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()		CELL NO.:	0732506523
FAX NO.: ()		E-MAIL ADDRESS:	

What is your main interest with regards to this proposed project?

To employ people from Mveumhlophe


What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	Organisation:	
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: 
---	--

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PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	N.
SURNAME	QWABE		
CAPACITY (e.g. Secretary/Director)	WARD COMMITTEE MEMBER		
ORGANISATION			
POSTAL ADDRESS	P. O BOX 35441 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0712065456
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

MORE DEVELOPMENT LESS HUNGER, AND JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

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Contact details:			
Address:			
Tel.:	Fax:	Cell:	
E-mail:			

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YES, please remove my contact details from the project database	Signature:
---	------------

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E-MAIL: marelizeb@sivest.co.za**

**PHONE: 035-7892066
FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MRS	FIRST NAME	T.J
SURNAME	MALINGA		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	Box 755 EMP.	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	073126 367
FAX NO: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY ESPECIALLY IN YOUTH

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

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Name:	Organisation:		
Contact details:			
Address:			
Tel.:	Fax:	Cell:	
E-mail:			

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YES, please remove my contact details from the project database

Signature: T.J Mady

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ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
(DAEA REF NO: DC28/0035/2010)
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PO BOX 1874, RICHARDS BAY, 3900
E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MRS	FIRST NAME	N.M
SURNAME	MAJOZI		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 30 EMPANGENI	POSTAL CODE	3900
TEL. NO.: ()	N/A	CELL NO.:	0710971152
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

LESS ILLNESS MORE CURE

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

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Name:		Organisation:	
Contact details:			
Address:			
Tel.:	Fax:	Cell:	
E-mail:			

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YES, please remove my contact details from the project database

Signature: N.M. MAJOZI

**BASIC ASSESSMENT PROCESS
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 (DAEA REF NO: DC28/0035/2010)
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 E-MAIL: marelizeb@sivest.co.za**

**PHONE: 035-7892066
 FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	J.J
SURNAME	MALINGA		
CAPACITY (e.g. Secretary/Director)	BUSINESS MAN		
ORGANISATION			
POSTAL ADDRESS	P.O BOX 1874 EMPANGENI	POSTAL CODE	3900
TEL. NO.: ()	N/A	CELL NO.:	073 555 7785
FAX NO: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

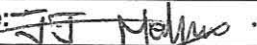
What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	Organisation:	
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: 
---	--

**BASIC ASSESSMENT PROCESS
ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
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E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	B.M
SURNAME	NDLELA		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	P.O BOX 86266 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	079 209 4254
FAX NO: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY ESPECIALLY IN OUR YOUTH

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

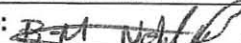
WE NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	Organisation:	
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database

Signature: 

**BASIC ASSESSMENT PROCESS
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E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MRS	FIRST NAME	E.
SURNAME	SHANGE		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	P.O BOX 2002 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	078132 4937
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

TO BLOCKS SUPPLIER

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE DO NEED HEALTH CARE IN OUR AREA
I AGREE

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	Organisation:		
Contact details:			
Address:			
Tel.:	Fax:	Cell:	
E-mail:			

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YES, please remove my contact details from the project database

Signature: *Ell Sege*

**BASIC ASSESSMENT PROCESS
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PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	JOHNSON
SURNAME	NETHANGASE		
CAPACITY (e.g. Secretary/Director)	CHAIRPERSON		
ORGANISATION	CO-OP.		
POSTAL ADDRESS	BOX 86249 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()		CELL NO.:	083 4424 185
FAX NO: ()		E-MAIL ADDRESS:	

What is your main interest with regards to this proposed project?

STONE SUPPLIER

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name: MRS R. NETHANGASE		Organisation: CO-OP.
Contact details:		
Address:		
Tel.:	Fax:	Cell: 084 7497 312
E-mail:		

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database	Signature:
---	------------

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E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	M. H.
SURNAME	MDLALOSE		
CAPACITY (e.g. Secretary/Director)	EDUCATOR		
ORGANISATION	DEPT. OF EDUCATION		
POSTAL ADDRESS	MEVAMHLOPHE HIGH P. O. BOX 2002 EMPANGENI	POSTAL CODE	3880
TEL. NO.: (035)	7927552	CELL NO.:	0724682686
FAX NO: (035)	7927552	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

It is good to us AS A school, Because It's going to help Mevamhlophe community.

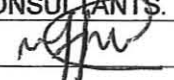
What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	MANGE M.G.	Organisation:	DEPT. OF EDUCATION
Contact details:			
Address:	P. O. BOX 2002 EMPANGENI 3880		
Tel.:	035 7927552	Fax:	035 7927552
		Cell:	0730281287
E-mail:	N/A		

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database

Signature: 

**BASIC ASSESSMENT PROCESS
ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
(DAEA REF NO: DC28/0035/2010)
REGISTRATION AND COMMENT SHEET**

YOUR COMMENTS AND QUERIES ARE WELCOME

PLEASE COMPLETE AND RETURN BY 14 OCTOBER 2010 BY POST, FAX OR EMAIL TO:

MARELIZE BERNING
PO BOX 1874, RICHARDS BAY, 3900
E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	N-Z
SURNAME	XULU		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 1260 EMPANGENI	POSTAL CODE	3860
TEL. NO.: ()	N/A	CELL NO.:	071 5062 868
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY IN OUR AREA

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

I DO I PRECATE WE NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database

Signature: N Z Xulu

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E-MAIL: marelizeb@sivest.co.za**

**PHONE: 035-7892066
FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	N.
SURNAME	MHONGO		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 683 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0796773760
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:	
Contact details:			
Address:			
Tel.:	Fax:	Cell:	
E-mail:			

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YES, please remove my contact details from the project database	Signature: <i>N. Mhongo</i>
---	-----------------------------

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ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
(DAEA REF NO: DC28/0035/2010)
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E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MRS	FIRST NAME	S:L
SURNAME	SIBISI		
CAPACITY (e.g. Secretary/Director)	CHAIRPERSON		
ORGANISATION	UKUKHANYA DEVELOPMENT CLUB		
POSTAL ADDRESS	BOX 86273 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()		CELL NO.:	0721115409
FAX NO.: ()		E-MAIL ADDRESS:	

What is your main interest with regards to this proposed project?

POULTRY AND GARDENING

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name: MR. D.J MABIKA	Organisation:
Contact details: 0836196441	
Address: BOX 86273 EMP. 3880	
Tel.: N/A	Fax: N/A
	Cell: 0836196441
E-mail: N/A	

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database

Signature: S.L. Sibisi

**BASIC ASSESSMENT PROCESS
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E-MAIL: marelizeb@sivest.co.za**

**PHONE: 035-7892066
FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	V. M
SURNAME	NXUMALO		
CAPACITY (e.g. Secretary/Director)	BUSINESS MAN		
ORGANISATION			
POSTAL ADDRESS	P.O BOX 683 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0828304431
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

TO SUPPLY WITH CHICKENS FOR CHICKEN MEAT

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

HEALTH CARE WE NEED IT

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

IF YOU WISH NOT TO RECEIVE ANY FURTHER INFORMATION REGARDING THIS PROPOSED PROJECT, AND PREFER TO BE REMOVED FROM THE PROJECTS DATABASE, PLEASE SIGN BELOW AND RETURN THE FORM TO THE PUBLIC PARTICIPATION CONSULTANTS.

YES, please remove my contact details from the project database	Signature: V. M Nxumalo
---	-------------------------

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PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	M.B
SURNAME	MSWELI		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	Box 1257 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0798522991
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY IN YOUTH

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE DO NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database Signature: M.B Msweli

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**PHONE: 035-7892066
FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	J.M
SURNAME	ZUNGLI		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	Box 1257 EMPANGENI	POSTAL CODE	3980
TEL. NO.: ()	N/A	CELL NO.:	0735210021
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY IN YOUTH

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Contact details:			
Address:			
Tel.:	Fax:	Cell:	
E-mail:			

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YES, please remove my contact details from the project database Signature: J.M. Zungli

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E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	S.N
SURNAME	NGCOBO		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	Box 2002 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

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WE DO NEED HOSPITAL

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Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: <i>mf</i>
---	----------------------

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**PHONE: 035-7892066
FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	E. S
SURNAME	NGCOBO		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 1257 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0833517823
FAX NO: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY IN ESPECIALLY IN YOUTH

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

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Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: ES NGCOBO
---	----------------------

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E-MAIL: marelizeb@sivest.co.za**

**PHONE: 035-7892066
FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MRS MISS	FIRST NAME	NDOLOBA
SURNAME	NTAWO		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	Box 2002 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0768531959
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: <i>M. J. M.</i>
---	----------------------------

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(DAEA REF NO: DC28/0035/2010)
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E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	NOMPUMELEHO
SURNAME	NSELE		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 2002 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0768531959
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE DO NEED HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: <i>m nsele</i>
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**BASIC ASSESSMENT PROCESS
ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
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E-MAIL: marelizeb@sivest.co.za**

**PHONE: 035-7892066
FAX: 035-7892070**

TITLE (Prof/Mr/Mrs)	MA	FIRST NAME	SITHEMBELO
SURNAME	SIBISI		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS		POSTAL CODE	BOX 712 EMPANGENI 3880
TEL. NO.: ()	N/A	CELL NO.:	072 714 3965
FAX NO: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

HEALTH CARE AND JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

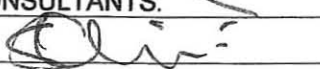
HOSPITAL NEEDED

NEEDED

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: 
---	--

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E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	NDUKHANYA M.
SURNAME	NTSHANGASE		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	Box 86390 EMPANGENI	POSTAL CODE	3980
TEL. NO.: ()	N/A	CELL NO.:	0715690825
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

TO OPEN JOB OPPORTUNITIES IN COMMUNITY AND HEALTH CARE

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

I ENCOURAGE TO BUILD US THE HOSPITAL TO GET LESS ILLNESS IN OUR AREA.

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	Organisation:	
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: <u>N.M. Ntshangase</u>
---	-----------------------------------

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 ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
 (DAEA REF NO: DC28/0035/2010)
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 E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MR	FIRST NAME	RAYMOND
SURNAME	MAKHABA		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 663 EMPANGENI	POSTAL CODE	3880
TEL. NO.: ()	N/A	CELL NO.:	0795331131
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

I DO NEED HEALTH

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

I AGREE WITH HOSPITAL

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	Organisation:
Contact details:	
Address:	
Tel.:	Fax:
Cell:	
E-mail:	

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YES, please remove my contact details from the project database

Signature: B. Makhoba

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E-MAIL: marelizeb@sivest.co.za

PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MRS	FIRST NAME	F. A
SURNAME	NKOSI		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	BOX 86241 EMPANGENI	POSTAL CODE	8880
TEL. NO.: ()	N/A	CELL NO.:	0730310914
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

HEALTH CARE

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

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Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database	Signature: F.A. NKOSI
---	-----------------------

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PHONE: 035-7892066
FAX: 035-7892070

TITLE (Prof/Mr/Mrs)	MISS	FIRST NAME	M.T.
SURNAME	MAHAYE		
CAPACITY (e.g. Secretary/Director)	COMMUNITY MEMBER		
ORGANISATION			
POSTAL ADDRESS	Box 1874 EMPANGENI	POSTAL CODE	3900
TEL. NO.: ()	N/A	CELL NO.:	0832752274
FAX NO.: ()	N/A	E-MAIL ADDRESS:	N/A

What is your main interest with regards to this proposed project?

HEALTH CARE

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

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Name:		Organisation:
Contact details:		
Address:		
Tel.:	Fax:	Cell:
E-mail:		

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YES, please remove my contact details from the project database

Signature: T. Mahaye

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PLEASE COMPLETE AND RETURN BY 14 OCTOBER 2010 BY POST, FAX OR EMAIL TO:

MARELIZE BERNING
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What is your main interest with regards to this proposed project?

JOB OPPORTUNITY


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**BASIC ASSESSMENT PROCESS
 ISIBANISEMPILO SUB-ACUTE FACILITY, EMPANGENI
 (DAEA REF NO: DC28/0035/2010)
 REGISTRATION AND COMMENT SHEET**

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What is your main interest with regards to this proposed project?

JOB OPPORTUNITY IN YOUTH

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

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YES, please remove my contact details from the project database	Signature: N.B Nsweli
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What is your main interest with regards to this proposed project?

JOB OPPORTUNITY BECAUSE WE LOOK
AFTER OPERNS

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

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Signature: L.N Zungu

**BASIC ASSESSMENT PROCESS
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What is your main interest with regards to this proposed project?

JOB OPPURTUNITY AND HEALTH CARE

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

WE NEED HOSPITAL

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What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

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What is your main interest with regards to this proposed project?

HEALTH CARE

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

PLEASE REGISTER THE FOLLOWING ADDITIONAL PERSON(S) ON THE PROJECT DATABASE:

Name:	Organisation:		
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Signature: *M. Berning*

**BASIC ASSESSMENT PROCESS
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What is your main interest with regards to this proposed project?

JOB OPPORTUNITY

What comments / concerns would you like to raise at this stage of the proposed project? (Please use additional pages, if required)

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YES, please remove my contact details from the project database

Signature: S. [Signature]

Appendix F
IMPACT ASSESSMENT REPORT

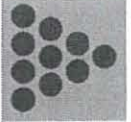




Appendix F
**ENVIRONMENTAL IMPACT SIGNIFICANCE
ASSESSMENT**

Reference: Environmental Impact Significance Assessment Method (Ryan Edwards, SiVEST, July 2011), attached below with this document.

SiVEST



SIVEST (PTY) LTD: ENVIRONMENTAL DIVISION

ENVIRONMENTAL IMPACT ASSESSMENT METHOD

Issue date: 05 July 2011
Revision No.: 0.24
Project No.: 0014

SIVEST (PTY) LTD: ENVIRONMENTAL DIVISION
ENVIRONMENTAL IMPACT ASSESSMENT METHOD

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game. Ecosystem services refer to a number life support services provided by ecosystems that contribute to human well being and the production of the abovementioned ecosystem goods. Most ecosystem services can be grouped into the following general categories:

- Purification and detoxification: filtration, purification and detoxification of air, water and soils;
- Cycling processes: nutrient cycling, nitrogen fixation, carbon sequestration, oxygen production and soil formation and maintenance;
- Regulation and stabilization: pest and disease control, climate regulation, mitigation of storms and floods, erosion control, regulation of rainfall and water supply;
- Biodiversity maintenance: rare and/or diverse gene pools and/or habitats, storehouse of genetic material that is used in industrial, agricultural and pharmaceutical industries;
- Regeneration and production: production of biomass providing raw materials and food, pollination and seed dispersal; and
- Quality of life, fulfilment and knowledge: aesthetic, recreational, cultural and spiritual role, education and research.

At an ecosystem and community level, the Ecosystem Goods & Services Value expresses the relative importance of an ecosystem or community in terms of the provision of ecosystem goods and services to society as determined by specialists.

Table 1: Ecosystem goods & services value rating categories

A: Community/Ecosystem (System)	
1	<u>Low</u> : System provides a low/limited level of ecosystem goods and/or services to society and/or the goods are not valued or used by the local population in any way.
2	<u>Medium-Low</u> : System provides some (moderately low) level of ecosystem goods and/or services to society and/or the goods have some value the local population.
3	<u>Medium</u> : System provides an intermediate/moderate level of ecosystem goods and/or services to society and/or the goods are moderately valued by the local population.
4	<u>Medium-High</u> : System provides a moderately-high level of ecosystem goods and/or services to society and/or the goods are highly valued by the local population.
5	<u>High</u> : System provides a high level of ecosystem goods and/or services to society and/or the goods are essential to human activities (e.g. provides potable water).

2.1.2 Conservation Status

At the population and species level, conservation status refers to the likelihood of the survival of a species at present and into the future. The categories below have been adapted from Golding (2002).

Table 2: Conservation status rating categories

B: Individual/Population (Component)	
1	<u>Low</u> : Component is not considered rare, endemic, near-threatened, vulnerable or endangered nationally, provincially or locally.
2	<u>Medium-Low</u> : Component is considered near-threatened nationally, provincially and/or locally.
3	<u>Medium</u> : Component is considered rare, endemic and/or vulnerable nationally, provincially and/or locally.
4	<u>Medium-High</u> : Component is considered endangered nationally and/or provincially and/or locally.
5	<u>High</u> : Component is considered critically endangered and/or critically endangered nationally, provincially and/or locally.

2.2 Impact Magnitude

The impact magnitude score for each identified impact is calculated by the addition of four criteria, namely 'degree of disturbance', 'extent', 'duration' and 'probability'. The range of possible impact magnitude scores is from 4 to 20.

4	<u>Long-term</u> : The impact and its effects will continue or last for the entire operational life of the development, but will be mitigated by direct human action or by natural processes thereafter (15 – 50 years).
5	<u>Permanent</u> : The only class of impact that will be non-transitory. Mitigation either by man or natural process will not occur in such a way or such a time span that the impact can be considered transient (Indefinite).

2.2.4 Impact Probability

The probability of the impact describes the likelihood of the impact actually occurring.

Table 6: Probability rating categories

1	<u>Unlikely</u> : The chance of the impact occurring is extremely low (Less than a 20% chance of occurrence).
2	<u>Fairly Unlikely</u> : The chance of the impact occurring is moderately low (Between a 20% to 40% chance of occurrence).
3	<u>Possible</u> : The impact may occur (Between a 40% to 60% chance of occurrence).
4	<u>Probable</u> : The impact will likely occur (Between a 60% to 80% chance of occurrence).
5	<u>Definite</u> : Impact will certainly occur (Greater than an 80% chance of occurrence).

3 ASSESSING IMPACTS ON THE SOCIAL AND SOCIO-ECONOMIC ENVIRONMENT

In contrast to the assessment of the impacts on biophysical systems and components, impacts on socio-economic systems and components are assessed in terms of impacts to the quality of life, health and safety of the people within the social and socio-economic systems affected. Thus, the significance of an impact on a social or socio-economic system or component is determined by multiplying the **social value** of the quality of life, health and safety of the people affected by the **magnitude** of the impact on the quality of life, health and safety of the affected people (**Social Value x Impact Magnitude**).

The assessment of impacts on agricultural and cultural resources is also included in this section.

3.1 Social Value

The Social Value expresses the relative importance attributed to an aspect of the social environment by the public, the various levels of government, or any other legislative or regulatory authority. Social Value indicates the public or political desire or will to conserve the integrity or original character of a social aspect. This will is expressed through the legal protection that the social aspect is accorded or by the concern of the local or regional public for the social aspect. The Social Value evaluation is based on information gathered during stakeholder engagement during the public participation process or a social impact assessment.

Agricultural land value has been included due to the recent increased awareness of the loss of agricultural land occurring in South Africa.

Table 2: Social value rating categories

	<u>Social/Socio-Economic Value</u>	<u>Agricultural Land Value</u>
1	<u>Low</u> : Aspect or resource is of little or no concern to the local public and plays a limited role in the social health of communities.	<u>Low</u> : Agricultural land in question is of low agricultural potential as assessed by a qualified agricultural specialist.
2	<u>Medium-Low</u> : Aspect or resource is valued by a small portion of the concerned population and/or plays some role (mildly important) in the social health of communities.	<u>Medium-Low</u> : Agricultural land in question is of medium-low agricultural potential as assessed by a qualified agricultural specialist.

10. Access to and quality of education, learning and development
11. Access to and quality of social services
12. Community cohesion and involvement
13. Quality of transport and commuting
14. Individual and communal sense of place

It is a lot easier to assess the 'Degree of Disturbance' to one or many of the identified 'determinants of quality of life' above instead of overall quality of life, which is a complex interaction between all these determinants and their relative contribution and importance to overall quality of life.

For the purposes of this study, the 'Degree of Disturbance' to quality of life is calculated as the average of the sum of the 'Degree of Disturbance' to the 'determinants of quality of life' as shown in Table 4 and the relative contribution and importance of the different determinants of quality of life to overall quality of life as shown in Table 5 below.

The 'Degree of Disturbance' to the determinants of quality of life should be assessed using both qualitative and quantitative data from social and economic specialist studies. However, public statistics, the EIA public participation process and individual interviews may also be used if necessary. It is important that reasonable qualitative subjective data is given the same importance as quantitative objective data in the assessment as quantitative objective data often only gives an indication of the ability of people to meet their needs (potential quality of life) instead of giving an indication of whether the needs have actually been met (actual quality of life).

Table 4: Degree of Disturbance rating categories for the 'determinants of quality of life'

Determinants of Quality of Life	
1	<u>Low</u> : Impact alters one or many of the determinants of quality of life in a way that is barely perceptible by those being affected.
2	<u>Medium-Low</u> : Impact results in some (moderately low) deterioration or improvement in one or many of the determinants of quality of life.
3	<u>Medium</u> : Impact results in an intermediate (moderate) deterioration or improvement in one or many of the determinants of quality of life.
4	<u>Medium-High</u> : Impact results in a moderately-high deterioration or improvement in one or many of their determinants of quality of life.
5	<u>High</u> : Impact results in a highly significant (high to very high) deterioration or improvement in one or many of their determinants of quality of life.

The relative contribution and importance of each different 'determinants of quality of life' to the overall quality of life of individuals, communities and societies is largely a subjective measure and can only be assessed by collecting qualitative data from the individuals and communities that stand to be affected by the proposed project. However, at a general level, it can be assumed that the greater the value of a specific aspect of social life, the greater that aspect will contribute to overall quality of life. In the absence of qualitative data, quantitative data (e.g. community specific statistics) may be used but this data can only give an indication of the potential quality of life, not the actual quality of life experienced.

Table 5: Relative Contribution and Importance rating categories for the 'determinants of quality of life'

Relative Contribution/Importance to Quality of Life	
1	<u>Low</u> : The determinant of quality of life is of marginal importance (low contribution) to the overall quality life of those affected.
2	<u>Medium-Low</u> : The determinant of quality of life is of moderately-low importance (moderately-low contribution) to the overall quality life of those affected.
3	<u>Medium</u> : The determinant of quality of life is of intermediate (moderate contribution) importance to the overall quality life of those affected.
4	<u>Medium-High</u> : The determinant of quality of life is of moderately-high importance (moderately-high contribution) to the overall quality life of those affected.
5	<u>High</u> : The determinant of quality of life is of high to critical importance (high to very high contribution) to the overall quality life of those affected.

Rather the extent of social and socio-economic impacts is often better measured by the number of people that stand to be affected by a proposed activity as shown in Table 4 below.

Table 4: Extent rating categories

<u>B: Socio-economic Impacts</u>	
1	<u>Low</u> : Less than 20 people stand to be affected by the impact.
2	<u>Medium-Low</u> : Between 20 and 50 people stand to be affected by the impact.
3	<u>Medium</u> : Between 50 and 100 people stand to be affected by the impact.
4	<u>Medium-High</u> : Between 100 and 1000 people stand to be affected by the impact.
5	<u>High</u> : Greater than 1000 people stand to be affected by the impact.

3.2.3 Impact Duration

The *Duration* of the impact describes the period of time during which an social/socio-economic system or component is changed by the impact.

Table 5: Duration rating categories

1	<u>Short-term</u> : The impact and its effects will either disappear with mitigation or will be mitigated through natural process in a span shorter than the construction phase (0 – 1 years), or the impact and its effects will last for the period of a relatively short construction period and a limited recovery time after construction, thereafter it will be entirely negated (0 – 2 years).
2	<u>Medium-Short</u> : The impact and its effects will continue or last for the period of a relatively long construction period and/or a limited recovery time after this construction period, thereafter it will be entirely negated (2 – 5 years).
3	<u>Medium-term</u> : The impact and its effects will continue or last for some time after the construction phase but will be mitigated by direct human action or by natural processes thereafter (5 – 15 years).
4	<u>Long-term</u> : The impact and its effects will continue or last for the entire operational life of the development, but will be mitigated by direct human action or by natural processes thereafter (15 – 50 years).
5	<u>Permanent</u> : The only class of impact that will be non-transitory. Mitigation either by man or natural process will not occur in such a way or such a time span that the impact can be considered transient (Indefinite).

3.2.4 Impact Probability

The probability of the impact describes the likelihood of the impact actually occurring.

Table 6: Probability rating categories

1	<u>Unlikely</u> : The chance of the impact occurring is extremely low (Less than a 20% chance of occurrence).
2	<u>Fairly Unlikely</u> : The chance of the impact occurring is moderately low (Between a 20% to 40% chance of occurrence).
3	<u>Possible</u> : The impact may occur (Between a 40% to 60% chance of occurrence).
4	<u>Probable</u> : The impact will likely occur (Between a 60% to 80% chance of occurrence).
5	<u>Definite</u> : Impact will certainly occur (Greater than an 80% chance of occurrence).

4 DETERMINING IMPACT SIGNIFICANCE

The overall significance score for each identified impact is calculated by multiplying **impact magnitude** by **environmental value or social value**. The range of possible impact significance scores is from 4 to 100. The range of possible significance scores were classified into seven rating classes as shown in Table 7 below.



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