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|  | <b>ENVIRONMENTAL MANAGEMENT BUREAU REGION 8</b><br><b>SURVEY/INSPECTION FOR WATER QUALITY MANAGEMENT</b> |  |
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ENVIRONMENTAL MONITORING AND ENFORCEMENT DIVISION-WATER AIR QUALITY MONITORING SECTION

Report Control Number: \_\_\_\_\_  
 Date of Survey/Inspection: January 18, 2022  
 Mission Order No.: EMBR8-2022-003266

|  |  |  |
|--|--|--|
| <b>1. GENERAL INFORMATION</b>  |  |  |
| Name of Establishment: CALBIGA SMALL ENTERPRISES PARK  |  |  |
| Address:<br>Brgy. Bacyaran, Calbiga, Samar   |  | Geo Coordinates:<br>11.61958 N, 125.01483 E  |
| Nature of Business:<br><b>Visitor center and event place</b>   |  |  |
| PSIC Code: N.A.  | Product: N.A.  | Year Established: 2006   |
| Operating hours/day: N.A.  | Operating days/week: N.A.  | Operating days/year: N.A.  |
| Product Lines  | Production Rate as Declared<br>in the ECC (unit/day)   | Actual Production Rate (unit/day)  |
|  | <b>N.A.</b>  |  |
|  |  |  |
|  |  |  |
| Name of Managing Head:   | <b>Hon. Mayor Melchor F. Nacario</b>   |  |
| Name of PCO:   | <b>None</b>  |  |
| 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  |  |  |
| <input type="checkbox"/> New Renewal<br><input type="checkbox"/> PMPIN Application<br><input type="checkbox"/> Hazardous Waste ID Registration<br><input type="checkbox"/> Hazardous Waste Transporter Registration<br><input type="checkbox"/> Hazardous waste TSD Registration<br><input type="checkbox"/> Permit to Operate Air Pollution Control Installation<br><input type="checkbox"/> Discharge Permit<br><input type="checkbox"/> Others _____  | <b>New</b><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | <b>Renewal</b><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |
| <input checked="" type="checkbox"/> Determine compliance status with the environmental regulations, permit conditions, and other requirements<br><input type="checkbox"/> Investigate community complaints<br><input type="checkbox"/> Check status of voluntary commitment<br><input type="checkbox"/> Industrial Ecowatch<br><input type="checkbox"/> Philippine Environmental Partnership Program (PEPP)<br><input type="checkbox"/> Pollution Adjudication Board (PAB)<br><input type="checkbox"/> Others _____<br><input type="checkbox"/> Others _____ |  |  |
| Name of Contact Person   | <b>Lea Pait-Rafales</b>  |  |
| Position / Designation   | Tourism Operations Officer   |  |

3. COMPLIANCE STATUS  
3.1 DENR Permits/Licenses/Clearance

| Environmental Law | Permits                    |                    | Date of Issue | Expiry Date |
|-------------------|----------------------------|--------------------|---------------|-------------|
| PD 1586           | ECC1                       | ECC-08-050310-0087 | 3/14/2005     | N.A.        |
|                   | 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.) |                |                 |                   |
| Groundwater                        |                |                 |                   |
| Water utilities                    | 10             |                 |                   |
| Others (specify)                   |                |                 |                   |

B. Wastewater Sources

| Water Use / Sources of Wastewater | Consumed (m³/day) | Generated (m³/day) | Specify if Others |
|-----------------------------------|-------------------|--------------------|-------------------|
| Process Water                     |                   |                    |                   |
| Domestic Water                    | No data available |                    |                   |
| Cooling Water                     |                   |                    |                   |
| Maintenance                       |                   |                    |                   |
| Storm drain                       |                   |                    |                   |
| Others (specify)                  |                   |                    |                   |

C. Quality of Abstracted Water

| Sources of Water Supply | BOD/<br>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 checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |                              |
| B. What type of WWTP?  |  | <input checked="" type="checkbox"/> Physical<br><input type="checkbox"/> Biological<br><input type="checkbox"/> Chemical<br><input type="checkbox"/> Others |                              |
| C. WWTP Detail   |  |   |                              |
| 1. Date Installed  |  | No data available   |                              |
| 2. Design Capacity   |  | No data available   |                              |
| 3. Cost of WWTP  |  | No data available   |                              |
| 4. Annual Maintenance Cost (Php/year)                        |  | No data available   |                              |
| 5. Location of Discharge Point(s)                            |  | Receiving Water Body  | Classification of Water Body |
| N.A.   |  | N.A.  | N.A.                         |
|  |  | <input type="checkbox"/> V-weir   | Other (specify)              |
| 6. Flow Metering Device Use                                  |  | <input type="checkbox"/> Flow Meter   |                              |
| 7. Flow Rate   |  | Influent  | Effluent                     |
|  |  | N.A.  | N.A.                         |



| A. Components of WWTP  |  |  |        |
|--|--|--|--------|
| Primary  | Biological   | Chemical   | Others |
| <input type="checkbox"/> Screening<br><input type="checkbox"/> Primary Treatment<br><input type="checkbox"/> Grit Removal<br><input type="checkbox"/> Oil/Water Separator<br><input type="checkbox"/> Equalization Tank<br><input type="checkbox"/> Others (specify) _____ | <input type="checkbox"/> Activated Sludge<br><input type="checkbox"/> Anaerobic Digestion<br><input type="checkbox"/> Tricking Filter<br><input type="checkbox"/> Oxidation/Stabilization Pond<br><input type="checkbox"/> Sequencing Batch Reactor<br><input type="checkbox"/> Others (specify) _____ | <input type="checkbox"/> pH Adjustment<br><input type="checkbox"/> Disinfection<br><input type="checkbox"/> Oxidation/Reduction<br><input type="checkbox"/> Flocculation/ Coagulation<br><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<br><input type="checkbox"/> Inadequately maintained<br><input type="checkbox"/> Poor maintenance<br><input type="checkbox"/> Others   |        |
| 2. Is the WWTP under construction or undergoing rehabilitation?  |  | <input type="checkbox"/> Yes<br><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 |         |
| N.A.                     |       |      |                         |                |    |         |
|                          |       |      |                         |                |    |         |
|                          |       |      |                         |                |    |         |

| 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?  |           |   | /   |         |

|                          |   |  |  |   |  |
|--------------------------|---|--|--|---|--|
| DAO 2005-10<br>Rule 14.6 | 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?   |  |  | / | <b>If yes, proceed to succeeding items</b> |
|                          | 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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| <p><b>Other Observations:</b></p> <ol style="list-style-type: none"> <li>1. The establishment is not in operation during the conduct of survey. Currently, it is used by the Municipality for Quarantine facility.</li> <li>2. No any wastewater generation or related activity observed during the conduct of survey.</li> </ol> |
| <p><b>Remarks and Recommendation:</b></p> <ol style="list-style-type: none"> <li>1. The establishment is not required to secure Wastewater Discharge</li> </ol>   |
| <p><b>List of Documents Reviewed:</b></p>   |



Submitted by:

*[Signature]*  
**ENGR. ROY ALEXANDER H. TABOADA**  
 EMS – II

Checked and reviewed by:

*[Signature]*  
**ANTONIO A. PINGO, Ph.D.**  
 Head, PEMU Samar

Recommending Approval:

*[Signature]*  
**ENGR. CARLOS A. CAYANONG**  
 Chief, WAQMS

Approved by:

*[Signature]*  
**FOR: MANUEL J. SACEDA JR.**  
 OIC-Chief, EMED

Noted by:

*[Signature]*  
**REYNALDO B. BARRA, PME**  
 OIC-Regional Director



