

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	WDL250
Reporting period	1 st May 2023 to 30 th April 2024
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.	<input checked="" type="checkbox"/> YES, go to section 3
Are these details correct?	
Licence holder	
Name	
Trading Name	
ABN	
ACN	
Registered Business Address	
Postal Address	
Contact Details (for all correspondence in relation to this licence application)	
Contact Person	
Position Title	
B/Hours Phone	

Mobile		
Email, including for service of documents and notices		
Emergency Contact		
Please provide contact details for someone who can respond to an incident relating to the licensed activity 24 hours a day.		
Name		
Position Description		
Telephone Number		
3. Compliance		
Were all conditions of the licence/approval complied with during the reporting period? Are these details correct?	<input checked="" type="checkbox"/> YES, go to section 4	<input type="checkbox"/>
Non-compliances notified to the Controller		
If a non-compliance was not reported to the Controller then attach a document with all the details required to be reported as set out in the waste discharge licence conditions.		
Date of non-compliance	Condition number	Date and method of notification

4. Declaration

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		
Name (print)	Jeff Elliott	
Position	Director	
Date	31 st August 2024	
Seal (if signing under seal):		

Where and how to submit this form

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

Office use only			
Date received:		Reference:	
Received by:			