

**Form -I**

[see rules 4(2) & 6(2)]

**Application for obtaining authorization**

To,  
The Member Secretary

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1.	Name of the municipal authority/Name of the agency appointed by the municipal authority	:	
2.	Correspondence address  Telephone No.  Fax No.	:	
3.	Nodal Officer & designation(Officer authorised by the municipal authority or agency responsible for operation of processing or disposal facility)	:	
4.	Authorization applied for (Please tick mark)	:	(a) Setting up & operation of waste rocessing facility  (b)Setting up & operation of disposal facility
5.	Detailed proposal of waste processing/disposal facility (to be attached ) to include	:	

5.1	<p><b>Processing of Waste</b></p> <ul style="list-style-type: none"> <li>i. Location of site</li> <li>ii. Name of waste processing technology</li> <li>iii. Details of processing technology</li> <li>iv. Quantity of waste to be processed per day</li> <li>v. Site clearance (from local authority)</li> <li>vi. Details of agreement between municipal authority and operating agency</li> <li>vii. Utilization programme for waste processed (Product utilization)</li> <li>viii. Methodology for disposal of waste processing rejects (quantity and quality)</li> <li>ix. Measures to be taken for prevention and control of environmental pollution</li> <li>x. Investment on Project and expected returns</li> <li>xi. Measures to be taken for safety of workers working in the plant</li> </ul>	:	
5.2	<p><b>Disposal of Waste</b></p> <ul style="list-style-type: none"> <li>i. Number of sites indentified</li> <li>ii. Layout maps of site</li> <li>iii. Quantity of waste to be disposed per day</li> <li>iv. Nature and composition of waste</li> <li>v. Details of methodology or criteria followed for site selection</li> <li>vi. Details of existing site under operation</li> <li>vii. Methodology and operational details of landfilling</li> <li>viii. Measures taken to check enviornmental pollution</li> </ul>	:	

Date	Signature of Nodal Officer
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Form - II

[See rule 4(4)]

Format of Annual Report to be submitted by the Municipal Authority

i. Name of City/Town:.....

ii. Population .....

iii. Name of municipal body:..... and Address

.....  
 .....

Telephone No. : .....

Fax : .....

iv. Name of Incharge dealing with municipal solid wastes .....

..... with designation  
 .....

**1. Quantity and composition of solid wastes**

(i) Total quantity of wastes generated per day

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(ii) Total quantity of wastes collected per day

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(iii) Total quantity of wastes processed for :

a. Composting: .....

b. Vermiculture: .....

c. Pellets: .....

d. Others, if any, please specify .....

(iv) Total quantity of waste disposed by landfilling:

.....

a. no. of landfill sites used : .....

b. Area used: .....

c. Whether Weigh bridge facilities available : Yes/No

a. Whether area is fenced : Yes/No

a. Lighting facility on site : Yes/No

(f) Whether equipment like Bulldozer, Compacters etc.available. (Please specify) :-----  
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a. Total Manpower available on site: -----

a. Whether covering is done on daily basis : Yes/No

i. Whether covering material is used and whether it is adequately available : -----

a. Provisions for gas venting provided : Available (Yes/No) /Not available

a. Provision for leachate collection : Provisions made/ Provisions not made

**2. Storage facilities**

(i) Area covered for collection of wastes : -----

(ii) no. of houses covered : -----

(iii)Whether house-to-house collection is practised (if yes, whether done by Municipality or through Private Agency or Non-Governmental Organisation) : -----

(iv) Bins : -----

Specifications Existing Proposed

(Shape & Size) Numbers for future

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a. RCC Bins (Capacity) :

b. Trolleys (Capacity) :

(c) Containers (Capacity) :

d. Dumper Placers :

e. Others, please specify :

(v) Whether all bins/collection spots are attended for daily lifting of garbage : Yes/No

(vi) Whether lifting of garbage from dustbins is manual or mechanical i.e. for example by using of front-end loaders (Please tick mark) : Manual/Loader/Others, please specify

### 3. Transportation

	Existing number	Actually Required/ Proposed
(i) Truck :		
(ii) Truck-Tipper :		
(iii) Tractor-Trailer :		
(iv) Refuse-collector :		
(v) Dumper-placers :		
(vi) Animal Cart :		
(vii) Tricycle :		
(viii) Others (please specify) :		

### 4. Whether any proposal has been made to improve solid wastes management practices

4. Are any efforts made to call for private firms etc. to attempt for processing of waste utilising technologies like :

	Waste Utilisation Technology	Proposals	Steps taken (Quantity to be processed)
i. Composting :			
ii. Vermiculture :			
iii. Pelletisation :			
iv. Others if any, Please specify :			

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

- i. Dairy related activities :
- ii. Slaughter houses and unauthorised slaughtering :

iii. Malba (cnstruction debris) lifting :

iv. Encroachment in Parks, Footpaths etc. :

**7. How many slums are identified and whether these are provided with sanitation facilities :**

**8. Are municipal magistrates appointed for Taking penal action : Yes/No**

[ If yes, how many cases registered & settled during last three years (give year-wise details)]

**9. Hospital waste management**

i. How many Hospitals/Clinics under the control of the Corporation:

ii. What methods are followed for disposal of bio-medical wastes ?:

iii. Do you have any proposal for setting up of common treatment facility for disposal of bio-medical wastes :

iv. 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 :

Signature of Municipal Commissioner

Dated :