



Environmental Health & Safety Legal Consulting

09 July 2015

DEA&DP Development Management
Private Bag X9086
Cape Town
8000



Attention: Development Management Branch - Region 1

REQUEST FOR SPECIFIC FEE REFERENCE NUMBER: PROPOSED COUNTY FAIR HOCRAFT ABATTOIR AND RENDERING FACILITY EXPANSION

Enclosed please find the Specific Fee Reference Number (SFRN) application form for the above mentioned proposed development.

Regards

NZ Loebenberg (Ms)
EIA Administration



REQUEST FOR A SPECIFIC FEE REFERENCE NUMBER: PROPOSED COUNTY FAIR HOCRAFT EXPANSION

A: Applicant's details:

Name: Astral Operations Ltd – Mr Gerrit Visser ID Number: NA
Residential Address: Portion 16 of Farm 724, Joostenbergvlakte, Kraaifontein
Postal Address: PO Box 94, Epping Industrial, 7475
Telephone no.: 021 884 3013 Cellular no.: 082 419 6556
Facsimile no.: 021 884 3042 Email address: gerrit.visser@countyfair.co.za
Note: Please duplicate where there is more than one applicant:

PLEASE copy admin@ecoimpact.co.za in all correspondence with the applicant.

B: Provide a brief description of the proposed project:

The expansion of the existing abattoir and rendering facility. The rendering facility will be expanded by the installation of three additional 5.5ton cookers inside the existing rendering facility building. The two 5 ton John Thompson (existing boilers) will, be replaced with two 10 ton John Thompson Boilers inside the existing boiler room. No expansions to the associated infrastructure (effluent treatment facility, etc.) are needed.

The existing abattoir will be expanded in order to increase the number of chickens to be slaughtered to 460 000 chickens per day. In order to increase the number of chickens to be slaughtered, the following expansions are needed to the existing infrastructure:

- A new dispatch area of ($\pm 1680m^2$) roof area
- A new dispatch concrete apron area ($\pm 2838m^2$)
- New gravel road 7.4m wide ($\pm 1500m^2$)
- New 4 ton Gyro Freezers ($\pm 421m^2$)
- New life bird receiving area consisting of a buffer and processing area of ($\pm 3048m^2$). This area is in between the existing abattoir and rendering facility
- New change room extensions ($\pm 254m^2$)
- New truck holding area ($\pm 375m^2$)
- New truck driveways and turning area ($\pm 1860m^2$), and
- New weighbridge (23m x 3m) and control room (5m x 3m)

The above infrastructure and extensions will all happen next to the existing abattoir and rendering facility on the area that is zoned Agri-Industrial.

C: Indicate the process to which the application must be subjected:

The applicable listed activities to be applied for are (list the respective activity numbers):

Basic Assessment:	Activity Number	Scoping & EIR:	Activity Number	NEM: Waste Act:	Activity Number
Listing Notice 1	34 & 38	Listing Notice 2		Category A	
Listing Notice 3				Category B	

The process to which the proposed application is to be subjected is (tick the relevant box):

Basic Assessment:	<input checked="" type="checkbox"/>	Scoping and EIR:	<input type="checkbox"/>	Non-substantive Amendment	<input type="checkbox"/>	Substantive Amendment	<input type="checkbox"/>
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D: Application Fee:

Indicate the fee to be paid:

Application Fee	R2000.00
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Note: The Department will confirm the amount to be paid. Where permission has been granted for a combined application to be submitted as contemplated in Regulation 11, the fee payable in terms of the application in question must be confirm with the Department prior to submission of the application.

E: Departmental region within which the application will be administered (tick the relevant box):

CAPE TOWN OFFICE: REGION 1 (City of Cape Town & West Coast District) Fax: (021) 483 4372	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I, Nicole Z Loebenberg, (applicant's full name), herewith request the Department to provide me with a specific fee reference number in order that I may make payment of the application fee. I am fully aware of my responsibility to ensure that the correct fee is paid and that proof of such payment must be attached to my application form. I further confirm that the information I have provided herein is true and correct.

ABEF
Applicant's signature

07 07 2015
Date

Captured by : <u>LABEBA DE JAGER</u>		(For official use only)		Date received: <u>09/07/2015</u>		Date captured: <u>13/07/2015</u>	
EIA Process (tick)	Basic Assessment (R2 000)	Scoping and EIR (R10 000)	Joint EIA/WML	Category A (R2 000)	Category B (R10 000)	Amendment (R2 000)	
Amount to be paid: <u>R2000</u>		Specific fee reference number:		<u>W-BA-EIA-B9</u>			
Process and amount approved by Control EO: <u>T. GREYER</u>			Name		Signature <u>[Signature]</u>		

THIS FORM MUST BE FAXED TO THE RELEVANT REGION REFLECTED IN THE DEPARTMENTAL DETAILS ABOVE
THE APPLICATION FEE MUST BE MADE INTO THE DEPARTMENTAL BANKING ACCOUNT USING THE SPECIFIC FEE REFERENCE NUMBER.

TX Result Report

P 1

13/07/2015 15:24

Serial No. A5AY041000888

TC: 74608

Addressee	Start Time	Time	Prints	Result	Note
*00880216711660	07-13 15:23	00:00:57	000/003	No Ans	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
 DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSAC:CSAC,
 FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, Sp:Special Original,
 FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax,
 IPADR:IP Address Fax, I-FAX:Internet Fax

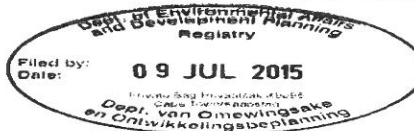
Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF,
 TEL: Rx from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer,
 Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over,
 POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,
 DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
 DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

L. De Jager

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 EIA Administration

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