

Date: 4-12-16	Time: 12:00pm	Docket Number: 23559
Customer: Toll (Rome Transport)	Depot Code:	
Generator: Origin - Bertaloo Amungee		
Truck Rego: SB 44 HZ		
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
Reduced Water	0	LD300	70,000
Frac Fluids			

COMMENTS: ~~XXXXXXXXXX~~

TESTING:

pH	10	Classification (Circle)	1	2	3
Conductivity	51,000	Allocation-disposal	Maddam 5		

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

Drivers Name:	[Redacted]	Toll Energy
Drivers Signature:	[Redacted]	Date: 4-12-16
Receivers Name:	[Redacted]	
Receivers Signature:	[Redacted]	Date: 4-12-16

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 RETAINED BY THE PERSON/COMPANY 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 Free Flow Back 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: 70000 Litres
Waste Code No.: 300
Contaminants: No TOXIC SALTS
Waste Origin (ANZSIC Code): 0700
2. Name of Waste Producer: ORIGIN ENERGY
Address: NT PORTION 1079 Vol. 766 Folio 762
Postcode: 4064
Name of Emergency Contact:
Phone:
Authorisation/Permit No./Licence No.: NT DME APPROVED EP
Consignment Authorisation Number: 84160872
Consignment Validity Period: From 14/11/16 to 30/06/17
3. Nominated Disposal/Treatment/Storage Facility & Address: WESTREX WARRAGO H/WAY JACKSON
Authorisation/Permit Number/Licence No.: EPPR050513
State: QLD
4. Type of Treatment: Storage [X]
Recycling []
Landfill []
Chem/Phys Treatment []
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: 1/12/16

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 KILDARE RD. MELB. VIC 3004
Mode of Transport: Road [X] Rail [] Air [] Sea []
Vehicle No. 1 Reg. No.:
Authorisation/Permit No./Licence No.: E NRE 04517012
Vehicle No. 2 Reg. No.:
Authorisation/Permit No./Licence No.:
Expiry Date:
I acknowledge receipt of the waste described in part 1
Name (in Block Letters):
Signature of Transporter:
Date: 1/12/16

PART 3
To be completed by the Facility Receiving Waste

6. Name of facility receiving Waste: WESTREX SERVICES
Authorisation/Permit No./Licence No.: EPPR01050513
Address: 40742 WARRAGO H/WAY JACKSON, QLD 4426
Any Discrepancy? [] Yes [] No
Briefly note any discrepancy:
I hereby acknowledge acceptance of the waste described in part 1
Name (in block letters):
Signature of Facility Representative:
Date: 4/12/16

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
359 COLONATION DR. MILTON, QLD 4064
Description of Waste: PRODUCED WATER AND Free Flow Back FLUID
Interstate Movements: Yes [X] No [] Transit States: NT -> QLD
Quantity: 70000 Kg
Name of Transporter: TOLL
Authorisation/Permit No./Licence No.: EPPR050513
Name and Address of Treatment Facility: WESTREX SERVICES
40742 WARRAGO H/WAY JACKSON, QLD 4426
Signature of Facility representative:
Any Discrepancy: Yes [] No [X]
Briefly note any discrepancy:
Date Received: 4/12/16

Certificate No. 9006916