

## ANNUAL RETURN

Information on this form is required in accordance with the conditions of your licence issued under the *Waste Management and Pollution Control Act 1998*

Failure to provide the information requested and/or the provision of false or misleading information is an offence under the legislation and you may be liable for heavy penalties.

### Section 1. Licence Details

|                |           |                  |           |
|----------------|-----------|------------------|-----------|
| LICENCE NUMBER | EPL170-02 | REPORTING PERIOD | 2024/2025 |
|----------------|-----------|------------------|-----------|

Please check your contact details including 24 hour emergency contact in [NT EPA online](#) and update if necessary. The NT EPA website will be updated using the details provided online.

Were the contact details correct? ☒ YES / NO

### Section 2. Statement of Compliance

Were all conditions of the licence complied with during the reporting period? ☒ YES / NO

If Yes, proceed to Section 4. If not, complete the table 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, Pollution Hotline) |
|                           |                                   | If no, complete Section 3       |                                         |                                                                         |
|                           |                                   |                                 |                                         |                                                                         |
|                           |                                   |                                 |                                         |                                                                         |
|                           |                                   |                                 |                                         |                                                                         |
|                           |                                   |                                 |                                         |                                                                         |
|                           |                                   |                                 |                                         |                                                                         |
|                           |                                   |                                 |                                         |                                                                         |

**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:                                                                                                                                                                                                   | Check                                                                              | The application must be signed and certified by one of the following:                                                                                                                                  |  |
| An individual                                                                                                                                                                                                               | <input checked="" type="checkbox"/>                                                | The individual.                                                                                                                                                                                        |  |
| A partnership                                                                                                                                                                                                               | <input type="checkbox"/>                                                           | A partner.                                                                                                                                                                                             |  |
| A company                                                                                                                                                                                                                   | <input type="checkbox"/>                                                           | The common seal being affixed in accordance with the <i>Corporations Act</i> , or                                                                                                                      |  |
|                                                                                                                                                                                                                             | <input type="checkbox"/>                                                           | Two directors, or                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                             | <input type="checkbox"/>                                                           | A director and a company secretary, or                                                                                                                                                                 |  |
|                                                                                                                                                                                                                             | <input type="checkbox"/>                                                           | If a proprietary company that has a sole director who is also the sole company secretary – by that director.                                                                                           |  |
| A public authority                                                                                                                                                                                                          | <input type="checkbox"/>                                                           | The Chief Executive Officer (CEO) of the public authority, or                                                                                                                                          |  |
|                                                                                                                                                                                                                             | <input type="checkbox"/>                                                           | 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                                                                                                                                                                                                                   |  | Signature                                                                                                                                                                                              |  |
| Name (printed)                                                                                                                                                                                                              | Manna Bught                                                                        | Name (printed)                                                                                                                                                                                         |  |
| Position                                                                                                                                                                                                                    | Director                                                                           | Position                                                                                                                                                                                               |  |
| Date                                                                                                                                                                                                                        | 11/09/25                                                                           | Date                                                                                                                                                                                                   |  |
| Seal<br>(if signing under seal):                                                                                                                                                                                            |                                                                                    |                                                                                                                                                                                                        |  |

Return the completed signed form to [environmentalregulation@nt.gov.au](mailto:environmentalregulation@nt.gov.au)