## **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 228-02 – Beswick                |                                 |
| Reporting period   | 11 December 2021 – 10 December 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. | YES, go to section 3                | NO, please correct your details |
| Are these details correct?   |                                     |                                 |
| Licence holder   |                                     |                                 |
| Name   |                                     |                                 |
| Trading Name   |                                     |                                 |
| ABN  |                                     |                                 |
| ACN  |                                     |                                 |
| Registered Business Address  |                                     |                                 |
| Postal Address   |                                     |                                 |

| Contact Details (for all correspondence  | ce in relation to this licence appli | cation)  |
|--|--------------------------------------|--|
| Contact Person   |                                      |  |
| Position Title   |                                      |  |
| B/Hours Phone  |                                      |  |
| Mobile   |                                      |  |
| Email, including for service of documents and notices  |                                      |  |
| Emergency Contact  |                                      |  |
| Please provide contact details for sor activity 24 hours a day.  | meone who can respond to an in       | cident relating to the licensed                        |
| Name   |                                      |  |
| Position Description   |                                      |  |
| Telephone Number   |                                      |  |
|  |                                      |  |
| 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 Conf   | troller                              |  |
| If a non-compliance was not reported required to be reported as set out in t                                       |                                      |  |
| Date of non-compliance   | Condition number                     | Date and method of notification                        |

| 22/02/2022 | 16 – Pond overflow | 23/02/2022 - Email |
|------------|--------------------|--------------------|
|            |                    |                    |
|            |                    |                    |
|            |                    |                    |
|            |                    |                    |
|            |                    |                    |

## 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    | J | May                        | Durona                      |
| Name (print) |   | Steven Porter              | Djuna Pollard               |
| Position     |   | Executive General Manager, | Chief Executive Officer     |
|              |   | Water Services             | Power and Water Corporation |
|              |   | Power and Water            |                             |
|              |   | Corporation                |                             |
| Date         |   | 1/12/22                    | 13.17.2023                  |

| 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:    |            |