



Name of Plant:

OMON GROUP INC.

Reference No:

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

**QUARTERLY SELF-MONITORING REPORT  
(1st Quarter 2021)  
(January to March 2021)**

**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><b>Manufacture of Industrial Fasteners, Cable Assembly, Wire Harness, Jigs and Fixtures Reprocessing, Reworking, Repacking, Casting, Molding, Forming and Joining of All kinds of Adhesive Tapes, Tubes, Insulators and Other Subsequent Products, Warehouse of Hazardous and Non-Hazardous Materials, and Box Build Assembly for Electronics Equipment Specifically Router and Switch, Dashboard Display (Monitor)/Tablet Project</b></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.	For Process	
	PEZA Permit to Discharge No.	For Process	May 31, 2019 Dec. 31, 2019
PD 1586	ECC 1	ECC-OL-R4A-2021-0137	March 2, 2021 n/a
RA 6969	DENR Registry ID	For Process	
	CCO Registry	N/A	
	Importer Clearance No	N/A	
	Permit to Transport	N/A	
RA 8749	A/C No.	N/A	
	Permit to Operate	N/A	

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**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	0.47	Total Output this Quarter	1 tons of Cable
Total Water Consumption this Quarter (cubic meters)	146	Total Electric Consumption this Quarter (KwH)	15,446

Please use additional sheet/s if necessary



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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	

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**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	0.0	ton	0.00149	ton
M507	Busted Lamps	Solid	Toxic	0.0	ton	0	ton
M506	Ink Toner	Solid	Toxic	0.0	ton	0.00009	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: _____

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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: _____

**On-Site Self Inspection of Storage Area:**

Date Conducted	Premises/Area Inspected	Findings & Observations	Corrective Action Taken (if any)
1/30/2021	Hazwaste Racks and Bins	Clean and Properly stored	None
02/26/2021	Hazwaste Racks and Bins	Clean and Properly stored	None
03/30/2021	Hazwaste Racks and Bins	Clean and Properly stored	None

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**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

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

**Water Pollution Data**

Domestic wastewater (cubic meters/day)	1.24	Process wastewater (cubic meters/day)	N/A
Cooling water (cubic meters/day)	N/A	Others: _____ (cubic meters/day)	N/A
Wash water, equipment (m <sup>3</sup> /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		





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**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 <sub>4</sub> )	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			





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**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	0.5 tons	Total Quantity of Solid Wastes Generated this Quarter	1.5 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><b>Hazardous waste</b> – to be stored in drum and metal rack. Searching for DENR accredited transporter &amp; treater.</p> <p><b>Recyclable Material</b> – like paper, carton, plastic, metal to be sold to accredited scrapper</p> <p><b>Biodegradable</b> – properly segregated and to be collected by scrapper</p> <p><b>Non-Biodegradable</b> – properly segregated and to be collected by scrapper</p>		

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**MODULE 6: OTHERS**

**Accidents & Emergency Records**

Date	Area/Location	Findings and Observation	Actions Taken	Remarks
No Accident occurred in Q1				

**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 H	1

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

Done this APR 12 2021, in Province of Laguna  
City of Santa Rosa.

Roselle Macuha  
Name/Signature of Managing Head

Thursday Belita  
Name/Signature of PCO

SUBSCRIBED AND SWORN before me, a Notary Public, this APR 12 2021 day of \_\_\_\_\_, 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	

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**ATTY. MA. FATIMA UNGSON-LIU**  
Unit 109 Humana Wellnes Ctr., Sta. Rosa, Laguna  
NOTARY PUBLIC for CITY OF STA. ROSA, LAGUNA  
UNTIL DECEMBER 31, 2021  
ROLL NO. 46386, MCLE NO. V-0022814/07-04-16  
IBP Lifetime Reg. No. 03411  
TIN No. 172-447-973-000  
Tel. No. (049) 502-88-93  
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