



LAGUNA LAKE DEVELOPMENT AUTHORITY

QUARTERLY SELF-MONITORING REPORT

1 2 3 4

Quarter Months Covered : _____

A. General Information

Name of the Plant		
Plant Address (NOT the company or the head office)	Street No. & Street Name _____ Barangay _____ City or Municipality _____ Province _____	
Phone Number		Fax Number
Type of Business		TIN Number
Name of the PCO		
Legal Classification	Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Domestic Corporation <input type="checkbox"/> Govt. Corporation <input type="checkbox"/> Multi-national <input type="checkbox"/> Other <input type="checkbox"/> Specify _____	
Ownership in Terms of Equity Participation	Private Domestic _____% Foreign _____% Government _____%	
Market Where Goods are Sold	Domestic _____% Export _____%	
Is the Establishment Traded in the Stock Market? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Under What Name: _____		

<i>If the head office is not located at the above address, please fill-up</i>	
Name of the Company	
Address	Street No. & Street Name _____ Barangay _____ City of Municipality _____ Province _____
Phone Number	Fax Number

Note:

Please observe the required frequency of analysis and submission of SMR

Flowrate	Type	Frequency	Submission of SMR
0-150 m ³ /d	BOD,conventional parameters	Once every quarter	Semi-Annually
0-150 m ³ /d	Hazardous waste	Once every month	Quarterly
> 150 m ³ /d	BOD, conventional parameters	Once every month	Quarterly

B. Wastewater Treatment Plant (WTP) Record

B.1 Average Duration of Time Operated & Ave. Volume of Discharge Per Day

Day of the Month	Month 1 _____, 200_		Month 2 _____, 200_		Month 3 _____, 200_	
	Hours of Operation	Effluent Flow Rate m ³ /day	Hours of Operation	Effluent Flow Rate m ³ /day	Hours of Operation	Effluent Flow Rate m ³ /day
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Ave./Mo.						

Were there any major interruptions in WTP operation? For example, due to equipment breakdown or major maintenance procedures. Yes No If yes, please attach explanation on separate page.

B.2 Record of the Cost of Treatment

	Operating Cost of the Wastewater Treatment Plant								
	Month 1 _____			Month 2 _____			Month 3 _____		
New or Additional Investment in the WTP	Name of the Component		Cost (pesos)	Name of the Component		Cost (pesos)	Name of the Component		Cost (pesos)
Energy Usage of the WTP	kWh		Cost (pesos)	kWh		Cost (pesos)	kWh		Cost (pesos)
Persons Employed Full-time for the WTP	Total Number	Avg. Hrs. per Day	Total Cost (pesos)	Total Number	Avg. Hrs. per Day	Total Cost (pesos)	Total Number	Avg. Hrs. per Day	Total Cost (pesos)
Persons Employed Part-time for the WTP	Total Number	Avg. Hrs. per Day	Total Cost (pesos)	Total Number	Avg. Hrs. per Day	Total Cost (pesos)	Total Number	Avg. Hrs. per Day	Total Cost (pesos)
Cost of Chemicals Used by WTP (pesos)									
Total Maintenance Cost-repairs, spare parts etc. (pesos)									
Administrative and Overhead Cost (pesos)									

Laboratory Cost

Is there a laboratory in the factory premises? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If Yes, monthly cost of operating the laboratory (pesos)	Month 1 _____		Month 2 _____		Month 3 _____	

D. Background Data

D.1 Sources of Wastewater during this Quarter

Generating Process	Estimated Flow (m ³ /day)
Production Process	
Washing/Cleaning	
Cooling	
Domestic Wastewater	
Recycled/Reuse Water/Others	
Total Volume of Discharged Wastewater	

D.2 Employment and Operation Information

Total employment in the factory: Production _____ Non-Production _____				
Number of hours of production/day __ Number of days of production per/month __				
Number of months of production/year _____				
Total value of investment in the factory: (Pesos)_____				
Average Energy Consumption: (please check monthly or annual)	Coal (tons) Monthly or Annual	Gas (m ³) Monthly or Annual	Oil (m ³) Monthly or Annual	Electricity (kwh) Monthly or Annual
Quantity				
Value (Pesos)				

D.3 Production Information - See Attached

	Product 1	Product 2	Product 3	Product 4	Product 5
Product Name ¹					
Max. Allowable Production Capacity per Year					
Actual Average Production per Month					
Type of Process	Batch <input type="checkbox"/> Continuous <input type="checkbox"/>	Batch <input type="checkbox"/> Continuous <input type="checkbox"/>	Batch <input type="checkbox"/> Continuous <input type="checkbox"/>	Batch <input type="checkbox"/> Continuous <input type="checkbox"/>	Batch <input type="checkbox"/> Continuous <input type="checkbox"/>

¹ Please use generic product name; not brand names.

D.4 Water Pollution Information

INFORMATION ON DISCHARGE POINTS IN THE FACTORY		
Outlet Number	Location & Description of the Outlet	Name of the Receiving Body if <u>Not</u> Discharging Directly in the Lake
1		
2		
3		
4		
INFORMATION ON THE WASTE WATER TREATMENT SYSTEM		
Is there an existing waste water treatment system?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the capacity of the waste water treatment system?		_____cubic meter
Value of capital investment in the waste water treatment plant		Pesos_____
Is there a primary treatment system?		Year Installation
Yes <input type="checkbox"/> No <input type="checkbox"/>		Month_____Year_____
If Yes, what is the composition of the physical treatment system?		
Screening <input type="checkbox"/> Equalization <input type="checkbox"/> Grit Removal <input type="checkbox"/> Oil-water separator <input type="checkbox"/> Sedimentation <input type="checkbox"/> If other, specify _____		
Is there a chemical treatment process?		Year of Installation
Yes <input type="checkbox"/> No <input type="checkbox"/>		Month_____Year_____
If Yes, what is the composition of the chemical treatment system?		
Adsorption <input type="checkbox"/> Disinfection <input type="checkbox"/> Flocculation/Coagulation <input type="checkbox"/> pH Adjustment <input type="checkbox"/> If other, specify _____		
Is there a secondary treatment system?		Year of Installation
Yes <input type="checkbox"/> No <input type="checkbox"/>		Month_____Year_____
If Yes, what kind of secondary treatment system is installed in the plant?		
Activated Sludge <input type="checkbox"/> Anaerobic & Aerobic Treatment <input type="checkbox"/> Anaerobic Treatment <input type="checkbox"/> Oxidation/Stabilization Pond <input type="checkbox"/> Rotating Biological Contactors <input type="checkbox"/> Trickling Filter <input type="checkbox"/> Others, Specify : _____		

D.5 FLOW METER INFORMATION

Is there a flow meter to measure the quantity of waste water discharged from the plant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of flow meter is used for measuring the wastewater discharge rate?	
Rectangular Weir <input type="checkbox"/> Triangular Weir <input type="checkbox"/> Other Weirs <input type="checkbox"/> Venturi Meters <input type="checkbox"/>	
Magnetic flow Meters <input type="checkbox"/> Current Meters <input type="checkbox"/> Flow Measurements <input type="checkbox"/>	
If other, please specify _____ _____	

D.6 MANAGEMENT OF SLUDGE FROM WASTE WATER TREATMENT SYSTEM - N/A

Is the quantity of sludge large enough to require proper management?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Which method is used for removing water from the sludge?	
Drying Beds <input type="checkbox"/> Vacuum Filtration <input type="checkbox"/> Pressure Filtration <input type="checkbox"/> Centrifugation <input type="checkbox"/>	
If other, specify _____	
How is the sludge dried?	
Heat Drying <input type="checkbox"/> Incineration <input type="checkbox"/> Wet Oxidation <input type="checkbox"/>	
If other, specify _____	
How is the sludge disposed of?	
Landfill inside the <input type="checkbox"/> Landfill outside <input type="checkbox"/> Ocean dumping <input type="checkbox"/> factory the factory	
If other, specify _____	

Submitted on Date _____

Name and Signature of the Pollution Control Officer

Name and Signature of the Chief Executive Officer

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