

LAGUNA LAKE DEVELOPMENT AUTHORITY

QUARTERLY SELF-MONITORING REPORT $1 \square 2 \square 3 \square 4 \square$

Quarter Months Covered : _____

A. General Information

Name of the Plant											
Plant Address (NOT the company or the head office)	Street No. & Street Name _ Barangay Province	Street No. & Street Name									
Phone Number		Fax Number									
Type of Business		TIN Number									
Name of the PCO											
Legal Classification	Single Proprietorship Partnership Private Domestic Corporation										
	Govt. Corporation	Multi-national D Other D Specify									
Ownership in Terms of Equity Participation	Private Domestic%	Foreign% Government%									
Market Where Goods are Sold	Domestic%	Export%									
Is the Establishment Tr If Yes, Under What Nam	aded in the Stock Market? ne:	Yes 🗌 No 🗌									

If the head office is not located at the above address, please fill-up									
Name of the Company									
Address	Street No. & Street Name Barangay City of Municipality Province								
Phone Number	Fax Number								

Note:

Please observe the required frequency of analysis and submission of SMR

Flowrate	Туре	Frequency	Submission of SMR
0-150 m ³ /d	BOD, conventional parameters	Once every quarter	Semi-Annualy
0-150 m ³ /d	Hazardous waste	Once every month	Quarterly
> 150 m³/d	BOD, conventional parameters	Once every month	Quarterly

B. Wastewater Treatment Plant (WTP) RecordB.1 Average Duration of Time Operated & Ave. Volume of Discharge Per Day

Deviet the	Month 1	, 200	Month 2	, 200	Month 3	, 200
Day of the	Hours of	Effluent Flow Rate	Hours of	Effluent Flow	Hours of	IEffluent Flow Rate
Month	Operation	m³/day	Operation	Rate m ³ /day	Operation	m³/day
1				<u> </u>	<u> </u>	<u> </u>
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						<u> </u>
17	L					
18	L					
19	L					
20						
21	L					L
22	L					L
23						
24						
25						
26						
27						
28						
29						
30						
31						
Ave./Mo.						

Were there any major interruptions in WTP operation? For example, due to equipment breakdown or major maintenance procedures. Yes \Box No \Box If yes, please attach explanation on separate page.

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B.2 Record of the Cost of Treatment

		Operating Cost of the Wastewater Treatment Plant										
	Mont	h 1		Mont	า 2		Month	Month 3				
New or Additional Investment in the WTP	Name Com	e of the ponent	Cost (pesos)	Name of the Component		Name of the Cost (pesos) Component		e of the ponent	Cost (pesos)			
	k	wH	Cost (pesos)	k	wH	Cost (pesos)	k	wH	Cost (pesos)			
Energy Usage of the WTP												
Persons Employed Full-time for the	Total Number	Avg. Hrs. per Day	Total Cost (pesos)	Total Number	Avg. Hrs. per Day	Total Cost (pesos)	Total Number	Avg. Hrs. per Day	Total Cost (pesos)			
WTP												
Persons Employed Part-time for the	Total Number	Avg. Hrs. per Day	Total Cost (pesos)	Total Number	Avg. Hrs. per Day	Total Cost (pesos)	Total Number	Avg. Hrs. per Day	Total Cost (pesos)			
WTP												
Cost of Chemicals Used by WTP (pesos)												
Total Maintenance Cost-repairs, spare parts etc. (pesos)												
Administrative and Overhead Cost (pesos)												

Laboratory Cost

Is there a laboratory in the factory premises? Yes D No D									
	Month 1	Month 2	Month 3						
If Yes, monthly cost of operating the laboratory (pesos)									

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C.1 Monthly Report of Wastewater Characteristics for <u>Conventional Pollutants</u>

Description of the Outlet: X-UTM _____

____ Y-UTM ___

Is this the only outlet for the wastewater: Yes No No I If No, please submit this report for other outlets also

Make a copy of this table if needed. For zero discharge scheme, you may not fill-up this page.

Date	BC (m)D g/l)	C (m	OD ng/l)	Т: (m	SS g/l)	Co	lor	Tempe (o	erature C)	ature pH		Oil & Grease (mg/l)		Coliform MPN/100ml)	
	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent
Ave./Mo.																

Please attach Results of Laboratory Analysis (ROLA)

Name of the Laboratory

Address

Phone _____

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C.2 Monthly Report of Wastewater Characteristics for Other Pollutants

Description of the Outlet: X-UTM _____

Y-UTM

Is this the only outlet for the wastewater: Yes No I If No, please submit this report for other outlets also

Make a copy of this table if needed. For zero discharge scheme, you may not fill-up this page.

Effluent Flow Rate in terms of	Paramet	er Name	Paramet	er Name	Paramet	ter Name	Parame	ter Name	Parame	ter Name	Paramet	er Name	Parame	ter Name
of: Cubic	Unit		Unit		Unit		Unit		Unit		Unit		Unit	
meters/day	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent	Influent	Effluent
ttach Basul	to of Lob	oratori	Apolyoia											
	Effluent Flow Rate in terms of of: Cubic meters/day	Effluent Flow Rate in terms of of: Cubic Unit meters/day Influent	Effluent Flow Rate in terms of of: Cubic Parameter Name meters/day Influent Effluent meters/day Influent Influent Influent Influent Influent	Effluent Flow Rate in terms of of: Cubic Parameter Name Parameter meters/day Influent Effluent Influent meters/day Influent Influent Influent meters/day Influent Influent Influent Influent Influent Influent Influent Influent	Effluent from Rate in terms of of: Cubic Parameter Name Parameter Name meters/day Influent Effluent Influent Effluent meters/day Influent Influent Influent Effluent Influent Influent Influent Influent Influent Influent Influent Influent<	Effluent Flow Rate in terms of of: Cubic Parameter Name Parameter Nam	Effluent Flow Rate in ierms of of: Cubic Parameter Name Parameter Name Parameter Name ierms of of: Cubic Unit Unit Unit Unit Unit Impluent Effluent Influent Effluent Influent Effluent Influent Effluent Influent Effluent Influent Effluent Impluent Effluent Influent Effluent Influent Effluent Influent Impluent Impluent	Effluent Flow Rate in items of of: Cubic Parameter Name Parameter Nam	Effluent Items of items of of: Cubic Parameter Name Parameter Name <td>Effluent iterms of of: Cubic meters/dop Parameter Name meters/dop 1</td> <td>Effluent is reme of low rate in terms of of: Cubic Parameter Name Par</td> <td>Effluent items of or Parameter Name P</td> <td>Efflower in transe Parameter Name of: Cubic Unit Uni</td> <td>Effluent terms of of: Cubic Parameter Name meters/dw Parameter Name meters/dw <t< td=""></t<></td>	Effluent iterms of of: Cubic meters/dop Parameter Name meters/dop 1	Effluent is reme of low rate in terms of of: Cubic Parameter Name Par	Effluent items of or Parameter Name P	Efflower in transe Parameter Name of: Cubic Unit Uni	Effluent terms of of: Cubic Parameter Name meters/dw Parameter Name meters/dw <t< td=""></t<>

Name of the Laboratory

Address

Phone _____

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D. Background Data

D.1 Sources of Wastewater during this Quarter

Generating Process	Estimated Flow (m ^{3/} day)
Production Process	
Washing/Cleaning	
Cooling	
Domestic Wastewater	
Recyled/Reuse Water/Others	
Total Volume of Discharged Wastewater	

D.2 Employment and Operation Information

Total employment in the factory:	Production N	on-Production								
Number of hours of production/day Number of days of production per/month										
Number of months of production/year										
Total value of investment in the facto	ry: (Pesos)									
Average Energy Consumption:	Coal (tons)	Gas (m ³)	Oil (m ³)	Electricity (kwh)						
(please check monthly or annual)	Monthly or Annua	Monthly or Annual	Monthly or Annual	Monthly or Annual						
Quantity										
Value (Pesos)										

D.3 Production Information - See Attached

	Product	t 1	Product	2	Produc	t 3	Product	t 4	Product	t 5
Product Name ¹										
Max. Allowable Production Capacity per Year										
Actual Average Production per Month										
Type of Process	Batch Continuous		Batch Continuous		Batch Continuous		Batch Continuous		Batch Continuous	

¹ Please use generic product name; not brand names.

D.4 Water Pollution Information

	INFORMATION ON DIS	SCHARGE I		N THE	FACTORY				
Outlet Number	Location & Description of the Outlet		Name of the Receiving Body if <u>Not</u> Discharging Directly in the Lake						
1									
2									
3									
4									
	INFORMATION ON THE	WASTE WA	TER TRE	EATME	ENT SYSTEM				
Is there a	n existing waste water treatment sy	/stem?			Yes 🗆 No 🗆				
lf yes, wł	nat is the capacity of the waste wate	er treatmer	t system	?	cubic meter				
Value of o	capital investment in the waste wate	er treatmer	t plant		Pesos				
Is there a	primary treatment system?	Yes []		Year Installation				
		No 🗆		Month	Year				
lf Yes, wh	nat is the composition of the physic	al treatmer	nt system	?					
Screening	🛛 🔲 Equalization 🖾 Grit Remova	I 🗌 Oil-w	ater sepa	rator					
Sedimenta	ation If other, specify								
Is there a	chemical treatment process?	Yes 🗌			Year of Installation				
		No 🗌	Month		Year				
lf Yes, wh	nat is the composition of the chemic	cal treatme	nt systen	n?					
Adsorption	n ⊔ Disinfection ⊔ Flocculation/	Coagulatior	n ⊔pH	Adjus	tment				
If other, sp	Decify								
Is there a	secondary treatment system?	Yes ∐			Year of Installation				
		No 🗆	Month _		Year				
lf Yes, wh	nat kind of secondary treatment sys	tem is inst	alled in th	ne plai	nt?				
Activated	Activated Sludge 🗆 Anaerobic & Aerobic Treatment 🛛 Anaerobic Treatment 🛛								
Oxidation/	Oxidation/Stabilization Pond 🛛 Rotating Biological Contactors 🔲 Trickling Filter 🔲								
Others, S	pecify :								
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D.5 FLOW METER INFORMATION

Is there a flow meter to measure the quantity of waste water Yes \Box No \Box discharged from the plant?						
What type of flow meter is used for measuring the wastewater discharge rate?						
Rectangular Weir 🛛	Triangular Weir□	Other Weirs	Venturi Me	eters □		
Magnetic flow Meters \Box	Current Meters	Flow Measuremen	ements 🗌			
If other, please specify						

D.6 MANAGEMENT OF SLUDGE FROM WASTE WATER TREATMENT SYSTEM - N/A

Is the quantity of sludge large enough to require proper management? Yes No \Box					
Which method is used for removing water from the sludge?					
Drying Beds	Vacuum Filtration	Pressure Filtration	□ Centrifugation □		
If other, specify					
How is the sludge dried?	Heat Drying 🗔	Incineration	Wet Oxidation		
If other, specify					
How is the sludge disposed of?					
Landfill inside the	Landfill outside	Ocean dumping 🗌			
If other specify	the factory				

Submitted on Date _____

Name and Signature of the Pollution Control Officer

Name and Signature of the Chief Executive Officer

SUBSCRIBED AND SWORN to before me a Notary Public, This____day of _____, affiant exhibiting to me his/her Community Tax Receipt No._____, issued at_____ on ____.

NOTARY PUBLIC

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