APPLICANT(S)			
(See Appendix A to register ac	dditional applicants)	
LEGAL NAME: APT	Parmelia Pty Ltd	ACN/ABN:	078 902 397
TRADING NAME: If different to legal name		APT Parmelia	
NORMAL BUSINESS ACTIVITY		Trustee of the APT Pa Trustee) the Parmelia the Kwinana Lateral Pi Parmelia Gas Pipeline	Gas Pipeline, including peline, and operates th
REGISTERED POSTAL ADDRESS:		APA Group, Level 25, 580 George Street, Sydney NSW 2000, Australia	
CONTACT PHONE NUMBER		Adam Watson (02) 922	28 8998
NON-SCHEME PIPELINE SU	BJECT TO THIS A	APPLICATION	
PIPELINE NAME:	Kwinana Supply	Lateral	
PIPELINE LICENCE NUMBER(S):	PL53		
LOCATION: Details may include start and end points of the pipeline. Provide a map of the site as an attachment.	See attached " PL 53 - NSCGP - Parmelia Kwinana PGP Lateral Pipelines maps"		
NAMEPLATE RATING: Maximum quantity of natural gas that can be transported through the pipeline in a day under normal operating conditions (if available).	39.3TJ/d		
THROUGHPUT: Volume of actual throughput in previous 24 month period and expectation for next 12 month period.	TJ/day (actual and forecast) (as of 9 March 2023)		
DESCRIPTION: Provide details of the pipeline operation including pownership of pipeline, purpose or use of gas, shipper(s) and user(s) of the gas. A list of supporting documents may be attached to this application to demonstrate how the pipeline meets the exemption criteria.	This lateral was built in 2002. It is an 8" diameter pipeline that is 1.4km long. Its operating pressure is 5.61 Mpa MAOP.		

Category 2: exem	ption from ir	nformation disclosure provisions (Di	ivision 2 of Part 2	23 of the NGR).
		nformation disclosure provisions (Di and pipeline service information.	vision 2 of Part 2	3 of the NGR),
EXEMPTION SOUGHT Tick all categories or criteria that apply.		Category 1 The non-scheme pipeline does not provide third party access		
		Category 2 The non-scheme pipeline does n OR The non-scheme pipeline is a sin		
	Ø	Category 3 The average daily injection of natural gas into the non-scheme pipeline calculated over the immediately preceding 24 months is less than 10TJ/day		
Have you previous this non-scheme p		nted an exemption in relation to	☑ Yes	□ No
DECLARATION				
I confirm that a attached in this ap		documents, including the Statutor	y Declaration and	d map, are
☑ I will notify the qualifies for any ex		ircumstances change such that the anted by the ERA.	non-scheme pip	eline no longer

PART B – VARIATION TO A CONDITION OF AN EXISTING EXEMPTION					
APPLICANT(S) - (See A	APPLICANT(S) - (See Appendix A to register additional applicants)				
LEGAL NAME:		ACN/ABN:			
TRADING NAME: If different to legal name					
NORMAL BUSINESS A	CTIVITY				
REGISTERED POSTAL	ADDRESS:				
CONTACT PHONE NUM	MBER				
EXEMPTION SUBJECT	TO THIS APPLICATION	N FOR VARIATION			
PIPELINE NAME:			1,		
PIPELINE LICENCE NU	MBER(S)				
Relevant exemption category(ies):		☐ Category 1 ☐ Category 2 ☐ Category 3			
Please set out the relevation wish to vary on the existing exemption.					
Please provide the reasons why the condition(s) should be varied and the proposed variation. Alternatively, attach a document setting these out.					
All supporting documents to this application have been attached:		□ Yes □ No If no, please explain:	id.		

PART C - REVOCATIO	N OF EXISTING EXEMPTION
APPLICANT(S) - (See Appendix	A to register additional applicants)
LEGAL NAME:	ACN/ABN:
TRADING NAME: If different to legal name	
NORMAL BUSINESS ACTIVITY:	
REGISTERED POSTAL ADDRESS:	
CONTACT PHONE NUMBER	
NON-SCHEME PIPELINE SUBJE	CT TO THIS APPLICATION
PIPELINE NAME:	
PIPELINE LICENCE NUMBER(S)	
LOCATION	
Relevant exemption category:	☐ Category 1 ☐ Category 2 ☐ Category 3
Please explain why the exemption should be revoked. You may inclu attachment for additional informati	de an
All supporting documents to this a have been attached:	pplication ☐ Yes ☐ No If no, please explain:

APPENDIX A - ADDITIONAL APPLICANTS				
ADDITIONAL APPLICANT 1				
LEGAL NAME:	ACN/ABN:			
TRADING NAME: If different to legal name				
NORMAL BUSINESS ACTIVITY:				
REGISTERED POSTAL ADDRESS:				
CONTACT PHONE NUMBER				
ADDITIONAL APPLICANT 2				
LEGAL NAME:	ACN/ABN:			
TRADING NAME: If different to legal name				
NORMAL BUSINESS ACTIVITY:				
REGISTERED POSTAL ADDRESS:				
CONTACT PHONE NUMBER				