



SURVEY/INSPECTION FOR WATER QUALITY MANAGEMENT



ENVIRONMENTAL MONITORING AND ENFORCEMENT DIVISION-WATER AIR QUALITY MONITORING SECTION

Report Control Number: _____
Date of Survey/Inspection: March 9, 2022
Mission Order No.: EMBR8-2022-007721

1. GENERAL INFORMATION		
Name of Establishment: CONSTRUCTION OF CABACUNGAN POTABLE WATER SYSTEM		
Address: Brgy. Cabacungan, Allen, Northern Samar		Geo Coordinates: 12.56628, 124.27497
Nature of Business: Construction of Utility Projects		
PSIC Code: 42200	Product: N/A	Year Established: 2004
Operating hours/day: 8	Operating days/week: 7	Operating days/year: 365

Product Lines	Production Rate as Declared in the ECC (unit/day)	Actual Production Rate (unit/day)
N/A	N/A	N/A
Name of Managing Head: Cabacungan Multi-Purpose Cooperative		
Name of PCO: NONE		
PCO Accreditation No.:	N/A	Date of Effectivity: N/A
Phone/Fax:	N/A	Email: N/A

2. PURPOSE OF INSPECTION		
<input type="checkbox"/> Verify accuracy of information submitted by the establishment pertaining to new permit applications, renewals, or modification		
<input type="checkbox"/> New	New	Renewal
<input type="checkbox"/> PMPIN Application	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hazardous Waste ID Registration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hazardous Waste Transporter Registration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hazardous waste TSD Registration	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Permit to Operate Air Pollution Control Installation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Discharge Permit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others _____	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Determine compliance status with the environmental regulations, permit conditions, and other requirements
<input type="checkbox"/> Investigate community complaints
<input type="checkbox"/> Check status of voluntary commitment
<input type="checkbox"/> Industrial Ecowatch
<input type="checkbox"/> Philippine Environmental Partnership Program (PEPP)
<input type="checkbox"/> Pollution Adjudication Board (PAB)
<input type="checkbox"/> Others _____
<input type="checkbox"/> Others <u>WATER SURVEY</u>

Name of Contact Person	MYRNA T. BANDAL
Position / Designation	BCPMC Member

3. COMPLIANCE STATUS

3.1 DENR Permits/Licenses/Clearance

Environmental Law	Permits		Date of Issue	Expiry Date
PD 1586	ECC1	ECC-08-040505-0069	5/14/2004	N/A
	ECC2	N/A		
RA 6969	DENR Registry ID	N/A		
	PCL Compliance Certificate	N/A		
	CCO Registry	N/A		
	Permit to Transport	N/A		
RA 8749	POA No.	N/A		
RA 9003	ECC for Sanitary Landfill	N/A		
RA 9275	DP No.	N/A		

4. Water Supply and Wastewater Generation - N/A

A. Water Sources

Sources of Water Supply	Daily (m ³ /day)	Annual (m ³ /day)	Specify if Others
Surface water (river, lakes, etc.)			
Groundwater			
Water utilities			
Others (specify) spring	75.7	27,630.50	

B. Wastewater Sources (no wastewater)

Water Use / Sources of Wastewater	Consumed (m ³ /day)	Generated (m ³ /day)	Specify if Others
Process Water			
Domestic Water			
Cooling Water			
Maintenance			
Storm drain			
Others (specify)			

C. Quality of Abstracted Water - no sampling done

Sources of Water Supply	BOD/ COD	TSS	AVFP	Heavy Metals	Specify if Others

5. Information on Wastewater Pollution N/A

A. Does the Establishment have a Wastewater Treatment Plant?

- ☐ Yes
☒ No x

B. What type of WWTP?

- ☐ Physical
☐ Biological
☐ Chemical
☐ Others

C. WWTP Detail

1. Date Installed			
2. Design Capacity			
3. Cost of WWTP			
4. Annual Maintenance Cost (Php/year)			
5. Location of Discharge Point(s)	Receiving Water Body	Classification of Water Body	
Within the facility	Septic Tank		
	<input type="checkbox"/> V-weir	Other (specify)	
6. Flow Metering Device Use	<input type="checkbox"/> Flow Meter		
7. Flow Rate	Influent	Effluent	Others (specify)

A. Components of WWTP

Primary <input type="checkbox"/> Screening <input type="checkbox"/> Primary Treatment <input type="checkbox"/> Grit Removal <input type="checkbox"/> Oil/Water Separator <input type="checkbox"/> Equalization Tank <input type="checkbox"/> Others (specify) _____	Biological <input type="checkbox"/> Activated Sludge <input type="checkbox"/> Anaerobic Digestion <input type="checkbox"/> Tricking Filter <input type="checkbox"/> Oxidation/Stabilization Pond <input type="checkbox"/> Sequencing Batch Reactor <input type="checkbox"/> Others (specify) _____	Chemical <input type="checkbox"/> pH Adjustment <input type="checkbox"/> Disinfection <input type="checkbox"/> Oxidation/Reduction <input type="checkbox"/> Flocculation/ Coagulation <input type="checkbox"/> Others (specify) _____	Others
B. Condition of the WWTP N/A			
1. What is the general condition of the WWTP during sampling? No sampling done		<input type="checkbox"/> Properly maintained <input type="checkbox"/> Inadequately maintained <input type="checkbox"/> Poor maintenance <input type="checkbox"/> Others	
2. Is the WWTP under construction or undergoing rehabilitation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If the answer is No. 2 is YES, has this been reported to EMB/LLDA?			
4. Which System or units are under construction or being modified?			
5. Estimated date of completion			
6. Treatment units utilized to treat wastewater			

Water Quality Field Date N/A						
Sampling Point No. 1						
Sampling Station			Sampling Time:			
Type of Sample						
Result Analysis						
Parameter	Value	Unit	DENR Effluent Standards	Compliant		Remarks
				Yes	No	

III. SUMMARY OF FINDINGS						
Legal Reference	Compliance Requirements	Compliant			Remarks	
		Y	N	N/A		
DAO 2005-10 Rule 14.1	1. Has the establishment submitted two notarized copies of accomplished application form?			/		
DAO 2005-10 Rule 14.2	2. Has the establishment submitted Sewer and Drainage Plan Drawing of appropriate scale in as standard size sheet and in accordance with good engineering practice?			/		
	3. Has the establishment submitted water quality analysis of abstracted water and the appropriate bills?			/		
	4. Has the establishment submitted Pollution Prevention/Environmental Management System Plan or Program?			/		
	5. Has the establishment submitted copy of the Environmental Compliance			/		

	Certificate or Certificate of Non-Coverage?				
	6. Does the establishment have a DENR ID Number as hazardous waste generator, as applicable?			/	
	7. Has the establishment designated or appointed a PCO?			/	
DAO 2005-10 Rule 14.6	8. Does the establishment use its effluent for Agricultural Purposes?			/	If yes, proceed to succeeding items
	a. Has the establishment submitted certified true copy of land ownership or notarized copy of agreement between the owner of the land where the effluent is to be applied and the discharger/permittee?			/	
	b. Has the establishment submitted proof that wastewater to be used for land application does not contain toxic or substances (as defined in RA 6969)?			/	
	c. Does the establishment's wastewater applied for agricultural purposes directly or indirectly seep or drain into groundwater or nearby surface waters which will affect the quality of such ground and/or surface water?			/	
	d. Has the establishment submitted a Certification from the Department of Agriculture (DA) stating that the quantity, quality and distribution methodology of application are suited for agricultural purposes?			/	
	e. Does the establishment use land application only during periods of low surface water flow to enhance loading limits compliance?			/	
	f. Has the establishment submitted baseline groundwater quality data and self-monitoring report within the discharge areas, and installed at least one groundwater monitoring well which shall be drilled in each dominant direction of groundwater movement?			/	
	g. Has the establishment submitted an emergency plan – which shall respond to emergencies that can prevent or minimize damage to equipment, land, groundwater, etc., and/or public health?			/	
	h. Does the plan highlight the design considerations, systems operation, treatment/monitoring of soil, crops, effluent and groundwater before/after irrigation? Such requirements shall be in addition to Section 14.2.			/	

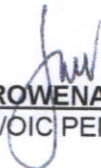
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Other Observations: <ol style="list-style-type: none"> The project is operational and managed by Barangay Cabacungan Primary Multi-Purpose Cooperative; No water pollution facilities or treatment activities tantamount to permitting requirements.
Remarks and Recommendation: <ol style="list-style-type: none"> For removal of the project from the universe list and cancellation of ECC.
List of Documents Reviewed: ECC

GEOTAGGED PHOTOS OF THE WATER FACILITIES

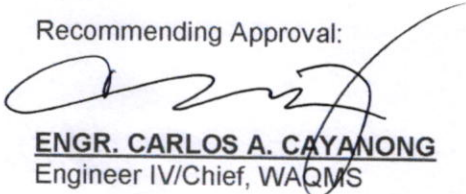


Prepared by:



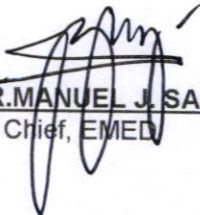
FOR. ROWENA B. PABIA
 SEMS/OIC PEMO

Recommending Approval:




ENGR. CARLOS A. CAYANONG
 Engineer IV/Chief, WAQMS

Approval:



FOR. MANUEL J. SACEDA
 OIC Chief, EMED

Noted:



ENGR. REYNALDO B. BARRA
 OIC Regional Director





DISPOSITION FORM

Doc. Date : April 02, 2022
IIS No. : R8-2022-009872

Company Name : BRGY. CABACUNGAN, ALLEN, NORTHERN SAMAR



Subject / Title: WATER SURVEY - CONSTRUCTION OF CABACUNGAN POTABLE WATER SYSTEM

TO: All Officials/Personnel Concerned:

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Rowena B. Pabia	04/02/2022	Ladylle B. Oledan	05:30 AM	For appropriate action. For printing c/o Ms. Nina Peru
Ladylle B. Oledan	04/04/2022	Sheilla Niña A. Peru	09:31 AM	For initial/signature.
Sheilla Niña A. Peru	04/05/2022	Vincent Philip A. Morastil	08:49 AM	For appropriate action. Please print the report and route to Ate Ledane for her review
Vincent Philip A. Morastil	04/05/2022	Ledane Joy Y. Laurente	04:47 PM	Pls. study / evaluate.
LY laurente	04/07/2022	CAC	10:57 AM	for signature
CA	4-7	MS	1120	H
C-EMED	04/07/22	ORD	4:39pm	I
RD	APR 08 2022	EMED/ N. Peru	5:48pm	Noted / Signed

Use code for comment/instruction and desired action:

- | | | | |
|--|------------------------------------|-----------------------------------|----------------------------|
| A - For information / guidance / reference | B - For comments / recommendations | C - Pls. take up with me | D - Pls. draft answer memo |
| E - Pls. appropriate action | F - Pls. immediate investigation | G - Pls. Attach supporting papers | H - Pls. for approval |
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