

WEST MINDORO MEMORIAL GARDENS, CO.

Barangay Poblacion, Calintaan, Occidental Mindoro

11 April 2023

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
Community Environment & Natural Resources Office (CENRO)

Attention : **MS. MARIA LOURDES G. FERRER**
Regional Executive Director
Environmental Management Bureau
#1515 L/S Building, Roxas Blvd.,
Ermita Manila

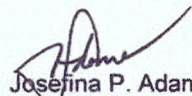
Subject : Quarterly Self Monitoring Report

Gentlemen:

We are submitting herewith the above mentioned subject for the 1st Quarter period (January to March 2023).

For your perusal.

Very truly yours,



Josefina P. Adame
Pollution Control Officer
COA No. 2014-R4B-01030

NOTED:



Ms. Cielo J. Caunca
Managing Partner

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

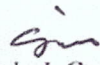
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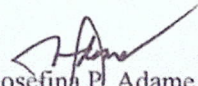
(to be filled up by DENR only)

GENERAL INFORMATION SHEET

Name of the Establishment/Facility	West Mindoro Memorial Gardens Co.		
Establishment/Facility Address (NOT the company of head office)	Street # & Street Name: _____		
	Barangay: _____	Poblacion _____	City/Municipality: <u>Calintaan</u>
	Province: <u>Occidental Mindoro</u>		
Name of Owner/Company	Laredo Janolo / West Mindoro Memorial Gardens Co.		
Address (if address is not the same as previous address)	Street # & Street Name: <u>Gagtan St.</u>		
	Barangay: _____	Poblacion _____	City/Municipality: <u>Calintaan</u>
	Province: <u>Occidental Mindoro</u>		
Phone Number	09369638533	Fax Number	N/A
e-mail address	N/A		
Type of Business/ Industry Classification	Philippine Standard Industry Classification Code No. _____		N/A
	Philippine Standard Industry Descriptor: <u>Memorial Park</u>		
Responsible Officer/s:	CEO/President. <u>Cielo J. Caunca</u>		
	Tel #: <u>09171629373</u>		Fax #: <u>N/A</u>
	e-mail address: <u>cjanolo@yahoo.com</u>		
	Plant Manager: <u>N/A</u>		
	Tel #: <u>N/A</u>		Fax #: <u>N/A</u>
	e-mail address: <u>N/A</u>		
Pollution Control Officer	Name. <u>Josefina P. Adame</u>		
	Tel #: <u>09772857677</u>		Fax #: <u>N/A</u>
	e-mail address: <u>josie_adame@yahoo.com</u>		
Legal Classification	<input type="checkbox"/> single proprietorship <input checked="" type="checkbox"/> partnership <input type="checkbox"/> private domestic corporation <input type="checkbox"/> government corporation <input type="checkbox"/> Multi-national <input type="checkbox"/> _____		

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


Cielo J. Caunca
Name/Signature of CEO/President


Josefina P. Adame
Name/Signature of PCO

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

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

QUARTERLY SELF-MONITORING REPORT

MODULE 1: GENERAL INFORMATION

Name of the Plant	West Mindoro Memorial Gardens Co.
Please provide the necessary revised, corrected or updated information not contained in your <i>General Information Sheet</i>	
On-going construction and improvements.	
(use additional sheet/s if necessary)	

DENR Permits/Licenses/Clearances

Environmental Laws	Permits		Date of Issue	Expiry Date
R.A.9275	A/C No.	N/A		
	PO No.			
PD 1586	ECC 1	K4B-0802-035-8492	Mar. 4, 2008	
	ECC 2	N/A		
	ECC 3	N/A		
RA 6969	DENR Registry ID	N/A		
	CCO Registry	N/A		
	Importer Clearance No	N/A		
	Permit to Transport	N/A		
RA 8749	A/C No.	N/A		
	PO No.	N/A		

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

Operation

	Operating hours/day	Operating days/week	# of shift/day
Average	8 hrs.	6 days	1
Maximum	8 hrs.	6 days	1

Operation/Production/Capacity:

Average Daily Production Output	N/A	Total Output this Quarter	N/A
Total Water Consumption this Quarter (cubic meters)	500 liters	Total Electric Consumption this Quarter (KwH)	486 KwH

Please use additional sheet/s if necessary

Only for watering plants and for construction used.

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

MODULE 2: RA 6969

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

Common Name/IUPAC/CAS Index Name. _____ N/A
_____ 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	N/A	N/A	N/A	N/A	N/A	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	N/A	N/A	N/A
Total Quantity Distributed			

For non-importer users:

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

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

For producers

Average Daily Production Output	N/A	Total Output this Quarter	N/A
Quantity of Stock Inventory (Start of Quarter)		Quantity of Stock Inventory (End of Quarter)	
Name of Buyer		Quantity	Date of Purchase
N/A		N/A	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 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 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 type="checkbox"/> No	

Name of Plant:

West Mindoro Memorial Gardens Co.

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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

HW Details	HW No,: _____ N/A _____ Qty of HW Treated: _____ N/A _____ Unit: _____ TSD Location: _____ N/A _____
Storage	Name: _____ N/A _____ Method: _____ N/A _____
Transporter	ID: _____ Name: _____ N/A _____ Date: _____ N/A _____
Treater	ID: _____ Name: _____ N/A _____ Method: _____ Date: _____
Disposal	ID: _____ Name: _____ N/A _____ Date: _____ Date: _____

HW Details	HW No,: _____ N/A _____ Qty of HW Treated: _____ N/A _____ Unit: _____ TSD Location: _____ N/A _____
Storage	Name: _____ N/A _____ Method: _____
Transporter	ID: _____ Name: _____ N/A _____ Date: _____
Treater	ID: _____ Name: _____ N/A _____ Method: _____ Date: _____
Disposal	ID: _____ Name: _____ N/A _____ Date: _____ Date: _____

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

On-Site Self Inspection of Storage Area:

Date Conducted	Premises/Area Inspected	Findings & Observations	Corrective Action Taken (if any)
N/A	N/A	N/A	N/A

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

C. Hazardous Wastes Theater/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	N/A	N/A	N/A	N/A	N/A	N/A	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	N/A	N/A	N/A	N/A	N/A	N/A	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	N/A	N/A	N/A	N/A	N/A	N/A

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

MODULE 3: R.A.9275 (Water Pollution)

Water Pollution Data

Domestic wastewater (cubic meters/day)	0.00	Process wastewater (cubic meters/day)	0.00
Cooling water (cubic meters/day)	0.00	Others: _____ (cubic meters/day)	0.00
Wash water, equipment (m ³ /day)	0.00	Wash water, floor (cubic meters/day)	0.00

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

	Month 1	Month 2	Month 3
Person employed, (# of employees)	N/A	N/A	N/A
Person employed, (cost)	N/A	N/A	N/A
Cost of Chemicals used by WTP	N/A	N/A	N/A
Utility Costs of WTP (electricity & water)	N/A	N/A	N/A
Administrative and Overhead Costs	None	None	None
Cost of operating in-house laboratory			
New/Additional Investments in WTP (Description)	N/A	N/A	N/A
Cost of New/Add Investments	N/A	N/A	N/A

WTP Discharge Location

Outlet Number	Location of the Outlet	Name of Receiving Water Body
1	T & B	Creek
2		
3		
4		
5		

Name of Plant: <u>West Mindoro Memorial Gardens Co.</u>	Reference No:
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Name of Plant: <u>West Mindoro Memorial Gardens Co.</u>	Reference No:
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Name of Plant: <u>West Mindoro Memorial Gardens Co.</u>	Reference No:
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[illegible]

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

Detailed Report of Wastewater Characteristics for Other Pollutants

[illegible]

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

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

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

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

Summary of APSE/APCF

Process Equipment	Location	# of hrs of operations
1.N/A		
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.N/A		
2.		
3.		
4.		

Cost of Treatment

	Month 1	Month 2	Month 3
Cost of Person employed, (salary)	N/A	N/A	N/A
Total Consumption of Water (cubic meters)			
Total Cost of chemicals used (e.g., activated carbon, KMnO ₄)			
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: West Mindoro Memorial Gardens Co.

Reference No:

Detailed Report of Air Emission Characteristics

[illegible]

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

Name of Plant:

West Mindoro Memorial Gardens Co.

Reference No:

MODULE 6: OTHERS

Accidents & Emergency Records

Date	Area/Location	Findings and Observation	Actions Taken	Remarks

Personnel/Staff Training

Date Conducted	Course/Training Description	# of Personnel Trained
None	None	None

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

Done this _____, in Occidental Mindoro

Josefina P. Adame
Name/Signature of PCO

Cielo J. Caunca
Name/Signature of CEO

SUBSCRIBED AND SWORN before me, a Notary Public, this 14 day of APR 2023,
affiants is exhibiting to me their Community Tax Receipts:

Name	CTR No.	Issued at	ExpiryDate
Josefina P. Adame	PRC ID #0046456	Manila	June 19, 2025
Cielo J. Caunca	N26-99-036101	Occ. Mindoro	Feb. 7, 2032

DOE WD
TREC NO
BOOK NO
SERIAL NO

NOTARY PUBLIC
JNTIL DECEMBER 31, 2023
PTA NO
ISP NO
ROLL NO. 19292
MAN. JOSE. OCCIDENTAL MINDORO



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE
DRIVER'S LICENSE



Last Name, First Name, Middle Name
CAUNCA, CIELO JANOLO

Nationality Sex Date of Birth Weight (kg) Height (m)
PHL F 1980/02/07 67 1.62

Address
- E. JIMENEZ ST. POBLACION, CALINTASAN,
OCCIDENTAL MINDORO, 5102

License No. N26-99-036109 Issuance Date 2022/02/07 Agency Code 013

Blood Type B+ Eyes Color BLACK

Dr. Code A.A.I.B.B.I.B.7 Conditions NONE

Signature of Licensee

50048 CAGAYAN
ANGATANG BUREAU

Si

IN ORDER TO OBTAIN
A VALID DRIVER'S LICENSE

IN THE CASE OF EMERGENCY, CONTACT
THE FOLLOWING OFFICE:

ADDRESS: POBLACION, CALINTASAN, OCCIDENTAL MINDORO
TEL. NO. 0917-812-2474

1. DR. CODES
A. MOTORCYCLE
B. TRUCK
C. VAN
D. BUS
E. TAXI
F. OTHER (Specify in Remarks)
G. ALL OF THE ABOVE
H. NONE
I. OTHER (Specify in Remarks)

1. License Holder's Name
2. License No.
3. Date of Issuance

5. COMMENTS:
1. NONE
2. OTHER (Specify in Remarks)
3. OTHER (Specify in Remarks)
4. OTHER (Specify in Remarks)

Serial Number
100024772



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