

## Form ESF3

# Environmental Management Report

(Opal prospecting in OPA4)

*Mining Act 1992*

March 2016 | v2.1

### More information

For help with lodging this application, or for more information contact:

Division of Resources and Energy

**Environmental Sustainability Unit**

**Phone +61 2 6829 9200**

**[lightningridge.office@industry.nsw.gov.au](mailto:lightningridge.office@industry.nsw.gov.au)**

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The information contained in this publication is based on knowledge and understanding at the time of writing. However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of the NSW Department of Industry, Skills and Regional Development or the user's independent advisor.

#### Privacy statement

This information is collected by the Department of Industry, Skills & Regional Development (NSW Department of Industry) for the purposes of assessing an application for an authorisation or associated with an authority as required by the *Mining Act 1992* and *Mining Regulation 2010*.

This information may also be used by the department to confirm applicant details in the event that subsequent applications are made, and may also be used to establish and maintain databases to assist the department with its work generally.

Except for purposes required by law, the information will not be accessed by any third parties in a way that would identify the person without the consent of that person.

You may apply to the department to access and correct any information the department holds if that information is inaccurate, incomplete, not relevant or out of date.

## When to use this form

**Complete this form if you are reporting on rehabilitation of exploration activities within Opal Prospecting Licences in OPA4 only.**

**Completion of this form will allow the department to assess compliance with the rehabilitation requirements of the *Mining Act 1992* and the conditions of Opal Prospecting Licences in OPA4.**

This form has been prepared in accordance with [Part 3 Division 1](#) of the *Mining Act 1992* and [Clause 14](#) of the *Mining Regulation 2010*. The form and associated templates are approved in accordance with [Section 382](#) of the *Mining Act 1992*. The information requested in this form may not be specifically referenced in the *Mining Act 1992* or the *Mining Regulation 2010* however its inclusion in the approved form validates the authority of the NSW Department of Industry, Division of Resources and Energy (the department) to request it.

If there is insufficient room in any of the fields, please provide the information as an attachment.

## Important notes

If this application is lodged by any party other than the applicant/s (ie. an agent), the department may seek confirmation of that authority and any limits of that authority given to that other party by the applicant ([Section 163F](#) of the *Mining Act 1992* and [Clause 78A](#) of the *Mining Regulation 2010*). The agent will need to complete the declaration at the end of this form and supply evidence of their appointment, if not already supplied to the department.

## How to submit this form

- **By email:** Send an electronic copy of the form, including any attachments to [lightningridge.office@industry.nsw.gov.au](mailto:lightningridge.office@industry.nsw.gov.au)
- **By mail:** Mail your form and any attachments to Division of Resources and Energy, PO Box 314, Lightning Ridge NSW 2834.
- **In person:** Submit your application in person at the Division of Resources and Energy , Miners Association Building, Lot 60, Morilla Street Lightning Ridge. Office hours are 9.30am to 4.30pm.

## How this application will be processed

Once your application has been registered and checked, it will be assessed by the department. The Minister for Resources and Energy (or their delegate) will consider the department's recommendation and all relevant information and the licence holder will be notified accordingly.

## 1 Licence holder/s details

OPL Number	<input type="text"/>
Licence Holder	<input type="text"/>
OPL Number	<input type="text"/>
Licence Holder	<input type="text"/>
OPL Number	<input type="text"/>
Licence Holder	<input type="text"/>

### Additional licence holders

Provide the licence number and names of additional licence holders.

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## 2 Contact for this application

Any correspondence relating to this application will be sent to this person.

Contact name	<input type="text"/>
Position held (if applicable)	<input type="text"/>
Company (if applicable)	<input type="text"/>
Postal address	<input type="text"/>
Phone (inc. area code)	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

### Your preferred contact method

- Email (For companies – provide a generic company email address which is regularly monitored rather than an individual employee’s email address.)
- Mail

### 3 Activity type undertaken within this licence

Auger

Calweld

Other (describe below)

### 4 Rehabilitation status

The following table must be completed for all drilling activities undertaken within the licence area

Drillhole		Co-ordinates (GDA94)			Rehabilitation Method	Rehabilitation status
#	Type	Easting	Northing	Zone	Description	Complete or Not complete
1				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
2				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
3				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
4				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
5				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
6				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
7				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
8				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
9				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
10				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
11				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
12				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
13				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
14				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE

Drillhole		Co-ordinates (GDA94)			Rehabilitation Method	Rehabilitation status
#	Type	Easting	Northing	Zone	Description	Complete or Not complete
15				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
16				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
17				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
18				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
19				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
20				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
21				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
22				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
23				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
24				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
25				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
26				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
27				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
28				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
29				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
30				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
31				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
32				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
33				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
34				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
35				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
36				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
37				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
38				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
39				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE

Drillhole		Co-ordinates (GDA94)			Rehabilitation Method	Rehabilitation status
#	Type	Easting	Northing	Zone	Description	Complete or Not complete
40				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
41				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
42				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
43				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
44				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
45				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
46				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
47				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
48				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
49				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE
50				55		<input type="checkbox"/> COMPLETE <input type="checkbox"/> NOT COMPLETE

## 5 Supporting documentation

Indicate if you have attached supporting documentation with this form (e.g. existing approvals, Review of Environmental Factors). Check the box to indicate this information is attached.

**Plan.** Attach a copy of the plan required under Condition 22 of the Opal Prospecting Licence.

**Evidence of rehabilitation.** Provide evidence of rehabilitation (e.g. photographs, contractor reports). This will assist the department in their assessment and security/title relinquishment processes.

**Other additional information.** List additional information attached below

## 6 Declaration

This form should be signed by the licence holder/s or an authorised representative.

I/We declare that the information provided in this application is true and correct. I/We understand that under [Part 5A](#) of the *Crimes Act 1900*, knowingly giving false or misleading information is a serious offence; and under [Section 378C](#) of the *Mining Act 1992*, any person who provides information that the person knows to be false or misleading is guilty of an offence, for which they may be subject to prosecution.

### Licence holder/s

Name	
Position/title	
Date	
Signature	

Name	
Position/title	
Date	
Signature	

Name	
Position/title	
Date	
Signature	

OR

### Agent authorised to act for this licence holder/s

Provide evidence of appointment if this has not been previously supplied to the department.

Name	
Position/title	
Date	
Signature	

## Office use only

### Application received

Time:  Date:

### Received under delegation from the Secretary

Name   
Signature

## Document control

Authorised by: Executive Director Compliance and Enforcement

RM8 Reference: PUB16/111 INT16/18953 (V15/5289#12)

### Amendment schedule

Date	Version #	Amendment
01 March 2016	3.0	New template
06 March 2016	3.1	Hyperlinks updated, minor edits