



TELLUS

SANDY RIDGE

Compliance Assessment

Report 2024-25

Ministerial Statement 1234

Prepared for

Western Australia Government
Department of Water and
Environmental Regulation

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Tellus Holdings Ltd

7/03/2026

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ABBREVIATIONS

CAP	Compliance Assessment Plan
CAR	Compliance Assessment Report
CEO	Chief Executive Officer of Department of Water and Environmental Regulation, responsible for the administration of section 48 of the <i>Environmental Protection Act 1986</i> or their delegate
CFMP	Construction Fauna Management Plan
DGMMP	Deep Groundwater Monitoring and Management Plan
DWER	Department of Water and Environmental Regulation
EP Act	Environmental Protection Act 1986
ERD	Environmental Review Document
FMP	Fauna Management Plan
FVMP	Flora and Vegetation Management Plan
GIS	Geographic Information System
GME	Groundwater Monitoring Event
ha	Hectares
LLW	Low level radiological waste
LMMP	Leachate Monitoring and Management Plan
MS 1078	Ministerial Statement 1078
MS 1152	Ministerial Statement 1152
MS 1234	Ministerial Statement 1234
PAG 1	OEPA document – Post Assessment Guideline No. 1 – Post Assessment Guideline for Preparing an Audit Table
PAG 3	OEPA document – Post Assessment Guideline No. 3 – Post Assessment Guideline for Preparing a Compliance Assessment Report
PAG 4	OEPA document – Post Assessment Guideline for Making Information Publicly Available
PFAS	Per- and poly- fluoroalkyl substance
SRF	Sandy Ridge Facility
Tellus	Tellus Holdings Ltd
t	Tonnes
tpa	Tonnes per annum
WFDCP	Waste Facility Decommissioning and Closure Plan

EXECUTIVE SUMMARY

Tellus Holdings Ltd (Tellus or the Company) owns and operates the Sandy Ridge Facility, located approximately 75 kilometres north-east of Koolyanobbing in the Shire of Coolgardie, Western Australia. The Facility comprises a dual open-cut kaolin clay mine and a near-surface geological waste repository accepting Class IV and Class V waste.

Following a Section 38 referral to align the approved gate waste acceptance tonnage with the authorised disposal capacity, the proposal was formally assessed by the Environmental Protection Authority at the Public Environmental Review level. As a result of this assessment, Ministerial Statement 1234 (MS 1234) was issued on 13 December 2024, superseding MS 1078 and MS 1152. MS 1234 authorises the acceptance and disposal of up to 280,000 tonnes per annum (tpa) of Class IV and Class V waste.

This Compliance Assessment Report (CAR) is the first CAR submitted under MS 1234 and has been prepared in accordance with Condition D2 of MS 1234 and the approved Compliance Assessment Plan. Condition D2 requires the proponent to submit an annual CAR within fifteen (15) months of the date of MS 1234 and annually thereafter, unless otherwise approved in writing by the CEO.

This CAR assesses Tellus’s compliance with the implementation conditions of MS 1234 for the reporting period 13 December 2024 to 12 December 2025.

Tellus’s overall compliance status for the reporting period is summarised in Table ES-1.

Table ES-1 – Overall compliance status with MS 1234

Compliant Conditions	Not Required Conditions	Potentially Non-compliant Conditions	Non-compliant Conditions	In Process Conditions
107	26	0	2	5

Two non-compliant conditions were identified against the requirements of MS 1234 during the reporting period. Tellus considers that these non-compliances did not result in material or serious environmental harm. The non-compliant conditions were as follows:

- **Condition A1-1** – At the end of the reporting period, 1,002 tonnes of liquid PFAS waste, 41.4 tonnes of mercury-contaminated and thiocarbamate liquid and 35 tonnes of low-level radioactive waste remained in temporary storage beyond the 12-month limit. This excludes waste streams subject to a temporary exemption granted by the CEO (approval letter dated 7 November 2025), including DSRS, acids and radioactive liquids.
- **Condition B-9 (7)** – Non-compliances with Licence L9240/2020/1 conditions were identified by DWER during a compliance inspection conducted in April 2025 (DER2020/000039). As a consequence, the requirement that the facility be managed in accordance with all regulatory requirements was not fully met during the reporting period.

The Statement of Compliance is included in **Appendix A**.

A summary of the status of all conditions is outlined in the Compliance Assessment Audit Table (**Appendix B**).

1 INTRODUCTION

This Compliance Assessment Report (CAR) documents Tellus Holdings Ltd's (Tellus) compliance with the implementation conditions of Ministerial Statement 1234 (MS 1234), issued under the Environmental Protection Act 1986 for the Sandy Ridge Facility. The Facility comprises a dual open-cut kaolin clay mine and near-surface geological waste repository accepting Class IV and Class V waste.

MS 1234 was issued on 13 December 2024 following assessment of a Section 38 referral to align approved gate waste acceptance tonnage with authorised disposal capacity. It supersedes Ministerial Statements 1078 and 1152 and establishes the current implementation conditions for the Facility.

This CAR has been prepared in accordance with Condition D2 of MS 1234 and the approved Compliance Assessment Plan. It assesses compliance with MS 1234 for the reporting period 13 December 2024 to 12 December 2025.

1.1 Background

In 2015, Tellus Holdings Ltd (Tellus) referred a proposal to the Western Australian Government to develop and operate an open-cut kaolin (clay) mine with a complementary near-surface geological repository for the permanent isolation of Class IV (Secure Landfill) and Class V (Intractable Landfill) waste, including waste generated within Australia and its Exclusive Economic Zone. The Facility is located approximately 75 kilometres (km) north-east of Koolyanobbing, Western Australia (WA) (Figure 1-1).

The Sandy Ridge Facility was originally granted State approval under Ministerial Statement 1078 (MS 1078) on 26 June 2018 pursuant to the Environmental Protection Act 1986 (EP Act), and Commonwealth approval under the Environment Protection and Biodiversity Conservation Act 1999 (EPBC 2015/7478) on 7 January 2019. Following assessment of a Section 38 referral to align gate waste acceptance tonnage with approved disposal capacity, Ministerial Statement 1234 (MS 1234) was issued on 13 December 2024, superseding MS 1078 and MS 1152 and establishing the current implementation conditions for the Facility.

The Facility operates under Environmental Licence L9240/2020/1 (expiring 28 June 2040), which authorises:

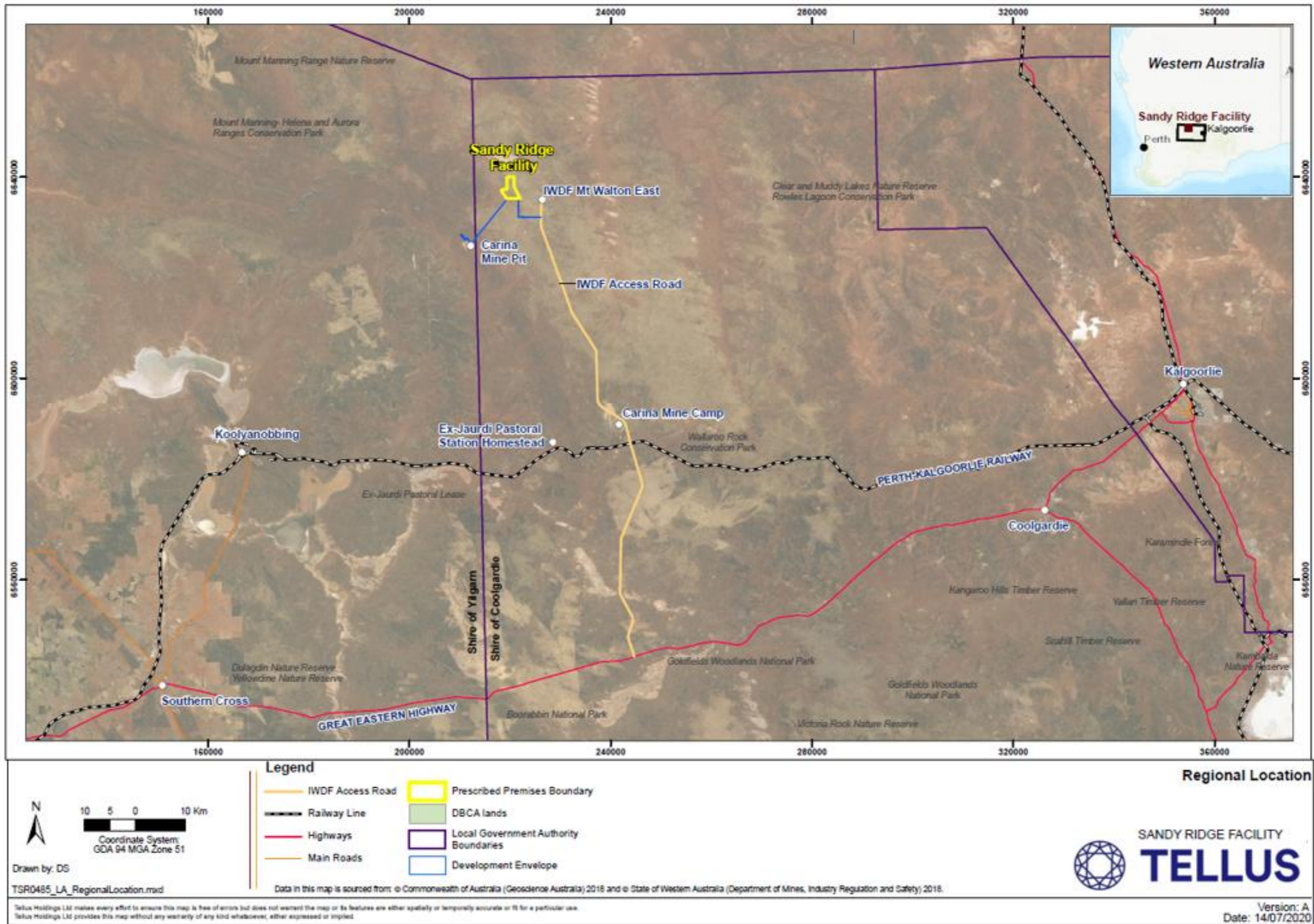
- Acceptance of up to 100,000 tonnes per annum (tpa) of solid and liquid waste under Categories 61 and 61A; and
- Disposal of authorised waste types—including hazardous, intractable, and low-level radiological waste (LLW)—within licensed landfill Categories 65 and 66 (Class IV Secure and Class V Intractable landfills).

The Facility comprises:

- Mine infrastructure, including stockpile areas, storage buildings, laboratory, mining offices, laydown yard, stormwater storage tanks (four), brine pond and settlement pond.
- Waste infrastructure, including an inflatable dome waste cell cover for Cell 1; temporary waste storage areas (East Yard, PFAS contaminated waste storage area, low-level radiation waste warehouse and liquid waste unloading area, low-level radiation waste, liquid waste and sludge storage yard); stormwater drains and retention pond; waste inspection area; Waste Immobilisation Plant (WIP); Air Pollution Control Residue (APCr) conditioning facility; workshop and laydown yard; flammable goods store; radiation scanner and waste laboratory; homogenising tank and Waste Neutralisation Plant. Cell 2 was under construction during the reporting period.
- Other infrastructure, including an accommodation camp, access roads, water pipelines, wastewater treatment plant, flood levee, and a putrescible landfill for site-generated waste.

A regional location plan is presented in Figure 1-1. Monitoring locations at the Facility are shown in Figure 1-2.

Figure 1-1 Sandy Ridge Facility Regional Location.



1.2 Purpose and scope

This Compliance Assessment Report (CAR) has been prepared in accordance with Condition D2 of Ministerial Statement 1234 (MS 1234) and the MS 1234 Compliance Assessment Plan, approved on 6 February 2026.

The reporting period for this CAR is 13 December 2024 to 12 December 2025.

In accordance with the Compliance Assessment Plan approval letter (Ref: DWERTV17439~2), the subsequent CAR will be due on 21 September 2026 and will report on the period 13 December 2025 to 30 June 2026. Thereafter, CARs will be submitted annually by 21 September, covering the preceding reporting period from 1 July to 30 June.

This CAR assesses compliance with the conditions of MS 1234 for the Sandy Ridge Facility. For contextual completeness, Table 1-1 provides a description of the Proposal approved under Ministerial Statement 1234, while Table 1-2 summarises the physical extent and operational limits applicable to the Facility.

Assessment of compliance with each applicable condition of MS 1234 is provided in Appendix B (Audit Table).

Table 1-1 – Key characteristics of proposal, Ministerial Statement No. 1234

Element	Description of Proposal
Sandy Ridge Facility	The proposal is to construct and operate a dual open cut kaolin clay mine and a near-surface geological waste repository accepting Class IV and Class V waste, approximately 75 kilometres north east of Koolyanobbing.

Table 1-2 summarises the physical extent and operational limits of the Facility.

Table 1-2 – Extent of physical and operational limits specified in MS 1234

Element	Extent
Physical elements	
Mine pits/waste cells	Clearing up to 202.3 hectares (ha) of native vegetation within a 1,061 ha development envelope
Associated infrastructure	Clearing up to 73.75 ha of native vegetation within a 1,061 ha development envelope
Waste cap design	2.0 m capillary break (screened and gap-graded material) 3.0 m thick seal layer beneath the capillary break layer Unless otherwise approved by the CEO as part of licensing decision under Part V of the EP Act
Operational elements	
Wastes permitted	Acceptance of only Class IV & V waste
Class IV & V wastes accepted at gate	up to 280,000 tpa
No acceptance of nuclear waste as outlined in the Nuclear Waste Storage and Transportation (Prohibition) Act 1999	None
Temporary waste storage on surface	up to 15,000 t
Maximum temporary storage time	up to 12 months
Waste (including treated waste) disposed to waste cells	up to 280,000 tpa
Waste origin	Only wastes generated within Western Australia, other Australian States and Territories, and the Australian Exclusive Economic Zone
Water use	up to 0.18 Gigalitres per annum

Element	Extent
Timing elements	
Maximum temporary surface storage time	Up to 12 months, or as agreed by the CEO
Project life	25 years

1.3 Report methodology

This CAR has been prepared in accordance with the requirements of the Office of the Environmental Protection Authority (OEPA) *Post Assessment Guideline No.2 – Preparing a Compliance Assessment Report* (PAG 3) (OEPA, 2012c).

The approved Tellus CAP (06 February 2026) includes a table of audit elements and CAR Table of Contents derived from MS1234 which form the basis of items reported against in this CAR.

1.4 Retention of compliance assessments

Tellus will retain all CARs (including all associated compliance assessments) and evidence used to verify compliance for the life of the proposal and then for a minimum of seven years after the end of the life of the proposal. Tellus will continue to implement the proposal until the CEO of DWER has determined all conditions of MS 1234 (including rehabilitation and decommissioning) have been satisfactorily addressed.

1.5 Public availability of reports

Tellus will make this CAR publicly available in accordance with the OEPA’s Post Assessment Guideline No. 4 – Post Assessment Guideline for Making Information Publicly Available (PAG 4) (OEPA, 2012d). This CAR will be available on the Sandy Ridge Regulatory Information page of the Tellus website (www.tellus.com) as per previous CARs.

1.6 Proposed changes to the Compliance Assessment Plan

The Compliance Assessment Plan was updated to meet MS 1234 requirements in accordance with Condition D2-5. The updated CAP was approved by DWER on 06 February 2026.

In accordance with the Compliance Assessment Plan approval letter (Ref: DWERVT17439~2), the subsequent CAR will be due on 21 September 2026 and will report on the period 13 December 2025 to 30 June 2026. Thereafter, CARs will be submitted annually by 21 September, covering the preceding reporting period from 1 July to 30 June.

1.7 Format of the report

The format of this CAR is as follows:

- Chief Operating Officer’s endorsement, including Tellus’ statement of compliance.
- Executive Summary.
- Section 1 is an introduction and provides the scope and nature of the audit.
- Section 1.2 briefly describes the implementation status of the Facility during the reporting period.
- Section 3 summarises the compliance issues identified and provides corrective and preventative measures to improve the environmental performance at the Facility.
- Section 5 provides a summary of key findings against applicable elements of MS1234.

- Section 5 provides the limitations of the report.
- Section 6 provides references used in this CAR.

Appendix A is the Statement of Compliance against the requirements of MS 1234.

Appendix B is the Audit Table, a tabulated review of the audit results against the requirements of MS 1234.

This CAR provides a summary of findings including details of non-compliances identified during the audit and recommended actions to improve compliance status.

2 IMPLEMENTATION STATUS

2.1 Approvals

Table 2-1 summarises the project approvals secured under the EP Act.

Table 2-1 – Approvals summary

Approvals	Issued	Finish
Ministerial Statement 1078 - Published.	27/07/2018	
Section 45C – Attachment 1 to MS 1078 – Changes: <ul style="list-style-type: none"> • Amend the development envelope from 1004.2 hectares to 1061 hectares to allow for relocation of groundwater abstraction infrastructure. • Installation of a 1.5 megawatt solar farm for power generation. • Addition of two stormwater sumps on internal roads in the infrastructure area. • Reduction in the width of internal roads to the Class II landfill and along the groundwater pipeline to Carina Iron Ore Mine. • Addition of an access road adjacent to Mt Dimer Road. • Addition of a flood levee. • Change in orientation and size of accommodation camp. 	05/02/2019	
Ministerial Statement 1152 (Condition 13-11 Financial Assurance Requirements).	24/09/2020	
Major approvals, permits and licences from the Australian, WA and Local Government required to temporarily store waste on-site.	-	29/06/2020
Site Registration – Controlled Waste Facility No. 39106650.	-	21/01/2020
W6305/2019/1 – Works Approval to authorise the construction of the temporary waste storage area.	20/12/2019	19/12/2022
W6308/2019/1 – Works Approval to authorise the construction of the main processing and treatment infrastructure of the Facility.	07/02/2020	06/02/2023
Licence L9240/2020/1 – Surface storage licence (Cat. 61 liquid waste and 61A solid waste activities) granted.	29/06/2020	28/06/2040
Licence L9240/2020/1 – Amendment to increase above-ground storage from 3,000 tonnes to 10,000 tonnes utilising the Non-radioactive Waste Inspection and Unloading Warehouse, Low Level Radiation Warehouse, Flammable Goods Store and East Yards Part 1 and 2 constructed under Works Approval W6308/2019/1.	10/09/2020	28/06/2040
Licence L9240/2020/1 – Amendment to increase above-ground storage from 10,000 tonnes to 15,000 tonnes.	01/12/2020	28/06/2040
Licence L9240/2020/1 – Amendment to include prescribed premises categories 65 & 66 (waste cells), increase waste throughput tonnages and to authorise operation of the Waste Immobilisation Plant.	19/03/2021	28/06/2040
W6700/2022/1 – Works Approval to construct three additional waste cells, to be known as Cell 2, Cell 3 and Cell 4.	13/12/2022	13/12/2027
Licence L9240/2020/1 – Amendment to Surface storage licence (Cat. 61 liquid waste and 61A solid waste activities) – L9240/2020/1. authorise the treatment of liquid waste outside	01/06/2023	28/06/2040

Approvals	Issued	Finish
of the Waste Immobilisation Plant in portable liquid waste treatment equipment; and replacing the requirement for an achieved compaction density of ≥ 0.5 MPA unconfined compressive strength (UCS) to 90% of Maximum Modified Dry Density using Clegg Impact Value.		
Licence L9240/2020/1 – Amendment to authorise the conditioning of APCr.	8/10/2024	28/06/2040
Ministerial Statement 1234 published.	13/12/2024	13/12/2049
Amendment to authorise neutralisation of acidic and basic wastes in the Waste Neutralisation Plant, and use of the Homogenising Tank to homogenise stratified liquid wastes prior to transfer to the WIP.	18/03/2025	28/06/2040

Registration R2498/2019/1 was granted in November 2019 for the operation of the wastewater treatment plant, and registration R2501/2020/1 was granted in February 2020 for the premises domestic putrescible landfill.

2.2 Construction

During the reporting period preliminary construction activities commenced for Cell 2; including clearing of vegetation and construction of footings. The Waste Neutralisation Plant and Homogenisation Tank (constructed off-site) were installed and commissioned during the reporting period.

2.3 Operations

2.3.1 Waste accepted during the reporting period

During the reporting period the facility was fully operational and received a total of:

- 42,037.09 tonnes of chemical waste
- 204.12 tonnes of unsealed radiological waste
- 612 units sealed radioactive sources (weight negligible)

A breakdown by controlled waste type and radioactive waste received during the reporting period (13 December 2024 and 12 December 2025) is detailed in Table 2-2 and

Table 2-3 below.

Table 2-2 – Controlled waste accepted during reporting period

Waste Type	Tonnes (Normalised)
A130 – Inorganic cyanide	14.53
B100 – Acidic solutions or acids in solid form	65.37
C100 - Basic (alkaline) solutions or bases (alkalis) in solid form	63.45
D120 – Mercury and mercury compounds	353.07
D130 – Arsenic and arsenic compounds	1,063.66
D180 - Thallium and thallium compounds	0.33
D190 - Copper compounds	164.37
D210 – Nickel compounds	517.24
D220 – Lead and lead compounds	1,675.34
D300 - Non-toxic salts	18,371.1

Waste Type	Tonnes (Normalised)
D330 – Inorganic sulphides	60.25
E100 - Waste containing peroxides excluding hydrogen peroxide	0.64
E130 - Highly reactive chemicals not otherwise specified	8.31
F130 - Solvent based wastes from the production, formulation and use of resins, latex, plasticisers, glues and adhesives	2.23
H100 – Waste from the production, formulation or use of biocides and phytopharmaceuticals	363.99
H110 - Organic phosphorous compounds	10.24
H130 – Organochlorine pesticides	1,768.44
H170 – Waste wood-preserving chemicals	1,975.1
J100 – Waste mineral oils unfit for their intended purpose	4.78
J160 – Waste tarry residues arising from refining, distillation or pyrolytic treatment	2,719.8
J180 - Oil sludge	226.41
M100 – Waste substances and articles containing polychlorinated biphenyls (PCBs)	117.87
M130 - Non-halogenated organic chemicals	4.07
M160 – Organohalogen compounds not listed elsewhere (e.g. CFCs)	33.99
M170 - Polychlorinated dibenzofuran (any congener)	17.53
M220 – Isocyanate compounds	52.42
M250 – Surfactants and detergents	26.35
M260 – Highly odourous organic chemicals including mercaptans and acrylates	30.14
M270 – Per- and poly- fluoroalkyl substance (PFAS) contaminated materials, including waste PFAS containing products and contaminated containers	839.44
N100 - Containers or drums contaminated with residues of a controlled waste	19.28
N120 – Soils contaminated with a controlled waste	84.8
N140 - Fire debris or fire wash waters	15.01
N150 - Fly ash excluding fly ash generated from Australian coal fired power stations	11,351.82
N190 - Filter cake containing a controlled waste	5.92
N205 – Industrial waste treatment plant residues	9.81
Total tonnes received during reporting period	42,037.09

Table 2-3 – Radiation waste accepted during reporting period

Waste Type	Tonnes
Unsealed radioactive material	204.12
Disused sealed radioactive sources	612 units (weight negligible)

2.3.2 Waste permanently disposed during the reporting period

The total quantity of waste permanently disposed of into Cell 1 during the reporting period comprised:

- 54,739.58 tonnes of chemical waste (Table 2-4)
- 1170.46 tonnes of unsealed radiological waste Table 2-5.

Twelve Disused Sealed Radioactive Sources (DSRS) disposed of within a purpose-built vertical cement chamber in Cell 1 on 21 January 2025 (Table 2-6).

The weight of the DSRS is not recorded, as the sources are generally button-sized and of negligible mass relative to other disposed wastes.

Liquid Waste Processing

During the reporting period, liquid wastes treated and solidified prior to permanent disposal included the following:

- The Waste Immobilisation Plant (WIP) operated consistently throughout the reporting period, producing 11,603.79 tonnes of solidified waste across 70 batches.
- Liquid wastes unsuitable for WIP processing were treated using portable mixing equipment (including open-topped intermediate bulk containers (IBCs) and half-height containers). During the reporting period, 26 batches were processed using portable mixing equipment, producing 944.7 tonnes of solidified waste.

Table 2-4 – Permanently disposed of chemical waste during reporting period

Waste Type	Tonnes
A130 – Inorganic cyanide	99.08
B100 – Acidic solutions or acids in solid form	221.81
C100 – Basic (alkaline) solutions or bases (alkalis) in solid form	36.43
D120 – Mercury and mercury compounds	79.07
D130 – Arsenic and arsenic compounds	996.52
D140 – Chromium compounds	24.89
D150 - Cadmium and cadmium compounds	17.10
D190 – Copper compounds	37.22
D210 – Nickel compounds	599.63
D220 – Lead and lead compounds	1712.29
D300 – Non-toxic salts	18419.49
D330 – Inorganic sulphides	57.03
D360 - Phosphorus compounds excluding mineral phosphates	2.00
E100 – Waste containing peroxides excluding hydrogen peroxide	0.64
E130 – Highly reactive chemicals not otherwise specified	10.32
F130 - Solvent based wastes from the production, formulation and use of resins, latex, plasticisers, glues and adhesives	169.82
H100 – Pesticides	2843.58
H130 – Organochlorine pesticides	4396.97
H170 – Waste wood-preserving chemicals	1490.26
J160 – Waste tarry residues arising from refining, distillation or pyrolytic treatment	2592.23
J180 – Oil sludge	238.15
L150 - Industrial wash waters contaminated with a controlled waste	80.56

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Waste Type	Tonnes
M100 – Waste substances and articles containing polychlorinated biphenyls (PCBs)	102.08
M130 - Non-halogenated organic chemicals	4.07
M220 – Isocyanate compounds	37.56
M260 - Highly odorous organic chemicals including mercaptans and acrylates	30.14
M270 – Per- and poly- fluoroalkyl substance (PFAS) contaminated materials, including waste PFAS containing products and contaminated containers	10943.05
N100 – Containers or drums contaminated with residues of a controlled waste	72.40
N120 – Soils contaminated with a controlled waste	139.45
N150 – Fly ash excluding fly ash generated from Australian coal fired power stations	9285.74
Total tonnes disposed of during reporting period	54,739.58

Table 2-5 – Permanently disposed of unsealed source radiological waste during reporting period

Receival Date	Disposal Date	Waste Type	Tonnes
17/02/2024	13/12/2024	Contaminated SCO from Mineral Sands process	11.71
20/09/2024	14/12/2024	O&G waste SCO (Spools)	6.11
4/05/2024	24/01/2025	Contaminated soil from remediation project	170.37
22/06/2024	24/01/2025	Contaminated soil from remediation project	90.16
2/07/2024	24/01/2025	Contaminated soil from remediation project	74.53
26/05/2021	25/01/2025	Contaminated soil	45.00
31/05/2021	25/01/2025	Contaminated soil	6.00
31/07/2024	25/01/2025	Contaminated soil from remediation project	19.04
1/08/2024	25/01/2025	Contaminated soil from remediation project	90.38
26/10/2024	25/01/2025	Contaminated soil from remediation project	390.6
23/08/2024	6/02/2025	SCO Mineral sands tanks	10.12
27/10/2024	10/02/2025	Contaminated soil from remediation project	9.78
17/01/2024	15/02/2025	LSA, PPE and SCO - Pigging waste	0.64
30/09/2024	15/02/2025	LLW - contaminated smelter dust	12.97
15/11/2024	15/02/2025	NORM contaminated soil	0.35
23/08/2024	16/02/2025	LSA mineral sands	6.29
8/03/2021	19/02/2025	NORM core samples	1.416
19/08/2021	16/03/2025	Pigging wastes	0.30
4/06/2024	16/03/2025	LLW - Smelter factory bricks	20.37
19/06/2024	16/03/2025	LLW - Smelter factory bricks	15.17
1/07/2024	16/03/2025	LLW - contaminated smelter dust	57.35
1/07/2024	16/03/2025	LLW - contaminated bulka bags	3.97
4/06/2024	16/03/2025	LLW - Smelter factory bricks	20.37
19/06/2024	16/03/2025	LLW - Smelter factory bricks	15.17
13/05/2025	28/10/2025	SCO on pipes from cut up oil and gas turret	8.88
13/05/2025	28/10/2025	SCO on pipes from cut up oil and gas turret	6.04
13/05/2025	28/10/2025	SCO on pipes from cut up oil and gas turret	10.35
13/05/2025	28/10/2025	SCO on pipes from cut up oil and gas turret	9.63
13/05/2025	28/10/2025	SCO on pipes from cut up oil and gas turret	4.94
3/06/2025	28/10/2025	SCO on pipes from cut up oil and gas turret	7.14
3/06/2025	28/10/2025	SCO on pipes from cut up oil and gas turret	4.75

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Receive Date	Disposal Date	Waste Type	Tonnes
3/06/2025	28/10/2025	SCO on pipes from cut up oil and gas turret	4.26
31/07/2025	28/10/2025	SCO on pipes from cut up oil and gas turret	4.19
18/11/2025	25/11/2025	NORM Contaminated flowlines pipe	29.3
27/11/2025	30/11/2025	NORM Contaminated flowlines pipe	0.58
1/07/2024	9/12/2025	LSA NORM waste and SCO	2.23
Total tonnes disposed during the reporting period			1170.46

Table 2-6 – Permanently disposed of sealed source radiological waste (DSRS) during reporting period

Radionuclide	Tellus Reference Number	Date Received	Date Disposed
Co-60	PO3349001	15/12/2022	22/01/2025
Co-60	PO3349001	15/12/2022	22/01/2025
Cs-137	PO3349001	15/12/2022	22/01/2025
Cs-137	PO3349001	15/12/2022	22/01/2025
Sr-90	PO3349001	15/12/2022	22/01/2025
Fe-55	PO5784001	15/11/2024	22/01/2025
Ba-133	PO5784001	15/11/2024	22/01/2025
Mn-54	PO5784001	15/11/2024	22/01/2025
Cd-109	PO5784001	15/11/2024	22/01/2025
Ba-133	PO5784001	15/11/2024	22/01/2025
Co-60	PO5784001	15/11/2024	22/01/2025
Ba-133	PO5784001	15/11/2024	22/01/2025
Total number of DSRS units disposed in Cell 1:			12 units (weight negligible)

2.4 Decommissioning

No decommissioning activities were conducted during the reporting period.

3 DETAILS OF DECLARED COMPLIANCE STATUS

Table 3-1 provides a summary of the performance categories in respect to the compliance status for each requirement of MS 1234 as defined in the OEPA *Post Assessment Guideline No. 1 – Post Assessment Guideline for Preparing an Audit Table* (PAG 1) (OEPA, 2012a, p.9).

Table 3-1 – Compliance status terms

Compliance Status Term	Acronym	Definition
Compliant	C	Implementation of the proposal has been carried out in accordance with the requirements of the audit element.
Completed	CLD	A requirement with a finite period of application has been satisfactorily completed.
Not Required at this Stage	NR	The requirements of the audit element were not triggered during the reporting period.
Potentially Non-compliant	PNC	Possible or likely failure to meet the requirements of the audit element.
Non-compliant	NC	Implementation of the proposal has not been carried out in accordance with the requirements of the audit element.
In Process	IP	Where an audit element requires a management or monitoring plan be submitted to the OEPA or another government agency for approval, that submission has been made and no further information or changes have been requested by the OEPA or the other government agency and assessment by the OEPA or other government agency for approval is still pending.

The overall status of compliance with the Conditions of MS 1234 for the reporting period is summarised in Table 3-2. Requirements considered non-compliant are summarised in Table 3-3. The Statement of Compliance as required by PAG 1 is provided in **Appendix A**.

Tellus has provided comments and evidence next to each requirement. Where considered relevant, observations have been made regarding specific compliance issues.

Table 3-2 – Overall compliance assessment of MS 1234

Number of Compliant Audit Elements	Number of Completed Audit Elements	Number of Not Required Audit Elements	Number of Potentially Non-compliant Audit Elements	Number of Non-compliant Audit Elements	Number of In Process Audit Elements
107	0	25	0	2	6

Table 3-3 – Summary of non-compliances with conditions of MS 1234

Audit Code	Subject	Requirement	Finding
1234:M A1.1.12	Proposal Implementation	Maximum temporary surface storage time: Up to 12 months, or as agreed by the CEO.	At the end of the reporting period, 1,002 tonnes of liquid PFAS waste, 41.4 tonnes of mercury-contaminated and thiocarbamate liquid and 35 tonnes of low-level radioactive waste remained in temporary storage beyond the 12-month limit. This excludes waste streams subject to a temporary exemption granted by the CEO (approval letter dated 7 November 2025), including DSRS, acids and radioactive liquids.
1234:M B9.1.2	Annual Independent Audit	The facility is managed in accordance with all regulatory requirements.	Non-compliances with Licence L9240/2020/1 were reported in the L9240/2020/1 AACR 2024–2025 and in the DWER non-compliance letter dated 18 June 2025 (Ref: DWERTV17439). Accordingly, the facility was not fully managed in accordance with all regulatory requirements during the reporting period.

3.1 Management plans

Table 3-4 summarises the management plans required under Ministerial Statement 1234 (MS1234). As of 12 December 2025, the Fauna Management Plan was the only management plan approved by the CEO. The remaining four management plans were submitted to the DWER for approval on 07 November 2025 and are currently under assessment.

Table 3.4 - Management Plans required under MS1234 and their current approval status

Condition No.	Management Plan	Submitted to DWER	Status
B3-2	Fauna Management Plan (v2, 23 May 2025)	23 May 2025	Approved
B1-3	Leachate Monitoring and Management Plan (v2, 15 September 2025)	7 November 2025	Under Assessment
B2-3	Flora and Vegetation Management Plan (v5, 31 July 2025)	7 November 2025	Under Assessment
B6-2	Waste Minimisation Plan (v0, 13 October 2025)	7 November 2025	Under Assessment
B5-2	Waste Facility Decommissioning and Closure Plan (v4, 25 September 2025)	7 November 2025	Under Assessment

A minor revision to Version 1 of the Fauna Management Plan (30 May 2022) was submitted to DWER for approval on 23 May 2025. The revision comprised administrative updates only, including alignment with MS1234 (superseding MS1078), updated job titles, revised condition references, and updated figures relating to numbers of fauna sightings and extent of vegetation cleared. No substantive changes to management actions, objectives, or outcomes were proposed. No feedback was received from DWER in relation to the minor revisions. Accordingly, the updated Fauna Management Plan (V2, 23 May 2025) has been implemented.

Other key operational control documents referenced in the management plans and reviewed as part of this compliance assessment included:

- Vegetation Clearing Procedure, V0 (18 October 2024)
- Bushfire Management Plan, V3 (28 November 2023)
- Air Quality Management Plan, V2 (11 September 2023)
- Erosion and Sedimentation Management Plan, V2 (21 February 2024)

4 COMPLIANCE MONITORING REPORT

4.1 LMMP Monitoring Program

Tellus utilise a risk-based approach to achieve environmental objectives; including the objective to 'Avoid where practicable, or otherwise minimise, contamination of soil quality and soil pore water.'

A key control to achieve this was the site selection criteria. The Sandy Ridge development envelope has no evidence of significant aquifer development or groundwater recharge (CyMod, 2021), the site lacks surface water bodies, has low annual average rainfall, and evaporation rates 10 times higher than annual average rainfall.

On-going operational controls that are implemented to minimise the risk of generating leachate include:

- Implementing strict waste acceptance criteria, preventing the opportunity to generate leachate by not directly depositing waste containing free liquids (such as sludge or liquid waste inside drums), not accepting putrescible waste that may decompose into a liquid state, and not directly placing wastes that when compacted will release moisture.
- Operate the waste immobilisation plant per operational procedures that include Immobilisation formulations using kaolin and or cement to immobilise or chemically bind liquid and sludge waste.
- Covering cells to exclude rainfall or surface water ingress during mining and backfilling, to create a dry operational environment.
- Installing bunds and diversion channels around cells to exclude surface water from entering during mining or waste operations.
- Manage water introduced to the cell (e.g. for compaction or dust control) to avoid ponding or saturation. Water application procedures will address machine operator training, application flow rates, defining the application area, supervision and post-application measurements (e.g. CBR and moisture).
- Install civil-engineered cell caps designed to minimise ingress of rainwater to closed waste cells by:
 - Resisting water ingress by promoting runoff.
 - Resisting water ingress using low permeability barriers.
 - Resisting water ingress using a store-and-release barrier.
 - Resisting erosion.
 - Maintaining integrity whilst allowing for some settlement of the waste cell content.
- Active waste handling areas (waste inspection bays, liquid waste dispensing area, waste immobilisation plant) with concrete-bunded floors with self-contained drainage with capacities up to 1 in 100 year 72-hour storm events (described in DWER Licence L9240/2020/1).

4.1.1 Standing Water Levels (SWL)

Biannual groundwater sampling was undertaken in April 2025 (GME 9) and October 2025 (GME10). Standing water levels (SWL) were measured at all groundwater monitoring bores. An increase of greater than 0.5m above the previous biannual SWL measurement is set as the trigger criterion requiring investigation and an increase of greater than 1.0m above the previous measurement is nominated as the threshold criterion that requires investigation and possible action. There has been some minor variability of SWL since the Facility commenced operations, these have been within the trigger and threshold criteria.

4.1.2 Groundwater Quality

During the reporting period, six-monthly groundwater monitoring was undertaken in April 2025 (GME 9) and October 2025 (GME 10).

GME 9 identified:

- 50 analytes were below detection limits at all bores.
- 65 analytes were below trigger levels, indicating stable groundwater conditions.
- 8 analytes exceeded trigger levels comprising 4 metals, 2 radionuclides and 2 PFAS summations.
- Metal and radionuclide trigger exceedances were similar to naturally occurring baseline levels.
- PFAS detections were investigated and assessed as likely attributable to sampling artefact, with concentrations subsequently declining.
- No threshold exceedances were recorded; all concentrations remained within regulatory limits.

GME 10 identified:

- 56 analytes were below detection limits at all bores.
- 66 analytes were below trigger levels, indicating stable groundwater conditions.
- 2 analytes (PFAS summations at the deep bore only) marginally exceeded trigger levels in the primary sample; but results were below trigger levels in QA/QC triplicate samples.
- No threshold exceedances were recorded; all concentrations remained within regulatory limits.

Overall, the findings from GME9 and GME10 confirm that groundwater conditions at Sandy Ridge remain stable, with no evidence of, or significant risk from, contamination associated with site activities. Continued bi-annual monitoring will provide ongoing confirmation of long-term trends and the effectiveness of current management controls

4.1.3 Silcrete Bores

Sandy Ridge maintains a silcrete bore monitoring network comprising six shallow bores installed to the top of the silcrete layer. The purpose of these bores is to detect the potential formation of perched groundwater above the low-permeability silcrete unit, which occurs at approximately 2 metres below ground level.

Under normal conditions, the silcrete bores are dry. Bores are dipped following rainfall events exceeding 40 mm within a 24-hour period to determine whether an ephemeral water column has formed. Where a sufficient water column is present, samples are collected and analysed against relevant groundwater quality trigger criteria.

During the reporting period, no rainfall events exceeded 40 mm within a 24-hour period. Accordingly, no silcrete bore sampling was required or undertaken.

4.1.4 Soil Quality

Baseline soil quality at Sandy Ridge was established through two soil sampling programs: the first conducted in April 2019 within the Crown Lease boundary surrounding the Facility, and the second in January 2020 along the Mt Walton Access Road and the Sandy Ridge Facility Access Road. The baseline results were presented in a report (Landloch, 2020).

Baseline soil quality data are compared against subsequent targeted soil quality monitoring undertaken on a three-yearly basis to assess whether Facility operations have adversely affected soil quality. The first follow-up monitoring event was completed in January 2023 (Tellus, 2023), with results compared against baseline conditions and relevant National Environment Protection Measure (NEPM) investigation levels. Concentrations of heavy metals, asbestos, PCBs and PFAS were generally consistent with baseline conditions, with no exceedances of applicable NEPM HIL B investigation levels. No evidence of elevated radionuclide

activity was identified in soils adjacent to the Radiation Yard. These findings indicate that soil management controls at Sandy Ridge were operating effectively at the time of assessment.

The next targeted soil quality monitoring event is scheduled for January 2026, which falls outside the current reporting period. Results from this monitoring event will be reported in the next Compliance Assessment Report.

4.2 FVMP Monitoring Program

This section reports on flora and vegetation management and monitoring undertaken during the reporting period in relation to Conditions B2-1 to B2-3 of Ministerial Statement No. 1234 (MS1234). These conditions require the proponent to ensure no adverse impact to *Banksia arborea* shrubland, no disturbance of conservation priority flora above approved limits, and the achievement of objectives relating to weed management, bushfire prevention, and minimisation of fugitive dust emissions.

The MS1234 Flora and Vegetation Management Plan, v5 (Tellus, 2025) was submitted to DWER on 7 November 2025 and was under assessment at the time of reporting. In the interim, Tellus continued to implement existing monitoring and management measures under the approved MS1078 framework, while progressively transitioning systems and procedures to align with the requirements of MS1234.

The following subsections summarise monitoring outcomes and management measures relating to *Banksia arborea* shrubland, conservation priority species, weeds, bushfire risk, and dust, and demonstrate that the flora and vegetation environmental outcomes and objectives of MS1234 were achieved during the reporting period.

4.2.1 *Banksia arborea* Shrubland

No disturbance to *Banksia arborea* shrubland occurred during the reporting period.

Banksia arborea shrubland occurs approximately 13 km south-west of the Sandy Ridge infrastructure area, in the vicinity of Carina Bore. Activities within a 1 km radius of this vegetation during the reporting period were limited to routine access to Carina Bore (approximately weekly) for generator refuelling and groundwater monitoring.

Monthly environmental inspections undertaken at the Carina Bore identified no evidence of weed incursion, vegetation disturbance, or other adverse impacts to the *Banksia arborea* shrubland.

Photo-point monitoring of *Banksia arborea* shrubland is scheduled to commence in the next reporting period, subject to approval of the MS1234 FVMP (2025) under assessment.

4.2.2 Conservation Priority Species

The monitoring program for conservation priority species proposed in the MS1234 FVMP includes annual vegetation condition surveys, annual imagery analysis, and campaign-based monitoring during vegetation clearing. At the time of reporting, the MS1234 FVMP (2025) was under assessment by DWER. Annual imagery analysis to assess impacts to specific populations of conservation priority species listed in Table 1 of MS1234 is scheduled to commence in Q2 2026, subject to FVMP approval.

During the reporting period, Tellus continued implementation of the Annual Spring Vegetation Health Survey, which has been undertaken since 2022. Twenty monitoring sites established by Western Botanical in 2022 were assessed, comprising 14 experimental sites located at at-risk locations on the southern and eastern boundaries of the infrastructure area and six control sites located 200–500 m from experimental sites within comparable vegetation associations.

Vegetation condition across the monitoring network was consistent with baseline conditions and within expected seasonal variability. Vegetation condition at sites containing conservation priority species was

comparable to, or slightly higher than, sites where no priority species were present. Vegetation condition at priority species sites located adjacent to infrastructure was similar to that observed at control sites, indicating no evidence that facility operations are impacting conservation priority species more than surrounding non-priority vegetation.

No trigger or threshold exceedances relating to conservation priority species were identified during the reporting period, and no response actions were required.

4.2.3 Weeds

Weed monitoring proposed under the MS1234 FVMP (2025) includes annual visual inspection of areas outside the site boundary, scheduled for late winter to early spring when annual weeds are most prevalent in the Goldfields Region. This monitoring is scheduled to commence in Q3 2026.

During the reporting period, weed presence was monitored through routine environmental inspections conducted weekly or monthly, depending on location. All earthmoving and mobile plant entering the site were also subject to weed and seed inspections in accordance with site procedures.

Weed activity across the Sandy Ridge Facility was minimal during the reporting period and was largely confined to the Village. No significant increase in weed cover was observed in areas surrounding the site boundary, and no new weed species attributable to site activities were identified.

No weed-related trigger or threshold exceedances were identified during the reporting period, and no response actions were required.

4.2.4 Bushfire Risk

Bushfire risk and mitigation measures implemented during the reporting period are summarised in the latest annual Bushfire Management Report Sandy Ridge 2024-2025.

Fuel load assessments undertaken around the facility indicated moderate fuel loads in the range of approximately 10–20 tonnes per hectare, with the highest fuel loads occurring to the north, northeast and northwest of the facility.

Bushfire risk was managed through routine inspection and maintenance of firebreaks, ongoing fuel load monitoring, and coordination with external agencies. Bushfire risk was further reduced through ignition-prevention measures, including site inductions and bushfire awareness training, waste acceptance criteria restrictions on the acceptance of flammable and explosive materials, segregation of incompatible waste types, hot works permitting, and emergency response preparedness.

No bushfire-related impacts to vegetation values or conservation priority flora were identified during the reporting period, and no response actions were required.

4.2.5 Dust

During the reporting period, dust was managed in accordance with the Air Quality Management Plan (AQMP), and Tellus has proposed to continue this monitoring under the MS1234 FVMP currently under assessment by DWER.

Environmental dust deposition is monitored quarterly at six locations around the Sandy Ridge Facility, including a control location approximately 2 km south of the infrastructure area. A dust deposition target is considered exceeded where total dust deposition exceeds 4 g/m²/month and is more than 2 g/m²/month above the control site.

This target was exceeded on one occasion during the reporting period, in Q2 2025, at the south-west dust monitoring location, which is located adjacent to the Cell 2 clearing footprint. Dust deposition at this location was recorded at 4.7 g/m²/month, compared with 2.9 g/m²/month at the control site.

In accordance with the AQMP, an internal investigation was initiated following this exceedance. The elevated dust deposition was attributed to nearby vegetation clearing activities associated with the construction of Cell 2. Inspection of vegetation surrounding the clearing area did not identify evidence of dust-related impacts on vegetation health.

Dust deposition levels at all monitoring locations were below target levels in Q3 and Q4 2025. No ongoing dust-related impacts to vegetation values or conservation priority flora were identified, and no response actions were required beyond the initial investigation.

4.3 Fauna Monitoring Program

This section reports on terrestrial fauna management and monitoring undertaken during the reporting period in relation to Conditions B3-1 and B3-2 of MS1234. These conditions require the proponent to minimise the risk of injury or mortality to native fauna, prevent a significant increase in feral fauna populations, and restrict terrestrial fauna access to operational areas.

A minor administrative revision to the approved Sandy Ridge Fauna Management Plan (Version 1, 30 May 2022) was submitted to the Department of Water and Environmental Regulation on 23 May 2025 to align the plan with MS1234. No substantive changes to management actions or objectives were proposed, and the updated plan (Version 2, 23 May 2025) was implemented during the reporting period.

The following subsections summarise fauna monitoring outcomes relating to vegetation clearing, conservation significant fauna sightings, fauna mortalities, and feral fauna sightings, and demonstrate achievement of the terrestrial fauna objectives of MS1234.

4.3.1 Vegetation clearing

During the operational phase, vegetation clearing occurs periodically. Tellus was granted Works Approval W6700/2022/1 on 13 December 2022 for the construction of three additional waste cells (Cells 2 to 4). Vegetation clearing associated with these works is undertaken progressively and in accordance with approved limits.

The project approval allows for the removal of up to 276.05 Hectares (ha) native vegetation within a 1,061 ha development envelope broken down as follows:

- Up to 202.3 ha for mine pits/waste cells.
- Up to 73.75 ha for associated infrastructure.

As of December 2025, a total of 50.51 hectares of native vegetation within the development envelope had been cleared for mine pit/waste cells and a total of 71.03 hectares of native vegetation within the development envelope had been cleared for associated infrastructure. Clearing is therefore within the limits stated in MS 1234.

Clearance permits are required and all cleared areas must be surveyed with disturbance data recorded in ArcGIS and reported annually through the Mining Rehabilitation Fund (MRF) report and Annual Environmental Report to DMPE.

4.3.2 Conservation Significant Fauna Sightings

Fourteen fauna species listed under the *Biodiversity Conservation Act 2016* (BC Act), the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act), and/or identified by the Department of Biodiversity, Conservation and Attractions (DBCA) have been recorded or may occur within the locality of the Sandy Ridge Facility. Of these, only two conservation significant species have been recorded since commencement of the project:

- Malleefowl (*Leipoa ocellata*), listed as Vulnerable under the BC Act and the EPBC Act
- Woma Python (*Aspidites ramsayi*), listed as Priority 1 under the BC Act

During the reporting period, two sightings of conservation significant fauna were recorded:

- A Malleefowl observed on the Mount Dimer Access Road approximately 7 km south-west of the Sandy Ridge Facility on 10 September 2025
- A Woma Python observed approximately 25 km south of the Sandy Ridge Facility on the Mount Walton Access Road on 8 February 2025

Both sightings occurred on access roads outside the MS1234 development envelope.

All sightings of conservation significant fauna were reported to DBCA in accordance with site procedures. No injuries or mortalities of conservation significant fauna were recorded during the reporting period.

4.3.3 Fauna mortalities

The MYOSH reporting system is used to record fauna sightings and mortalities to enable tracking of trends in location and likely causes of mortality.

A total of eighteen fauna mortalities were recorded during the reporting period. This total includes fauna mortalities occurring on access roads such as Mount Dimer Road and Mount Walton Access Road, which are located outside the MS1234 development envelope and are shared with third parties.

No fauna mortalities were attributed to site operational activities, other than vehicle strikes. Of the recorded mortalities:

- Eight were attributed to vehicle strikes
- Two were attributed to predation
- The cause of death for eight individuals could not be determined

Recorded mortalities comprised eleven birds, five reptiles, and two mammals. No injuries or mortalities of conservation significant or priority fauna species were recorded during the reporting period.

4.3.4 Feral Fauna Sightings

Sightings of feral animals are recorded in the MYOSH incident reporting system to support trend identification and management.

During the reporting period, the following feral fauna sightings were recorded:

- Camel - 12
- Cat - 6
- Dog/dingo - 5

- Fox - 1
- Mouse - 1
- Rabbit - 1

Of the recorded sightings, ten occurred on access roads outside of the MS1234 development envelope (predominantly camels), while twelve occurred within the Sandy Ridge Facility, primarily in the vicinity of the Village. Targeted control of cats, foxes, and rabbits has previously been undertaken on a campaign basis in response to sightings. No feral fauna control activities other than routine preventative rodent control were required or undertaken during the reporting period.

4.3.5 Waste Facility Decommissioning and Closure Plan

The Waste Facility Decommissioning and Closure Plan (WFDCP) outlines a three-phase closure framework:

- **Phase I** – Ongoing receipt, handling and emplacement of Class IV and Class V intractable waste within the near-surface geological repository (waste cells) for permanent isolation. This phase is anticipated to continue for approximately 25 years, with individual cells progressively excavated, filled and capped.
- **Phase II** – Preparation of the Facility for permanent closure.
- **Phase III** – Implementation of active and passive institutional controls.

No decommissioning or closure activities occurred during the reporting period, as Cell 1 remained operational.

4.4 External inspections and audits

The following external inspections and audits were conducted during the reporting period

1. DWER Compliance Inspection (Licence L9240/2020/1), April 2025

A compliance inspection against Licence L9240/2020/1 was undertaken by DWER on 29–30 April 2025.

Non-compliances were identified against 11 conditions of the Licence in the resulting Letter of Non-Compliance (DER2020/000039) dated 12 June 2025.

The following findings were raised:

- Conditions 1 (Table 1), 22 and 23 – East Yard Stormwater Drains
Inadequate maintenance of stormwater drains and insufficient capacity to divert stormwater to the Stormwater Retention Pond.
- Condition 7 (Table 3) – Waste Storage
 - Bulky contaminated solid wastes (railway sleepers) not stored in suitable, secure and sealed packaging.
 - Multiple liquid waste streams stored for longer than 12 months without treatment, including nitrosyl sulfuric acid and PFAS wastes.
 - PFAS liquid waste not stored in accordance with the PFAS National Environmental Management Plan (NEMP).
 - Radioactive wastes stored on site for longer than 12 months without disposal to a cell.
 - Liquid radioactive waste stored without available treatment options.
- Condition 9 – NORM Waste Container
NORM container not properly closed at the time of inspection.
- Condition 15 – Waste Processing and Disposal
Dilution of PFAS liquid waste to meet the ≤ 50 mg/kg licence limit.
- Condition 16(b) – Waste Stabilisation and Solidification
Absence of documented stabilisation procedures, QA/QC processes, and appropriate batch verification sampling prior to disposal.
- Condition 17 – Post-Stabilisation Verification
Inadequate sampling frequency and verification methodology inconsistent with required standards.
- Condition 19 – Waste Disposal
Disposal of stabilised liquid wastes prior to meeting Condition 16 requirements.
- Condition 29 – Record Keeping
Required procedures and verification documentation not available.

Corrective actions were initiated and are being implemented in consultation with DWER.

2. Sandy Ridge Facility 2024-25 Annual Waste Audit (MS1234), July 2025

An independent waste audit was undertaken by KASA Consulting from 7–9 July 2025 in accordance with Condition B9 of Ministerial Statement 1234.

Two non-compliances were identified against MS 1234 Conditions 1-1, for exceeding the 12-month temporary storage limit, and B9, specifically sub-condition B9.2(7) (regulatory compliance). This finding arose due to licence non-compliances identified during DWER compliance inspections in July 2024 and April 2025 and

confirmed through the internal licence compliance audit. All other elements of Condition B9 were assessed as compliant.

3. July 2025 – Surveillance Audit (Equal Assurance), July 2025

A surveillance audit was undertaken by Equal Assurance in July 2025 to assess ongoing conformance of the Sandy Ridge Facility's Integrated Management System with the requirements of:

- ISO 9001 (Quality Management Systems)
- ISO 14001 (Environmental Management Systems)
- ISO 45001 (Occupational Health and Safety Management Systems)

The audit evaluated implementation, operational controls, internal auditing, corrective actions, leadership oversight, and continual improvement processes.

The audit concluded that the management system remains effectively implemented and suitable for certification, with a high level of confidence that Tellus will consistently meet the requirements of the relevant standards.

Any observations and opportunities for improvement identified during the audit were minor in nature and are being addressed through the Facility's continuous improvement processes.

5 SUMMARY OF FINDINGS AGAINST MS 1234

Condition A1-1 – Maximum temporary storage time

At the end of the reporting period, 1,002 tonnes of liquid PFAS waste, 41.4 tonnes of mercury-contaminated and thiocarbamate pesticide liquid and 35 tonnes of low-level radioactive waste remained in temporary storage beyond the 12-month limit. This excludes waste streams subject to a temporary exemption granted by the CEO (approval letter dated 7 November 2025), including DSRS, acids and radioactive liquids.

Condition B9-1.2 – Facility managed in accordance with all regulatory requirements

The requirement that the facility be managed in accordance with all regulatory requirements was not met during the reporting period, arising from non-compliances with Licence L9240/2020/1.

The above two non-compliances against MS1234 conditions were also documented in a non-compliance letter from DWER dated 18 June 2025 (Ref: DWERT17439).

6 LIMITATIONS OF THIS REPORT

This Report has been prepared by Tellus Holdings Ltd (Tellus) based on generally accepted practices and standards and information (including site conditions) available/present when it was prepared (in February 2026).

No other warranty, expressed or implied, is made as to the professional advice included in this Report. This Report was prepared in accordance with the purpose outlined in Ministerial Statement 1234, dated 13 December 2024.

Where this Report indicates that information has been provided to Tellus by third parties, Tellus has made no independent verification of this information except as expressly stated in the report. Tellus assumes no liability for any inaccuracies in or omissions to that information. This Report should be read in full.

7 REFERENCES

7.1 Supporting, verifying information, documentation

Core Reporting Documents

- Equal Assurance (2025). TLSQ01-04 Re-Certification Audit Report – Tellus Holdings Ltd. 27–30 May 2025.
 - KASA Consulting (2025). Sandy Ridge Facility 2024-25 Annual Waste Audit Report. 18 September 2025.
 - Tellus (2025). MS1078 Compliance Assessment Report 2024/2025. 23 September 2025.
 - Tellus (2025). L9240/2020/1 Annual Audit Compliance Report 2024/2025. 28 August 2025.
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Letters

- DWER (2025). Exemption from 12-Month Temporary Surface Storage Limit for Waste – MS1234. (DER2020/000039). 15 July 2025.
 - DWER (2025). Letter of Non-Compliance – Compliance Inspection of Licence L9240/2020/1. (DER2020/000039). 12 June 2025.
 - DWER (2025). Ministerial Statement 1234 – Letter of Non-Compliance. (DWERVT17439). 18 June 2025.
 - DWER (2026). Ministerial Statement 1234 – Sandy Ridge Facility – Alignment of Gate Waste Acceptance Tonnage, Compliance Assessment Plan Approval. (DWERVT17439~2). 6 February 2026.
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Approved MS1234 Plans

- Tellus (2025). MS1234 Compliance Assessment Plan. 28 November 2025.
 - Tellus (2025). Sandy Ridge Fauna Management Plan, v2. 23 May 2025.
-

MS1234 Management Plans Under Assessment

(Submitted to DWER on 7 November 2025)

- Tellus (2025). Flora and Vegetation Management Plan, v5. 31 July 2025.
 - Tellus (2025). Waste Facility Decommissioning and Closure Plan, v4. 25 September 2025.
 - Tellus (2025). Waste Minimisation Plan, v0. 13 October 2025.
 - Tellus (2025). Leachate Monitoring and Management Plan, v2. 15 September 2025.
-

MS1078 Management Plans

(In effect while MS1234 replacements are under assessment)

- Tellus (2020). Leachate Monitoring and Management Plan, vE. 7 May 2020.
- Tellus (2019). Flora and Vegetation Management Plan, v1. 19 June 2019.
- Tellus (2022). Waste Facility Decommissioning and Closure Plan, v4. 14 November 2022.

Environmental Monitoring Reports

- CyMod Systems Pty Ltd (2021). Hydrogeological Update for the Sandy Ridge Project. June 2021. Report 2021004.001.
- GHD (2023). Alignment of Gate Waste Acceptance Tonnage – Environmental Review Document, Assessment No. 2309. 17 February 2023.
- Landloch (2020). Sandy Ridge Project: Baseline Soil Audit for the Facility, Mt Walton Access Road and Sandy Ridge Facility Access Road. 7 October 2020
- Tellus (2023). Sandy Ridge Soil Audit. 24 May 2023
- Tellus (2025). Sandy Ridge – Biannual Groundwater Monitoring Event 9: Summary Report (April 2025). 25 June 2025.
- Tellus (2026). Sandy Ridge – Biannual Groundwater Monitoring Event 10: Summary Report (October 2025). 05 February 2026.
- Tellus (2025). Sandy Ridge 2025-2026 Spring Vegetation Health Report. 6 October 2025
- Tellus (2025). Bushfire Management Report, Sandy Ridge 2024-2025. 28 March 2025
- Tellus (2025–2026). Sandy Ridge Monthly Environmental Reports: December 2024 to December 2025.

7.2 External references

- A OEPA. 2012a. Post Assessment Guideline for Preparing an Audit Table, Post Assessment Guideline No. 1. August. Office of the Environmental Protection Authority. Perth, Western Australia.
- B OEPA. 2012b. Post Assessment Guideline for Preparing a Compliance Assessment Plan, Post Assessment Guideline No. 2. August. Office of the Environmental Protection Authority. Perth, Western Australia.
- C OEPA. 2012c. Post Assessment Guideline for Preparing a Compliance Assessment Report, Post Assessment Guideline No. 3. August. Office of the Environmental Protection Authority. Perth, Western Australia.
- D OEPA. 2012d. Post Assessment Guideline for Making Information Publicly Available, Post Assessment Guideline No. 4. August. Office of the Environmental Protection Authority. Perth, Western Australia.

Appendix A – Statement of Compliance

Appendix B – MS1234 Audit Table

Statement of Compliance

1. Proposal and Proponent Details

Proposal Title	<i>Sandy Ridge Facility</i>
Statement Number	<i>1234</i>
Proponent Name	<i>Tellus Holdings Ltd</i>
Proponent's Australian Company Number (where relevant)	138 119 829

2. Statement of Compliance Details

Reporting Period	<i>13/12/24 to 12/12/25</i>
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Implementation phase(s) during reporting period (please tick ✓ relevant phase(s))							
Pre-construction	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Operation	<input checked="" type="checkbox"/>	Decommissioning	<input type="checkbox"/>

Audit Table for Statement addressed in this Statement of Compliance is provided at Attachment:	2
<p>An audit table for the Statement addressed in this Statement of Compliance must be provided as Attachment 2 to this Statement of Compliance. The audit table must be prepared and maintained in accordance with the Department of Water and Environmental Regulation (DWER) <i>Post Assessment Guideline for Preparing an Audit Table</i>, as amended from time to time. The 'Status Column' of the audit table must accurately describe the compliance status of each implementation condition and/or procedure for the reporting period of this Statement of Compliance. The terms that may be used by the proponent in the 'Status Column' of the audit table are limited to the Compliance Status Terms listed and defined in Table 1 of Attachment 1.</p> <p>NOTE: this statement of compliance includes the findings of the Independent Annual Audit required by condition 8-2.</p>	

Were all implementation conditions and/or procedures of the Statement complied with within the reporting period? (please tick ✓ the appropriate box)			
No (please proceed to Section 3)	<input checked="" type="checkbox"/>	Yes (please proceed to Section 4)	<input type="checkbox"/>

Each page (including Attachment 2) must be initialled by the person who signs Section 4 of this Statement of Compliance. INITIALS: *PM*

3. Details of Non-compliance(s) and/or Potential Non-compliance(s)

The information required Section 3 must be provided for each non-compliance or potential non-compliance identified during the reporting period covered by this Statement of Compliance.

Non-compliance/potential non-compliance 3-1

Which implementation condition or procedure was non-compliant or potentially non-compliant?	
A1.1.12	
Was the implementation condition or procedure non-compliant or potentially non-compliant?	
Non-compliant	
On what date(s) did the non-compliance or potential non-compliance occur (if applicable)?	
<p>The Department was initially informed of the first 12-month temporary storage exceedance via email from Tellus dated 21 February 2022, advising that two consignments of waste were approaching the 12-month storage limit.</p> <p>Exceedances of individual waste packages have occurred periodically since that time.</p> <p>On 1 July 2025, Tellus provided DWER with a list of waste packages expected to exceed the 12-month storage requirement during the 2025–2026 reporting period.</p>	
Was this non-compliance or potential non-compliance reported to the Chief Executive Officer, DWER?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Reported to DWER verbally Date _____ <input type="checkbox"/> Reported to DWER in writing Date <u>01/07/2025</u>	<input type="checkbox"/> No
What are the details of the non-compliance or potential non-compliance and where relevant, the extent of and impacts associated with the non-compliance or potential non-compliance?	
<p>At the end of the reporting period:</p> <ul style="list-style-type: none"> • 1,002 tonnes of liquid PFAS waste • 41.4 tonnes of other liquid waste (26.57 tonnes of mercury-contaminated liquid and 14.83 tonnes of thiocarbamate pesticide liquid) • 35 tonnes of low-level radioactive waste <p>remained in temporary storage beyond the 12-month limit.</p> <p>This excludes waste streams subject to a temporary exemption granted by the CEO (approval letter dated 7 November 2025), including DSRS, acids, and radioactive liquids.</p> <p>No environmental impacts have been identified as a result of the extended storage. All waste remains contained within engineered storage areas in accordance with licence requirements.</p>	
What is the precise location where the non-compliance or potential non-compliance occurred (if applicable)? (please provide this information as a map or GIS co-ordinates)	
<ul style="list-style-type: none"> • Radioactive waste is stored in shipping containers within the Radioactive Waste Storage Yard. • Liquid PFAS is stored within the PFAS Storage Bund or placed adjacent to the Waste Immobilisation Plant (WIP) in the undercover Radiation Bay for processing. All liquid PFAS has been removed from the Main Yard storage area. 	

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- Mercury-contaminated liquid and thiocarbamate pesticide liquid are stored within the bunded Main Yard and are scheduled for treatment and disposal during a dedicated processing campaign between March and May 2026.

What was the cause(s) of the non-compliance or potential non-compliance?

Liquid PFAS

Exceedances of the 50 mg/kg PFAS limit were identified in several WIP-treated samples and reported to DWER on 27 June 2023. Investigation determined that inadequate mixing resulted in non-uniform PFAS distribution.

To address this issue:

- A dedicated homogenisation tank was proposed to mix PFAS liquid waste prior to treatment in the WIP.
- A licence amendment to install the tank was approved on 19 March 2025.
- Commissioning was completed on 1 October 2025.

During the investigation, approval and commissioning period (over two years), PFAS processing was halted. The WIP was instead used to process other liquid wastes such as pesticide-contaminated liquids.

The extended break in PFAS processing is the primary cause of the PFAS storage backlog.

Tellus is now prioritising liquid PFAS processing and providing DWER with progress updates.

A further licence amendment application was submitted in November 2025 seeking removal of the 50 mg/kg PFAS limit to align with PFAS NEMP 3.0 (10 December 2024). If approved, this amendment is expected to improve processing efficiency.

Other liquid waste

The 41.4 tonnes of mercury-contaminated and thiocarbamate pesticide liquid exceeding the 12-month storage limit is primarily due to the additional planning and resources needed to safely process these wastes.

Both waste streams are scheduled to be treated and disposed in a dedicated processing campaign between March and May of 2026.

Low-level radioactive waste

The 35 tonnes exceeding 12 months in storage is primarily due to delays in receiving disposal permits from the WA Radiation Council.

Tellus is working closely with the Council and expects to obtain the necessary permits.

Depending on permit timing, disposal may occur in:

- Cell 1 (if permits are issued promptly), or
- The base of Cell 2 (anticipated late 2026 or early 2027).

What measures, if any, were in place to prevent the non-compliance or potential non-compliance before it occurred? What, if any, amendments have been made to those measures to prevent re-occurrence?

A licence amendment application (APP-0032239) was submitted on 05 November 2025 to remove the 50 mg/kg PFAS limit to align with PFAS NEMP 3.0. Assessment of this application is ongoing.

PFAS processing has recommenced and is being prioritised.

The November 2025 licence amendment application (APP-0032239) also proposes to reduce duplication with approvals issued under the Radiation Safety Act. This amendment is intended to

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streamline regulatory processes associated with disposal of low-level radioactive waste to help prevent 12-month storage exceedances.

Improvements to the Waste Management System database are being implemented to enhance tracking and visibility of storage durations for individual waste packages. These improvements are intended to strengthen oversight of temporary storage timeframes and reduce the risk of future 12-month exceedances.

Please provide information/documentation collected and recorded in relation to this implementation condition or procedure:

- in the reporting period addressed in this Statement of Compliance; and
- as outlined in the approved Compliance Assessment Plan for the Statement addressed in this Statement of Compliance.

(the above information may be provided as an attachment to this Statement of Compliance)

Information and documentation collected and recorded in relation to this implementation condition during the reporting period include:

- Waste Management System records identifying storage duration of individual waste packages
- PFAS processing records and WIP verification data
- Licence Amendment Application (APP-0032239) submitted for assessment 5 November 2025
- Letter - 12-month exceedance notification letter dated 1 July 2025
- Letter - Exemption from 12-Month Temporary Surface Storage Limit for Waste – Ministerial Statement 1234 (Ref: DER2020/000039), dated 7 November 2025
- 2024/25 Independent Annual Waste Audit Report

Non-compliance/potential non-compliance 3-2

Which implementation condition or procedure was non-compliant or potentially non-compliant?	
B9.1.2	
Was the implementation condition or procedure non-compliant or potentially non-compliant?	
Non-compliant	
On what date(s) did the non-compliance or potential non-compliance occur (if applicable)?	
Not applicable. The non-compliance relates to achievement of the Condition B9-1 objective during the reporting period rather than a single discrete event.	
Was this non-compliance or potential non-compliance reported to the Chief Executive Officer, DWER?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Reported to DWER in writing <input type="checkbox"/> Reported to DWER in writing	<input type="checkbox"/> No Date _____ Date 28/08/2025 (via the L9240/2020/1 AACR)
What are the details of the non-compliance or potential non-compliance and where relevant, the extent of and impacts associated with the non-compliance or potential non-compliance?	
<p>The second objective of Condition B9-1 — <i>“that the facility is managed in accordance with all regulatory requirements”</i> — was not achieved during the reporting period.</p> <p>This is due to non-compliances identified against Licence L9240/2020/1 during:</p> <ul style="list-style-type: none"> • A DWER compliance inspection; and • An internal licence audit. <p>The non-compliances are detailed in the Sandy Ridge 2024/25 Annual Environmental Report and associated Annual Audit Compliance Report (AACR).</p> <p>No environmental harm was identified as a result of the administrative and procedural non-compliances.</p>	
What is the precise location where the non-compliance or potential non-compliance occurred (if applicable)? (please provide this information as a map or GIS co-ordinates)	
Not applicable - administrative	
What was the cause(s) of the non-compliance or potential non-compliance?	
Failure to fully comply with specific requirements under Environmental Licence L9240/2020/1 during the reporting period (refer to the 2024/25 Annual Environmental Report for details).	
What remedial and/or corrective action(s), if any, were taken or are proposed to be taken in response to the non-compliance or potential non-compliance?	
Corrective actions are documented in the 2024/25 AACR. These include procedural updates, improved verification processes, and implementation of additional compliance controls where required.	
What measures, if any, were in place to prevent the non-compliance or potential non-compliance before it occurred? What, if any, amendments have been made to those measures to prevent re-occurrence?	

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Environmental legal obligations associated with government approvals for Sandy Ridge are documented in an Obligations Register with assigned responsibilities for monitoring and evaluating compliance.

A licence amendment application (APP-0032239) was submitted to DWER on 5 November 2025 to address several identified non-compliances.

Updates to liquid waste processing and QA/QC procedures have been implemented and reviewed by DWER.

Please provide information/documentation collected and recorded in relation to this implementation condition or procedure:

- in the reporting period addressed in this Statement of Compliance; and
- as outlined in the approved Compliance Assessment Plan for the Statement addressed in this Statement of Compliance.

(the above information may be provided as an attachment to this Statement of Compliance)

Supporting information

Information and documentation collected and recorded in relation to this implementation condition during the reporting period include:

- Annual Audit Compliance Report 2024/25 – Licence L9240/2020/1, dated 28 August 2025
- Letter of Non-Compliance – Environmental Protection Act 1986 Compliance Inspection; Licence L9240/2020/1 (Ref: DER2020/000039), dated 12 June 2025
- Licence Amendment Application (APP-0032239) submitted for assessment 5 November 2025
- Sandy Ridge 2024/25 Annual Environmental Report – Licence L9240/2020/1, dated 28 August 2025

4. Proponent Declaration

I, Pascoe Murison, (Executive General Manager of Operations), declare that I am authorised on behalf of Tellus Holdings Ltd [ABN 97 138 119 829] (being the person responsible for the proposal) to submit this form and that the information contained in this form is true and not misleading.



Signature:

Date: 06/03/2026

Please note that:

- it is an offence under section 112 of the *Environmental Protection Act 1986* for a person to give or cause to be given information that to his knowledge is false or misleading in a material particular; and
- the Chief Executive Officer of the DWER has powers under section 47(2) of the *Environmental Protection Act 1986* to require reports and information about implementation of the proposal to which the statement relates and compliance with the implementation conditions.

5. Submission of Statement of Compliance

One hard copy and one electronic copy (preferably PDF on CD or thumb drive) of the Statement of Compliance are required to be submitted to the Chief Executive Officer, DWER, marked to the attention of Manager, Compliance (Ministerial Statements).

Please note, the DWER has adopted a procedure of providing written acknowledgment of receipt of all Statements of Compliance submitted by the proponent, however, the DWER does not approve Statements of Compliance.

6. Contact Information

Queries regarding Statements of Compliance, or other issues of compliance relevant to a Statement may be directed to Compliance (Ministerial Statements), DWER:

Manager, Compliance (Ministerial Statements)

Department of Water and Environmental Regulation

Postal Address: Locked Bag 10
Joondalup DC
WA 6919

Phone: (08) 6364 7000

Email: compliance@dwer.wa.gov.au

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7. Post Assessment Guidelines and Forms

Post assessment documents can be found at www.epa.wa.gov.au

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ATTACHMENT 1

Table 1 Compliance Status Terms

Compliance Status Terms	Abbrev	Definition	Notes
Compliant	C	Implementation of the proposal has been carried out in accordance with the requirements of the audit element.	This term applies to audit elements with: <ul style="list-style-type: none"> ongoing requirements that have been met during the reporting period; and requirements with a finite period of application that have been met during the reporting period, but whose status has not yet been classified as 'completed'.
Completed	CLD	A requirement with a finite period of application has been satisfactorily completed.	This term may only be used where: <ul style="list-style-type: none"> audit elements have a finite period of application (e.g. construction activities, development of a document); the action has been satisfactorily completed; and the DWER has provided written acceptance of 'completed' status for the audit element.
Not required at this stage	NR	The requirements of the audit element were not triggered during the reporting period.	This should be consistent with the 'Phase' column of the audit table.
Potentially Non-compliant	PNC	Possible or likely failure to meet the requirements of the audit element.	This term may apply where during the reporting period the proponent has identified a potential non-compliance and has not yet finalized its investigations to determine whether non-compliance has occurred.
Non-compliant	NC	Implementation of the proposal has not been carried out in accordance with the requirements of the audit element.	This term applies where the requirements of the audit element are not "complete" have not been met during the reporting period.
In Process	IP	Where an audit element requires a management or monitoring plan be submitted to the DWER or another government agency for approval, that submission has been made and no further information or changes have been requested by the DWER or the other government agency and assessment by the DWER or other government agency for approval is still pending.	<p>The term 'In Process' may not be used for any purpose other than that stated in the Definition Column.</p> <p>The term 'In Process' may not be used to describe the compliance status of an implementation condition and/or procedure that requires implementation throughout the life of the project (e.g. implementation of a management plan).</p>

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ATTACHMENT 2

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- **Phases that apply in this Audit Table:** Construction, Operation, Decommissioning, Overall (several phases).
- **This Audit Table is a summary of the requirements applying to this Proposal.** Refer to the Ministerial Statement issued for the proposal under Part IV of the EP Act for details/precise wording of audit elements.
- **Code prefixes:** M = Minister’s condition.
- **Abbreviations:** CAR = Compliance Assessment Report; CEO = Chief Executive Officer of Department of Water and Environmental Regulation; Minister for Env = Minister for the Environment; OEPA = Office of the Environmental Protection Authority.
- **Compliance Status:** C = Compliant, CLD = Completed, NR = Not Required at this stage, PNC = Partial Non-compliance, NC = Non-compliant, IP = In Process.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M A1.1.1	Limitations and Extent of Proposal	The proponent must ensure that the proposal is implemented in such a manner that the following limitations or maximum extents / capacities / ranges are not exceeded:	Project to be implemented in accordance with the criteria outlined (refer Audit Codes A1. 1.2 – A1.1.14 below).	Refer below	Overall	Refer below	Refer below	Refer below
1234:M A1.1.2	Mine pits/waste cells	Maximum extent: Clearing up to 202.3 ha of native vegetation within a 1,061 ha development envelope.	All cleared areas shall be surveyed with spatial disturbance data recorded. Clearing shall be conducted in accordance with Tellus’ Vegetation Clearing Procedure (SR-08.503).	Spatial data showing location and extent of clearing. Tellus’ Vegetation Clearing Permit(s) (VCP).	Construction and operation	Upon completion of each stage of clearing.	C	Mine pits / waste cell clearing to date = 50.51 ha , which is within the approved maximum extent of 202.3 ha. Clearing is undertaken in accordance with the Vegetation Clearing Procedure and approved Vegetation Clearing Permits. All disturbance is spatially surveyed and recorded. Clearing extents are verified annually via aerial imagery and reported in the DMPE AER and MRF submission.
1234:M A1.1.3	Associated infrastructure	Maximum extent: Clearing up to 73.75 ha of native vegetation within a 1,061 ha development envelope.	All cleared areas shall be surveyed with spatial disturbance data recorded. Clearing shall be conducted in accordance with Tellus’ Vegetation Clearing Procedure (SR-08.503).	Spatial data showing location and extent of clearing. Tellus’ VCP.	Construction and operation	Upon completion of each stage of clearing.	C	Total associated infrastructure clearing to date = 71.03 ha , which is within the approved maximum extent of 73.75 ha. Clearing is undertaken in accordance with the Vegetation Clearing Procedure and approved Vegetation Clearing Permits. All disturbance is spatially surveyed and recorded. Clearing extents are verified annually via aerial imagery and reported in the DMPE AER and MRF submission.
1234:M A1.1.4	Waste cap design	Maximum extent: <ul style="list-style-type: none"> • 2.0 m capillary break (screened and gap-graded material). • 3.0 m thick seal layer beneath the capillary break layer. • Unless otherwise approved by the CEO as part of licensing decision under Part V of the EP Act. 	Cap Design drawing showing capillary break developed by qualified engineer.	Detailed design of proposed capping and capillary break (plan and section engineering drawings). As completed construction report prepared by qualified engineer.	Design and operation	Upon completion of detailed designs and completion reports for each cell cap.	NR	As Cell 1 remained operational during the reporting period, final capping has not commenced. A Works Approval application (APP-0032239) for the Cell 1 cap has been submitted to DWER and is under assessment. This condition has not been triggered during the reporting period.
1234:M A1.1.5	Wastes permitted	Maximum extent: Acceptance of only Class IV & V waste	Implementation of Waste Management System, including assessment and verification of all wastes prior to acceptance and monitoring of all wastes received on site.	Waste records of all materials accepted onsite. Annual Independent Audit Report.	Operation	Annually via Annual Independent Audit due 23 September and covering the period 1 July to 30 June of each year.	C	Acceptance of waste is managed through Waste Acceptance Criteria to ensure only permitted Class IV and V wastes are received. Compliance is confirmed via the Annual Independent Waste Audit.
1234:M A1.1.6	Class IV & V waste accepted at gate	Maximum extent: Up to 280,000 tpa	As above	Waste records of all materials accepted onsite. Annual Independent Audit Report.	Operation	Annually via Annual Independent Audit due 23 September and covering the period 1 July to 30 June of each year.	C	Waste received during the reporting period: - 42,037 tonnes of chemical waste - 204 tonnes of radiological waste

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M A1.1.7	No acceptance of nuclear waste as outlined in the Nuclear Waste Storage and Transportation (Prohibition) Act 1999	Maximum extent: None	As above	Waste records of all materials accepted onsite. Annual Independent Audit Report.	Operation	Annually via Annual Independent Audit due 23 September and covering the period 1 July to 30 June of each year.	C	No nuclear waste, as defined under the <i>Nuclear Waste Storage and Transportation (Prohibition) Act 1999</i> , was accepted during the reporting period. Waste acceptance controls and characterisation requirements ensure only permitted Class IV and V wastes are received. Independent verification of these records is undertaken through the Annual Independent Waste Audit.
1234:M A1.1.8	Temporary waste storage on surface	Maximum extent: Up to 15,000 t	Implementation of Waste Management System, including tracking of waste stored temporarily on site prior to disposal.	Waste records of all materials temporarily stored onsite including start and end date. Annual Independent Audit Report.	Operation	Annually via Annual Independent Audit due 23 September and covering the period 1 July to 30 June of each year.	C	Temporary storage quantities (solids and liquids) are tracked monthly through internal waste tracking registers. The 15,000-tonne temporary surface storage limit was not exceeded during the reporting period (maximum = 8141 t, average = 5460 t).
1234:M A1.1.9	Waste (including treated waste) disposed to waste cells	Maximum extent: Up to 280,000 tpa	Implementation of Waste Management System; including assessment and verification of all waste arriving on site and waste permanently disposed of in waste cells.	Waste records of all materials treated onsite and/or disposed to waste cells. Annual Independent Audit Report.	Operation	Annually via Annual Independent Audit due 23 September and covering the period 1 July to 30 June of each year.	C	Waste permanently disposed of during the reporting period: - 54,740 tonnes of chemical waste - 1,170 tonnes of radiological waste
1234:M A1.1.10	Waste origin	Maximum extent: Only wastes generated within Western Australia, other Australian States and Territories, and the Australian Exclusive Economic Zone	Implementation of Waste Management System, including assessment and verification of all wastes prior to acceptance and monitoring of all wastes received on site.	Records of sources of all materials received onsite. Annual Independent Audit Report.	Operation	Annually via Annual Independent Audit due 23 September and covering the period 1 July to 30 June of each year.	C	Waste acceptance criteria are enforced to ensure only wastes from Australia and the Australian Exclusive Economic Zone are received. Independent verification of these records is undertaken through the Annual Independent Waste Audit
1234:M A1.1.11	Water use	Maximum extent: up to 0.18 GL/a	Monitoring annual groundwater abstraction and water consumption.	Groundwater abstraction records. Water consumption records	Operation	1 July to 30 June each year	C	Total groundwater abstraction during the reporting period was 0.068 GL, which is within the approved limit of 0.18 GL per annum. Groundwater abstraction volumes are monitored monthly and reported in the Monthly Environment Report and to DWER via the Water Online portal.
1234:M A1.1.12	Maximum temporary surface storage time	Maximum extent: Up to 12 months, or as agreed by the CEO	Implementation of Waste Management System, including tracking of waste stored temporarily on site prior to disposal.	Waste records of all materials temporarily stored onsite including start and end date. Annual Independent Waste Audit.	Operation	Annually via Annual Independent Audit due 23 September and covering the period 1 July to 30 June of each year.	NC	At the end of the reporting period, 1,002 tonnes of liquid PFAS waste, 41.4 tonnes of mercury-contaminated liquid and thiocarbamate liquid and 35 tonnes of low-level radioactive waste remained in temporary storage beyond the 12-month limit. This excludes waste streams subject to a temporary exemption granted by the CEO (approval letter dated 7 November 2025), including DSRS, acids and radioactive liquids.
1234:M A1.1.14	Project life	Maximum extent: 25 years	Project operation phase completed by 13 December 2050.	Annual Independent Audit Report showing no more wastes being received, treated or disposed of to cells after 13 December 2050.	Operation	Ministerial Statement issued 13 December 2024, therefore 25-year Project Life concludes 13 December 2050.	NR	The requirement to cease operations has not been triggered during the reporting period.
1234:M B1.1	Terrestrial Environmental Quality	The proponent must implement the proposal to achieve the following environmental outcome: (1) Site will be operating in such a manner such that the outcome in B5-1(1) is achieved before the commencement of Phase I of the institutional Control Period.	Refer 1234:M B5-1.	Refer 1234:M B5-1.	Closure	By end of Phase 1 of Institutional Control Period.	NR	This requirement relates to achievement of closure outcomes prior to commencement of Phase I of the Institutional Control Period. It has not been triggered during the reporting period.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information														
1234:M B1.2	Terrestrial Environmental Quality	The proponent must ensure the implementation of the proposal achieves the following environmental objective: (1) Avoid where practicable, or otherwise minimise, contamination of soil quality and soil pore water.	Implementation of waste management system; including, operational controls defined in the Leachate Monitoring and Management Plan (LMMP). Implementation of groundwater and soil monitoring programmes as per the LMMP. Results assessed against defined trigger values	Waste verification records and daily site inspections. Biannual water monitoring report. Three yearly soil survey report.	Overall	Daily inspections and waste verification. Biannual water monitoring programme. Three yearly soil surveys.	C	Contamination risk is managed through the Waste Management System and LMMP, including daily inspections, waste verification and groundwater monitoring undertaken during the reporting period. Monitoring results did not indicate contamination attributable to site activities.														
1234:M B1.3	Terrestrial Environmental Quality	The proponent must review and revise the Leachate Monitoring and Management Plan (Version E, 7 May 2020) so that it satisfies the requirements of condition C4 and demonstrates how the achievement of the Terrestrial Environmental Quality environmental outcomes in condition B1-1 and objectives of condition B1-2 will be monitored and substantiated and submit to the CEO.	Original LMMP (Version E, 7 May 2020) updated in November 2025 (Version 2) and submitted to the CEO.	LMMP November 2025. Approval letter from CEO.	Overall	As required or as requested by CEO.	IP	Submitted to DWER for assessment on 07/11/25														
1234:M B2.1	Flora and Vegetation	The proponent must ensure the implementation of the proposal achieves the following environmental outcomes:	See below (B2.1.1 - B2.3).																			
1234:M B2.1.1	Flora and Vegetation	(1) No adverse impact to <i>Banksia arborea</i> shrubland.	The Flora and Vegetation Management Plan includes mitigation, monitoring and management measures for indirect impacts, including annual <i>Banksia arborea</i> and Conservation Species Condition Monitoring.	Annual Spring Flora and Vegetation Survey report.	Overall	Annual Spring survey.	C	No adverse impact to <i>Banksia arborea</i> detected during Annual Spring Flora Vegetation Survey monitoring or monthly environmental inspections. Additional <i>Banksia arborea</i> -specific monitoring is proposed in the FVMP under assessment. This additional monitoring is scheduled in 2026, and will be reported in the following CAR.														
1234:M B2.1.2	Flora and Vegetation	(2) No disturbance of priority flora above the levels described in Table 1.	As above. Table 1 as follows: <table border="1" data-bbox="1050 1129 1567 1272"> <thead> <tr> <th>Species</th> <th>Disturbance of known populations</th> </tr> </thead> <tbody> <tr> <td><i>Phebalium appressum</i></td> <td>Up to 10 Individuals</td> </tr> <tr> <td><i>Acacia crenulata</i></td> <td>Up to 5 Individuals</td> </tr> <tr> <td><i>Calytrix creswellii</i></td> <td>Up to 4716 Individuals</td> </tr> <tr> <td><i>Cryptandra crispula</i></td> <td>Up to 23 Individuals</td> </tr> <tr> <td><i>Drosera eremaea</i></td> <td>Up to 1 Individual</td> </tr> <tr> <td><i>Melichrus</i> sp. Bungalbin Hill (F.H. & M.P. Mollemans 3069)</td> <td>Up to 14,000 Individuals</td> </tr> </tbody> </table>	Species	Disturbance of known populations	<i>Phebalium appressum</i>	Up to 10 Individuals	<i>Acacia crenulata</i>	Up to 5 Individuals	<i>Calytrix creswellii</i>	Up to 4716 Individuals	<i>Cryptandra crispula</i>	Up to 23 Individuals	<i>Drosera eremaea</i>	Up to 1 Individual	<i>Melichrus</i> sp. Bungalbin Hill (F.H. & M.P. Mollemans 3069)	Up to 14,000 Individuals	Annual Spring Flora and Vegetation Survey report.	Overall	Annual Spring survey.	C	Annual Spring Flora Vegetation Survey report completed. Additional monitoring of priority flora listed in Table 1 is proposed in the FVMP currently under assessment. This additional monitoring is scheduled in 2026, and will be reported in the following CAR.
Species	Disturbance of known populations																					
<i>Phebalium appressum</i>	Up to 10 Individuals																					
<i>Acacia crenulata</i>	Up to 5 Individuals																					
<i>Calytrix creswellii</i>	Up to 4716 Individuals																					
<i>Cryptandra crispula</i>	Up to 23 Individuals																					
<i>Drosera eremaea</i>	Up to 1 Individual																					
<i>Melichrus</i> sp. Bungalbin Hill (F.H. & M.P. Mollemans 3069)	Up to 14,000 Individuals																					
1234:M B2.2	Flora and Vegetation	The proponent must ensure the implementation of the proposal achieves the following environmental objectives:	See below (B2.2.1 - B2.2.3)																			
1234:M B2.2.1	Flora and Vegetation	(1) Minimise the introduction or spread of environmental weeds;	The Flora and Vegetation Management Plan includes mitigation, monitoring and management measures; including those for weeds. Monthly weed inspections conducted.	Annual Spring Flora and Vegetation Survey report. Monthly environmental report.	Overall	Annual Spring survey. Monthly weed inspections.	C	Weed management is implemented in accordance with the FVMP, with monthly inspections and annual spring surveys undertaken. No significant increase in weed presence was identified during the reporting period.														
1234:M B2.2.2	Flora and Vegetation	(2) Prevent fires as a result of implementation of the proposal; and	Bushfire Management Plan details bushfire mitigation actions; including fuel load assessments, weekly fire breaks inspections, annual firebreak maintenance and fire equipment maintenance and inspections.	Fire break inspection and maintenance records. Monthly environmental report.	Overall	Annual Bushfire Management Report. Weekly fire break inspections. Weekly fire equipment inspections.	C	Bushfire risk is managed in accordance with the Bushfire Management Plan, including fuel load assessments, weekly firebreak and equipment inspections, and annual maintenance. The annual Bushfire Management Report confirms required monitoring and controls are being implemented.														

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M B2.2.3	Flora and Vegetation	(3) Minimise fugitive dust emissions	Controls for the management of dust emissions are defined in the Air Quality Management Plan; including sealing high activity areas, use of a water cart, dust suppression agents, work planning and minimising cleared areas.	Dust monitoring report. – Based on dust gauges. Annual Vegetation Health Report.	Overall	Quarterly dust monitoring report - dust gauges. Annual vegetation health survey.	C	Fugitive dust is managed in accordance with the Air Quality Management Plan. One dust target exceedance was recorded in Q2 2025 adjacent to the Cell 2 clearing footprint; investigation determined no dust-related impact to surrounding vegetation. Quarterly dust monitoring and annual vegetation health surveys indicate dust controls were otherwise effective during the reporting period, with no evidence of dust-related adverse impact to vegetation.
1234:M B2.3	Flora and Vegetation	The proponent must review and revise the Flora and Vegetation Management Plan (Version 1, 19 June 2019) that satisfies the requirements of condition C4-1 and C4-3 demonstrates how the achievement of the flora and vegetation environmental outcomes in condition B2-1 and objectives of condition B2-2 will be monitored and substantiated and submit to the CEO.	The Flora and Vegetation Management Plan (FVMP) (Version 1, 19 June 2019) was updated in November 2025 (Version 5) and submitted to the CEO.	FVMP November 2025. Approval letter from CEO.	Overall	Not defined	IP	The Flora and Vegetation Management Plan (Version 5, November 2025) was prepared in accordance with Condition B2.3 and submitted to DWER for assessment on 07 November 2025. The revised plan is currently under assessment.
1234:M B3.1.1	Terrestrial Fauna	The proponent must ensure the implementation of the proposal achieves the following environmental objectives:	See below					
1234:M B3.1.2	Terrestrial Fauna	(1) Avoid where practicable, or otherwise minimise, the risk of physical injury or mortality on native fauna from construction and operation activities;	Controls to minimise physical impacts on native fauna are defined in the Fauna Management Plan and include; implementation of the vegetation clearing procedure and permit, fencing of water storage facilities on site, implementing the Waste Management Plan and the Traffic Management Plan. All vehicle strikes are reported in accordance with the Vehicle Strike Procedure.	Monthly Environment Report. Fencing inspections.	Overall	Monthly	C	Controls to minimise fauna injury (including clearing permits, fencing, traffic management and vehicle strike reporting) are implemented in accordance with the approved FMP, with inspections and incidents recorded in monthly reporting. No significant fauna injury or mortality trends were identified during the reporting period.
1234:M B3.1.3	Terrestrial Fauna	(2) The proponent shall ensure there is no significant increase in population of feral animals as a result of implementing the proposal; and	Sightings of feral animals are recorded and reported through the monthly Environmental Compliance Report. Increasing numbers of feral animals initiates consultation with DBCA.	Monthly Environment Report MYOSH Reports	Overall	Monthly	C	Feral animal sightings are recorded in MyOSH and reported monthly. No increase in feral populations was observed during the reporting period, and only routine rodent control was undertaken.
1234:M B3.1.4	Terrestrial Fauna	(3) The proponent shall construct and maintain a boundary fence or other appropriate exclusion device to prevent terrestrial fauna access to operational areas.	Fencing is installed around all high activity areas and water bodies and is inspected monthly.	Inspections recorded in site database (MYOSH).	Overall	Monthly	C	MyOSH inspection records confirm regular inspections of boundary fences and pond fences are being completed
1234:M B3.2	Terrestrial Fauna	In order to ensure the objectives of condition B3-1 and condition C5 are met, the proponent must implement the Sandy Ridge Fauna Management Plan (Version 1,30 May 2022), or subsequent versions approved by the CEO.	Implementation of operational controls will be monitored through assurance processes (inspections and internal audits) defined in the Fauna Management Plan. The Annual Compliance Assessment Audit will verify overall compliance with the Fauna Management Plan objectives.	Annual Compliance Assessment Report.	Overall	Annual	C	The requirements of the current approved FMP were implemented during the reporting period – refer to Section 4.3 of the CAR
1234:M B4.1	Waste Management System	The proponent shall manage the proposal to meet the following outcomes:	See below.					
1234:M B4.1.1	Waste Management System	(1) The proponent shall implement and maintain a Waste Management System to record all wastes accepted on site; and	Implementation of Waste Management System, including assessment and verification of all wastes prior to acceptance and monitoring of all wastes received on site.	Annual Independent Waste Audit Report	Operation	Annual	C	A Waste Management System is implemented and maintained to record and verify all wastes accepted on site. Independent verification of these records is undertaken through the Annual Independent Waste Audit

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M B4.1.2	Waste Management System	(2) Ensure that detailed records are kept of all wastes accepted on site and are accessible in the long term.	Implementation of Waste Management System, including assessment and verification of all wastes prior to acceptance and monitoring of all wastes received on site. All compliance related paper waste records are scanned and stored electronically.	Incoming Vehicle Waste Spreadsheets. Annual Independent Waste Audit Report	Operation	Annual	C	Detailed records of all wastes accepted on site are maintained electronically (including scanned compliance records and Incoming Waste Vehicle spreadsheets) and retained for long-term accessibility. Independent verification of these records is undertaken through the Annual Independent Waste Audit
1234:M B4.2	Waste Management System	The Waste Management System shall:	See below.					
1234:M B4.2.1	Waste Management System	Detail monitoring procedures to track and record incoming waste to the site;	The Waste Management System details monitoring procedures to track and record incoming waste to the site, including in the Waste Acceptance and Waste Verification and Waste Verification Testing procedures.	Annual Independent Waste Audit Report	Operation		C	The Waste Management System details procedures for tracking and recording incoming waste, including waste acceptance and verification processes. Independent verification of these records is undertaken through the Annual Independent Waste Audit
1234:M B4.2.2	Waste Management System	Record the origins, quantity, and the physical and chemical characteristics of all waste accepted on site;	The Waste Management System records the origins, quantity, and the physical and chemical characteristics of all waste accepted on site, including in the following procedures: <ul style="list-style-type: none"> • Pre-gate Waste Characterisation and Verification. • Chemical Waste Acceptance. • Radiological Waste Acceptance Procedure. • Waste Acceptance and Waste Verification. 	Waste Management system records verified via annual compliance audit; including: <ul style="list-style-type: none"> • Incoming Waste Vehicle Spreadsheets. • Records of the gated waste acceptance procedure. • Laboratory analysis for liquid wastes received. 	Operation	Annual	C	The Waste Management System maintains records of the origin, quantity, and physical and chemical characteristics of all waste accepted on site. Independent verification of these records is undertaken through the Annual Independent Waste Audit.
1234:M B4.2.3	Waste Management System	Provide details about any treatment of the waste undertaken on site;	The Waste Management System provides details about any treatment of the waste undertaken on site, including the following procedures: <ul style="list-style-type: none"> • Waste Immobilisation Plant (WIP) Operation. • Chemical Treatment of Liquid Waste. • Chemical Treatment of PFAS Waste. • Chemical Treatment of Pesticide Waste. 	Waste Management system records verified via annual compliance audit, including: <ul style="list-style-type: none"> • Clegg Impact Value Testing. • Laboratory test records. • WIP Records. 	Operation	Annual	C	Records of liquid waste treatment are maintained via the Waste Management System. Independent verification of these records is undertaken through the Annual Independent Waste Audit
1234:M B4.2.4	Waste Management System	Provide details about waste characteristics, quantity and storage duration of each waste in the waste cells and temporary storage area;	The Waste Management System provides details about the waste characteristics, quantity and storage duration of each waste package stored in the waste cells and temporary storage area, including in the following procedures: <ul style="list-style-type: none"> • Waste Storage and Handling. • Waste Placement. • Waste Quarantine. • Container Stacking and Storage. • Load and Haul Waste from the Facility to Cell. 	Waste Management system records verified via annual compliance audit, including: <ul style="list-style-type: none"> • Gated waste acceptance records. • Incoming Vehicle Waste spreadsheets. • Waste Disposal Container Removal Spreadsheet. 	Operation	Annual	C	The Waste Management System maintains records of waste characteristics, quantities, and storage duration for waste packages held in temporary storage and permanently disposed of in Cell 1. Independent verification of these records is undertaken through the Annual Independent Waste Audit.
1234:M B4.2.5	Waste Management System	Provide specific coordinates for radioactive wastes stored in the waste cells and temporary storage area to ensure they can be accurately traced and, where identified, recovered in the future;	The Waste Management System ensures specific coordinates for the location of radioactive wastes stored in the waste cells and temporary storage area are recorded through implementation of the following procedures: <ul style="list-style-type: none"> • Treatment and Disposal of Solid NORM. • Disposal of Disused Sealed Radioactive Sources. 	Radioactive waste records verified via Annual Independent Waste Audit.	Operation	Annual	C	Coordinates (easting, northing and elevation) were recorded for all radioactive wastes disposed of in Cell 1 during the reporting period. Coordinates for temporary storage locations are also maintained.
1234:M B4.2.6	Waste Management System	Record and provide the final location of waste using a quadrat system, including elevation, specific coordinates of each quadrat and approximate coordinates of each waste location; and	The Waste Management System provides details about final location of waste through implementation of the Waste Placement Procedure.	Waste Management system records verified via Annual Independent Waste Audit. Photographic evidence of waste cells.	Operation	Annual	C	The final location of waste placed in the cell is recorded using the quadrat system (e.g. N3, Lift 14). Recorded quadrat coordinates (easting, northing and elevation) provide approximate coordinates of each waste location documented.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M B4.2.7	Waste Management System	Be reviewed every five (5) years to ensure that all data stored in the Waste Management System remain compatible with contemporary information technology.	Five yearly reviews.	Record of reviews to be maintained. Document revision history data.	Operation	Every five years	C	The Waste Management System has been in place since 2020. A five-year review of the WMS commenced in 2025, with updates being implemented in stages to improve efficiency and ensure continued compatibility with contemporary information technology.
1234:M B4.3	Waste Management System	The proponent shall continue to record all wastes accepted on site as required by condition B4-1 until cessation of waste receipt operations at the Sandy Ridge Facility.	The Waste Management System stores records to track and record incoming waste to the site, including in the Waste Acceptance and Waste Verification and Waste Verification Testing procedures.	Waste Management system records verified via annual compliance audit.	Operation	Annual	C	Records of all waste accepted on site continue to be maintained in accordance with Condition B4-1. Independent verification of these records is undertaken through the Annual Independent Waste Audit.
1234:M B4.4	Waste Management System	The proponent shall retain and maintain the data required by condition B4-2 and provide the data to the Western Australian Government at the completion of Phase I of the Institutional Control Period.	Tellus will provide Waste Management System data to the WA Government at completion of Phase I of the Institutional Control Period subject to successful criteria being reached.	Waste management system records.	Closure	At the completion of Phase I of the Institutional Control Period.	NR	This requirement was not triggered during the reporting period. Data required under Condition B4-2 continues to be retained within the Waste Management System and will be provided to the Western Australian Government at the completion of Phase I of the Institutional Control Period.
1234:M B4.5	Waste Management System	The proponent shall provide the data required by condition B4-2 to the CEO when requested within four (4) weeks of the request date.	Tellus will provide Waste Management System data to the CEO when requested.	Waste management system records.	Operation	Within four (4) weeks of the request date.	NR	This requirement was not triggered during the reporting period. No request for data under Condition B4-2 was received.
1234:M B5.1	Rehabilitation and Remediation	The proponent must implement the proposal to ensure the following environmental outcomes are achieved:	See below.					
1234:M B5.1.1	Rehabilitation and Remediation	Site will be rehabilitated, remediated, and decommissioned to ensure it is physically safe to members of the public and non-human biota in the long term;	Environmental outcomes associated with rehabilitation and remediation to be defined in the Sandy Ridge Facility – Waste Facility Decommissioning and Closure Plan.	Post-closure audit.	Closure	Upon closure.	NR	This requirement was not triggered during the reporting period. This condition applies at closure.
1234:M B5.1.2	Rehabilitation and Remediation	Site is geotechnically and geomorphically stable in the long term; and	As above.	Post-closure audit.	Closure	Upon closure.	NR	This requirement was not triggered during the reporting period. This condition applies at closure.
1234:M B5.1.3	Rehabilitation and Remediation	Site is chemically and radiologically non-polluting in the long term.	As above	Post-closure audit.	Closure	Upon closure.	NR	This requirement was not triggered during the reporting period. This condition applies at closure.
1234:M B5.2	Rehabilitation and Remediation	The proponent must review and update the Sandy Ridge Facility – Waste Facility Decommissioning and Closure Plan (Version 4, 14 November 2022) that demonstrates how achievement of the environmental outcomes in condition B5- 1 will be monitored and substantiated, and satisfies the requirements of condition C4, and submit it to the CEO.	Sandy Ridge Facility – Waste Facility Decommissioning and Closure Plan (WFDCP) was updated in November 2025 (Version 4) and submitted to CEO.	Updated WFDCP and approval letter from CEO.		Not defined	IP	WFDCP was submitted to DWER for assessment on 07 November 2025 and is currently under assessment.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M B6.1	Waste Minimisation	<p>The proponent must implement the proposal to meet the following environmental objectives:</p> <p>(1) the proposal’s acceptance of waste volumes, types of waste and disposal methods:</p> <p>(a) are consistent with the principles of waste minimisation and the waste hierarchy;</p> <p>(b) aligns where practicable with the Western Australia’s Waste Avoidance and Resource Recovery Strategy 2030;</p> <p>(c) are consistent with diversion of relevant waste streams away from landfill where practicable;</p> <p>(d) are consistent with waste being accepted from producers and/or suppliers who operate in accordance with a waste minimisation policy consistent with the Western Australia’s Waste Avoidance and Resource Recovery Strategy 2030 and recognised state and national product stewardship schemes;</p> <p>(e) demonstrate, where practicable, that all reasonable waste minimisation options have been considered before waste is destroyed; and</p> <p>(f) are reviewed every five (5) years and continuous improvements are implemented to ensure consistency with the above.</p>	<p>The Waste Minimisation Plan (Version 0, November 2025) details implementation requirements, including for clients to demonstrate waste minimisation options that have been considered during the waste acceptance application process.</p> <p>Implement the Chemical Waste Acceptance Criteria (WAC) and the Chemical Waste Acceptance Procedure (CWAP).</p>	<p>Waste Management system records verified via Annual Independent Waste Audit; including:</p> <ul style="list-style-type: none"> Gated waste acceptance records. Incoming Vehicle Waste spreadsheets. Waste Disposal Container Removal Spreadsheet. 	Overall	Ongoing	C	The Waste Minimisation Plan was submitted to the CEO on 7 November 2025 and is currently under assessment by DWER. Waste minimisation principles are implemented through the Chemical Waste Acceptance Criteria (WAC) and Chemical Waste Acceptance Procedure (CWAP), as verified through the Annual Independent Waste Audit.
1234:M B6.2	Waste Minimisation	The proponent must prepare a waste minimisation plan that satisfies the requirements of condition C5 and demonstrates how the waste minimization environmental objectives in condition B6-1 will be achieved and submit it to the CEO.	Waste Minimisation Plan (Version 0, November 2025) prepared and submitted to CEO.	Waste Minimisation Plan. Approval letter from CEO.	Overall	Not defined	C	Waste Minimisation Plan submitted to CEO on 07/11/2025, currently under assessment by DWER.
1234:M B7.1	Transportation	The proponent must ensure that all third-party carriers, in direct control of hazardous and intractable waste which is being transported to the facility have the appropriate permits or licences required under the relevant national and state legislation, regulation and codes of practice for the transportation and management of chemical waste and management of low-level radioactive waste.	<p>As part of the Waste Acceptance and Verification Procedure, all delivery trucks are subject to an Inbound Waste Consignment Inspection, which verifies appropriate permits and licences are in place.</p> <p>The annual waste audit also checks for compliance on this issue.</p>	<p>Inbound Waste Consignment Inspection records.</p> <p>Waste Management system records verified via Annual Independent Waste Audit.</p>	Overall	Ongoing	C	Inbound Waste Consignment Inspections verify that all third-party carriers hold the required permits and licences prior to receipt. Verification of transport approvals is confirmed via the Annual Independent Waste Audit.
1234:M B7.2	Transportation	Any hazardous and intractable waste being transported under the direct control of the proponent must be appropriately managed to ensure risks to human health and the environment from spills are minimised. This requirement shall be outlined in the relevant management plans required under <i>Radiation Safety Act 1975</i> and the Work Health and Safety (Mines) Regulations 2022 and their associated regulations as regulated by the Radiological Council of WA and the Department of Energy, Mines, Industry Regulation and Safety.	The Waste Management System defines requirements for the transport and handling of waste under Tellus’ control (on-site), for example, in the Load and Haul Waste from the Facility to the Cell procedure.	<p>Workplace inspections.</p> <p>Waste Management system records verified via Annual Independent Waste Audit.</p>	Overall	Ongoing	C	Transport and handling of waste under Tellus’ direct control (on-site) is managed in accordance with approved procedures under the Waste Management System and relevant radiation and WHS management plans. Compliance is confirmed via the Annual Independent Waste Audit.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M B8.1	Insurance Policy	Pursuant to Part VA of the EP Act, the proponent must have the following insurance policy in place for this proposal: Liability Insurance Policy (Policy Number: 02CL036460) for the policy period of 30 April 2023 to 30 April 2026.	Obtain Insurance Policies that are in a form acceptable to the CEO.	Copies of current insurance policies.	Overall	Every 3 years from 30 April 2023.	C	Liability Insurance Policy (Policy Number: 02CL036460) was in place during the reporting period (30 April 2023 to 30 April 2026).
1234:M B8.2	Insurance Policy	The Insurance Policy may be called upon or used in accordance with section 86E of the EP Act if the proponent fails to comply with the EP Act, or these conditions.	Claim against policy if required.	Copies of current insurance policies.	Overall	If required.	NR	Not required during the reporting period. The Insurance Policy was not called upon under section 86E of the EP Act.
1234:M B8.3	Insurance Policy	The proponent must not accept waste at the site without an insurance policy in place which is approved by the CEO.	Tellus to ensure policies are renewed when due.	Copies of current insurance policies provided to CEO.	Overall	Renew every 3 years from 30 April 2026.	C	A Liability Insurance Policy approved by the CEO (Policy No. 02CL036460) was in place throughout the reporting period. Waste acceptance activities were undertaken with the approved insurance policy in effect.
1234:M B8.4	Insurance Policy	Any Insurance Policy that replaces the policy described in condition B8-1(1) must:	See below.					
1234:M B8.4.1	Insurance Policy	(1) be with an insurer authorised by the Australian Prudential Regulation Authority to conduct insurance business in Australia;	Obtain Insurance Policies from insurer authorised by the Australian Prudential Regulation Authority to conduct insurance business in Australia.	Copies of current insurance policies provided to CEO.	Overall	If insurance policy replaced.	NR	Not required during the reporting period. The Liability Insurance Policy (02CL036460) specified under Condition B8.1 remained in effect and was not replaced.
1234:M B8.4.2	Insurance Policy	(2) be in the name, or in favour of the Minister and the CEO, or list the Minister and CEO as 'insured parties';	Obtain Insurance Policies in the name, or in favour of the Minister and the CEO, or list the Minister and CEO as 'insured parties'.	Copies of current insurance policies provided to CEO.	Overall	If insurance policy replaced.	NR	Not required during the reporting period. The Liability Insurance Policy (02CL036460) specified under Condition B8.1 remained in effect and was not replaced.
1234:M B8.4.3	Insurance Policy	(3) be in a form acceptable to the CEO, and provide for payment of any costs incurred by the Minister or the CEO: a) pursuant to Part VA of the EP Act; or b) as a consequence of a breach of these conditions by the proponent.	Obtain Insurance Policies that are in a form acceptable to the CEO and provide for payment of any costs incurred by the Minister or the CEO.	Copies of current insurance policies provided to CEO.	Overall	If insurance policy replaced.	NR	Not required during the reporting period. The Liability Insurance Policy (02CL036460) specified under Condition B8.1 remained in effect and was not replaced.
1234:M B8.4.4	Insurance Policy	(4) provide policy limits of not less than AUD\$50 million in respect of any one event, and AUD\$50 million in the aggregate for any three year period of cover.	Obtain Insurance Policies that provide policy limits of not less than AUD\$50 million in respect of any one event, and AUD\$50 million in the aggregate for any three-year period of cover.	Copies of current insurance policies provided to CEO.	Overall	If insurance policy replaced.	NR	Not required during the reporting period. The Liability Insurance Policy (02CL036460) specified under Condition B8.1 remained in effect and was not replaced.
1234:M B8.5	Insurance Policy	The proponent must maintain the Insurance Policy and not cancel it, allow it to lapse, or do or allow anything to be done which will adversely affect the Insurance Policy	Obtain and maintain Insurance Policies.	Copies of certificates of currency.	Overall		C	The Liability Insurance Policy (02CL036460) was maintained throughout the reporting period. The policy was not cancelled, allowed to lapse, or otherwise adversely affected.
1234:M B8.6	Insurance Policy	Each 1 July, and each time the Insurance Policy is renewed, the proponent must provide a certificate of currency or alternative evidence in a form acceptable to the CEO of the existence of the Insurance Policy.	Provide a certificate of currency or alternate evidence to the CEO when the Insurance Policies are renewed.	Copies of certificates of currency provided to CEO.	Overall	Annually	C	A certificate of currency for Liability Insurance Policy (02CL036460) was provided to the CEO during the reporting period in accordance with Condition B8.6.
1234:M B8.7	Insurance Policy	After every three (3) years or such other period agreed with the CEO, or upon request by the CEO in the event of a change of circumstance at the site material to any matter relating to the EP Act, the proponent must review and provide a report to the CEO in relation to the adequacy of the Insurance Policy.	Review the adequacy of Insurance Policies. Prepare and submit a report to the CEO concerning the adequacy of the Insurance Policies.	Report on the adequacy of policies provided to CEO.	Overall	Every 3 years	NR	Not required during reporting period. 3-yearly policy renewal is scheduled during next reporting period.
1234:M B9.1	Annual Independent Audit	The proponent shall manage the implementation of the proposal to meet the following environmental objectives:	See below.					

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M B9.1.1	Annual Independent Audit	(1) ensure that only permitted wastes are accepted at the facility for placement in the repository; and	The established Waste Management System includes Waste Acceptance Criteria (WAC) that define waste types which can and cannot be accepted.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Ongoing	C	Waste Management System records maintained and subject to Annual Independent Waste Audit (extension requested).
1234:M B9.1.2	Annual Independent Audit	(2) that the facility is managed in accordance with all regulatory requirements.	The established Waste Management System includes a Legal Obligations Register for the Sandy Ridge Facility. The register includes accountabilities for specific legislative requirements.	Waste Management system records verified via Independent Annual Waste Audit.	Overall	Ongoing	NC	Non-compliances with Licence L9240/2020/1 conditions were identified by DWER during a compliance inspection conducted in April 2025 (DER2020/000039). Corrective actions, including a licence amendment, are being implemented in consultation with DWER.
1234:M B9.2.1	Annual Independent Audit	The proponent shall engage an independent waste expert approved by the CEO to undertake an annual audit report of the waste disposal operations at the Sandy Ridge Facility. The first audit shall be undertaken twelve (12) months from the date of this Ministerial Statement. The audit shall address site operations, including whether:	Tellus will engage an independent waste specialist, approved by the CEO, to annually assess waste disposal operations in accordance with the requirements of MS 1234, Condition 9-2.	Independent Annual Waste Audit.	Overall	Annually	C	An Independent Waste Audit was undertaken in July 2025 by a CEO-approved independent waste expert, covering the period 1 July 2024 to 30 June 2025. A further Independent Waste Audit covering the full reporting period (13 December 2024 to 12 December 2025) has been commissioned, with submission date scheduled for 30 April 2026 (extension granted by DWER).
1234:M B9.2.2	Annual Independent Audit	(1) each waste is uniquely identified;	As above.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Annually	C	This requirement was implemented through the Waste Management System during the reporting period. Compliance is assessed via the Independent Waste Audit.
1234:M B9.2.3	Annual Independent Audit	(2) the origin, quantity and characterisation of each waste is recorded;	As above.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Annually	C	This requirement was implemented through the Waste Management System during the reporting period. Compliance is assessed via the Independent Waste Audit.
1234:M B9.2.4	Annual Independent Audit	(3) the waste acceptance criteria and procedures have been adhered to;	As above.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Annually	C	This requirement was implemented through the Waste Management System during the reporting period. Compliance is assessed via the Independent Waste Audit.
1234:M B9.2.5	Annual Independent Audit	(4) all required regulatory approvals and permits were in place for transport and disposal of the waste;	As above.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Annually	C	This requirement was implemented through the Waste Management System during the reporting period. Compliance is assessed via the Independent Waste Audit.
1234:M B9.2.6	Annual Independent Audit	(5) there is a clear and documented chain of custody from client to waste receipt;	As above.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Annually	C	This requirement was implemented through the Waste Management System during the reporting period. Compliance is assessed via the Independent Waste Audit.
1234:M B9.2.7	Annual Independent Audit	(6) the final location of each waste in the waste cell is accurately recorded using the quadrat system (including elevation, specific coordinates of each quadrat and approximate coordinates of each waste);	As above.	Waste Management system records verified via the Sandy Ridge Waste Audit Report	Overall	Annually	C	Final waste locations were recorded using the approved quadrat system in accordance with Condition B4.2.6, including easting, northing and elevation coordinates and approximate waste placement location.
1234:M B9.2.8	Annual Independent Audit	(7) all regulatory requirements have been met; and	As above.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Annually	C	The Annual Independent Waste Audit addressed whether all regulatory requirements were met, including identification of licence non-compliances during the reporting period. The audit findings were reported in accordance with MS1234 requirements

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M B9.2.9	Annual Independent Audit	(8) other options have become available to reuse, recycle or recover wastes that are being accepted at the Sandy Ridge Facility.	As above.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Annually	C	This requirement was implemented through the Waste Management System during the reporting period. Compliance is assessed via the Annual Independent Waste Audit.
1234:M B9.3.1	Annual Independent Audit	The proponent shall provide the annual audit report required by condition B9-2 to the CEO within twelve (12) weeks of the audit date until the CEO has confirmed by notice, in writing, that provision of the annual audit report is no longer required.	Tellus will provide the Annual Audit Report to the CEO until such time as the CEO has confirmed in writing that the provision of the Annual Audit Report is no longer required.	Environment Online records or emails to the CEO containing previous years Independent Waste Audit Reports.	Overall	Annual reporting period of 1 July to 30 June approved by CEO on 23 July 2023 (ref. DWERA-001158). Report is due 23 Sept annually.	C	The Annual Independent Waste Audit, covering the period 1 July 2024 to 30 June 2025, was submitted to the CEO by 23 September 2025 in accordance with the approved Compliance Assessment Plan at the time of submission and within 12 weeks of the audit date. An additional Independent Waste Audit covering the period 13 December 2024 to 12 December 2025 has been commissioned, with submission requested by 30 April 2026.
1234:M B9.4.1	Annual Independent Audit	In the event that the annual audit report identifies issues with waste acceptance, waste tracking or compliance with regulatory requirements, the proponent shall immediately notify the CEO, and other relevant regulators where non-compliance against other legislation has occurred and implement investigations to identify the cause.	Notify the CEO of issues with waste acceptance, waste tracking or compliance with regulatory requirements, including those not related to the EP Act, in accordance with the process described in Section 2.5 of the CAP.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Notify CEO upon Annual Waste Audit identifying compliance issues in accordance with Section 2.5 of the CAP.	C	The Annual Independent Waste Audit (2025) did not identify any new issues requiring notification under Condition B9.4.1 beyond matters already notified to DWER during the reporting period. The 12-month storage exceedances were proactively notified to DWER at the beginning of the reporting period.
1234:M B9.5.1	Annual Independent Audit	Should the cause identified in condition B9-4 result in a potential risk to human health or a sensitive environmental receptor, then the proponent shall commence remedial actions immediately until otherwise advised by the CEO.	Tellus will implement remedial actions following detailed confirmatory investigation should the cause identified in MS 1234, Condition 9-4 result in a potential risk to human health or a sensitive environmental receptor. Tellus may seek external advice and guidance concerning the most appropriate remedial action depending on the potential risk to human health or a sensitive environmental receptor.	Waste Management system records verified via the Independent Annual Waste Audit.	Overall	Commence remedial action upon identifying potential health or environmental risks unless otherwise advised by CEO.	NR	No incidents have occurred on site that are considered a potential risk to human health or a sensitive environmental receptor.
1234:M C1.1	EMPs: Conditions Related to Commencement of Implementation of the Proposal	The proponent must: (1) After acceptance of waste at the gate above 100 000 tonnes per year, not undertake operations associated with the significant amendment of the Sandy Ridge Project – Alignment of Gate Waste Acceptance Tonnage until the CEO has confirmed in writing that the environmental management plan(s) required by conditions B1-3, B2-3, B5-2 and B6-2 meets the requirements of those conditions and conditions C4 and C5.	Update/develop and submit required Environmental Management Plans: <ul style="list-style-type: none"> Leachate Monitoring and Management Plan. Flora and Vegetation Management Plan. Sandy Ridge Facility – Waste Facility Decommissioning and Closure Plan. Waste Minimisation Plan. 	Approval letters from CEO.	Overall	After acceptance of waste at the gate above 100 000 tonnes per year.	NR	Not required during the reporting period. Waste accepted at the gate did not exceed 100,000 tonnes per year (42,037 tonnes received). Notwithstanding this, the following plans were updated/developed and submitted to DWER for approval in November 2025: <ul style="list-style-type: none"> Leachate Monitoring and Management Plan Flora and Vegetation Management Plan Waste Facility Decommissioning and Closure Plan Waste Minimisation Plan
1234:M C2.1	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	Upon being required to implement an Environmental Management Plan under Part B, or after receiving notice in writing from the CEO under condition C1-1 that the environmental management plan(s) required in Part B satisfies the relevant requirements, the proponent must:	See below					
1234:M M C2.1.1	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	(1) implement the most recent version of the confirmed Environmental Management Plan; and	Implement the management plan(s) and confirm implementation via the annual compliance audit.	Waste Management system records verified the annual Compliance Assessment Report.	Overall	As above	C	The most recent CEO-confirmed Environmental Management Plans were implemented during the reporting period. Updated MS1234 Environmental Management Plans were submitted to DWER in November 2025 and are currently under assessment. Pending confirmation, the existing approved plans remain in effect and continue to be implemented.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M M C2.1.2	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	(2) continue to implement the confirmed Environmental Management Plan referred to in condition C2-1(1), other than for any period which the CEO confirms by notice in writing that it has been demonstrated that the relevant requirements for the environmental management plan have been met, or are able to be met under another statutory decision-making process, in which case the implementation of the environmental management plan is no longer required for that period.	As above	Waste Management system records verified the annual Compliance Assessment Report.	Overall	Until confirmed in writing by the CEO that the relevant requirements of the management have been met.	C	The confirmed Environmental Management Plans continued to be implemented throughout the reporting period. No written confirmation was received from the CEO relieving the proponent of the requirement to implement the approved plans. Updated MS1234 Environmental Management Plans were submitted to DWER in November 2025 and are currently under assessment
1234:M C2.2.1	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	The proponent: (1) may review and revise a confirmed Environmental Management Plan provided it meets the relevant requirements of that environmental management plan, including any consultation that may be required when preparing the environmental management plan;	Assess the need to review and revise the Environmental Management Plan(s) on an on-going basis, based on ongoing monitoring and compliance assessments.	Updated plan(s).	Overall	As required	C	The Fauna Management Plan was reviewed and subject to minor administrative revisions during the reporting period to align with MS1234. The revised plan (Version 2, 23 May 2025) was submitted to DWER and implemented. No substantive changes to management actions or objectives were made.
1234:M C2.2.2	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	The proponent: (2) must review and revise a confirmed Environmental Management Plan and ensure it meets the relevant requirements of that environmental management plan, including any consultation that may be required when preparing the environmental management plan, as and when directed by the CEO; and	Ensure required consultations are undertaken when reviewing and revising the Environmental Management Plan(s)	Updated plan(s).	Overall	If directed by the CEO.	NR	No direction was issued by the CEO during the reporting period requiring review and revision of a confirmed Environmental Management Plan.
1234:M C2.2.3	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	The proponent: (3) must revise and submit to the CEO the confirmed Environmental Management Plan if there is a material risk that the outcomes or objectives it is required to achieve will not be complied with, including but not limited to as a result of a change to the proposal.	Assess the need to review and revise the Environmental Management Plan(s) on an on-going basis, based on ongoing monitoring and compliance assessments.	Updated plan(s).	Overall	If there is a material risk that the outcomes or objectives will not be complied with.	NR	No material risk was identified during the reporting period that the environmental outcomes or objectives required under the confirmed Environmental Management Plans would not be complied with. Accordingly, revision under this clause was not required.
1234:M C2.3	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	Despite condition C2-1, but subject to conditions C2-4 and C2-5, the proponent may implement minor revisions to an Environmental Management Plan if the revisions will not result in new or increased adverse impacts to the environment or result in a risk to the achievement of the limits, outcomes or objectives which the environmental management plan is required to achieve.	Make minor revisions to the Environmental Management Plan(s) as required based on ongoing monitoring and compliance assessments.	Updated plan(s).	Overall	As required	C	The Fauna Management Plan was reviewed and subject to minor administrative revisions during the reporting period to align with MS1234. The revised plan (Version 2, 23 May 2025) was submitted to DWER and implemented. No substantive changes to management actions or objectives were made.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M C2.4	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	If the proponent is to implement minor revisions to an environmental management plan under condition C2-3, the proponent must provide the CEO with the following, at least twenty (20) business days before it implements the revisions: (1) the revised environmental management plan clearly showing the minor revisions; (2) an explanation of and justification for the minor revisions; and (3) an explanation of why the minor revisions will not result in new or increased adverse impacts to the environment or result in a risk to the achievement of the limits, outcomes or objectives which the environmental management plan is required to achieve.	Implement minor revisions to the Environmental Management Plan(s).	Updated plan(s).	Overall	At least twenty (20) business days before it implements the revisions.	C	A minor revision to Version 1 of the Fauna Management Plan (30 May 2022) was submitted to DWER for approval on 23 May 2025. The revision comprised administrative updates only, including alignment with MS1234 (superseding MS1078), updated job titles, revised condition references, and updated figures relating to numbers of fauna sightings and extent of vegetation cleared. No substantive changes to management actions, objectives, or outcomes were proposed. No feedback was received from DWER in relation to the minor revisions. Accordingly, the updated Fauna Management Plan (V2, 23 May 2025) has been implemented.
1234:M C2.5	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	The proponent must cease to implement any revisions which the CEO notifies the proponent (at any time) in writing may not be implemented.	Cease implementing revisions.	Waste Management system records verified via the Compliance Assessment Report.	Overall	When informed in writing by the CEO.	NR	No notifications were received from the CEO during the reporting period requiring Tellus to cease implementing an EMP revision.
1234:M C2.6	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	The proponent must revise the plan required by condition B5-2 every five (5) years unless otherwise advised by the CEO.	Revise the Sandy Ridge Facility – Waste Facility Decommissioning and Closure Plan (WFDCP).	Update WFDCP.	Overall	Every five (5) years unless otherwise advised by the CEO.	IP	The WFDCP was revised to align with MS1234 and submitted to DWER for approval on 07/11/2025.
1234:M C2.7	EMPs: Conditions Relating to Approval, Implementation, Review and Publication	Confirmed environmental management plans, and any revised environmental management plans under condition C2-4(1), must be published on the proponent’s website and provided to the CEO in electronic form suitable for online publication by the Department of Water and Environmental Regulation within twenty (20) business days of being implemented, or being required to be implemented (whichever is earlier).	Provide updated plans to the CEO and publish them on the Tellus website.	Acknowledgement from the CEO. Plans available on the website.	Overall	Within twenty (20) business days of being implemented or being required to be implemented (whichever is earlier).	C	Approved MS1234 EMPs are provided to the CEO and published on the Tellus website. During the reporting period, the approved Fauna Management Plan was published, with four additional EMPs currently under assessment by DWER.
1234:M C3.1	Conditions Related to Monitoring	The proponent must undertake monitoring capable of:	See below.					
1234:M C3.1.1	Conditions Related to Monitoring	(1) substantiating whether the proposal limitations and extents in Part A are exceeded; and	Establish and implement monitoring programme(s) capable of substantiating whether the proposal limitations and extents in Part A are exceeded and report on compliance via CAR.	Monitoring records. Monthly Environment Report. CAR.	Overall	Annual	C	Monitoring and record-keeping systems are in place to track compliance with the proposal limitations and extents in Condition A1-1.
1234:M C3.1.2	Conditions Related to Monitoring	(2) detecting and substantiating whether the environmental outcomes identified in Part B are achieved (excluding any environmental outcomes in Part B where an environmental management plan is expressly required to monitor achievement of that outcome).	Establish monitoring programme(s) capable of detecting and substantiating whether the environmental outcomes identified in Part B are achieved (excluding management plan requirements).	Monitoring records. Monthly Environment Report. CAR.	Overall	Annual	IP	Monitoring programs are in place and ongoing. Most monitoring continues as per MS1078. Updated EMPs under MS1234 have been submitted to DWER and are under assessment. Additional monitoring required under MS1234 (e.g. <i>Banksia arborea</i> shrubland) is scheduled to commence in 2026.
1234:M C3.2	Conditions Related to Monitoring	The proponent must submit as part of the Compliance Assessment Report required by condition D2, a compliance monitoring report that:	See below.					

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M C3.2.1	Conditions Related to Monitoring	(1) outlines the monitoring that was undertaken during the implementation of the proposal;	Monthly Environment Report to include monitoring undertaken. Summary of monitoring undertaken included within Compliance Monitoring Report section of annual CAR.	Monitoring records. Monthly Environment Report. CAR.	Overall	Monthly/ Annual	C	Monitoring undertaken during the reporting period is documented in the Monthly Environment Reports and summarised in the Compliance Monitoring section of this CAR. Additional monitoring elements associated with MS1234 are scheduled for 2026 subject to approval of the relevant Environmental Management Plans, which are currently under DWER assessment.
1234:M C3.2.2	Conditions Related to Monitoring	(2) identifies why the monitoring was capable of substantiating whether the proposal limitation and extents in Part A are exceeded;	Monitoring programs detailed in Environmental Management Plans submitted to CEO for approval.	Approval letter from CEO	Overall	When monitoring program is updated.	C	Monitoring and operational control systems in place during the reporting period, including waste tracking, gate acceptance records, disposal quadrat mapping, and survey data, are capable of substantiating compliance with the proposal limitations and extents specified in Part A of MS1234. Monitoring programs are further detailed in the relevant Environmental Management Plans submitted to the CEO, which are currently under DWER assessment.
1234:M C3.2.3	Conditions Related to Monitoring	(3) for any environmental outcomes to which condition C3-1(2) applies, identifies why the monitoring was scientifically robust and capable of detecting whether the environmental outcomes in Part B are met;	QA/QC requirements for monitoring programs and use of accredited laboratories for analysis and experts for data interpretation where required.	NATA accreditation provided by laboratories. Subject matter experts assessed prior to engagement.	Overall	When monitoring program is updated.	C	Monitoring undertaken during the reporting period was conducted in accordance with established QA/QC procedures and analysed by NATA-accredited laboratories. Qualified subject matter experts were engaged where required to ensure scientific robustness and appropriate interpretation of results. Updated Environmental Management Plans incorporating refined monitoring frameworks have been submitted to DWER and are currently under assessment.
1234:M C3.2.4	Conditions Related to Monitoring	(4) outlines the results of the monitoring;	Prepare Monthly Environment Report that details results of monitoring. Monitoring summary in annual CAR.	Monitoring records. Monthly Environment Report. CAR.	Overall	Monthly/ Annual	C	Monitoring results reported in the Monthly Environment Report and summarised in the CAR.
1234:M C3.2.5	Conditions Related to Monitoring	(5) reports whether the proposal limitations and extents in Part A were exceeded and (for any environmental outcomes to which condition C3-1(2) applies) whether the environmental outcomes in Part B were achieved, based on analysis of the results of the monitoring; and	Prepare annual CAR that includes whether the proposal limitations and extents in Part A were exceeded and (for any environmental outcomes to which condition C3-1(2) applies) whether the environmental outcomes in Part B were achieved.	CAR	Overall	Annual	C	This CAR reports on whether the proposal limitations and extents in Part A were exceeded and, where applicable, whether the environmental outcomes in Part B were achieved, based on analysis of monitoring results for the reporting period.
1234:M C3.2.6	Conditions Related to Monitoring	(6) reports any actions taken by the proponent to remediate any potential noncompliance.	Non-compliances recorded in MYOSH. Prepare monthly Environment Report and annual CAR that summarise any actions taken to remediate potential noncompliance.	MYOSH. Monthly Environment Report. CAR.	Overall	Monthly/ Annual	C	No potential non-compliances requiring remediation were identified during the reporting period. Monitoring outcomes and compliance status are documented in the Monthly Environment Reports and this CAR.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M C4.1	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	The environmental management plan required under conditions B1-3 and B2-3 must contain provisions which enable the substantiation of whether the relevant objective of those conditions are met, and must include:	LMMP and FVMP to contain provisions defined in Condition C4-1 and substantiate that relevant objectives have been met.	Approval of LMMP and FVMP by CEO.	Overall	Whenever revised.	C	The revised LMMP and FVMP incorporate monitoring and adaptive management provisions consistent with Condition C4-1 to substantiate achievement of the relevant objectives under Conditions B1-3 and B2-3. Revised plans were submitted to the CEO in November 2025 and are currently under assessment.
1234:M C4.1.1	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(1) threshold criteria that provide a limit beyond which the environmental outcomes are not achieved;	As above.	As above.	Overall	As above.	C	The revised LMMP and FVMP include defined threshold criteria that establish limits beyond which the relevant environmental outcomes would not be achieved. These plans were submitted to the CEO in November 2025 and are currently under assessment.
1234:M C4.1.2	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(2) trigger criteria that will provide an early warning that the environmental outcomes are not likely to be met;	As above.	As above.	Overall	As above.	C	The revised LMMP and FVMP include defined trigger criteria that establish limits beyond which the relevant environmental outcomes would not be achieved. These plans were submitted to the CEO in November 2025 and are currently under assessment.
1234:M C4.1.3	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(3) monitoring parameters, sites, control/reference sites, methodology, timing and frequencies which will be used to measure threshold criteria and trigger criteria. Include methodology for determining alternate monitoring sites as a contingency if proposed sites are not suitable in the future;	As above.	As above.	Overall	As above.	C	The revised LMMP and FVMP define monitoring parameters, monitoring locations, methodologies, timing and frequency of monitoring required to measure trigger and threshold criteria. The revised plans were submitted to the CEO in November 2025 and are currently under assessment.
1234:M C4.1.4	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(4) baseline data;	As above.	As above.	Overall	As above.	C	The revised LMMP and FVMP include baseline data relevant to the environmental outcomes specified under MS1234, forming the basis for ongoing monitoring and assessment. The revised plans were submitted to the CEO in November 2025 and are currently under assessment.
1234:M C4.1.5	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(5) data collection and analysis methodologies;	As above.	As above.	Overall	As above.	C	The revised LMMP and FVMP define data collection and analytical methodologies to ensure monitoring results are scientifically robust and capable of assessing trigger and threshold criteria. The revised plans were submitted to the CEO in November 2025 and are currently under assessment.
1234:M C4.1.6	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(6) adaptive management methodology;	As above.	As above.	Overall	As above.	C	The revised LMMP and FVMP include an adaptive management framework outlining the process for assessment of monitoring results, decision-making pathways, and implementation of corrective actions where required. The revised plans were submitted to the CEO in November 2025 and are currently under assessment.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M C4.1.7	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(7) contingency measures which will be implemented if threshold criteria or trigger criteria are not met; and	As above.	As above.	Overall	As above.	C	The revised LMMP and FVMP specify contingency measures to be implemented in the event that trigger or threshold criteria are exceeded. The revised plans were submitted to the CEO in November 2025 and are currently under assessment.
1234:M C4.1.8	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(8) reporting requirements	As above.	As above.	Overall	As above.	C	The revised LMMP and FVMP define reporting requirements associated with monitoring outcomes, including internal reporting and regulatory notification where applicable. The revised plans were submitted to the CEO in November 2025 and are currently under assessment.
1234:M C4.2	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	The environmental management plan required under condition B5-2 must contain provisions which enable the achievement of the relevant outcomes of those conditions and substantiation of whether the outcomes are reasonably likely to be met, and must include:	The Sandy Ridge Facility – WFDCP must contain provisions which enable the achievement of the relevant outcomes of those conditions and substantiation of whether the outcomes are reasonably likely to be met.	Approval of the Sandy Ridge Facility – WFDCP by the CEO.	Overall	Whenever revised.	C	The revised WFDCP was prepared in accordance with MS1234 and includes provisions to enable achievement of the relevant outcomes under Condition B5-1 and to substantiate whether those outcomes are reasonably likely to be met. The revised WFDCP was submitted to the CEO in November 2025 and is currently under assessment.
1234:M C4.2.1	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(1) rehabilitation, remediation and decommissioning targets;	As above.	As above.	Overall	As above.	C	The revised WFDCP defines rehabilitation, remediation and decommissioning targets aligned with the outcomes specified under Condition B5-1.
1234:M C4.2.2	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(2) specify appropriate completion criteria and performance indicators to ensure outcomes in condition B5-1 are achieved;	As above.	As above.	Overall	As above.	C	The revised WFDCP specifies completion criteria and performance indicators designed to demonstrate achievement of the outcomes under Condition B5-1.
1234:M C4.2.3	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(3) detail outcomes based upon completion criteria that would need to be quantitative or semi-quantitative;	As above.	As above.	Overall	As above.	C	The revised WFDCP details quantitative and semi-quantitative completion criteria to enable objective assessment of closure outcomes.
1234:M C4.2.4	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(4) provide appropriate mathematical environmental modelling, including landform evolution modelling, or projection techniques that are used to predict that the site would meet the outcomes of condition B5-1 in the long term;	As above.	As above.	Overall	As above.	C	The revised WFDCP incorporates appropriate environmental modelling and projection techniques, including landform evolution modelling, to demonstrate that the site is reasonably likely to meet the long-term outcomes of Condition B5-1.
1234:M C4.2.5	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(5) specify monitoring to measure the effectiveness of remediation, rehabilitation and decommissioning actions against completion criteria, including but not limited to, parameters to be measured, baseline data, monitoring locations, and frequency and timing of monitoring;	As above.	As above.	Overall	As above.	C	The revised WFDCP specifies monitoring programs to assess remediation, rehabilitation and decommissioning performance against defined completion criteria, including parameters, baseline data, monitoring locations, and monitoring frequency.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M C4.2.6	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(6) an estimate of the liability represented by the site should it require closure when the revised environmental management plan is implemented;	As above.	As above.	Overall	As above.	C	The revised WFDCP includes an estimate of the closure liability associated with the site at the time of plan implementation.
1234:M C4.2.7	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(7) actions that would need to be undertaken should the site require closure when the revised environmental management plan is implemented; and	As above.	As above.	Overall	As above.	C	The revised WFDCP details actions that would be undertaken should the site require closure at the time of implementation of the revised plan.
1234:M C4.2.8	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	(8) the matters outlined in C4-2(6) and C4-2(7) must be reviewed by an independent person with suitable expertise.	As above.	As above.	Overall	As above.	C	The matters outlined in Conditions C4.2.6 and C4.2.7 were reviewed by an independent person with suitable expertise. A subsequent independent review is scheduled for 2026 in accordance with the required review cycle.
1234:M C4.3	EMPs: Conditions Relating to Monitoring and Adaptive Management for Outcomes Based Conditions	Without limiting condition C4-1 and C4-2, failure to achieve an environmental outcome, or the exceedance of a threshold criteria, regardless of whether threshold contingency measures have been or are being implemented represents a non-compliance with these conditions.	Info only.					
1234:M C5.1	EMPs: Conditions Related to Management Actions and Targets for Objective Based Conditions	The environmental management plans required under conditions B2-3, B3-2 and B6-2 must contain provisions which enable the achievement of the relevant objectives of those conditions and substantiation of whether the objectives are reasonably likely to be met, and must include: (1) management actions; (2) management targets; (3) contingency measures if management targets are not met; and (4) reporting requirements.	The Flora and Vegetation Management Plan, Fauna Management Plan, Waste Minimisation Plan contain provisions which enable the achievement of the relevant objectives of those conditions and substantiation of whether the objectives are reasonably likely to be met and must include items (1) – (4) of this Condition.	Management Plans approved by CEO.	Overall.	Whenever revised.	C	The revised FVMP, FMP and WMP include defined management actions, management targets, contingency measures, and reporting requirements designed to enable achievement of the relevant objectives and to substantiate whether those objectives are reasonably likely to be met. The revised plans were submitted to the CEO in November 2025 and are currently under assessment.
1234:M C5.2	EMPs: Conditions Related to Management Actions and Targets for Objective Based Conditions	The environmental management plan required under condition B6-2 is also required to: provide a protocol or procedure for the five (5) yearly review of the Waste Minimisation Environmental Management Plan to ensure that the Waste Minimisation Environmental Management Plan is meeting the objective specified in condition B6-1;	The Waste Minimisation Plan provide a protocol or procedure for the five (5) yearly review of the plan to ensure it is meeting the above objective.	Waste Minimisation Plan 5 yearly review.	Overall.	5-yearly.	C	The revised Waste Minimisation Plan includes a defined protocol for review to ensure the objective under Condition B6-1 is met. A five-year review was not due during the reporting period.
1234:M C5.3	EMPs: Conditions Related to Management Actions and Targets for Objective Based Conditions	Without limiting condition C5-1, the failure to achieve an environmental objective, or implement a management action, regardless of whether contingency measures have been or are being implemented, represents a non-compliance with these conditions.	Info only.					
1234:M D1.1	Non-compliance Reporting	If the proponent becomes aware of a potential non-compliance, the proponent must:	See below.					

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M D1.1.1	Non-compliance Reporting	(1) report this to the CEO within seven (7) days;	Notify the CEO of potential non-compliances in accordance with the process described in Section 2.5 of the CAP.	Waste Management system records. Record of notification to CEO.	Overall	Within seven (7) days	C	The only MS1234 non-compliance identified during the reporting period related to exceedance of the 12-month temporary storage limit. Tellus consulted with DWER and provided written notification in accordance with Condition D1.1.1 and Section 2.5 of the approved Compliance Assessment Plan. A list of wastes likely to exceed the 12-month storage requirement was provided to DWER at the commencement of the reporting period (30 June 2025), with updates provided throughout the reporting period. Conditional exemptions to the 12-month storage limit were granted for certain waste types during the reporting period; however, no exemption applied to liquid PFAS.
1234:M D1.1.2	Non-compliance Reporting	(2) implement contingency measures;	As above.	Record of notification to CEO.	Overall	As above	C	Contingency measures were implemented to manage the exceedance of the 12-month temporary storage limit, including consultation with DWER, submission of exemption requests (where applicable), and operational measures to prioritise treatment and reduce the temporary storage duration for affected waste streams.
1234:M D1.1.3	Non-compliance Reporting	(3) investigate the cause;	As above.	Investigation reports. Record of notification to CEO.	Overall	As above	C	The cause of the exceedances was investigated and attributed to temporary constraints affecting liquid waste treatment throughput during the reporting period.
1234:M D1.1.4	Non-compliance Reporting	(4) investigate environmental impacts;	As above.	Investigation reports. Record of notification to CEO.	Overall	As above	C	Environmental risk associated with extended storage was assessed as low due to containment systems, bunding and site management controls such as daily inspections. No adverse environmental impacts were identified during the reporting period.
1234:M D1.1.5	Non-compliance Reporting	(5) advise rectification measures to be implemented;	As above.	Investigation reports. Record of notification to CEO.	Overall	As above	C	Rectification measures were advised to DWER, including implementation of additional liquid waste treatment infrastructure and submission of exemption requests where applicable. Associated actions and timeframes were communicated to DWER throughout the reporting period.
1234:M D1.1.6	Non-compliance Reporting	(6) advise any other measures to be implemented to ensure no further impact;	As above.	Investigation reports. Record of notification to CEO.	Overall	As above	C	In addition to rectification measures, ongoing consultation with DWER was undertaken throughout the reporting period to ensure appropriate management of affected waste streams and to minimise the risk of further exceedances.
1234:M D1.1.7	Non-compliance Reporting	(7) advise timeframe in which contingency, rectification and other measures; and	As above.	Investigation reports. Record of notification to CEO.	Overall	As above	C	Timeframes associated with implementation of contingency and rectification measures were communicated to DWER through written correspondence and ongoing updates during the reporting period.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M D1.1.8	Non-compliance Reporting	(8) provide a report to the CEO within twenty-one (21) days of being aware of the potential non-compliance, detailing the measures required in conditions D1-1(1) to D1-1(7) above.	Provide report to CEO.	Record of report being provided to CEO.	Overall	Within twenty-one (21) days.	C	Written notification was provided to DWER in accordance with Condition D1.1.1 and Section 2.5 of the approved Compliance Assessment Plan, including identification of affected waste streams and the measures to manage and rectify the exceedance. Updates were provided throughout the reporting period.
1234:M D1.2	Non-compliance Reporting	Failure to comply with the requirements of a condition, or with the content of an environmental management plan required under a condition, constitutes a noncompliance with these conditions, regardless of whether the contingency measures, rectification or other measures in condition D1-1 above have been or are being implemented.	Noted					
1234:M D2.1	Compliance Reporting	The proponent must provide an annual Compliance Assessment Report to the CEO for the purpose of determining whether the implementation conditions are being complied with.	Submit a CAR within the required timeframe reporting on the previous 12 months.	Annual CAR.	Operations	Annual (by 23 September)	C	In accordance with the MS1234 CAP approval letter, the initial MS1234 CAR will be due on 07/03/26. Subsequent CARs will be due annually on 23 September.
1234:M D2.2	Compliance Reporting	Unless a different date or frequency is approved by the CEO, the first annual Compliance Assessment Report must be submitted within fifteen (15) months of the date of this Statement, and subsequent reports must be submitted annually from that date.	Submit a CAR within required timeframe reporting on the previous 12 months.	Emails to the CEO containing Annual CAR.	Overall	Annual reporting period of 1 July to 30 June approved by CEO on 23 July 2023 (ref. DWERA-001158). Report due 23 Sept annually.	C	In accordance with the MS1234 CAP approval letter, the initial MS1234 CAR will be due on 07/03/26. Subsequent CARs will be due annually on 23 September.
1234:M D2.3	Compliance Reporting	Each annual Compliance Assessment Report must be endorsed by the proponent's Chief Executive Officer, or a person approved by proponent's Chief Executive Officer to be delegated to sign on the Chief Executive Officer's behalf.	The Tellus CEO, or delegate to endorse the CAR.	Annual CAR.	Overall	Annual	C	The CAR has been endorsed by the General Manager of Operations, Pascoe Murison. CEO Nate Smith has previously delegated authority to Pascoe Murison to endorse DWER documents on his behalf.
1234:M D2.4	Compliance Reporting	Each annual Compliance Assessment Report must:	See below.					
1234:M D2.4.1	Compliance Reporting	(1) state whether each condition of this Statement has been complied with, including: (a) exceedance of any proposal limits and extents; (b) achievement of environmental outcomes; (c) achievement of environmental objectives; (d) requirements to implement the content of environmental (e) management plans; (f) monitoring requirements; (g) implement contingency measures; (h) requirements to implement adaptive management; and (i) reporting requirements;	Include a statement as to whether the Facility has complied with the conditions of MS 1234, including (a) to (i).	Annual CARs.	Overall	Annual	C	Compliance with each condition of MS1234, including the matters listed in D2.4.1(a)–(i), is assessed and documented in this Compliance Assessment Report.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M D2.4.2	Compliance Reporting	(2) include the results of any monitoring (inclusive of any raw data) that has been required under Part C in order to demonstrate that the limits in Part A, and any outcomes or any objectives are being met;	Include the results of any monitoring (inclusive of any raw data) in CAR.	Annual CAR.	Overall	Annual	C	Results of monitoring undertaken during the reporting period are presented within this Compliance Assessment Report. Underlying monitoring datasets are maintained within site systems and are available upon request. Waste acceptance and disposal records are independently verified through the Annual Independent Waste Audit.
1234:M D2.4.3	Compliance Reporting	(3) provide evidence to substantiate statements of compliance, or details of where there has been a non-compliance;	Specify applicable evidence in monitoring reports and where applicable, in CAR.	Annual CAR.	Overall	Annual	C	Evidence substantiating statements of compliance, and details relating to any identified non-compliance. Underlying monitoring datasets are maintained within site systems and are available upon request.
1234:M D2.4.4	Compliance Reporting	(4) include the corrective, remedial and preventative actions taken in response to any potential non-compliance;	Include the corrective, remedial and preventative actions taken in response to any potential non-compliance in CAR.	Annual CAR.	Overall	Annual	C	Corrective, remedial and preventative actions undertaken in response to the identified non-compliance are documented within this Compliance Assessment Report.
1234:M D2.4.5	Compliance Reporting	(5) be provided in a form suitable for publication on the proponent's website and online by the Department of Water and Environmental Regulation; and	Prepare CAR in accordance with PAG 3 - Post Assessment Guideline for Preparing a Compliance Assessment Report or most recent reporting guideline prescribed by the CEO.	Annual CAR.	Overall	Annual	C	This Compliance Assessment Report has been prepared in accordance with the relevant Post Assessment Guideline for Preparing a Compliance Assessment Report and is in a form suitable for online publication.
1234:M D2.4.6	Compliance Reporting	(6) be prepared and published consistent with the latest version of the Compliance Assessment Plan required by condition D2-5 which the CEO has confirmed by notice in writing satisfies the relevant requirements of Part C and Part D.	CAR to be consistent with approved CAP.	Annual CAR.	Overall	Annual	C	This Compliance Assessment Report has been prepared and will be published consistent with the Compliance Assessment Plan approved by the CEO under Condition D2-5.
1234:M D2.5	Compliance Reporting	The proponent must prepare a Compliance Assessment Plan which is submitted to the CEO at least six (6) months after this Ministerial Statement is issued.	Develop and implement a CAP. Submit the Compliance Assessment Plan to the CEO.	Electronic receipt issued by DWER showing date of submission to CEO including CAP.	Overall	Submitted to the CEO at least six (6) months after this Ministerial Statement is issued.	C	The MS1234 CAP was submitted to DWER on 28 November 2025 and approved on 06 February 2026.
1234:M D2.6	Compliance Reporting	The Compliance Assessment Plan must include:	See below.					
1234:M D2.6.1	Compliance Reporting	(1) what, when and how information will be collected and recorded to assess compliance;	Prepare CAP as per PAG 1 - Post Assessment Guideline for Preparing a Compliance Assessment Plan and this Condition.	Record of approval from the CEO.	Overall	As above	C	The MS1234 Compliance Assessment Plan, approved by the CEO on 06 February 2026, includes the requirements of this clause
1234:M D2.6.2	Compliance Reporting	(2) the methods which will be used to assess compliance;	As above.	Record of approval from the CEO.	Overall	As above	C	The MS1234 Compliance Assessment Plan, approved by the CEO on 06 February 2026, includes the requirements of this clause
1234:M D2.6.3	Compliance Reporting	(3) the methods which will be used to validate the adequacy of the compliance assessment to determine whether the implementation conditions are being complied with;	As above.	Record of approval from the CEO.	Overall	As above	C	The MS1234 Compliance Assessment Plan, approved by the CEO on 06 February 2026, includes the requirements of this clause
1234:M D2.6.4	Compliance Reporting	(4) the retention of compliance assessments;	As above.	Record of approval from the CEO.	Overall	As above	C	The MS1234 Compliance Assessment Plan, approved by the CEO on 06 February 2026, includes the requirements of this clause
1234:M D2.6.5	Compliance Reporting	(5) the table of contents of Compliance Assessment Reports, including audit tables; and	As above.	Record of approval from the CEO.	Overall	As above	C	The MS1234 Compliance Assessment Plan, approved by the CEO on 06 February 2026, includes the requirements of this clause

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M D2.6.6	Compliance Reporting	(6) how and when Compliance Assessment Reports will be made publicly available, including usually being published on the proponent's website within sixty (60) days of being provided to the CEO.	As above.	Record of approval from the CEO.	Overall	As above	C	The MS1234 Compliance Assessment Plan, approved by the CEO on 06 February 2026, includes the requirements of this clause. CARs are published on the Tellus website.
1234:M D3.1	Contact Details	The proponent must notify the CEO of any change of its name, physical address or postal address for the serving of notices or other correspondence within twenty eight (28) days of such change. Where the proponent is a corporation or an association of persons, whether incorporated or not, the postal address is that of the principal place of business or of the principal office in the State.	Notify the CEO in writing of any change to proponent details.	Written notification to CEO.	Overall	Within twenty eight (28) calendar days of changing proponent address.	NR	No change to the proponent's name, physical address or postal address occurred during the reporting period. Accordingly, notification under this clause was not required.
1234:M D4.1	Public Availability of Data	Subject to condition D5-2, within a reasonable time period approved by the CEO upon the issue of this Statement and for the remainder of the life of the proposal, the proponent must make publicly available, in a manner approved by the CEO, all validated environmental data collected before and after the date of this Statement relevant to the proposal (including sampling design, sampling methodologies, monitoring and other empirical data and derived information products (e.g. maps)), environmental management plans and reports relevant to the assessment of this proposal and implementation of this Statement.	Validated environmental data (including sampling design, sampling methodologies, empirical data and derived information products (e.g. maps)) relevant to the assessment of this proposal and implementation of this Statement to be made publicly available in accordance with Section 2.7 of the approved CAP..	Data made publicly available in accordance with Section 2.5 of the approved CAP.	Overall	For the life of the proposal as approved by the CEO.	C	All environmental data associated with the assessment of the proposal was made available through the Sandy Ridge Public Environmental Review link (2016 and 2023) on the Sandy Ridge Regulatory Information page of the Tellus website. Environmental data relevant to implementation of the project will also be made progressively available through the Tellus website as the project progresses.
1234:M D4.2	Public Availability of Data	If: (1) any data referred to in condition D5-1 contains trade secrets; or (2) any data referred to in condition D5-1 contains particulars of confidential information (other than trade secrets) that has commercial value to a person that would be, or could reasonably be expected to be, destroyed or diminished if the confidential information were published, The proponent may submit a request for approval from the CEO to not make this data publicly available and the CEO may agree to such a request if the CEO is satisfied that the data meets the above criteria.	Submit a request for approval to the CEO not make sensitive information publicly available.	Written request provided to CEO.	Overall	As required.	NR	No request was made to the CEO during the reporting period to withhold data from public availability under this clause.
1234:M D4.3	Public Availability of Data	In making such a request the proponent must provide the CEO with an explanation and reasons why the data should not be made publicly available.	Explanation provided to the CEO	Written record of explanation provided to CEO.	Overall		NR	No request was made to the CEO during the reporting period to withhold data from public availability under this clause.
1234:M D5.1	Audit - CEO Derived	The proponent must arrange for an audit of compliance with the conditions of this statement, including achievement of the environmental outcomes and/or the environmental objectives and/ or environmental performance with the conditions of this statement, as and when directed by the CEO.	Tellus will engage an independent waste specialist, approved by the CEO, to assess waste disposal operations in accordance with the requirements of MS 1234, Condition D-1.	Compliance Audit Report.	Overall	As and when directed by the CEO.	NR	No direction was issued by the CEO during the reporting period requiring an audit under Condition D5.1.
1234:M D5.2	Audit - CEO Derived	The audit must be carried out by a person with appropriate qualifications who is nominated or approved by the CEO to undertake the audit under condition D5-1	Audit to be approved by the CEO.	Approval letter from the CEO.	Overall	As and when directed by the CEO.	NR	No direction was issued by the CEO during the reporting period requiring an audit under Condition D5.1.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M D5.3	Audit - CEO Derived	The proponent must submit the audit report with the Compliance Assessment Report required by condition D2, or at any time as and when directed in writing by the CEO. The audit report is to be supported by credible evidence to substantiate its findings.	Audit report to be submitted to CEO.	Compliance Audit Report with credible evidence.	Overall	As and when directed by the CEO.	NR	No direction was issued by the CEO during the reporting period requiring an audit under Condition D5.1.
1234:M D5.4	Audit - CEO Derived	The audit report required by condition D5-1 is to be made publicly available in the same timeframe, manner and form as a Compliance Assessment Report, or as otherwise directed by the CEO.	Make the report publicly available in accordance with Section 2.7 of the approved CAP..	Compliance Audit Report.	Overall	Within 60 days of being provided to the CEO, or as and when directed by the CEO.	NR	No direction was issued by the CEO during the reporting period requiring an audit under Condition D5.1.