

**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 30<sup>th</sup> 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 <sup>st</sup> April	Generation during the financial year	Sale / Disposal during the financial year	Closing balance as on 31 <sup>st</sup> 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: .....