

## FORM – 4

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

### 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 30<sup>th</sup> 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 Waste	:	Physical form with description	Chemical form		
4.	Quantity of Hazardous Wastes	:	Type of Hazardous Waste	Quantity (in MT/KL)		
			(a)			
			(b)			
	(c)					
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
8.	Details of Disposal of Hazardous Waste	:	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 MT/KL)
			Manufacturers*			
			Others#			

\* delete whichever is not applicable

# enclose list of other agencies

Place:

Signature:

Date:

Designation: .....