| APPLICANT(S) | r additional applicants | | |
|--|--|---|---|
| (See Appendix A to registe | APT Parmelia Pty Ltd | ACN/ABN: | 078 902 397 |
| TRADING NAME: | a i i aimella i ty Ltu | | 078 302 337 |
| If different to legal name | | APT Parmelia | |
| NORMAL BUSINESS ACTIVITY | | Trustee) the Parm the Canningvale L | T Parmelia Trust. Owns (as lelia Gas Pipeline, including ateral Pipeline, and operate Pipeline and APA laterals. |
| REGISTERED POSTAL ADDRESS: | | APA Group, Level Sydney NSW 200 | 25, 580 George Street, 0, Australia |
| CONTACT PHONE NUMBER | | Adam Watson (02 | 9228 8998 |
| NON-SCHEME PIPELINE | SUBJECT TO THIS A | PPLICATION | |
| PIPELINE NAME: | Canningvale Late | eral Pipeline | |
| PIPELINE LICENCE NUMBER(S): | PL44 | | |
| OCATION: Details may include start and end points of the Dipeline. Provide a map of the site as an attachment. | | See attached "PL 44 - NSCGP - Parmelia Canningvale Map" | |
| NAMEPLATE RATING: Maximum quantity of naturages that can be transported through the pipeline in a day ander normal operating conditions (if available). | 13TJ/d | | |
| THROUGHPUT: Volume of actual throughpun previous 24 month perion and expectation for next 12 month period. | | TJ/d (actual and forecast) (as of 9 March 2023) | |
| DESCRIPTION: Provide details of the pipeline operation including pwnership 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 2000. It is an 8" diameter pipeline that is 0.7 km long. Its operating pressure is 0.45MPag MAOP. HDPE construction. Single user pipeline | | |

| Category 3: exem | ption from in | nformation disclosure provisions (Di nformation disclosure provisions (Di n and pipeline service information. | | |
|----------------------------------|-----------------------------|--|-------|------|
| | | Category 1 The non-scheme pipeline does not provide third party access | | |
| apply. | | Category 2 The non-scheme pipeline does not provide third party access | | |
| | Ø | OR The non-scheme pipeline is a single shipper pipeline | | |
| | 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 previou this non-scheme | | nted an exemption in relation to | ☑ Yes | □ No |
| attached in this ap | oplication. ERA if any o | g documents, including the Statutor sircumstances change such that the anted by the ERA. | | |

| PART B – VARIATION TO A CONDITION OF AN 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 ADI | DRESS: | | |
| CONTACT PHONE NUMBE | R | | |
| EXEMPTION SUBJECT TO | THIS APPLICATIO | N FOR VARIATION | |
| PIPELINE NAME: | | | |
| PIPELINE LICENCE NUMBE | ER(S) | | |
| Relevant exemption category(ies): | | | ☐ Category 1 |
| | - | | ☐ Category 2 |
| | | Y | ☐ Category 3 |
| Please set out the relevant or wish to vary on the existing a 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: | |

| PART C – REVOCATION 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 SUBJECT 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 include an attachment for additional information. | | |
| All supporting documents to this application have been attached: | | □ 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 | | |