

**SAMPLE FORM A2**

[Rules 7, 9]



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

**APPLICATION FOR A WATER POLLUTION PERMIT TO DISCHARGE WATER POLLUTANTS FROM CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES**

**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](mailto: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 FARMS 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

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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:							EMA Personnel Received by				
	(Day/Month/Year)										
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 FARMS LIMITED, PIG FARMING 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.): PIG FARMING (SEE ATTACHMENT 1- PROCESS DESCRIPTION)

**4. Facility Type (based on effluent discharge volume- m<sup>3</sup>/day)**

Micro/mini   
(<10)

Small   
(10-100)

Medium   
(100-500)

Large   
(>500)

**5. Number of Employees at the Facility Site.**

Permanent: 70      Temporary: 0

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

Number and Street: 1234 NORTH EASTERN MAIN ROAD

Town /Village/City: PORT OF SPAIN

Lot No: NA

Regional Corporation / Parish: PORT OF SPAIN

Universal Transverse Mercator (UTM) Eastings (mE): 678456

Universal Transverse Mercator (UTM) Northings (mN): 1177456

**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*): SINGH, SANDRA

Official Title: HEALTH, SAFETY AND ENVIRONMENTAL OFFICER

Mailing Address (*number, street, city, village and country*): P.O. BOX 123, PORT OF SPAIN,

Email address: <u>ssingh@ifl.com</u>	Fax No.: <u>555-5555</u>
Phone No. (office): <u>555-4444</u>	Phone No. (mobile): <u>888-6666</u>

**9. Facility Ownership:**

Ownership type (*Please tick*)

Individual    Corporation    Governmental Entity    Partnership    Institution

Other (*please specify*) \_\_\_\_\_

Name of Owner: JOHN SMITH

**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).

NA

**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:**

- \_ (1) EASTERN MAIN ROAD – TO THE NORTH \_\_\_\_\_
- \_ (2) STATE LANDS – TO THE EAST AND SOUTH \_\_\_\_\_
- \_ (3) F&R CAR WASH – TO THE WEST. 1235 NORTH EASTERN MAIN ROAD \_\_\_\_\_
- \_ (4) PRIORITY BUS ROUTE - TO THE SOUTH \_\_\_\_\_

**13. Corporate Data.**

Date of Incorporation or Continuance: 22/01/1979 (CONTINUANCE ON 14/02/1999)  
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	1234 NORTH EASTERN MAIN ROAD, PORT OF SPAIN
COMPANY SECRETARY	JILL JONES	1234 NORTH EASTERN MAIN ROAD, PORT OF SPAIN

Directors:

Name of Director	Term of Office (Yrs)
MS. DIANNE SMITH	3
MRS. ZELDA JONES	4
MR. WAZIR SINGH	4
MR. SEAN ALI	4

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: JOHN SMITH

ADDRESS: 123 NORTH STREET, PORT OF SPAIN

NATURE OF CONTROL: 100% OWNERSHIP



**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 Y	Expiration Date DD/MM/YYYY
MINISTRY OF TRADE AND INDUSTRY	DUTY RELIEF LICENCE	1234	01/01/2019	31/12/2020

**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)
STORMWATER DRAINS	UNDERWAY	NA
WASTEWATER TREATMENT PLANT	PLANNED	JUNE 2021





**SECTION II.**

**1. Type of Business.** *(Please tick)*

- Concentrated Animal Feeding Operation (complete Section IIA).
- Aquatic Animal Production Facility (complete Section IIB).

**SECTION IIA. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS**

**1. Type and number of animals kept outdoors and housed under roof.**

Type of animal	Number kept outdoors (open confinement)	Number housed under roof
PIGS	0	240

**2. Acreage for Open Confinement Feeding (square meters/hectares):** 0

**3. If there is open confinement, has a drainage system been constructed to divert and control runoff?** **NA**

- Yes (complete items 3a and 3b)
- No

**3a. What is the design basis for the control system?** **NA**

- 10 YEAR 24-HOUR STORM (specify in inches or millimetres) \_\_\_\_\_
- 25 YEAR 24-HOUR STORM (specify in inches or millimetres) \_\_\_\_\_
- OTHER (specify type and inches or millimetres) \_\_\_\_\_

**3b. Acreage of contributing drainage (Specify units).** \_\_\_\_\_



**SECTION IIB. AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS [NA](#)**

1. Indicate the number of ponds in your facility: \_\_\_\_\_

2. List the species of fish or aquatic animals held or fed at your facility.

For each species, give the total harvestable weight produced by the facility per year (in kg) of harvestable weight and the total weight of food fed during the calendar month of maximum feeding (in kg).

Species	Total Harvestable Weight Produced per Year (in kg)	Month of Maximum Feeding	Total Food Fed During Month of Maximum Feeding (kg)

**SECTION III. SITE MAP, INTAKE AND DISCHARGE DESCRIPTION**

1. Site Map.

A detailed site map must accompany this application. [SEE ATTACHMENT 2](#)

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	678999	1234567	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. Receiving Water (name)
DP 1	678460	1127460	MUNICIPAL DRAIN RUNNING ALONG PRIORITY BUS ROUTE



**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 m<sup>3</sup>/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 A2 INSTRUCTIONAL BOOKLET

**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 E-1 of the Instructional Booklet for this form. You should attach a wastewater flow diagram to accompany this item. **Continue on additional sheets if necessary.**

SEE A2 INSTRUCTIONAL BOOKLET

1. Discharge Number ( <i>list</i> )	2. Operations(s) Contributing To Discharge ( <i>list</i> )	Estimated Volume (m <sup>3</sup> /day)	3. Treatment	
			i. Description	ii. List Codes From Table E-1
DP 1	OUTFLOW FROM ALL PIG PENS	15	NONE	4-A





**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			
<b>No.</b>	1	<b>PERIOD OF SAMPLING</b>  <b>FROM: NOVEMBER 29, 2019</b>  <b>TO: DECEMBER 25, 2019</b>			
<b>Name</b>	DP1				
(UTM) <i>mE</i>	678460				
(UTM) <i>mN</i>	1127460				
1. PARAMETER/SUBSTANCE		a. Daily Value*	b. Grab Value (if available)	c. No. of Analyses (if averaged)	3. UNITS
i. Five day Biological Oxygen Demand (BOD <sub>5</sub> at 20°C)	230				mg/L
ii. Chemical Oxygen Demand (COD)	690				mg/L
iii. Total Suspended Solids (TSS)	120				mg/L
iv. Total Oil and Grease (TO&G) or n-Hexane Extractable Material (HEM)	150				mg/L
v. Ammoniacal Nitrogen (as NH <sub>3</sub> -N)	25				mg/L
vi. Total Phosphorus (as P)	15				mg/L
vii. Total Residual Chlorine	< 0.5				mg/L
viii. Faecal Coliforms	8600				Counts / 100ml
ix. Temperature	31				°C
x. Hydrogen ion (pH)	7.5				Standard units
xi. Dissolved Oxygen (DO)	0.45				mg/L
xii. Flow rate	15				m <sup>3</sup> /day
xiii. Sulphide (as H <sub>2</sub> S)	NA				mg/L
xiv. Chloride (as Cl <sup>-</sup> )	400				mg/L
xv. Dissolved Hexavalent Chromium(Cr <sup>6+</sup> )	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)	15				mg/L
xxi. Total Zinc (Zn)	10				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 <sup>-</sup> )	NA				mg/L
xxvii. Phenolic Compounds (as phenol)	NA				mg/L
xxviii. Radioactivity	NA				βq/L
xxix. Toxicity	NA				Toxic unit

\*Daily Value is 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
INSECTICIDES, PESTICIDES & WEEDICIDES	PEST & WEED CONTROL
DIESEL	FUELLING OF VEHICLES, GENERATORS
LUBRICANTS, SOLVENTS, COOLANTS, DEGREASERS, RUST INHIBITORS	VEHICLE & MACHINERY MAINTENANCE

**7. Laboratory Analysis Information**

Were any of the analyses reported in Item 4 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	555-8888	<ul style="list-style-type: none"> <li>• BOD<sub>5</sub></li> <li>• COD</li> <li>• TSS</li> <li>• TO&amp;G</li> <li>• NH<sub>3</sub>-N</li> <li>• as P</li> <li>• Cl<sub>2</sub></li> <li>• Cl<sup>-</sup></li> <li>• DO</li> <li>• FEACAL COLIFORMS</li> <li>• Cu</li> <li>• Zn</li> <li>• pH</li> <li>• TEMPERATURE</li> </ul>	NO " " " " " " " " " " " "	UKNAS

b. Does your facility have an in house laboratory?  
 (Please tick) Yes  No

