



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

APPLICATION FOR SOURCE REGISTRATION SAMPLE DOCUMENT

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 ABC Deeee
 Owner / Other (PRINT): FIRST NAME LAST NAME
 Official Position: Executive Chairman
 Mailing Address (number, street, city, village and country): 000 Nowhere Lane, Easy Village
Somewhere
 Phone No.: 1-868-000-0000 Fax No.: 1-868-000-1111
 Mobile No.: 1-868-000-0001 Email: abcd@imagine.com
 Date Application Signed: 19/01/2009
 Principal Executive Officer / Owner Signature (DD/MM/YYYY)

FOR OFFICIAL USE ONLY

Date Application Received:		EMA Personnel Received by				
	<i>(Day/Month/Year)</i>					
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:

☐ PROPOSED☒ EXISTING☒ INITIAL ☐ RENEWAL.For renewal please give Registration No.: **WWG-----****2. Name of Parent Facility.**Cabbala Dynasty**3. Name of Facility** (If different from **Item 2** above).Cleopatra Cosmetology Clinique**3a. Type of Facility.**☒ MANUFACTURING☐ COMMERCIAL☐ INDUSTRIAL☐ WATER TREATMENT PLANT☐ AGRICULTURAL☐ MINING☐ WASTEWATER TREATMENT PLANT☐ INSTITUTIONAL☒ OTHER (PLEASE DESCRIBE): BEAUTY CENTRE – SKIN, HAIR AND NAILS*Please provide any additional information about the Type of Facility this application is being sought for:*We manufacture all-natural products for use in the salon.

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.):
Unisex salon, specialises in caring for hair, skin and nails. Services offered include: shampooing, relaxing, coloring of hair. Application of facial and body masks. Manicures and pedicures. Products used include: dyes, relaxers, pH neutralizers, shampoos, conditioners, nail polish, nail polish remover.

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

All products used are derived from natural organic sources. These include aloe, oatmeal, honey, avocado, milk. Hair treatments include olive oil and other proprietary products. The products used are all natural and herbal based except for those purchased pre-manufactured.

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 checked="" 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: 25 Sarcophagus LaneTown /Village/City: ScarabvilleLot No: N/AUTM Eastings (mE): N/ARegional Corporation / Parish: N/AUTM Northings (mN): N/A**6a. For Offshore Facilities. N/A**Country: ☐ Trinidad ☐ Tobago

UTM Eastings (mE): _____

Coast: _____ UTM Northings (mN): _____

Energy 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*): Mummy MummifiedOfficial Position: Branch ManagerMailing Address (*number, street, city, village and country*): 12 Embalm Drive, Sarcophagus Place, Scarabville

Email address: <u>mm@imagine.com</u>	Fax No.: <u>1-000-007-0001</u>
Phone No. (office): <u>1-000-005-0000</u>	Phone No. (mobile): <u>1-000-002- 0004</u>

9. Corporate Data.☒ Please ensure Registrar's Certificate is attached to this application.☐ Registrar's Certificate cannot be provided. Please explain:Date of Incorporation: ---15---/--03---/---1999---
DAY MO YRDate of Continuance: -----/-----/-----
DAY MO YR**Corporate Officers:**

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

Directors:

Name of Director (<i>first, last</i>)	Term of Office (Yrs)
ABC Deee	10
Embalma Mummy	5
Scarab Mummy	5

10. Permits/Certificates/Licences/Approvals. N/A

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 checked="" type="checkbox"/> m ³ <input type="checkbox"/> US Gallons <input type="checkbox"/> Imp. Gallons
<input checked="" type="checkbox"/> WASA	350 per year	
<input type="checkbox"/> OTHER		

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

☐ Actual ☒ Estimated

Type of supply	Quantity (and time period of use)	<input checked="" type="checkbox"/> KWh <input type="checkbox"/> MWh
<input checked="" type="checkbox"/> TTEC	1250 per year	
<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:

N/A

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

<input checked="" type="checkbox"/> EXISTING	<input checked="" type="checkbox"/> CONTINUOUS Hours of operation <u>18</u> per day	<input type="checkbox"/> SEASONAL Give months of year that discharge occurs _____
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INTERMITTENT _____ times per mth/yr	<input type="checkbox"/> PROPOSED
-----/-----/----- DAY MO YR Commencement date of discharge	-----/-----/----- DAY MO YR Termination date of discharge	-----/-----/----- DAY MO YR (Intended) Date to begin discharge.

15. Discharge Characteristics.

- Where you have analytical data no more than two (2) years old you must report it in the table 14a provided below.

15a. ☒ DATA PROVIDED ON DISCHARGE CHARACTERISTICS.

Please complete one (1) table for each discharge. (Photocopy this page and use for each discharge as 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			30.2	
Hydrogen ion (pH)			6.80	
Dissolved Oxygen Content (DO)			3.8	
Five day Biological Oxygen Demand (BOD ₅ at 20°C)				
Chemical Oxygen Demand (COD)			104	
Total Suspended Solids (TSS)			56	
Total Oil and Grease (TO&G) or n-Hexane Extractable Material (HEM)				
Ammoniacal Nitrogen (as NH ₃ -N)				
Total Phosphorus (as P)			2.5	
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)			0.2
Total Arsenic (As)			
Total Cadmium (Cd)			
Total Mercury (Hg)			0.05
Total Lead (Pb)			
Total Cyanide (as CN ⁻)			
Phenolic Compounds (as phenol)			0.9
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 14a.

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,
