

CON542: TRANSFER OF A WATER PERMIT TO ANOTHER SITE

SECTION 136(2)(B)(II) RESOURCE MANAGEMENT ACT 1991

If you need help in filling out this form please contact our Customer Services staff on (03) 353-9007 or toll free 0800 EC INFO (0800 324 636). They will be able to provide some general assistance or provide you with a list of consultants who can help you with your application.

Send the completed application to: *Environment Canterbury, 58 Kilmore Street, P O Box 345, Christchurch 8140.*

FOR OFFICE USE ONLY

Receipt number: _____

Charges paid: _____ CRC: _____

1. Name(s) and address of current consent holder:

Surname: _____ All first names (in full): _____ Mr/Mrs/Ms/Miss

Surname: _____ All first names (in full): _____ Mr/Mrs/Ms/Miss

Registered Company name: _____

Current Postal address: _____

Telephone number (work): _____ Fax number: _____

Telephone number (home): _____ Fax number: _____

Cellphone number: _____ Email: _____

Contact person: _____

2. Consent being transferred: CRC _____

Current location of activity: _____

Road: _____

Legal description: _____

Current bore(s) water is being taken from: _____

Purpose of current water take: _____

3. Location activity transferring to:

Road: _____

Location: _____

Legal description: _____

Bore(s) transferred water to come from: _____

Purpose of transferred water: _____

A map of land on which transferred water will be used must be attached.

4. Is the entire permit to be transferred? Yes (proceed to question 6) No (go to question 5)

5. How much water is to be transferred? (Please complete the table below) (To be completed for partial transfers only)

| | | |
|---|---------------|-----------------|
| How much water is to be transferred? | litres/second | cubic metres/wk |
| How much water is to be retained? | litres/second | cubic metres/wk |
| Maximum pumping rate (L/s) | | |
| Hours per day pumping at maximum rate | | |
| Daily volume (m ³) (rate x hours x 3.6) | | |
| Length of irrigation return period (days) | | |
| No. of days irrigating during each return period (days) | | |
| Volume (m ³) each return period | | |
| Annual volume | | |

A map of land on which retained water will be used must be attached.

6. Date from which transfer is to be effective: _____

7. Is this transfer for a limited duration? Yes No

Date transfer is to cease: _____

8. Is transfer also to a new person? Yes No If yes, please have the transferee complete section 9.

9. Person to whom transferred water is going to:

Surname: _____ All first names (in full): _____ Mr/Mrs/Ms/Miss

Surname: _____ All first names (in full): _____ Mr/Mrs/Ms/Miss

Registered Company name: _____

Current Postal address: _____

Telephone number (work): _____ Fax number: _____

Telephone number (home): _____ Fax number: _____

Cellphone number: _____ Email: _____

Contact person: _____

Signature of transferee(s)

Date

Full name of person signing – please print

10. Signature and date

Signature of current consent holder

Date

*Full name of person signing – please print***11. Deposit enclosed** Yes No

A deposit for the prescribed amount must accompany this application. This application will not be processed until the payment is received. Additional costs will be charged, or a refund issued, when the final cost of processing is known. Please see the Resource Management Act Charges Fact Sheets available on our website www.ecan.govt for current amounts.

Note: An Assessment of Environmental Effects (AEE) MUST be completed and attached to this form. The assessment must cover any potential effects of the transferring of the water from one site to another.