

Department of Environment and Natural Resources

PLANNING DIVISION
RECEIVED
 MAR 27 2019
 EMB-CALABARZON REGION

Environmental Management Bureau

Reference No:

(to be filled up by DENR only)

GENERAL INFORMATION SHEET

Name of the Establishment/Facility	OMON GROUP INC.		
Establishment/Facility Address (NOT the company of head office)	Street # & Street Name: Keon Yang Bldg., Lot 9, Blk. 24, Phase IV, CEPZA Barangay: _____ City/Municipality: Rosario Province: Cavite		
Name of Owner/Company	Xinmei Zhao		
Address (if address is not the same as previous address)	Street # & Street Name: 2 nd Flr. Fastech Bldg, Ampere st., LISP1 Barangay: _____ City/Municipality: Cabuyao Province: Laguna		
Phone Number	+63 49-530-0888	Fax Number	+63 49-530-0808
e-mail address	roselle@omongroup.com		
Type of Business/ Industry Classification	Philippine Standard Industry Classification Code No. 3130 Philippine Standard Industry Descriptor: <u>Manufacture and Assembly of Insulated Wires and Cables</u>		
Responsible Officer/s:	CEO/President. <u>Xinmei Zhao</u> Tel #: +63 49-530-0888 Fax #: +63 49-530-0808 e-mail address: patricia@omongroup.com Plant Manager: <u>Moon Zhao</u> Tel #: +63 49-437-2906 Fax #: +63 49-530-0808 e-mail address: moon@omongroup.com		
Pollution Control Officer	Name. <u>Thursday Belita</u> Tel #: +63 49-437-2906 Fax #: +63 49-530-0808 e-mail address: Qaph1@omongroup.com		
Legal Classification	<input type="checkbox"/> single proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> private domestic corporation <input type="checkbox"/> government corporation <input type="checkbox"/> Multi-national <input checked="" type="checkbox"/> <u>Ecozone Logistics Services and Export Ent.</u>		

We hereby certify that the above information are true and correct.

R
 Roselle Macuha
 Name/Signature of Managing Head
 MAY 17 2019

Thursday Belita
 Thursday Belita
 Name/Signature of PCO

**Department of Environment and Natural Resources
Environmental Management Bureau**

**QUARTERLY SELF-MONITORING REPORT
(1st Quarter 2019)
(January to March 2019)**

MODULE 1: GENERAL INFORMATION

Name of the Plant	OMON GROUP INC
Please provide the necessary revised, corrected or updated information not contained in your <i>General Information Sheet</i>	
<p>MANUFACTURE OF INDUSTRIAL FASTENERS, CABLE ASSEMBLY, WIRE HARNESS, JIG AND FIXTURES REPROCESSING, REWORKING, REPACKING, CASTING, MOLDING, FORMING & JOINING OF ALL KINDS OF ADHESIVE TAPES, TUBES, INSULATORS AND OTHER SUBSEQUENT PRODUCTS AND WAREHOUSING OF HAZARDOUS AND NON-HAZARDOUS MATERIALS.</p>	
(use additional sheet/s if necessary)	

DENR Permits/Licenses/Clearances

Environmental Laws	Permits	Date of Issue	Expiry Date
P.D. 984	PEZA Certificate of interconnection No.	CNSL-CEZ1-11-01-001	
	PEZA Permit to Discharge No.	WW-CEZ-16-06-001	
PD 1586	ECC 1	ECC-R4A-1708-0253	Aug 29, 2017
RA 6969	DENR Registry ID	On-going process	
	CCO Registry	N/A	
	Importer Clearance No	N/A	
	Permit to Transport	N/A	
RA 8749	A/C No.	N/A	
	PEZA Mechanical Permit to Operate	Mechanical Permit to Operate 18-0143	Aug. 16, 2018
	PEZA Electrical Permit to Operate	Electrical Permit to Operate 18-0142-EL	Aug. 16, 2018

Name of Plant:

OMON GROUP INC.

Reference No:

Operation

	Operating hours/day	Operating days/week	# of shift/day
Average	7.5	6	1
Maximum	11	6	1

Operation/Production/Capacity:

Average Daily Production Output	1462	Total Output this Quarter	111,000
Total Water Consumption this Quarter (cubic meters)	149	Total Electric Consumption this Quarter (KwH)	12,549

Please use additional sheet/s if necessary

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 2: RA 6969

A. CCO Report (please accomplish this section for each chemical/substance)

Common Name/IUPAC/CAS Index Name. _____
 _____ CAS No.: _____
 Trade Name: _____

For importers only:

Quantity Requested	Import Clearance No.	Date of Arrival	Quantity Received*	Port of Entry	Country of Origin	Country of Manufacture
Total Quantity Requested (annual)				Total Quantity Received (annual)		

* attach copy/s of Bill of Lading

For distributors (importers/non-importers)

Name of Client	License No.	Quantity	Date of Distribution
Total Quantity Distributed			

For non-importer users:

Name of Distributor	Quantity	Date of Purchase
Total Quantity Purchased from Distributor		

Name of Plant:

OMON GROUP INC.

Reference No:

For producers

Average Daily Production Output		Total Output this Quarter	
Quantity of Stock Inventory (Start of Quarter)		Quantity of Stock Inventory (End of Quarter)	
Name of Buyer		Quantity	Date of Purchase
N/A			
Total Quantity Sold			

Used in Production (please fill up only if chemical/substance is not main product)

Average Daily Production Output		Total Output this Quarter	
Average Quantity Used per month		Total Quantity Used this Quarter	
Describe any changes in Production/Process/Operations:			
N/A			

Stock Inventory/Waste Chemical Generated:

Average Quantity of Waste Chemical Generated per month	N/A	Total Quantity of Waste Chemical Generated this Quarter	N/A
Quantity of Stock Inventory (Start of Quarter)	N/A	Quantity of Stock Inventory (End of Quarter)	N/A

Other Information:

Manner of handling hazardous wastes	<input checked="" type="checkbox"/> storage on-site	<input type="checkbox"/> Treatment on-site
	<input type="checkbox"/> storage off-site	<input type="checkbox"/> Treatment off-site
Changes in Safety Management System	<input type="checkbox"/> Yes (please attach copy of revised plan) <input checked="" type="checkbox"/> No	
Chemical Substitute Plan	<input type="checkbox"/> Yes (please attach copy if not submitted/included in previous report/s or had been revised) <input checked="" type="checkbox"/> No	

B. Hazardous Wastes Generator**HW Generation:**

HW No.	HW Class	HW Nature	HW Cataloguing	Remaining HW from Previous Report		HW Generated	
				Quantity	Unit	Quantity	Unit
J201	Containers	Solid	Toxic	0.0268	ton	0	ton
M507	Busted Lamps	Solid	Toxic	0.0004	ton	0	ton
M506	Ink Toner	Solid	Toxic	0.00105	ton	0.00126	ton
M506	White Good Battery	Solid	Toxic	0.00072	ton	0	ton
D499	Solder Dross	Solid	Toxic	0.0079	ton	0.0158	ton

Waste Storage, Treatment and Disposal: (Please fill-up one table per HW)

HW Details	HW No.: <u>J201</u> Qty of HW Treated: _____ Unit: _____ TSD Location: _____
Storage	Name: <u>Used Chemical Container</u> Method: <u>Store in metal cage with cover and proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>M507</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Busted Fluorescent Lamp</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	Date: _____ Date: _____

HW Details	HW No.: <u>M506</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Ink Toner</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>M506</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>White Good Battery</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>D499</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Solder Dross (Lead Free)</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____

Disposal	ID: <u>N/A</u> Name: _____
	Date: _____ Date: _____

On-Site Self Inspection of Storage Area:

Date Conducted	Premises/Area Inspected	Findings & Observations	Corrective Action Taken (if any)
7/31/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
8/29/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
9/22/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
10/29/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
11/26/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
12/15/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
01/16/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
03/15/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
03/18/2019	Hazwaste Racks and Bins	Clean and Properly stored	None

C. Hazardous Wastes Treater/Recycler

HW Stored and/or Untreated as of End of Quarter:

HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Valid until	Quantity	Type of Storage Container/ # of containers	Time Table for Treatment
			N/A				

HW Treated and/or Recycled as of End of Quarter:

Type of Wastes	HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Quantity	Type of Treatment or Recycling Process	Type & Quantity of Recycled or Treated Product
			N/A				

Residual Wastes Generated from the Treatment and/or Recycling Operation:

Type of Wastes	HW Number	Process by which the Wastes is Generated	Quantity	Type of Storage Container/ # of containers	Disposal Option	Time Table for Disposal
			N/A			

MODULE 3: P.D. 984 (Water Pollution)**Water Pollution Data**

Domestic wastewater (cubic meters/day)	3.0	Process wastewater (cubic meters/day)	N/A
Cooling water (cubic meters/day)	N/A	Others: _____ (cubic meters/day)	N/A
Wash water, equipment (m ³ /day)	N/A	Wash water, floor (cubic meters/day)	N/A

Record of Cost of Treatment (Separate entries for separate facilities)

	Month 1	Month 2	Month 3
Person employed, (# of employees)			
Person employed, (cost)			
Cost of Chemicals used by WTP			
Utility Costs of WTP (electricity & water)	N/A		
Administrative and Overhead Costs			
Cost of operating in-house laboratory			
New/Additional Investments in WTP (Description)			
Cost of New/Add Investments			

WTP Discharge Location

Outlet Number	Location of the Outlet	Name of Receiving Water Body
1	PEZA Main Sewer Line	Maalimango River
2		
3		
4		
5		

Detailed Report of Wastewater Characteristics for Conventional Pollutants

Outlet No.								
DATE	Effluent Flow Rate (m ³ /day)	BOD (mg/L)	TSS (mg/L)	Color	pH	Oil & Grease (mg/L)	Temp rise (°C)	<hr style="width: 100%; border: none; border-top: 1px solid black;"/> (name) <hr style="width: 100%; border: none; border-top: 1px solid black;"/> (unit)
01/31/18		16	>2.1 ^x			0.90		
01/31/18		14	>2.1 ^x			0.82		

Name of Plant:

OMON GROUP INC.

Reference No:

Please fill-up/accomplish separate form/s for other outlet/s.

Detailed Report of Wastewater Characteristics for Other Pollutants

Outlet No.								
DATE	Effluent Flow Rate (m ³ /day)	<u>Total Coliform</u> (name) (MPN/100ml) (unit)	<u>(name)</u> (unit)	<u>(name)</u> (unit)	<u>(name)</u> (unit)	<u>(name)</u> (unit)	<u>(name)</u> (unit)	<u>(name)</u> (unit)
01/31/18		>16 x 10 ⁶						
01/31/18		92 x 10 ⁴						

Please fill-up/accomplish separate form/s for other outlet/s. Please use additional sheet/s if necessary.

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 4: R.A. 8749 (Air Pollution)

Summary of APSE/APCF

Process Equipment	Location	# of hrs of operations
1. (7) units Tinning Pot	Production Area	8hrs per day
2.		
3.		
4.		

Fuel Burning Equipment	Location	Fuel Used	Quantity Consumed	# of hrs of operations
1. n/a				
2.				
3.				
4.				
5.				
6.				

Pollution Control Facility	Location	# of hrs of operations
1. Exhaust Fan	Production Area	8hrs per day
2.		
3.		
4.		

Cost of Treatment

	Month 1	Month 2	Month 3
Cost of Person employed, (salary)			
Total Consumption of Water (cubic meters)			
Total Cost of chemicals used (e.g., activated carbon, KMnO ₄)	N/A		
Total Consumption of Electricity (KwH)			
Administrative and Overhead Costs			
Cost of operating in-house laboratory, if any			
Improvement or modification, if any. (Description)			
Cost of improvement of modification			

Detailed Report of Air Emission Characteristics

Description/Location of PCF								
DATE	Flow Rate (Ncm/day)	CO (mg/Ncm)	NO _x (mg/Ncm)	Particulates (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)

N/A

Please fill-up/accomplish separate form/s for other PCF/s.
Please use additional sheet/s if necessary.

MODULE 5: P.D. 1586

Ambient Air Quality Monitoring (if required as part of ECC conditions)

Description/Location of Monitoring Station								
DATE	Noise Level (dB)	CO (mg/Ncm)	NO _x (mg/Ncm)	Particulates (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)

(Please accomplish one table per monitoring station.)

Ambient Water Quality Monitoring (if required as part of ECC conditions)

Description/Location of Sampling Station								
DATE	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)

(Please accomplish one table per sampling station.)

Other ECC Conditions

ECC Condition/s	Status of Compliance		Actions Taken
	Yes	No	
1. Effective and Adequate Drainage System (connected to PEZA centralized WTP)	/		
2. Using of LED lamps for lighting system	/		
3. Social Development Program among employees/workers and community that assist for health and education	/		
4. Participation in Multi-Partite Monitoring Team (MMT) of PEZA	/		
5.			
6.			

Please use additional sheet/s if necessary.

Environmental Management Plan/Program

Enhancement/Mitigation Measures	Status of Implementation		Actions Taken
	Yes	No	
1. Reduction of natural resources consumption thru energy and water conservation, and paper recycling.	/		
2. Control of wastewater thru proper maintenance of drainage system and connection to PEZA centralized WTP	/		
3. Control of hazardous waste by proper segregation and storage.	/		
4.			
5.			
6.			

Please use additional sheet/s if necessary.

Solid Waste Characterization/Information:

Average Quantity of Solid Wastes Generated per month	1 tons	Total Quantity of Solid Wastes Generated this Quarter	3 tons
Entity in charge of collecting solid wastes	PEZA Accredited Scrapper (PAT & PAM Trading)		
Brief Description of Solid Waste Management Plan (e.g., waste reduction, segregation, recycling)	<p>Hazardous waste – to be stored in drum and metal rack. Searching for DENR accredited transporter & treater.</p> <p>Recyclable Material – like paper, carton, plastic, metal to be sold to accredited scrapper</p> <p>Biodegradable – properly segregated and to be collected by scrapper</p> <p>Non-Biodegradable – properly segregated and to be collected by scrapper</p>		

MODULE 6: OTHERS**Accidents & Emergency Records**

Date	Area/Location	Findings and Observation	Actions Taken	Remarks
No Accident occurred in Q3				

Personnel/Staff Training

Date Conducted	Course/Training Description	# of Personnel Trained
April 27 to 21, 2017	Basic and Refresher Course for Pollution Control Officers	1
April 19, 2017	Accredited Eight (8) Hour Training for Managing Heads	1
October 19, 2017	4 th Biennial PCO Summit The New General Effluent Standards (GES)	1
July 6, 2018	1 st Sectorial Meeting and Relevant Environmental Updates for Chemical Pharmaceutical Cosmetics Sector and Warehousing Logistic Sector	1
October 3, 2018	RA 11058 An Act of Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof	2
December 5-6, 2018	Chemical Management Seminar and Workshop	1

Name of Plant:

OMON GROUP INC.

Reference No:

I hereby certify that the above information are true and correct.

Done this 20 MAR 2019, in _____.

Roselle Macuha
Name/Signature of Managing Head

Thursday Belita
Name/Signature of PCO

SUBSCRIBED AND SWORN before me, a Notary Public, this 20 MAR 2019 day of
~~CITY OF GEN. TRIAS, CAVITE~~ affiants exhibiting to me their Community Tax Receipts:

Name	CTR No.	Issued at	Issued on
<u>Roselle Macuha</u>	<u>SSS UMID</u>	<u>CRN-0111-3179187-6</u>	
<u>Thursday Belita</u>	<u>SSS UMID</u>	<u>CRN-0111-2112136-2</u>	

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Series of 612

Victory Louise G. Sapguian
ATTY. VICTORY LOUISE G. SAPGUIAN
NOTARY PUBLIC
My Commission expires on Dec. 31, 2019
Roll of Attorney No. 63078
PTR No. 9821516 Jan. 03, 2019, GTC
IBP Lifetime No. 015549 Jan. 03, 2017
MCLE Compliance No. VI-0004712

**Department of Environment and Natural Resources
Environmental Management Bureau**

**ESWM SECTION
RECEIVED
28 JUN 2019
EMB CALABARZON**

Reference No:

(to be filled up by DENR only)

GENERAL INFORMATION SHEET

Name of the Establishment/Facility	OMON GROUP INC.		
Establishment/Facility Address <small>(NOT the company of head office)</small>	Street # & Street Name: Keon Yang Bldg., Lot 9, Blk. 24, Phase IV, CEPZA Barangay: _____ City/Municipality: Rosario Province: Cavite		
Name of Owner/Company	Xinmei Zhao		
Address <small>(if address is not the same as previous address)</small>	Street # & Street Name: 2 nd Flr. Fastech Bldg, Ampere st., LISP1 Barangay: _____ City/Municipality: Cabuyao Province: Laguna		
Phone Number	+63 49-530-0888	Fax Number	+63 49-530-0808
e-mail address	roselle@omongroup.com		
Type of Business/ Industry Classification	Philippine Standard Industry Classification Code No. 3130 Philippine Standard Industry Descriptor: <u>Manufacture and Assembly of Insulated</u> <u>Wires and Cables</u>		
Responsible Officer/s:	CEO/President. <u>Xinmei Zhao</u> Tel #: +63 49-530-0888 Fax #: +63 49-530-0808 e-mail address: patricia@omongroup.com Plant Manager: Moon Zhao Tel #: +63 49-437-2906 Fax #: +63 49-530-0808 e-mail address: moon@omongroup.com		
Pollution Control Officer	Name. <u>Thursday Belita</u> Tel #: +63 49-437-2906 Fax #: +63 49-530-0808 e-mail address: Qaph1@omongroup.com		
Legal Classification	<input type="checkbox"/> single proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> private domestic corporation <input type="checkbox"/> government corporation <input type="checkbox"/> Multi-national <input checked="" type="checkbox"/> <u>Ecozone Logistics Services and Export Ent.</u>		

RECEIVED
JUN 24 2019
Dr. Roselle Macuha

We hereby certify that the above information are true and correct.

Roselle Macuha
Name/Signature of Managing Head

Thursday Belita
Name/Signature of PCO

Name of Plant:

OMON GROUP INC.

Reference No:

**Department of Environment and Natural Resources
Environmental Management Bureau**

**QUARTERLY SELF-MONITORING REPORT
(2nd Quarter 2019)
(April to June 2019)**

MODULE 1: GENERAL INFORMATION

Name of the Plant	OMON GROUP INC
Please provide the necessary revised, corrected or updated information not contained in your <i>General Information Sheet</i>	
<p>MANUFACTURE OF INDUSTRIAL FASTENERS, CABLE ASSEMBLY, WIRE HARNESS, JIG AND FIXTURES REPROCESSING, REWORKING, REPACKING, CASTING, MOLDING, FORMING & JOINING OF ALL KINDS OF ADHESIVE TAPES, TUBES, INSULATORS AND OTHER SUBSEQUENT PRODUCTS AND WAREHOUSING OF HAZARDOUS AND NON-HAZARDOUS MATERIALS.</p>	
(use additional sheet/s if necessary)	

DENR Permits/Licenses/Clearances

Environmental Laws	Permits	Date of Issue	Expiry Date
P.D. 984	PEZA Certificate of interconnection No. CNSL-CEZ1-11-01-001		
	PEZA Permit to Discharge No. WW-CEZ-16-06-001		
PD 1586	ECC 1 ECC-R4A-1708-0253	Aug 29, 2017	n/a
RA 6969	DENR Registry ID On-going process		
	CCO Registry N/A		
	Importer Clearance No N/A		
	Permit to Transport N/A		
RA 8749	A/C No. N/A		
	PEZA Permit to Operate Certificate of Occupancy 18-09-005 Electrical Permit to Operate 18-0142-EL Mechanical Permit to Operate 18-0143	Aug. 16, 2018	Aug. 16, 2019

Name of Plant:

OMON GROUP INC.

Reference No:

Operation

	Operating hours/day	Operating days/week	# of shift/day
Average	7.5	6	1
Maximum	11	6	1

Operation/Production/Capacity:

Average Daily Production Output	2,200	Total Output this Quarter	163,148
Total Water Consumption this Quarter (cubic meters)	157	Total Electric Consumption this Quarter (KwH)	9,941

Please use additional sheet/s if necessary

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 2: RA 6969

A. CCO Report (please accomplish this section for each chemical/substance)

Common Name/IUPAC/CAS Index Name. _____
 _____ CAS No.: _____
 Trade Name: _____

For importers only:

Quantity Requested	Import Clearance No.	Date of Arrival	Quantity Received*	Port of Entry	Country of Origin	Country of Manufacture
			N/A			
Total Quantity Requested (annual)			Total Quantity Received (annual)			

* attach copy/s of Bill of Lading

For distributors (importers/non-importers)

Name of Client	License No.	Quantity	Date of Distribution
		N/A	
Total Quantity Distributed			

For non-importer users:

Name of Distributor	Quantity	Date of Purchase
	N/A	
Total Quantity Purchased from Distributor		

Name of Plant:

OMON GROUP INC.

Reference No:

For producers

Average Daily Production Output		Total Output this Quarter	
Quantity of Stock Inventory (Start of Quarter)		Quantity of Stock Inventory (End of Quarter)	
Name of Buyer		Quantity	Date of Purchase
N/A			
Total Quantity Sold			

Used in Production (please fill up only if chemical/substance is not main product)

Average Daily Production Output	N/A	Total Output this Quarter	N/A
Average Quantity Used per month	N/A	Total Quantity Used this Quarter	N/A
Describe any changes in Production/Process/Operations:			
N/A			

Stock Inventory/Waste Chemical Generated:

Average Quantity of Waste Chemical Generated per month	N/A	Total Quantity of Waste Chemical Generated this Quarter	N/A
Quantity of Stock Inventory (Start of Quarter)	N/A	Quantity of Stock Inventory (End of Quarter)	N/A

Other Information:

Manner of handling hazardous wastes	<input checked="" type="checkbox"/> storage on-site	<input type="checkbox"/> Treatment on-site
	<input type="checkbox"/> storage off-site	<input type="checkbox"/> Treatment off-site
Changes in Safety Management System	<input type="checkbox"/> Yes (please attach copy of revised plan)	
	<input checked="" type="checkbox"/> No	
Chemical Substitute Plan	<input type="checkbox"/> Yes (please attach copy if not submitted/included in previous report/s or had been revised)	
	<input checked="" type="checkbox"/> No	

Name of Plant:

OMON GROUP INC.

Reference No:

B. Hazardous Wastes Generator

HW Generation:

HW No.	HW Class	HW Nature	HW Cataloguing	Remaining HW from Previous Report		HW Generated	
				Quantity	Unit	Quantity	Unit
J201	Containers	Solid	Toxic	0.0268	ton	0	ton
M507	Busted Lamps	Solid	Toxic	0.0004	ton	0	ton
M506	Ink Toner	Solid	Toxic	0.00126	ton	0.00129	ton
M506	White Good Battery	Solid	Toxic	0.00072	ton	0	ton
	Solder Dross	Solid	Toxic	0.0158	ton	0.0351	ton

Waste Storage, Treatment and Disposal: (Please fill-up one table per HW)

HW Details	HW No.: <u>J201</u> Qty of HW Treated: _____ Unit: _____ TSD Location: _____
Storage	Name: <u>Used Chemical Container</u> Method: <u>Store in metal cage with cover and proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>M507</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Busted Fluorescent Lamp</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	Date: _____ Date: _____

Reference No:

HW Details	HW No.: <u> M506 </u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u> N/A </u>
Storage	Name: <u> Ink Toner </u> Method: <u> Store in bin with proper label </u>
Transporter	ID: <u> N/A </u> Name: _____ Date: _____
Treater	ID: <u> N/A </u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u> N/A </u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u> M506 </u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u> N/A </u>
Storage	Name: <u> White Good Battery </u> Method: <u> Store in bin with proper label </u>
Transporter	ID: <u> N/A </u> Name: _____ Date: _____
Treater	ID: <u> N/A </u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u> N/A </u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u> D499 </u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u> N/A </u>
Storage	Name: <u> Solder Dross (Lead Free) </u> Method: <u> Store in bin with proper label </u>
Transporter	ID: <u> N/A </u> Name: _____ Date: _____
Treater	ID: <u> N/A </u> Name: _____ Method: _____ Date: _____

Name of Plant:

OMON GROUP INC.

Reference No:

Disposal

ID: N/A Name: _____
Date: _____ Date: _____

On-Site Self Inspection of Storage Area:

Date Conducted	Premises/Area Inspected	Findings & Observations	Corrective Action Taken (if any)
7/31/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
8/29/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
9/22/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
10/29/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
11/26/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
12/15/2018	Hazwaste Racks and Bins	Clean and Properly stored	None
01/16/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
02/15/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
03/18/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
04/22/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
05/20/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
06/17/2019	Hazwaste Racks and Bins	Clean and Properly stored	None

C. Hazardous Wastes Treater/Recycler

HW Stored and/or Untreated as of End of Quarter:

HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Valid until	Quantity	Type of Storage Container/ # of containers	Time Table for Treatment
			N/A				

HW Treated and/or Recycled as of End of Quarter:

Type of Wastes	HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Quantity	Type of Treatment or Recycling Process	Type & Quantity of Recycled or Treated Product
			N/A				

Residual Wastes Generated from the Treatment and/or Recycling Operation:

Type of Wastes	HW Number	Process by which the Wastes is Generated	Quantity	Type of Storage Container/ # of containers	Disposal Option	Time Table for Disposal
			N/A			

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 3: P.D. 984 (Water Pollution)

Water Pollution Data

Domestic wastewater (cubic meters/day)	3.0	Process wastewater (cubic meters/day)	N/A
Cooling water (cubic meters/day)	N/A	Others: _____ (cubic meters/day)	N/A
Wash water, equipment (m ³ /day)	N/A	Wash water, floor (cubic meters/day)	N/A

Record of Cost of Treatment (Separate entries for separate facilities)

	Month 1	Month 2	Month 3
Person employed, (# of employees)			
Person employed, (cost)			
Cost of Chemicals used by WTP			
Utility Costs of WTP (electricity & water)	N/A		
Administrative and Overhead Costs			
Cost of operating in-house laboratory			
New/Additional Investments in WTP (Description)			
Cost of New/Add Investments			

WTP Discharge Location

Outlet Number	Location of the Outlet	Name of Receiving Water Body
1	Septic Tank #1: SMH-No IBI-10-7 PEZA Main Sewer Line	Maalimango River
2	Septic Tank #2: SMH-No. IBI-10-5 PEZA Main Sewer Line	Maalimango River
3		
4		
5		

Detailed Report of Wastewater Characteristics for Conventional Pollutants

Outlet No.		Septic Tank 1 and 2						
DATE	Effluent Flow Rate (m ³ /day)	BOD (mg/L)	TSS (mg/L)	Color	pH	Oil & Grease (mg/L)	Temp rise (°C)	(name)
								(unit)
01/31/18		16	>2.1 ^x			0.90		
01/31/18		14	>2.1 ^x			0.82		
03/27/19		2	4			>0.70 ^x		
03/27/19		3	>2.1 ^x			>0.70 ^x		

Name of Plant:

OMON GROUP INC.

Reference No:

Please fill-up/accomplish separate form/s for other outlet/s.

Detailed Report of Wastewater Characteristics for Other Pollutants

Outlet No.		Septic Tank 1 and 2						
DATE	Effluent Flow Rate (m ³ /day)	Total Coliform	_____	_____	_____	_____	_____	_____
		(name) (MPN/100ml)	(name)	(name)	(name)	(name)	(name)	(name)
		(unit)	(unit)	(unit)	(unit)	(unit)	(unit)	(unit)
01/31/18		>16 x 10 ⁶						
01/31/18		92 x 10 ⁴						
03/27/19		17 x 10 ⁴						
03/27/19		16 x 10 ⁴						

Please fill-up/accomplish separate form/s for other outlet/s.
Please use additional sheet/s if necessary.

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 4: R.A. 8749 (Air Pollution)

Summary of APSE/APCF

Process Equipment		Location		# of hrs of operations	
1. (7) units Tinning Pot		Production Area		8hrs per day	
2.					
3.					
4.					
Fuel Burning Equipment	Location	Fuel Used	Quantity Consumed	# of hrs of operations	
1. n/a					
2.					
3.					
4.					
5.					
6.					
Pollution Control Facility		Location		# of hrs of operations	
1. Exhaust Fan		Production Area		8hrs per day	
2.					
3.					
4.					

Cost of Treatment

	Month 1	Month 2	Month 3
Cost of Person employed, (salary)			
Total Consumption of Water (cubic meters)			
Total Cost of chemicals used (e.g., activated carbon, KMnO ₄)	N/A		
Total Consumption of Electricity (KwH)			
Administrative and Overhead Costs			
Cost of operating in-house laboratory, if any			
Improvement or modification, if any. (Description)			
Cost of improvement of modification			

MODULE 5: P.D. 1586

Ambient Air Quality Monitoring (if required as part of ECC conditions)

Description/Location of Monitoring Station								
DATE	Noise Level (dB)	CO (mg/Ncm)	NO _x (mg/Ncm)	Particulates (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)

(Please accomplish one table per monitoring station.)

Ambient Water Quality Monitoring (if required as part of ECC conditions)

Description/Location of Sampling Station								
DATE	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)

(Please accomplish one table per sampling station.)

Other ECC Conditions

ECC Condition/s	Status of Compliance		Actions Taken
	Yes	No	
1. Effective and Adequate Drainage System (connected to PEZA centralized WTP)	/		
2. Using of LED lamps for lighting system	/		
3. Social Development Program among employees/workers and community that assist for health and education	/		
4. Participation in Multi-Partite Monitoring Team (MMT) of PEZA	/		
5.			
6.			

Please use additional sheet/s if necessary.

Environmental Management Plan/Program

Enhancement/Mitigation Measures	Status of Implementation		Actions Taken
	Yes	No	
1. Reduction of natural resources consumption thru energy and water conservation, and paper recycling.	/		
2. Control of wastewater thru proper maintenance of drainage system and connection to PEZA centralized WTP	/		
3. Control of hazardous waste by proper segregation and storage.	/		
4.			
5.			
6.			

Please use additional sheet/s if necessary.

Solid Waste Characterization/Information:

Average Quantity of Solid Wastes Generated per month	1 tons	Total Quantity of Solid Wastes Generated this Quarter	3 tons
Entity in charge of collecting solid wastes	PEZA Accredited Scraper (PAT & PAM Trading)		
Brief Description of Solid Waste Management Plan (e.g., waste reduction, segregation, recycling)	<p>Hazardous waste – to be stored in drum and metal rack. Searching for DENR accredited transporter & treater.</p> <p>Recyclable Material – like paper, carton, plastic, metal to be sold to accredited scraper</p> <p>Biodegradable – properly segregated and to be collected by scrapper</p> <p>Non-Biodegradable – properly segregated and to be collected by scrapper</p>		

MODULE 6: OTHERS**Accidents & Emergency Records**

Date	Area/Location	Findings and Observation	Actions Taken	Remarks
No Accident occurred in Q2				

Personnel/Staff Training

Date Conducted	Course/Training Description	# of Personnel Trained
April 27 to 21, 2017	Basic and Refresher Course for Pollution Control Officers	1
April 19, 2017	Accredited Eight (8) Hour Training for Managing Heads	1
October 19, 2017	4 th Biennial PCO Summit The New General Effluent Standards (GES)	1
July 6, 2018	1 st Sectorial Meeting and Relevant Environmental Updates for Chemical Pharmaceutical Cosmetics Sector and Warehousing Logistic Sector	1
October 3, 2018	RA 11058 An Act of Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof	2
December 5-6, 2018	Chemical Management Seminar and Workshop	1

Name of Plant:

OMON GROUP INC.


Reference No:

I hereby certify that the above information are true and correct.

Done this _____, in _____.


Roselle Macuha

Name/Signature of Managing Head



Thursday Belita

Name/Signature of PCO

SUBSCRIBED AND SWORN before me, a Notary Public, this 24 JUN 2019 day of CITY OF GEN. TRIAS, CAVITE, affiants exhibiting to me their Community Tax Receipts:

Name	CTR No.	Issued at	Issued on
Roselle Macuha	SSS UMID	CRN-0111-3179187-6	
Thursday Belita	SSS UMID	CRN-0111-2112136-2	

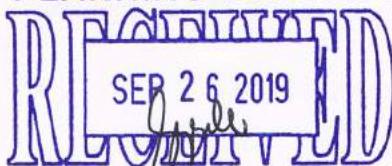
Doc. No. 88
Page No. 19
Book No. 26
Series Of 2019


ATTY. VICKI LOUISE G. LAPOUIAN
NOTARY PUBLIC
My Commission expires on Dec. 31, 2019
Roll of Attorney No. 63078
PTR No. 9821516 Jan. 03, 2019, GTC
IBP Lifetime No. 015549 Jan. 03, 2017
MCLE Compliance No. VI-0004712

Department of Environment and Natural Resources

PLANNING DIVISION

Environmental Management Bureau

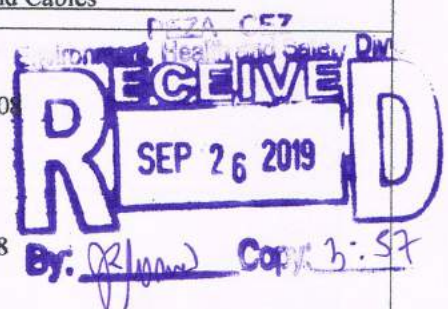


Reference No:

(to be filled up by DENR only)

EMB-CALABARZON REGION GENERAL INFORMATION SHEET

Name of the Establishment/Facility	OMON GROUP INC.		
Establishment/Facility Address (NOT the company of head office)	Street # & Street Name: Keon Yang Bldg., Lot 9, Blk. 24, Phase IV, CEPZA Barangay: _____ City/Municipality: Rosario Province: Cavite		
Name of Owner/Company	Xinmei Zhao		
Address (if address is not the same as previous address)	Street # & Street Name: 2 nd Flr. Fastech Bldg, Ampere st., LISP1 Barangay: _____ City/Municipality: Cabuyao Province: Laguna		
Phone Number	+63 49-530-0888	Fax Number	+63 49-530-0808
e-mail address	roselle@omongroup.com		
Type of Business/ Industry Classification	Philippine Standard Industry Classification Code No. 3130 Philippine Standard Industry Descriptor: <u>Manufacture and Assembly of Insulated Wires and Cables</u>		
Responsible Officer/s:	CEO/President. <u>Xinmei Zhao</u> Tel #: +63 49-530-0888 Fax #: +63 49-530-0808 e-mail address: patricia@omongroup.com Plant Manager: <u>Moon Zhao</u> Tel #: +63 49-437-2906 Fax #: +63 49-530-0808 e-mail address: moon@omongroup.com		
Pollution Control Officer	Name. <u>Thursday Belita</u> Tel #: +63 49-437-2906 Fax #: +63 49-530-0808 e-mail address: Qaph1@omongroup.com		
Legal Classification	<input type="checkbox"/> single proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> private domestic corporation <input type="checkbox"/> government corporation <input type="checkbox"/> Multi-national <input checked="" type="checkbox"/> <u>Ecozone Logistics Services and Export Ent.</u>		



We hereby certify that the above information are true and correct.

Roselle Macuha
Name/Signature of Managing Head

Thursday Belita
Name/Signature of PCO

Name of Plant:

OMON GROUP INC.

Reference No:

**Department of Environment and Natural Resources
Environmental Management Bureau**

**QUARTERLY SELF-MONITORING REPORT
(3rd Quarter 2019)
(July to September 2019)**

MODULE 1: GENERAL INFORMATION

Name of the Plant	OMON GROUP INC
Please provide the necessary revised, corrected or updated information not contained in your <i>General Information Sheet</i>	
<p>MANUFACTURE OF INDUSTRIAL FASTENERS, CABLE ASSEMBLY, WIRE HARNESS, JIG AND FIXTURES REPROCESSING, REWORKING, REPACKING, CASTING, MOLDING, FORMING & JOINING OF ALL KINDS OF ADHESIVE TAPES, TUBES, INSULATORS AND OTHER SUBSEQUENT PRODUCTS AND WAREHOUSING OF HAZARDOUS AND NON-HAZARDOUS MATERIALS.</p>	
(use additional sheet/s if necessary)	

DENR Permits/Licenses/Clearances

Environmental Laws	Permits	Date of Issue	Expiry Date
P.D. 984	PEZA Certificate of interconnection No. CNSL-CEZ1-11-01-001		
	PEZA Permit to Discharge No. WW-CEZ-19-05-020		
PD 1586	ECC 1 ECC-R4A-1708-0253	Aug 29, 2017	n/a
RA 6969	DENR Registry ID On-going process		
	CCO Registry N/A		
	Importer Clearance No N/A		
	Permit to Transport N/A		
RA 8749	A/C No. N/A		
	PEZA Permit to Operate N/A		

Name of Plant:

OMON GROUP INC.

Reference No:

Operation

	Operating hours/day	Operating days/week	# of shift/day
Average	7.5	6	1
Maximum	11	6	1

Operation/Production/Capacity:

Average Daily Production Output	211	Total Output this Quarter	16,500 (cable) 12,456,684 (fastener)
Total Water Consumption this Quarter (cubic meters)	254	Total Electric Consumption this Quarter (KwH)	12,217

Please use additional sheet/s if necessary

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 2: RA 6969

A. CCO Report (please accomplish this section for each chemical/substance)

Common Name/IUPAC/CAS Index Name. _____
_____ CAS No.: _____
Trade Name: _____

For importers only:

Quantity Requested	Import Clearance No.	Date of Arrival	Quantity Received*	Port of Entry	Country of Origin	Country of Manufacture
			N/A			
Total Quantity Requested (annual)				Total Quantity Received (annual)		

* attach copy/s of Bill of Lading

For distributors (importers/non-importers)

Name of Client	License No.	Quantity	Date of Distribution
		N/A	
Total Quantity Distributed			

For non-importer users:

Name of Distributor	Quantity	Date of Purchase
Total Quantity Purchased from Distributor		

Name of Plant:

OMON GROUP INC.

Reference No:

For producers

Average Daily Production Output		Total Output this Quarter	
Quantity of Stock Inventory (Start of Quarter)		Quantity of Stock Inventory (End of Quarter)	
Name of Buyer		Quantity	Date of Purchase
		N/A	
Total Quantity Sold			

Used in Production (please fill up only if chemical/substance is not main product)

Average Daily Production Output	N/A	Total Output this Quarter	N/A
Average Quantity Used per month	N/A	Total Quantity Used this Quarter	N/A
Describe any changes in Production/Process/Operations:			
N/A			

Stock Inventory/Waste Chemical Generated:

Average Quantity of Waste Chemical Generated per month	N/A	Total Quantity of Waste Chemical Generated this Quarter	N/A
Quantity of Stock Inventory (Start of Quarter)	N/A	Quantity of Stock Inventory (End of Quarter)	N/A

Other Information:

Manner of handling hazardous wastes	<input checked="" type="checkbox"/> storage on-site <input type="checkbox"/> storage off-site	<input type="checkbox"/> Treatment on-site <input type="checkbox"/> Treatment off-site
Changes in Safety Management System	<input type="checkbox"/> Yes (please attach copy of revised plan) <input checked="" type="checkbox"/> No	
Chemical Substitute Plan	<input type="checkbox"/> Yes (please attach copy if not submitted/included in previous report/s or had been revised) <input checked="" type="checkbox"/> No	

Name of Plant:

OMON GROUP INC.

Reference No:

B. Hazardous Wastes Generator

HW Generation:

HW No.	HW Class	HW Nature	HW Cataloguing	Remaining HW from Previous Report		HW Generated	
				Quantity	Unit	Quantity	Unit
J201	Containers	Solid	Toxic	0.0268	ton	0.00149	ton
M507	Busted Lamps	Solid	Toxic	0.0004	ton	0.0004	ton
M506	Ink Toner	Solid	Toxic	0.00138	ton	0.00009	ton
M506	White Good Battery	Solid	Toxic	0.00072	ton	0	ton
	Solder Dross	Solid	Toxic	0.0509	ton	0.0086	ton

Waste Storage, Treatment and Disposal: (Please fill-up one table per HW)

HW Details	HW No.: <u>J201</u> Qty of HW Treated: _____ Unit: _____ TSD Location: _____
Storage	Name: <u>Used Chemical Container</u> Method: <u>Store in metal cage with cover and proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>M507</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Busted Fluorescent Lamp</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	Date: _____ Date: _____

Name of Plant:

OMON GROUP INC.

Reference No:

HW Details	HW No.: <u>M506</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Ink Toner</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>M506</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>White Good Battery</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>D499</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Solder Dross (Lead Free)</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____

Name of Plant:

OMON GROUP INC.

Reference No:

Disposal	ID: <u>N/A</u> Name: _____
	Date: _____ Date: _____

On-Site Self Inspection of Storage Area:

Date Conducted	Premises/Area Inspected	Findings & Observations	Corrective Action Taken (if any)
7/22/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
8/23/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
9/23/2019	Hazwaste Racks and Bins	Clean and Properly stored	None

Name of Plant:

OMON GROUP INC.

Reference No:

C. Hazardous Wastes Treater/Recycler

HW Stored and/or Untreated as of End of Quarter:

HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Valid until	Quantity	Type of Storage Container/ # of containers	Time Table for Treatment

HW Treated and/or Recycled as of End of Quarter:

Type of Wastes	HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Quantity	Type of Treatment or Recycling Process	Type & Quantity of Recycled or Treated Product

Residual Wastes Generated from the Treatment and/or Recycling Operation:

Type of Wastes	HW Number	Process by which the Wastes is Generated	Quantity	Type of Storage Container/ # of containers	Disposal Option	Time Table for Disposal

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 3: P.D. 984 (Water Pollution)

Water Pollution Data

Domestic wastewater (cubic meters/day)	3.2	Process wastewater (cubic meters/day)	N/A
Cooling water (cubic meters/day)	N/A	Others: _____ (cubic meters/day)	N/A
Wash water, equipment (m ³ /day)	N/A	Wash water, floor (cubic meters/day)	N/A

Record of Cost of Treatment (Separate entries for separate facilities)

	Month 1	Month 2	Month 3
Person employed, (# of employees)			
Person employed, (cost)			
Cost of Chemicals used by WTP			
Utility Costs of WTP (electricity & water)	N/A		
Administrative and Overhead Costs			
Cost of operating in-house laboratory			
New/Additional Investments in WTP (Description)			
Cost of New/Add Investments			

WTP Discharge Location

Outlet Number	Location of the Outlet	Name of Receiving Water Body
1	Septic Tank #1: SMH-No IBI-10-7 PEZA Main Sewer Line	Maalimango River
2	Septic Tank #2: SMH-No. IBI-10-5 PEZA Main Sewer Line	Maalimango River
3		
4		
5		

Name of Plant:

OMON GROUP INC.

Reference No:

Detailed Report of Wastewater Characteristics for Conventional Pollutants

Outlet No.		Septic Tank 1 and 2						
DATE	Effluent Flow Rate (m ³ /day)	BOD (mg/L)	TSS (mg/L)	Color	pH	Oil & Grease (mg/L)	Temp rise (°C)	(name)
								(unit)
01/31/18		16	>2.1 ^x			0.90		
01/31/18		14	>2.1 ^x			0.82		
03/27/19		2	4			>0.70 ^x		
03/27/19		3	>2.1 ^x			>0.70 ^x		

Name of Plant:

OMON GROUP INC.

Reference No:

Please fill-up/accomplish separate form/s for other outlet/s.

Detailed Report of Wastewater Characteristics for Other Pollutants

Outlet No.		Septic Tank 1 and 2						
DATE	Effluent Flow Rate (m ³ /day)	Total Coliform (name) (MPN/100ml) (unit)	(name) <hr style="width: 80%; margin: auto;"/> (unit)	(name) <hr style="width: 80%; margin: auto;"/> (unit)	(name) <hr style="width: 80%; margin: auto;"/> (unit)	(name) <hr style="width: 80%; margin: auto;"/> (unit)	(name) <hr style="width: 80%; margin: auto;"/> (unit)	(name) <hr style="width: 80%; margin: auto;"/> (unit)
01/31/18		>16 x 10 ⁶						
01/31/18		92 x 10 ⁴						
03/27/19		17 x 10 ⁴						
03/27/19		16 x 10 ⁴						

Please fill-up/accomplish separate form/s for other outlet/s.
Please use additional sheet/s if necessary.

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 4: R.A. 8749 (Air Pollution)

Summary of APSE/APCF

Process Equipment		Location		# of hrs of operations	
1. (7) units Tinning Pot		Production Area		8hrs per day	
2.					
3.					
4.					
Fuel Burning Equipment	Location	Fuel Used	Quantity Consumed	# of hrs of operations	
1. n/a					
2.					
3.					
4.					
5.					
6.					
Pollution Control Facility		Location		# of hrs of operations	
1. Exhaust Fan		Production Area		8hrs per day	
2. Smoke Absorber and filter		Production Area		8hrs per day	
3.					
4.					

Cost of Treatment

	Month 1	Month 2	Month 3
Cost of Person employed, (salary)			
Total Consumption of Water (cubic meters)			
Total Cost of chemicals used (e.g., activated carbon, KMnO ₄)	N/A		
Total Consumption of Electricity (KwH)			
Administrative and Overhead Costs			
Cost of operating in-house laboratory, if any			
Improvement or modification, if any. (Description)			
Cost of improvement of modification			

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 5: P.D. 1586

Ambient Air Quality Monitoring (if required as part of ECC conditions)

Description/Location of Monitoring Station								
DATE	Noise Level (dB)	CO (mg/Ncm)	NO _x (mg/Ncm)	Particulates (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)
N/A								

(Please accomplish one table per monitoring station.)

Ambient Water Quality Monitoring (if required as part of ECC conditions)

Description/Location of Sampling Station								
DATE	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)
N/A								

(Please accomplish one table per sampling station.)

Name of Plant:

OMON GROUP INC.

Reference No:

Other ECC Conditions

ECC Condition/s	Status of Compliance		Actions Taken
	Yes	No	
1. Effective and Adequate Drainage System (connected to PEZA centralized WTP)	/		
2. Using of LED lamps for lighting system	/		
3. Social Development Program among employees/workers and community that assist for health and education	/		
4.			
5.			
6.			

Please use additional sheet/s if necessary.

Environmental Management Plan/Program

Enhancement/Mitigation Measures	Status of Implementation		Actions Taken
	Yes	No	
1. Reduction of natural resources consumption thru energy and water conservation, and paper recycling.	/		
2. Control of wastewater thru proper maintenance of drainage system and connection to PEZA centralized WTP	/		
3. Control of hazardous waste by proper segregation and storage.	/		
4.			
5.			
6.			

Please use additional sheet/s if necessary.

Solid Waste Characterization/Information:

Average Quantity of Solid Wastes Generated per month	1 tons	Total Quantity of Solid Wastes Generated this Quarter	3 tons
Entity in charge of collecting solid wastes	PEZA Accredited Scrapper (PAT & PAM Trading)		
Brief Description of Solid Waste Management Plan (e.g., waste reduction, segregation, recycling)	<p>Hazardous waste – to be stored in drum and metal rack. Searching for DENR accredited transporter & treater.</p> <p>Recyclable Material – like paper, carton, plastic, metal to be sold to accredited scrapper</p> <p>Biodegradable – properly segregated and to be collected by scrapper</p> <p>Non-Biodegradable – properly segregated and to be collected by scrapper</p>		

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 6: OTHERS

Accidents & Emergency Records

Date	Area/Location	Findings and Observation	Actions Taken	Remarks
No Accident occurred in Q3				

Personnel/Staff Training

Date Conducted	Course/Training Description	# of Personnel Trained
April 27 to 21, 2017	Basic and Refresher Course for Pollution Control Officers	1
April 19, 2017	Accredited Eight (8) Hour Training for Managing Heads	1
October 19, 2017	4 th Biennial PCO Summit The New General Effluent Standards (GES)	1
July 6, 2018	1 st Sectorial Meeting and Relevant Environmental Updates for Chemical Pharmaceutical Cosmetics Sector and Warehousing Logistic Sector	1
October 3, 2018	RA 11058 An Act of Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof	2
December 5-6, 2018	Chemical Management Seminar and Workshop	1

Name of Plant:

OMON GROUP INC.


Reference No:

I hereby certify that the above information are true and correct.

Done this 25 SEP 2019, in _____.


Roselle Macuha

Name/Signature of Managing Head



Thursday Belita

Name/Signature of PCO

SUBSCRIBED AND SWORN before me, a Notary Public, this 25 SEP 2019 day of CITY OF GEN. TRIAS, CAVITE, affiants exhibiting to me their Community Tax Receipts:

Name	CTR No.	Issued at	Issued on
<u>Roselle Macuha</u>	<u>SSS UMID</u>	<u>CRN-0111-3179187-6</u>	
<u>Thursday Belita</u>	<u>SSS UMID</u>	<u>CRN-0111-2112136-2</u>	

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Page No. 91
Book No. 29
Series Of 2019


ATTY. WENCY LOUISE G. PARGUIAN
NOTARY PUBLIC
My Commission expires on Dec. 31, 2019
Roll of Attorney No. 63078
PTR No. 9821516 Jan. 03, 2019, GTC
IBP Lifetime No. 015549 Jan. 03, 2017
MCLE Compliance No. VI-0004712

**Department of Environment and Natural Resources
Environmental Management Bureau**

Reference No:

(to be filled up by DENR only)

PLANNING DIVISION

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DEC 27 2019
[Signature]

GENERAL INFORMATION SHEET

EMB-CALABARZON REGION

Name of the Establishment/Facility	OMON GROUP INC.		
Establishment/Facility Address (NOT the company of head office)	Street # & Street Name: Keon Yang Bldg., Lot 9, Blk. 24, Phase IV, CEPZA Barangay: _____ City/Municipality: Rosario Province: Cavite		
Name of Owner/Company	Xinmei Zhao		
Address (if address is not the same as previous address)	Street # & Street Name: 2 nd Flr. Fastech Bldg, Ampere st., LISP1 Barangay: _____ City/Municipality: Cabuyao Province: Laguna		
Phone Number	+63 49-530-0888	Fax Number	+63 49-530-0808
e-mail address	roselle@omongroup.com		
Type of Business/ Industry Classification	Philippine Standard Industry Classification Code No. <u>3130</u> Philippine Standard Industry Descriptor: <u>Manufacture and Assembly of Insulated Wires and Cables</u>		
Responsible Officer/s:	CEO/President. <u>Xinmei Zhao</u> Tel #: +63 49-530-0888 Fax #: +63 49-530-0808 e-mail address: patricia@omongroup.com Plant Manager: <u>Moon Zhao</u> Tel #: +63 49-437-2906 Fax #: +63 49-530-0808 e-mail address: moon@omongroup.com		
Pollution Control Officer	Name. <u>Thursday Belita</u> Tel #: +63 49-437-2906 Fax #: +63 49-530-0808 e-mail address: Qaph1@omongroup.com		
Legal Classification	<input type="checkbox"/> single proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> private domestic corporation <input type="checkbox"/> government corporation <input type="checkbox"/> Multi-national <input checked="" type="checkbox"/> <u>Ecozone Logistics Services and Export Ent.</u>		

We hereby certify that the above information are true and correct.

[Signature]
Roselle Macuha
Name/Signature of Managing Head

[Signature]
Thursday Belita
Name/Signature of PCO

PEZA - CEZ
Environment, Health and Safety Division
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JAN 03 2020
[Signature] Comp 1:29

Name of Plant:

OMON GROUP INC.

Reference No:

**Department of Environment and Natural Resources
Environmental Management Bureau**

**QUARTERLY SELF-MONITORING REPORT
(4th Quarter 2019)
(October to December 2019)**

MODULE 1: GENERAL INFORMATION

Name of the Plant	OMON GROUP INC
Please provide the necessary revised, corrected or updated information not contained in your <i>General Information Sheet</i>	
<p>MANUFACTURE OF INDUSTRIAL FASTENERS, CABLE ASSEMBLY, WIRE HARNESS, JIG AND FIXTURES REPROCESSING, REWORKING, REPACKING, CASTING, MOLDING, FORMING & JOINING OF ALL KINDS OF ADHESIVE TAPES, TUBES, INSULATORS AND OTHER SUBSEQUENT PRODUCTS AND WAREHOUSING OF HAZARDOUS AND NON-HAZARDOUS MATERIALS.</p>	
(use additional sheet/s if necessary)	

DENR Permits/Licenses/Clearances

Environmental Laws	Permits	Date of Issue	Expiry Date
P.D. 984	PEZA Certificate of interconnection No.	CNSL-CEZ1-11-01-001	
	PEZA Permit to Discharge No.	WW-CEZ-19-05-020	May 31, 2019 Dec. 31, 2019
PD 1586	ECC 1	ECC-R4A-1708-0253	Aug 29, 2017 n/a
RA 6969	DENR Registry ID	On-going process	
	CCO Registry	N/A	
	Importer Clearance No	N/A	
	Permit to Transport	N/A	
RA 8749	A/C No.	N/A	
	PEZA Permit to Operate	N/A	

Name of Plant:

OMON GROUP INC.

Reference No:

Operation

	Operating hours/day	Operating days/week	# of shift/day
Average	7.5	6	1
Maximum	11	6	1

Operation/Production/Capacity:

Average Daily Production Output	0.12 tons of cable	Total Output this Quarter	10.61 tons of cable 12,400,000 pcs (fastener)
Total Water Consumption this Quarter (cubic meters)	254	Total Electric Consumption this Quarter (KwH)	14,713

Please use additional sheet/s if necessary

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 2: RA 6969

A. CCO Report (please accomplish this section for each chemical/substance)

Common Name/IUPAC/CAS Index Name. _____
 _____ CAS No.: _____
 Trade Name: _____

For importers only:

Quantity Requested	Import Clearance No.	Date of Arrival	Quantity Received*	Port of Entry	Country of Origin	Country of Manufacture
Total Quantity Requested (annual)			Total Quantity Received (annual)			

* attach copy/s of Bill of Lading

For distributors (importers/non-importers)

Name of Client	License No.	Quantity	Date of Distribution
Total Quantity Distributed			

For non-importer users:

Name of Distributor	Quantity	Date of Purchase
Total Quantity Purchased from Distributor		

Name of Plant:

OMON GROUP INC. _____

Reference No:

For producers

Average Daily Production Output		Total Output this Quarter	
Quantity of Stock Inventory (Start of Quarter)		Quantity of Stock Inventory (End of Quarter)	
Name of Buyer		Quantity	Date of Purchase
	N/A		
Total Quantity Sold			

Used in Production (please fill up only if chemical/substance is not main product)

Average Daily Production Output	N/A	Total Output this Quarter	N/A
Average Quantity Used per month	N/A	Total Quantity Used this Quarter	N/A
Describe any changes in Production/Process/Operations:			
N/A			

Stock Inventory/Waste Chemical Generated:

Average Quantity of Waste Chemical Generated per month	N/A	Total Quantity of Waste Chemical Generated this Quarter	N/A
Quantity of Stock Inventory (Start of Quarter)	N/A	Quantity of Stock Inventory (End of Quarter)	N/A

Other Information:

Manner of handling hazardous wastes	<input checked="" type="checkbox"/> storage on-site <input type="checkbox"/> Treatment on-site <input type="checkbox"/> storage off-site <input type="checkbox"/> Treatment off-site
Changes in Safety Management System	<input type="checkbox"/> Yes (please attach copy of revised plan) <input checked="" type="checkbox"/> No
Chemical Substitute Plan	<input type="checkbox"/> Yes (please attach copy if not submitted/included in previous report/s or had been revised) <input checked="" type="checkbox"/> No

Name of Plant:

OMON GROUP INC.

Reference No:

B. Hazardous Wastes Generator

HW Generation:

HW No.	HW Class	HW Nature	HW Cataloguing	Remaining HW from Previous Report		HW Generated	
				Quantity	Unit	Quantity	Unit
J201	Containers	Solid	Toxic	0.0282	ton	0	ton
M507	Busted Lamps	Solid	Toxic	0.0004	ton	0	ton
M506	Ink Toner	Solid	Toxic	0.00147	ton	0.00006	ton
M506	White Good Battery	Solid	Toxic	0.00072	ton	0	ton
	Solder Dross	Solid	Toxic	0.0595	ton	0.0043	ton

Waste Storage, Treatment and Disposal: (Please fill-up one table per HW)

HW Details	HW No.: <u>J201</u> Qty of HW Treated: _____ Unit: _____ TSD Location: _____
Storage	Name: <u>Used Chemical Container</u> Method: <u>Store in metal cage with cover and proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>M507</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Busted Fluorescent Lamp</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	Date: _____ Date: _____

Name of Plant:

OMON GROUP INC.

Reference No:

HW Details	HW No.: <u>M506</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Ink Toner</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>M506</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>White Good Battery</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____
Disposal	ID: <u>N/A</u> Name: _____ Date: _____ Date: _____

HW Details	HW No.: <u>D499</u> Qty of HW Treated: _____ Unit: _____ TSD Location: <u>N/A</u>
Storage	Name: <u>Solder Dross (Lead Free)</u> Method: <u>Store in bin with proper label</u>
Transporter	ID: <u>N/A</u> Name: _____ Date: _____
Treater	ID: <u>N/A</u> Name: _____ Method: _____ Date: _____

Name of Plant:

OMON GROUP INC.

Reference No:

Disposal	ID: <u> N/A </u> Name: _____
	Date: _____ Date: _____

On-Site Self Inspection of Storage Area:

Date Conducted	Premises/Area Inspected	Findings & Observations	Corrective Action Taken (if any)
10/31/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
11/29/2019	Hazwaste Racks and Bins	Clean and Properly stored	None
12/16/2019	Hazwaste Racks and Bins	Clean and Properly stored	None

Name of Plant:

OMON GROUP INC.

Reference No:

C. Hazardous Wastes Treater/Recycler

HW Stored and/or Untreated as of End of Quarter:

HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Valid until	Quantity	Type of Storage Container/ # of containers	Time Table for Treatment

HW Treated and/or Recycled as of End of Quarter:

Type of Wastes	HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Quantity	Type of Treatment or Recycling Process	Type & Quantity of Recycled or Treated Product

Residual Wastes Generated from the Treatment and/or Recycling Operation:

Type of Wastes	HW Number	Process by which the Wastes is Generated	Quantity	Type of Storage Container/ # of containers	Disposal Option	Time Table for Disposal

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 3: P.D. 984 (Water Pollution)

Water Pollution Data

Domestic wastewater (cubic meters/day)	3.2	Process wastewater (cubic meters/day)	N/A
Cooling water (cubic meters/day)	N/A	Others: _____ (cubic meters/day)	N/A
Wash water, equipment (m ³ /day)	N/A	Wash water, floor (cubic meters/day)	N/A

Record of Cost of Treatment (Separate entries for separate facilities)

	Month 1	Month 2	Month 3
Person employed, (# of employees)			
Person employed, (cost)			
Cost of Chemicals used by WTP			
Utility Costs of WTP (electricity & water)	N/A		
Administrative and Overhead Costs			
Cost of operating in-house laboratory			
New/Additional Investments in WTP (Description)			
Cost of New/Add Investments			

WTP Discharge Location

Outlet Number	Location of the Outlet	Name of Receiving Water Body
1	Septic Tank #1: SMH-No IBI-10-7 PEZA Main Sewer Line	Maalimango River
2	Septic Tank #2: SMH-No. IBI-10-5 PEZA Main Sewer Line	Maalimango River
3		
4		
5		

Name of Plant:

OMON GROUP INC.

Reference No:

Detailed Report of Wastewater Characteristics for Conventional Pollutants

Outlet No.		Septic Tank 1 and 2						
DATE	Effluent Flow Rate (m ³ /day)	BOD (mg/L)	TSS (mg/L)	Color	pH	Oil & Grease (mg/L)	Temp rise (°C)	(name)
								(unit)
01/31/18		16	>2.1 ^x			0.90		
01/31/18		14	>2.1 ^x			0.82		
03/27/19		2	4			>0.70 ^x		
03/27/19		3	>2.1 ^x			>0.70 ^x		

Name of Plant:

OMON GROUP INC. _____

Reference No:

Please fill-up/accomplish separate form/s for other outlet/s.

Detailed Report of Wastewater Characteristics for Other Pollutants

Outlet No.		Septic Tank 1 and 2						
DATE	Effluent Flow Rate (m ³ /day)	Total Coliform	(name)	(name)	(name)	(name)	(name)	(name)
		(MPN/100ml)	(unit)	(unit)	(unit)	(unit)	(unit)	(unit)
01/31/18		>16 x 10 ⁶						
01/31/18		92 x 10 ⁴						
03/27/19		17 x 10 ⁴						
03/27/19		16 x 10 ⁴						

Please fill-up/accomplish separate form/s for other outlet/s. Please use additional sheet/s if necessary.

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 4: R.A. 8749 (Air Pollution)

Summary of APSE/APCF

Process Equipment		Location		# of hrs of operations	
1. (6) units Tinning Pot		Production Area		8hrs per day	
2.					
3.					
4.					
Fuel Burning Equipment	Location	Fuel Used	Quantity Consumed	# of hrs of operations	
1. n/a					
2.					
3.					
4.					
5.					
6.					
Pollution Control Facility		Location		# of hrs of operations	
1. Exhaust Fan		Production Area		8hrs per day	
2. Smoke Absorber and filter		Production Area		8hrs per day	
3.					
4.					

Cost of Treatment

	Month 1	Month 2	Month 3
Cost of Person employed, (salary)			
Total Consumption of Water (cubic meters)			
Total Cost of chemicals used (e.g., activated carbon, KMnO ₄)	N/A		
Total Consumption of Electricity (KwH)			
Administrative and Overhead Costs			
Cost of operating in-house laboratory, if any			
Improvement or modification, if any. (Description)			
Cost of improvement of modification			

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 5: P.D. 1586

Ambient Air Quality Monitoring (if required as part of ECC conditions)

Description/Location of Monitoring Station								
DATE	Noise Level (dB)	CO (mg/Ncm)	NO _x (mg/Ncm)	Particulates (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)	(name) (mg/Ncm)

N/A

(Please accomplish one table per monitoring station.)

Ambient Water Quality Monitoring (if required as part of ECC conditions)

Description/Location of Sampling Station								
DATE	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)	(name) (unit)

N/A

(Please accomplish one table per sampling station.)

Name of Plant:

OMON GROUP INC.

Reference No:

Other ECC Conditions

ECC Condition/s	Status of Compliance		Actions Taken
	Yes	No	
1. Effective and Adequate Drainage System (connected to PEZA centralized WTP)	/		
2. Using of LED lamps for lighting system	/		
3. Social Development Program among employees/workers and community that assist for health and education	/		
4.			
5.			
6.			

Please use additional sheet/s if necessary.

Environmental Management Plan/Program

Enhancement/Mitigation Measures	Status of Implementation		Actions Taken
	Yes	No	
1. Reduction of natural resources consumption thru energy and water conservation, and paper recycling.	/		
2. Control of wastewater thru proper maintenance of drainage system and connection to PEZA centralized WTP	/		
3. Control of hazardous waste by proper segregation and storage.	/		
4.			
5.			
6.			

Please use additional sheet/s if necessary.

Solid Waste Characterization/Information:

Average Quantity of Solid Wastes Generated per month	1.6 tons	Total Quantity of Solid Wastes Generated this Quarter	4 tons
Entity in charge of collecting solid wastes	PEZA Accredited Scraper (Eastward Trading)		
Brief Description of Solid Waste Management Plan (e.g., waste reduction, segregation, recycling)	<p>Hazardous waste – to be stored in drum and metal rack. Searching for DENR accredited transporter & treater.</p> <p>Recyclable Material – like paper, carton, plastic, metal to be sold to accredited scraper</p> <p>Biodegradable – properly segregated and to be collected by scrapper</p> <p>Non-Biodegradable – properly segregated and to be collected by scrapper</p>		

Name of Plant:

OMON GROUP INC.

Reference No:

MODULE 6: OTHERS

Accidents & Emergency Records

Date	Area/Location	Findings and Observation	Actions Taken	Remarks
No Accident occurred in Q4				

Personnel/Staff Training

Date Conducted	Course/Training Description	# of Personnel Trained
April 27 to 21, 2017	Basic and Refresher Course for Pollution Control Officers	1
April 19, 2017	Accredited Eight (8) Hour Training for Managing Heads	1
October 19, 2017	4 th Biennial PCO Summit The New General Effluent Standards (GES)	1
July 6, 2018	1 st Sectorial Meeting and Relevant Environmental Updates for Chemical Pharmaceutical Cosmetics Sector and Warehousing Logistic Sector	1
October 3, 2018	RA 11058 An Act of Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof	2
December 5-6, 2018	Chemical Management Seminar and Workshop	1
August 30, 2019	PCO Meeting (Seminar for proper Self Monitoring Report Filling Out)	1

Name of Plant:

OMON GROUP INC.

Reference No:

I hereby certify that the above information are true and correct.

Done this 19 DEC 2019, in _____

Roselle Macuha

Name/Signature of Managing Head

Thursday Belita

Name/Signature of PCO

CITY OF GEN. TRIAS, CAVITE

SUBSCRIBED AND SWORN before me, a Notary Public, this _____ day of 19 DEC 2019, affiants exhibiting to me their Community Tax Receipts:

Name	CTR No.	Issued at	Issued on
<u>Roselle Macuha</u>	<u>SSS UMID</u>	<u>CRN-0111-3179187-6</u>	
<u>Thursday Belita</u>	<u>SSS UMID</u>	<u>CRN-0111-2112136-2</u>	

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Series Of 2019

ATTY. VICKY LOU BEE G. SAPUGIAN
NOTARY PUBLIC
My Commission expires on Dec. 31, 2019
Roll of Attorney No. 63078
PTR No. 9821516 Jan. 03, 2019, GTC
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