

FORM – 4
[See rules 5(6) and 22(2)]

**FORM FOR FILING ANNUAL RETURNS
BY THE OCCUPIER OR OPERATOR OF A FACILITY**

[To be submitted by occupier/operator of disposal facility to State Pollution Control Board/ Pollution Control Committee by 30th 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 (in MTA)	:	Type of hazardous waste	Quantity (in Tonnes/KL)		
				Authorized	Generated	
			(a)			
			(b)			
			(c)			
			
5.	Description of Storage	:				
6.	Description of Treatment	:				
7.	Details of transportation	:	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 Manufacturers* and Others#	Quantity in Tonnes/KL		

* delete whichever is not applicable
enclose list of other agencies

Date :

Signature :.....

Place :

Designation:.....