FORM-4

See Rule 5(6) and 22(2)]

Financial Year : April …- March …..

Industry: M/s. ……., **PCB ID**: **……**

FORM FOR FILING ANNUAL RETURNS
BY THE OCCUPIER OR OPERATOR OF 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 waste (in MTA)	:	**Type of hazardous waste**		**Quantity (In Tones/KL)**	
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 manufacturer and others	:	**Name and type of materials sent back to**		**Quantity (In Tones/KL)**	
			Manufactures/supplier			

Place : ……. **Signature :**

Date : …… **Designation : ……..**