For o	ffice	use	e on	ly:
Land	User	ID	Num	ber:

WORKING FOR WATER PROGRAMME

A Joint Venture between Dept. of Water Affairs and Forestry, National Dept. Agriculture and Dept of Environment Affairs and Tourism



## **APPLICATION FOR DEMARCATION OF BIOLOGICAL CONTROL RESERVE** SITE FOR TERRESTRIAL PLANTS AND AQUATIC WEEDS

STATUS OF LANDOWNER:	PRIVATE	STATE MUNICIPAL			
ARE YOU A MEMBER OF A:		FPA FARMERS ASSOC. OTHER			
TYPE OF PLANT					
Section 1:					
FULL NAME OF LAND USER					
WATER USER REGISTRATIC	N NUMBER:	DEED OF TRANSFER NUMBER			
SURVEYOR GENERAL REFERENCE NUMBER:					
FARM NAME AND ADDRESS/STREET ADDRESS OF PROPERTY:					

Example:					
SITE NUMBER	1	Location of site: (e.g. river bank, windbreak)	Next to Main House/Berg River-pump station	Approx Area (in hectares)	1Ha
Plant Name		Black Wattle/Water Hyacinth			
X Co-ordinates		19 34 42 (dd mm ss)			
Y Co-ordinates		33 25 16 (dd mm ss)			
Biological agent to be released		Melantarius/Eichornia bruchii			
Monitoring periods		Monthly			
What is the nature and form of guarantee that you will provide to eradicate plants that may spread from the demarcated area?					

SITE NUMBER	Location of block: (e.g. river bank, windbreak)	Approx Area (in hectares)	
Plant Name			
X Co-ordinates			
Y Co-ordinates			
Biological agent to be released			
Monitoring periods			
What is the nature and form of guarantee that you will provide to eradicate plants that may spread from the demarcated area?			

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SITE NUMBER	Location of block: (e.g. river bank, windbreak)	Approx Area (in hectares)	
Plant Name			
X Co-ordinates			
Y Co-ordinates			
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What is the nature and form of guarantee that you will provide to eradicate plants that may spread from the demarcated area?			

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SITE NUMBER	Location of block: (e.g. river bank, windbreak)	Approx Area (in hectares)	
Plant Name			
X Co-ordinates			
Y Co-ordinates			
Biological agent to be released			
Monitoring periods			
What is the nature and form of guarantee that you will provide to eradicate plants that may spread from the demarcated area?			

I know and understand that this application will be forwarded to the National Department of Agriculture for approval. Once approved, I undertake to monitor the biological control agents and submit the required reports timeously to the local Working for Water representative.

The land user indemnifies the Working for Water Programme from all claims from whatsoever cause arising/resulting from the execution of the assistance except where those claims arise from the fraudulent actions of the Working for Water Programme, its employees or agents

FULL NAMES OF APPLICANT

SIGNATURE OF APPLICANT

DATE

TEL NO.

E-MAIL ADDRESS

CONTACT DETAILS OF WORKING FOR WATER REPRESENTATIVE

NAME

TELEPHONE NUMBER

E-MAIL ADDRESS