

ANNUAL RETURN

Information on this form is required in accordance with the conditions of your licence or approval issued under part 5 of the *Waste Management and Pollution Control Act* or part 7 of the *Water Act*.

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 you may be liable to heavy penalties.

| LICENCE/APPROVAL NO. | EDI 004 |
|----------------------|-----------|
| LICENCE/APPROVAL NO. | EPL 261 |
| REPORTING PERIOD | 2022/2023 |

Section 1. Licence/Approval Holder Details

Please check your business details and contact details including 24 hour emergency response in NT EPA online and/or on page one of your licence.

| Are these det | Are these details correct? | | | | |
|------------------------------|---|--|--|--|--|
| Yes | Go to Section 2 | | | | |
| ☐ No | Please correct your details by updating in NT EPA Online or complete the table below. | | | | |
| Licence hol | der | | | | |
| Legal Entity | Name: | | | | |
| ABN: | | | | | |
| Registered Business Address: | | | | | |
| Postal Address: | | | | | |
| Contact Person: | | | | | |
| Position Title: | | | | | |
| Contact Det | ails: | | | | |
| | b/h: | | | | |
| | mobile: | | | | |
| | email: | | | | |
| Location of | premises | | | | |
| Address: | | | | | |
| 24 hour emergency response | | | | | |
| | Position Title: | | | | |
| | phone: | | | | |
| | mobile: | | | | |

Section 2. Statement of Compliance

| Were all conditions of the licence/approval complied with during the reporting period? | | | |
|--|--|--|--|
| ☑ Yes | Proceed to Section 4. | | |
| ☐ No | Complete details below (add more rows if required) | | |

| Details of Non-compliance | | | | | |
|---------------------------|--|---------------------------------|---|--|--|
| Condition number | Date of non- compliance (dd/mm/yy) | Was NT EPA notified? (Yes / No) | If yes, date NT EPA notified (dd/mm/yy) | If yes, how was NT EPA notified? (e.g. phone, email, | |
| | | If no, complete | | Pollution Hotline) | |
| | | Section 3 | | | |
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Section 3. Report of Non-compliance

Please supply the following details for each non-compliance not reported to the NT EPA identified in Section 2. Use a separate page for each non-compliance.

| The date and time of the non-compliance. |
|---|
| |
| When the non-compliance was detected and by whom. |
| |
| The actual and potential causes and contributing factors to the non-compliance. |
| |
| The risk of environmental harm arising from the non-compliance. |
| |
| The action(s) that have or will be undertaken to mitigate any environmental harm arising from the non-compliance. |
| |
| Corrective actions that have or will be undertaken to ensure the non-compliance does not reoccur. |
| |
| If no action was taken, why no action was taken. |
| |

Section 4. Signature and Certification

| This declaration must only be signed by a person(s) with the legal authority to sign it. The ways in which the application may be signed, and the people who may sign the application, are set out in the categories below. | | | | | |
|---|------------|--|----------------|--|--|
| If the licence holder is: | Tick | The application must be signed and certified by one of the following: | | | |
| An individual | | The individual. | | | |
| A partnership | | A partner. | | | |
| | | The common seal being affixed in accordance with the <i>Corporations Act</i> , or | | | |
| A company | | Two directors, or | | | |
| A company | X | A director and a company secretary, or | | | |
| | | If a proprietary company that has a sole director who is also the sole company secretary – by that director. | | | |
| A public authority | | The Chief Executive Officer (CEO) of the public authority, or | | | |
| | | By a person delegated to sign on the public authority's behalf in accordance with its legislation (Please note: a copy of the relevant instrument of delegation must be attached to this application). | | | |
| I/We hereby declare that the information provided in this Annual Return and accompanying documents is to the best of my/our know/edge, true and correct. | | | | | |
| Signature | | Ida Ryhan | Signature | | |
| Name (printed) Ada | | dam Rykers | Name (printed) | | |
| Position | Director | | Position | | |
| Date | 20/07/2023 | | Date | | |
| Seal (if signing under seal): | | | | | |