Office Use

Previous Consent No. _____

Charge No. _____

Client No. _____

Consent No. _____

Form 'B' – Assessment of Environmental Effects
Application to Take and Use Water

Applicant Name : _____(from form A, Q1.4)

1. Details of the Changes of Conditions Requested

or NA New consent ☐ (move to Q 2)

1.1 **What is the number of the consent you wish to change?** _____

1.2 Attach a copy of the consent, with annotations showing the changes you are requesting, or state specifically the changes you wish to make below.

(i.e. to combine consents X & Y, or to increase my rate of take from 3 – 5 l/s, or to add property Lot 1 DP 12345 to the site of use)

Condition #	Change Requested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Now go through the form and re-confirm the details of your take, as it will look after the change.

2. DETAILS OF THE ACTIVITY

2.1 **Are you proposing to take:** ☐ From groundwater (well/s) OR

☐ From a surface water body named: _____

2.2 **Is your water take for** ☐ Irrigation ☐ Frost Protection* ☐ Other (Specify)

_____

**If your application is for multiple uses, i.e. for irrigation and frost, complete this form for the primary use only, the other component is dealt with in a later question*

2.3 **Attach a Site Map - Details of your point of take**
On a Map (Google or other is fine) mark the location of the well(s) or the point(s) of take from surface water, relating to this application. Shade the area where water will be used. For takes which are not for irrigation or frost mark your points of take and the operation using the waters location. Label your map and all the points on it, and give it a north arrow.

3. FOR GROUNDWATER (WELL/S)

Details of where you are applying to take water from

	Well #	Well Diameter	Rate of Taking proposed		Area of Use	
			Litres/sec	Cubic meters/wk	ha	Crop Type
1						
2						
3						

3.1 **What is the total amount of water to be taken?**

Total maximum instantaneous rate _____ litres/sec

Total volume per (tick) Week ☐ 4 Weeks ☐ _____ m^3

Total annual volume _____ m^3

3.2 **For Irrigation or Frost Applications**

What is the total area to be irrigated/protected _____ hectares

What area of each crop will be watered?			**How will you apply water?** I.e. drip line
Kiwifruit	_____	hectares	_____
Market garden	_____	hectares	_____
Nursery	_____	hectares	_____
Olives	_____	hectares	_____
Pasture	_____	hectares	_____
Pip fruit	_____	hectares	_____
Potatoes	_____	hectares	_____
Process crops	_____	hectares	_____
Stone fruit	_____	hectares	_____
Vineyard	_____	hectares	_____
Other Cropping	_____	hectares	_____
Other (specify)	_____	hectares	_____

3.3 **For Non Irrigation applications,** briefly explain what the will water be used for. i.e. factory or food processing

_____

_____

_____

_____

Attach additional information giving the detail of your operation.

3.4 **Explain how you have determined that the volume requested is reasonable for the needs of your crop/ operation** (i.e. comment on any calculations or experience)**.**

_____

_____

_____

_____

_____

_____

For Irrigation Applications: Explain how you will determine when to apply water.

_____

_____

_____

_____

_____

3.5 **What months do you expect to use water?**

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
For **Irrigation** Takes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
For **Other** Applications	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
For **Frost** Takes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

3.6 **Do you propose to use water for multiple purposes?** i.e. frost protection and Irrigation?

Yes ☐ No ☐

If no go straight to Q4. If yes please provide an attachment, appropriately headed i.e '*Frost Application Details'*, and describe the rate that you will pump for frost protection, the system you will use to frost protect, the area (hectares and legal description of the site), and detail the crop type.

3.7 **Pump / Meter / Telemetry details**

Bore # OR **Water body name**	**Pump**			**Meter/Telemetry**		
	Proposed or Existing?	**Make & Model**	**Pumping Capacity** L/S	**Telemetry Installed?** (Tick)	**Meter Installed?** (Tick)	**Meter Serial Number**

3.8 **Describe how taking from multiple points will be managed** (e.g. each well independent with own pumps, independent with a shared pump, coupled, etc). OR NA ☐

_____

_____

_____

3.9 **Do you plan to add anything to your water?** i.e. fertigation, agrichemicals, farm dairy effluent. Yes ☐ No ☐

If yes, please attach details of the additive and the a backflow prevention device..

3.10 **Do you propose to take water from this point (or any other point on this property) for any other purpose?** Yes ☐ No ☐ *(Skip to next question)*

If yes, what other purpose will be taken for?

☐	**Spray Fill**	Well # or water body name:	_____	Cubic metres needed per week	_____	No. of weeks per year spray fill needed _____
☐	**Wash down**	Well # or water body name:	_____	Cubic metres needed per week	_____	
☐	**Building supply**	Well # or water body name:	_____	Cubic metres needed per week	_____	Type and No. of building(s) _____
☐	**Other:**	Well # or water body name:	_____	Cubic metres needed per week	_____	Use description _____
☐	**Domestic Supply**	Well # or water body name:	_____	# Houses	_____	No of Bedrooms in each house _____
☐	**Stock Drinking Water**	Well # or water body name:	_____	Stock Type	_____	Max no. of stock _____

For domestic and/or stock water, will the pump headwork's be set up so this water comes off before any water meter Yes ☐ No ☐

3.11 **For wells: Does anybody else use any of the well(s) for any purpose?**

If yes, please provide details below NA ☐ Yes ☐ No ☐

Well No.	Other User	Purpose for which they use the well

4. ASSESSMENT OF ENVIRONMENTAL EFFECTS (AEE)

Please refer to the relevant guidance note and then write your AEE in the space provided below. As noted in the guidance note, if you need to attach additional information, please feel free to do so.

5. HAVE YOU REMEMBERED TO INCLUDE?

A design plan and site plan (Q's 2.12 & 2.13) ☐

Your deposit ☐

Administration Form A ☐