



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 [SEE INSTRUCTIONAL BOOKLET](#)
- 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: ISLAND FISHERIES COMPANY LIMITED

Principal Executive Officer (last,first): SMITH, JOHN (PRINT NAME)

Official Position: CHIEF EXECUTIVE OFFICER

Mailing Address (number, street, city, village and country): P.O Box XYZ, PORT OF SPAIN

Phone No.: 000-0001 Fax No.: 000-0001

Mobile No.: 000-0001 Email: abc@xyz.com

Principal Executive Officer Signature: _____ Date Application Signed: 21/10/2019
(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"/>			

DISCLAIMER: Please note that this document watermarked "SAMPLE" does not represent any real facility or real data from any known facility. This document is intended for use as GUIDANCE ONLY for applicants when completing this permit application for their facility and to be used with the Instructional Booklet.



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 give Permit No.: **WPR**_____

2. Name of Facility Site . ISLAND FISHERIES COMPANY LIMITED, PROCESSING DIVISION

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.): PROCESSING AND PRESERVING OF FISH AND FISH PRODUCTS (SEE ATTACHMEN T1-PROCESS DESCRIPTION)

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: 105 Temporary: 11

6. Facility Location (ref. Item 3a)

Number and Street: 1234 EASTERN MAIN ROAD

Town /Village/City: PORT OF SPAIN

Lot No: NA

Regional Corporation / Parish: PORT OF SPAIN

Universal Transverse Mercator (UTM) Eastings (mE): 678565

Universal Transverse Mercator (UTM) Northings (mN): 1234560

7. Age of Facility.

Give the exact date that this facility began operations: 22/01/1979
DD/ MM/ YYYY

Approximate age in years: 40
(Where exact date of commencement is unknown)



8. Facility Contact.

Name (last, first): STONE, JILL

Official Title: OPERATIONS MANAGER

Mailing Address (number, street, city, village and country): ISLAND FISHERIES COMPANY LIMITED, EASTERN MAIN ROAD, PORT OF SPAIN,

Email address: <u>j.stone@ifcl.com</u>	Fax No.: <u>000-0000</u>
Phone No. (office): <u>000-0002</u>	Phone No. (mobile): <u>000-0003</u>

9. Facility Ownership:

Ownership type (Please tick)

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

Name of Owner: ISLAND FISHERIES COMPANY LIMITED

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): NA

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:

___FR PAINTS COMPANY LIMITED, EASTERN MAIN ROAD, PORT OF SPAIN___

___BR BISCUITS COMPANY LIMITED, EASTERN MAIN ROAD, PORT OF SPAIN___

13. Corporate Data.

Date of Incorporation or Continuance: 22/01/1979 (continuance date: 14/02/2011)
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
CHIEF EXECUTIVE OFFICER	JOHN SMITH	EASTERN MAIN ROAD, PORT OF SPAIN
COMPANY SECRETARY	JANE DOE	EASTERN MAIN ROAD, PORT OF SPAIN

Directors:

Name of Director	Term of Office (Yrs)
MS D. SMITH	3
MRS Z. JONES	4
MR N. SINGH	4
MR S. ALI	5

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: NA

ADDRESS: NA

NATURE OF CONTROL: NA





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
MINISTRY OF HEALTH	PUBLIC HEALTH INSPECTION CERTIFICATE	0113993/2018	12/03/2019	12/03/2020

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)
GREASE TRAPS	UNDERWAY	NA
OIL SPILL RESPONSE PROGRAMME	UNDERWAY	NA
SETTLING POND AND AERATOR FOR EFFLUENT FROM DISCHARGE # 1	PLANNED	MARCH 2021
SETTLING POND FOR EFFLUENT FROM DISCHARGE # 2	PLANNED	FEBRUARY 2022





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)
#1	689345	1245678	WELL INTAKE
#2	689436	1254321	WASA MAINS

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. Recieving Water (name)
#1	678923	1234567	WXYZ RIVER
#2	679876	1234567	ABCD RIVER

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.

SEE A1 INSTRUCTIONAL BOOKLET





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.

DISCHARGE DESCRIPTION		2. EFFLUENT DATA			
No.	1	PERIOD OF SAMPLING FROM: DECEMBER 12, 2019 TO: DECEMBER 13, 2019			
Name	DISCHARGE ONE				
(UTM) <i>mE</i>	678234				
(UTM) <i>mN</i>	1124321				
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)		445			mg/L
ii. Chemical Oxygen Demand (COD)		NA			mg/L
iii. Total Suspended Solids (TSS)		120			mg/L
iv. Total Oil and Grease (TO&G) or n-Hexane Extractable Material (HEM)		38			mg/L
v. Ammoniacal Nitrogen (as NH ₃ -N)		25			mg/L
vi. Total Phosphorus (as P)		NA			mg/L
vii. Total Residual Chlorine (as Cl ₂)		NA			mg/L
viii. Faecal Coliforms		NA			Counts / 100ml
ix. Temperature		NA			°C
x. Hydrogen ion (pH)		3			Standard units
xi. Dissolved Oxygen Content (DO)		NA			mg/L
xii. Flow rate		75			m ³ /day
xiii. Sulphide (as H ₂ S)		NA			mg/L
xiv. Chloride (as Cl ⁻)		NA			mg/L
xv. Dissolved Hexavalent Chromium(Cr ⁶⁺)		NA			mg/L
xvi. Total Chromium (Cr)		NA			mg/L
xvii. Dissolved Iron (Fe)		NA			mg/L
xviii. Total Petroleum Hydrocarbons (TPH)		NA			mg/L
xix. Total Nickel (Ni)		NA			mg/L
xx. Total Copper (Cu)		NA			mg/L
xxi. Total Zinc (Zn)		NA			mg/L
xxii. Total Arsenic (As)		NA			mg/L
xxiii. Total Cadmium (Cd)		NA			mg/L
xxiv. Total Mercury (Hg)		NA			mg/L
xxv. Total Lead (Pb)		NA			mg/L
xxvi. Total Cyanide (as CN ⁻)		NA			mg/L
xxvii. Phenolic Compounds (as phenol)		NA			mg/L
xxviii. Radioactivity		NA			Bq/L
xxix. Toxicity		NA			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.



6. Use the space below to list any of the toxic chemical(s) or products stored on site, which you know or have reason to believe is stored and/or used or discharged or may be discharged from any outfall. For every toxic chemical or product you list, briefly describe the reason you believe it to be present and report any analytical data in your possession (**use additional sheets if necessary**).

1. Toxic Chemical / Products	2. Reason
ACIDS	TO BALANCE pH
INSECTICIDES, PESTICIDES & WEEDICIDES	PEST & WEED CONTROL
DIESEL	FUELLING OF VEHICLES, GENERATORS
LUBRICANTS, SOLVENTS, COOLANTS, DEGREASERS, RUST INHIBITORS	VEHICLE & MACHINERY MAINTENANCE

7. Laboratory Analysis Information

a. Were any of the analyses reported in Item 5 performed by a contract laboratory or consulting firm? (Please tick) Yes No

In each case, list the name, address, telephone number and parameters analysed of each such laboratory or firm and indicate which parameter(s) analysed have been certified and name the certifying body.

A. Name	B. Address	C. Telephone No.	D. Substance/Parameter Analyzed (<i>list</i>)	E. Certification	
				Yes/No	Certifying Body
TTT Lab Inc.	#16 NORTHEASTERN MAIN ROAD	000-0019	<ul style="list-style-type: none"> • BOD₅ • TO&G • pH • TSS • NH₃-N 	YES " " "	UKNAS

