

FOR OFFICE USE ONLY

CON541: PARTIAL TRANSFER OF RESOURCE CONSENT TO TAKE GROUNDWATER

SECTIONS 134-137 RESOURCE MANAGEMENT ACT 1991

TO: Consents Operations Section
 Environment Canterbury
 P O Box 345
 CHRISTCHURCH 8140

Ph: (03) 353 9007 Fax: (03) 365 3194

PART A: Consent details

Consent number: _____

Note: if your resource consent has lapsed, it cannot be transferred. Contact Customer Services if you require clarification.

Site address: _____

Legal description of lots retained: _____

Legal description of lots transferred: _____

Bore transferred water to come from: _____

Is the consent currently under review: YES / NO (please delete where applicable)

NOTE: Please attach a map of land on which transferred water will be used.

The transferred water must still be utilised for the same purpose as the original consent.

How much water is to be transferred? (Please complete the table below)

	Water to be transferred:		Water to be retained:	
	Bore:	Bore:	Bore:	Bore:
Maximum pumping rate (l/s)				
Hours per day pumping at maximum rate				
Daily volume (m3) (rate x hours x 3.6)				
Length of irrigation return period (days)				
Volume (m3) each return period				
Annual volume				

Note: If you are transferring to or retaining water from more than two bores, please attach an additional table.

PART B: Current consent holder details

Surname: _____ All first names (in full): _____ Mr/Mrs/Ms/Miss
 Surname: _____ All first names (in full): _____ Mr/Mrs/Ms/Miss
 Company name: _____
 Current Postal address: _____
 Telephone number (work): _____ Fax number: _____
 Telephone number (home): _____ Fax number: _____
 Cellphone number: _____ Email: _____

 Signature/s of **current consent holder/s**
 (or duly authorised agent on behalf of the consent holder) Date: / /

 Print name/s

Please note that a request to transfer a resource consent cannot occur without signatures of all current consent holders.

Part C: New consent holder details

Surname: _____ All first names (in full): _____ Mr/Mrs/Ms/Miss
 Surname: _____ All first names (in full): _____ Mr/Mrs/Ms/Miss
 Registered Company name and number: _____
 Current Postal address: _____
 Telephone number (work): _____ Fax number: _____
 Telephone number (home): _____ Fax number: _____
 Cellphone number: _____ Email: _____

If this consent is currently under review, as indicated in Part A, I understand the conditions of the consent may change after the transfer has occurred.

 Signature/s of **new consent holder/s**
 (or duly authorised agent on behalf of the consent holder) Date: / /

 Print name/s

Please note that a request to transfer a resource consent cannot occur without signatures of all new consent holders.

IMPORTANT

- Note:**
1. Until a complete transfer form is received, new documents cannot be processed.
 2. Any compliance monitoring charges for work completed up until the date of transfer will be invoiced to the transferor.
 3. The transfer will be effective from the date we receive the complete transfer form.