

**Department of Environment and Natural Resources
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: East Avenue, Blk. 16, Phase IV, Cavite Economic Zone 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>Manufacturing of Electronic Products</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: thursday.belita@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.



Name/Signature of Managing Head



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
(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>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</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	

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	0.47	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

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		

OMON GROUP INC.

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			

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

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	0.0	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.: J201
	Qty of HW Treated: Unit:
	TSD Location:
Storage	Name: Used Chemical Container
	Method: Store in metal cage with cover and proper label
Transporter	ID: N/A Name:
	Date:
Treater	ID: N/A Name:
	Method: Date:
Disposal	ID: N/A Name:
	Date: Date:

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

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

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)	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 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		

OMON GROUP INC.

Reference No:

Detailed Report of Wastewater Characteristics for Conventional Pollutants

[illegible]

OMON GROUP INC.

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

[illegible]

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			

OMON GROUP INC.

Reference No:

[illegible]

Module 4: RA 8749 (Air Pollution)

OMON GROUP INC.

Reference No:

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

(Please accomplish one table per monitoring station.)

[illegible]

(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	0.5 tons	Total Quantity of Solid Wastes Generated this Quarter	1.5 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 scraper</p> <p>Non-Biodegradable – properly segregated and to be collected by scraper</p>		

Name of Plant:

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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
PTR No. 4135821/1-04-2021/Sta. Rosa, Laguna