

**FORM – I**

**[see rule 15 (v) 16 (1) (c), 21 (3)]**

**Application for obtaining authorization under solid waste management rules for  
processing/recycling/treatment and disposal of solid waste**

To,

The Member Secretary,

State Pollution Control Board or Pollution Control Committee,

Of.....

Sir,

I/We hereby apply for authorization under the Solid Waste Management Rules, 2016 for processing, recycling, treatment, and disposal of solid waste.

1.	Name of the local body/agency appointed by them/operator of facility	
2.	Correspondence address  Telephone No. Fax No. Email:	
3.	Nodal Officer & designation (Officer authorized by the local body or agency responsible for operation of processing/treatment or disposal facility)	
4.	Authorization required for setting up and operation of the facility (Please tick mark)	Waste processing Recycling Treatment Disposal at landfill

5.	<p><b>Processing/recycling/treatment of solid waste</b></p> <p>(i) Total Quantity of waste to be processed per day  Quantity of waste to be recycled  Quantity of waste to be treated  Quantity of waste to be disposed into landfill</p> <p>(ii) Utilization programme for waste processed (Product utilization)</p> <p>(iii) Methodology for disposal (attach details)  Quantity of leachate  Treatment technology for leachate</p> <p>(iv) Measures to be taken for prevention and control of environmental pollution</p> <p>(v) Measures to be taken for safety of workers working in the plant</p> <p>(vi) Details on solid waste processing/recycling/treatment/disposal facility (to be attached)</p>	
6.	<p><b>Disposal of solid waste</b></p> <p>Number of sites identified  Quantity of waste to be disposed per day  Details of methodology or criteria followed for site selection (attach)  Details of existing site under operation  Methodology and operational details of landfilling  Measures taken to check environmental pollution</p>	
7.	Any other information	

**Date:**

**Signature:**

**Place:**

**Designation:**