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(Please enclose supplementary sheet if more no. of items are listed)

2.3 MANUFACTURING PROCESS:

2.3.1 Source of process know how: (Please tick)

In house National Laboratory Foreign Other

2.3.2 Please enclose supplementary sheet giving brief description of process technology utilized along with a flow chart.

Have you any foreign collaboration : (Please tick) yes No

If yes, enclose supplementary sheet giving details of know how and equipment for pollution control available under the terms of foreign collaboration.

2.4 ENERGY CONSUMPTION:

2.4.1 Source of energy: (Please Tick)

Inplant Generation Public Supply

2.4.2 If energy is generated in plant, fuel used with consumption for e.g. Coal/Fuel oil/Diesel/Natural Gas/Wood/ Others (Please Specify)

Name of Fuel	Annual Consumption	Unit
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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3. LOCATION:

3.1. Please attach a map indicating the site with approach roads including adjacent areas on all four sides for easy identification of site of the proposed plant, for inspection.

3.2. Area of land proposed to be acquired (in Sq. Mts.)

3.3. Area proposed to be developed (in Sq. mts.)

Please Note that four times the area of the plant is required for green belt.

3.4. Present use of land: (Please Tick)

Agriculture Forest Grazing Industrial

Settlement Fallow Pollution Mining

3.5. Specify location : (please Tick)

Coastal estuary River/ Lakes, Reservoirs. Landlocked Hilly terrain

3.6. Is the land situated within any Municipality or Municipal Corporation/Cantonment Jurisdiction (Please Tick) Yes No

If Yes, name of Municipality/Municipal Corporation? Cantonment.

3.7. Is the land situated in approved industrial Zone Or estate. (Please tick) Yes No

If Yes, name of zone/estate

3.8. Which of the following features exist within 20 kilometers radius of the site in respect of L & Ml and 5 Kms in respect of SSI. (Please tick the box applicable)

1. Crops : (Please mention names of Major Crops)

<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"/>

- | | | |
|--|--|---|
| 2. Grazing Land <input type="checkbox"/> | 3. Fisheries <input type="checkbox"/> | 4. Forest <input type="checkbox"/> |
| 5. Sanctuary <input type="checkbox"/> | 6. Natural Park <input type="checkbox"/> | 7. Nullah <input type="checkbox"/> |
| 8. Stream <input type="checkbox"/> | 9. River <input type="checkbox"/> | 10. Pond <input type="checkbox"/> |
| 11. Lake <input type="checkbox"/> | 12. Dam <input type="checkbox"/> | 13. Estuary <input type="checkbox"/> |
| 14. Sea <input type="checkbox"/> | 15. Hills <input type="checkbox"/> | 16. Mountains <input type="checkbox"/> |
| 17. Monuments <input type="checkbox"/> | 18. Settlements <input type="checkbox"/> | 19. Population <input type="checkbox"/> |
| 20. Biosphere Reservers <input type="checkbox"/> | | |

No. of Industries existing In the area : Large & Medium Small Scale

Also please enclose list of industries existing within 20 kms radius. If there is any IE/IDA within 20 kms radius, give the name of the IE/IDA. There is no need to list all the industries in the IE/IDA.

3.9. Please enclose a topographical plan covering an area of 20 KM radius of the proposed industry in respect of L & MI and 5 Kms radius of the proposed industry in respect of SSI showing the following details.

Clear demarcation of nearest water source and agricultural lands.

Source of water supply to the villages nearby:

Residential areas and villages nearby

Information on board uses of land.

Monuments/Summer Resorts/Sanctuary/Zoo Parks/Others. -

4. TOWN PLANNING :

Do you propose to build Township/housing/ Quarters for your employees (Please Tick) Yes No

If yes

Area allocation for the above in Sq. Mts.

Population to be accommodated (Number) (Including Employees & Families)

Distance from township to plant site in kilometers

Services provided in township : (Please tick)

Water supply Yes No
Daily consumption (K. Liters)

Sewer system Yes No

Sewage treatment Yes No

Disposal Point

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

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5.4.2. Cooling

--	--	--	--	--	--	--	--

5.4.3. Sanitation

--	--	--	--	--	--	--	--

5.4.4. Total

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5.4.5. 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.Ltres)

6.1.1. Process & wash

--	--	--	--	--	--	--	--

6.1.2. Cooling

--	--	--	--	--	--	--	--

6.1.3. Sanitation

--	--	--	--	--	--	--	--

6.1.4. Total

--	--	--	--	--	--	--	--

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

6.5 Mode of final discharge : (Please Tick)

Open Channel

Pipeline

Covered drain

Others

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

	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"/>
Phenol:		
Lignin:		
Mercaptans :	<input type="text"/>	<input type="text"/>
Heavy Metals:	<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/Liter
<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 of treatment plant sludge : (Please Tick)

Land fill Dumping Composting
 Incineration Deep Burning

- 7.5. Have you considered the possibility of Recovery and reutilization 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 emission in cubic M/sec.

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/Cubic NM)

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Nitrogen Oxides (Mg/Cubic NM)

--	--	--	--

Hydrocarbons (Mg/Cubic NM)

--	--	--	--

Carbon monoxide (Mg/Cubic NM)

--	--	--	--

Moisture (%)

--	--	--	--

Others (Specify)

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8.2. Emission from process

8.2.1 Expected emissions qty. Cubic M/sec.

--	--	--	--

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		

Gases:

Sulphur dioxide (mg/cubic NM)

Nitrogen Oxide (mg/cubic NM)

Hydrocarbons (mg/cubic NM)

Carbon monoxide (mg/cubic NM)

Moisture (%)

Ammonia (mg/cubic NM)

Halogens (mg/cubic NM)

Acid Mists (%)

Mercaptans (mg/cubic NM)

Others (Specify)

8.2.4 Height of stack (s) in mtrs.

8.2.5 Proposed air pollution control system :

(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)

9.0 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

- 10.0 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 separate sheet giving details on each on each of these paras)

9. 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.

Rs.

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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
Authorized person only in Ink.

Place:

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Name in (BLOCK LETTERS)

Date:

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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).