

FORM – I [See rules 4 (2) & 6 (2)]

APPLICATION FOR AUTHORISATION [Under the Municipal Solid Wastes (Management and Handling) Rules, 2000]

То	The Me Kerala	ember Secretary State Pollution Control P.O., Thiruvananthapu				
1.	Name of	f the municipal authority/ f the agency appointed nunicipal authority			:	
2.	Address	for Correspondence			:	
]	Felephone No. Fax No.	:	
3.	(Officer authorit operatio	officer & designation authorized by the muni- y or agency responsible n of processing or facility)	-		:	
4.		sation applied for <i>tick mark</i>)	(<i>a</i>)		peration of waste processi	
			(b)	Setting up & op	peration of disposal facility	y.
5.	waste pro	l proposal of ocessing/disposal facility <i>tached</i>) to include			:	
	5.1. I	Processing of waste				
	1.	Location of site			:	
	2.	Name of waste processing technology			:	
	3.	Details of processing tec	chnolog	gy	:	
	4.	Quantity of waste to be processed per day	/:		:	
	5.	Site clearance (from loc	al aut	hority)	:	
	6.	Details of agreement be municipal authority and operating agency			:	
	7.	Utilisation programme f waste processed	for		:	

(Product utilisation)

	8.	Methodology for disposal of waste processing rejects (quantity and quality):		
	9.	Measures to be taken for Prevention and control of environmental pollution	:	
	10.	Investment on project and expected returns	:	
	11.	Measures to be taken for safety of workers working in the plant	:	
5.2.	D	isposal of waste		
	1.	Number of sites identified	:	
	2.	Layout maps of site	:	
	3.	Quantity of waste to be disposed per day	:	
	4.	Nature and composition of waste	:	
	5.	Details of methodology or criteria followed for site selection	:	
	6.	Details of existing site operated	:	
	7.	Methodology and operational details of land filling	:	
	8.	Measures taken to check environmental pollution	:	

Date:

Signature of Nodal Officer



Form – II [See Rule 4 (4)]

FORMAT OF ANNUAL REPORT TO BE SUBMITTED BY THE MUNICIPAL AUTHORITY

:

:

: : : •

• • :

: Yes/No

[Under the Municipal Solid Wastes (Management and Handling) Rules, 2000]

		i)	Name of City/Town :	
		ii)	Population :	
		iii)	Name and Address : of Municipal body	
			Telephone No. :	
		Fax :		
		iv) V	Name of In-charge dealing : with Municipal Solid Waste With designation	
1.	Quar	ntity	and composition of solid wastes	
	i)	Total quantity of wastes generated per day		
	ii)	Т	otal quantity of wastes collected per day	
	iii)	Т	otal quantity of wastes processed for,	
		a)	Composting	
		b)	Vermiculture	
		c)	Pellets	
		d)	Others, if any, please specify	
	iv)	Т	otal quantity of wastes disposed by land filling	
		a)	Number of landfill sites used	
		b)	Area used	
		c)	Whether weigh-bridge facilities available:	
		d)	Whether area is fenced	

d)	Whether area is fenced		: Yes / No
e)	Lighting facility on site		: Yes/No
f)	Whether equipment like bulldozers, compactors, etc. available (<i>Please specify</i>)		:
g)	Total Manpower available on site		:
h)	Whether covering is done on daily basis		: Yes / No
i)	Whether covering material is used and whether it is adequately available	:	
j)	Provisions for gas venting available	:	Available /Not Available
k)	Provisions for leachate collection	:	Available/Not available

2. Storage facilities

- i) Area covered for collection of wastes :
- ii) Number of houses covered
- Whether house to house collection is practiced (if yes, whether done by the Municipality or through private agency or Non-Governmental Organisation

BINS:

No	Bins	Specification (Shape & Size)	Existing Numbers	Proposed for future
а	RCC Bins (Capacity)			
b	Trolleys (Capacity)			
c	Containers(Capacity)			
d	Dumber Placers			
e	Others, please specify			

:

:

- (v) Whether all bins / collection spots are attended for daily lifting of garbage
- (vi) Whether lifting of garbage from dust bins is manual or mechanical i.e. for example by using of front-end loaders (*please tick mark*) [*Please specify others*]

: Yes/No

:

: 1. Manual 2. Loader 3. Others

3. Transportation

No	Mode	Existing numbers	Actually required/ Proposed
1	Truck		
2	Truck tipper		
3	Tractor trailer		
4	Refuse collector		
5	Dumber placers		
6	Animal cart		
7	Tricycle		
8	Others (<i>Please specify</i>)		

- 4. Whether any proposal has been made to improve solid wastes management practices
- 5. Are efforts made to call private firm etc. : for processing of waste utilising technologies like

No.	Waste utilization Technology	Proposal	Steps taken (Quantity to be processed)
1	Composting		
2	Vermiculture		
3	Pellatisation		
4	Others if any, Please specify		

6. What provisions are available and how these are Implemented to check unhygienic operations of:

	implemented to check dimigreene operations on				
	i)	Dairy related activities	:		
	ii)	Slaughter houses and unauthorized slaughtering	:		
	iii)	Malba (construction debris) lifting	:		
	iv)	Encroachment in Parks, Footpaths, etc.	:		
7.		v many slums are identified and whether e are provided with sanitation facilities	:		
8.	taki [<i>If</i> y & s	Are municipal magistrates appointed for taking penal action [<i>If yes, how many cases registered</i> & settled during last three years (give year wise details)]		Yes / No	
9.	Hos	Hospital waste management			
	1.	How many hospitals / clinics under the control of the corporation		:	
	2.	What methods are followed for Disposal of bio-medical wastes		:	
	3.	Do you have any proposal for setting up of Common treatment facility for disposal of Biomedical wastes			:
	4.	How many private Nursing Homes, clinics, etc. are operating in the city/town and what steps have been taken to check disposal of their wastes:			

Date :

Signature of Municipal Commissioner



Form – V [See Rule 9]

ACCIDENT REPORTING

1.	Date and time of Accident	:
2.	Sequence of events leading to accident	:
3.	Wastes involved in the accident	:
4.	Assessment of the effects of the accidents on human health and the environment	:
5.	Emergency measures taken	:
6.	Steps taken to alleviate the effects of accident:	:
7.	Steps taken to prevent the recurrence of such an accident	: