



**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**  
 Production: \_\_\_\_\_ Operational Schedule/Time  
 No. of hours/day: \_\_\_\_\_ No. days/month: \_\_\_\_\_  
 Non-Production: \_\_\_\_\_ No. of days with discharge/month: \_\_\_\_\_

### C. Project and Product Information

Total Floor Area (m<sup>2</sup>) \_\_\_\_\_ Total Lot Area (m<sup>2</sup>) \_\_\_\_\_  
 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

Box A: Sources (m <sup>3</sup> /day)		Box B: Consumption (m <sup>3</sup> /day)		Box C: Wastewater Generation (m <sup>3</sup> /day)				
				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.)						
<b>Total Water Supply</b>		<b>Total Water Consumption</b>		<b>Total Wastewater Discharge</b>				

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 <sup>3</sup> /day)	Mode of Discharge	Schedule of Discharge (Date and Time)
<b>TOTAL</b>					

(continuation at the back)

**F. Wastewater Treatment System Information**

Septic Tank/s \_\_\_\_\_ Wastewater Treatment Facility \_\_\_\_\_ Sewage Treatment Plant \_\_\_\_\_ Others: \_\_\_\_\_ None \_\_\_\_\_

Capacity \_\_\_\_\_ (m<sup>3</sup>/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 \_\_\_\_\_ Lagoon 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 \_\_\_\_\_ (m<sup>3</sup>/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.*