

**ENVIRONMENTAL MANAGEMENT BUREAU REGION 8****COMPLIANCE INSPECTION FOR WATER QUALITY MANAGEMENT****Department: ENVIRONMENTAL MONITORING AND ENFORCEMENT DIVISION-WATER AIR QUALITY MONITORING SECTION**

Report Control Number: \_\_\_\_\_

Date of Inspection: January 19, 2022Mission Order No.: (EMBR8-2022-003836)**1. GENERAL INFORMATION**

Name of Establishment: <b>SAMNEST FOOD CORP. /JOLLIBEE CATARMAN</b>		
Address: <b>JACINTO ST. BRGY. NARRA, CATARMAN, NORTHERN SAMAR</b>		Geo Coordinates: <b>12.49679°N, 124.64058°E</b>
Nature of Business: <b>Restaurant /Food chain</b>		
PSIC Code: <b>56</b>	Product: <b>N/A</b>	Year Established: <b>2007</b>
Operating hours/day: <b>12</b>	Operating days/week: <b>7</b>	Operating days/year: <b>365</b>

Product Lines	Production Rate as Declared in the ECC (unit/day)	Actual Production Rate (unit/day)
<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Name of Managing Head:	<b>ARLENE LAURIE D. TANCHICO</b>	
Name of PCO:	<b>JESSON C. MALOBAGO</b>	
PCO Accreditation No.:	<b>COA-2019-RVIII-0056</b>	Date of Effectivity: <b>4/15/2019-4/15/2022</b>
Phone/Fax:	<b>09176351781</b>	Email: <b>jesson4564@gmail.com</b>

**2. PURPOSE OF INSPECTION**☐ Verify accuracy of information submitted by the establishment pertaining to new permit applications, renewals, or modification

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

☐ Determine compliance status with the environmental regulations, permit conditions, and other requirements☐ Investigate community complaints☐ Check status of voluntary commitment

_____ Industrial Ecowatch
_____ Philippine Environmental Partnership Program (PEPP)
_____ Pollution Adjudication Board (PAB)
_____ Others _____

☐ Others \_\_\_\_\_

Name of Contact Person	<b>JESSON C. MALOBAGO</b>
Position / Designation	<b>PCO</b>



### 3. COMPLIANCE STATUS

#### 3.1 DENR Permits/Licenses/Clearance

Environmental Law	Permits		Date of Issue	Expiry Date
PD 1586	ECC1	CNC-R8-0802-035-9811	5/1/2009	N/A
	ECC2	N/A		
	ECC3	N/A		
RA 6969	DENR Registry ID	OL-GR-R8-48-004201	9/7/2020	N/A
	PCL Compliance Certificate	N/A		
	CCO Registry	N/A		
	Permit to Transport	OL-PTT-R6-30-033812	9/26/2021	3/26/2022
RA 8749	POA No.	POA-2020-B-0848-0034	3/2/2020	2/26/2025
RA 9003	ECC for Sanitary Landfill	N/A		
RA 9275	DP No.	On process		

### 4. Water Supply and Wastewater Generation

#### A. Water Sources

Sources of Water Supply	Daily (m <sup>3</sup> /day)	Annual (m <sup>3</sup> /day)	Specify if Others
Surface water (river, lakes, etc.)			
Groundwater			
Water utilities (CWD)	13.98	5,101.9	
Others (specify)			

#### B. Wastewater Sources

Water Use / Sources of Wastewater	Consumed (m <sup>3</sup> /day)	Generated (m <sup>3</sup> /day)	Specify if Others
Process Water			
Domestic Water	6.20	6.20	
Cooling Water			
Maintenance - wash water	7.78	7.78	
Storm drain			
Others (specify)			

#### C. Quality of Abstracted Water – N/A

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 type="checkbox"/> Yes x <input type="checkbox"/> No
B. What type of WWTP?	<input type="checkbox"/> Physical x <input type="checkbox"/> Biological x <input type="checkbox"/> Chemical <input type="checkbox"/> 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 store vicinity		Catarman River	C
		<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	Biological	Chemical	Others
<input type="checkbox"/> Screening x	<input type="checkbox"/> Activated Sludge	<input type="checkbox"/> pH Adjustment	
<input type="checkbox"/> Primary Treatment	<input type="checkbox"/> Anaerobic Digestion	<input type="checkbox"/> Disinfection	
<input type="checkbox"/> Grit Removal	<input type="checkbox"/> Tricking 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 No sampling done			
1. What is the general condition of the WWTP during sampling?		<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 checked="" type="checkbox"/> No x	
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?		N/A	
5. Estimated date of completion		N/A	
6. Treatment units utilized to treat wastewater		N/A	

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

Water Quality Field Date			
Sampling Point No. 2			
Sampling Station		Sampling Time:	
		AM/PM	
Type of Sample			
Result Analysis			



Parameter	Value	Unit	DENR Effluent Standards	Compliant		Remarks
				Yes	No	

Information Summary of the previous or recent inspection/sampling: No sampling done

Date of Sampling						
Sampling Station			Sampling Time:		AM/PM	
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 13.1	1. Does the establishment pay the required wastewater charge?			/	
DAO 2005-10 Rule 14.1	2. Does the establishment have a Discharge Permit?		/		On process
DAO 2005-10 Rule 14.5	3. Does the establishment pay the required discharge permit fee?			/	
DAO 2005-10 Rule 14.9	4. Is the permit available and valid?		/		
DAO 2005-10 Rule 14.11	5. Do the discharge points correspond to those declared in the discharge permit?			/	
	6. Is the volume discharged within the allowable volume declared in the discharge permit?			/	
	7. Is the permit posted in a proper area?			/	
DAO 2005-10 Rule 14.16	8. Are the SMRs submitted quarterly and on time?	/			
DAO 1990-35 Section 4-6	9. Are the effluent parameters compliant with the standards in DENR existing effluent standards?			/	No wastewater analysis yet

DAO 1990-35 Section 8	10. Does the establishment comply with the additional requirements stated in DAO 1990-35?			/	
DAO 1990-35 Section 9	11. Are the pollution control facilities properly and continuously operated?	/			
DAO 1990-35 Section 10	12. Are the methods of analysis used for effluent samples in accordance with the prescribed methods of the Department?			/	
Other Requirements	13. Are the copies of water analysis reports available?			/	
	14. Are the correspondence between the establishment and EMB documented?			/	
	15. Are the establishment's compliance violations and exceedances documented?			/	
	16. Are there any pending litigation/PAB cases?			/	
	17. Are there spill prevention contingency plans?			/	
	18. Are there spill containment facilities available?			/	

**Other Observations:**

1. The establishment has expired DP and was issued a Notice of Violation, the recorded date of payment of penalty was June 3, 2021 and according to the PCO, effluent test result is the lacking requirement for the renewal of Discharge Permit due to difficulty in transporting effluent sample to Cebu because of pandemic restrictions.

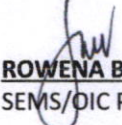
**Remarks and Recommendation:**

1. Advised the proponent to communicate/request with the Office to have effluent test for the parameters that is available in Tacloban, and make the test later for other required parameters.

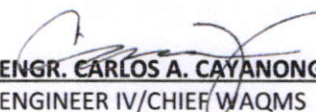
**List of Documents Reviewed:**

SMR

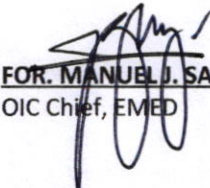
Prepared by:

  
**ROWENA B. PABIA**  
SEMS/OIC PEMO

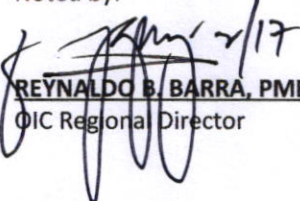
Concurred by:

  
**ENGR. CARLOS A. CAYANONG**  
ENGINEER IV/CHIEF WAQMS

Approved by:

  
**FOR. MANUEL J. SACEDA JR.**  
OIC Chief, EMED

Noted by:

  
**REYNALDO B. BARRA, PME**  
OIC Regional Director





### DISPOSITION FORM

**Doc. Date** : February 13, 2022      **Company Name** : SAMNEST FOOD CORPORATION - JOLLIBEE  
**IIS No.** : R8-2022-006209      **CATARMAN**

**Subject / Title**: WATER COMPLIANCE - SAMNEST FOOD CORP.

**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
Rowena B. Pabia	02/13/2022	Ladylle B. Oledan	04:31 PM	For appropriate action. For printing c/o EMED
Ladylle B. Oledan	02/14/2022	Niña L. Dela Cruz	08:49 AM	For initial/signature.
Niña L. Dela Cruz	02/14/2022	Ledane Joy Y. Laurente	05:29 PM	Pls. study / evaluate. Soft copy for your review please. I can print the report once approved
Ledane Joy Y. Laurente	02/15/2022	Carlos A. Cayanong	10:55 AM	For initial/signature.
Carlos A. Cayanong	02/17/2022	Niña L. Dela Cruz	08:48 AM	For approval.
Niña L. Dela Cruz	02/17/2022	Manuel J. Saceda Jr.	10:47 AM	For initial/signature.
C.EMED	02/17/22	oed		1
RD	FEB 17 2022	EMED	2:10pm	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      |
| I - For initial/signature                  | J - For study/evaluation           | K - Pls. release/file             | L - Update stat of case    |

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