**ANEXO ÚNICO da Resolução SEMAC n. 29, de 28 de dezembro de 2011.**

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| **DECLARAÇÃO DE CARGA POLUIDORA**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **IDENTIFICAÇÃO DO EMPREENDEDOR** | | | | | | | | | Razão social ou nome: | | | | | | | | | Nome Fantasia: | | | | | | | | | CNPJ/CPF: Inscrição estadual: | | | | | | | | | Endereço (Rua, Av. Rod. Etc.): N.: | | | | | | | | | Complemento: Bairro/localidade: | | | | | | | | | Município: UF: CEP: Telefone: | | | | | | | | | Fax:( ) Caixa Postal: *E-mail*: | | | | | | | | | Pessoa de contato: | | | | | | | | | Numero do processo do IMASUL: **Licença: LP ( ) LI ( )**  **LO ( ) RLO ( ) N.** | | | | | | | | | **IDENTIFICAÇÃO DO RESPONSÁVEL TÉCNICO** | | | | | | | | | Nome: | | | | | | | | | Número da ART: | | | | | | | | | Endereço (Rua, Av. Rod. Etc.): N.: | | | | | | | | | Complemento: Bairro/localidade: | | | | | | | | | Município: UF: CEP: Telefone: | | | | | | | | | Fax:( ) Caixa Postal: *E-mail*: | | | | | | | | | **LOCALIZAÇÃO DO PONTO DE LANÇAMENTO DO EMPREENDIMENTO** | | | | | | | | | **Formato** | **LATITUDE** | | | **LONGITUDE** | | | | | graus | minutos | segundos | graus | minutos | segundos | | | **Datum: SIRGAS 2000** | | | | | | |  |  | | --- | | **IDENTIFICAÇÃO DO CORPO RECEPTOR** | | Curso de água ( ) Lago ou Lagoa natural ( ) Reservatório ( )  Rede coletora pública ( ) Outro ( ) **Qual:** | | Nome do corpo de água:  Regime de Fluxo de água: Perene ( ) Intermitente ( ) | | Bacia Hidrográfica: Vazão do corpo de água (m³/dia: | | Lêntico: ( ) Lótico: ( ) Intermediário ( ) |  |  | | --- | | **CARACTERIZAÇÃO DE VAZÕES DOS EFLUENTES** | | Vazão média gerada (m³/dia): | | Vazão média tratada (m³/dia): | | Número de medições(mínimo 6): |  |  |  |  |  | | --- | --- | --- | --- | | **CARACTERÍSTICAS DO EFLUENTE LÍQUIDO BRUTO E CARGA POLUIDORA** | | | | | **Parâmetros** | **UNIDADE** | **Concentração média (mg/L) (mínimo 6 amostras)** | **Carga Poluidora**  **(ton/ano)** | | Demanda Bioquímica de Oxigênio DBO | mg/L |  |  | | Demanda Química de Oxigênio DQO | mg/L |  |  | | Sólidos suspensos totais | mg/L |  |  | | Fósforo Total | mg/L |  |  | | Nitrogênio Amoniacal Total | mg/L |  |  | | Outros parâmetros (a serem definidos pelo IMASUL) |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **CARACTERÍSTICAS DO EFLUENTE LÍQUIDO TRATADO E CARGA POLUIDORA** | | | | | **Parâmetros** | **UNIDADE** | **Concentração média (mg/L) (mínimo 6 amostras)** | **Carga Poluidora**  **(ton/ano)** | | Demanda Bioquímica de Oxigênio DBO | mg/L |  |  | | Demanda Química de Oxigênio DQO | mg/L |  |  | | Sólidos suspensos totais | mg/L |  |  | | Fósforo Total | mg/L |  |  | | Nitrogênio Amoniacal Total | mg/L |  |  | | Outros parâmetros (a serem definidos pelo IMASUL) |  |  |  |   **PARA A CARACTERIZAÇÃO DO EFLUENTE BRUTO E TRATADO DEVERÁ**  **SER FEITA PELO MENOS UMA AMOSTRAGEM COMPOSTA EM CADA MÊS,**  **NO DIA DE MAIOR PRODUÇÃO DO EMPREENDIMENTO.**   |  | | --- | | **INFORMAÇÕES SOBRE ESTADO DE MANUTENÇÃO DOS EQUIPAMENTOS:** |  |  | | --- | | **INFORMAÇÕES SOBRE ESTADO DAS UNIDADES DE TRATAMENTO:** |   **Obs:.** Este formulário deve ser preenchido com informações para cada ponto de lançamento.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Data de apresentação do relatório:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura do Responsável Técnico |