**FORM - VI**

**(see rule 8 (I), 9(1) & 9(5))**

**FORM FOR APPLICATION FOR REGISTRATION OF FACILITIES POSSESSING ENVIRNMENTALLY SOUND MANAGEMENT PRACTIVE FOR RECYCLING OF USED LEAD ACID BATTERIES**

**(To be submitted in triplicate)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Name and Address of the unit | |  | | |
| 2. | Contact person with designation, Tel./Fax | |  | | |
| 3. | Date of Commissioning | |  | | |
| 4. | No. of Workers (including contract labourers) | |  | | |
| 5. | Consent Validity | | 1. Under Air Act, 1981; Valid up to � 2. Under Water Act, 1974; Valid up to - | | |
| 6. | Validity of Authorisation under rule 5 of the Hazardous Wastes  (Management and Handling) Rules, 1989 | | Valid up to - | | |
| 7. | Installed capacity of production in (MTA) | |  | | |
| 8. | Products manufactured  Name :  (a)  (b)  (c) | | Year -1 | Year-2 | Year-3 |
| 9. | Raw material consumed (Tones / year)  Name :  (a)  (b)  (c) | | Year -1 | Year-2 | Year-3 |
| 10. | Manufacturing Process | | Please attach manufacturing process flow diagram for each product(s) | | |
| 11. | Water consumption | | Industrial � m3/day  Domestic\_ m3 / day | | |
| 12. | Water Cess paid up to | |  | | |
| 13. | Waste water generation   1. as per consent m3/day 2. actual m3 / day (average of last three months) | | Industrial  Domestic | | |
| 14. | Waste water treatment (please provide flow diagram of the treatment scheme) | | Industrial  Domestic | | |
| 15. | Waste water discharge | Quantity m3/day  Location-  Analysis of treated waste water �  PH, BOD,COD, SS, O&G, Any other  (indicate the corresponding standards applicable | | | |
| 16. | Air Pollution Control   1. Please provide flow diagram for emission control system(s) installed for each process unit, utilities etc. 2. Details for facilities provided for control of fugitive emission due to material handling, process, utilities etc. 3. Fuel consumption 4. Stack emission monitoring results vis-à-vis the standards applicable 5. Ambient air quality | S.No. Name of Fuel Quantity / day  S.No Stack attached to Emission g/Nm3  S.No Location Results ug/m3 | | | |
| 17. | Hazardous Waste Management   1. Waste generation 2. Details of collection, treatment 3. Disposal (including point of final discharge) 4. Please provide details of the disposal facility 5. Whether facilities provided are in compliance of the conditions issued by the SPCB in Authorisation 6. Please attach analysis report of characterisation of hazardous waste generated (including leachate test if applicable) | S.No Name of Process Quantity / y  Waste category | | | |
| 18. | Details of waste proposed to be taken in auction or import, as the case may be, for use as raw material | 1. Name 2. Quantity required /- 3. Position in List A/List B as per Basel Convention (BC) � 4. Nature as per Annexure III of BC- | | | |
| 19. | Occupational safety and health aspects | Please provide details of facilities provided. | | | |
| 20. | Remarks   1. Whether industry has provided adequate pollution control system / equipment to meet the standards of emission / effluent. 2. Whether industry is in compliance with conditions laid down in the Hazardous Waste Authorization 3. Whether Hazardous Waste collection and Treatment, Storage and Disposal Facility (TSDF) are operating satisfactorily. 4. Whether conditions exist or likely to exists of the material being handled / processed of posing immediate or delayed adverse impacts on the environment. 5. Whether conditions exist or is likely to exist of the material being handled / processed by any means capable of yielding another material e.g., leachate which may possess eco-toxicity. | Yes/No  If Yes, please furnish details    Yes / No    Yes / No      Yes / No        Yes / No | | | |
| 21. | 1. Cost of the unit 2. Cost of pollution control equipment including environmental safeguard measures    1. Capital :    2. Recurring : |  | | | |
| 22 | Any Other Information :  i)  ii)  iii) |  | | | |

I hereby declare that the above statements / informations are true and correct to the best of my knowledge and belief.

Date ;

Place : Signature

Name

Designation