Annual Return

Waste Discharge Licence

Information on this form is required in accordance with the conditions of a waste discharge licence issued under the *Water Act 1992* (NT).

Failure to provide the information requested on this form and/or the provision of false or misleading information is an offence under the legislation and can attract heavy penalties.

1. Licence details			
Licence number	WDL 230-02 – Gapuwiyak		
Reporting period	11 December 2021 – 10 December 2022		
2. Licence Holder Details			
Please check your business details and contact details including 24 hour emergency response published online and/or on page one of your licence. Are these details correct?	⊠YES, go to section 3	□NO, please correct your details	
Licence holder			
Name			
Trading Name		-	
ABN			
ACN		*	
Registered Business Address			
Postal Address			
Contact Details (for all correspondence	in relation to this licence application	on)	
Contact Person			
Position Title			
B/Hours Phone			

Mobile		
Email, including for service of documents and notices		
Emergency Contact		
Please provide contact details for some hours a day.	one who can respond to an incider	nt relating to the licensed activity 24
Name		
Position Description		
Telephone Number		
3. Compliance		
Were all conditions of the licence/approval complied with during the reporting period? Are these details correct?	YES, go to section 4	⊠NO, complete details below (add more rows if required)
Non-compliances notified to the Contro	ller	
If a non-compliance was not reported required to be reported as set out in t	I to the Controller then attach a d the waste discharge licence cond	locument with all the details ditions.
Date of non-compliance	Condition number	Date and method of notification
12/10/2020 – 12/10/2022	18 – Continuous flow	23/07/2020 - Annual Return 2020, 2021; table of non-compliances Nov 2022; ongoing communications since 2019 via meetings and email correspondance

4	Dec	lara	tion

A person with legal authority must sign the declaration. For a licence granted in the name of each person in a partnership or a joint interest, each partner or joint interest must sign the declaration.

I hereby declare that the information provided in this application and accompanying document/s is, to the best of my knowledge, true and correct.

	Applicant 1	Applicant 2
Signature	MASS	enrolad
Name (print)	Steven Porter	Djuna Pollard
Position	Executive General Manag Water Services Power and Water Corpor	Power and Water Corporation
Date	1//2/7	5 18.18.2032
Seal (if signing under seal):		e .
.10		

Where and how to submit this form

Submit the completed application and attachments via email to waste@nt.gov.au

Office use only	。 14. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
Date received:	Reference:
Received by:	

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