

Office Use

Previous Consent No. _____

Job Number. _____

NAV No. _____

Consent No. _____

Application for Change of Consent Conditions To Reduce Rate of Take for Irrigation

Reduce Rate of Take of Existing Consent
(Deposit of \$575.00)

deposit is Inclusive of GST (GST # 051 227 875)

IMPORTANT: PLEASE READ

- This form is to be used to reduce a current consented rate of take only. If you need to change any other aspects of your consented activity, please use the other relevant form(s) to do so (i.e., "Resource Consent Application to Take and Use Groundwater for Irrigation").
- If you have any questions, please contact our Consents Advisor on ConsentAdvisor@hbrc.govt.nz
- Your deposit must accompany your application. For payments via online banking or online credit card please email the Consent Advisor with the applicant's name, postal address and ask for a payment reference prior to lodging your application.

Account BNZ - 02 0700 030 2819 00

Please note, Council cannot create invoices for deposit payments for the lodgement of consent applications, we have however designed the front page of this form to meet all of the invoicing requirements for accounts and audits.

- Fill in all fields, and write not applicable if appropriate. Questions may be answered in attached documentation
- After the form is completed, submit (top right corner), print, sign and send the original, along with deposit to: Consents Advisor, Hawke's Bay Regional Council, Private Bag 6006, NAPIER 4142
- **Ensure you have signed your form.**

1. APPLICANT DETAILS

1.1 **Who is this consent to be issued to?** - Full legal name of Applicant(s) are required. For Trusts/Estates/Partnerships, the name of the Trust/Estate/Partnership **and** full legal names of all trustees/executors/partners are required .

No change (move to Q1.3) Trust Partnership Company Private Person(s)

Trust or Company Name _____

First name(s): _____

Middle name(s): _____

Last name(s): _____

Contact Person _____

1.2 **Applicant's Postal Address** _____ Telephone home. _____

_____ Bus. _____

_____ Mob. _____

_____ E-mail _____

Post Code: _____

1.3 **Address for service** this is a consultant, contractor, or other person handling the application on your behalf - *leave blank if not applicable*

Contact Person _____ Telephone home. _____

_____ Bus. _____

_____ Mob. _____

_____ E-mail _____

Post Code: _____

Who is the final invoice (bill) to be sent to?

The Address for service

The Applicant

2. SITE DETAILS

2.1 **Property Owner's Name & Address** Telephone Pvt. _____

Same as Applicant (*skip to next question*) _____ Bus. _____

_____ Mob. _____

_____ E-mail _____

2.2 **Location of Activity** (Street Address of property)

3. PROPOSED CHANGE(S) TO RATE OF TAKE

3.1 What is the consent number you wish to reduce the rate on? _____

3.2 Please describe your proposed changes to your rate(s) of take?

Intake Site or Well No.	Current Rate	Proposed Rate	Purpose (i.e., irrigation of process crops)

4. PUMP DETAILS

If the proposal is in relation to more than one pump, please enclose a separate sheet(s) to answer questions 4.1 to 4.3 as follows.

4.1 Is the pump? Existing Proposed

4.2 What is the pump? Make _____ Model _____
Pumping Capacity (litres/second) _____

Provide a photograph of the pump. If a flow rate is specified on the pump, please ensure this is clearly visible in the photograph

4.3 Do you have a copy of the pumps duty curve that clearly shows the pumps ability to deliver water at the rate specified in Question 3.2? Yes (please attach)
No

VERIFICATION

4.4 The proposed rate(s) of take described in Question 3.2 of this form for the pump(s) described in Questions 4.1 and 4.2 of this form has/have been verified by a suitably qualified person.

Yes (please ensure this documentation is attached) (Go to Question 6.1).

No (Go to Question 5.1).

Note: If your take has not been verified Council staff must undertake a site visit to confirm the information submitted. The costs of the site inspection will be charged to you in accordance with the Council's Annual Plan at the time.

5. USE DETAILS

5.1 **What is the total area irrigated?** _____ hectares

Please provide a map showing this total area to be irrigated.

Is this area to be irrigated: Presently irrigated/developed

Party irrigated/developed (_____ ha complete, _____ ha to be developed)

Proposed to be irrigated/developed, by when? _____

5.2 **Please advise the following information on your irrigation activity:**

Crop Type	Irrigation Method	Number of Blocks	Area (ha) of blocks	Depth of application	Duration of watering

Please attach copies of any irrigation design or plan documents you have.

5.3 **If you have a fixed irrigation system;**

(a) how many lines of your crop are there? _____

(b) what is/are the length(s) of your irrigation line(s)? _____ metres

(c) what is/are the sprinkler / dripper spacing(s)? _____ centimetres

Attach copies of any irrigation design or plan documents you have.

6. GENERAL INFORMATION

6.1 Please attach all documentation (in addition to this form) that makes up your application. Please ensure that all documentation listed is included with your application when it is submitted.

Enclose photograph of pump

Other documentation enclosed, summarised as follows;

Title	Prepared by (name)	Date Prepared
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please ensure any reports attached for the purpose of this application are signed for release by the person who prepared them.

6.2 **Costs of Debt Recovery and Information**

It is agreed by the consent holder that it is a term of the granting of this resource consent that all costs incurred by the Council for, and incidental to, the collection of any debt relating to this resource consent, whether as an individual or as a member of a group, and charged under s36 of the Resource Management Act, shall be borne by the consent holder as a debt due to the Council, and for that purpose the Council reserves the right to produce this document in support of any claim for recovery.

Please note that all information collected and held by the Hawke’s Bay Regional Council is public information under section 2 of the Local Government Official Information and Meetings Act 1987 (LGOIMA), as such any and all information may be requested by a third party. Access to information held by Council is administered in accordance with LOGIMA and the Privacy Act 1993. If you have any concerns over the disclosure of any aspect of your consent or personal/property details, either in person or electronically, you must raise your concern in writing to The Council and detail what “good reason” you believe there is for withholding information pursuant to section 7 of LGOIMA. Council will assess your request and advise you of any decision made. Please note that no person has the right of veto over any information held by Council. Council intends for all information it holds, submitted without a request for non disclosure (as above), to be public, and accessible to any persons who requests it pursuant to LGOIMA. If you require more information on the situations that information may be provided please contact the Councils Consents Advisor

To be completed by the Applicant:	
Application is hereby made for the consent(s) detailed in this form	
Signature of applicant or authorised agent: _____	
Name: _____	Date: _____
<small>Please print full name of person who signed above.</small>	
<i>A deposit must accompany the application. The application will not be processed until the deposit is received. Additional costs will be charged when the final cost of processing is known.</i>	