

FORM –VI
[see rule 8(i), 9(1) & 9(5)]

FORM FOR APPLICATION FOR REGISTRATION OF FACILITIES POSSESSING ENVIRONMENTALLY SOUND MANAGEMENT PRACTICE 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	a) Under Air Act,1981; Valid upto- b) Under Water Act,1974; Valid upto-		
6.	Validity of Authorization 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 (Tonnes/year) during the last three years Name: (a) (b) (c)	Year –1	Year –2	Year –3
9.	Raw material consumed (Tonnes/year) Name: (a) (b) (c)	Year –1	Year –2	Year-3
10.	Manufacturing Process	Please attach manufacturing process flow diagram for each product (s)		

20.	<p>Remarks</p> <p>i. Whether industry has provided adequate pollution control system/equipment to meet the standards of emission /effluent.</p> <p>ii. Whether industry is in compliance with conditions laid down in the Hazardous Waste Authorization.</p> <p>iii. Whether Hazardous Waste collection and treatment, Storage and Disposal Facility (TSDF) are operating satisfactorily.</p> <p>iv. Whether conditions exists or likely to exists of the material being handled/processed of posing immediate or delayed adverse impacts on the environment.</p> <p>v. 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 ecotoxicity.</p>	<p>Yes/No If yes, please furnish details</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p> <p>Yes /No</p>
21.	<p>i. cost of the unit</p> <p>ii. cost of pollution control equipment including environmental safeguard measures</p> <p>a) Capital:</p> <p>b) Recurring:</p>	

22.	Any other information: i) ii) iii)	
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I hereby declare that the above statements /information's are true and correct to the best of my knowledge and belief.

Date:

Place:

Signature

Name

Designation