



Annual Audit Compliance Report form

Environmental Protection Act 1986, Part V

Section A – Licence Details

Licence number:	L7307/1998/10	Licence file number:	4.6966
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 / 2024 to 30 / 06 / 2025		

Section B – Statement of Compliance with Licence Conditions

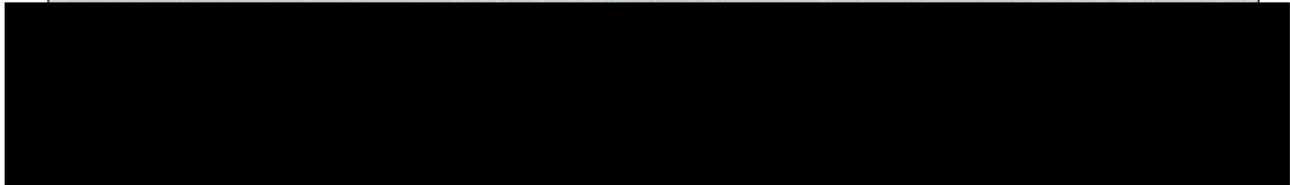
Did you comply with all of your licence conditions during the reporting period?
(please tick the appropriate box)

Yes – please sign the declaration in **Section C**

No – please sign the declaration in **Section C** and proceed to **Section D**

Section C – Declaration

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 particular¹. I/We consent to the Annual Audit Compliance Report being published on the Department of Environment Regulation's (DER) website.



Position: <i>Temporary</i> Acting Chief Executive Officer	Position:	Principal Environmental Health Officer
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.

¹ 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.

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:	
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Details of non-compliance:

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What was the actual (or suspected) environmental impact of the non-compliance?

NOTE – please attach maps or diagrams to provide insight into the precise location of where the non-compliance took place.

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Cause (or suspected cause) of non-compliance:

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Action taken to mitigate any adverse effects of non-compliance and prevent recurrence of the non-compliance:

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Was this non-compliance previously reported to DER?

Yes, and

<input type="checkbox"/> Reported to DER verbally	Date: / /
<input type="checkbox"/> Reported to DER in writing	Date: / /