

Form – 4

FORM FOR FILING RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY

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

(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 Waste	:	Physical form with description		Chemical form			
			(a)					
			(b)					
			(c)					
			(d)					
4.	Quantity of Hazardous Wastes (in MT)	:	Type of Hazardous Waste	Quantity (in MT)				
				Opening balance as on 1 st April	Generation during the financial year	Sale / Disposal during the financial year	Closing balance as on 31 st March	
				(a)				
				(b)				
				(c)				
(d)								
5.	Description of Storage of Hazardous Waste	:						
6.	Description of Treatment of Hazardous Waste	:						
7.	Details of Transportation of Hazardous Waste	:	Name & address of Consignee	Mode of Packing	Mode of Transportation	Date of Transportation	Quantity (in MT)	
8.	Details of Disposal of Hazardous Waste	:	Name & address of Consignee	Mode of Packing	Mode of Transportation	Date of Transportation	Quantity (in MT)	
9.	Quantity of useful materials sent back to the Manufacturers* and others#	:	Name and type of material sent back to			Quantity (in MT)		
			Manufacturers*					
			Others#					

* delete whichever is not applicable

enclose list of other agencies

Place:

Signature:

Date:

Designation: