



Permitted activities: Pre-activity notice

Form 1 of Schedule 5 of the Exclusive Economic Zone and Continental Shelf (Environmental Effects – Permitted Activities) Regulations 2013

How to use this form: This form must be completed by organisations planning to carry out a permitted activity (except seismic surveying) in accordance with:

- regulation 5, 6 or 8 of the Exclusive Economic Zone and Continental Shelf (Environmental Effects – Permitted Activities) Regulations 2013 (PA Regulations 2013); or
- regulation 7, 8 or 9 of the Exclusive Economic Zone and Continental Shelf (Environmental Effects – Discharge and Dumping) Regulations 2015 (D&D Regulations 2015).

This form fulfils the pre-activity reporting requirements under regulation 11(a) of the PA Regulations 2013 and regulation 12(2) of the D&D Regulations 2015.

Timeframe: You must provide this form to the Environmental Protection Authority (EPA) no less than 40 working days before starting the activity.

Note: Items marked in *italics* are not compulsory; however, including this information will help the EPA process the form.

This completed form, once received and processed by the EPA, will be posted on the EPA website.

Submitting in hard copy: If you wish to provide the completed form in hard copy, post it to Environmental Protection Authority, Private Bag 63002, Wellington 6140 or fax it to +64 4 914 0433.

Submitting electronically: If you wish to provide the completed form electronically, email it to permitted.compliance@epa.govt.nz.

Any form submitted electronically should be attached to an email that sets out:

- the details of the person undertaking the permitted activity (the operator)
- the name of the person supplying the completed form
- a statement that the person is authorised to supply the form on behalf of the operator.

Note: The EPA has an 8 MB limit on electronic files submitted by email.

You can find and download all forms prescribed by the PA Regulations 2013 and the D&D Regulations 2015, as well as suggested templates for providing other information, on our website at www.epa.govt.nz or request them from us by contacting:

Environmental Protection Authority,
Private Bag 63002, Wellington 6140
Email permitted.compliance@epa.govt.nz

Phone +64 4 916 2426
Fax +64 4 914 0433

Operation name: Te Mana o Rangitāhua October Expedition 2021

Name used by operator to reference the activity described in this form:

Details of person undertaking permitted activity

Name of company, organisation or person:	Auckland War Memorial Museum		
Contact person:	[REDACTED]		
Phone number:	[REDACTED]		
Mobile number:	[REDACTED]	Fax number:	[REDACTED]
Physical address:	[REDACTED]	Postcode:	[REDACTED]
Postal address (if different):	[REDACTED]	Postcode:	[REDACTED]
Email address:	[REDACTED]		

General description of permitted activity**Type of activity:**

Marine scientific research	<input checked="" type="checkbox"/>	Alteration, extension or removal of a permitted marine structure	<input type="checkbox"/>
Prospecting	<input type="checkbox"/>	Discharge of sediments from iron sand prospecting and exploration	<input type="checkbox"/>
Exploration	<input type="checkbox"/>	Incidental discharge of sediments from phosphate nodule or placer gold prospecting and exploration	<input type="checkbox"/>
Placement or removal of submarine cables	<input type="checkbox"/>	Discharge of sediments from seafloor massive sulphide prospecting and exploration	<input type="checkbox"/>

Description of methods to be used to undertake the activity:

Please see attached.

Timing of permitted activity

Proposed start date:	9/10/2021
Approximate duration of activity:	26 days
Timetable:	Please see attached proposed Expedition plan

Location of permitted activity**Co-ordinates of area where activity will be undertaken:**

(Provide four sets of co-ordinates in latitude and longitude or submit a shape file or KML/KMZ file.)

Set 1	Please see attached
Set 2	
Set 3	
Set 4	
<input type="checkbox"/>	I have attached a shape or KML/KMZ file

Map:

(Provide a map that shows the location of your activity relative to the New Zealand coastline)

	Please see attached
--	---------------------

Describe the current state of the area and the surrounding environment, including any known sensitive environments:

Please see attached

Describe the likely effects of the activity on the environment:

Please see attached

Other information

Name of the ship involved in the activity:	Please see attached
International call sign or vessel number of the ship:	Please see attached
Associated licence number (under the Continental Shelf Act 1964):	NA
Associated permit number (under the Crown Minerals Act 1991):	NA

Funding and cost recovery

The EPA recovers costs in accordance with section 143 of the Exclusive Economic Zone and Continental Shelf (Environmental Effects) Act 2012, Exclusive Economic Zone and Continental Shelf (Fees and Charges) Regulations 2013, and EPA Cost Recovery Policy for the Exclusive Economic Zone and Continental Shelf (Environmental Effects) Act 2012 and Regulations. The policy specifies that the EPA will not recover costs for domestic or international marine scientific research where proof of government funding is provided.

To help the EPA determine whether you are eligible for cost recovery exemption under the policy, fill out the section below.

Is this activity receiving any government funding?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No (go to the next section)
-------------------------------------	-----	--------------------------	-----------------------------

If yes, provide details and attach any proof of such funding:

Please see attached letter of funding success.

Where the EPA is required to recover costs associated with the permitted activity to which this form relates, it will invoice the company, organisation or person named on this form. The invoice will be addressed to the named contact person.

Delivery details for the invoice if different from those given on page 2

Postal address	
Contact person	
Email address	
Purchase order number (if applicable)	

Payment is expected by the 20th of the month following the month of issue of the invoice.

Signature of authorised contact person

Date 13/08/2021

Name: [REDACTED]

[REDACTED]

Title: [REDACTED]

Note: A signature is not required for electronic (email) forms.