

Date: 30-11-16	Time: 8:05am	Docket Number: 23461
Customer: Toll Energy (Road Trans)	Depot Code: -	
Generator: Origin - Beetaloo Amungee		
Truck Rego: 15 CBT		
DEHP (EPA) Doc No.'s: 9006910	If Electronic Tick box <input type="checkbox"/>	
Other <input checked="" type="checkbox"/>	Untreated <input type="checkbox"/>	Treated <input type="checkbox"/>
	Wash Water <input type="checkbox"/>	Oily Water <input type="checkbox"/>
	Contaminated Soil <input type="checkbox"/>	Muddy Water <input type="checkbox"/>
		Grease Trap <input type="checkbox"/>
		Oily Sludge <input type="checkbox"/>
		Packaged Waste <input type="checkbox"/>

Product Description	Prod. Code	Waste Code	Quantity / Volume
Produce Water And Frac Fluid	0	L3300	72000

COMMENTS:

TESTING:

pH	10	Classification (Circle)	1	2	3
Conductivity	54500	Allocation-disposal	mud dam 5		

To the best of my Knowledge this information is complete and correct

Drivers Name	[Redacted]
Drivers Signature:	[Signature] Date: 30-11-16
Receivers Name:	[Redacted]
Receivers Signature:	[Signature] Date: 30-11-16

Document Issue No. & Latest Update: Issue No 4 6/04/2016 Review as required -

TO BE FORWARDED TO REGULATORY AUTHORITY IN STATE OR TERRITORY OF DESTINATION BY FACILITY.
TO BE RETAINED BY THE PERSON/COMPANY WHO COMPLETED PART 3.
TO BE RETAINED BY THE WASTE TRANSPORTER
TO BE FORWARDED TO REGULATORY AUTHORITY IN THE STATE OR TERRITORY OF ORIGIN, WITH PARTS 1 & 2
TO BE FORWARDED TO REGULATORY AUTHORITY WHO COMPLETED PART 1.
TO BE RETAINED BY THE PERSON/COMPANY WHO COMPLETED PART 1.

PART 1
This section to be completed by the Producer or Storer of Waste

1. Waste description and physical nature
PRODUCED WATER AND FRAC FLUIDS
Dangerous Goods Class N/A
Subsidiary Risk
U.N. Number
Packaging Group
Bulk/No. of Packages N/A
Type of Packaging
Amount of Waste
kg or Cubic Metres or Litres
Waste Code No. D300
Contaminants NON TOXIC SALTS
Waste Origin (ANZSIC Code) 0700
2. Name of Waste Producer
ORIGIN ENERGY RESOURCES
Address 339 CORONATION DR. MILTON QLD
Postcode 4064
Name of Emergency Contact
Phone
Authorisation/Permit No./Licence No. NO NUMBER
Consignment Authorisation Number 84760872
Consignment Validity Period From 14/11/16 To 30/6/17
NT DME APPROVED C.P.
3. Nominated Disposal/Treatment/Storage Facility & Address
WEST REX, NARRAGO Highway, JACKSON
Authorisation/Permit Number/Licence No. EPPR01050513
State QLD
4. Type of Treatment
Recycling [ ] Landfill [ ] Chem/Phys Treatment [ ]
Storage [x] Incineration [ ] Immobilisation [ ] Biodegradable [ ] Other [ ]
I declare that to the best of my knowledge and belief the above information is true and correct
Name and Position (Block Letters)
Signature
Date 27/11/16

NT EPA
GPO Box 3675
DARWIN NT 0801
Phone: 08 8924 4218
Fax: 08 8924 4053

PART 2
To be completed by the Waste Transporter

5. Name of Transporter TOLL
Accredited Agent Approval Number
Address LEVEL 7, 380 ST. KILDA RD. MELBOURNE, VIC 3004
Mode of Transport Road [x] Rail [ ] Air [ ] Sea [ ]
Vehicle No. 1 Reg. No.
Authorisation/Permit No./Licence No. ENRE04517012
Vehicle No. 2 Reg. No.
Authorisation/Permit No./Licence No. NT DME APPROVED C.P.
Expiry Date:
I acknowledge receipt of the waste described in part 1
Name (in Block Letters)
Signature of Transporter
Date

PART 3
To be completed by the Facility Receiving Waste

6. Name of facility receiving Waste WEST REX SERVICES
Authorisation/Permit No./Licence No. EPPR01050513
Address 40742 NARRAGO HIGHWAY JACKSON, QLD. 4426
Any Discrepancy? [x] Yes [ ] No
Briefly note any discrepancy
Litres, Rego. Date
If yes, advise agency in destination
State/Territory
Date 30/11/16
I hereby acknowledge acceptance of the waste described in part 1.
Name (in block letters)
Signature of Facility Representative

WHITE TEAR OFF:
TO BE RETURNED TO THE PRODUCER OR STORER BY THE PERSON/COMPANY WHO COMPLETED PART 3.

YELLOW TEAR OFF:
TO BE FORWARDED TO THE REGULATORY AUTHORITY IN THE STATE OR TERRITORY OF ORIGIN BY THE PERSON/COMPANY WHO COMPLETES PART 3.

BLUE TEAR OFF:
TO BE FORWARDED TO THE REGULATORY AUTHORITY IN THE STATE OR TERRITORY OF TRANSIT BY THE PERSON/COMPANY WHO COMPLETES PART 2.

GREEN TEAR OFF:
TO BE FORWARDED TO THE REGULATORY AUTHORITY IN THE STATE OR TERRITORY OF DESTINATION BY THE PERSON/COMPANY WHO COMPLETES PART 1.

7. Name and Address of Producer ORIGIN ENERGY RESOURCES
339 CORONATION DR. MILTON QLD 4064
Certificate No. 9006910
Authorisation/Permit No./Licence No. NO NUMBER
NT DME APPROVED C.P.
Description of Waste PRODUCED WATER & FRAC FLUIDS
Interstate Movements Yes [x] No [ ] Transit States NT -> QLD
Quantity 72000 Kg M³ Lt [x]
Name of Transporter TOLL
Authorisation/Permit No./Licence No. EPPR01050513
Name and Address of Treatment Facility WEST REX SERVICES
40742 NARRAGO HIGHWAY JACKSON QLD
Authorisation/Permit No./Licence No.
Signature of Facility representative
Any Discrepancy Yes [ ] No [x]
Briefly note any discrepancy
Date Received 30/11/16