

## PROJECT ENVIRONMENTAL MONITORING AND AUDIT PRIORITIZATION SCHEME (PEMAPS) QUESTIONNAIRE

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**Project Name:**

**Project Location:**

**ECC Reference No.:**

**Proponent:**

**Pollution Control Officer:**

**Tel. No./Fax No./E-mail:**

**Project Type:**

**Project Status:**

### I. PROJECT CONSIDERATIONS

#### 1.1 Size and Type

##### 1.1.1 Size based on number of employees

Specify number of employees:

##### 1.1.2 Type:

ECP (in either ECA or Non-ECA)

Non-ECP but in ECA

Non-ECP and Non-ECA

#### 1.2 Waste Generation and Management

##### 1.2.1 Enumerate Waste Type and Specify Quantity of Wastes generated in your facility. (Identify /Enumerate)

Category	Waste	Type		Quantity
		Hazardous	Non-Hazardous	

**PROJECT ENVIRONMENTAL MONITORING AND AUDIT PRIORITIZATION  
SCHEME (PEMAPS) QUESTIONNAIRE**

Air	Waste 1			(units: MT/yr)
	Waste 2			
	Waste N			
Liquid				(units: m <sup>3</sup> /yr)
Solid				(units: tons/yr)

### 1.3 Pollution Control System (PCS)

- 1.3.1 Enumerate PCS or Waste Management Method Used in your facility.  
(Identify /Enumerate)

Category	PCS/Waste Management Method Used	Remarks
Air	PCS 1	
	PCS 2	

**PROJECT ENVIRONMENTAL MONITORING AND AUDIT PRIORITIZATION  
SCHEME (PEMAPS) QUESTIONNAIRE**

	PCS N	
Liquid	Primary	
	Secondary	
	Tertiary	
Solid		

## II. PATHWAYS

2.1 Prevailing wind towards barrio or city? (mark the corresponding point) Yes      No

2.2 Rainfall (impacts surface & groundwater pathways)

2.2.1 Average annual net rainfall:

Specify amount:

2.2.2 Maximum 24-hour rainfall:

Specify amount:

2.3 Terrain (select one and mark) Flat      Steep

2.4 Is the facility located in a flood-prone area? (select one and mark) Yes      No

2.5 Ground Water

ANNEX 2-7d

**PROJECT ENVIRONMENTAL MONITORING AND AUDIT PRIORITIZATION  
SCHEME (PEMAPS) QUESTIONNAIRE**

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Depth of groundwater table (meter) (select one and mark)

0 to less than 3

3 to 10

Greater than 10

**III. RECEIVING MEDIA/RECEPTORS**

3.1 Air (Distance to nearest community) (select one and mark)

0 to less than 0.5 km

0.5 to 1 km

Greater than 1 km

3.2 Receiving Surface Water Body

3.2.1 Distance to receiving surface water: (select one and mark)

0 to less than 0.5 km

0.5 to 1 km

Greater than 1 km

3.2.2 Size of population using receiving surface water

Specify number:

3.2.3 Fresh Water

3.2.3.1 Classification of fresh water: (select one and mark)

## PROJECT ENVIRONMENTAL MONITORING AND AUDIT PRIORITIZATION SCHEME (PEMAPS) QUESTIONNAIRE

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AA

A

B

C

D

3.2.3.2 Size of fresh water body:

Specify size:

3.2.3.3 Economic value of water use (may select more than one  
of the criteria below)

Drinking

Domestic

Recreational

Fishery

Industrial

Agricultural

3.2.4 Salt water

3.2.4.1 Classification of salt water (select one and mark)

SA

SB

SC

ANNEX 2-7d

**PROJECT ENVIRONMENTAL MONITORING AND AUDIT PRIORITIZATION  
SCHEME (PEMAPS) QUESTIONNAIRE**

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SD

3.2.4.2 Economic value of water use (may select more than one  
of the criteria below)

Fishery

Tourist zone or park

Recreational

Industrial

### 3.3 Ground Water

3.3.1 Distance to nearest recharge area (select one and mark)

0 to less than 0.5 km

0.5 to 1 km

Greater than 1 km

3.3.2 Distance to nearest well used (select one and mark)

0 to less than 0.5 km

0.5 to 1 km

Greater than 1 km

3.3.3 Groundwater use within the nearest well (may select more than one  
of the criteria below)

Drinking

ANNEX 2-7d

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---

Industrial

Agricultural

**3.4 Land**

- 3.4.1 Indicate current/actual land uses within 0.5 km radius: (may select more than one of the criteria below)

Residential

Commercial/Institutional

Industrial

Agricultural/Recreational

Protected Area

- 3.4.2 Potential/proposed land uses within 0.5 km (may select more than one of the criteria below)

Residential

Commercial/Institutional

Industrial

Agricultural/Recreational

Protected Area

- 3.4.3 Number of affected Environmentally Critical Areas within 1 km:

ANNEX 2-7d

**PROJECT ENVIRONMENTAL MONITORING AND AUDIT PRIORITIZATION  
SCHEME (PEMAPS) QUESTIONNAIRE**

---

Specify number:

3.4.4 Distance to nearest ECA (select one and mark)

0 to less than 0.5km

0.5 to 1 km

Greater than 1 km

**IV. ENVIRONMENTAL PERFORMANCE (FOR EXISTING PROJECTS FOR EXPANSION)**

3.5 Compliance (pls. take note that this will be double-checked with PCD files)

Law	Violation (check if any)	Type (pls. specify number of times committed)				Type of Admin Violation	Additional Remarks/Status of Compliance
		STANDARD					
		Emission/Effluent/ Discharge	Ambient	Human Impact	Admin/ ECC		
RA 8749							
RA 9275							
RA 6969							
PD 1586							
RA 9003							

3.6 Number of Valid Complaints

3.6.1 Citizen and NGOs



**PROJECT ENVIRONMENTAL MONITORING AND AUDIT PRIORITIZATION  
SCHEME (PEMAPS) QUESTIONNAIRE**

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Specify number:

3.6.2 Others (other Govt. Agencies, Private Institutions)

Specify number:

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(To be filled up by EMB Personnel)

**RECOMMENDATION/S:**

Assessed By:

Noted By: