



**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 Alyssa Ulassi ,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. Section1 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	OTGC Terminals
Company Trading Name	OTGC Terminals (Pty) Ltd
Type of Facility , e.g. Company/Close Corporation/Trust, etc.	Company
Company/Close Corporation/Trust Registration Number (Registration Numbers if Joint Venture)	2011/122972/07
Physical Address / Description of Site (Where No Street Address)	55 Johnstone Road , Maydon Wharf
Coordinates of Approximate Centre of Operations	North-south: 29° 52' 39" S East-west: 31° 00' 08" E
Postal Address	
Telephone Number (General)	0312056200
Company Email Address	Alyssa.singh@Oiltanking.com
Industry Type/Nature of Trade	
Land Use Zoning as per Town Planning Scheme	<i>Attach a copy of the land use zoning certificate</i>
Land Use Rights if outside Town Planning Scheme	
Name of the Land owner or Landlord	TNPA

Responsible Person Name	Linda Christie
Telephone Number	031 205 6200
Cell Phone Number	0826577603
E-mail Address	Linda.christie@oiltanking.com
Name of SHEQ Official if available	Alyssa Singh
Telephone Number	031 205 6200
Cell Phone Number	0796268719
E-mail Address	Alyssa.singh@oiltanking.com
After Hours Contact Details	0796268718

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

Vessel discharge (unloading) refers to the receiving of product via a seagoing tanker (vessel) into terminal infrastructure (pipelines, tank, etc.) to be stored in shore tanks until further notice.

Tank truck loading refers to the loading of product from terminal storage tanks into a liquid-carrying truck through the use of pumps.

Processes Conducted

List all unit processes conducted

Unit Process	Unit Process Function	Batch or Continuous Process	Emissions released
Storage of HFO	Storage	Continuous	
Storage of Base Oil	Storage 2024	Continuous	
Storage of Bitcumen	Storage	Continuous	

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)
N/A						

2.2 Hours of operation

Provide the hours of operation

Unit Process	Operating Hours	Number of Days Operated per Year
Storage of HFO in Tank 2	Storage of HFO in Tank 2 - 24Hrs	Storage of HFO in Tank 2 365 Days
Storage of Base Oil	Storage of Base Oil--24 Hrs	Storage of Base Oil -365 Days
Storage of Bitcumen in Tank 3	Storage of Bitcumen- 24Hrs	Storage of Bitcumen - 365 days

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)
N/A			

3.2 Production rates

Production Name	Design Production Capacity (Quantity)	Actual Production Capacity (Quantity)	Units (Quantity/Period)
N/A			

3.3 By-Product Produced

By-Product Name	Maximum Capacity (Quantity)	Production Permitted	Design Capacity (Quantity)	Production Capacity (Quantity)	Actual Capacity (Quantity)	Units (Quantity/Period)
N/A						

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)

N/A

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

N/A

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

N/A

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
	N/A						

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?

N/A

4.3.3 Provide detail of any toxicity testing completed.

N/A

4.3.4 Details of waste management systems

N/A

4.3.5 Provide waste minimisation activities

General waste recycling

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

n/a

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

y- We have completed a occupational hygienist report

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

as per the report

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 risk posed

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

No health risks posed due to the products handled

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

There is a training plan for the teams who attend, first aid, working from heights, confine spaces ect

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

Y- Yearly

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.

n.a The terminal is a non-HMI

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.

Yes

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

N/A

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

N/A

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

Signature of Applicant: _____



Date: 23.03.21

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