



forestry, fisheries & the environment

Department:
Forestry, Fisheries and the Environment
REPUBLIC OF SOUTH AFRICA

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RENEWAL APPLICATION FORM FOR A COASTAL WATERS DISCHARGE PERMIT ISSUED IN TERMS OF SECTION 69 OF THE INTEGRATED COASTAL MANAGEMENT (ICM) ACT, (ACT NO. 24 OF 2008)

Effective from 23 September 2022

GENERAL INSTRUCTIONS

- i. This Application Form is current as of 23 September 2022. It is the responsibility of the Applicant to ascertain whether subsequent versions of the Application Form have been published or produced by the Department.
- ii. All relevant sections of this Application Form **must** be completed in full.
- iii. If an item is “not applicable”, please indicate “N/A”. The use of “not applicable” in the Application Form must be done with circumspection.
- iv. This Application Form **must** be completed and signed by the applicant. If the application is completed by a third party (such as a consultant or legal representative), the third party’s details must further be included.
- v. All details of previous approved licenses such as the reference number (s) and the dates of issue as well as expiration dates must be provided.
- vi. The required information must be typed within the spaces provided. The sizes of the spaces provided are not necessarily indicative of the amount of information to be provided. The space provided extend as each space is filled with typing. A legible font type and size must be used when completing the form. The font size should not be smaller than 10pt (e.g. Arial Narrow).
- vii. The completed form, together with supporting documents, must be emailed to the Department as per the details below:

WESTERN CAPE AND NORTHERN CAPE	EASTERN CAPE	KWAZULU-NATAL
<p>Applications must be sent to the following: CWDP@environment.gov.za</p> <p>AND copied to:</p> <p>Mr Rueben Molale rmolale@dffe.gov.za &</p> <p>Mr Xolani Myanga XMyanga@dffe.gov.za</p>	<p>Applications must be sent to the following: CWDP@environment.gov.za</p> <p>AND copied to:</p> <p>Ms Nontsasa Tonjeni Ntonjeni@dffe.gov.za &</p> <p>Ms Pontsho Makonko PMakonko@dffe.gov.za</p>	<p>Applications must be sent to the following: CWDP@environment.gov.za</p> <p>AND copied to:</p> <p>Ms Sumaiya Arabi SArabi@dffe.gov.za &</p> <p>Ms Mpho Ligudu MLigudu@dffe.gov.za</p>



1. BACKGROUND INFORMATION

1.1 Indicate the Coastal Province in which the application falls	Western Cape	Eastern Cape	KwaZulu-Natal	Northern Cape
1.2 Permit Holder Details:				
Name of the permit holder	Amawandle Pelagic (Pty) Ltd			
Permit Reference Number	2014/014/WC/FOODCORP			
Name of contact person for applicant	Robert Adams			
Designation	Executive: Health, Safety & Environment			
Company Registration Number	2013/035216/07			
Postal address	No.2 River Street, Laaiplek			
			Postal code: 7365	
Telephone	021 415 8620		Cell: 082 922 0207	
E-mail	Robert.adams@luckystar.co.za		Fax: 022 783 0125	
1.3 Specialist/Consultant Details				
Company name				
Specialist/ Consultant name				
Postal address				
			Postal code:	
Telephone			Cell:	
E-mail			Fax:	
1.4 Municipality in whose area of jurisdiction the coastal effluent discharge exists:				
Bergrivier Municipality				
1.5 Permit Reference Number: 2014/014/WC/FOODCORP				
1.6 Is the Coastal Waters Discharge Permit still valid?			YES	NO
1.7 If yes, until when is the Coastal Waters Discharge Permit valid?		28 May 2023		
1.8 Details (Name and designation) of the permit holder:		Robert Adams Executive: Health, Safety & Environment		

2. ENVIRONMENTAL COMPLIANCE HISTORY

<p>Has the Applicant submitted incident reports during the validity period of this permit?</p> <p><i>If "Yes" please attach details of the incidents that occurred.</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Has the Applicant ever received an Enforcement action from the Compliance and Enforcement unit (e.g Pre-Compliance Notice or Final Notice or any warning letters)?</p> <p><i>If "Yes" please attach relevant correspondence letters</i></p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>

3. DETAILS AND NATURE OF PROPOSED AMENDMENT (if any)

Provide the details of the proposed amendments below, including the reason for the proposed amendment, potential environmental impacts of the amendment and reference to supporting documents.

Please note that if the effluent quantity and/or quality has changed from the current permit, an updated dispersion modeling report and marine impact assessment report must be submitted.

If no amendments to the permit are proposed, proceed to Section 4.

Provide a detailed description of the proposed amendments and identify the conditions likely to be influenced by the proposed amendment	Provide the reason for the amendment request

If there is insufficient space in the table above, the table may be expanded, or an attachment may be presented to the Department.

	No. of extra pages attached
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3.1 ENVIRONMENTAL IMPACTS

3.1.1 Describe any known and identified environmental impacts and/or benefits that may occur if the amendment is granted and the methods in which these impacts and/or benefits were determined.

If there is insufficient space in the table above, the table may be expanded, or an attachment may be presented to the Department.

	No. of extra pages attached
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3.1.2 Describe any environmental impacts and/or benefits that may occur if the amendment is **NOT** granted.

If there is insufficient space in the table above, the table may be expanded, or an attachment may be presented to the Department.

	No. of extra pages attached
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4. SUPPORTING DOCUMENTS

Please provide the following supporting documents:

1. Copy of the current CWDP (*including any addendums / amendments issued*)
2. Contingency Plan
3. Monitoring Programme
4. The latest Annual Environmental Monitoring Report
5. Improvement Plan
6. Updated Dispersion Modelling Report (*if the effluent quality &/or quantity has changed*)
7. Marine Impact Assessment Report (*if the effluent quality &/or quantity has changed*)

5. DECLARATION

I, **Robert Adams**, in my personal capacity or duly authorised as **Executive: Health, Safety and Environment** (state your capacity) by **Amawandle Pelagic Pty (Ltd)** thereto hereby declare that I:

- regard the information contained in this application form and associated documentation submitted to be true and correct;
- am fully aware of my responsibilities in terms of **Section 69 of the Integrated Coastal Management Act, 2008 (Act No. 24 of 2008)**;
- have provided access to all information at my disposal that is relevant to the application, to the Department in this application;
- will be responsible for the costs incurred in complying with the environmental legislation including, but not limited to, –
 - costs incurred related to the appointment of a specialist/ consultant;
 - costs incurred in respect of the undertaking of any process required in terms of this application;
 - costs in respect of any fee prescribed by the Minister in respect of this application and the discharge; and
 - the provision of security to ensure compliance with the applicable management and mitigation measures;
- am responsible for complying with the conditions that might be attached to any decision(s) issued by the Department;
- have the ability to implement the applicable management, mitigation and monitoring measures; and
- hereby indemnify, the government of the Republic, the Department of Forestry, Fisheries and the Environment and all its officers, agents and employees, from any liability arising out of, inter alia, the content of any report, any procedure or any action for which the applicant or environmental assessment practitioner is responsible.

Please Note: If acting in a representative capacity, a certified copy of the resolution or power of attorney must be attached.



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(Signature)

CAPE TOWN

(Place)

2022/10/21


(Date: yyyy/mm/dd)

Executive: Health, Safety and Environment

(Designation/capacity)

Amawandle Pelagic (Pty) Ltd

(Name of company/municipality/organisation)

	Name and Surname	Address	Signature
Witness 1	A Viljoen	2 River Street, Laaiplek	
Witness 2	A. Ngam	2 River Street, Laaiplek	