

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. | 269 |
|----------------------|-----------|
| REPORTING PERIOD | 2019-2020 |

Section 1. Licence/Approval Holder Details

Are these details correct?

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.

| ⊠ Yes | Go to Section 2 | | | | |
|------------------------------|---|------------------------------------|--|--|--|
| □ No | Please correct your details by updating in NT EPA Online or complete the table below. | | | | |
| Licence ho | lder | | | | |
| Legal Entity | Name: | Asbestos Solutions NT Pty Ltd | | | |
| ABN: | | 45 155 085 877 | | | |
| Registered Business Address: | | 10/22 Carnoustie Circ Marrara 0812 | | | |
| Postal Address: | | As above | | | |
| Contact Person: | | Ken Jones | | | |
| Position Title: | | Director | | | |
| Contact Det | ails: | | | | |
| | b/h: | | | | |
| | mobile: | 0451-832-064 | | | |
| email: | | asbestossolutionsnt@bigpond.com | | | |
| Location of | Location of premises | | | | |
| Address: | | | | | |
| 24 hour emergency response | | | | | |
| | Position Title: | Director | | | |
| | phone: | | | | |
| | mobile: | 0451832064 | | | |

Section 2. Statement of Compliance

| Were all c | onditions 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 | Was NT EPA notified? | If yes, date NT EPA notified | If yes, how was NT EPA notified? |
| | (dd/mm/yy) | (Yes / No) | (dd/mm/yy) | (e.g. phone, email, |
| | | If no, complete Section 3 | | Pollution Hotline) |
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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 director and a company secretary, or | |
| | X | If a proprietary company that has a sole director who is also the sole company secretary – by that director. | |
| | | The Chief Executive Officer (CEO) of the public authority, or | |
| A public authority | | 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 knowledge, true and correct.

| Signature | 74 Jan | Signature | |
|-------------------------------|-----------|----------------|--|
| Name (printed) | Ken Jones | Name (printed) | |
| Position | Director | Position | |
| Date | 27/3/2020 | Date | |
| Seal (if signing under seal): | | | |