

FORM – I

[see rule 15 (y) 16 (1) (c), 21(3)]

**Application for obtaining authorisation under solid waste management
rules for processing/recycling/treatment and disposal of solid waste**

To,

The Member Secretary,

State Pollution Control Board or Pollution Control Committee,

of.....

Sir,

I/We hereby apply for authorisation under the Solid Waste Management Rules, 2016
for processing, recycling, treatment and disposal of solid waste.

1.	Name of the local body/agency appointed by them/ operator of facility	
2.	Correspondence address Telephone No. Fax No. ,e-mail:	
3.	Nodal Officer & designation(Officer authorised by the local body or agency responsible for operation of processing/ treatment or disposal facility)	
4.	Authorisation required for setting up and operation of the facility (Please tick mark)	waste processing recycling treatment disposal at landfill
5.	Attach copies of the Documents Site clearance (local body) Proof of Environmental Clearance Consent for establishment Agreement between municipal authority and operating agency Investment on the project and expected return	
6.	Processing/recycling/treatment of solid waste (i) Total Quantity of waste to be processed per day Quantity of waste to be recycled Quantity of waste to be treated Quantity of waste to be disposed into landfill (ii)Utilisation programme for waste processed (Product utilisation) (iii)Methodology for disposal (attach details) Quantity of leachate Treatment technology for leachate	
	(iv)Measures to be taken for prevention and control of environmental pollution	

	(v)Measures to be taken for safety of workers working in the plant (vi)Details on solid waste processing/recycling/treatment/disposal facility (to be attached)	
7.	Disposal of solid waste Number of sites identified Quantity of waste to be disposed per day Details of methodology or criteria followed for site selection (attach) Details of existing site under operation Methodology and operational details of landfilling Measures taken to check environmental pollution	
8	Any other information.	

Date:

Place:

Signature:

Designation