



TELLUS

SANDY RIDGE

Compliance Assessment

Report 2025-26

Ministerial Statement 1234

Prepared for

Western Australia Government
Department of Water and
Environmental Regulation

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Tellus Holdings Ltd

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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.

Ministerial Statement 1234 (MS 1234) was issued on 13 December 2024 to supersede Ministerial Statement 1078 and 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) has been prepared in accordance with Condition D2 of MS 1234 and the approved Compliance Assessment Plan (CAP). 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.

The previous CAR, being the first CAR submitted under MS 1234, covered the reporting period from 13 December 2024 to 12 December 2025. In accordance with the approved CAP and subsequent approval to align the CAR reporting period with Licence L9240/2020/1, this CAR covers the transitional reporting period from 13 December 2025 to 30 June 2026.

Subsequent CARs will cover the period from 1 July to 30 June each year, aligning with the annual reporting period for Licence L9240/2020/1.

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
115	25	0	2	0

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 several liquid waste streams and a minor amount of unsealed radioactive waste exceeded the 12-month temporary storage limit:
 - 349 tonnes of PFAS-contaminated liquid
 - 87 tonnes of mercury-contaminated liquid
 - 10 tonnes of ammonia solution
 - 5 consignments of unsealed radiological waste.

These quantities exclude wastes covered by exemptions during the reporting period, namely disused sealed radioactive sources (DSRS) and acids.

The exceedances relating to PFAS-contaminated liquid, ammonia solution and unsealed radioactive waste were resolved by September 2026, after the reporting period.

- **Condition B9-1.2** – DWER identified non-compliances with conditions of Licence L9240/2020/1 during a compliance inspection conducted on 5 May 2026 (DWER reference DER2020/000039). Consequently, the requirement to ensure that implementation of the proposal complies with all statutory 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, superseding Ministerial Statements 1078 and 1152 and establishing 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 transitional reporting period from 13 December 2025 to 30 June 2026.

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 as at 30 June 2026 (increased to 280,000 tpa by licence amendment on 24 August 2026); 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: Cell 2 kaolin mine, kaolin, silcrete and topsoil stockpiles, storage buildings, laboratory, administration offices and laydown areas.
- Waste infrastructure: inflatable dome cell covers over Cells 1 and 2, waste storage and container hardstands, waste inspection and unloading areas, Waste Immobilisation Plant (WIP), radioactive waste warehouse, APCr conditioning facility, Waste Neutralisation Plant, Homogenising Tank, workshop and associated waste handling infrastructure.
- Other infrastructure: accommodation camp, reverse osmosis plant, wastewater treatment plant, solar farm, access roads, water pipelines, putrescible landfill, stormwater drains, stormwater retention and containment ponds, stormwater storage tanks, brine pond and settlement pond.

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.

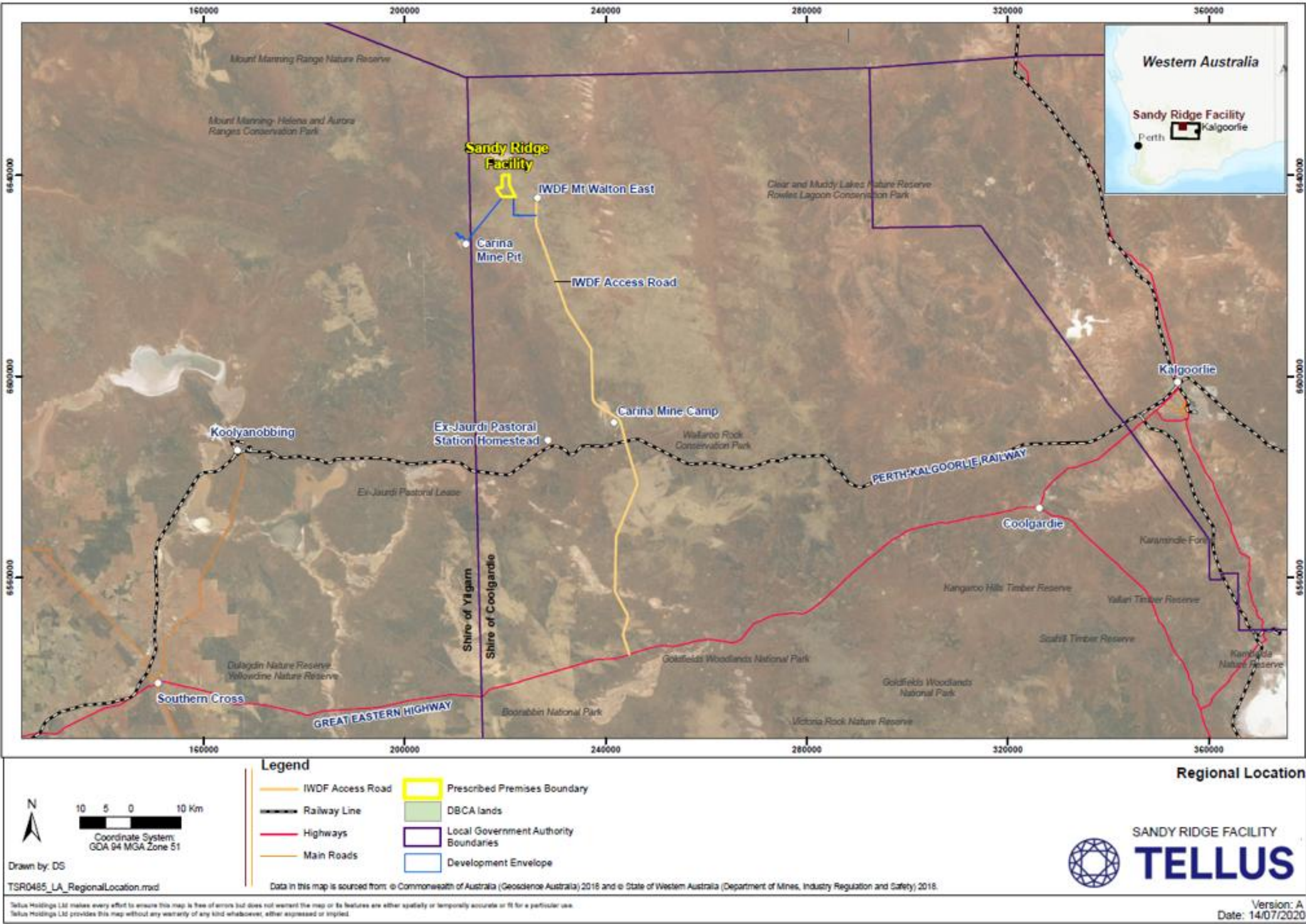
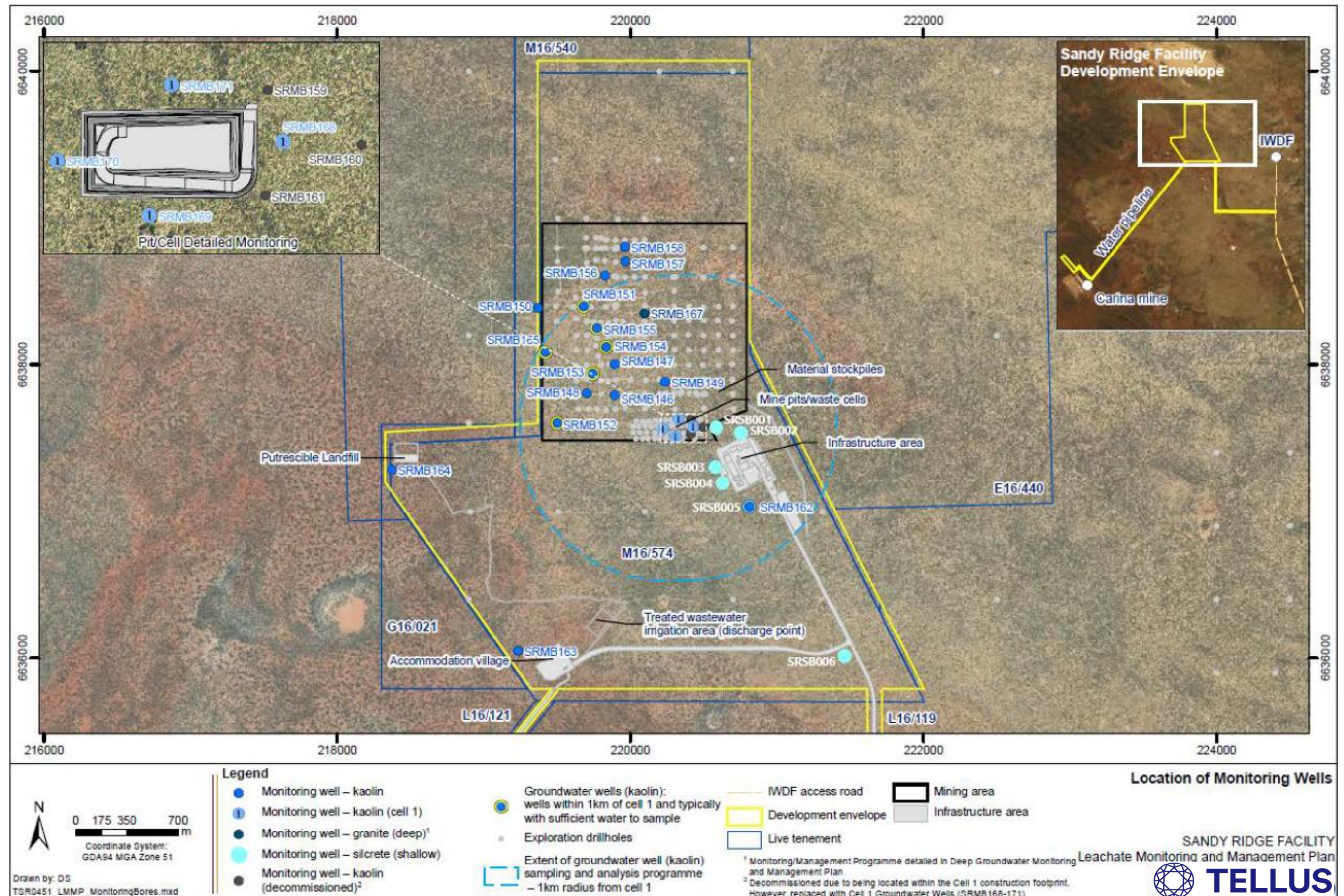


Figure 1-2 Sandy Ridge Facility Monitoring Stations.



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 2025 to 30 June 2026. This transitional reporting period aligns future CAR reporting periods with the financial year, from 1 July to 30 June, in accordance with the Compliance Assessment Plan approval letter (Ref: DWERTV17439~2).

This CAR assesses compliance with the conditions of MS 1234 for the Sandy Ridge Facility. Table 1-1 provides a description of the Proposal approved under MS 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 Section 3.1.

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
Timing elements	

Element	Extent
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 Reporting date amendment

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: DWERTV17439~2), this CAR is due on 21 September 2026 and will report on the period 13 December 2025 to 30 June 2026. Subsequent 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:

- 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.

Appendix C contains further details of monitoring results required under MS1234 Part C.

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: - 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 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.	01/06/2023	28/06/2040

Approvals	Issued	Finish
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, the Cell 2 dome was raised and kaolin mining beneath the dome commenced to form the future waste cell in accordance with W6700/2022/1. Construction of Cell 2 is expected to be completed in October 2026.

2.3 Operations

2.3.1 Waste accepted during the reporting period

During the transitional reporting period from 13 December 2025 to 30 June 2026, the Facility accepted:

- 21,028.70 tonnes of chemical waste;
- 286.16 tonnes of unsealed radioactive waste; and
- 435 sealed radioactive sources, with negligible total weight.

Part A of MS 1234 specifies a maximum acceptance rate of 280,000 tonnes per annum. However, under Condition C1-1, operations associated with increasing gate waste acceptance above 100,000 tonnes per annum could not commence until the CEO had confirmed that the relevant environmental management plans satisfied the requirements of MS 1234. As not all required plans had been confirmed during the reporting period, the Facility continued to operate within the previous limit of 100,000 tonnes per annum.

As this CAR covers a transitional reporting period, compliance with the annual limit was assessed using waste acceptance records for the full 2025-26 financial year. Between 1 July 2025 and 30 June 2026, the Facility accepted:

- 32,035.29 tonnes of chemical waste;
- 392.04 tonnes of unsealed radioactive waste; and
- 743 sealed radioactive sources, with negligible total weight.

The total quantity of waste accepted during the 2025-26 financial year was 32,427.33, which is below the approved limit of 100,000 tonnes per annum.

Further details of the waste accepted during the 2025–26 financial year are provided in the Annual Environmental Report for Licence L9240/2020/1.

2.3.2 Waste permanently disposed during the reporting period

During the transitional reporting period from 13 December 2025 to 30 June 2026, the following waste was permanently disposed of in Cell 1:

- 23,108.47 tonnes of chemical waste; and
- 286.76 tonnes of unsealed radioactive waste.

No disused sealed radioactive sources were disposed of during the transitional reporting period. These sources are scheduled to be disposed of at the base of Cell 2 during the next reporting period, in accordance with the Radiological Safety Case.

Compliance was assessed using disposal records for the full 2025–26 financial year. Between 1 July 2025 and 30 June 2026, the Facility permanently disposed of:

- 41,379.45 tonnes of chemical waste;
- 379.00 tonnes of unsealed radioactive waste; and
- no disused sealed radioactive sources.

The total quantity permanently disposed of during the 2025–26 financial year was 41,758.45 tonnes, which was below the applicable 280,000-tonne limit in place during the reporting period.

2.4 Decommissioning

No decommissioning activities were conducted during the reporting period.

3 COMPLIANCE STATUS

3.1 Compliance status framework and summary

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
115	0	25	0	2	0

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, 349 tonnes of PFAS-contaminated liquid, 87 tonnes of mercury-contaminated liquid, 10 tonnes of ammonia solution and five consignments of unsealed radioactive waste remained in temporary storage beyond the 12-month limit. This excludes waste streams covered by exemptions during the reporting period, namely disused sealed radioactive sources (DSRS) and acids.
1234:M B9.1.2	Annual Independent Audit	The facility is managed in accordance with all regulatory requirements.	DWER identified non-compliances with conditions of Licence L9240/2020/1 during a compliance inspection conducted on 5 May 2026 (DWER reference DER2020/000039). Consequently, the requirement to ensure that implementation of the proposal complies with all statutory requirements was not fully met during the reporting period.

3.1 Management plans

Table 3-4 summarises the management plans required under Ministerial Statement 1234 (MS1234). The Flora and Vegetation Management Plan, Waste Minimisation Plan and MS1234 Compliance Assessment Plan were approved during the reporting period, while the Leachate Monitoring and Management Plan and Waste Facility Decommissioning and Closure Plan remained under assessment at the end of the reporting period. Minor revisions to the Fauna Management Plan approved under MS 1234 were provided to DWER on 23 May 2025 in accordance with Condition C2-3 and were subsequently implemented.

Table 3-4 Management Plans required under MS1234 and their current approval status

Condition No.	Management Plan	Approval date
B1-3	Leachate Monitoring and Management Plan (v2, 07 July 2026)	11 August 2026
B2-3	Flora and Vegetation Management Plan (v6, 08 May 2026)	08 June 2026
B3-2	Fauna Management Plan (v2, 23 May 2025)	13 December 2024 (minor revisions notified under C2-3 on 23 May 2025)
B5-2	Waste Facility Decommissioning and Closure Plan (v5, 14 August 2026)	11 September 2026
B6-2	Waste Minimisation Plan (v0, 13 October 2025)	04 May 2026
D2	MS 1234 Compliance Assessment Plan	06 February 2025

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, V4 (30 January 2026)
- Air Quality Management Plan, V3 (15 January 2026)
- Erosion and Sedimentation Management Plan, V2 (21 February 2024)

4 COMPLIANCE MONITORING REPORT

4.1 LMMP Monitoring Program

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

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

Ongoing operational controls implemented to minimise the risk of generating leachate include:

- Implementing strict waste acceptance criteria, including not directly depositing waste containing free liquids (such as sludge or liquid waste in drums), not accepting putrescible waste that may decompose into a liquid state, and not directly placing wastes that may release moisture when compacted.
- Operating the Waste Immobilisation Plant in accordance with operational procedures, including immobilisation formulations using kaolin and/or cement to immobilise or chemically bind liquid and sludge wastes.
- Covering cells with inflatable domes to exclude rainfall and surface water ingress during mining and backfilling, creating a dry operational environment.
- Installing bunds and diversion channels around cells to prevent surface water ingress during mining and waste operations.
- Minimising water introduced to cells for dust control to avoid ponding or saturation.
- Installing engineered cell caps designed to minimise rainfall infiltration into closed waste cells by promoting runoff, incorporating low-permeability and store-and-release barriers, resisting erosion, and maintaining integrity while accommodating settlement of waste cell contents.
- Maintaining active waste handling areas, including waste inspection bays, the liquid waste dispensing area and Waste Immobilisation Plant, with concrete-bunded floors and self-contained drainage designed for up to 1-in-100-year, 72-hour storm events, as described in Licence L9240/2020/1.

4.1.1 Standing Water Levels (SWL)

During the reporting period, biannual groundwater monitoring was undertaken in April 2026 (GME 11). Standing water levels (SWL) were measured at all groundwater monitoring bores.

An increase in SWL of greater than 0.5 m relative to the previous biannual measurement is defined as the trigger criterion requiring investigation, while an increase of greater than 1.0 m is defined as the threshold criterion requiring investigation and possible management action.

Minor variability in SWL has been observed since the Facility commenced operations; however, all measurements have remained well within the applicable trigger and threshold criteria.

Further details are presented in the Groundwater Monitoring Event 11 Report - Appendix C-1.

4.1.2 Groundwater Quality

During the reporting period, six-monthly groundwater monitoring was undertaken in April 2026 (Groundwater Monitoring Event 11)

Key findings of GME 11 conducted in April 2026:

- 73 chemical and radiological analytes, selected based on wastes received at the Sandy Ridge Facility. Bores were sampled if they were located within 1 km of Cell 1 and contained sufficient water (>1m water column) for sampling. Five bores met these criteria.
- 59 analytes were below laboratory detection limits at all monitored bores.
- The only trigger exceedance was for Sum of PFAS (WA DWER list), which was marginally above the trigger at SRMB167 and SRMB151 (concentration was less than 0.2 µg/L). Investigation concluded that PFAS concentrations were declining and attributable to historical sampling-related contamination rather than contamination of groundwater associated with waste disposal activities.
- No threshold exceedances were recorded, and all groundwater analyte concentrations remained below applicable regulatory guideline values.

Further details are presented in the Groundwater Monitoring Event 11 Report - Appendix C-1.

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 soil sampling undertaken between April 2019 and January 2020 across the Sandy Ridge development envelope and along the Mt Walton Access Road. Baseline samples were analysed for heavy metals, asbestos, polychlorinated biphenyls (PCBs), PFAS and radionuclides, with baseline concentrations of all analytes considered low (Landloch, 2020).

Targeted soil quality monitoring is 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, with the second follow-up monitoring event completed on 7 January 2026. Twenty locations were sampled during the 2026 event using the same grid-based sampling design as the 2023 monitoring event to maintain consistency and comparability between monitoring events.

The 2026 monitoring results indicated that soil quality remained consistent with baseline conditions and previous monitoring results, with no evidence of significant contamination associated with Facility operations. All metals, PFAS and radionuclide concentrations were below the applicable trigger and threshold criteria. Gross alpha and gross beta activity at the Radiation Yard was comparable to previous monitoring results and did not exceed investigation trigger levels. No further investigation or remedial action was required.

Further details are presented in the Soil Monitoring Report - Appendix C-2.

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 1234 (MS 1234). 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.

For most of the reporting period, flora and vegetation monitoring and management continued to be undertaken in accordance with the existing approved MS 1078 Flora and Vegetation Management Plan (FVMP). The revised FVMP prepared to address the requirements of MS 1234 was approved by DWER on 8 June 2026. Monitoring and management requirements introduced by the approved MS 1234 FVMP will therefore be progressively implemented from the 2026–27 reporting period.

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 MS 1234 were achieved during the reporting period.

4.2.1 *Banksia arborea* Shrubland

Baseline fixed photo-point monitoring of *Banksia arborea* shrubland was undertaken on 26 March 2026. Nine permanent monitoring sites were established across the nine discrete *Banksia arborea* shrubland polygons in the vicinity of Carina Bore, comprising five reference sites and four control sites. Reference sites are located within 25 m of access roads or infrastructure, while control sites are located more than 80 m from access roads or infrastructure.

Vegetation condition at each site was assessed using the vegetation condition scale established in the FVMP. All nine sites were assigned a baseline vegetation condition score of 2, indicating healthy vegetation consistent with prevailing seasonal conditions and no significant stress indicators.

The mean baseline condition score was therefore 2.0 for both reference and control sites. An example photo-monitoring point is shown in Figure 4.1. Results will be presented in full in the 2026-2027 Vegetation Health Monitoring Report, scheduled for publication in the following reporting period.

The March 2026 monitoring establishes the baseline against which future annual monitoring will be compared. Comparison of reference and control sites will assist in distinguishing natural or seasonal variability from changes potentially attributable to operational activities, including dust deposition, weed introduction or disturbance.

No evidence of operational impacts to *Banksia arborea* shrubland was identified during the baseline monitoring, and no trigger or threshold criteria were exceeded. disturbance to *Banksia arborea* shrubland occurred during the reporting period.



Figure 4-1 An example *Banksia arborea* shrubland photo-monitoring point.

4.2.2 Conservation Priority Species

Condition B2-1(2) of MS 1234 requires that there be no disturbance of conservation priority flora above the limits specified in Table 1 of MS 1234. These limits apply to six conservation priority species occurring within the Development Envelope.

Known populations of conservation priority species were mapped by Western Botanical in 2022. High-resolution aerial imagery is used to assess subsequent disturbance of these mapped populations against the MS 1234 disturbance limits. The status of each species as of 30 June 2026 is summarised in Table 4.1 with all species remaining within the applicable MS 1234 limits. All disturbance of priority flora since the 2022 baseline is attributable to clearing associated with the construction of Cell 2.

Table 4-1 Recorded disturbance of conservation-priority flora against MS 1234 limits

Priority Species	MS 1234 disturbance limit	Total recorded disturbance to 30 June 2026	Remaining
<i>Phebalium appressum</i>	10	0	10
<i>Acacia crenulata</i>	5	0	5
<i>Calytrix creswellii</i>	4,716	2,462	2,254
<i>Cryptandra crispula</i>	23	13	10
<i>Drosera eremaea</i>	1	0	1
<i>Melichrus</i> sp. Bungalbin Hill	14,000	4,100	9,900

Annual Spring Vegetation Health Monitoring has been undertaken at Sandy Ridge since 2022. The monitoring program comprises 20 permanent photo-points established by Western Botanical, including 14 experimental sites located close to infrastructure and six control sites within comparable vegetation located several hundred metres from infrastructure. As this monitoring is undertaken in spring, no monitoring event occurred during the transitional CAR reporting period from 13 December 2025 to 30 June 2026. The next monitoring event is scheduled for spring 2026 and will be reported in the subsequent CAR.

4.2.3 Weeds

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 Facility 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 lawn and garden.

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

A revised weed monitoring program is outlined in the Flora and Vegetation Management Plan (FVMP), approved on 8 June 2026. The next monitoring event is scheduled for August of 2026 and will be reported in the subsequent CAR and Annual Vegetation Health Report.

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 2025-2026.

Fuel load assessments undertaken around the facility indicated moderate fuel loads in the range of approximately 10–20 tonnes per hectare.

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 and monitored in accordance with the Air Quality Management Plan (AQMP), as required under the MS 1234 Flora and Vegetation Management Plan (FVMP).

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. The dust deposition target is exceeded where total dust deposition exceeds 4 g/m²/month and is more than 2 g/m²/month above the control site.

During Q1 2026, dust deposition targets were exceeded at the Village (6.6 g/m²/month) and at the south-east corner of the mining area (6.4 g/m²/month). The exceedances were recorded in MyOSH and investigated.

Elevated dust deposition at the Village was attributed to nearby firebreak maintenance activities. Elevated dust deposition at the south-east corner of the mining area was considered likely to be associated with kaolin handling activities, including the transfer of kaolin to the Waste Immobilisation Plant (WIP) and East Yard.

Vegetation at both locations was inspected following the exceedances. No visible dust deposition on foliage or other dust-related impacts to vegetation were observed.

Dust deposition rates for Q2 2026 could not be reliably determined due to algae growth in the sampling bottles. The bottles supplied by the NATA-accredited laboratory did not contain the algicide normally included for dust deposition monitoring, resulting in algae growth that interfered with analysis of the samples.

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.

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

Vegetation clearing occurs periodically during operation of the Sandy Ridge Facility. During the reporting period, 0.4 ha of vegetation was cleared within the putrescible landfill area. This clearing falls within the Associated Infrastructure disturbance category under MS 1234.

All clearing was undertaken in accordance with Tellus' internal land clearance procedures and permitting requirements and remained within the authorised disturbance limits specified in Condition A1 of MS 1234.

Clearing is tracked through the Tellus clearing permit register. Cumulative disturbance figures are verified annually by a GIS consultant using aerial imagery for statutory reporting, including the DMPE Annual Environmental Report and Mining Rehabilitation Fund reporting. Clearing undertaken during the reporting period and cumulative disturbance against the authorised limits are summarised below (Table 4.2).

Table 4-2 Vegetation clearing against MS 1234 authorised disturbance limits

Area	Cleared in reporting period	Total Cleared	Authorised to Clear
Mine pits/waste cells	0 ha	50.51 ha	202.3 ha
Associated Infrastructure	0.4 ha	71.43 ha	73.75 ha

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, Malleefowl were recorded on four occasions:

- On 24 March 2026, a pair was observed near the intersection of Mt Dimer Road and Grid Road
- On 26 March 2026, a pair was observed at the same location (likely the same pair).
- On 7 April 2026, a pair was observed at approximately the 75 km mark of Mt Walton Road.
- On 27 May 2026, one Malleefowl was observed on the Mt Dimer Access Road.

All sightings occurred on access roads outside the MS 1234 Development Envelope and 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 ten 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:

- Six were attributed to vehicle strikes
- The cause of death for four individuals could not be determined

Recorded mortalities comprised four birds, three snakes, and three kangaroos. 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:

- Cat - 2
- Dog/dingo - 1
- Fox - 3
- Rabbit - 3

Feral fauna sightings are reviewed to determine whether targeted control is required. During a trapping campaign in June 2026, a fox was captured and subsequently euthanised by a registered shooter from a local pest control contractor (Figure 4.2).



Figure 4-2 Fox captured near the Cell 1 Topsoil stockpile in June 2026.

4.3.5 Waste Facility Decommissioning and Closure Plan

The Waste Facility Decommissioning and Closure Plan (WFDCCP) 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

4.4.1 DWER Compliance Inspection (Licence L9240/2020/1), 05 May 2026

A compliance inspection against Licence L9240/2020/1 was undertaken by DWER on 5 May 2026. The following findings were raised in the Letter of Non-Compliance (DER2020/000039) dated 3 July 2026:

- **Conditions 1 (Table 1), 22 and 23 – East Yard Stormwater Drains**
Sections of the East Yard stormwater drainage system were identified as eroded or washed away, with DWER finding that the drainage system was not adequately maintained and could not effectively divert surface stormwater to the Stormwater Retention Pond.
- **Condition 7 (Table 3) – Waste Storage**
DWER identified PFAS-contaminated tanks and asbestos-contaminated pipes that it considered were not stored in suitable, secure and sealed packaging. Liquid wastes, including mercury-contaminated sludge and other waste streams, were also identified as having been stored for longer than 12 months.
- **Condition 9 – Waste Containers**
DWER observed half-height containers containing waste left open, including a container in the East Yard that had been left open for ventilation. Nitrosylsulphuric acid containers were also being vented as a safety measure. DWER advised that waste containers are required to remain closed at all times under Condition 9.
- **Condition 15 – Waste Processing and Solidification**
DWER considered the mixing of PFAS liquid waste with wash water or other liquid waste prior to solidification to constitute dilution to achieve the ≤ 50 mg/kg PFAS concentration limit. DWER also determined that the use of an excavator and half-height containers for waste solidification was not authorised under the Licence and did not meet the definition of portable mixing equipment. Tellus was directed to cease this method of solidification.
- **Condition 19 – Waste Disposal**
DWER identified that stabilised and solidified liquid wastes had been disposed of to the waste cell prior to completion of post-treatment verification testing against the applicable process limits and specifications.

Corrective actions were initiated in response to the inspection findings and are being progressed in consultation with DWER. Tellus disputes aspects of several findings, including DWER's interpretation of Conditions 9 and 15, and is continuing discussions with DWER to resolve these matters.

In relation to Condition 9, Tellus' position is that nitrosylsulphuric acid remained contained within sealed IBCs as the primary waste containers, while the sea containers in which the IBCs were stored were tethered in a partially open position for ventilation as a safety measure to prevent thermal degradation of the IBCs. Tellus therefore disputes DWER's interpretation that this practice constituted storage in open waste containers.

In relation to Condition 15, Tellus disputes DWER's interpretation of PFAS dilution. Tellus' position is that the 50 mg/kg PFAS limit applies to the solidified waste produced for disposal and that the prohibition on dilution prevents solidified waste exceeding 50 mg/kg from subsequently being diluted to meet this limit. It does not prevent liquid waste with a PFAS concentration exceeding 50 mg/kg from being treated through the solidification process by the addition of kaolin, cement and water.

The Condition 19 issue relating to verification of stabilised and solidified liquid waste prior to disposal was

subsequently resolved through amendment of Licence L9240/2020/1 on 24 August 2026.

4.4.2 Sandy Ridge Facility 2024-25 Annual Waste Audit (MS1234), July 2026

An independent waste audit was undertaken by KASA Consulting from 15-17 July 2026 in accordance with Condition B9 of Ministerial Statement 1234. The audit covered the transitional reporting period from 13 December 2025 to 30 June 2026, following DWER approval to align future waste audit reporting with the 1 July-30 June reporting year.

The audit found that the Facility's Waste Management System was generally well established and implemented and confirmed that only permitted wastes had been accepted for placement in the repository. One non-compliance was identified against MS 1234 Condition B9-2(7) (regulatory compliance), arising from the licence non-compliances identified during the May 2026 DWER compliance inspection and July 2026 internal licence compliance audit, as detailed in Section 4.4.1 above.

All other elements of Condition B9 were assessed as compliant, except B9-2(4), waste transport and disposal, which was assessed as potentially non-compliant due to inconsistent dangerous goods classification record submitted to Tellus by the transporter for one audited mercury catalyst consignment.

5 SUMMARY OF FINDINGS AGAINST MS 1234

- **Condition A1-1 – Maximum temporary storage time**

At the end of the reporting period, 349 tonnes of PFAS-contaminated liquid, 87 tonnes of mercury-contaminated liquid, 10 tonnes of ammonia solution and five consignments of unsealed radioactive waste remained in temporary storage beyond the 12-month limit. This excludes wastes covered by temporary exemptions, including DSRS and acids.

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

The requirement to manage the facility in accordance with all regulatory requirements was not met during the reporting period due to non-compliances with Licence L9240/2020/1.

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

- Tellus (2026). L9240/2020/1 Annual Audit Compliance Report 2025/2026. 29 August 2026.
- Tellus (2026). L9240/2020/1 Annual Environment Report 2025/2026. 29 August 2026.

Letters

- DWER (2025). Exemption from 12-Month Temporary Surface Storage Limit for Waste – MS1234. (DER2020/000039). 15 July 2025.
- DWER (2026). *Letter of Non-Compliance – Environmental Protection Act 1986 Compliance Inspection; Licence L9240/2020/1, Tellus Holdings Ltd, Sandy Ridge Facility*. Reference DER2020/000039. 3 July 2026.
- DWER (2026). Ministerial Statement 1234 – Sandy Ridge Facility – Alignment of Gate Waste Acceptance Tonnage, Compliance Assessment Plan Approval. (DWERVT17439~2). 6 February 2026.

Environmental Management Plans

- Tellus (2025). MS1234 Compliance Assessment Plan. 28 November 2025.
- Tellus Holdings Ltd (2026). *Flora and Vegetation Management Plan*, Version 6. 8 May 2026; approved by DWER on 8 June 2026
- Tellus Holdings Ltd (2020). *Leachate Monitoring and Management Plan*, Version E. 7 May 2020.
- Tellus Holdings Ltd (2025). *Sandy Ridge Fauna Management Plan*, Version 2. 23 May 2025
- Tellus Holdings Ltd (2025). *Waste Minimisation Plan*, Version 0. 13 October 2025.
- Tellus Holdings Ltd (2022). *Waste Facility Decommissioning and Closure Plan*, Version 4. 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 (2026). Sandy Ridge Soil Monitoring Report. 09 February 2026
- Tellus (2026). Sandy Ridge – Biannual Groundwater Monitoring Event 11: Summary Report (April 2026). April 2026.
- Tellus (2026). Bushfire Management Report, Sandy Ridge 2025-2026. 11 May 2026
- Tellus (2025–2026). Sandy Ridge Monthly Environmental Reports: December 2025 to June 2026

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

Appendix C - Monitoring Results

Monitoring data relevant to this reporting period is presented through the appendices below.

Appendix C1 – Groundwater Monitoring Event 11 Report – April 2026

Appendix C2 – Soil Monitoring Report - 2026

Note:

Due to the transitional reporting period, the scheduled annual spring vegetation monitoring did not fall within this reporting period. The first Annual Vegetation Health Report required under the Flora and Vegetation Management Plan, Version 6 (8 May 2026) will include the results of the Spring Vegetation Health Survey, *Banksia arborea* shrubland monitoring, Annual Weed Survey and the annual priority-flora disturbance spatial assessment. This report will be provided with the following CAR.

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>13/12/25 to 30/06/26</i>
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Implementation phase(s) during reporting period (please tick ✓ relevant phase(s))							
Pre-construction	☐	Construction	☐	Operation	☒	Decommissioning	☐

Audit Table for Statement addressed in this Statement of Compliance is provided at Attachment:	2
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. NOTE: this statement of compliance includes the findings of the Independent Annual Audit required by condition 8-2.	

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)	☒	Yes (please proceed to Section 4)	☐

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)?	
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. Exceedances of individual waste packages have occurred periodically since that time. 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.	
Was this non-compliance or potential non-compliance reported to the Chief Executive Officer, DWER?	
☒ Yes ☐ Reported to DWER verbally Date _____ ☐ Reported to DWER in writing Date <u>01/07/2025</u>	☐ 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?	
Condition A1-1 – At the end of the reporting period several liquid waste streams and a minor amount of unsealed radioactive waste exceeded the 12-month temporary storage limit: - o 349 tonnes of PFAS-contaminated liquid - o 87 tonnes of mercury-contaminated liquid - o 10 tonnes of ammonia solution - o 5 consignments of unsealed radiological waste. These quantities exclude wastes covered by exemptions during the reporting period, namely disused sealed radioactive sources (DSRS) and acids. The exceedances relating to PFAS-contaminated liquid, ammonia solution and unsealed radioactive waste were resolved by September 2026, after the reporting period. 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.	
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)	
• 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 prior to processing.	

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

- Mercury-contaminated liquid and ammonia liquid was stored in the Main Yard.

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

Liquid PFAS

PFAS-contaminated liquid exceeded the 12-month temporary storage limit due to a historical processing backlog and the time required to progressively process accumulated waste. Processing was prioritised according to waste age, and the exceedance was resolved by September 2026.

Mercury contaminated liquid waste

A dedicated campaign to process the mercury-contaminated liquid was planned to commence in June 2026. However, following its May 2026 inspection, DWER advised that half-height containers were not considered portable mixing equipment (PME). As the proposed treatment method relied on the use of half-height containers, an alternative processing method had to be developed. This further delayed the processing of the mercury-contaminated liquid and extended the period for which the waste remained in temporary storage.

Ammonia-impacted liquid

A minor quantity of ammonia-impacted liquid (10 IBCs) briefly exceeded the 12-month temporary storage period before being processed early in the following reporting period. Aged liquid stocks are managed to prioritise the processing of the oldest wastes; however, this small quantity was not processed before reaching the 12-month limit.

Low-level radioactive waste

This exceedance was mostly due to delays in obtaining approvals for disposal permits from the WA Radiation Council. This exceedance was resolved by September 2026.

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?

Measures in place before the non-compliance

Waste receipt dates and storage durations were recorded in the Waste Management System, and aged liquid waste stocks were managed by prioritising the oldest wastes for processing.

Measures implemented or strengthened

These measures have since been supplemented by enhanced internal reporting and senior management oversight of wastes approaching the 12-month temporary storage limit, including:

- weekly internal reporting of wastes approaching or exceeding the storage limit;
- review of aged waste stocks at weekly compliance meetings; and
- improvements to the Waste Management System database are being implemented in FY27 to enhance the tracking and visibility of storage durations for individual waste packages.

PFAS processing was prioritised during the reporting period, reducing the quantity of PFAS-contaminated liquid exceeding the storage limit from more than 1,000 tonnes to zero by September 2026. Monthly progress updates were provided to DWER while the PFAS backlog was being addressed.

Licence amendment APP-0032239 was submitted in November 2025 and approved on 24 August 2026. The amendment reduced duplication between the licence and approvals issued under the *Radiation Safety Act 1975*. This is expected to streamline the disposal of low-level

radioactive waste and reduce the risk of future storage exceedances arising from regulatory approval delays.

Following DWER's advice that half-height containers are not considered portable mixing equipment, an alternative processing method is being developed for mercury-contaminated liquid.

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)

Documentation relating to the implementation of this condition include:

- Waste Management System records identifying storage duration of individual waste packages
- PFAS processing records and WIP verification data
- Licence Amendment Report - Licence L9240/2020/1, dated 24 August 2026
- 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
- 2025/26 Independent Annual Waste Audit Report

Non-compliance/potential non-compliance 0-2

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?	
☒ Yes ☐ Reported to DWER in writing ☐ Reported to DWER in writing	☐ No Date _____ Date 29/08/2026 (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?	
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. This is due to non-compliances identified against Licence L9240/2020/1 during: • A DWER compliance inspection; and • An internal licence audit. The non-compliances are detailed in the Sandy Ridge 2025/26 Annual Environmental Report and associated Annual Audit Compliance Report (AACR). No environmental harm or environmental impacts were identified as a result of the non-compliances.	
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 – the L9240/2020/1 non-compliances were administrative and not attributable to a single location within the Sandy Ridge Facility.	
What was the cause(s) of the non-compliance or potential non-compliance?	
The non-compliances with Licence L9240/2020/1 arose from a range of circumstances, including operational and maintenance issues, delays in processing certain stored wastes, and differing interpretations of requirements relating to PFAS processing, waste containers, portable mixing equipment and post-treatment verification. The cause of each individual non-compliance is detailed in the 2025-26 Annual Environmental Report and associated Annual Audit Compliance Report.	
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?	
Remedial and corrective actions for the individual licence non-compliances are documented in the 2025–26 Annual Environmental Report and associated Annual Audit Compliance Report. These include procedural and operational updates, improved verification processes, additional	

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compliance controls where required, and amendments to relevant licence requirements through licence amendment APP-0032239, granted on 24 August 2026.

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?

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

Measures relating specifically to the prevention and management of 12-month temporary storage exceedances are detailed in the response for Condition A1-1 above.

Licence amendment application APP-0032239 was submitted to DWER on 5 November 2025 and approved on 24 August 2026. The amendment addressed several matters associated with the licence non-compliances and provided clearer or more practicable compliance pathways for relevant activities.

Additional preventative measures and amendments made in response to individual findings are documented in the 2025–26 Annual Environmental Report and associated Annual Audit Compliance Report.

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

Documentation relating to the implementation of this condition include:

- Annual Audit Compliance Report 2025/26 – Licence L9240/2020/1, dated 29 August 2026
- Letter of Non-Compliance – Environmental Protection Act 1986 Compliance Inspection; Licence L9240/2020/1 (Ref: DER2020/000039), dated 12 June 2025
- Licence Amendment Report - Licence L9240/2020/1, dated 24 August 2026
- 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
- Tellus Response Letter – DWER Findings of Non-Compliance under Licence L9240/2020/1, dated 24 July 2026.

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: 21/09/2026

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

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: - 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: - 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.	The term 'In Process' may not be used for any purpose other than that stated in the Definition Column. 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).

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, approved Vegetation Clearing Permits and tracked against allowable limits via the Clearing Permit Register. 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 = 71.43 ha , which is within the approved maximum extent of 73.75 ha. 0.4ha was cleared at the Putrescible landfill since the previous CAR. Clearing is undertaken in accordance with the Vegetation Clearing Procedure and approved Vegetation Clearing Permits. Disturbance is surveyed and tallied in the Clearing Permit Register.
1234:M A1.1.4	Waste cap design	Maximum extent: • 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 (W3207/2026/1 for the Cell 1 cap was approved after the reporting period on 16 September 2026.
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.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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 transition reporting period: - 21,028.70 tonnes of chemical waste - 286.16 tonnes of radiological waste - 435 sealed radioactive sources (weight negligible) Waste received during 01 July 2025 to 30 June 2026: - 32,035.29 tonnes of chemical waste; - 392.04 tonnes of unsealed radioactive waste; and - 743 sealed radioactive sources, with negligible total weight.
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	The quantity of waste temporarily stored on the surface is calculated monthly using recorded waste receipts and disposal records. Inventory balances are also periodically verified through physical stock-takes. The 15,000-tonne temporary surface storage limit was not exceeded during the reporting period (maximum = 6036 t, average = 4943 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: - 23,108.47 tonnes of chemical waste - 286.76 tonnes of radiological waste Waste permanently disposed of from 01 July 2025 to 30 June 2026: - 41,379.45 tonnes of chemical waste - 379.0 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 from 01 July 2025 to 30 June 2026 was 48,223 kL. This is within the approved limit of 180,000 kL/year. Groundwater abstraction volumes are monitored monthly via a gauge installed at Carina Production Bore. Monthly water use figures are reported in the Monthly Environment Report and to DWER via the Water Online portal.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information														
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, 349 tonnes of liquid PFAS waste, 87 tonnes of mercury-contaminated liquid, 10 tonnes of ammonia solution and 5 consignments of unsealed radioactive wastes exceeded the 12-month storage period. This excludes acids and DSRS waste streams subject to a temporary exemption granted by the CEO during the reporting period (approval letter dated 7 November 2025)														
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.														
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.	C	Submitted to DWER for assessment on 07 November 2025. The revised LMMP (v2 07 July 2026) was approved by the CEO on 11 August 2026, after the reporting period.														
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 significant difference in vegetation health scores was detected <i>between Banksia arborea</i> shrubland reference sites ≤25m from roads/infrastructure and control sites ≥80m from roads/infrastructure during the baseline survey undertaken during the reporting period (Section 5.2.1 of 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><tr><th>Species</th><th>Disturbance of known populations</th></tr><tr><td><i>Phebalium apressum</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></table>	Species	Disturbance of known populations	<i>Phebalium apressum</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	Analysis of aerial imagery of disturbance areas against mapped populations of priority species.	C	Disturbance to priority flora remained within Table 1 limits, as confirmed by comparison of mapped populations with high-resolution imagery of disturbance areas (refer to MS1234 CAR Section 5.2.2).
Species	Disturbance of known populations																					
<i>Phebalium apressum</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																					

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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 (Section 5.2.3 of CAR) The first annual weed survey required under the revised FVMP (v6, 08 May 2026) is scheduled for Spring of 2026 in the following 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.
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. Two dust target exceedances were recorded during the reporting period (Q1 2026). Subsequent Investigation indicated there were no dust-related impact to surrounding vegetation. Q2 2026 dust deposition rates could not be reliably determined due to a laboratory sampling issue. Refer to CAR Section 5.2.5 for details. Quarterly dust monitoring and annual vegetation health surveys otherwise indicate dust controls were 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	C	The Flora and Vegetation Management Plan (Version 6, 08 May 2026) was prepared in accordance with Condition B2.3 and approved by DWER on 08 June 2026.
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.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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 through the Monthly Environmental Compliance Report. Although no general increase in feral animal populations was identified during the reporting period, a targeted trapping campaign resulted in the capture of one fox.
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 5.3 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
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. A new integrated database system, T-Hub, was operated in parallel with the existing gatehouse spreadsheets during the latter part of the reporting period and is expected to replace the spreadsheets in future reporting periods.
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: - 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: - 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.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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. The BMS contains procedures for the processing of each liquid waste stream.	Waste Management system records verified via annual compliance audit, including: • 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: • 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: • 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: • Treatment and Disposal of Solid NORM. • Disposal of Disused Sealed Radioactive Sources. • Waste Placement.	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. Approximate 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.
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. As part of this review, the new integrated T-Hub database is being implemented to progressively replace and consolidate a number of separate waste management records, including incoming waste records, waste verification records, liquid waste treatment records, temporary storage locations and final disposal records. T-Hub was operated in parallel with existing systems during the latter part of the reporting period, with further transition planned as implementation progresses.
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.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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	C	The WFDCP was submitted to DWER for assessment on 7 November 2025. The revised WFDCP (v5, 14 August 2026) was approved by the CEO on 11 September 2026, after the reporting period.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M B6.1	Waste Minimisation	The proponent must implement the proposal to meet the following environmental objectives: (1) the proposal’s acceptance of waste volumes, types of waste and disposal methods: (a) are consistent with the principles of waste minimisation and the waste hierarchy; (b) aligns where practicable with the Western Australia’s Waste Avoidance and Resource Recovery Strategy 2030; (c) are consistent with diversion of relevant waste streams away from landfill where practicable; (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; (e) demonstrate, where practicable, that all reasonable waste minimisation options have been considered before waste is destroyed; and (f) are reviewed every five (5) years and continuous improvements are implemented to ensure consistency with the above.	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. Implement the Chemical Waste Acceptance Criteria (WAC) and the Chemical Waste Acceptance Procedure (CWAP).	Waste Management system records verified via Annual Independent Waste Audit; including: - Gated waste acceptance records. - Incoming Vehicle Waste spreadsheets. - Waste Disposal Container Removal Spreadsheet.	Overall	Ongoing	C	Waste minimisation principles are implemented through the Waste Minimisation Plan, Chemical Waste Acceptance Criteria (WAC) and Chemical Waste Acceptance Procedure (CWAP). As part of the waste acceptance process, clients are required to demonstrate that waste minimisation and alternative management options have been considered prior to waste being accepted for disposal at Sandy Ridge. Implementation of the waste acceptance system and associated records is independently 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	The Waste Minimisation Plan (v0 13 October 2025) was approved by the CEO on 4 May 2026.
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.	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. The annual waste audit also checks for compliance on this issue.	Inbound Waste Consignment Inspection records. Waste Management system records verified via Annual Independent Waste Audit.	Overall	Ongoing	C	Inbound Waste Consignment Inspections verify that third-party carriers hold the required permits and licences for the transport of waste to the facility. Compliance with transport approval requirements is also independently verified through the Annual Independent Waste Audit. Tellus also conducts audits of third-party carriers to verify that appropriate systems, licences, permits and transport documentation are in place.
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.	Workplace inspections. Waste Management system records verified via Annual Independent Waste Audit.	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 2026.	C	Liability Insurance Policy 02CL036460 remained in place until its expiry on 30 April 2026. It was replaced without a lapse in coverage by Environmental Impairment/Pollution Liability Policy ME-EIL-26-504275, covering the period from 30 April 2026 to 30 April 2029. A copy of the replacement policy was provided to DWER on 15 May 2026. A Statement of Adequacy issued by Marsh Pty Ltd on 5 June 2026 confirmed that the replacement policy remained adequate.
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	CEO-approved Liability Insurance Policy 02CL036460 remained in place until 30 April 2026. It was replaced by Environmental Impairment/Pollution Liability Policy ME-EIL-26-504275, covering 30 April 2026 to 30 April 2029. The replacement policy and associated Statement of Adequacy were provided to DWER on 5 June 2026. No objection or request for amendment was received from DWER.
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.	C	Liability Insurance Policy 02CL036460 expired on 30 April 2026 and was replaced without a lapse in coverage by Environmental Impairment/Pollution Liability Policy ME-EIL-26-504275, covering the period from 30 April 2026 to 30 April 2029. The replacement policy was placed with Liberty Mutual Insurance Company and XL Insurance SE, both APRA-authorised insurers. The Certificate of Currency was provided to DWER on 15 May 2026, and the policy and associated Statement of Adequacy were provided on 5 June 2026. The requirements of condition B8-4(1) were met.
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.	C	Environmental Impairment/Pollution Liability Policy ME-EIL-26-504275 lists the following as additional named insureds: - the Minister for Environment, being the Minister responsible for administering the <i>Environmental Protection Act 1986</i>; and - the Chief Executive Officer of the department responsible for administering section 48 of the <i>Environmental Protection Act 1986</i>. The requirements of condition B8-4(2) were met.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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.	C	Environmental Impairment/Pollution Liability Policy ME-EIL-26-504275 replaced Policy 02CL036460 during the reporting period. The replacement policy lists the Minister and CEO as additional named insureds and provides for payment of costs incurred by them pursuant to Part VA of the <i>Environmental Protection Act 1986</i> or as a consequence of a breach of the implementation conditions by the proponent. The replacement policy and associated Statement of Adequacy were provided to DWER on 5 June 2026. No objection or request for amendment was subsequently received. The requirements of condition B8-4(3) were met.
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.	C	Environmental Impairment/Pollution Liability Policy ME-EIL-26-504275 replaced Policy 02CL036460 during the reporting period. The replacement policy covers the period from 30 April 2026 to 30 April 2029 and provides limits of AUD\$50 million for any one event and AUD\$50 million in the aggregate. These limits were confirmed in the Statement of Adequacy issued by Marsh Pty Ltd on 5 June 2026. The requirements of condition B8-4(4) were met.
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	Liability Insurance Policy 02CL036460 was maintained until its expiry on 30 April 2026 and was replaced without a lapse in coverage by Environmental Impairment/Pollution Liability Policy ME-EIL-26-504275, commencing on the same date. The insurance coverage was not cancelled, allowed to lapse or otherwise adversely affected during the reporting period. A Certificate of Currency for the replacement policy was provided to DWER on 15 May 2026. The requirements of condition B8-5 were met.
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	Environmental Impairment/Pollution Liability Policy ME-EIL-26-504275 commenced on 30 April 2026. Following renewal of the insurance coverage, a Certificate of Currency for the replacement policy was provided to DWER on 15 May 2026. The requirements of condition B8-6 were met.
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	C	Following completion of the previous three-year policy period, Marsh Pty Ltd reviewed the adequacy of the replacement Environmental Impairment/Pollution Liability Policy ME-EIL-26-504275. Marsh issued a Statement of Adequacy dated 5 June 2026, confirming that the policy remained adequate having regard to the nature, scale and operational profile of activities at the Sandy Ridge Facility. The Statement of Adequacy was provided to DWER on 5 June 2026. The requirements of condition B8-7 were met.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
1234:M B9.1	Annual Independent Audit	The proponent shall manage the implementation of the proposal to meet the following environmental objectives:	See below.					
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 acceptance was managed through the Facility's Waste Management System and Waste Acceptance Criteria. The independent waste audit undertaken by KASA Consulting from 15 to 17 July 2026 reviewed records for the reporting period and confirmed that only permitted wastes had been accepted for placement in the repository. The requirements of condition B9-1(1) were met.
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 conditions of Licence L9240/2020/1 were identified by DWER during a compliance inspection conducted in May 2026 (DER2020/000039). Corrective actions, including amendments to Licence L9240/2020/1, have been implemented or are being progressed 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	KASA Consulting, a CEO-approved independent waste expert, undertook an independent audit of waste disposal operations for the transitional reporting period from 13 December 2025 to 30 June 2026. The site inspection was conducted from 15 to 17 July 2026, and the audit addressed the operational matters specified in condition B9-2. The requirements of condition B9-2 were met.
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 independently verified 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 independently verified 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 independently verified 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 independently verified 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 independently verified via the Independent Waste Audit.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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. Compliance is independently verified via the Independent Waste Audit.
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 assessed whether all regulatory requirements had been met and identified the Licence L9240/2020/1 non-compliances that occurred during the reporting period. The audit therefore addressed the matter required by condition B9-2(8).
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 Independent Waste Audit Report covering the period from 13 December 2024 to 12 December 2025 was submitted to the CEO on 30 April 2026 within the extended timeframe approved by DWER. The subsequent independent waste audit, covering the transitional reporting period from 13 December 2025 to 30 June 2026, was conducted from 15 to 17 July 2026. The resulting audit report will be submitted concurrently with this CAR within 12 weeks of the audit date. The requirements of condition B9-3 were met.
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 Independent Waste Audit covering 13 December 2024 to 12 December 2025 did not identify any new matters requiring notification under condition B9-4(1) beyond matters already notified to DWER. The temporary surface-storage exceedances had been proactively reported to DWER. The subsequent audit covering 13 December 2025 to 30 June 2026 identified the Licence L9240/2020/1 non-compliances previously identified and communicated through the May 2026 DWER inspection and subsequent compliance correspondence.
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.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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: - 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. During the 2025–26 financial year, 32,035.29 tonnes of waste was accepted at the gate, below the 100,000-tonne trigger specified in condition C1-1. Notwithstanding this, the four management plans required by conditions B1-3, B2-3, B5-2 and B6-2 had been submitted to DWER. As at 30 June 2026, the Flora and Vegetation Management Plan and Waste Minimisation Plan had been approved, while the Leachate Monitoring and Management Plan and Waste Facility Decommissioning and Closure Plan remained under assessment. Following the reporting period, the Leachate Monitoring and Management Plan was approved on 11 August 2026 and the Waste Facility Decommissioning and Closure Plan was approved on 11 September 2026. All management plans required by condition C1-1 have therefore now been approved.
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 version of each Environmental Management Plan was implemented throughout the reporting period. Where a revised plan was approved during the reporting period, implementation and associated monitoring transitioned from the previously approved version to the revised version from the date of CEO approval. The Waste Minimisation Plan was approved on 4 May 2026, and the revised Flora and Vegetation Management Plan was approved on 8 June 2026. The revised Leachate Monitoring and Management Plan and Waste Facility Decommissioning and Closure Plan remained under assessment as at 30 June 2026.
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 most recent CEO-confirmed version of each Environmental Management Plan continued to be implemented throughout the reporting period, as detailed against condition C2-1(1). Where revised plans were approved during the reporting period, implementation transitioned to the revised version from the date of CEO approval. No written notice was received from the CEO confirming that implementation of any approved plan was no longer required. The requirements of condition C2-1(2) were met.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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 Flora and Vegetation Management Plan was reviewed and revised during the reporting period. Version 6, dated 8 May 2026, was prepared in accordance with the applicable requirements of MS 1234 and submitted to DWER. The revised plan was approved by the CEO on 8 June 2026. No other CEO-confirmed Environmental Management Plan was revised during the reporting period. The requirements of condition C2-2(1) were met.
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	NR	No minor revisions were made to the approved EMPs under condition C2-3 during the reporting period. Revisions to EMPs submitted to DWER during the reporting period were subject to the formal assessment and approval process.
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.	NR	No minor revisions were made to the approved EMPs under condition C2-3 during the reporting period. Revisions to EMPs submitted to DWER during the reporting period were subject to the formal assessment and approval process.
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.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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.	C	The WFDCP was reviewed and revised following the issue of MS 1234, within the required five-year review period. The revised WFDCP was submitted to DWER on 7 November 2025 and remained under assessment as at 30 June 2026. Following the reporting period, Version 5, dated 14 August 2026, was submitted and subsequently approved by the CEO on 11 September 2026. The requirements of condition C2-6 were met.
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	During the reporting period, the Waste Minimisation Plan and revised Flora and Vegetation Management Plan were approved by the CEO on 4 May 2026 and 8 June 2026, respectively. Each approved plan was provided to the CEO in electronic form and published on the Tellus website within 20 business days of approval. The requirements of condition C2-7 were met.
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, including the Monthly Environment Report 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	C	Monitoring programs were maintained throughout the reporting period to detect and substantiate achievement of the applicable environmental outcomes in Part B. During the reporting period, monitoring transitioned from the existing MS1078 management plans to the relevant MS1234 EMPs following approval by DWER
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.					
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. Monitoring programs transitioned from the requirements of the MS1078 EMPs to the relevant MS1234 EMPs as the revised EMPs were approved by DWER.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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, clearing activity, groundwater abstraction, are capable of substantiating compliance with the proposal limitations and extents specified in Part A of MS1234.
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.
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.
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. The FVMP was approved by DWER on 8 June 2026. The LMMP remained under assessment at the end of the reporting period and was subsequently approved by DWER on 11 August 2026.
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 are not achieved, consistent with Condition C4-1(1). The FVMP was approved by DWER on 8 June 2026. The LMMP remained under assessment at the end of the reporting period and was subsequently approved on 11 August 2026.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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 provide early warning that the relevant environmental outcomes may not be achieved, consistent with Condition C4-1(2). The FVMP was approved by DWER on 8 June 2026. The LMMP remained under assessment at the end of the reporting period and was subsequently approved on 11 August 2026.
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 and control/reference locations, methodologies, timing and frequencies for measuring trigger and threshold criteria, including provisions for determining alternate monitoring locations where existing sites become unsuitable. The FVMP was approved by DWER on 8 June 2026. The LMMP remained under assessment at the end of the reporting period and was subsequently approved on 11 August 2026.
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, providing the basis for ongoing monitoring and assessment. The FVMP was approved by DWER on 8 June 2026. The LMMP remained under assessment at the end of the reporting period and was subsequently approved on 11 August 2026.
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 FVMP was approved by DWER on 8 June 2026. The LMMP remained under assessment at the end of the reporting period and was subsequently approved on 11 August 2026.
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 FVMP was approved by DWER on 8 June 2026. The LMMP remained under assessment at the end of the reporting period and was subsequently approved on 11 August 2026.

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 where trigger or threshold criteria are not met. The FVMP was approved by DWER on 8 June 2026. The LMMP remained under assessment at the end of the reporting period and was subsequently approved on 11 August 2026.
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 FVMP was approved by DWER on 8 June 2026. The LMMP remained under assessment at the end of the reporting period and was subsequently approved on 11 August 2026.
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 during the reporting period was provided to DWER on 30 June 2025. Tellus has had regular correspondence with DWER regarding progress with addressing the backlog of wastes exceeding the 12-month storage limit. 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 waste exceeding the 12-month temporary storage limit. These included consultation with DWER, submission of exemption requests where applicable, and prioritisation of the treatment of affected waste streams. The PFAS waste backlog was reduced from approximately 1,000 tonnes at the beginning of the reporting period to 349 tonnes at the end of the reporting period. The remaining backlog was eliminated after the reporting period by September 2026.
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.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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.
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	DWER had previously been notified of the ongoing exceedance of the 12-month temporary storage limit in accordance with Condition D1-1. Further written updates were provided during the reporting period identifying the affected waste streams and outlining the measures being implemented to manage and rectify the exceedance.
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 second MS1234 CAR will be due on 23 September 2026. This CAR covers the transitional reporting period of 13 December 2025 to 30 June 2026.
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 second MS1234 CAR will be due on 23 September 2026. This CAR covers the transitional reporting period of 13 December 2025 to 30 June 2026.
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 Executive General Manager of Operations, Pascoe Murison. The CEO has previously delegated authority to Pascoe Murison to endorse DWER documents on behalf of Tellus.
1234:M D2.4	Compliance Reporting	Each annual Compliance Assessment Report must:	See below.					

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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.
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

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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
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 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.

Audit Code	Subject	Requirement	How	Evidence	Phase	Timeframe	Status	Further Information
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.
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.



SANDY RIDGE – BIENNIAL GROUNDWATER MONITORING EVENT 11: SUMMARY REPORT

Prepared for Tellus Holdings Ltd



Document Control

Title:	Sandy Ridge – Biannual Groundwater Monitoring Event 11: Summary Report
Status	Final
Prepared for	Tellus Holdings Ltd
Prepared by	Tellus Holdings Ltd
Date	May, 2026
Author	Nathan Jardine

Executive summary

In accordance with Ministerial Statement 1234 (MS1234) Condition B1-2 and EPBC Approval 2015/7478 Condition A-2, sampling for the eleventh bi-annual Groundwater Monitoring Event (GME11) was completed in April 2026.

Key Findings

- 73 analytes, selected based on wastes received at the Sandy Ridge Facility, were assessed across five groundwater monitoring bores located within 1 km of Cell 1 that contained sufficient water for sampling.
- 59 analytes were below laboratory detection limits at all monitored bores.
- The only trigger exceedance was for Sum of PFAS (WA DWER list), which was marginally above the trigger at SRMB167 and SMRB151.
- No threshold exceedances were recorded.
- Standing water levels (SWL) across the monitoring network remain stable.

Investigation and Risk Assessment

- Minor PFAS trigger exceedances at SRMB151 and SRMB167 are attributed to historical sampling-related contamination, rather than site activities. Overall PFAS concentrations have continued to decline.
- No complete source-pathway-receptor linkages were identified, and hydrogeological assessment indicates no risk of groundwater contamination arising from waste disposal operations.

Overall, the results of GME11 confirm that groundwater conditions at the Sandy Ridge Facility remain stable, with no significant risk of contamination associated with site activities.

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1 Abbreviations

BTOC	Below top of casing
CAR	Compliance Assessment Report
DCCEEW	Department of Climate Change, Energy, the Environment and Water
DGMMP	Deep Groundwater Monitoring Management Plan
DWER	Department of Water and Environmental Regulation
GME	Groundwater Monitoring Event
GSP	Groundwater Sampling Procedure
LMMP	Leachate Monitoring Management Plan
LOR	Limit of Reporting
MS1234	Ministerial Statement MS 1234
NATA	National Association of Testing Authorities
RPD	Relative percentage differences
PFAS	Perfluoroalkyl and Polyfluoroalkyl Substances
PFHxS	Perfluorohexanesulfonic acid
PFOA	Perfluorooctanoic acid
PFOS	Perfluorooctanesulfonic acid
SRMB	Sandy Ridge Monitoring Bore
SWL	Surface Water Level

2 Relevant Management Plans

Document No.	Management Plan
SR-11-MPL-007	Leachate Monitoring and Management Plan
SR-11-MPL-003	Deep Groundwater Monitoring and Management Plan
SR.08.507.01	Groundwater Sampling Procedure

3 Introduction

Groundwater monitoring at Sandy Ridge is a requirement of Condition B1-2 in Ministerial Statement 1234 (MS 1234). The environmental objective of this condition is to "avoid where practicable, or otherwise minimise, contamination of soil quality and soil pore water." Monitoring is conducted in accordance with the Leachate Monitoring and Management Plan (LMMP), which is required under Condition B1-3 of MS 1234.

Additionally, the Environment Protection and Biodiversity Conservation Act 1999 (EPBC) 2015/7478, Condition A-2, mandates deep groundwater monitoring to facilitate the early detection of leachate and prevent environmental impacts on deep groundwater. These requirements are detailed in the Deep Groundwater Monitoring and Management Plan (DGMMP).

This report presents the monitoring results in compliance with both regulatory obligations.

3.1 Project Overview

The proposal is currently approved under Ministerial Statement 1234 (MS 1234), which allows for waste acceptance of up to 280,000 tonnes per annum.

Condition B1-3 of MS 1234 required revision of the LMMP. A revised LMMP was prepared to align with MS 1234 requirements and was submitted to the DWER in November 2025. At the time of reporting, the revised LMMP remains under assessment.

An updated DGMMP will be submitted to the DCCEEW following approval of the revised LMMP.

3.2 Purpose

EPBC 2015/7478 Condition A-2(2) requires terrestrial environmental quality monitoring to be conducted at a minimum frequency of six months. This report presents the results from the eleventh biannual groundwater monitoring event (GME11), conducted in April 2026.

GME11 was implemented in accordance with the following management plans:

- Leachate Monitoring and Management Plan (LMMP, 2025) – SR-11-MPL-007 - The LMMP provides guidance and direction on soil and groundwater monitoring at the facility throughout all project phases.
- Deep Groundwater Monitoring and Management Plan (DGMMP, 2022) – SR-11-MPL-003 - The DGMMP outlines Tellus' commitment to monitoring and managing potential groundwater impacts within the weathered granite (kaolin clay) and granite hard rock aquifers.

4 Sampling and Analysis Plan

4.1 Sample Methodology

Groundwater samples were collected from monitoring bores that met the following criteria:

- Contained sufficient water for sampling (>1m water column).
- Located within 1 km of Cell 1.

Bores meeting these criteria were kaolin bores—SRMB151, SRMB154, SRMB155, and SRMB165 and the deep granite bore SRMB167 (Figure 4-1).

Groundwater sampling and monitoring were conducted in accordance with the Groundwater Sampling Procedure, following these steps:

- Samples were collected using the disposable bailer method.
- Samples were transported in laboratory-supplied bottles within chilled eskies, following NATA-accredited laboratory (ARL/Eurofins) guidelines.
- Standing water levels (SWL) were measured at all bores using a Heron Dipper-T2 water level meter.
- Physicochemical parameters were screened in the field using a YSI multimeter during pre-sampling purging.

4.2 Analytes Sampled

Groundwater samples were collected and sent to Eurofins for analysis of analytes listed in the Groundwater Analysis Plan within the updated LMMP. Key analyte suites included:

- Major cations and anions;
- Metals;
- Total recoverable hydrocarbon (TRH);
- Benzene, toluene, ethylbenzene, xylenes and naphthalene (BTEXN);
- Polycyclic aromatic hydrocarbon (PAH) compounds;
- Per- and polyfluoroalkyl substances (PFAS);
- Organochlorine (OC) and organophosphorus (OP) pesticides;
- Insecticides, Herbicides, Fungicides;
- Radionuclides; and
- Other (e.g., nutrients and cyanide).

The full analytical suited is shown in Appendix D.



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4.3 Assessment Criteria

Site specific baseline triggers and thresholds are contained in the LMMP submitted to DWER in November 2025 and are currently under assessment. Responses to exceedances of triggers and thresholds are shown in Table 4-1.

Table 4-1 Trigger and Threshold Criteria Response		
Parameter	Exceedance of Trigger	Exceedance of Threshold
Groundwater depth	Groundwater depth exceeds 0.5 m from the previous biannual measurement: • An internal investigation on possible cause is to be completed (presented in the report) • Report to DWER in annual CAR	Groundwater depth exceeds 1.0 m from the previous biannual measurement: • Immediate risk (if known) to be mitigated as far as reasonably practicable. • Event deemed a non-conformance. • Report to DWER & DCCEEW • Further investigation and/or mitigation (approved by DWER) is required.
Groundwater quality – chemical/radiation	Exceedance of trigger: • An internal investigation on possible cause is to be completed (presented in this report) • Report summary to DWER in annual CAR	Exceedance of threshold results in: • Resampling and retesting of the bore. • If the threshold is still exceeded: ○ Immediate risk (if known) to be mitigated as far as reasonably practicable. ○ Event deemed a non-conformance. ○ Report to DWER & DCCEEW ○ Further investigation and/or mitigation (approved by DWER) is required.

5 Quality Assurance / Quality Control - Data Evaluation

The results of the QA/QC analyses are summarised below. Laboratory reports which include field and laboratory QA/QC results are contained in Appendix D.

An evaluation of the QA/QC data indicates data quality is sufficient for interpretation in this assessment.

5.1 Field QA/QC

Groundwater gauging, field screening and sampling was conducted in accordance with the methodology outlined in the Groundwater Sampling Procedure including:

- Sample collection and preservation in accordance with laboratory guidelines, using methods to prevent cross-contamination.
- Samples (in eskies chilled with ice-bricks) were delivered to the NATA laboratory within required sample holding times, accompanied by chain of custody (CoC) form (Appendix C).
- The frequency of duplicate, triplicate, rinsate blank analysed is in line with the LMMP/DGMMP and aligns with industry standards
 - 1:20 QA/QC duplicates and triplicates for primary metals samples (1:10 for PFAS samples). There was no duplicate or triplicate sampling scheduled for GME11.
 - One rinsate blank per day
- Selection and frequency of QA/QC samples were sufficient for a single groundwater monitoring event with five primary samples collected.
- The rinsate blank was obtained by pouring deionised water through the disposable bailer sampling equipment.
- **Rinsate Blank Results:**
All groundwater sampling was completed on 09/04/26; therefore, a single rinsate blank (deionised water passed through sampling equipment) was collected and analysed.
All metals and PFAS analytes were below the LOR, indicating no evidence of cross-contamination from sampling equipment.

5.2 Laboratory QA/QC

- No significant anomalies were identified from laboratory matrix and surrogate spikes (Appendix D).
- Laboratory matrix spikes, blanks and duplicates reported recoveries within the acceptable limit/range (Appendix D).

5.3 Deviations / Limitations

- None identified for this GME.

5.4 Improvements

- Addition of a pulley attachment to the rod and reel (Figure 5.1) to reduce friction and manual handling effort during pre-purging and sampling. The addition of a stabilising base was introduced in an earlier GME to improve ergonomics.



Figure 5-1: Groundwater sampling equipment. Recent improvements include stabilising base, and a pulley to reduce friction while lifting water samples.

6 Results

6.1 Standing Water Level

Standing water levels (SWL) were measured from the top of casing to the groundwater level at the 18 monitoring bores. Complete results are presented in Appendix A. In summary:

- Eight of the 18 bores were dry.
- Measured SWL ranged from 29.43 m btoc at SRMB163 to 42.10 m btoc at SRMB162 (Figure 6.1).
- The deep granite bore (SRMB167) recorded an SWL of 39.82 m btoc.
- The maximum change in SWL since the previous monitoring event (GME9) was 0.1 m, recorded at SRMB164.
- There were no exceedances of the groundwater level trigger (0.5 m) or threshold (1.0 m) criteria.
- Standing water levels across the monitoring network remain stable, with only minor fluctuations observed between monitoring events (Figure 6.1).

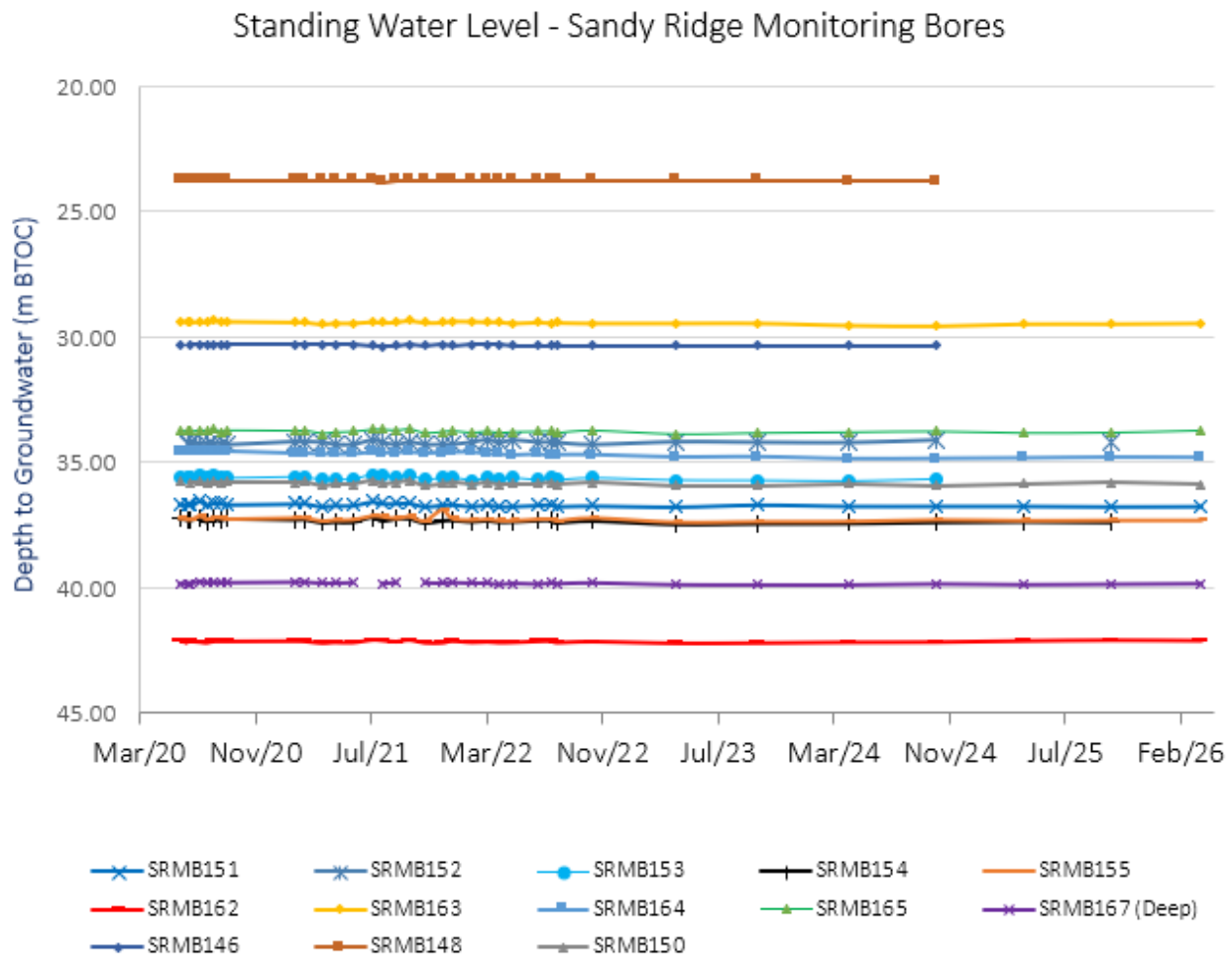


Figure 6.1 – SWL of monitoring bores at the Sandy Ridge Facility.

Note: Monitoring bores SRMB146, SRMB148, SRMB149 (dry) and SRMB153 were decommissioned in December 2024 as they were located in the clearing footprint for Cell 2 and its associated stockpiles. Four additional monitoring bores will be installed around Cell 2 in 2026.

6.2 Analytical results

6.2.1 Analytical Results Overview

Table 6.1 summarises analyte detections from GME11 groundwater monitoring, categorised into naturally occurring and anthropogenic (artificial) sources.

- Naturally occurring metals, nutrients and radionuclides were commonly detected but did not exceed trigger levels.
- Two trigger exceedances were reported, both for Sum of PFAS (WA DWER list) at SRMB151 and SRMB167.
- No detections were reported for cyanide, OP pesticides, total recoverable hydrocarbons (TRH), insecticides, herbicides or fungicides.
- No results exceeded trigger criteria requiring further analysis for Suite 2 analytes, as defined in the Groundwater Analysis Plan within the Sep 2025 version of the LMMP.

Source type	Analyte	Number of Tests	Detections	Trigger Exceedances	Threshold Exceedances
Naturally Occurring	Metals	85	30	0	0
	Nutrients	15	6	0	0
	Radionuclides	10	10	0	0
	Cyanide	5	0	0	0
Artificial	PFAS ¹	15	8	2	0
	OC/OP Pesticides	135	0	0	0
	TRH	30	0	0	0
	Insecticides, Herbicides, Fungicides	25	0	0	0

1: A total of 240 individual PFAS analyses (48 per bore) were undertaken. PFAS results presented in this table reflect PFAS summations only. Complete PFAS analytical results for individual PFAS compounds are provided in Appendix D.

6.2.2 Trigger Exceedances

Sum of PFAS (WA DWER list).

The Sum of PFAS (WA DWER list) was the only analyte to exceed trigger levels in GME11. There were slight exceedances of the 0.15 µg/L trigger at SRMB151 (0.158 µg/L) and SRMB167 (0.194 µg/L). Despite exceeding the trigger, results indicate a continued overall declining trend (Figure 6.1).

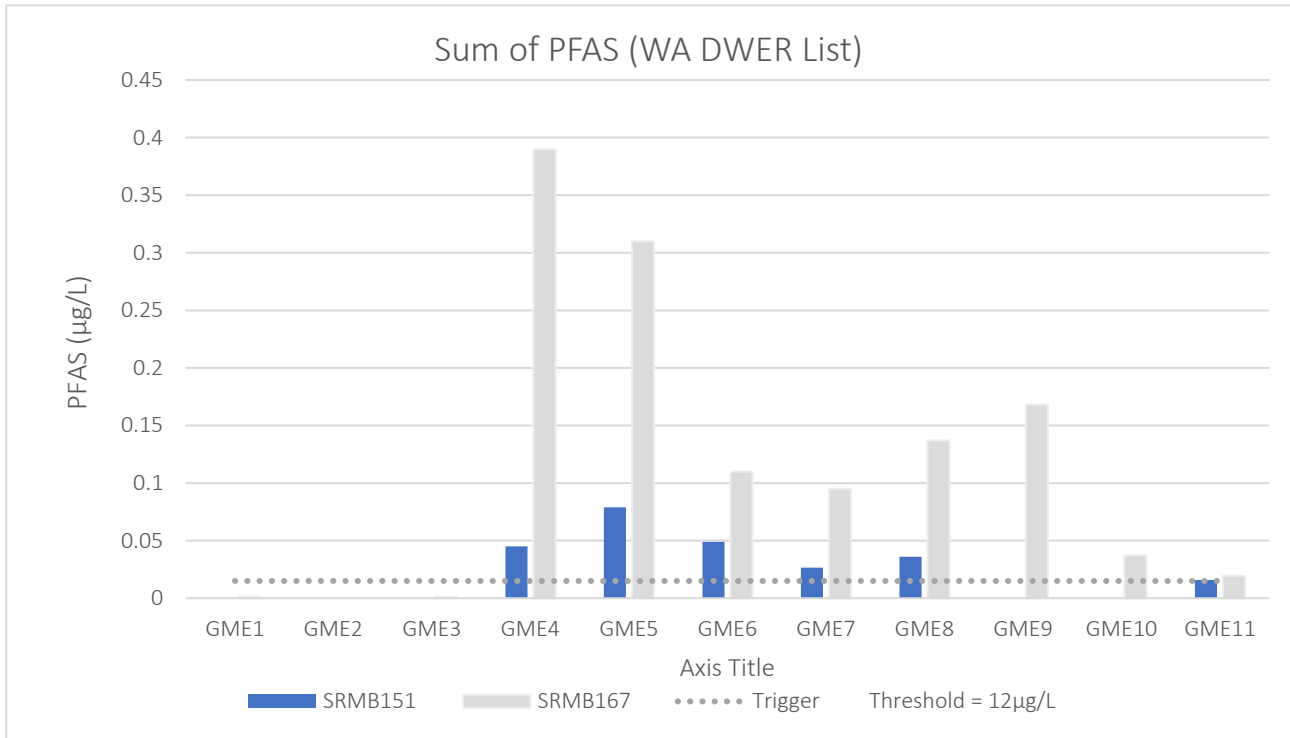


Figure 6.2 – Sum of PFAS (WA DWER list) concentration at SRMB167

7 Discussion

7.1 Overview

Groundwater monitoring results from GME11 identified two trigger exceedances, both relating to Sum of PFAS (WA DWER list). One occurred at SRMB151, the other at SRMB167. No trigger exceedances were recorded for naturally occurring metals, nutrients, radionuclides, or non-PFAS anthropogenic analytes, and no threshold exceedances were recorded.

In accordance with the LMMP trigger action framework, an investigation was undertaken to assess the nature, extent, and likely cause of the PFAS trigger exceedance at SRMB151 and SRMB167, and to determine whether additional management actions were required.

7.2 PFAS Exceedance

Consistent with previous monitoring campaigns, PFAS compounds were the only non-naturally occurring analyte group to exceed trigger levels. Exceedances during GME11 were marginal at both locations. No duplicate or triplicate analyses were scheduled for GME11.

7.2.1 Investigation of PFAS Trigger Exceedances

Trigger exceedances at SRMB151 and SRMB167 were investigated in accordance with the LMMP trigger action framework. The investigation considered historical monitoring practices, potential sampling influences, analytical variability, and site-related sources.

Findings are summarised below.

- **Historical bore interaction and sampling practices**
Elevated PFAS concentrations observed during earlier monitoring events coincide with periods of frequent bore interaction, including monthly dipping and quarterly level-logger data retrieval. These activities have since been discontinued, reducing opportunities for inadvertent PFAS introduction from common consumer sources (e.g. sunscreen, personal care products, vehicle interiors).
- **Sampling considerations**
Previous GME reports identified potential limitations in historical decontamination practices during groundwater sampling. Sampling protocols have since been refined, including stricter decontamination controls, which is considered likely to have contributed to the subsequent decline in PFAS concentrations.
- **Additional Purging**
A recommendation from the previous report was to purge a larger volume from SRMB167 prior to sampling to remove remaining traces of PFAS. 20L of water was pre-purged prior to sampling. It is recommended that pre-purging of at least 20L is continued in future groundwater monitoring events until PFAS levels are reduced below trigger levels.
- **Waste-derived contamination**
Waste-derived PFAS contamination is considered very unlikely. No complete source-pathway-receptor linkage exists between Cell 1 and either exceedance location; SRMB167 is situated approximately 0.75 km north of Cell 1, and SRMB151 approximately 0.97 km to the northwest. This assessment is supported by the absence of groundwater in the four monitoring bores immediately surrounding Cell 1 (SRMB168-SRMB171), and the absence of PFAS exceedances in kaolin monitoring bores located closer to the Cell, including SRMB154 and SRMB165.

On the basis of this investigation, PFAS trigger exceedances are considered isolated and declining, with no evidence of a site-derived groundwater impact. No additional trigger actions beyond continued routine monitoring are required at this time.

7.3 Conceptual Site Model (CSM) Review

The CSM (previously outlined in Reports for GME1 to GME7) confirms no source-pathway-receptor linkage and thus no significant environmental risk exists of groundwater contamination from site activities. This conclusion is based on the following:

- No liquid waste is disposed at Cell 1. All liquid waste streams are solidified prior to disposal, eliminating a mobile leachate source.
- Groundwater is absent in the vicinity of Cell 1, as confirmed by adjacent monitoring bores SRMB168-SRMB171.
- Hydrogeological modelling (CyMod, 2022) predicts that any hypothetical leachate migration from the Cell to monitoring bores hundreds of metres away would take hundreds of thousands of years, making it highly improbable that minor PFAS trigger exceedances are waste related.

8 Conclusion

Groundwater monitoring at Sandy Ridge was conducted in accordance with MS 1234 Condition B1-2 and EPBC 2015/7478 Condition A-2, with GME11 sampling completed in April 2026.

The monitoring program confirms that:

- No threshold exceedances were recorded, and overall PFAS levels continued to decrease compared to the previous GMEs.
- Standing water levels (SWL) continued to remain well within the assessment criteria (≤ 0.5 m variation).
- Field and laboratory methodologies were followed as per the Groundwater Monitoring Procedure, LMMP and DGMMP.
- QA/QC evaluation confirmed that data quality is sufficient for interpretation

PFAS trigger exceedances at SRMB167 are considered most likely attributable to historical sampling-related contamination, rather than site activities. Improved PFAS contamination controls appear generally effective, with PFAS concentrations declining significantly in recent monitoring events.

Hydrogeological modelling (CyMod, 2022) indicates that, even under hypothetical conditions where leachate were generated at Cell 1, it would take thousands of years to be detectable at monitoring bores hundreds of metres away. Bore dipping results surrounding Cell 1 indicate no presence of groundwater or leachate.

Overall, the findings from GME11 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.

9 References

CyMod Systems, 2022. Hydrogeological Update for the Sandy Ridge Project, unpublished report for Tellus Holdings Ltd.

Appendix A: Monitoring Bore SWL

TELLUS Sandy Ridge Monitoring Bores - SWL

Bore ID	GME1	GME2	GME3	GME4	GME5	GME6	GME7	GME8	GME9	GME10	GME11
	Apr/2021	Sep/2021	Apr/2022	Oct/2022	Apr/2023	Oct/2023	Apr/2024	Oct/2024	Apr/2025	Oct/2025	Apr/2026
SRMB146	30.30	30.32	30.31	30.32	30.33	30.33	30.33	30.33	Decomissioned		
SRMB147	Dry (20.35)	Dry (20.45)	Dry (20.43)	Dry (20.43)	Dry (20.43)	Dry (20.43)	Dry (20.43)	Dry (20.42)	Dry (20.42)	Dry (20.42)	Dry (20.42)
SRMB148	23.74	23.75	23.74	23.76	23.76	23.76	23.77	23.77	Decomissioned		
SRMB149	Dry (22.89)	Dry (22.91)	Dry (22.89)	Dry (22.89)	Dry (22.89)	Dry (22.89)	Dry (22.89)	Dry (22.89)	Decomissioned		
SRMB150	35.91	35.78	35.87	35.81	35.93	35.91	35.85	35.91	35.85	35.80	35.88
SRMB151	36.73	36.61	36.72	36.70	36.74	36.66	36.71	36.71	36.71	36.73	36.72
SRMB152	34.20	34.30	34.21	Dry (34.30)	34.18	34.20	34.21	34.10	Dry (34.30)	34.18	34.12
SRMB153	35.69	35.57	35.67	35.62	35.70	35.71	35.73	35.66	Decomissioned		
SRMB154	37.37	37.24	37.35	37.31	37.43	37.41	37.40	37.36	37.36	37.36	37.32
SRMB155	37.33	37.24	37.32	37.22	37.38	37.36	37.35	37.29	37.29	37.31	37.31
SRMB156	Dry (26.12)	Dry (26.12)	Dry (26.12)	Dry (26.12)	Dry (26.12)	Dry (26.12)	Dry (26.12)	Dry (26.12)	Dry (26.12)	Dry (26.12)	Dry (26.12)
SRMB157	Dry (30.44)	Dry (30.44)	Dry (30.44)	Dry (30.44)	Dry (30.44)	Dry (30.44)	Dry (30.44)	Dry (30.44)	Dry (30.44)	Dry (30.44)	Dry (30.44)
SRMB158	Dry (28.92)	Dry (28.92)	Dry (28.92)	Dry (28.92)	Dry (28.92)	Dry (28.92)	Dry (28.92)	Dry (28.92)	Dry (28.92)	Dry (28.92)	Dry (28.92)
SRMB162	42.20	42.14	42.18	42.14	42.21	42.20	42.17	42.16	42.16	42.08	42.10
SRMB163	29.47	29.39	29.38	29.43	29.43	29.43	29.52	29.55	29.46	29.46	29.43
SRMB164	34.68	34.63	34.69	34.71	34.80	34.79	34.87	34.86	34.84	34.81	34.82
SRMB165	33.84	33.70	33.82	33.71	33.88	33.83	33.79	33.75	33.83	33.81	33.71
SRMB167	39.80	39.78	39.85	39.79	39.86	39.87	39.87	39.83	39.83	39.84	39.82
SRMB168	Dry (29.14)	Dry (29.14)	Dry (29.14)	Dry (29.14)	Dry (29.14)	Dry (29.14)	Dry (29.14)	Dry (29.14)	Dry (29.14)	Dry (29.14)	Dry (29.14)
SRMB169	Dry (35.46)	Dry (35.46)	Dry (35.46)	Dry (35.46)	Dry (35.46)	Dry (35.46)	Dry (35.46)	Dry (35.46)	Dry (35.46)	Dry (35.46)	Dry (35.46)
SRMB170	Dry (33.16)	Dry (33.16)	Dry (33.16)	Dry (33.16)	Dry (33.16)	Dry (33.16)	Dry (33.16)	Dry (33.16)	Dry (33.16)	Dry (33.16)	Dry (33.16)
SRMB171	Dry (35.22)	Dry (35.22)	Dry (35.22)	Dry (35.22)	Dry (35.22)	Dry (35.22)	Dry (35.22)	Dry (35.22)	Dry (35.22)	Dry (35.22)	Dry (35.22)

SRMB146, SRMB148, SRMB149 and SRMB153 were decommissioned in Dec 2024 during clearing for Cell 2 construction. Of the decommissioned bores, only SRMB153 contained sufficient water to sample. SRMB149 was dry, and SRMB146 and SRMB148 contained less than 1m of water column.

Appendix B: Field log sheets

FORM

Groudwater Purging & Sampling Record

Client:	Tellus		GMW ID:	SRMB151	
Project:	GME11		Date:	08/04/2026	
Sampler Name:	NJ		Sampler Job Title:	Enviro. Manager	
Time On-site:	9:30		Time Off-site:	10:30	
Method:	☒ Disposable Bailer ☐ Low Flow		Other/Notes:		
SWL Before (m btoc):	36.72	BoC (m btoc):		Water Column BEFORE (m):	
				SWL AFTER (m btoc):	36.86
Casing Diameter:	37 mm	50 mm	Other:		

Time / Vol (L)	Temp (°C)	DO (mg/L)	SPC (uS/cm)	EC (mS/cm)	TDS (mg/L)	Salinity (ppt)	pH	Observations
956	21.2	28.9	14108				6.50	
1002	21.2	6.12	14075				6.96	
1006	21.3	4.50	14126				6.95	

No. Primary Sample Containers:		QA/QC Samples Collected:	Rinsate blank (metals and PFAS)
Other Notes (i.e. sample rational/variation, etc.):			
GME10 SWL: 36.73m Gecko lives in this bore			
Samplers Signature:		Date:	8/4/26

FORM
Groundwater Purging & Sampling Record

Client:	Tellus		GMW ID:	SRMB154	
Project:	GME11		Date:	08/04/2026	
Sampler Name:	NJ		Sampler Job Title:	Enviro. Manager	
Time On-site:	2:15pm		Time Off-site:	3:45pm	
Method:	☒ Disposable Bailer		☐ Low Flow		Other/Notes:
SWL Before (m btoc):	37.32	BoC (m btoc):		Water Column BEFORE (m):	
				SWL AFTER (m btoc):	37.46
Casing Diameter:	37 mm	50 mm	Other:		

Time / Vol (L)	Temp (°C)	DO (mg/L)	SPC (uS/cm)	EC (mS/cm)	TDS (mg/L)	Salinity (ppt)	pH	Observations
1445	23.4	4.95	8064				6.40	
1450	22.9	4.81	7741				6.22	
1454	22.7	5.26	7748				6.26	

No. Primary Sample Containers:		QA/QC Samples Collected:	
Other Notes (i.e. sample rational/variation, etc.):			
GME10 SWL: 37.36m			
Samplers Signature:			Date: 8/4/26

FORM
Groundwater Purging & Sampling Record

Client:	Tellus		GMW ID:	SRMB155	
Project:	GME11		Date:	08/04/2026	
Sampler Name:	NJ		Sampler Job Title:	Enviro. Manager	
Time On-site:	1040		Time Off-site:	1150	
Method:	☒ Disposable Bailer ☐ Low Flow		Other/Notes:		
SWL Before (m btoc):	37.31	BoC (m btoc):		Water Column BEFORE (m):	
				SWL AFTER (m btoc):	37.32
Casing Diameter:	37 mm	50 mm	Other:		

Time / Vol (L)	Temp (°C)	DO (mg/L)	SPC (uS/cm)	EC (mS/cm)	TDS (mg/L)	Salinity (ppt)	pH	Observations
1056	22.3	5.45	14674				6.50	
1100	22.7	5.23	14749				6.33	
1102	23.0	4.99	14802				6.20	

No. Primary Sample Containers:		QA/QC Samples Collected:	
Other Notes (i.e. sample rational/variation, etc.):			
GME10 SWL: 37.31m			
Samplers Signature:		Date:	8/4/26

FORM
Groudwater Purging & Sampling Record

Client:	Tellus		GMW ID:	SRMB165	
Project:	GME11		Date:	08/04/2026	
Sampler Name:	NJ		Sampler Job Title:	Enviro. Manager	
Time On-site:	1245		Time Off-site:	2:10 pm	
Method:	☒ Disposable Bailor ☐ Low Flow		Other/Notes:		
SWL Before (m btoc):	33.71	BoC (m btoc):		Water Column BEFORE (m):	
				SWL AFTER (m btoc):	33.95
Casing Diameter:	37 mm	50 mm	Other:		

Time / Vol (L)	Temp (°C)	DO (mg/L)	SPC (uS/cm)	EC (mS/cm)	TDS (mg/L)	Salinity (ppt)	pH	Observations
1318	23.7	6.95	15821				6.55	
1322	23.1	5.94	16058				6.36	
1326	22.7	5.73	16322				6.29	

No. Primary Sample Containers:		QA/QC Samples Collected:	
Other Notes (i.e. sample rational/variation, etc.):			
GME10 SWL: 33.81m			
Samplers Signature:		Date:	8/4/26



TELLUS

FORM

Groudwater Purging & Sampling Record

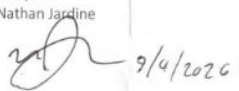
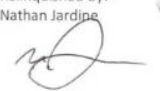
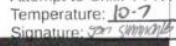


TELLUS

Client:	Tellus	GMW ID:	SRMB167					
Project:	GME11	Date:	08/04/2026					
Sampler Name:	NJ	Sampler Job Title:	Enviro. Manager					
Time On-site:	3:47pm	Time Off-site:	5:15pm					
Method:	☒ Disposable Bailer	☐ Low Flow	Other/Notes:					
SWL Before (m btoc):	39.82	BoC (m btoc):		Water Column BEFORE (m):		SWL AFTER (m btoc):	39.85	
Casing Diameter:	37 mm	50 mm	Other:					
Time / Vol (L)	Temp (°C)	DO (mg/L)	SPC (uS/cm)	EC (mS/cm)	TDS (mg/L)	Salinity (ppt)	pH	Observations
1614	23.6	5.26	7947				7.05	
1617	22.6	5.16	7681				7.10	
No. Primary Sample Containers:					QA/QC Samples Collected:			
Other Notes (i.e. sample rational/variation, etc.):								
GME10 SWL: 39.84m 20L of water purged prior to sampling.								
Samplers Signature:				Date:	8/4/26			

Appendix C: Chain of Custody

FORM
Chain Of Custody - Monitoring


Client		Tellus Holdings		Turnaround Requirements		Standard		Page: 1 of 1	
Site		Sandy Ridge		Lab Quote No.		180322			
Project Name		Groundwater Monitoring Event 11 (GME11)		Purchase Order No.		PO5164			
Responsible Manager Name & Email		Nathan Jardine		Sampler: Nathan Jardine		Relinquished by: Nathan Jardine		Received by (name/date/sign)	
Sample Receipt Email		Nathan.jardine@tellus.com.au		 9/4/2020				 Date/Time: 10/5/2020 Courier / Drop Off Attempt to Chill: Y / N / NA Temperature: 10-7 Signature: 	
Analysis Results Email		Nathan.jardine@tellus.com.au							
Invoice Email		accounts@tellus.com.au							

Lab Id	Tellus Sample Id	Date Sample Collected	Matrix	Type & Preserve	Total Containers	Analysis Required		Comments / Additional Information
						GME11 suite	PFAS Suite + Metals Suite only	
	SRMB151	08/04/26	water		11	X		- GME11 suite same previous recent GMEs (eg Report number 983497), except for updated rad suite - No samples have been filtered. - Radionuclides to be analysed by SGS Melbourne rather than France - Rad – only gross alpha and gross beta required
	SRMB154	08/04/26	water		11	X		
	SRMB155	08/04/26	water		11	X		
	SRMB165	08/04/26	water		11	X		
	SRMB167	08/04/26	water		11	X		
	RB1	08/04/26	Water		4		X	

#1345135

GME11 suite (same as GME7, GME8, GME9 etc except for radionuclide suite)

- Metals suite: Al, As, Ba, Cd, Cr III + IV, Co, Pb, Mn, Ni, Se, Ag, Zn (please use this metals suite for QA/QC samples also but exclude Chromium if necessary)
- Hydrocarbons: C6-C10, C10-C16, C16-C34, C34-C40
- PFAS suite: PFOA, Sum of PFAS (WA DER list), Sum of PFHxS & PFOS (please use this PFAS suite for QA/QC samples also)
- Nutrients: Nitrate, Nitrite, Ammonia
- Cyanide
- OC/OP Suite
- Radionuclides: Gross alpha, gross beta only

Version No:

Document No.: TEL-09-FRM-005

Version Date: 21/03/2021



Appendix D: Laboratory Reports

[Appendix D - Eurofins Report](#)

[Appendix D - SGS Report \(Radionuclides\)](#)



SANDY RIDGE SOIL MONITORING REPORT 2026



Document Control

Title:	Sandy Ridge Soil Monitoring Report 2026
Status	Final
Prepared for	Tellus Holdings Ltd
Prepared by	Tellus Holdings Ltd
Date	February, 2026
Author	Nathan Jardine

Executive summary

Soil sampling was undertaken on 07 January 2026 at the Sandy Ridge Facility to assess metals, PFAS and radionuclides in surface soils in accordance with the Soil Monitoring Procedure.

Soil quality remained similar to pre-operational baseline conditions. Maximum detected concentrations of several metals and PFAS in 2026 were marginally higher than those recorded during previous monitoring events; but all results remained well below trigger levels.

Gross alpha and gross beta activity measured at the Radiation Yard was comparable to previous results and to control locations, and did not exceed investigation trigger levels, indicating no measurable radiological impact to soils.

Overall, the results confirm that existing operational controls remain effective, and no further investigation or management response is required.

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Relevant Management Plans and Procedures

Document No.	Management Plan / Procedure
SR-11-MPL-007	Leachate Monitoring and Management Plan
SR-11-PRO-008	Soil Monitoring Procedure

1 Introduction

Tellus Holdings Ltd operates Australia's first near-surface geological waste repository, providing businesses and communities with a secure facility for the disposal of hazardous wastes. The Sandy Ridge Facility has been operational since July 2020 and is licensed to receive up to 280,000 tonnes per annum of approved Class IV and Class V wastes.

A baseline soil sampling campaign was conducted between April 2019 and January 2020 by specialist soil consultants (Landloch 2020), with soil sampled from 258 locations across the Sandy Ridge development envelope and along the Mt Walton Access Road. Samples were analysed for heavy metals, asbestos, polychlorinated biphenyls (PCBs), per- and polyfluoroalkyl substances (PFAS), and radionuclides. Baseline concentrations of all analytes were considered low.

Tellus is required to undertake targeted soil quality monitoring every three years in accordance with the Leachate Monitoring and Management Plan (LMMP).

The current soil monitoring event was undertaken in January 2026, with results compared against baseline conditions, previous monitoring events, and applicable trigger and threshold criteria defined in the Soil Monitoring Procedure and relevant National Environment Protection Measure (NEPM) guidelines, to assess whether site operations have resulted in soil contamination.

2 Methods

2.1 Timing of Sampling

Fieldwork for 2026 Soil Sampling Event was conducted on 07 January 2026 (three years after the previous monitoring event in January 2023, and six years after baseline sampling in January 2020).

2.2 Soil Sampling Methodology

Soil sampling design and location selection were undertaken in accordance with the Sandy Ridge Soil Monitoring Procedure. In summary, twenty locations were sampled during the 2026 monitoring event. The same grid-based soil sampling design used for the 2023 soil monitoring event was applied for the 2026 monitoring event to ensure consistency and comparability of results over time (Figure 2-1).

Soil samples were collected in accordance with the procedures outlined in the Soil Monitoring Procedure. Time-stamped and GPS-tagged photographs were taken at each sampling location (Appendix A). Field log sheets are provided in Appendix B, and Chain of Custody documentation is included in Appendix C.



Figure 2-1: 400m x 500m soil sampling grid over the Sandy Ridge Infrastructure Area. Red dots indicate soil sampling locations. Two additional access road sampling locations (R1 and R2) are shown to the right.

2.3 Analyte Selection

Analytes measured in this study included heavy metals, radionuclides, and PFAS. Asbestos and polychlorinated biphenyls (PCBs) were not included in the 2026 monitoring event due to the absence of a credible risk pathway. PCBs and asbestos were analysed at six locations during the January 2023 soil monitoring event, with no detections reported.

The heavy metals suite was analysed at all 20 sampling locations. Radionuclides and PFAS were analysed at the highest-risk location adjacent to the WIP/Radiation Yard (B3), as well as at selected control locations (A1 and A4).

3 Results

3.1 Maximum metals and PFAS concentrations

The maximum detected soil concentrations of heavy metals and PFAS, relative to applicable trigger levels, are presented in Table 3.1. Maximum concentrations of arsenic, copper, lead, nickel, zinc and PFAS in 2026 were higher than those recorded in previous monitoring events; however, all results remained well below trigger levels, defined as $0.5 \times$ NEPM HIL-D soil investigation levels.

Table 3.1 – Maximum heavy metal and PFAS concentration detected

Analyte	2020	2023	2026	Trigger
Arsenic (mg/kg)	6	8.4	53	1,500
Cadmium (mg/kg)	0.8	0	1.5	450
Chromium (mg/kg)	110	120	82	1,800
Copper (mg/kg)	11	9.6	84	120,000
Lead (mg/kg)	15	37	65	750
Mercury (mg/kg)	0.25	0.04	0.4	365
Nickel (mg/kg)	15	7.1	360	3,000
Zinc (mg/kg)	9	48	280	200,000
PFOA (µg/kg)	0	0.01	15	25,000
Sum of PFHxS & PFOS (µg/kg)	0.0012	0.34	49	10,000

3.2 Radionuclides

Radioactive waste received at Sandy Ridge is temporarily stored in containers in the Radiation Yard (B3) prior to permanent disposal within a waste cell. Gross alpha and gross beta soil activity at the Radiation Yard in 2026 was comparable to results from the 2023 monitoring event and did not exceed the investigation trigger levels defined in the Soil Monitoring Procedure (Figure 3-1).

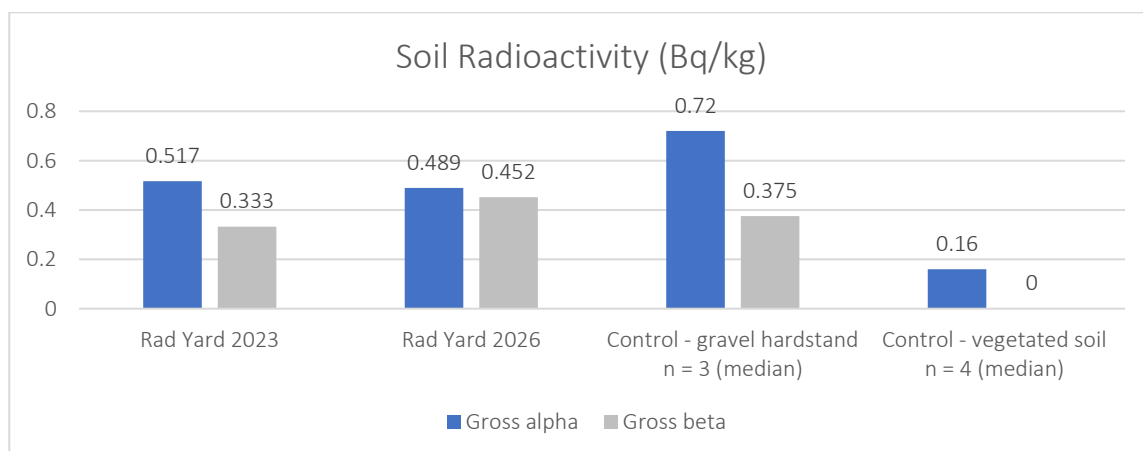


Figure 3-1: Gross alpha and gross beta soil concentration at Sandy Ridge Facility

3.3 Spatial distribution of Metals

Consistent with results from 2023, the four locations with the highest levels of metals detected were the Generator Sets (B2), the Radiation Yard (B3), the HV Go-line (A4), and the Haul Road (A3). Table 3.2 indicates the maximum concentration recorded for each metal at the respective location during the 2026 monitoring event. The highest concentration for each metal is highlighted in blue.

Consistent with results from 2023, the locations with the highest concentrations of metals detected during the 2026 monitoring event were the Generator Sets (B2), the Radiation Yard (B3), the HV Go-line (A4), and the Haul Road (A3). Table 3.2 presents the metal concentrations at each location during the 2026 soil monitoring event. The highest concentration recorded for each metal is highlighted in blue.

Table 3.2 – Locations with the highest concentration of metals

Metal (mg/kg)	Haul Road (A3)	HV Go-line (A4)	Gen Sets (B2)	Rad Yard (B3)
Arsenic	19	40	53	14
Cadmium	0.9	1.2	1.5	0.5
Chromium	82	67	69	61
Copper	25	36	84	23
Lead	65	40	45	28
Mercury	0.06	0.08	0.4	0.38
Nickel	69	120	360	69
Zinc	78	77	160	280

3.4 QA/QC

Metal suite duplicates for sites A4 and C4 showed generally good agreement, with most relative percentage differences (RPD) values below ~20% (Table 3.3). Higher RPDs were primarily associated with low concentration analytes. The RPD for mercury at C4 was not calculable due to it being below the limit of reporting.

Table 3.3 – Metal suite QA/QC Duplicate Results and Relative Percentage Differences

Metal (mg/kg)	A4	Duplicate	RPD%	C4	Duplicate	RPD%
Arsenic	40	44	9.5%	5.2	6.2	17.4%
Cadmium	1.2	1.1	8.7%	0.1	0.1	0.0%
Chromium	67	57	16.1%	64	78	19.7%
Copper	36	36	0.0%	7.7	9.9	25.1%
Lead	40	42	4.9%	16	19	17.1%
Mercury	0.08	0.11	31.6%	0	0.03	nc
Nickel	120	110	8.7%	30	34	12.5%
Zinc	77	73	5.3%	21	23	9.1%

Internal NATA laboratory QA/QC checks, including blanks, duplicates and control samples, met acceptance criteria, indicating the results are reliable and suitable for assessment purposes (Appendix D).

4 Discussion

Results of the 2026 soil monitoring event indicate that there is no evidence of significant soil contamination associated with operations at the Sandy Ridge Facility. Concentrations of metals, PFAS and radionuclides were generally consistent with previous monitoring events and comparable to pre-operational baseline conditions.

All analytes assessed during the 2026 monitoring event were below the applicable trigger and threshold criteria defined in the Soil Monitoring Procedure. For metals and PFAS, this assessment was based on comparison with NEPM HIL-D investigation levels, while radionuclides were assessed relative to cumulative background/control median values in accordance with the Procedure.

4.1 Metals

Heavy metal concentrations were measured at all 20 sampling locations, with most having very low concentrations similar to the baseline. Locations with relatively higher metal concentrations were associated with operational or trafficked areas such as the Generator Sets (B2), Radiation Yard (B3), HV Go-line (A4), and Haul Road (A3). This spatial pattern is consistent with results from the 2023 monitoring event.

The location with the highest level of metals was recorded at the Generator Sets (B2), located to the west of the Main Yard and APCr plant. The low-level metals concentrations detected at this location may reflect minor levels of windblown dust originating from the Main Yard. Elevated zinc levels at the Gen Sets and Rad Yard may be due to the sampling locations' proximity with metal galvanised metal infrastructure.

All metals concentrations detected were very low in comparison to relevant NEMP health investigation levels for industrial sites.

4.2 PFAS

PFAS soil analysis was conducted at the Rad Yard/WIP (B3). This site is considered to be the highest risk of PFAS contamination due to its proximity to the WIP where liquid PFAS is processed. PFAS concentrations measured outside of the WIP were higher in 2026 than those recorded during the 2023 monitoring campaign; however, all results remained well below the defined trigger and threshold criteria based on NEPM HIL-D investigation levels. The maximum PFAS concentration recorded (49 µg/kg) represents less than 1% of the applicable trigger level (10,000 µg/kg).

The absence of trigger exceedances indicates that PFAS management and containment measures at the Sandy Ridge Facility remain effective, and that no further investigation or management response is required at this time.

4.3 Radionuclides

Gross alpha and gross beta activity were measured as general indicators of soil radioactivity, consistent with the 2023 monitoring campaign. As no Australian guideline values exist for gross alpha or gross beta activity in soils, results were assessed against investigation trigger defined as twice the cumulative background/control median in accordance with the Soil Monitoring Procedure.

Gross alpha and gross beta activity at the Radiation Yard (B3) during the 2026 monitoring event was comparable to results from the 2023 monitoring event and did not exceed the defined investigation trigger levels. Soil activity at the Radiation Yard was similar to that measured at control locations where there has been no opportunity for exposure to radioactive waste materials.

Gravel hardstand control locations are considered to provide a more appropriate comparison for the Radiation Yard than vegetated sandy soils, as they are representative of the gravel hardstand materials present adjacent to the Radiation Yard (as shown in Appendix A photographs). Vegetated sandy soils typically exhibit lower natural radioactivity (Figure 3-1). Accordingly, gravel hardstand locations will be preferentially used as control sites for radionuclide assessment in future monitoring events.

4.4 Conclusion

The 2026 soil monitoring event indicates that soil quality at the Sandy Ridge Facility remains consistent with baseline conditions and previous monitoring results, with no evidence of significant contamination associated with site operations.

All metals, PFAS and radionuclide concentrations measured during the 2026 monitoring event were below the applicable trigger and threshold criteria defined in the Soil Monitoring Procedure. Metals and PFAS were assessed against NEPM HIL-D investigation levels, while radionuclides were assessed relative to cumulative background/control median values.

Gross alpha and gross beta activity measured in soils, including at the Radiation Yard, were comparable to previous monitoring results and did not exceed investigation trigger levels, indicating that the handling and temporary storage of radioactive waste has not resulted in measurable soil contamination.

Overall, the results demonstrate that existing operational and environmental management controls at the Sandy Ridge Facility remain effective, and no further investigation or remedial action is required at this time.

6 References

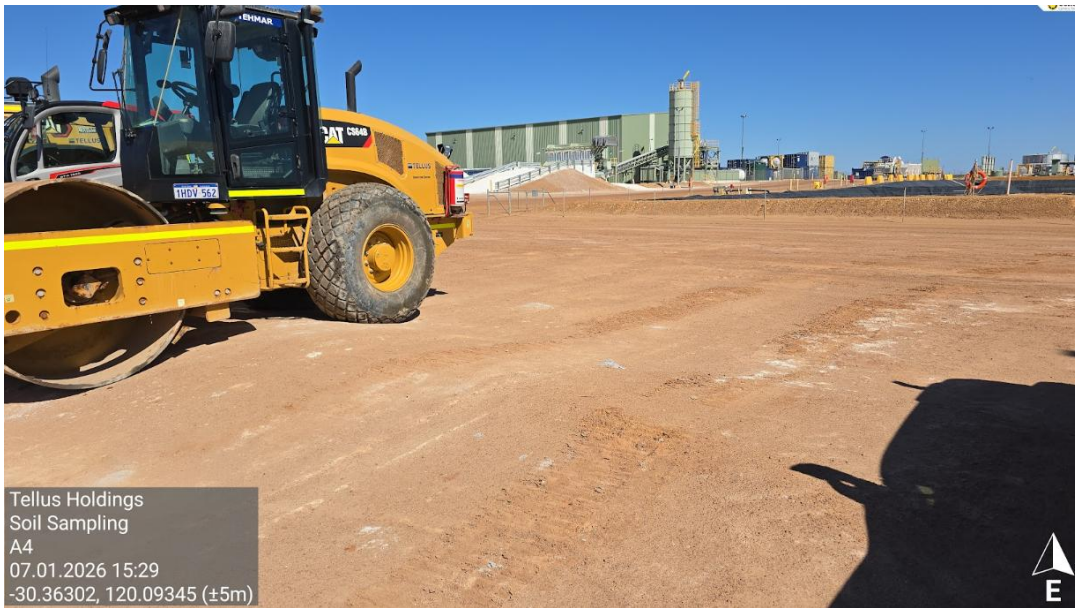
Landloch (2020) Sandy Ridge Project: Baseline Soil Audit for the Facility, Mt Walton Access Road and Sandy Ridge Facility Access Road.

NEMP (2011) National Environmental Management Plan: Assessment of Site Contamination Schedule B7: Health-Based Investigation Levels.

NEMP (2020) PFAS National Environmental Management Plan Version 2.0.

Appendix A: Photographs of Sampling Locations















Appendix B: Field log sheets

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	A1
Date	7/01/2026
Time	1332
Sampled by:	Nathan Jardine
Samples required	Metals, PFAS, Rad
QA/QC samples	none
Sample Container/s	bag, glass jar, plastic jar
Checklist	☒ new gloves ☒ photo ☐ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	A2
Date	7/01/2026
Time	1:43
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☐ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	A3
Date	7/01/2026
Time	1554
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☐ photo ☐ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	A4
Date	7/01/2026
Time	1530
Sampled by:	Nathan Jardine
Samples required	Metals, PFAS, Rad
QA/QC samples	metals DUP 1
Sample Container/s	bag x 2, glass jar, plastic jar
Checklist	☒ new gloves ☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	A5
Date	7/01/2026
Time	1540
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	B1
Date	7/01/2026
Time	1322
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☐ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	B2
Date	7/01/2026
Time	16:07
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	B3
Date	7/01/2026
Time	1603
Sampled by:	Nathan Jardine
Samples required	Metals, PFAS, Rad
QA/QC samples	none
Sample Container/s	bag, glass jar, plastic jar
Checklist	☐ new gloves ☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	B4
Date	7/01/2026
Time	12:15
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	Workshop.

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	B5
Date	7/01/2026
Time	12:50
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	C1
Date	7/01/2026
Time	13:11
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	C4
Date	7/01/2026
Time	12:35
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	Metals DUP 2
Sample Container/s	bag x 2
Checklist	☐ photo ☐ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	C5
Date	7/01/2026
Time	12:43
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	D1
Date	7/01/2026
Time	3:20
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	D2
Date	7/01/2026
Time	14:45
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	D3
Date	7/01/2026
Time	12:22
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	East Yard

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	D4
Date	7/01/2026
Time	1458
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	D5
Date	7/01/2026
Time	1503
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	R1
Date	7/01/2026
Time	1355
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

SOIL SAMPLING FIELD SHEET - JAN 2026	
Sample Location	R2
Date	7/01/2026
Time	14:02
Sampled by:	Nathan Jardine
Samples required	Metals
QA/QC samples	none
Sample Container/s	bag
Checklist	☒ photo ☒ label
Comments	

Appendix C: Chain of Custody

Chain of Custody

CLIENT		TELLUS HOLDINGS		TURNAROUND REQUIREMENTS		Standard		Page: 1 of 1
SITE		Sandy Ridge		LAB QUOTE NO.		WA-25-1204-TEL		
PROJECT NAME		Soil Sampling 2026		PURCHASE ORDER NO.		tba		
RESPONSIBLE MANAGER		nathan.jardine@tellus.com.au		Sampler		Relinquished by		Received by (name/date/sign)
SAMPLE RECEIPT EMAIL				Nathan Jardine 07/01/2026		Nathan Jardine 09/01/2026		
ANALYSIS RESULTS EMAIL								
INVOICE EMAIL		accounts@tellus.com.au						

LAB ID	TELLUS SAMPLE ID	DATE SAMPLE COLLECTED	TOTAL CONTAINERS	ANALYSIS REQUIRED			COMMENTS / ADDITIONAL INFORMATION
				Heavy Metal Suite	PFAS Suite	Rad Suite	
	A1	07-01-26	3	X	X	X	Heavy metals suite: Eurofins Suite M8: As, Cd, Cr, Cu, Hg, Ni, Pb, Zn PFAS Suite: PFAS Full Suite - 30 Compounds Radionuclide Suite: Gross alpha & Gross Beta  Date/Time: <u>9/1/26 1105</u> Courier / Drop Off Attempt to Chill: Y / N / NA Temperature: <u>02.8</u> Signature: <u>[Signature]</u>
	A2	07-01-26	1	X			
	A3	07-01-26	1	X			
	A4	07-01-26	3	X	X	X	
	A5	07-01-26	1	X			
	B1	07-01-26	1	X			
	B2	07-01-26	1	X			
	B3	07-01-26	3	X	X	X	
	B4	07-01-26	1	X			
	B5	07-01-26	1	X			
	C1	07-01-26	1	X			
	C4	07-01-26	1	X			
	C5	07-01-26	1	X			
	D1	07-01-26	1	X			
	D2	07-01-26	1	X			
	D3	07-01-26	1	X			
	D4	07-01-26	1	X			
	D5	07-01-26	1	X			
	R1	07-01-26	1	X			
	R2	07-01-26	1	X			
	DUP1	07-01-26	1	X			
	DUP2	07-01-26	1	X			
	TOTAL		28	22	3	3	

Version No: 1
Document No.: SR-08.501.03

1310467

Version Date: 21/03/2021

Appendix D: Certificate of Analysis



Certificate of Analysis

Tellus Holdings Ltd
Level 06, Allendale Square, 77 St Georges Terrace
Perth
WA 6000



NATA Accredited
Accreditation Number 2377
Site Number 2370 & 2554

Accredited for compliance with ISO/IEC 17025 - Testing
 NATA is a signatory to the ILAC Mutual Recognition
 Arrangement for the mutual recognition of the
 equivalence of testing, medical testing, calibration,
 inspection, proficiency testing scheme providers and
 reference materials producers reports and certificates.

Attention: Nathan Jardine

Report 1310467-S
Project name SOIL SAMPLING 2026
Received Date Jan 09, 2026

Client Sample ID			A1 Soil	A2 Soil	A3 Soil	A4 Soil
Sample Matrix			L26-Ja0009246	L26-Ja0009247	L26-Ja0009248	L26-Ja0009249
Eurofins Sample No.			Jan 07, 2026	Jan 07, 2026	Jan 07, 2026	Jan 07, 2026
Date Sampled						
Test/Reference	LOR	Unit				
Metals M8						
Arsenic	2	mg/kg	< 2	< 2	19	40
Cadmium	0.1	mg/kg	< 0.1	< 0.1	0.9	1.2
Chromium	1	mg/kg	19	18	82	67
Copper	1	mg/kg	1.7	2.0	25	36
Lead	1	mg/kg	2.3	2.3	65	40
Mercury	0.02	mg/kg	< 0.02	< 0.02	0.06	0.08
Nickel	1	mg/kg	3.4	4.1	69	120
Zinc	5	mg/kg	< 5	5.5	78	77
% Moisture	1	%	< 1	< 1	1.4	< 1
Gross Alpha		Bq/g	0.286 ±0.12	-	-	0.720 ±0.196
Gross Beta		Bq/g	0.310 ±0.161	-	-	0.349 ±0.173
Perfluoroalkyl carboxylic acids (PFCAs)						
Perfluorobutanoic acid (PFBA) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluoropentanoic acid (PFPeA) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluorohexanoic acid (PFHxA) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluoroheptanoic acid (PFHpA) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluorooctanoic acid (PFOA) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluorononanoic acid (PFNA) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluorodecanoic acid (PFDA) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluoroundecanoic acid (PFUnDA) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluorododecanoic acid (PFDoDA) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluorotridecanoic acid (PFTeDA) ^{N15}	5	ug/kg	< 5	-	-	< 5
Perfluorotetradecanoic acid (PFTeDA) ^{N11}	5	ug/kg	< 5	-	-	< 5
13C4-PFBA (surr.)	1	%	105	-	-	90
13C5-PFPeA (surr.)	1	%	106	-	-	99
13C5-PFHxA (surr.)	1	%	102	-	-	101
13C4-PFHpA (surr.)	1	%	103	-	-	99
13C8-PFOA (surr.)	1	%	93	-	-	99
13C5-PFNA (surr.)	1	%	98	-	-	99
13C6-PFDA (surr.)	1	%	102	-	-	114
13C2-PFUnDA (surr.)	1	%	97	-	-	103
13C2-PFDoDA (surr.)	1	%	99	-	-	108
13C2-PFTeDA (surr.)	1	%	107	-	-	122



TELLUS



eurofins

ARL

Client Sample ID			A1 Soil	A2 Soil	A3 Soil	A4 Soil
Sample Matrix			L26-Ja0009246	L26-Ja0009247	L26-Ja0009248	L26-Ja0009249
Eurofins Sample No.			Jan 07, 2026	Jan 07, 2026	Jan 07, 2026	Jan 07, 2026
Date Sampled						
Test/Reference	LOR	Unit				
Perfluoroalkyl sulfonamido substances						
Perfluorooctane sulfonamide (FOSA) ^{N11}	5	ug/kg	< 5	-	-	< 5
N-methylperfluoro-1-octane sulfonamide (N-MeFOSA) ^{N11}	5	ug/kg	< 5	-	-	< 5
N-ethylperfluoro-1-octane sulfonamide (N-EtFOSA) ^{N11}	5	ug/kg	< 5	-	-	< 5
2-(N-methylperfluoro-1-octane sulfonamido)-ethanol(N-MeFOSE) ^{N11}	5	ug/kg	< 5	-	-	< 5
2-(N-ethylperfluoro-1-octane sulfonamido)-ethanol(N-EtFOSE) ^{N11}	5	ug/kg	< 5	-	-	< 5
N-ethyl-perfluorooctanesulfonamidoacetic acid (N-EtFOSAA) ^{N11}	10	ug/kg	< 10	-	-	< 10
N-methyl-perfluorooctanesulfonamidoacetic acid (N-MeFOSAA) ^{N11}	10	ug/kg	< 10	-	-	< 10
13C8-FOSA (surr.)	1	%	93	-	-	101
D3-N-MeFOSA (surr.)	1	%	196	-	-	218
D5-N-EtFOSA (surr.)	1	%	310	-	-	309
D7-N-MeFOSE (surr.)	1	%	99	-	-	101
D9-N-EtFOSE (surr.)	1	%	108	-	-	104
D5-N-EtFOSAA (surr.)	1	%	71	-	-	86
D3-N-MeFOSAA (surr.)	1	%	74	-	-	96
n:2 Fluorotelomer sulfonic acids (n:2 FTSA)						
1H,1H,2H,2H-perfluorohexanesulfonic acid (4:2 FTSA) ^{N11}	5	ug/kg	< 5	-	-	< 5
1H,1H,2H,2H-perfluorooctanesulfonic acid(6:2 FTSA) ^{N11}	10	ug/kg	< 10	-	-	90
1H,1H,2H,2H-perfluorodecanesulfonic acid (8:2 FTSA) ^{N11}	5	ug/kg	< 5	-	-	21
1H,1H,2H,2H-perfluorododecanesulfonic acid (10:2 FTSA) ^{N11}	5	ug/kg	< 5	-	-	< 5
13C2-4:2 FTSA (surr.)	1	%	129	-	-	118
13C2-6:2 FTSA (surr.)	1	%	126	-	-	112
13C2-8:2 FTSA (surr.)	1	%	108	-	-	108
13C2-10:2 FTSA (surr.)	1	%	111	-	-	128
Perfluoroalkyl sulfonic acids (PFASs)						
Perfluorobutanesulfonic acid (PFBS) ^{N11}	5	ug/kg	< 5	-	-	< 5
Perfluorononanesulfonic acid (PFNS) ^{N15}	5	ug/kg	< 5	-	-	< 5
Perfluoropropanesulfonic acid (PFPrS) ^{N15}	5	ug/kg	< 5	-	-	< 5
Perfluoropentanesulfonic acid (PFPeS) ^{N15}	5	ug/kg	< 5	-	-	< 5
Perfluorohexanesulfonic acid (PFHxS) ^{N11}	5	ug/kg	< 5	-	-	6.9
Perfluoroheptanesulfonic acid (PFHpS) ^{N15}	5	ug/kg	< 5	-	-	< 5
Perfluorooctanesulfonic acid (PFOS) ^{N11}	5	ug/kg	< 5	-	-	27
Perfluorodecanesulfonic acid (PFDS) ^{N15}	5	ug/kg	< 5	-	-	< 5
13C3-PFBS (surr.)	1	%	104	-	-	97
18O2-PFHxS (surr.)	1	%	98	-	-	100
13C8-PFOS (surr.)	1	%	94	-	-	99
PFASs Summations						
Sum (PFHxS + PFOS)*	5	ug/kg	< 5	-	-	33.9
Sum of PFASs (n=30)*	50	ug/kg	< 50	-	-	140
Sum of US EPA PFAS (PFOS + PFOA)*	5	ug/kg	< 5	-	-	27
Sum of enHealth PFAS (PFHxS + PFOS + PFOA)*	5	ug/kg	< 5	-	-	33.9
Sum of WA DWER PFAS (n=10)*	10	ug/kg	< 10	-	-	144.9



Client Sample ID			A5	B1	B2	B3
Sample Matrix			Soil	Soil	Soil	Soil
Eurofins Sample No.			L26-Ja0009250	L26-Ja0009251	L26-Ja0009252	L26-Ja0009253
Date Sampled			Jan 07, 2026	Jan 07, 2026	Jan 07, 2026	Jan 07, 2026
Test/Reference	LOR	Unit				
Metals MB						
Arsenic	2	mg/kg	2.3	< 2	53	14
Cadmium	0.1	mg/kg	< 0.1	0.1	1.5	0.5
Chromium	1	mg/kg	22	22	69	61
Copper	1	mg/kg	3.6	3.4	84	23
Lead	1	mg/kg	3.7	4.2	45	28
Mercury	0.02	mg/kg	< 0.02	< 0.02	0.40	0.38
Nickel	1	mg/kg	9.2	6.7	360	69
Zinc	5	mg/kg	7.6	12	160	280
% Moisture	1	%	< 1	< 1	< 1	< 1
Gross Alpha		Bq/g	-	-	-	0.489 ±0.154
Gross Beta		Bq/g	-	-	-	0.452 ±0.182
Perfluoroalkyl carboxylic acids (PFCAs)						
Perfluorobutanoic acid (PFBA) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluoropentanoic acid (PFPeA) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluorohexanoic acid (PFHxA) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluoroheptanoic acid (PFHpA) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluorooctanoic acid (PFOA) ^{N11}	5	ug/kg	-	-	-	NEQ15
Perfluorononanoic acid (PFNA) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluorodecanoic acid (PFDA) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluoroundecanoic acid (PFUnDA) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluorododecanoic acid (PFDoDA) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluorotridecanoic acid (PFTriDA) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluorotetradecanoic acid (PFTeDA) ^{N11}	5	ug/kg	-	-	-	< 5
13C4-PFBA (surr.)	1	%	-	-	-	109
13C5-PFPeA (surr.)	1	%	-	-	-	110
13C5-PFHxA (surr.)	1	%	-	-	-	111
13C4-PFHpA (surr.)	1	%	-	-	-	107
13C8-PFOA (surr.)	1	%	-	-	-	102
13C5-PFNA (surr.)	1	%	-	-	-	111
13C6-PFDA (surr.)	1	%	-	-	-	119
13C2-PFUnDA (surr.)	1	%	-	-	-	110
13C2-PFDoDA (surr.)	1	%	-	-	-	119
13C2-PFTeDA (surr.)	1	%	-	-	-	122
Perfluoroalkyl sulfonamido substances						
Perfluorooctane sulfonamide (FOSA) ^{N11}	5	ug/kg	-	-	-	< 5
N-methylperfluoro-1-octane sulfonamide (N-MeFOSA) ^{N11}	5	ug/kg	-	-	-	< 5
N-ethylperfluoro-1-octane sulfonamide (N-EtFOSA) ^{N11}	5	ug/kg	-	-	-	< 5
2-(N-methylperfluoro-1-octane sulfonamido)-ethanol(N-MeFOSE) ^{N11}	5	ug/kg	-	-	-	< 5
2-(N-ethylperfluoro-1-octane sulfonamido)-ethanol(N-EtFOSE) ^{N11}	5	ug/kg	-	-	-	< 5
N-ethyl-perfluorooctanesulfonamidoacetic acid (N-EtFOSAA) ^{N11}	10	ug/kg	-	-	-	< 10
N-methyl-perfluorooctanesulfonamidoacetic acid (N-MeFOSAA) ^{N11}	10	ug/kg	-	-	-	< 10
13C8-FOSA (surr.)	1	%	-	-	-	113
D3-N-MeFOSA (surr.)	1	%	-	-	-	1235
D5-N-EtFOSA (surr.)	1	%	-	-	-	1354
D7-N-MeFOSE (surr.)	1	%	-	-	-	114

Client Sample ID			A5	B1	B2	B3
Sample Matrix			Soil	Soil	Soil	Soil
Eurofins Sample No.			L26-Ja0009250	L26-Ja0009251	L26-Ja0009252	L26-Ja0009253
Date Sampled			Jan 07, 2026	Jan 07, 2026	Jan 07, 2026	Jan 07, 2026
Test/Reference	LOR	Unit				
Perfluoroalkyl sulfonamido substances						
D9-N-EtFOSE (surr.)	1	%	-	-	-	123
D5-N-EtFOSAA (surr.)	1	%	-	-	-	109
D3-N-MeFOSAA (surr.)	1	%	-	-	-	116
n:2 Fluorotelomer sulfonic acids (n:2 FTSA)						
1H,1H,2H,2H-perfluorohexanesulfonic acid (4:2 FTSA) ^{N11}	5	ug/kg	-	-	-	< 5
1H,1H,2H,2H-perfluorooctanesulfonic acid(6:2 FTSA) ^{N11}	10	ug/kg	-	-	-	170
1H,1H,2H,2H-perfluorodecanesulfonic acid (8:2 FTSA) ^{N11}	5	ug/kg	-	-	-	7.9
1H,1H,2H,2H-perfluorododecanesulfonic acid (10:2 FTSA) ^{N11}	5	ug/kg	-	-	-	< 5
13C2-4:2 FTSA (surr.)	1	%	-	-	-	124
13C2-6:2 FTSA (surr.)	1	%	-	-	-	119
13C2-8:2 FTSA (surr.)	1	%	-	-	-	137
13C2-10:2 FTSA (surr.)	1	%	-	-	-	1153
Perfluoroalkyl sulfonic acids (PFSA)						
Perfluorobutanesulfonic acid (PFBS) ^{N11}	5	ug/kg	-	-	-	< 5
Perfluorononanesulfonic acid (PFNS) ^{N15}	5	ug/kg	-	-	-	< 5
Perfluoropropanesulfonic acid (PFPrS) ^{N15}	5	ug/kg	-	-	-	< 5
Perfluoropentanesulfonic acid (PFPeS) ^{N15}	5	ug/kg	-	-	-	< 5
Perfluorohexanesulfonic acid (PFHxS) ^{N11}	5	ug/kg	-	-	-	N0920
Perfluoroheptanesulfonic acid (PFHpS) ^{N15}	5	ug/kg	-	-	-	< 5
Perfluorooctanesulfonic acid (PFOS) ^{N11}	5	ug/kg	-	-	-	N0914
Perfluorodecanesulfonic acid (PFDS) ^{N15}	5	ug/kg	-	-	-	< 5
13C3-PFBS (surr.)	1	%	-	-	-	105
18O2-PFHxS (surr.)	1	%	-	-	-	105
13C8-PFOS (surr.)	1	%	-	-	-	104
PFASs Summations						
Sum (PFHxS + PFOS)*	5	ug/kg	-	-	-	34
Sum of PFASs (n=30)*	50	ug/kg	-	-	-	230
Sum of US EPA PFAS (PFOS + PFOA)*	5	ug/kg	-	-	-	29
Sum of enHealth PFAS (PFHxS + PFOS + PFOA)*	5	ug/kg	-	-	-	49
Sum of WA DWER PFAS (n=10)*	10	ug/kg	-	-	-	226.9

Client Sample ID			B4	B5	C1	C4
Sample Matrix			Soil	Soil	Soil	Soil
Eurofins Sample No.			L26-Ja0009254	L26-Ja0009255	L26-Ja0009256	L26-Ja0009257
Date Sampled			Jan 07, 2026	Jan 07, 2026	Jan 07, 2026	Jan 07, 2026
Test/Reference	LOR	Unit				
Metals M8						
Arsenic	2	mg/kg	5.3	< 2	2.5	5.2
Cadmium	0.1	mg/kg	< 0.1	< 0.1	0.2	0.1
Chromium	1	mg/kg	41	2.3	52	64
Copper	1	mg/kg	15	< 1	4.3	7.7
Lead	1	mg/kg	11	1.3	12	16
Mercury	0.02	mg/kg	< 0.02	< 0.02	< 0.02	< 0.02
Nickel	1	mg/kg	30	< 1	8.8	30
Zinc	5	mg/kg	57	< 5	15	21

Client Sample ID			B4	B5	C1	C4
Sample Matrix			Soil	Soil	Soil	Soil
Eurofins Sample No.			L26-Ja0009254	L26-Ja0009255	L26-Ja0009256	L26-Ja0009257
Date Sampled			Jan 07, 2026	Jan 07, 2026	Jan 07, 2026	Jan 07, 2026
Test/Reference	LOR	Unit				
% Moisture	1	%	< 1	1.2	< 1	< 1

Client Sample ID			C5	R1	R2	DUP1
Sample Matrix			Soil	Soil	Soil	Soil
Eurofins Sample No.			L26-Ja0009258	L26-Ja0009259	L26-Ja0009260	L26-Ja0009261
Date Sampled			Jan 07, 2026	Jan 07, 2026	Jan 07, 2026	Jan 07, 2026
Test/Reference	LOR	Unit				
Metals M8						
Arsenic	2	mg/kg	< 2	< 2	< 2	44
Cadmium	0.1	mg/kg	< 0.1	< 0.1	< 0.1	1.1
Chromium	1	mg/kg	15	74	17	57
Copper	1	mg/kg	2.1	1.1	< 1	36
Lead	1	mg/kg	3.9	4.3	1.6	42
Mercury	0.02	mg/kg	< 0.02	< 0.02	< 0.02	0.11
Nickel	1	mg/kg	3.9	2.0	1.9	110
Zinc	5	mg/kg	5.2	< 5	< 5	73
% Moisture	1	%	< 1	< 1	< 1	< 1

Client Sample ID			DUP2	D1	D2	D3
Sample Matrix			Soil	Soil	Soil	Soil
Eurofins Sample No.			L26-Ja0009262	L26-Ja0009268	L26-Ja0009269	L26-Ja0009270
Date Sampled			Jan 07, 2026	Jan 07, 2026	Jan 07, 2026	Jan 07, 2026
Test/Reference	LOR	Unit				
Metals M8						
Arsenic	2	mg/kg	6.2	< 2	9.7	< 2
Cadmium	0.1	mg/kg	0.1	< 0.1	0.1	< 0.1
Chromium	1	mg/kg	78	16	50	25
Copper	1	mg/kg	9.9	2.5	21	2.0
Lead	1	mg/kg	19	2.7	15	2.2
Mercury	0.02	mg/kg	0.03	< 0.02	0.03	< 0.02
Nickel	1	mg/kg	34	4.3	53	1.9
Zinc	5	mg/kg	23	5.5	35	< 5
% Moisture	1	%	< 1	< 1	< 1	< 1

Client Sample ID			D4	D5
Sample Matrix			Soil	Soil
Eurofins Sample No.			L26-Ja0009271	L26-Ja0009272
Date Sampled			Jan 07, 2026	Jan 07, 2026
Test/Reference	LOR	Unit		
Metals M8				
Arsenic	2	mg/kg	< 2	< 2
Cadmium	0.1	mg/kg	< 0.1	< 0.1
Chromium	1	mg/kg	20	11
Copper	1	mg/kg	1.7	< 1
Lead	1	mg/kg	1.8	< 1
Mercury	0.02	mg/kg	< 0.02	< 0.02
Nickel	1	mg/kg	3.2	1.8
Zinc	5	mg/kg	< 5	< 5
% Moisture	1	%	< 1	< 1

Sample History

Where samples are submitted/analysed over several days, the last date of extraction is reported.

If the date and time of sampling are not provided, the Laboratory will not be responsible for compromised results should testing be performed outside the recommended holding time.

Description	Testing Site	Extracted	Holding Time
Metals M8	Welshpool	Jan 12, 2026	28 Days
- Method: LTM-MET-3040 Metals in Waters, Soils & Sediments by ICP-MS			
% Moisture	Welshpool	Jan 09, 2026	14 Days
- Method: LTM-GEN-7080 Moisture			
Perfluoroalkyl carboxylic acids (PFCAs)	Welshpool	Jan 12, 2026	90 Days
- Method: Method ARL0510_ARL0611 PFAS in aqueous & solid samples by LC-MS/MS			
Perfluoroalkyl sulfonamido substances	Welshpool	Jan 12, 2026	90 Days
- Method: Method ARL0510_ARL0611 PFAS in aqueous & solid samples by LC-MS/MS			
n:2 Fluorotelomer sulfonic acids (n:2 FTSAs)	Welshpool	Jan 12, 2026	90 Days
- Method: Method ARL0510_ARL0611 PFAS in aqueous & solid samples by LC-MS/MS			
Perfluoroalkyl sulfonic acids (PFSAAs)	Welshpool	Jan 12, 2026	90 Days
- Method: Method ARL0510_ARL0611 PFAS in aqueous & solid samples by LC-MS/MS			



web: www.eurofins.com.au
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Company Name: Tellus Holdings Ltd - WA - ON HOLD
Address: Level 06, Allendale Square, 77 St Georges Terrace
Perth
WA 6000

Project Name: SOIL SAMPLING 2026

Order No.: 1310467
Report #: 0419 103 414
Phone:
Fax:

Received: Jan 9, 2026 11:05 AM
Due: Jan 16, 2026
Priority: 5 Day
Contact Name: Nathan Jardine

Eurofins Analytical Services Manager : Natalie Hill

Sample Detail					Gross Alpha	Gross Beta	Metals MS	Moisture Set	Per- and Polyfluoroalkyl Substances (PFASs)
Perth Laboratory - NATA # 2377 Site # 2370 & 2554							X	X	X
External Laboratory					X	X			
No	Sample ID	Sample Date	Sampling Time	Matrix	LAB ID				
1	A1	Jan 07, 2026		Soil	L26-Ja0009246	X	X	X	X
2	A2	Jan 07, 2026		Soil	L26-Ja0009247		X	X	
3	A3	Jan 07, 2026		Soil	L26-Ja0009248		X	X	
4	A4	Jan 07, 2026		Soil	L26-Ja0009249	X	X	X	X
5	A5	Jan 07, 2026		Soil	L26-Ja0009250		X	X	
6	B1	Jan 07, 2026		Soil	L26-Ja0009251		X	X	
7	B2	Jan 07, 2026		Soil	L26-Ja0009252		X	X	
8	B3	Jan 07, 2026		Soil	L26-Ja0009253		X	X	X
9	B4	Jan 07, 2026		Soil	L26-Ja0009254		X	X	
10	B5	Jan 07, 2026		Soil	L26-Ja0009255		X	X	
11	C1	Jan 07, 2026		Soil	L26-Ja0009256		X	X	
12	C4	Jan 07, 2026		Soil	L26-Ja0009257		X	X	
13	C5	Jan 07, 2026		Soil	L26-Ja0009258		X	X	
14	R1	Jan 07, 2026		Soil	L26-Ja0009259		X	X	
15	R2	Jan 07, 2026		Soil	L26-Ja0009260		X	X	



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Project Name: SOIL SAMPLING 2026

Order No.: 1310467
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Received: Jan 9, 2026 11:05 AM
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Eurofins Analytical Services Manager : Natalie Hill

Sample Detail					
Perth Laboratory - NATA # 2377 Site # 2370 & 2554					
External Laboratory					
16	DUP1	Jan 07, 2026	Soil	L26-Ja0009261	X
17	DUP2	Jan 07, 2026	Soil	L26-Ja0009262	X
18	D1	Jan 07, 2026	Soil	L26-Ja0009268	X
19	D2	Jan 07, 2026	Soil	L26-Ja0009269	X
20	D3	Jan 07, 2026	Soil	L26-Ja0009270	X
21	D4	Jan 07, 2026	Soil	L26-Ja0009271	X
22	D5	Jan 07, 2026	Soil	L26-Ja0009272	X
Test Counts					
					2
					3
					22
					22
					3

Internal Quality Control Review and Glossary
General

1. Laboratory QC results for Method Blanks, Duplicates, Matrix Spikes, and Laboratory Control Samples follow guidelines delineated in the National Environment Protection (Assessment of Site Contamination) Measure 1999, as amended May 2013. They are included in this QC report where applicable. Additional QC data may be available on request.
2. Unless otherwise stated, all soil/sediment/solid results are reported on a dry weight basis.
3. Unless otherwise stated, all biota/food results are reported on a wet weight basis on the edible portion.
4. For CEC results where the sample's origin is unknown or environmentally contaminated, the results should be used advisedly.
5. Actual LORs are matrix dependent. Quoted LORs may be raised where sample extracts are diluted due to interferences.
6. Results are uncorrected for matrix spikes or surrogate recoveries except for PFAS compounds where annotated.
7. SVOC analysis on waters is performed on homogenised, unfiltered samples unless noted otherwise.
8. Samples were analysed on an 'as received' basis.
9. Information identified in this report with blue colour indicates data provided by customers that may have an impact on the results.
10. This report replaces any interim results previously issued.

Holding Times

Please refer to the 'Sample Preservation and Container Guide' for holding times (QS3001).

For samples received on the last day of holding time, notification of testing requirements should have been received at least 6 hours before sample receipt deadlines as stated on the SRA.

If the Laboratory did not receive the information in the required timeframe, and despite any other integrity issues, suitably qualified results may still be reported.

Holding times apply from the sampling date; therefore, compliance with these may be outside the laboratory's control.

For VOCs containing vinyl chloride, styrene and 2-chloroethyl vinyl ether, the holding time is seven days; however, for all other VOCs, such as BTEX or C8-10 TRH, the holding time is 14 days.

Units

mg/kg: milligrams per kilogram	mg/L: milligrams per litre	ppm: parts per million
µg/L: micrograms per litre	ppb: parts per billion	%: Percentage
org/100 mL: Organisms per 100 millilitres	NTU: Nephelometric Turbidity Units	MPN/100 mL: Most Probable Number of organisms per 100 millilitres
CFU: Colony Forming Unit	Colour: Pt-Co Units (CU)	

Terms

APHA	American Public Health Association
CEC	Cation Exchange Capacity
COC	Chain of Custody
CP	Client Parent - QC was performed on samples pertaining to this report
CRM	Certified Reference Material (ISO17034) - reported as percent recovery.
Dry	Where moisture has been determined on a solid sample, the result is expressed on a dry weight basis.
Duplicate	A second piece of analysis from the same sample and reported in the same units as the result to show comparison.
LOR	Limit of Reporting.
LCS	Laboratory Control Sample - reported as percent recovery.
Method Blank	In the case of solid samples, these are performed on laboratory-certified clean sands and in the case of water samples, these are performed on de-ionised water.
NCP	Non-Client Parent - QC performed on samples not pertaining to this report, QC represents the sequence or batch that client samples were analysed within.
RPD	Relative Percent Difference between two Duplicate pieces of analysis.
SPIKE	Addition of the analyte to the sample and reported as percentage recovery.
SRA	Sample Receipt Advice
Surr - Surrogate	The addition of a similar compound to the analyte target is reported as percentage recovery. See below for acceptance criteria.
TBTO	Tributyltin oxide (bis-tributyltin oxide) - individual tributyltin compounds cannot be identified separately in the environment; however, free tributyltin was measured, and its values were converted stoichiometrically into tributyltin oxide for comparison with regulatory limits.
TCLP	Toxicity Characteristic Leaching Procedure
TEQ	Toxic Equivalency Quotient or Total Equivalence
QSM	US Department of Defense Quality Systems Manual Version 6.0
US EPA	United States Environmental Protection Agency
WA DWER	Sum of PFBA, PFPeA, PFHxA, PFHpA, PFOA, PFBS, PFHxS, PFOS, 6:2 FTSA, 8:2 FTSA

QC - Acceptance Criteria

The acceptance criteria should only be used as a guide and may be different when site-specific Sampling Analysis and Quality Plan (SAQP) have been implemented.

RPD Duplicates: Global RPD Duplicates Acceptance Criteria is ≤30%; however, the following acceptance guidelines are equally applicable:

Results <10 times the LOR:	No Limit
Results between 10-20 times the LOR:	RPD must lie between 0-50%
Results >20 times the LOR:	RPD must lie between 0-30%

NOTE: pH duplicates are reported as a range, not as RPD

Surrogate Recoveries: Recoveries must lie between 20-130% for Speciated Phenols & 50-150% for PFAS. SVOCs recoveries 20 – 150%, VOC recoveries 50 – 150%

PFAS field samples containing surrogate recoveries above the QC limit designated in QSM 6.0, where no positive PFAS results have been reported or reviewed, and no data was affected.

QC Data General Comments

1. Where a result is reported as less than (<), higher than the nominated LOR, this is due to either matrix interference, extract dilution required due to interferences or contaminant levels within the sample, high moisture content or insufficient sample provided.
2. Duplicate data shown within this report that states the word "BATCH" is a Batch Duplicate from outside of your sample batch but within the laboratory sample batch at a 1:10 ratio. The Parent and Duplicate data shown are not data from your samples.
3. pH and Free Chlorine analysed in the laboratory - Analysis on this test must begin within 30 minutes of sampling. Therefore, laboratory analysis is unlikely to be completed within holding time. Analysis will begin as soon as possible after sample receipt.
4. Recovery Data (Spikes & Surrogates) - where chromatographic interference does not allow the determination of recovery, the term "INT" appears against that analyte.
5. For Matrix Spikes and LCS results, a dash "-" in the report means that the specific analyte was not added to the QC sample.
6. Duplicate RPDs are calculated from raw analytical data; thus, it is possible to have two sets of data.

Quality Control Results

Test	Units	Result 1		Acceptance Limits	Pass Limits	Qualifying Code
Method Blank						
Perfluoroalkyl carboxylic acids (PFCAs)						
Perfluorobutanoic acid (PFBA)	ug/kg	< 5		5	Pass	
Perfluoropentanoic acid (PFPeA)	ug/kg	< 5		5	Pass	
Perfluorohexanoic acid (PFHxA)	ug/kg	< 5		5	Pass	
Perfluoroheptanoic acid (PFHpA)	ug/kg	< 5		5	Pass	
Perfluorooctanoic acid (PFOA)	ug/kg	< 5		5	Pass	
Perfluorononanoic acid (PFNA)	ug/kg	< 5		5	Pass	
Perfluorodecanoic acid (PFDA)	ug/kg	< 5		5	Pass	
Perfluoroundecanoic acid (PFUnDA)	ug/kg	< 5		5	Pass	
Perfluorododecanoic acid (PFDoDA)	ug/kg	< 5		5	Pass	
Perfluorotridecanoic acid (PFTrDA)	ug/kg	< 5		5	Pass	
Perfluorotetradecanoic acid (PFTeDA)	ug/kg	< 5		5	Pass	
Method Blank						
Perfluoroalkyl sulfonamido substances						
Perfluorooctane sulfonamide (FOSA)	ug/kg	< 5		5	Pass	
N-methylperfluoro-1-octane sulfonamide (N-MeFOSA)	ug/kg	< 5		5	Pass	
N-ethylperfluoro-1-octane sulfonamide (N-EtFOSA)	ug/kg	< 5		5	Pass	
2-(N-methylperfluoro-1-octane sulfonamido)-ethanol(N-MeFOSE)	ug/kg	< 5		5	Pass	
2-(N-ethylperfluoro-1-octane sulfonamido)-ethanol(N-EtFOSE)	ug/kg	< 5		5	Pass	
N-ethyl-perfluorooctanesulfonamidoacetic acid (N-EtFOSAA)	ug/kg	< 10		10	Pass	
N-methyl-perfluorooctanesulfonamidoacetic acid (N-MeFOSAA)	ug/kg	< 10		10	Pass	
Method Blank						
n:2 Fluorotelomer sulfonic acids (n:2 FTSA)						
1H.1H.2H.2H-perfluorohexanesulfonic acid (4:2 FTSA)	ug/kg	< 5		5	Pass	
1H.1H.2H.2H-perfluorooctanesulfonic acid(6:2 FTSA)	ug/kg	< 10		10	Pass	
1H.1H.2H.2H-perfluorodecanesulfonic acid (8:2 FTSA)	ug/kg	< 5		5	Pass	
1H.1H.2H.2H-perfluorododecanesulfonic acid (10:2 FTSA)	ug/kg	< 5		5	Pass	
Method Blank						
Perfluoroalkyl sulfonic acids (PFSA)						
Perfluorobutanesulfonic acid (PFBS)	ug/kg	< 5		5	Pass	
Perfluorononanesulfonic acid (PFNS)*	ug/kg	< 5		5	Pass	
Perfluoropropanesulfonic acid (PFPrS)*	ug/kg	< 5		5	Pass	
Perfluoropentanesulfonic acid (PFPeS)	ug/kg	< 5		5	Pass	
Perfluorohexanesulfonic acid (PFHxS)	ug/kg	< 5		5	Pass	
Perfluoroheptanesulfonic acid (PFHpS)	ug/kg	< 5		5	Pass	
Perfluorooctanesulfonic acid (PFOS)	ug/kg	< 5		5	Pass	
Perfluorodecanesulfonic acid (PFDS)	ug/kg	< 5		5	Pass	
Method Blank						
Metals M8						
Arsenic	mg/kg	< 2		2	Pass	
Cadmium	mg/kg	< 0.1		0.1	Pass	
Chromium	mg/kg	< 1		1	Pass	
Copper	mg/kg	< 1		1	Pass	
Lead	mg/kg	< 1		1	Pass	
Mercury	mg/kg	< 0.02		0.02	Pass	
Nickel	mg/kg	< 1		1	Pass	
Zinc	mg/kg	< 5		5	Pass	
Method Blank						
Metals M8						
Arsenic	mg/kg	< 2		2	Pass	

Test	Units	Result 1			Acceptance Limits	Pass Limits	Qualifying Code
Cadmium	mg/kg	< 0.1			0.1	Pass	
Chromium	mg/kg	< 1			1	Pass	
Copper	mg/kg	< 1			1	Pass	
Lead	mg/kg	< 1			1	Pass	
Mercury	mg/kg	< 0.02			0.02	Pass	
Nickel	mg/kg	< 1			1	Pass	
Zinc	mg/kg	< 5			5	Pass	
Method Blank							
Metals M8							
Arsenic	mg/kg	< 2			2	Pass	
Cadmium	mg/kg	< 0.1			0.1	Pass	
Chromium	mg/kg	< 1			1	Pass	
Copper	mg/kg	< 1			1	Pass	
Lead	mg/kg	< 1			1	Pass	
Mercury	mg/kg	< 0.02			0.02	Pass	
Nickel	mg/kg	< 1			1	Pass	
Zinc	mg/kg	< 5			5	Pass	
LCS - % Recovery							
Perfluoroalkyl carboxylic acids (PFCAs)							
Perfluorobutanoic acid (PFBA)	%	105			50-150	Pass	
Perfluoropentanoic acid (PFPeA)	%	101			50-150	Pass	
Perfluorohexanoic acid (PFHxA)	%	118			50-150	Pass	
Perfluoroheptanoic acid (PFHpA)	%	105			50-150	Pass	
Perfluorooctanoic acid (PFOA)	%	115			50-150	Pass	
Perfluorononanoic acid (PFNA)	%	114			50-150	Pass	
Perfluorodecanoic acid (PFDA)	%	118			50-150	Pass	
Perfluoroundecanoic acid (PFUnDA)	%	111			50-150	Pass	
Perfluorododecanoic acid (PFDoDA)	%	102			50-150	Pass	
Perfluorotridecanoic acid (PFTrDA)	%	110			50-150	Pass	
Perfluorotetradecanoic acid (PFTeDA)	%	112			50-150	Pass	
LCS - % Recovery							
Perfluoroalkyl sulfonamido substances							
Perfluorooctane sulfonamide (FOSA)	%	106			50-150	Pass	
N-methylperfluoro-1-octane sulfonamide (N-MeFOSA)	%	107			50-150	Pass	
N-ethylperfluoro-1-octane sulfonamide (N-EtFOSA)	%	117			50-150	Pass	
2-(N-methylperfluoro-1-octane sulfonamido)-ethanol(N-MeFOSE)	%	112			50-150	Pass	
2-(N-ethylperfluoro-1-octane sulfonamido)-ethanol(N-EtFOSE)	%	105			50-150	Pass	
N-ethyl-perfluorooctanesulfonamidoacetic acid (N-EtFOSAA)	%	99			50-150	Pass	
N-methyl-perfluorooctanesulfonamidoacetic acid (N-MeFOSAA)	%	110			50-150	Pass	
LCS - % Recovery							
n:2 Fluorotelomer sulfonic acids (n:2 FTSA)							
1H.1H.2H.2H-perfluorohexanesulfonic acid (4:2 FTSA)	%	103			50-150	Pass	
1H.1H.2H.2H-perfluorooctanesulfonic acid (6:2 FTSA)	%	112			50-150	Pass	
1H.1H.2H.2H-perfluorodecanesulfonic acid (8:2 FTSA)	%	104			50-150	Pass	
1H.1H.2H.2H-perfluorododecanesulfonic acid (10:2 FTSA)	%	97			50-150	Pass	
LCS - % Recovery							
Perfluoroalkyl sulfonic acids (PFSA)							
Perfluorobutanesulfonic acid (PFBS)	%	107			50-150	Pass	
Perfluorononanesulfonic acid (PFNS)*	%	106			50-150	Pass	
Perfluoropropanesulfonic acid (PFPrS)*	%	105			50-150	Pass	
Perfluoropentanesulfonic acid (PFPeS)	%	104			50-150	Pass	
Perfluorohexanesulfonic acid (PFHxS)	%	104			50-150	Pass	
Perfluoroheptanesulfonic acid (PFHpS)	%	101			50-150	Pass	
Perfluorooctanesulfonic acid (PFOS)	%	102			50-150	Pass	

Test				Units	Result 1			Acceptance Limits	Pass Limits	Qualifying Code
Perfluorodecanesulfonic acid (PFDS)				%	105			50-150	Pass	
LCS - % Recovery										
Metals M8										
Arsenic				%	105			80-120	Pass	
Cadmium				%	105			80-120	Pass	
Chromium				%	109			80-120	Pass	
Copper				%	101			80-120	Pass	
Lead				%	104			80-120	Pass	
Mercury				%	102			80-120	Pass	
Nickel				%	107			80-120	Pass	
Zinc				%	109			80-120	Pass	
LCS - % Recovery										
Metals M8										
Arsenic				%	105			80-120	Pass	
Cadmium				%	105			80-120	Pass	
Chromium				%	109			80-120	Pass	
Copper				%	102			80-120	Pass	
Lead				%	108			80-120	Pass	
Mercury				%	107			80-120	Pass	
Nickel				%	106			80-120	Pass	
Zinc				%	109			80-120	Pass	
LCS - % Recovery										
Metals M8										
Arsenic				%	112			80-120	Pass	
Cadmium				%	110			80-120	Pass	
Chromium				%	114			80-120	Pass	
Copper				%	106			80-120	Pass	
Lead				%	111			80-120	Pass	
Mercury				%	108			80-120	Pass	
Nickel				%	120			80-120	Pass	
Zinc				%	114			80-120	Pass	
Test	Lab Sample ID	QA Source	Units	Result 1				Acceptance Limits	Pass Limits	Qualifying Code
Spike - % Recovery										
Metals M8					Result 1					
Lead	L26-Ja0013166	NCP	%	123				75-125	Pass	
Spike - % Recovery										
Metals M8					Result 1					
Arsenic	L26-Ja0009248	CP	%	98				75-125	Pass	
Cadmium	L26-Ja0009248	CP	%	112				75-125	Pass	
Chromium	L26-Ja0009248	CP	%	77				75-125	Pass	
Copper	L26-Ja0009248	CP	%	92				75-125	Pass	
Mercury	L26-Ja0009248	CP	%	104				75-125	Pass	
Nickel	L26-Ja0009248	CP	%	104				75-125	Pass	
Zinc	L26-Ja0009248	CP	%	100				75-125	Pass	
Spike - % Recovery										
Metals M8					Result 1					
Arsenic	L26-Ja0009258	CP	%	96				75-125	Pass	
Cadmium	L26-Ja0009258	CP	%	104				75-125	Pass	
Chromium	L26-Ja0009258	CP	%	104				75-125	Pass	
Copper	L26-Ja0009258	CP	%	101				75-125	Pass	
Lead	L26-Ja0009258	CP	%	102				75-125	Pass	
Mercury	L26-Ja0009258	CP	%	102				75-125	Pass	
Nickel	L26-Ja0009258	CP	%	104				75-125	Pass	
Zinc	L26-Ja0009258	CP	%	102				75-125	Pass	

Test	Lab Sample ID	QA Source	Units	Result 1	Result 2	RPD	Acceptance Limits	Pass Limits	Qualifying Code
Duplicate									
Perfluoroalkyl carboxylic acids (PFCAs)				Result 1	Result 2	RPD			
Perfluorobutanoic acid (PFBA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluoropentanoic acid (PFPeA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluorohexanoic acid (PFHxA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluoroheptanoic acid (PFHpA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluorooctanoic acid (PFOA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluorononanoic acid (PFNA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluorodecanoic acid (PFDA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluoroundecanoic acid (PFUnDA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluorododecanoic acid (PFDoDA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluorotridecanoic acid (PFTriDA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluorotetradecanoic acid (PFTeDA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Duplicate									
Perfluoroalkyl sulfonamido substances				Result 1	Result 2	RPD			
Perfluorooctane sulfonamide (FOSA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
N-methylperfluoro-1-octane sulfonamide (N-MeFOSA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
N-ethylperfluoro-1-octane sulfonamide (N-EtFOSA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
2-(N-methylperfluoro-1-octane sulfonamido)-ethanol(N-MeFOSE)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
2-(N-ethylperfluoro-1-octane sulfonamido)-ethanol(N-EtFOSE)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
N-ethyl-perfluorooctanesulfonamidoacetic acid (N-EtFOSAA)	L25-De0068972	NCP	ug/kg	< 10	< 10	<1	30%	Pass	
N-methyl-perfluorooctanesulfonamidoacetic acid (N-MeFOSAA)	L25-De0068972	NCP	ug/kg	< 10	< 10	<1	30%	Pass	
Duplicate									
n:2 Fluorotelomer sulfonic acids (n:2 FTSA)				Result 1	Result 2	RPD			
1H,1H,2H,2H-perfluorohexanesulfonic acid (4:2 FTSA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
1H,1H,2H,2H-perfluorooctanesulfonic acid(6:2 FTSA)	L25-De0068972	NCP	ug/kg	< 10	< 10	<1	30%	Pass	
1H,1H,2H,2H-perfluorodecanesulfonic acid (8:2 FTSA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
1H,1H,2H,2H-perfluorododecanesulfonic acid (10:2 FTSA)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Duplicate									
Perfluoroalkyl sulfonic acids (PFSA)				Result 1	Result 2	RPD			
Perfluorobutanesulfonic acid (PFBS)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluorononanesulfonic acid (PFNS)*	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluoropropanesulfonic acid (PFPrS)*	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluoropentanesulfonic acid (PFPeS)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluorohexanesulfonic acid (PFHxS)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	
Perfluoroheptanesulfonic acid (PFHpS)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass	

Duplicate								
Perfluoroalkyl sulfonic acids (PFSA's)				Result 1	Result 2	RPD		
Perfluorooctanesulfonic acid (PFOS)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass
Perfluorodecanesulfonic acid (PFDS)	L25-De0068972	NCP	ug/kg	< 5	< 5	<1	30%	Pass
Duplicate								
Metals M8				Result 1	Result 2	RPD		
Arsenic	L26-Ja0009247	CP	mg/kg	< 2	< 2	<1	30%	Pass
Cadmium	L26-Ja0009247	CP	mg/kg	< 0.1	< 0.1	<1	30%	Pass
Chromium	L26-Ja0009247	CP	mg/kg	18	18	1.0	30%	Pass
Copper	L26-Ja0009247	CP	mg/kg	2.0	1.9	2.0	30%	Pass
Lead	L26-Ja0009247	CP	mg/kg	2.3	2.3	<1	30%	Pass
Mercury	L26-Ja0009247	CP	mg/kg	< 0.02	< 0.02	<1	30%	Pass
Nickel	L26-Ja0009247	CP	mg/kg	4.1	4.0	1.0	30%	Pass
Zinc	L26-Ja0009247	CP	mg/kg	5.5	5.3	4.0	30%	Pass
Duplicate								
				Result 1	Result 2	RPD		
% Moisture	L26-Ja0009247	CP	%	< 1	< 1	<1	30%	Pass
Duplicate								
Metals M8				Result 1	Result 2	RPD		
Arsenic	L26-Ja0009257	CP	mg/kg	5.2	5.3	2.0	30%	Pass
Cadmium	L26-Ja0009257	CP	mg/kg	0.1	0.1	3.0	30%	Pass
Chromium	L26-Ja0009257	CP	mg/kg	64	66	3.0	30%	Pass
Copper	L26-Ja0009257	CP	mg/kg	7.7	8.0	3.0	30%	Pass
Lead	L26-Ja0009257	CP	mg/kg	16	16	3.0	30%	Pass
Mercury	L26-Ja0009257	CP	mg/kg	< 0.02	< 0.02	<1	30%	Pass
Nickel	L26-Ja0009257	CP	mg/kg	30	31	3.0	30%	Pass
Zinc	L26-Ja0009257	CP	mg/kg	21	20	5.0	30%	Pass
Duplicate								
				Result 1	Result 2	RPD		
% Moisture	L26-Ja0009257	CP	%	< 1	< 1	<1	30%	Pass
Duplicate								
Metals M8				Result 1	Result 2	RPD		
Arsenic	L26-Ja0009269	CP	mg/kg	9.7	9.5	2.0	30%	Pass
Cadmium	L26-Ja0009269	CP	mg/kg	0.1	0.1	9.0	30%	Pass
Chromium	L26-Ja0009269	CP	mg/kg	50	50	1.0	30%	Pass
Copper	L26-Ja0009269	CP	mg/kg	21	21	1.0	30%	Pass
Lead	L26-Ja0009269	CP	mg/kg	15	15	2.0	30%	Pass
Mercury	L26-Ja0009269	CP	mg/kg	0.03	0.02	17	30%	Pass
Nickel	L26-Ja0009269	CP	mg/kg	53	53	<1	30%	Pass
Zinc	L26-Ja0009269	CP	mg/kg	35	34	3.0	30%	Pass

Comments

Gross Alpha and Beta analysis by: SGS, report reference ME387297 (PE188192)

Sample Integrity

Custody Seals Intact (if used)	N/A
Attempt to Chill was evident	Yes
Sample correctly preserved	Yes
Appropriate sample containers have been used	Yes
Sample containers for volatile analysis received with minimal headspace	Yes
Samples received within Holding Time	Yes
Some samples have been subcontracted	Yes

Qualifier Codes/Comments

Code	Description
J+	If the percent recoveries were greater than the upper control limit, qualify detects for the analyte in associated samples as estimated with a positive bias J+.
N09	Quantification of linear and branched isomers has been conducted as a single total response using the relative response factor for the corresponding linear/branched standard.
N11	Isotope dilution is used for calibration of each native compound for which an exact labelled analogue is available (Isotope Dilution Quantitation). The isotopically labelled analogues allow identification and recovery correction of the concentration of the associated native PFAS compounds.
N15	When the native PFAS compound does not have labelled analogue then the quantification is made using the Internal Standard Analyte with the closest retention time to the analyte and no recovery correction has been made (Internal Standard Quantitation).

Authorised by:

Natalie Hill	Analytical Services Manager
Sean Sangster	Senior Analyst-Metal
Douglas Todd	Senior Analyst-Sample Properties
Patrick Pinfild	Senior Analyst-PFAS



Kim Rodgers
General Manager

Final Report – this report replaces any previously issued Report

- Indicates Not Requested

* Indicates NATA accreditation does not cover the performance of this service

Measurement uncertainty of test data is available on request

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