

Form – 4

[See rule 5 (6) and 22 (2)]

FORM FOR FILLING ANNUAL RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY

[To be submitted by occupier/ operator of disposal facility to State Pollution Control Board/
Pollution Control Committee by 30th June of every year for the preceding period April to March]

1.	Name and Address of the generator/ operator of facility	:				
2.	Name of the authorized person and full address with telephone and fax number	:				
3.	Description of hazardous wastes	:	Physical form with description	Chemical Form		
4.	Quantity of hazardous wastes (in MTA)	:	Type of hazardous wastes	Quantity (in Tonnes/ KL)		
			a			
			b			
			c			
5.	Description of Storage	:				
6.	Description of Treatment	:				
7.	Details of Transportation	:	Name & Address of Consignee	Mode of Packing	Mode of Transportation	Date of Transportation
8.	Details of disposal of hazardous wastes	:	Name & Address of Consignee	Mode of Packing	Mode of Transportation	Date of Transportation
9.	Quantity of useful materials sent back to the manufacturers* and others*	:	Name and type of material sent back to	Quantity in Tonnes/ KL		
			Manufactures*			
			Others[#]			

* delete whichever is not applicable.

enclosed list of other agencies.

Place:

Signature:

Date:

Designation: