



Document Title
WASTEWATER TREATMENT SITE INSPECTION REPORT
(FOR NON-COMMERCIAL PURPOSE)

Form no.	FPA-FRD-F22
Revision no.	00
Date	10.10.2022
Page	1 of 1

Business Name: _____
Address: _____
Contact Number: _____ Date of Inspection: _____

I. SOURCE PROCESS

- a. Name of Source Process: _____
- b. Brief Description of Process: _____
- c. Maximum Production Capacity (in L/yr): _____

II. DESCRIPTION OF TREATMENT FACILITY

- a. Name of Treatment Process: _____
- b. Brief Description of Procedure: _____
- c. Total Area (in sq m): _____
- d. Maximum Production Capacity (in L/yr): _____

III. LAYOUT OF TREATMENT FACILITY

INSPECTED BY:

CONFORME:

Signature above Printed name of
FPA Regional/Provincial Officer
Designation: _____
Date: _____

Signature above Printed name of Applicant
Designation: _____
Date: _____