



THE WATER POLLUTION RULES 2001 (as amended)
THE ENVIRONMENTAL MANAGEMENT ACT CHAPTER 35:05
APPLICATION FOR SOURCE REGISTRATION

GENERAL INSTRUCTIONS:

- **Three (3) copies of this form** with all attachments must be provided for any facility identified in Rule 4 of the Water Pollution Rules 2001(as amended).
- Refer to the instructional booklet and sample completed application form for detailed item descriptions and guidance instructions.
- Please Print (Block Letters) or Type all information (PENCILLED INFORMATION WILL NOT BE ACCEPTED).
- Unless otherwise specified on this form, all items are to be completed. If an item does not apply to you, enter 'NA' (for not applicable) to show that you have considered the question. Any form(s) with blank fields will be considered incomplete and the application will not be processed.

Certification.

"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."

Principal Executive Officer
 Owner / Other (*PRINT*): _____ FIRST NAME _____ LAST NAME _____

Official Position: _____

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

Phone No.: _____ Fax No.: _____

Mobile No.: _____ Email: _____

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

FOR OFFICIAL USE ONLY						
Date Application Received:						
	(Day/Month/Year)	EMA Personnel Received by				
Amount Received:		Receipt Number:				
Source Registration Reference Number WWG:		Major Group Code according to Standard Industrial Classification (SIC) Systems:	ISIC			
			NAICS			
Watershed ID	Watershed Name	Region / Parish Name	Region / Parish ID			

1. Application Type

Type of Registration for which application is to be made: INITIAL RENEWAL.
 PROPOSED EXISTING For renewal please give Registration No.: **WWG**.....

2. Name of Parent Facility

3. Name of Facility (If different from **Item 2** above)

3a. Type of Facility.

- MANUFACTURING COMMERCIAL INDUSTRIAL WATER TREATMENT PLANT
 AGRICULTURAL MINING WASTEWATER TREATMENT PLANT INSTITUTIONAL
 OTHER (PLEASE DESCRIBE): _____

Please provide any additional information about the Type of Facility this application is being sought for:

3b. Provide a Description of the Facility’s Operations, Services and/or Products (*attach additional sheets if necessary to provide further details such as flow charts, process maps, pictures, sketches, brochures, product lists etc.*):

3c. Description of Raw Materials Used, Principal Products and their Purpose (*attach additional sheets if necessary*).

4. Number of Employees at Facility (Permanent and Temporary):

- Unmanned Small (1 – 100 employees) Medium (100 – 500 employees) Large (> 500 employees)

5. Age of Facility.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 – 5 years	5 – 15 years	15 – 30 years	30 - 50 years	Over 50 years

6. Facility Location

Number and Street: _____

Town /Village/City: _____

Lot No: _____

UTM Eastings (mE): _____

Regional Corporation / Parish: _____

UTM Northings (mN): _____

6a. Offshore Facilities

Country: Trinidad Tobago UTM Eastings (mE): _____

Coast: _____ UTM Northings (mN): _____

Block: _____

7. A 1:25,000 topographic map or a bathymetric chart showing the facility's location is attached to this application.

8. Facility Contact

Name (*last, first*): _____

Official Position: _____

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

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

9. Corporate Data

Please ensure Registrar's Certificate is attached to this application.

Registrar's Certificate cannot be provided. Please explain:

Date of Incorporation: -----/-----/-----
 DAY MO YR

Date of Continuance: -----/-----/-----
 DAY MO YR

Corporate Officers:

Official Position	Name (<i>first, last</i>)	Business Address

Directors:

Name of Director (<i>first, last</i>)	Term of Office (Yrs)

10. Permits/Certificates/Licences/Approvals

List all Permits, Certificates, Licences and approvals granted or required 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 was submitted.

Issuing Agency	Type of Permit, Certificate or Licence	ID No.	Date Issued DD/MM/YY	Expiration Date DD/MM/YY

11. Sewage Arrangements

Connected to WASA/Other Sewage Treatment Facility
 Septic Tank with Soakaway
 Modified Septic tank
 Septic Tank

Sewage Treatment Plant (*please complete the below table*):

Level of Treatment	Design Flow Rate (m ³ /day)	Area Served	Population Served	Collection System	Ownership

12 Water Use –Consumption (*as on last bill*).

Actual Estimated

Type of supply	Quantity (and time period of use)	<input type="checkbox"/> m ³
		<input type="checkbox"/> US Gallons <input type="checkbox"/> Imp. Gallons
<input type="checkbox"/> WASA		
<input type="checkbox"/> OTHER		

Energy Use - Consumption (*as on last bill*).

Actual Estimated

Type of supply	Quantity (and time period of use)	<input type="checkbox"/> KWh
		<input type="checkbox"/> MWh
<input type="checkbox"/> TTEC		
<input type="checkbox"/> OTHER		

13. Please indicate where effluent is released (tick all that applies)

- Inland Surface Water
 Municipal Drains
 Over land
 Sewer (attach copy of WASA bill)
 Coastal Nearshore
 Marine Offshore
 Underground injection
 Sensitive areas; swamps or other wet lands

Please provide any additional information about the receiving environment that the facility discharge(s) into including name of water body where known:

14. Status and Frequency of Discharge (tick all that applies)

<input type="checkbox"/> EXISTING	<input type="checkbox"/> CONTINUOUS Hours of operation _____ per day	<input type="checkbox"/> SEASONAL Give months of year that discharge occurs _____
<input type="checkbox"/> TEMPORARY -----/-----/----- DAY MO YR Commencement date of discharge		<input type="checkbox"/> INTERMITTENT _____ times per mth/yr <input type="checkbox"/> PROPOSED -----/-----/----- DAY MO YR (Intended) Date to begin discharge.
-----/-----/----- DAY MO YR Termination date of discharge		

15. Discharge Characteristics

- Where you have analytical data no more than five (5) years old you must report it in table 15a provided below.

15a. DATA PROVIDED ON DISCHARGE CHARACTERISTICS.

Please complete one (1) table for each discharge. (Use separate sheets if necessary)

Discharge No. and/or Name	Volumetric Flow of Discharge:	m ³ /day	
PARAMETER/ SUBSTANCE	EFFLUENT VALUE		
	AVERAGE VALUE	*DAILY VALUE	ONE-OFF GRAB
Temperature			
Hydrogen ion (pH)			
Dissolved Oxygen Content (DO)			
Five day Biological Oxygen Demand (BOD ₅ at 20°C)			
Chemical Oxygen Demand (COD)			
Total Suspended Solids (TSS)			
Total Oil and Grease (TO&G) or n-Hexane Extractable Material (HEM)			
Ammoniacal Nitrogen (as NH ₃ -N)			
Total Phosphorus (as P)			
Sulphide (as H ₂ S)			

Chloride (as Cl ⁻)			
Total Residual Chlorine (as Cl ₂)			
Dissolved Hexavalent Chromium (Cr ⁶⁺)			
Total Chromium (Cr)			
Faecal Coliforms			
Dissolved Iron (Fe)			
Total Petroleum Hydrocarbons (TPH)			
Total Nickel (Ni)			
Total Copper (Cu)			
Total Zinc (Zn)			
Total Arsenic (As)			
Total Cadmium (Cd)			
Total Mercury (Hg)			
Total Lead (Pb)			
Total Cyanide (as CN ⁻)			
Phenolic Compounds (as phenol)			
Radioactivity			
Toxicity			
Solid Waste			
<p><i>*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.</i></p> <p><i>+All units should be stated in mg/L except temperature (°C), pH (pH units), faecal coliforms (counts / 100 mL) radioactivity (Bq/L) and toxicity (toxicity units).</i></p>			

15 b. Data Records

Data Records attached describing all the procedures for monitoring data supplied for item 15a.

16. Pollution Prevention and Control

Do you have any water pollution control programme(s) that is used to improve your effluent quality?

- Yes
- No

If yes, please describe here (attach additional sheets if necessary):
