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|  | ENVIRONMENTAL MANAGEMENT BUREAU REGION 8 |  |
| | SURVEY/INSPECTION FOR WATER QUALITY MANAGEMENT | |

ENVIRONMENTAL MONITORING AND ENFORCEMENT DIVISION-WATER AIR QUALITY MONITORING SECTION

Report Control Number: _____

Date of Survey/Inspection: **February 11, 2022**

Mission Order No.: **EMBR8-2022-005175**

| | | |
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| 1. GENERAL INFORMATION | | |
| Name of Establishment: DBP – Maasin Branch | | |
| Address: Brgy. Tunga-Tunga, Maasin City, Southern Leyte | | Geo Coordinates: 10.13322° N, 124.85799° E |
| Nature of Business: Bank | | |
| PSIC Code: 6411 | Product: | Year Established: 2015 |
| Operating hours/day: 8 | Operating days/week: 5 | Operating days/year: 365 |

| | | |
|------------------------|--|---|
| Product Lines | Production Rate as Declared in the ECC (unit/day) | Actual Production Rate (unit/day) |
| | | |
| | | |
| | | |
| Name of Managing Head: | Emelita B. Sanchez | |
| Name of PCO: | Michelle C. Dongsal | |
| PCO Accreditation No.: | 2019-RVIII-0051 | Date of Effectivity: 04/11/2019-2021 |
| Phone/Fax: | 574-9953/0917-300-2549 | Email: mcdongsal@gmail.com |

| | | |
|---|--|--|
| 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 <input type="checkbox"/> Renewal <input type="checkbox"/> PMPIN Application <input type="checkbox"/> Hazardous Waste ID Registration <input type="checkbox"/> Hazardous Waste Transporter Registration <input type="checkbox"/> Hazardous waste TSD Registration <input type="checkbox"/> Permit to Operate Air Pollution Control Installation <input type="checkbox"/> Discharge Permit <input type="checkbox"/> Others _____ | New <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Renewal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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| <input checked="" 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 _____ | |
| Name of Contact Person | Myrna T. Orit |
| Position / Designation | Focal Person - Envi |

3. COMPLIANCE STATUS
3.1 DENR Permits/Licenses/Clearance

| Environmental Law | Permits | | Date of Issue | Expiry Date |
|-------------------|----------------------------|-----------------------|---------------|-------------|
| PD 1586 | ECC1 | | | |
| | ECC2 | | | |
| RA 6969 | DENR Registry ID | OL-GR-R8-64-003162 | 09/14/2020 | |
| | PCL Compliance Certificate | | | |
| | CCO Registry | | | |
| | Permit to Transport | | | |
| RA 8749 | POA No. | PTO-OL-R08-2021-01250 | 03/02/2021 | 03/02/2026 |
| RA 9003 | ECC for Sanitary Landfill | | | |
| RA 9275 | DP No. | 15-DP-K-0837-0221 | 11/18/2015 | 11/18/2016 |

4. Water Supply and Wastewater Generation

| | | | | | |
|------------------------------------|-------------------|--------------------|-------------------|--------------|-------------------|
| A. Water Sources | | | | | |
| Sources of Water Supply | Daily (m³/day) | Annual (m³/day) | Specify if Others | | |
| Surface water (river, lakes, etc.) | | | | | |
| Groundwater | | | | | |
| Water utilities | 0.65 | | | | |
| Others (specify) | | | | | |
| B. Wastewater Sources | | | | | |
| Water Use / Sources of Wastewater | Consumed (m³/day) | Generated (m³/day) | Specify if Others | | |
| Process Water | | | | | |
| Domestic Water | 0.65 | | | | |
| Cooling Water | | | | | |
| Maintenance | | | | | |
| Storm drain | | | | | |
| Others (specify) | | | | | |
| C. Quality of Abstracted Water | | | | | |
| 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? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| B. What type of WWTP? | <input type="checkbox"/> Physical <input checked="" type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Others |
| C. WWTP Detail | |
| 1. Date Installed | 2013 |
| 2. Design Capacity | 0.682 m³/day |
| 3. Cost of WWTP | |
| 4. Annual Maintenance Cost (Php/year) | |
| 5. Location of Discharge Point(s) | Receiving Water Body Classification of Water Body |
| | |
| | <input type="checkbox"/> V-weir Other (specify) |
| 6. Flow Metering Device Use | <input type="checkbox"/> Flow Meter |

| | | | |
|---|---|---|------------------|
| 7. Flow Rate NO DATA | Influent | Effluent | Others (specify) |
| | | | |
| A. Components of WWTP | | | |
| Primary | Biological | Chemical | Others |
| <input type="checkbox"/> Screening | <input type="checkbox"/> Activated Sludge | <input type="checkbox"/> pH Adjustment | |
| <input type="checkbox"/> Primary Treatment | <input checked="" type="checkbox"/> Anaerobic Digestion | <input type="checkbox"/> Disinfection | |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Trickling Filter | <input type="checkbox"/> Oxidation/Reduction | |
| <input type="checkbox"/> Oil/Water Separator | <input type="checkbox"/> Oxidation/Stabilization Pond | <input type="checkbox"/> Flocculation/Coagulation | |
| <input type="checkbox"/> Equalization Tank | <input type="checkbox"/> Sequencing Batch Reactor | <input type="checkbox"/> Others (specify) | |
| <input type="checkbox"/> Others (specify) | <input type="checkbox"/> Others (specify) | | |
| B. Condition of the WWTP | | | |
| 1. What is the general condition of the WWTP during sampling? | <input checked="" 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 checked="" type="checkbox"/> No | | |
| 3. If the answer is No. 2 is YES, has this been reported to EMB/LLDA? | N/A | | |
| 4. Which System or units are under construction or being modified? | N/A | | |
| 5. Estimated date of completion | N/A | | |
| 6. Treatment units utilized to treat wastewater | N/A | | |

| | | | | | | |
|---------------------------------|--------------|-------------|--------------------------------|-----------------------|-----------|----------------|
| Water Quality Field Date | | | | | | |
| Sampling Point No. 1 | | | | | | |
| Sampling Station | | No Data | | Sampling Time: | | |
| Type of Sample | | | | | | |
| Result Analysis | | | | | | |
| Parameter | Value | Unit | DENR Effluent Standards | Compliant | | Remarks |
| | | | | Yes | No | |
| | | | | | | |
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|---------------------------------|---|------------------|----------|------------|----------------|
| 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? | | | ✓ | |

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|--|---|---|--|---|-------------------------------------|
| | 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? | ✓ | | | |
| | 8. Does the establishment use its effluent for Agricultural Purposes? | | | ✓ | If yes, proceed to succeeding items |
| | 10 Rule 14.6 | | | | |
| | 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, | | | ✓ | |


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| | 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: |
| ➤ Duplicate universe entry. One entry was "DBP Maasin" and the other entry was "Development Bank of the Philippines – Maasin Branch" |
| Remarks and Recommendation: |
| ➤ To delete "DBP Maasin" entry in the universe and utilize "Development Bank of the Philippines-Maasin Branch". |
| List of Documents Reviewed: |

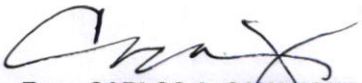
Submitted by:


Engr. ZEUS BRYAN B. LORETO
EMS II


Reviewed:


For. ALEJANDROQUE G. MACATIGUE
Head, PEMU Southern Leyte

Recommending Approval:


Engr. CARLOS A. CAYANONG
Chief, WAQMS

Approval:


For. MANUEL J. SACEDA, Jr.
OIC-Chief, EMED

Noted:


Engr. REYNALDO B. BARRA
OIC-Regional Director





DISPOSITION FORM

Doc. Date : February 04, 2022
IIS No. : R8-2022-005657

Company Name : DEVELOPMENT BANK OF THE PHILIPPINES-
MAASIN BRANCH



Subject / Title: DBP MAASIN BRANCH WATER SURVEY REPORT

TO: All Officials/Personnel Concerned:

Please accomplish and route this properly with the corresponding attached communication/documents. The Official or employee in-charge to whom this document is routed shall act promptly and expeditiously without discrimination as prescribed in the SECSIME or within fifteen (15) working days from receipt thereof, failure to do is punishable by LAW under RA 6713 and negligence to Memorandum Circular No. 44 issued by the Office of the President of the Philippines "Directing all Government Agencies and Instrumentalities, including government-owned or controlled corporations to respond to all public requests and concerns within 15 days (15 from the receipt thereof)

For strict compliance.

| ROUTED | | | | |
|--|------------------------|--|-----------------|---|
| BY (Official Code/ Sender Initial) | DATE (mm/dd/yy) | TO (Official Code/ Receiver Initial) | TIME (AM/PM) | ACTION REMARKS STATUS |
| Alejandroque G. Macatigue | 02/04/2022 | Ladylle B. Oledan | 04:48 PM | For comments/recommendations. |
| Ladylle B. Oledan | 02/07/2022 | Niña L. Dela Cruz | 09:26 AM | For initial/signature. |
| Niña L. Dela Cruz | 02/07/2022 | Janet T. Polea | 10:09 AM | Pls. study / evaluate. Maam soft copy for your review please. I can print the report once approved |
| Janet T. Polea | 02/08/2022 | Zeus Bryan B. Loreto | 06:36 AM | For appropriate action. Please provide the required information. Thank you. |
| Zeus Bryan B. Loreto | 02/21/2022 | Alejandroque G. Macatigue | 04:02 PM | For approval. Revised report |
| Alejandroque G. Macatigue | 02/22/2022 | Niña L. Dela Cruz | 08:11 AM | For information/guidance/reference. |
| Niña L. Dela Cruz | 02/22/2022 | -- | 09:11 AM | Filed / Close. Duplicate transaction. Please refer to R8-2022-005659 |
| Niña L. Dela Cruz | 04/05/2022 | Niña L. Dela Cruz | 08:31 AM | For appropriate action. Not a duplicate transaction per Z. Loreto |
| Niña L. Dela Cruz | 04/05/2022 | Carlos A. Cayanong | 08:32 AM | For initial/signature. |
| <i>CH</i> C. EMER | <i>4-5</i> 04/05/22 | <i>MS</i> OED | <i>901</i> | <i>H</i> |
| <i>11</i> | <i>04/06/22</i> | <i>V. Moratil</i> | <i>1:58</i> | <i>S</i> |
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Use code for comment/instruction and desired action:

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|--|------------------------------------|-----------------------------------|----------------------------|
| 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 |
| I - For initial/signature | J - For study/evaluation | K - Pls. release/file | L - Update stat of case |

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