

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.	246-01
REPORTING PERIOD	1 st July 2021 - 30 th June 2022

Section 1. Licence/Approval Holder Details

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.

Are these details correct?

- Yes Go to Section 2
- No Please correct your details by updating in NT EPA Online or complete the table below.

Licence holder	
Legal Entity Name:	Department of Health
ABN:	67234261446
Registered Business Address:	105 Rockland Drive. Tiwi- Northern Territory- 0810
Postal Address:	GPO Box 41326, Casuarina Northern Territory- 0811
Contact Person:	Mr Mark MacDonald
Position Title:	Director Support Services RDPH
Contact Details:	Mr Mark MacDonald
b/h:	08 8922 1800
mobile:	0408432002
email:	mark.macdonald@nt.gov.au
Location of premises	
Address:	105 Rockland Drive. Tiwi Northern Territory-0810
24 hour emergency response	
Position Title:	Mr. Neil Bond (Snr Director Engineering Services-DIPL)
phone:	08 8922 6188
mobile:	0417 879 971

Section 2. Statement of Compliance

Were all conditions 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 (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.
Request NT-EPA to amend licence condition-15 to treat listed waste on a commercial or fee for service basis from 70,000 kilograms to 100,000 kilograms as a non-compliance risk contingency.
If no action was taken, why no action was taken.
N/A

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	<input 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 checked="" 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)	Mr Mark MacDonald	Name (printed)
Position	Director Support Services	Position
Date	06/07/2022	Date
Seal (if signing under seal):		