









**5. WATER REQUIREMENTS :**

5.1. Source of water : (Please Tick)

Public Supply       Irrigation Channel       Ground   
 River       Lake       Bay       Estuary

5.2. Is any pretreatment necessary for use : (Please Tick)      Yes       No

5.3. If yes, please enclose a sheet specifying the pretreatment in terms of machinery, process and chemicals used.

5.4. Average daily consumption of water for

(in K.Ltres)

5.4.1. Process & Wash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.4.2. Cooling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.4.3. Sanitation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.4.4. Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5.5. Whether adequate quantity is available : (Please Tick)

At present      Yes       No   
 For future expansion      Yes       No

**6. WASTE WATER DISCHARGES:**

6.1. Waste water discharges per day from

(In K. Litres)

6.1.1. Process & wash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.1.2. Cooling	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.1.3. Sanitation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.1.4. Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.2. How do you propose to discharge the waste water: (Please Tick)

Separate streams       Combined

6.3. Type of treatment proposed to be adopted:      Please enclose supplementary sheet giving details along with flow chart and design details.

6.4. What standards for quality of treated effluents have you proposed to adopt : (Please Tick)

ISI       State PCB       Central PCB   
 Local authority       Others



6.8. What other specific toxic substance is discharged ?  
(Please give name of pollutant and quantity in mg/litre)

	Name	Qty.
Inorganic :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Organics including Pesticides :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Organic Chlorine Compounds :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Phenol :		<input type="text"/>
Lignin :		<input type="text"/>
Mercaptans :	<input type="text"/>	<input type="text"/>
Heavy Metals :	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**7. SOLID WASTE**

**Process & Treatment Plant**

in M. Tons

7.1. Total quantity of solid Waste

7.2. Nature of Waste : (Please Tick)

Lumps       Granules       Dust       Slurry

7.3. Approximate composition eg. Organics/Granules/Metal/Others

Item	Quantity in mg/Litre
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

7.4. Methods proposed for disposal including disposal of treatment plant sludge : (Please Tick)

Land fill       Dumping       Composting   
 Incineration       Deep Burning

7.5. Have you considered the possibility of recovery and reutilisatlon of any portion of the solid waste? (Please Tick)

Yes  No   
(If yes, give details on supplementary sheet to be enclosed)

7.6. Have you got any problem regarding collection, handling and transport of solid waste? (Please tick)

Yes  No   
(If yes, specify on supplementary sheet to be enclosed)

7.7. Are there any problems of subsequent pollution of air, water or soil likely at the place of disposal of solid wastes? (Please Tick)

Yes  No   
(If yes, please enclose supplementary sheet indicating method proposed for prevention.

8. Atmospheric Emissions.

8.1. Emissions from fuel burning

8.1.1. Expected quantity of stack emissions in Cubic M/sec.

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8.1.2. Composition of emissions : (Qty. should be in units mentioned in brackets)

**Particulars :**

Nature of Dust (Mg/Cubic NM)

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Gases (Please fill the one applicable)

Sulphuric dioxide (mg/cubicNM)

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Nitrogen Oxides (mg/cubic NM)

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Hydrocarbons (mg/cubic NM)

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Carbon monoxide (mg/cubic NM)

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Moisture (%)

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Others (Specify)

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8.2. Emission from process

8.2.1. Expected emissions qty. cubic M/sec.

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8.2.2. Temperature (Degree C.)

8.2.3 Composition of emissions : (Qty. should be in units mentioned in brackets)

Particulars :	Nature	Quantity	Units mg/cubic NM
	Dust		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Gases:</b>		
	Sulphur dioxide (mg/cubicNM)		<input type="text"/>
	Nitrogen Oxide (mg/cubic NM)		<input type="text"/>
	Hydrocarbons (mg/cubic NM)		<input type="text"/>
	Carbon monoxide (mg/cubic NM)		<input type="text"/>
	Moisture (%)		<input type="text"/>
	Ammonia (mg/cubic NM)		<input type="text"/>
	Halogens (mg/cubic NM)		<input type="text"/>
	Acid Mists (%)		<input type="text"/>
	Mercaptans (mg/cubic NM)		<input type="text"/>
	Others (Specify) <input type="text"/>		<input type="text"/>

8.2.4. Height of stack(s) in Mtrs.

8.2.5. Proposed air pollution control system :   
 (e.g. Collectors, Precipitators, scrubbers) (enclose a separate sheet giving detailed specifications)

8.2.6. Proposed method of handling and disposal of waste trapped by pollution arresting equipment. (enclose a separate sheet giving details)

8.2.7. Are any standards of emission prescribed for or adopted by your industry? (Please Tick) Yes  No   
 (If yes, please enclose a separate sheet giving details)

9. Other sources of pollution:

9.1. Is your industry likely to cause noise Pollution (Pl. Tick) Yes  No

9.2. Is there odour problem likely to occur from your industry? (Pl. Tick) Yes  No

9.3. Is there any thermal pollution of surface waters likely to occur from the industrial discharge? (Pl. Tick) Yes  No

(If reply is yes, please enclose separate sheet detailing measures proposed in each case)

10. Pollution control management :

- 10.1. Give details of organisational set up for pollution control you propose to have?
- 10.2. What is the level of experience of the persons incharge of pollution control.
- 10.3. Do you propose to monitor the pollution from your industry?
- 10.4. Give details of Laboratory facilities proposed
- 10.5. Give details of operation and maintenance or facilities you propose to have for Pollution control equipment and treatment plant

(Please enclose a seperate sheet giving details on each of these paras)

11. Cost of Pollution Control

11.1. Total Capital Investment proposed for pollution monitoring and Control.

Rs. 

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11.2. Percentage of Capital Investment on pollution control to total fixed capital of the unit.

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11.3. Recurring cost per annum

Rs. 

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We hereby declare that we will install and operate pollution control equipment required to meet the standards prescribed by the Board and we will not commence production. until such pollution control equipment is installed and ready for operation we will obtain a second No Objection Certificate from the Board before going into production.

Signature of Promoter or authorised person only in Ink.

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Place

Name in (BLOCK LETTERS)

Date

Designation

- NOTE :**
1. Site location plan (para 3.1)
  2. Topo plan (para 3.9)
  3. Information sheets (No.) (paras 2.2/2.3.2/2.3.3/3.8/5.3/ 6.3/6.7/7.5/7.6/7.7/8.2.5/8.2.6/ 8.2.7/ 9.1/9.2/ 9.3/10.1/10.2/ 10.3/10.4/10.5.)
  4. EIA Report (To be submitted by Industries indicated at 4.6 of guidelines)..
  5. Risk analysis report/HAZOPS/MCA/On site management Plan. (To be submitted by industries manufacturing/handling/storing Hazardous Chemicals listed in the scheduled 1, 2&3 of manufacture, storage and import of Hazardous Chemicals Rules 1989).

No.

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**FORM - I**  
**PART - C5**

**APPLICATION FOR CONSENT FOR ESTABLISHMENT**

**Fee Structure**

Amount to be paid : As per the Table-A  
 Mode of payment : D.D. in favour of APPCB payable at  
 concerned Regional Office.

**Check Slip**

- |  |   |                          |
|--|---|--------------------------|
| 1. Part A&C5 of Form-I   | 2 copies each +<br>1 copy to nodal agency | <input type="checkbox"/> |
| 2. Site plan   | 2 copies                                  | <input type="checkbox"/> |
| 3. Village plan  | 2 copies                                  | <input type="checkbox"/> |
| 4. TOPO plan   | 2 copies                                  | <input type="checkbox"/> |
| 5. Detailed process description  | 2 copies                                  | <input type="checkbox"/> |
| 6. Process flow chart  | 2 copies                                  | <input type="checkbox"/> |
| 7. Proposed measures for effluents<br>control/treatment, if any  | 2 copies                                  | <input type="checkbox"/> |
| 8. EIA/EMP report, wherever<br>applicable  | 2 copies                                  | <input type="checkbox"/> |
| 9. CFE fee (as per the Table- A)<br>[ (a) Air Act (b) Water Act - under anyone or both Acts based on<br>line of activity ] |   |                          |

D.D.No.  Amount  Date