



SURVEY/INSPECTION FOR WATER QUALITY MANAGEMENT



ENVIRONMENTAL MONITORING AND ENFORCEMENT DIVISION-WATER AIR QUALITY MONITORING SECTION

Report Control Number: _____
Date of Survey/Inspection: February 02, 2022
Mission Order No.: EMB-R8-2022-005351

1. GENERAL INFORMATION		
Name of Establishment: GTC TUNNEL VENT POULTRY		
Address: Brgy. Magsaysay, Sta. Rita, Samar		Geo Coordinates: Latitude: 11.2120 N Longitude: 125.137E
Nature of Business: POULTRY		
PSIC Code: N/A	Product: LIVESTOCK	Year Established: 2016
Operating hours/day: 24 HRS.	Operating days/week: 7 days	Operating days/year: 365 days
Product Lines	Production Rate as Declared in the ECC (unit/day)	Actual Production Rate (unit/day)
n/d/a	n/d/a	n/d/a
Name of Managing Head: GENARO T. COLIBAO		
Name of PCO: MARCELINO MUEVA		
PCO Accreditation No.:	N/D/A	Date of Effectivity: N/D/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"/> 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 checked="" type="checkbox"/> Discharge Permit	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others: <u>Survey</u>	<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 _____	
Name of Contact Person	MARCELINO MUEVA
Position / Designation	PCO

3. COMPLIANCE STATUS

3.1 DENR Permits/Licenses/Clearance

Environmental Law	Permits		Date of Issue	Expiry Date
PD 1586	ECC1	ECC-R08-1506-0103	June 17, 2015	N/A
	ECC2	N/A	N/A	N/A
RA 6969	DENR Registry ID	N/A	N/A	N/A
	PCL Compliance Certificate	N/A	N/A	N/A
	CCO Registry	N/A	N/A	N/A
	Permit to Transport	N/A	N/A	N/A
RA 8749	POA No.	16-POA-I-0826	Sept. 02, 2018	Sept. 02, 2021
RA 9003	ECC for Sanitary Landfill	N/A	N/A	N/A
RA 9275	DP No.	Not required	n/a	n/a

4. Water Supply and Wastewater Generation

A. Water Sources

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

B. Wastewater Sources

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

C. Quality of Abstracted Water

Sources of Water Supply	BOD/ COD	TSS	AVFP	Heavy Metals	Specify if Others
Deep-Well	nda	nda	nda	ndanda	

5. Information on Wastewater Pollution

A. Does the Establishment have a Wastewater Treatment Plant?

☐ Yes Closed Septic Tank
☐ No

B. What type of WWTP? None

☐ Physical
☐ Biological
☐ Chemical No data available
☐ Others

C. WWTP Detail n/a

1. Date Installed	n/a
2. Design Capacity	n/a
3. Cost of WWTP	n/a
4. Annual Maintenance Cost (Php/year)	n/a
5. Location of Discharge Point(s)	Receiving Water Body Classification of Water Body
No data available	none n/a
	<input type="checkbox"/> V-weir n/a Other (specify)
6. Flow Metering Device Use	<input type="checkbox"/> Flow Meter n/a
7. Flow Rate	Influent Effluent Others (specify)
	n/a n/a n/a

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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? N/A		<input type="checkbox"/> Properly maintained N/A <input type="checkbox"/> Inadequately maintained N/A <input type="checkbox"/> Poor maintenance N/A <input type="checkbox"/> Others N/A	
2. Is the WWTP under construction or undergoing rehabilitation?		<input type="checkbox"/> Yes N/A <input 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		N/A				
Sampling Point No. 1		N/A				
Sampling Station	N/A	Sampling Time:		N/A		
Type of Sample	N/A					
Result Analysis		N/A				
Parameter	Value	Unit	DENR Effluent Standards	Compliant		Remarks
				Yes	No	
N/A	N/A	N/A	N/A	N/A	N/A	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 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?		//	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.		/	

Other Observations:

- 1. One (1) unit tunnel ventilated building is operational with a newly loaded broiler chicks of 44,000 heads has been observed during the time of survey/inspection.
- 2. Another one (1) unit tunnel ventilated building is ready for occupancy of broiler chicks.
- 3. No amount of waste water generated within the perimeter of the poultry farm.
- 4. Potable and/or purified water is used only for supplement.
- 5. Last submission of CMR is July to December 2021.


Remarks and Recommendations:

- 1. As observed during the survey/inspection there is no waste water generation within the perimeter of the poultry farm, hence Waster Water Discharge Permit is not required.
- 2. In order to maintain and sustain the environmental sanitation of the poultry farm project, a continuous monitoring is hereby required and to ensure that no adverse impact on the environment from growing to harvest of the poultry farm products (live chickens).
- 3. Sustain the submission of CMR and other required reports.

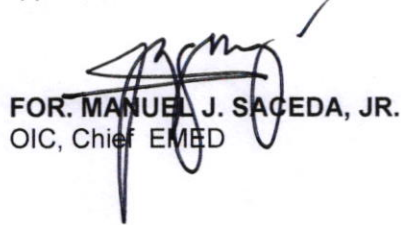
List of Documents Reviewed:

Copy of ECC. Local permits and clearances

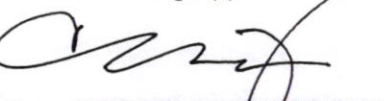
Submitted by:


DR. ANTONIO A. PINO, Ph. D.
HEAD, PEMU-SAMAR

Approval:


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

Recommending Approval:


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

Noted:


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



DISPOSITION FORM

Doc. Date : February 16, 2022
IIS No. : R8-2022-006518
Company Name : GTC POULTRY



Subject / Title: Water Survey of GTC Tunnel Vent Poultry

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
Antonio A. Pino	02/16/2022	Niña L. Dela Cruz	04:48 PM	For initial/signature.
Niña L. Dela Cruz	02/16/2022	Vincent Philip A. Morastil	04:50 PM	For appropriate action. Please print the report and route to Kuya Joseph afterwards. Thank you!
Vincent Philip A. Morastil	02/16/2022	Joseph R. Aure	05:50 PM	For appropriate action.
J. MURE CA	02/17/22 2-18	C. Cuyaron MS	01:06 PM 841	1 H
C. EMED	02/18/21	ORD		1

Use code for comment/instruction and desired action:

- A - For information / guidance / reference
E - Pls. appropriate action
I - For initial/signature
- B - For comments / recommendations
F - Pls. immediate investigation
J - For study/evaluation
- C - Pls. take up with me
G - Pls. Attach supporting papers
K - Pls. release/file
- D - Pls. draft answer memo
H - Pls. for approval
L - Update stat of case

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Do not tamper. Continue on separate sheet if necessary. Attach this always with the document to be routed as this shall form an integral part of the document process.