



Form IV B / I B
KERALA STATE POLLUTION CONTROL BOARD
APPLICATION FOR CONSENT/AUTHORISATION
(HEALTH CARE INSTITUTION)

PART I

NAME AND ADDRESS OF HEALTH CARE INSTITUTION:

I am the occupier of the above establishment. I hereby apply for clearance/s under:

tick appropriately

NAME OF STATUTE	ESTABLISH	OPERATE	RENEW

- The entries in the application/s are true to the best of my knowledge, information and belief. I have signed hereunder, at the end of the application/s and on enclosure/s in affirmation of that.
- I undertake to furnish any information, explanation and/or clarification within 15 days of it being called for to make my application complete. I understand that the date on which the application is made complete in all respects will only be counted as the date of the application.
- I agree to abide by the conditions of the Consent/Authorisation and the pertinent legal provisions.
- I undertake to render access to functionaries and empowered officers of the Board to inspect the establishment and its premises and peruse records thereof.
- Any change in line of activity/pollution load will be effected only after obtaining the Consent/Authorisation for which a fresh application will be made.

Signature :

Name :

Designation :

Place :

Date :

**PART II
GENERAL INFORMATION**

1.

	REGISTERED OFFICE / ADMINISTRATIVE OFFICE	OCCUPIER
Postal Address		
PIN		
Telephone		
Fax		
e-mail		
website		

2.

	OWNERSHIP	AREA IN HECTARE	ADDRESS OF LESSOR, IF ON LEASE
Built up area			
Free area			
Survey No.		Ward No. & Name	
Village		Panchayat/ Municipality/ Corporation	
Taluk		District	

3. Management : Government/Quasi-government/Local body/Trust/
Co-operative/Proprietary Concern/Partnership/Private/
Public Limited Company/Other (Specify)

4. Particulars of last clearance/s obtained:

CLEARANCE	GRANT/ REFUSAL	NO.	DATE	VALIDITY
Consent under Water Act				
Consent under Air Act				
Authorisation under BMW Rules				

5. Date of Commissioning:
(If new, anticipated date)

6. Nearest building / Water body within 100 m:

	OWNERSHIP	USE	DISTANCE, in m (to be marked on site plan)
From Hospital building			
From Effluent Treatment Plant			
Dug well / Tube well / Pond			
Stream/River/Lake/Backwater/Sea			

7. (a) Staff Strength :

7. (b) Bed Strength :

8. Residential colony within the premises:
No. of residences and population:

9. Details of wards, theatres, specialisations etc.:

10.

GROSS FIXED CAPITAL INVESTMENT in lakh* (Rs.)	AMOUNT	MODE OF PAYMENT	PERIOD

*(Prdocue affidavit in stamp paper worth Rs.50/- or Chartered Accountant`s Certificate or copy of Audited Balance Sheet)

PART III
WASTE WATER MANAGEMENT

1. Water consumption details:

Sl.No.	PURPOSE	CONSUMPTION l/d
1.	Cooling (non-contact)	
2.	Cooling (contact), humidification	
3.	Boiler feed	
4.	Domestic (including sanitation and canteen)	
5.	Laboratory / Pharmacy	
6.	Laundry	
7.	Irrigation (including gardening)	
8.	Others (specify)	
	TOTAL	

2. Source/s of water with quantity :

3. Effluent treatment details:

(Detailed project report of effluent treatment with schematic diagram of each unit operation / process is to be provided. Include details of sludge management system also)

4. Effluent quantity and quality:

OUTLET NUMBER	QUANTITY m ³ /d	QUALITY			RECIPIENT BODY
		PARAMETER	UNIT	CONCENTRATION	

(* In case of discharge to land, extent and survey number shall be provided)

5. Recycle / Reuse of treated waste water:

QUANTITY, l/d	USE

6. Water Budget: (Account for difference between water consumption and effluent generated)

7. Details of rain water harvesting:

PART IV
AIR POLLUTION MANAGEMENT

1. Fuel Consumption:

FUEL	CONSUMPTION tpd/kld	USE
LSHS		
Furnace Oil		
Diesel		
Others (specify)		

2. Stack details

STACK No.	MATERIAL OF CONSTRUCTION	DIMENSION		HEIGHT ABOVE ROOF LEVEL, m (for generators only)
		HEIGHT, m	DIAMETER, cm	

STACK No.	SOURCE OF EMISSION		FUEL	
	EQUIPMENT	CAPACITY	TYPE	QUANTITY (tpd or kld)

3. Emission details

STACK No.	DESIGN FLOW Nm ³ /h	CONCENTRATION in mg/Nm ³ , at 12% CO ₂ correction				
		PM	SO ₂	NO _x	CO	Others

4. Emission control & monitoring:

STACK No.	PORT HOLE (Y/N)	PLATFORM (Y/N)	LADDER (Y/N)

SOURCES	CONTROL MEASURES

PART V
SOLID WASTE MANAGEMENT

BIO-MEDICAL WASTE MANAGEMENT

1. Activity for which authorisation is sought:
(tick in appropriate cells)

Generation		Transportation	
Collection		Treatment	
Reception		Disposal	
Storage		Any other form of handling	

2. Details of arrangements made for segregation of wastes at source:

3. Details of wastes handled:

Sl.No.	TYPE OF WASTE	CATEGORY	QUANTITY in Kg/d

CATEGORY	METHOD OF STORAGE WITH CAPACITY in kg/d	METHOD OF TREATMENT WITH CAPACITY in kg/d	METHOD OF DISPOSAL

4. Off - Site disposal of wastes:

ADDRESS OF AGENCY CONTRACTED FOR		
TRANSPORT	TREATMENT	DISPOSAL

5. Mode of transportation of wastes:

6. Brief description of method of treatment and disposal (attach details separately) :

NON HAZARDOUS WASTE MANAGEMENT

7.

CATEGORY	QUANTITY t/y	DETAILS OF STORAGE, TREATMENT & DISPOSAL
Garbage		
ETP Sludge (non hazardous)		
Others (specify)		

OTHER PARTICULARS

8. Green-belt details:
(also to be shown in site plan)

9. Details of litigations pending, if any, against pollution due to your establishment:

10. Details of separate energy meters, if provided, for pollution control equipments:

11. Details of stand -by power, if provided, for pollution control equipments:

12. Any other pertinent matter:

Signature :

Name:

Accompaniments:

1. Document indicating remittance of consent fee
2. Site Plan (in A4/A3 size) showing residences/ structures, water bodies, roads etc., within 100m radius of the institution.
3. Affidavit in stamp paper worth Rs.50/- or Certificate by Chartered Accountant or such other evidence on gross fixed capital investment, without depreciation.
4. Hospital lay out plan with location of effluent treatment plant and outlet/s (in A4/A3 size). Set back between the boundary and the structure shall be indicated.
5. Effluent Treatment Plant flow diagram.
7. Analysis reports of effluents, water, emissions, air and sound level.

INSTRUCTIONS

1. The application is to be made by the occupier.
2. The application is to be submitted in triplicate to the Office of the Board in the District.
3. The duplicate and triplicate copy can be photocopies of the original but copy should have the signature of the applicant in original. The copy should have copies of the accompaniments.
4. State NA if any item is not applicable.
5. If the space provided is insufficient, duly referenced additional sheets can be used.
6. Consent fees shall be paid for a period of 3 years. In case fees under Water Act, Air Act, BMW Rules are already paid for part of the period, proportionate fees for the balance period are to be paid. For the purpose of calculation of consent fee, part of a year shall be counted as one year.
7. The consent fees is to be paid in favour of Kerala State Pollution Control Board
8. The analytical data in Part III and Part IV shall be supported by reports of analysis done by laboratory approved by the Board.
9. Pollution prevention, control and monitoring facilities may be got designed and installed preferably by consultants approved by the Board.
10. The following documents are available at the Board offices on request, free of cost.
 - a. Chart of consent fee payable
 - b. List of laboratories/consultants approved by the Board

FORM I

(See rule 8)

APPLICATION FOR AUTHORISATION / RENEWAL OF AUTHORISATION

(To be submitted in duplicate)

To,

The Prescribed Authority
(Name of the State Govt./UT Administration)
Address.

1. Particulars of Applicant

(i) Name of the Applicant
(in block letters & in full)

(ii) Name of the Institution:

Address:

Tele No., Fax No., Telex No.

2. Activity for which authorisation is sought:

- (i) Generation
- (ii) Collection
- (iii) Reception
- (iv) Storage
- (v) Transportation
- (vi) Treatment
- (vii) Disposal
- (viii) Any other form of handling

3. Please state whether applying for fresh authorisation or for renewal:
(in case of renewal previous authorisation number and date)

4. (i) Address of the institution handling bio-medical wastes:
(ii) Address of the place of the treatment facility:
(iii) Address of the place of disposal of the waste:

5. (i) Mode of transportation (if any) of bio-medical waste:
(ii) Mode(s) of treatment:

6. Brief description of method of treatment and disposal (attach details):

7. (i) Category (See Schedule I) of waste to be handled
(ii) Quantity of waste (Category-wise) to be handled per month

8. **Declaration**

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do also hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Signature of the applicant

Date :

Designation of the applicant

Place :