



LAGUNA LAKE DEVELOPMENT AUTHORITY
National Ecology Center, East Avenue
Diliman, Quezon City
 Tel. Nos.: 332-2346, 376-4039, 376-4072, 376-4049, 376-4061

APPLICATION FOR DISCHARGE PERMIT

NEW RENEWAL REVALIDATION Expiry Date of latest DP: _____ LLDA Establishment ID _____

A. APPLICANT INFORMATION

Name of Establishment/Project: _____
Tax Identification Number (TIN): _____ **Year Established:** _____
Location of Establishment/Project:
 Number and Street: _____ **Barangay:** _____
 City/Municipality: _____ **Province:** _____
 Tel. # : _____ **Fax #:** _____
Business Activity: _____
Applicant's Pollution Control Officer:
 Name: _____ **Cert. of Accreditation No.:** _____
 Cel. #: _____ **email add:** _____

B. Employment and Operation Information

Total number of workers *Operational Schedule/Time*
 Production: _____ No. of hours/day: _____ No. days/month: _____
 Non-Production: _____ No. of days with discharge/month: _____

C. Project and Product Information

Total Floor Area (m²) _____ **Total Lot Area (m²)** _____
For Agro-Industrial Establishments
Registered No. of Heads (based on LLDA Clearance) _____ **Actual No. of Heads** _____

| | Product 1 | Product 2 | Product 3 | Product 4 |
|-----------------------------------|-----------|-----------|-----------|-----------|
| <i>Product Name*</i> | | | | |
| Annual Production Capacity | | | | |
| Previous year's actual production | | | | |

D. Water Sources, Consumption and Wastewater Generation

| <i>Box A: Sources (m³/day)</i> | | <i>Box B: Consumption (m³/day)</i> | | <i>Box C: Wastewater Generation (m³/day)</i> | | | | |
|---|--|---|--|---|---------------------|--|-----------------------------|---------------------------------------|
| | | | | Recycled/ Re-used | Lost by Evaporation | Contained in Lagoon, Ponds, Septic Tanks | Treated by Service Provider | Effluent Discharge to the Environment |
| MWSI, MWCI | | Process Wastewater | | | | | | |
| Local Water District | | Washing (cleaning of equipment/kitchen wastes from restaurants) | | | | | | |
| Deepwell | | Domestic Wastewater | | | | | | |
| Surface Water (lake, river, creek, etc.) | | Cooling (make-up water) | | | | | | |
| Others (specify) | | Others (drinking water, gardening, product component, etc.) | | | | | | |
| Total Water Supply | | Total Water Consumption | | Total Wastewater Discharge | | | | |

NOTE: Box A and Box B must be equal (total water consumption)

E. Water Pollution Information

| Location & Description of the Outlet | Name of the Receiving Body of water | Estimated BOD conc. (mg/l) | Estimated Ave. Rate of Discharge (m ³ /day) | Mode of Discharge | Schedule of Discharge (Date and Time) |
|--------------------------------------|-------------------------------------|----------------------------|--|-------------------|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

(continuation at the back)

F. Wastewater Treatment System Information

Septic Tank/s () Wastewater Treatment Facility () Sewage Treatment Plant () Others: _____ None ()

Capacity _____ (m³/day) Total Capital Investment in treatment system: PhP _____

Is there a physical treatment? Yes () No () Date Installed: _____

Screening () Equalization () Grit Removal () Oil-Water Separator ()

Sedimentation () If others, specify _____

Is there a chemical treatment? Yes () No () Date Installed: _____

Adsorption () Disinfection/Chlorination () Flocculation/Coagulation ()

pH Adjustment () If others, specify _____

Is there a biological treatment? Yes () No () Date Installed: _____

Activated Sludge () Single Batch Reactor () Anaerobic Digester/s () Trickling Filters ()

Oxidation/Stabilization Pond () Lagoons () Rotating Biological Contactor/s ()

If others, specify _____

Is there a tertiary treatment system? Yes () No () Date Installed: _____

Reverse Osmosis () Microfiltration () Ultrafiltration () Nutrient Removal ()

If others, specify _____

G. Flow Meter Information

Is flow meter installed? Yes () No () Type (specify): _____

H. Sludge Management

Quantity of sludge _____ (m3/day)

Method of water removal from sludge

Drying Bed/s () Vacuum Filtration () Pressure Filtration () Centrifugation () If others, specify _____

Method of Disposal

Landfill inside the factory () Landfill outside the factory () Ocean dumping () If others, specify _____

I. Hazardous Waste Management

Method of disposal (specify): _____

DENR ID Number as Hazwaste Generator: _____ Date issued: _____

J. Sketch of Sampling Station

I hereby certify that the information above are true, complete and accurate to the best of my knowledge.

Name & Signature of the Pollution Control Officer

Name & Signature of the Chief Executive Officer

Date: _____

Date: _____

SUBSCRIBED AND SWORN to before me a NOTARY PUBLIC, this _____ day of _____, affiant exhibiting to me his/her Community Tax Receipt No. _____ issued at _____ on _____

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series No. _____

All information contained in this application form will be held strictly confidential.