



SURVEY/INSPECTION FOR WATER QUALITY MANAGEMENT



ENVIRONMENTAL MONITORING AND ENFORCEMENT DIVISION-WATER AIR QUALITY MONITORING SECTION

Report Control Number: \_\_\_\_\_  
Date of Survey/Inspection: 3/3/2022  
Mission Order No.: EMBR8-2022-007184

<b>1. GENERAL INFORMATION</b>		
Name of Establishment: <b>SAMAR ADVENTIST MISSION OFFICE BUILDING</b>		
Address: Diversion Road, Brgy. Mercedes, Catbalogan City, Samar		Geo Coordinates: 11°47'12"N, 124°52'9"E
Nature of Business:		
PSIC Code:	Product:	Year Established: Not existing
Operating hours/day: N/A	Operating days/week: N/A	Operating days/year: N/A
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:	N/A	
Name of PCO:	N/A	
PCO Accreditation No.:		Date of Effectivity:
Phone/Fax:		Email:
<b>2. PURPOSE OF INSPECTION</b>		
<input type="checkbox"/> Verify accuracy of information submitted by the establishment pertaining to new permit applications, renewals, or modification		
	New	Renewal
_____ 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"/>
<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		
_____ Industrial Ecowatch		
_____ Philippine Environmental Partnership Program (PEPP)		
_____ Pollution Adjudication Board (PAB)		
_____ Others _____		
<input type="checkbox"/> Others _____		
Name of Contact Person	Emerson C. Lucion	
Position / Designation	President	

3. COMPLIANCE STATUS  
3.1 DENR Permits/Licenses/Clearance

Environmental Law	Permits		Date of Issue	Expiry Date
PD 1586	ECC1	ECC-OL-R08-2019-0193	10/24/2019	
	ECC2			
RA 6969	DENR Registry ID	N/A		
	PCL Compliance Certificate			
	CCO Registry			
	Permit to Transport			
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

A. Water Sources					
Sources of Water Supply	Daily (m³/day)	Annual (m³/day)	Specify if Others		
Surface water (river, lakes, etc.)	N/A				
Groundwater					
Water utilities					
Others (specify)					
B. Wastewater Sources					
Water Use / Sources of Wastewater	Consumed (m³/day)	Generated (m³/day)	Specify if Others		
Process Water	N/A				
Domestic Water					
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
N/A					

5. Information on Wastewater Pollution

A. Does the Establishment have a Wastewater Treatment Plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. What type of WWTP?	<input type="checkbox"/> Physical <input type="checkbox"/> Biological <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	
	<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 <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) _____	<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) _____	<input type="checkbox"/> pH Adjustment <input type="checkbox"/> Disinfection <input type="checkbox"/> Oxidation/Reduction <input type="checkbox"/> Flocculation/ Coagulation <input type="checkbox"/> Others (specify) _____	
B. Condition of the WWTP			
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 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						
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?			/	Project not implemented
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?			/	-do-
	3. Has the establishment submitted water quality analysis of abstracted water and the appropriate bills?			/	-do-
	4. Has the establishment submitted Pollution Prevention/Environmental Management System Plan or Program?			/	-do-

DAO 2005-10 Rule 14.6	5. Has the establishment submitted copy of the Environmental Compliance Certificate or Certificate of Non-Coverage?			/	-do-
	6. Does the establishment have a DENR ID Number as hazardous waste generator, as applicable?			/	-do-
	7. Has the establishment designated or appointed a PCO?			/	-do-
	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.				

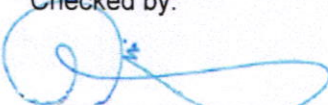


<b>Other Observations:</b> <div>1. There is no existing Samar Adventist Mission Office Building during the conduct of survey. Undersigned verified through their Admin Office located at Brgy. Payao, Catbalogan City, Samar.</div> <div>2. As per information gathered from the contact person, the project is no longer to be implemented due to insufficient or no funds to continue the project.</div>
<b>Remarks and Recommendation:</b> <div>1. Recommendation to cancel their ECC.</div>
<b>List of Documents Reviewed:</b>

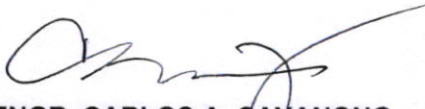
Submitted by:

  
**ENGR. ROY ALEXANDER H. TABOADA**  
EMS II

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Chief, WAQMS

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OIC-Chief, EMED

Noted by:

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



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