## **Annual Audit Compliance Report form**

Environmental Protection Act 1986, Part V

Section A – Licence Details				
Licence number:	L7307/1998/10	Licence file number:	4.7891	
Company name:	Shire of York			
Trading as:	Shire of York Waste Treatment Facility			
ABN:	55 315 676 247			
Registered Address:	Lot 8 (Diagram 42561) Great Southern Hwy, Daliak WA 6302			
Reporting period:	01/07/2023 <b>to</b> 3	0 / 06 / 2024	top of two cities	

Section B – Statement of Compliance with Licence Conditions
Did you comply with all of your licence conditions during the reporting period? (please tick the appropriate box)
∑ Yes – please sign the declaration in Section C
☐ No – please sign the declaration in <b>Section C</b> and proceed to <b>Section D</b>

Section	_ Da	clar	ation

I/We declare that the information in this Annual Audit Compliance Report is true and correct and is not false or misleading in a material particular<sup>1</sup>. I/We consent to the Annual Audit Compliance Report being published on the Department of Environment Regulation's (DER) website.

Signature:	Signature:	
Name: (printed)	Name: (printed)	
Position:	Position:	
Seal (if signing under seal):		

AACRs can only be signed by the licensee or an authorised person with the legal authority to sign on behalf of the licensee.

<sup>&</sup>lt;sup>1</sup> It is an offence under section 112 of the *Environmental Protection Act 1986* for a person to give information on this form that to their knowledge is false or misleading in a material particular.

## Department of Environment Regulation

Section D – Details of Non-Compliance with Licence Condition				
Please use a separate page for each condition with which the licensee was non-compliant at a time during the reporting period.				
Condition no:	Date(s) of non- compliance:			
Details of non-compliance:				
What was the actual (or suspected) environm	ental impact of the non-compliance?			
NOTE – please attach maps or diagrams to provid compliance took place.	le insight into the precise location of where the non-			
Cause (or suspected cause) of non-compliance	pe:			
Action taken to mitigate any adverse effects of non-compliance and prevent recurrence of the non-compliance:				
Was this non-compliance previously reported to DER?				
☐ Yes, and				
☐ Reported to DER verbally	Date: / /			
☐ Reported to DER in writing	Date: / /			