

**FIRST SCHEDULE
PRESCRIBED FORMS**
(Regulations 3,4,5 and 6)
REPUBLIC OF ZAMBIA

Form WP1

The Water Pollution Control (Effluent and Wastewater) Regulations ,1993.

APPLICATION TO DISCHARGE EFFLUENT

(Regulation 3)

(To be completed in Triplicate)

To: Chief Inspector
Environmental Council of Zambia
P.O Box 35131
LUSAKA

1.0 Information on Enterprise.

1.1 Name and Address of enterprise

Company Name:	
Address:	

Position / Tel of Contact Person	

1.2 Municipality

1.3 Location

Are the Premises Situated in an Industrial Area ? Yes No
Has a Safety Zone been established around Premises? Yes No

Describe the Surrounding Physical Environment:

.....

1.4 Application for:

<input type="checkbox"/>	New Plant	<input type="checkbox"/>	Change in discharges
<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Change in Production
<input type="checkbox"/>	Other, specify:.....		

2.0 Production

2.1 Enterprise Classification.

<input type="checkbox"/>	Food	<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Textile
<input type="checkbox"/>	Mining/Metallurgical	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Sewage
<input type="checkbox"/>	Other Specify:.....				

2.2 Products manufactured/ handled:

Product	Quantity per Year
1	
2	
3	
4	
5	

2.3 Raw Materials:

Raw Material	Quantity per Year
1	
2	
3	
4	
5	

2.4 Energy Sources/Consumption:

Energy Source	Consumption (MJ/Year)
1	
2	
3	
4	
5	

If space in 2.2, 2.3 and 2.4 not enough use space in 8.0 or enclose extra page.

3.0 Raw Water Information

3.1 Indicate Source of Raw Water:

<input type="checkbox"/>	Lake	<input type="checkbox"/>	Council/ Utility	Name of Source <input type="text"/>
<input type="checkbox"/>	River	<input type="checkbox"/>	Well	
<input type="checkbox"/>	Underground	<input type="checkbox"/>	Other, Specify:.....	

3.2 Raw Water Demand:

Cubic Meter/Hour			Cubic Meter/Day			Cubic Meter/Year		
Max	Mean	Min	Max	Mean	Min	Max	mean	Min

State number of operational days:.....

3.3 Raw Water Treatment Methods:

<input type="checkbox"/>	Chlorination	<input type="checkbox"/>	Flocculation	<input type="checkbox"/>	Screening
<input type="checkbox"/>	Coagulation	<input type="checkbox"/>	Grit removal	<input type="checkbox"/>	Filtration
<input type="checkbox"/>	Other Specify:.....				

4.0 Waste Water/Effluent Information

4.1 Type of Waste Water/Effluent:

<input type="checkbox"/>	Process	<input type="checkbox"/>	Municipal	<input type="checkbox"/>	Leakages
<input type="checkbox"/>	Cooling	<input type="checkbox"/>	Washings	<input type="checkbox"/>	Dewatering
<input type="checkbox"/>	Other Specify:.....				

4.2 Waste Water Treatment Methods:

<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Bio-filtration	<input type="checkbox"/>	Aeration
<input type="checkbox"/>	Settling	<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Chlorination
<input type="checkbox"/>	Other Specify:.....				

4.3 Point of entry of effluent into the aquatic environment (Not Sewerage System)

<input type="checkbox"/>	Storm drain	<input type="checkbox"/>	River
<input type="checkbox"/>	Stream	<input type="checkbox"/>	Groundwater
<input type="checkbox"/>	Dam	<input type="checkbox"/>	Lake
<input type="checkbox"/>	Other Specify:.....		

Location of point of entry:

- 4.4 Are the Discharges intermittent ? Yes. Enclose description No
- 4.5 Have Ecotoxicity Tests been done ? Yes. Enclose description No
- 4.6 Have Other Measures To Reduce the Quantity and Effects of the Discharges been evaluated ? Yes. Enclose description No
- 4.7 Are the Discharges likely to Pollute Ground Water and Soils in the Vicinity? Yes. Enclose description No

4.8 Waste Water Flow-rate:

Cubic Meter/Hour			Cubic Meter/Day			Cubic Meter/Year		
Max	Mean	Min	Max	Mean	Min	Max	mean	Min

State number of operational days:.....

4.9 What is the use/s of the main water body receiving the effluent within the vicinity of the discharge point?

<input type="checkbox"/>	Domestic	<input type="checkbox"/>	Irrigation	<input type="checkbox"/>	Power Generation
<input type="checkbox"/>	Recreational	<input type="checkbox"/>	Industry	<input type="checkbox"/>	Natural Environment
<input type="checkbox"/>	Other, Specify.....				

5.0 Wastewater Quality

Parameters	Concentration Mg/l, ppm etc	ECZ Emission Limit Values (ELV)
A Physical		
1		
2		
3		
4		
5		
B Bacteriological		
1		
2		
3		
4		
5		
C Chemical		
1		
2		
3		
4		
5		
D Metals		
1		
2		
3		
4		
5		
E Organics		
1		
2		
3		
4		
5		

6.0 Preventive Measures and Contingency plans for Abnormal Discharges.

6.1 Risk Assessment: Include Recent Environmental Audit Report.

6.2 Preventive Measures Employed

Source of Discharges	Yes	No	Measures
1 Storage tanks			
2 Accidental spills			
3 Loss to Soil from Drainage			
4 Leaks from Plant Units			
5 Outages at Treatment Plant			
6 Overfilling/Overflow			
7 Others, specify:.....			

6.3 Are there Contingency Plans for Dealing with Abnormal Discharges?

Yes , Enclose description No , explain why not

7.0 Internal Control System and Measurements of Releases of Pollutants

7.1 Is your Internal Control System Operational?

Yes, Enclose description No

If answer is No consult ECZ Inspectorate

7.2 Control and Monitoring of Discharges. Are Discharges Measured Regularly?

Yes, Enclose description No

8.0 List of Enclosures

No	Contents	No of Pages

Date.....Signature.....
 Designation/Title.....

FOR OFFICIAL USE ONLY

Receiving Officer.....Date.....Fee Paid.....

*Chief Inspector (Pollution Control Inspectorate)
 Environmental Council*