ORDINARY MEETING OF COUNCIL

Item 12.13 Environmental Enhancement Program (EEP) 2016 Compliance Report Appendix 4 Environmental Enhancement Program Proposed Works Form - 2016

3	APRIL	201	7

Rates Assessment No.			Owner Name		Property Size (Ha)
Property Address					
	1	N ORDER TO	RETAIN THE R	ATE REI	BATE, WEEDS MUST NOT SET SEED.
	Percentage of Property	Percentage of weed Infestation	Proposed Method		LANDFILL
PRIORITY WEEDS	Affected eg. 20%	to be Treated eg. 99%	1=Spot Spraying 2=Digging 3=Burning 4=Cultivation 5=Boom Spray		If you intend to undertake any landfill, or rock removal a Council planning permit may be required.
Serrated Tussock					If you intend to remove, destroy, lop or bury any native vegetation a Council planning permit may be required.
Paterson's Curse					Please contact Council's Planning Services Unit on 9747 7200.
Artichoke Thistle Prairie Ground Cherry					Do you intend to plant trees or shrubs or protect native vegetation or waterways
Boxthom					with fencing?
Chilean Needle Grass					Council's Land Management Officers can provide information to help you, please contact Council on 9747 7200 to discuss further.
SECONDARY WEED	s				
Gorse					Percentage of Percentage of Proposed Property Eroded Area Method
Horehound					Affected to be Treated 1=Structures eg. 20% 2=Fencing
Bathurst Burr					eg. 100% 3=Reduce Graz SOIL EROSION 4=Tree Planting
Galenia					CONTROL PROGRAM
Spear Thistle					Erosion
Other					Details of proposed method:
Details of proposed method:					
	Percentage of	Percentage of	Proposed		
	Property Affected	Pests to be Controlled	Method		LANDOWNERS COMMENTS
	eg. 20%	eg. 100%	1=Poisoning 2=Fumigation		
PEST ANIMAL CONTROL PROGRAM			3=Ripping Burrows 4=Harbour Removal		
Rabbits Other					
Details of proposed method:					
Details of proposed method.					
			UONE 0747 740		J WISH TO BE PRESENT AT INSPECTION
DECLARATION		FLEAGE F	HONE 5747 710	2 17 100	WISH TO BE FRESENT AT INSPECTION
Print Name:			Date:		Signature:
			Mobile:		Email:
Telephone:			MODIIE:		Email:
THIS FORM IS TO BE RETUR	NED TO COUNC	IL BY 31ST MA	RCH 2016 AND AP	PROVED	WORKS SHOULD BE SUCCESSFULLY COMPLETED BY 30TH SEPTEMBER 20
PROPOSED WORKS A	PROVED (offic	e use only)			COMPLETED WORKS ASSESSED (office use only)
Name					Name
Signed			ate		Signed Date
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