|  |  |
| --- | --- |
|     ***Environmental Protection Act 1986***  **Section 72 Waste discharge notification** | **Office use only** |
| Licensing officer  Click here to enter text. |
| Date received  Click here to enter text. |
| Accepted as complete  Click here to enter text. |
| Department reference  Click here to enter text. |
|  | |

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

|  |  |
| --- | --- |
| Discharge of waste from: | premises  vehicle  Name 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](mailto:pollutionwatch@dwer.wa.gov.au).