

**APPLICATION FOR REGISTRATION OF DECENTRALISED WASTEWATER  
TREATMENT SYSTEM OWNERS**

**1. IDENTIFICATION**

IDENTIFICATION		PHYSICAL ADDRESS	
<b>Name:</b>		<b>Province:</b>	
		<b>District:</b>	
<b>Tel :</b>		<b>Sector:</b>	
<b>Fax:</b>		<b>Cell:</b>	
<b>E-mail:</b>			
<b>P.O Box</b>			

**2. TYPES OF OWNER/BUSINESS**

- Public building
- Private building under commercial activities
- Hotel/Restaurant
- Hospital/Health facility
- Estate
- School/ University
- Industry
- Other, (specify) .....

**3. NAMES AND CONTACT OF THE MANAGER IN CHARGE OF THE SYSTEM**

Names:

Telephone:

E-mail:

**4. TYPES OF WASTEWATER BEING TREATED**

- Sewage waste  Toxic liquid waste



- Storm water
- Industrial wastewater
- Wastewater from Garages
- Other, Specify: .....

**5. TYPE OF TREATMENT TECHNOLOGY USED**

- Activated sludge
- Tricking filter
- Biological lagoon
- Other (Specify): .....

**6. THE CAPACITY OF THE TREATMENT PLANT**

Plant design capacity: .....

Inflow wastewater: .....

Outflow: .....

**7. LOCATION OF THE TREATMENT PLANT**

- Residential area
- Industrial area
- Commercial area
- Mixed area
- Other (specify): .....

**District:** .....

**Sector:** .....

**Cell:** .....

**8. WASTEWATER DISCHARGE:**

- In the river
- In the Public sewer
- In Public storm water drainage
- Others, specify .....

**9. DOES YOUR SYSTEM REQUIRE DESLUDGING (REMOVAL OF SLUDGE)?**

- YES
- NO

If yes, how often: .....

How do you treated and/or dispose the sludge?

- Treated on site
- Taken to the landfill



Other .....

**10. DO YOU MONITOR THE EFFLUENT QUALITY?**

YES                       NO

If yes, answer the following:

a. How often .....

b. What are the main parameters do you monitor?

(1) On regular basis:

.....  
.....

(2) On Periodic basis:

.....  
.....

c. Which laboratory performs the effluent quality tests: .....

.....

Attach copies of 3 recent results from the laboratory

**11. DO YOU HAVE OPERATION & MAINTENANCE MANUALS FOR THE PLANT?**

YES                       NO

If yes, attach procedure and maintenance manuals

**12. DO YOU HAVE A HEALTH AND SAFETY POLICY**

YES                       NO

If yes, attach a copy of the policy

**13. WHAT ARE SAFETY/PROTECTIVE EQUIPMENTS DO YOU PROVIDE TO THE PLANT WORKERS: (List them)**

.....  
.....  
.....  
.....

**14. Attachments :** Attach to this form the following documents:

- Application letter for registration addressed to the Director General of RURA
- Copies of medical insurances for employees
- Certificate of registration to Rwanda Social Security Board
- Bank slip for payment of registration fee of 50,000 Rwf on the account N° 130-10-54998 of RURA opened in COGEBANK
- Copy of wastewater treatment flow chart