



**ETHEKWINI MUNICIPALITY
COMMUNITY AND EMERGENCY SERVICES CLUSTER
HEALTH UNIT**

**APPLICATION FOR ISSUING OF A SCHEDULED ACTIVITIES PERMIT
IN TERMS OF THE ETHEKWINI MUNICIPALITY: SCHEDULED ACTIVITIES BYAW,
2020**

I, Harry Indizwe Ngidi..... hereby make application in terms of **Section 5(1)** of the **Scheduled activities Bylaw of the eThekweni municipality 2020**, for permission to undertake a listed activity and hereby submit the following information in support thereof:

- 1. Section 1 Facility Information**
- 2. Section 2 Process, Plant and/or Production**
 - 2.1 Process Description
 - 2.2 Hours of Operation
 - 2.3 Graphical Process Information
- 3. Section 3 Raw Materials**
 - 3.1 Raw Materials Used
 - 3.2 Production Rates
 - 3.3 By-Product Produced
- 4. Section 4 Environmental Management**
 - 4.1 Dust Management
 - 4.2 Noise Management
 - 4.3 Waste Management
- 5. Section 5 Occupational Health and Safety**
- 6. Section 6 Major Hazard Installation**
- 7. Section 7 Emergency Response and Contingency Measures**
- 8. Section 8 Effluent Discharge**
- 9. Section 9 Transportation**
- 10. Attachments**

SECTION 1 PERMIT HOLDER DETAILS

1 FACILITY INFORMATION

Facility Name	MAVAVELA PROJECTS
Company Trading Name	MAVAVELA PROJECTS Buy Back
Type of Facility , e.g. Company/Close Corporation/Trust, etc.	COMPANY
Company/Close Corporation/Trust Registration Number (Registration Numbers if Joint Venture)	2013/117030/07
Physical Address / Description of Site (Where No Street Address)	3-5 ROADHOUSE CRESENT BRIARIDGE DURBAN 4001
Coordinates of Approximate Centre of Operations	-29.809559 ; 31.014206
Postal Address	3-5 ROADHOUSE CRESENT BRIARIDGE DURBAN 4001
Telephone Number (General)	-
Company Email Address	HARRY@MAVAVELA.CO.ZA
Industry Type/Nature of Trade	WASTE MANAGEMENT / Recycling
Land Use Zoning as per Town Planning Scheme	Attach a copy of the land use zoning certificate
Land Use Rights if outside Town Planning Scheme	
Name of the Land owner or Landlord	eThekweni Municipality

Responsible Person Name	MOMDIZ MBEMBE
Telephone Number	-
Cell Phone Number	076 247 1000
E-mail Address	MOMDIZ@use-it.co.za
Name of SHEQ Official if available	NOT APPLICABLE
Telephone Number	N/A
Cell Phone Number	N/A
E-mail Address	N/A
After Hours Contact Details	N/A

Location and extent of plant: Attach a map or a block plan detailing the location of your premises in relation to the external environment.

2 SECTION 2 PROCESS, PLANT AND/OR PRODUCTION

2.1 Process description

Please provide a detailed description of the entire production process including the purpose or function of each unit process

THE FACILITY UNDERTAKES WASTE SORTING, SEPARATION, RECYCLING AND BENEFICIATION ACTIVITIES. WASTE MATERIAL ARE RECEIVED, SORTED INTO RECYCLABLES STREAMS, PROCESSED WHERE NECESSARY AND PREPARED FOR REUSE OR RESALE. RESIDUAL WASTE IS COLLECTED AND TRANSPORTED.

Processes Conducted

List all unit processes conducted

Unit Process	Unit Process Function	Batch or Continuous Process	Emissions released
Waste Reception	Intake & Inspection	Continuous	Minimal Dust
Sorting	Separation of Recyclables	Continuous	Dust
Storage	Temporary holding	Batch	None
Handling	Transport Preparation	Batch	Noise

Type of Waste transported (Pls tick where applicable) only for Waste transportation application						
Health Care Risk Waste (HCRW)	Domestic	Hazardous	Commercial	Garden	Recyclables	Other (specify)
	✓		✓		✓	Waste General

2.2 Hours of operation

Provide the hours of operation

Unit Process	Operating Hours	Number of Days Operated per Year
All operation	07:00 - 17:00	260 / 300

2.3 Graphical process information

2.3.1 Attach the following for the entire operation being undertaken at the site:

- Simplified block diagram with the name of each unit process in a block; showing links between all unit processes or blocks.

- Site layout diagram (plan view and to scale) indicating location of unit processes, plants, buildings, stacks, stockpiles and roads (include true north arrow and scale).
- Attach a color coded site drainage plan detailing the layout of the premises with the drainage facilities (trade effluent, domestic sewer and storm water, onsite pretreatment facilities, demarcated safety zones and storage areas).

3 SECTION 3 RAW MATERIALS

3.1 Raw materials used

Raw Material Type	Design Consumption Rate (Quantity)	Actual Consumption Rate (Quantity)	Units (Quantity/Period)
NOT	APPLICABLE	NOT	APPLICABLE

3.2 Production rates

Production Name	Design Production Capacity (Quantity)	Actual Production Capacity (Quantity)	Units (Quantity/Period)
NOT	APPLICABLE	NOT	APPLICABLE

3.3 By-Product Produced

By-Product Name	Maximum Capacity (Quantity)	Production Permitted	Design Production Capacity (Quantity)	Actual Production Capacity (Quantity)	Units (Quantity/Period)
NOT	APPLICABLE			NOT	APPLICABLE

4. SECTION 4 ENVIRONMENTAL MANAGEMENT

4.1 Dust Management (Dust Regulations and Section 22 of AQ Bylaw)

4.1.1 Identify all sources of dust and list mitigation measures (Attach copies of recent dust monitoring reports)

WATER SPRAYING TO SUPPRESS DUST
COVERED STORAGE
REGULAR HOUSE KEEPING

4.2 Noise Management (Noise Regulations and SANS10103)

Identify all potential noise sources and for each noise source identified describe:

4.2.1 The anticipated impact on surrounding communities

MINIMAL IMPACT ON SURROUNDING INDUSTRIAL AREA
OPERATING DURING BUSINESS HOURS
EQUIPMENT MAINTENANCE

4.2.2 The details of the noise control measures implemented/ to be implemented

NOT APPLICABLE

Attach copy of latest noise measurement report completed.

4.3 Waste Management

4.3.1 Identify all waste streams associated with the operation, Give details below:

Type of Waste	Composition / constituents of waste	Volume Generated	Storage	Disposal Method	Frequency of disposal	Waste service Provider	Final Disposal point
GENERAL WASTE	Bins/ skips			Landfill			
RECYCLABLES	Segregated			Recycling		RECYCLERS APPROVED	

4.3.2 Describe system of record keeping for tracking each waste. Are Waste disposal certificates kept to account for all wastes removed by a service provider?

Online ZRECO RECORDING for ALL types OF WASTE, WASTE REMOVAL
is by eThekweni WASTE Directorate with a Billing Account

4.3.3 Provide detail of any toxicity testing completed.

Not Applicable

4.3.4 Details of waste management systems

N/A

4.3.5 Provide waste minimisation activities

N/A

4.4 Surface and Ground Water Quality monitoring (DWS requirements to be considered)

4.4.1 Describe measures in place for the protection of surface and ground water sources

No discharge to stormwater
Spill control measures in place

Attach copies water sampling reports that may have been completed

5. SECTION 5 OCCUPATIONAL HEALTH & SAFETY

5.1 Have all the potential occupational hazards/risks relating to the internal operations been identified. (Y/N) -comments

Yes
Hazards identified : Dust, Manual handling, Machinery

5.2 Provide a list of all such stressor / hazards identified i.e physical, chemical, biological, ergonomical, other

Not Applicable

5.3 Do you believe that any of the above risks / hazards will be at a level which may pose a health risk to the employees

No

5.4 List all methods which will be used to control Health Risks

Not Applicable

5.5 Provide details of envisaged Health and Safety training for employees.

PPE provided
Training Conduct Regular
Medicals conducted where required

5.6 Have staff undergone pre-employment medicals (if so, provide details) (Y/N)

No

Attach latest Occupational Health list programme and compliance report.
Occupational health risk assessment, occupational exposure monitoring reports and occupational health/ medical report to be reviewed

6. SECTION 6 MAJOR HAZARD INSTALLATION

Provide the list of operation (s) that constitute a Major Hazard Installation including mitigation measures that are in place.

Not Applicable

7. SECTION 7 EMERGENCY RESPONSE AND CONTINGENCY MEASURES

The Emergency Response plan takes cognisance of foreseen environmental emergency scenarios, the method of managing such emergencies, the responsible person / team and resources required.

Fire Extinguishers onsite
Spill kits available
Staff trained in incident response

Attach copy of Emergency and response plan if available

8. SECTION 8 EFFLUENT DISCHARGE

Describe the composition and volume of any effluent discharged or to be discharged to sewer. (Application for an Effluent discharge permit with EWS is require

No industrial effluent discharge
Domestic sewer connection only

ETP / Odour Management (If applicable)

9. SECTION 9 TRANSPORTATION

List details of all vehicles used in the transportation of waste:
Washing / base premises / Application for the transportation of waste

Isuzu	D-Max	BL 43 DM ZM
Isuzu	KB	FY K 708 MP
Isuzu	KB	DP 30 XS GP
Mercedes	-6072	AXOL JHM 311 MP

I declare that the information provided above is in all respect factually true and correct.

Signature of Applicant: _____

NOTE: This application must be completed in full and signed by the Applicant

Date: _____

28/04/2026