## **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 203-03 - Maningrida                    |                                  |  |  |
| Reporting period   | 14 October 2021 – 14 October 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  | ce 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 som hours a day.   | neone who can respond to an incide | ent relating to the licensed activity 24               |
| Name  |                                    |  |
| Position Description  |                                    |  |
| Telephone Number  |                                    | 8  |
|   |                                    |  |
| 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 Cont  If a non-compliance was not reporte required to be reported as set out in   | ed to the Controller then attach a | document with all the details                          |
| Date of non-compliance  | Condition number                   | Date and method of notification                        |
|   | 4                                  |  |
|   |                                    |  |
|   |                                    |  |
|   |                                    |  |
|   |                                    |  |
| ·   |                                    |  |
| 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                     | Maple   | housourd   |
| Name (print)                  | Steven Porter   | Djuna Pollard  |
| Position                      | Executive General Manager,<br>Water Services  Power and Water Corporation | Chief Executive Officer  Power and Water Corporation |
| Date                          | 15/10/22  | 18.10.5033   |
| 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:    |            |  |