

Date: 4-12-16	Time: 12:00pm	Docket Number: 23559
Customer: Toll (Roxi Transport)	Depot Code:	
Generator: Origin - Be-taloo Amungee		
Truck Rego: SB 44 HZ		
DEHP (EPA) Doc No.'s: 9006916	If Electronic Tick box <input type="checkbox"/>	
Other <input checked="" type="checkbox"/>	Untreated <input type="checkbox"/>	Treated <input type="checkbox"/>
Drill Mud Liquids <input type="checkbox"/>	Wash Water <input type="checkbox"/>	Oily Water <input type="checkbox"/>
Drill Mud Solids - Cuttings <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:**TESTING:**

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

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

Drivers Name:		Toll Energy
Drivers Signature:		Date: 4-12-16
Receivers Name:		
Receivers Signature:		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
COMPLETED 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 kg or Cubic Metres or 70000 Litres

Waste Code No. 3000 Contaminants NON-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 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 Recycling ☐ Landfill ☐ Chem/Phys Treatment ☐
Storage ☒ 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 KILDA RD. MELB. VIC 3004

Mode of Transport Road ☐ Rail ☐ Air ☐ Sea ☐

Vehicle No. 1 Reg. No. Authorisation/Permit No./Licence No. ENRE04517012 Vehicle No. 2 Reg. No. Authorisation/Permit No./Licence No.

Expiry Date: Expiry Date:

I acknowledge receipt of the waste described in part 1

Name (in Block Letters) Date 1/12/16

Signature of Transporter

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) If yes, advise agency in destination State/Territory

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 Certificate No. 9006916

359 COLONATION DR. HILTON, QLD 4064 Authorisation/Permit No./Licence No. NT DME APPROVED

Description of Waste PRODUCED WATER AND Free Flow Back Fluid

Interstate Movements Yes ☒ No ☐ Transit States NT -> QLD Quantity 70000 Kg M³ Lt ☒

Name of Transporter TOLL Authorisation/Permit No./Licence No. EPPR01050513

Name and Address of Treatment Facility WESTREX SERVICES Authorisation/Permit No./Licence No.

40742 WARRAGO H/WAY JACKSON, QLD 4426

Signature of Facility representative

Any Discrepancy Yes ☐ No ☒ Briefly note any discrepancy

Date Received 4/12/16