

Notice of Transfer of a Water Permit to Another Site

Under Section 136(2)(b)(ii) of the Resource Management Act (RMA) 1991.

1 CURRENT CONSENT HOLDER DETAILS

Full name/s

Postal address

Email address

Primary contact person/s

Phone number/s

Home Business Mobile Fax

2 CURRENT RESOURCE CONSENT AND LOCATION DETAILS

Please note under Policy 16-9 of the One Plan water can only be transferred within the same Water Management Zone as defined in Schedule A of the One Plan. If you wish to transfer water out of a Water Management Zone you will need to apply for a Water Permit for a new water take. Additionally if you wish to increase the volume of water being taken, you may need to apply for a new consent. Please contact the consents team on freephone 0508 800 800 if you require assistance.

Consent number

Location

Groundwater (take please state bore number)

Surface water take

What is the name of the water body of the currently consented take?
If the water body is unnamed then please note this and state which water body it is a tributary to.

.....

According to Schedule A of the One Plan, what Surface Water Management Zone is this in?

.....

Purpose of current water take

.....

Consented volume of current water take l/s, m³/day, m³/year

.....

3 NEW CONSENT HOLDER DETAILS

For **individuals**, you must provide the full names of all individuals (such as John Robert Smith and Mary Jane Williams).

For **companies and other incorporated entities** you must provide the company name and you must also provide the name of a person or persons as a point of contact for the application.

For **partnerships, groups and unincorporated entities** (such as private or family trusts or unincorporated societies) we must have the details of all authorised partners, trustees, members or officers. We may also request a copy of your society’s rules to verify your status as a formal body or society.

We will send your written notice when the transfer is completed.

Same person/s as provided shown in question 1 (Please go to question 4).

Different person/s to that provided in question 1 (Please provide details below).

Full name/s of new consent holder

Postal address
.....

Email address.....

Primary contact person/s

Phone number/s

Home..... Business..... Mobile Fax.....

If the proposed transfer will take place on land not owned by the named applicant above, the written approval of the property owner must be provided.

If the proposed transfer will be put into the name of a partnership or unincorporated entity (such as a private trust or unincorporated body or society) you must provide details of all authorised partners, trustees, or members. Any transfer granted will then include these names, and all individuals will be legally responsible for the consent and any associated costs. Should these persons change, then you must notify us.

4 LOCATION DETAILS WHERE WATER WILL BE TRANSFERRED TO

Location
.....

Map coordinates (NZTM) E..... N

Legal description
.....

Valuation number/s
.....

Groundwater take (Please state bore number),

Surface water take

What is the name of the water body/s of the proposed take/s?

If the water body is unnamed then please note this and state which water body it is a tributary to.

According to Schedule A of the One Plan, what Surface Water Management Zone is new take location in?

Purpose of water take

You will need to provide a site map of the location of the proposed abstraction point on an appropriately scaled map/plan as required in Section 11.

5 CONSENT TRANSFER DETAILS

Will all or part of the volume of water be transferred to the new site?

All Please go to question 6.

Part Please provide further information below on how much water will be transferred.

How much water is to be transferred?	How much water is to be retained?
Litres per second	Litres per second
m ³ per day	m ³ per day
m ³ per year	m ³ per year

Is the transfer for a limited duration? Yes No

If 'Yes' what date is the transfer to cease?

Please justify the use of the water to be transferred to the new location along with the use of the water to remain at the existing location. (E.g. please provide any usage records/calculation/design relating to the water takes. This can include stocking rates, irrigation area and/or the water needs of crops to be irrigated).

As per the conditions of the current consent you will need to ensure that you have the appropriate measuring device/s in place and/or the appropriate intake measures, (e.g. intake screen on surface take), on the new take site before any water is abstracted.

6 ASSESSMENT OF ENVIRONMENTAL EFFECTS

For your application to be considered, an assessment of environmental effects must be included. Please answer all of the questions below. Additional information may need to be provided depending on the scale and significance of your proposal.

If the water is to be relocated to a new bore or split across two or more bores please provide information and/or evidence that there will be no more than minor adverse effects on any other take or use of water. (E.g. for a groundwater take this may include an aquifer test). You may also like to contact Horizons science team on freephone 0508 800 800 for a record of nearby water permits.

7 APPLICATION FEES

The transfer of a Resource Consent requires a fixed initial deposit of \$100 (incl. GST) in accordance with the Horizons Regional Council Charges Schedule. In some instances where administration time to process the transfer is above the deposit, additional charges will be payable in accordance with the schedule of additional charges laid out in our Annual Plan. Payment of this deposit, and any additional charges, should be mutually agreed by both the current and new consent holder/s prior to lodging the transfer.

Refund – if a refund is due, you will be notified by letter or email advising you of the process to receive this

Payment Methods for Deposit

- Internet banking to Horizons Regional Council bank account (see below)
- Over the counter – payments can be made at any of our offices listed on our website, using credit card, EFTPOS or cash

Name of account	Bank	Branch	Account No.	Suffix
Horizons Regional Council	02	0630	0024883	003

Note:

Payer Particulars – Applicant surname or party making payment on behalf of applicant

Payer Code – CONSENTS

Payer Reference – Company name or surname of applicant

Please write below what you have entered for the PayerCode/Payer Reference details when making your deposit online.

	C	O	N	S	E	N	T	S																	
Payer Particulars	Payer Code							Payer Reference – Name of Applicant																	

Total amount paid \$ Payment date

8 ADDITIONAL INFORMATION REQUIRED WITH THIS FORM

A SITE MAP to scale showing for both the existing and proposed new take:

- The geographical location of the property
- The location of the existing take point
- The location of the proposed abstraction point/s
- The total property area boundary
- Location of pump and pump shed/s
- Existing or proposed flowmeter location
- Where the water is to be used i.e. irrigation area, industrial use etc
- Any rare, threatened or at risk habitats in the vicinity of the take
- The coastline and the distance to it (if relevant)

Water meter verification certificate (if available)

Photo of water take point

Evidence of volume and efficiency calculations

Pump/aquifer test if the take is being moved or split across two or more bores

I/we hereby certify that, to the best of my/our knowledge and belief, the information given in this application is true and correct.

I/we understand that the Council may charge me/us for all costs actually and reasonable incurred in processing this application and, if granted, for any subsequent monitoring charges. Subject to my/our rights under sections 357B and 358 of the RMA to object to any costs, I/we undertake to pay all and future processing costs and monitoring costs incurred by the Council. Without limiting the Council’s legal rights, if any steps, including the use of debt collectors, are necessary to recover unpaid costs, I/we agree to pay all costs associated with recovering those costs. If this application is made on behalf of a trust (private or family), a society (incorporated or unincorporated) or a company in signing this application I/we are binding on the trust, society, or company to pay all the above costs and guaranteeing to pay all the above costs in my/our personal capacity.

CURRENT CONSENT HOLDER

Full name

Signature

Date

NEW CONSENT HOLDER

Full name

Signature

Date

Please email this form to **regulatory.administrator@horizons.govt.nz** or alternatively you can post your application to:

Horizons Regional Council
11-15 Victoria Avenue
Private Bag 11025
Manawatu Mail Centre
Palmerston North 4442