

GN. No.25

FOURTEENTH SCHEDULE

(Made under Regulation 34(2))

ICC 22

APPLICATION FORM TO OPERATE WASTE DISPOSAL FACILITY

1. PART A: Particulars of the Applicant:

Name Address

Plot no....., Street.....,

Ward, District, Region

Telephone No.....Fax No. E-mail.....

2. PART B: Details of the Facility:

- (a) Type.....
- (b) Model.....
- (c) Manufacturer and year.....
- (d) Capacity of the facility.....
- (e)
- (f) Category or type of waste chemicals.....
- (g)
- (h) Mode of operation.....

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3. PART C: Details of human resource capacity

(a) List of competent staff with relevant qualifications

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(b) Name and qualifications of the Supervisor..... (attach certified copy (ies))

4 PART D: Additional Information

- (a) Maintenance schedule of the facility as per manufacturer's specification (attach copies of relevant information).
- (b) Chemical Accident Prevention and Contingency Plan (attach copies).
- (c) Copy of EIA Certificate and summary of a recent audit report

PART E: Declaration

Icertify that the information provided above is complete and correct to the best of my knowledge.

Designation..... Signature..... Date.....

Official stamp

FOR OFFICIAL USE ONLY

Name of the Officer.....Designation

Signature....., Date.....

Decision:

Accepted/Rejected.....

Reasons for rejection if any.....