|  |  |
| --- | --- |
| ***Environmental Protection Act 1986*****Section 72 Waste discharge notification** | **Office use only** |
| Licensing officerClick here to enter text. |
| Date receivedClick here to enter text. |
| Accepted as completeClick here to enter text. |
| Department referenceClick here to enter text. |
|  |

|  |  |
| --- | --- |
| To: Chief Executive OfficerAttention: Click here to enter text.**Telephone notification to 1300 784 782** | Department of Water and Environmental RegulationLocked Bag 10JOONDALUP WA 6919 |

|  |  |
| --- | --- |
| Discharge of waste from:  | [ ]  premises [ ]  vehicleName of premises/vehicle: Click here to enter text.Town/suburb: Click here to enter text. |
| The following notification and information is provided in accordance with s 72 (1) of the *Environmental Protection Act 1986* (EP Act): |
| Licence or works approval number  |

|  |
| --- |
| (If applicable, type in your EP Act licence or works approval number.) |

 |
| Relevant condition |

|  |
| --- |
| (If this notification is a requirement under a licence, works approval or pollution abatement notice, type in the relevant condition or measure.) |

 |
| Description of operation or equipment |

|  |
| --- |
| (If any of the above two blocks were not filled, please type a brief description of your operation and/or the equipment that malfunctioned.) |

 |
| Description of incident |

|  |
| --- |
| (Describe the cause of waste discharge.) |

 |
| Prescribed details of discharge of waste under regulation 5K of the *Environmental Protection Regulations 1987*: |
| Date of incident: | DD/MM/YY**Time:** Click here to enter text. Choose an item. |
| Address/location: | [ ]  Map attached of the premises to this notification showing the location of the discharge and the impacted area |
| Name of person responsible for discharge of waste |

|  |
| --- |
| (Name of person operating the equipment that resulted in, or otherwise responsible for, the discharge of waste.) |

 |
| Composition of waste |

|  |
| --- |
| Click here to enter text. |

 |
| Quantity of waste discharged |

|  |
| --- |
| Click here to enter text. |

 |
| Environmental impact | Did the discharge cause pollution?[ ]  Yes [ ]  No

|  |
| --- |
| (If yes, describe the nature and extent of the pollution or environmental impact.) |

 [ ]  Map attached to this notification indicating discharge point and impacted area |
| Remedial action |

|  |
| --- |
| (What action is to be taken to minimise the effect on the environment from the discharge of waste? Who coordinated this action?) |

 |
| Waste removal |

|  |
| --- |
| (Is the waste involved to be removed, dispersed, destroyed, disposed of or otherwise dealt with? If so, in what manner and where to?) |

 |

|  |  |  |
| --- | --- | --- |
| Name of reporter: |

|  |
| --- |
| Click here to enter text. |

 |
| Job title: |

|  |
| --- |
| Click here to enter text. |

 |
| Contact number: |

|  |
| --- |
| Click here to enter text. |

 |
| Organisation: |

|  |
| --- |
| Click here to enter text. |

 |
| Date: |

|  |
| --- |
| Click here to enter text. |

 |

Please complete this form and attach to an email along with map of discharge point and send the completed form and map to pollutionwatch@dwer.wa.gov.au.