



**THE WATER POLLUTION RULES, 2019
THE ENVIRONMENTAL MANAGEMENT ACT CHAPTER 35:05**

APPLICATION FOR A WATER POLLUTION PERMIT TO DISCHARGE WATER POLLUTANTS FROM MANUFACTURING, INDUSTRIAL, COMMERCIAL, INSTITUTIONAL AND MINING OPERATIONS.

GENERAL INSTRUCTIONS:

- This form must be completed in **Print or Type**.
- **All fields must be completed.** Tick (✓) the appropriate box where provided and mark N/A (not applicable) in fields that do not apply. Any form with blank fields will be considered incomplete [Rule 11(1)] and may result in refusal of this application [Rule 11(3) and Rule 12(1)].
- **Refer to instructional booklet and sample completed application form for detailed item descriptions and instructions**
- **One hard copy and one soft copy (in PDF format)** of the completed form must be submitted along with the proof of payment. The hard copy should be delivered by hand to the EMA's Office and soft copy emailed to: **WaterUnitAdmin@ema.co.tt**
- This form must be signed by the **Principal Executive Officer** where the application is with respect to a company and in other instances by the person owning or operating the facility in respect of which the permit is being sought.

NOTE: According to the Water Pollution (Fees) Regulations, 2019, the Permit Fee payable is subject to Rule 3 and therefore, the Environmental Management Authority reserves the right to determine the facility type and effluent discharge volume and therefore the amount payable based on the Rule.

Certification/ Declaration

"I hereby certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that competent personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that the submission of any information which is false, which I know or believe to be false or do not believe to be true is an offence of law."

Name of Parent Facility _____

Principal Executive Officer (*last,first*): _____ (PRINT NAME)

Official Position: _____

Mailing Address (*number, street, city, village and country*): _____

Phone No.: _____ Fax No.: _____

Mobile No.: _____ Email: _____

Principal Executive Officer Signature _____ Date Application Signed: _____ (DD/MM/YYYY)

| FOR OFFICIAL USE ONLY | | | | | | | | | | | | |
|----------------------------|-------------------|------------|--------------------------|-------|--------------------------|--------|---------------------------|-------|--------------------------|--|--|--|
| Date Application Received: | (Day/Month/Year) | | | | | | EMA Personnel Received by | | | | | |
| | Payment Received: | | YES | NO | Amount Received: | | | | | | | |
| Permit Reference Number: | | W | P | R | - | | / | | | | | |
| Facility Type: | | Micro/Mini | <input type="checkbox"/> | Small | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Large | <input type="checkbox"/> | | | |



SECTION I. APPLICANT AND FACILITY DESCRIPTION

1. Application Type

Type of Permit for which application is to be made (*Please tick*):

Initial Renewal. For renewal provide Permit No.: **WPR** _____

2. Name of Facility Site. _____

3. Provide a Description of the Facility's Operations (*attach additional sheets if necessary to provide further details such as flow charts, process maps etc.*): _____

4. Facility Type (based on effluent discharge volume- m³/day)

Micro/mini (<10) Small (10-100) Medium (100-500) Large (>500)

5. Number of Employees at the Facility Site.

Permanent: _____ Temporary: _____

6. Facility Location (*ref. Item 3a*)

Number and Street: _____

Town/Village/City: _____

Lot No: _____

Regional Corporation / Parish: _____

Universal Transverse Mercator (UTM) Eastings (mE): _____

Universal Transverse Mercator (UTM) Northings (mN): _____





7. Age of Facility.

Give the exact date that this facility began operations: _____
DD/ MM/ YYYY

Approximate age in years: _____
(Where exact date of commencement is unknown)

8. Facility Contact.

Name (last, first): _____

Official Title: _____

Mailing Address (number, street, city, village and country):

| | |
|---------------------|---------------------|
| Email address: | Fax No.: |
| Phone No. (office): | Phone No. (mobile): |

9. Facility Ownership:

Ownership type (Please tick)

- Individual Corporation Governmental Entity Partnership Institution
 Other (please specify) _____

Name of Owner: _____

10. Does the Owner of the Facility also own the Property on which the Facility is Located? (Please tick)

Yes No

If **No**, what is the nature of the facility owner's interest in the property? Please attach supporting documents justifying your claim (e.g. lease).





11. Property Ownership (if not owned by facility owner):

Ownership Type *(Please tick)*

Individual Corporation Governmental Agency Partnership

Other *(specify)* _____

Name of Owner: _____

Address:

Contact Person: (Name) _____

| | |
|---------------------|---------------------|
| Email address: | Fax No.: |
| Phone No. (office): | Phone No. (mobile): |

12. Name(s) and Address(es) of Adjoining Property Owners:

13. Corporate Data.

Date of Incorporation or Continuance: _____
 DD/ MM/YYYY

Please ensure Registrar's Certificate of Incorporation/Continuance, furnished by the Registrar of Companies, is attached to this application.

Corporate Officers:

| Official Title | Name | Business Address |
|----------------|------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



Directors:

| Name of Director | Term of Office (Years) |
|------------------|------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Identify below any individual, corporation or other business organization having ownership or controlling interest in the facility. If applicable, the chain of ownership should be traced to the parent company.

NAME: _____

ADDRESS: _____

NATURE OF CONTROL: _____

14. Other Permits/Certificates/Licenses/Approvals.

List all Permits, Certificates, Licenses and Approvals granted by the Authority or any other government entity in relation to the facility that are currently in effect or have been in effect at any time in 5 years prior to the date on which this form has been submitted.

| Issuing Agency | Type of Permit, Certificate or License | ID No. | Date Issued DD/MM/YYYY | Expiration Date DD/MM/YYYY |
|----------------|--|--------|------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

15. Pollution Prevention and Control.

Attach additional sheets describing any planned or existing water pollution control programme, environmental technology, beneficial use or other environmental projects which may affect the quality and volume of your discharge.

DESCRIPTION OF CONTROL PROGRAMME / ENVIRONMENTAL TECHNOLOGY / PROJECT ATTACHED (Please tick) Yes No

Indicate whether each programme is now underway or planned and indicate your actual or planned schedules for completion.

| Programme Name | Underway or Planned | Schedule Date of Completion (DD/MM/YY) |
|----------------|---------------------|--|
| | | |
| | | |
| | | |
| | | |



SECTION II. SITE MAP, INTAKE AND DISCHARGE DESCRIPTION

1. Site Map.

A detailed site map must accompany this application. You must complete this section for each existing or proposed intake and discharge structure. Discharges to wells from this facility must also be stated. For multiple intakes and discharges, separate descriptions must be submitted. For proposed intakes or discharges, values should reflect best engineering estimates.

2. Intake Location.

For each intake, give the Universal Transverse Mercator (UTM) projections, in Zone 20N referencing WGS 1984 Datum, and the name of the source water.

| A. Intake Number (list) | B. Eastings (mE) | C. Northings (mN) | D. Source Water(name) |
|----------------------------|------------------|-------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3. Discharge Location.

For each discharge point or outfall, give the Universal Transverse Mercator (UTM) projections, in Zone 20N referencing WGS 1984 Datum, and the name of the receiving water.

| A. Discharge Number (list) | B. Eastings (mE) | C. Northings (mN) | D. Receiving Water (name) |
|-------------------------------|------------------|-------------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4. Flows, Sources of Pollution and Treatment Technologies.

4A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent and treatment units labelled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows (in m³/day) between intakes, operations, treatment units, final discharge as well as any other significant losses of water. If a water balance cannot be determined provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

4B. For each discharge point or outfall, provide a description in the table below of:

1. The discharge number
2. All operations contributing wastewater to the each discharge point; including process wastewater, sanitary wastewater, cooling water and storm water runoff and
3. i) A description of the treatment applied to the wastewater prior to the final discharge (if any)
 ii) The appropriate code for that type of treatment, which can be obtained from Table A-1 of the Instructional Booklet for this form. You must attach a wastewater flow diagram to accompany this item. **Continue on additional sheets if necessary.**



5. Discharge Characteristics.

Read instructions before proceeding – Complete one set of tables for each discharge point or outfall - Annotate the discharge number in the space provided.

If you have analytical data you must report it. Complete one table for each discharge point or outfall leaving the facility – Annotate the outfall or discharge number in the space provided. See instruction booklet for additional details.

| DISCHARGE DESCRIPTION | | 2. EFFLUENT DATA | | | |
|--|--|---------------------------|---------------|----------------------------------|---------------------|
| No. | | PERIOD OF SAMPLING | | | |
| Name | | | | | |
| (UTM) <i>mE</i> | | | | | |
| (UTM) <i>mN</i> | | | | | |
| | | FROM: | | | |
| | | TO: | | | |
| 1. PARAMETER/SUBSTANCE | | a. Daily Value* | b. Grab Value | c. No. of Analyses (if averaged) | 3. UNITS |
| i. Five day Biological Oxygen Demand (BOD ₅ at 20°C) | | | | | mg/L |
| ii. Chemical Oxygen Demand (COD) | | | | | mg/L |
| iii. Total Suspended Solids (TSS) | | | | | mg/L |
| iv. Total Oil and Grease (TO&G) or n-Hexane Extractable Material (HEM) | | | | | mg/L |
| v. Ammoniacal Nitrogen (as NH ₃ -N) | | | | | mg/L |
| vi. Total Phosphorus (as P) | | | | | mg/L |
| vii. Total Residual Chlorine (as Cl ₂) | | | | | mg/L |
| viii. Faecal Coliforms | | | | | Counts / 100ml |
| ix. Temperature | | | | | °C |
| x. Hydrogen ion (pH) | | | | | Standard units |
| xi. Dissolved Oxygen Content (DO) | | | | | mg/L |
| xii. Flow rate | | | | | m ³ /day |
| xiii. Sulphide (as H ₂ S) | | | | | mg/L |
| xiv. Chloride (as Cl ⁻) | | | | | mg/L |
| xv. Dissolved Hexavalent Chromium(Cr ⁶⁺) | | | | | mg/L |
| xvi. Total Chromium (Cr) | | | | | mg/L |
| xvii. Dissolved Iron (Fe) | | | | | mg/L |
| xviii. Total Petroleum Hydrocarbons (TPH) | | | | | mg/L |
| xix. Total Nickel (Ni) | | | | | mg/L |
| xx. Total Copper (Cu) | | | | | mg/L |
| xxi. Total Zinc (Zn) | | | | | mg/L |
| xxii. Total Arsenic (As) | | | | | mg/L |
| xxiii. Total Cadmium (Cd) | | | | | mg/L |
| xxiv. Total Mercury (Hg) | | | | | mg/L |
| xxv. Total Lead (Pb) | | | | | mg/L |
| xxvi. Total Cyanide (as CN ⁻) | | | | | mg/L |
| xxvii. Phenolic Compounds (as phenol) | | | | | mg/L |
| xxviii. Radioactivity | | | | | βq/L |
| xxix. Toxicity | | | | | Toxic unit |

*Daily Value is an average of four grab samples taken at equal intervals over an operational daily cycle. E.g. 4 grab samples (one (1) every two (2) hours) over an eight hour cycle.

